



REQUEST FOR PROPOSAL

RFP [112012](#)

Bay County

Employee Wellness Initiative

THOMAS HICKNER
BAY COUNTY EXECUTIVE

**REQUEST FOR PROPOSAL- THIS IS NOT AN ORDER OR OFFER
IF FOR ANY REASON YOU CANNOT BID, RETURN THIS FORM SO STATING TO ENSURE THAT YOUR
NAME MAY BE RETAINED ON OUT BIDDERS LIST**

DATE OF REQUEST	AUGUST 2, 2012
REFERENCE PROPOSAL NUMBER	RFP 112012
PROPOSED DATE/TIME REQUIRED	SEPTEMBER 7, 2012 5:00 P.M.
SUBMIT PROPOSAL TO	BAY COUNTY PURCHASING DIVISION ATTN: FRANCES HORGAN BAY COUNTY BUILDING 8TH FLOOR 515 CENTER AVENUE BAY CITY, MI 48708-5128
MARK PROPOSAL	“BAY COUNTY EMPLOYEE WELLNESS INITIATIVE DELIVER TO THE PURCHASING OFFICE IMMEDIATELY”

BACKGROUND:

Bay County is looking to provide to its approximately 500+ employees a convenient way to receive urgent quality care at no cost as an adjunct to the health insurance program. The program must operate in compliance with Michigan Public Act 152 of 2011. **This service is not intended to supplant employee health insurance. As such participation is voluntary.**

The goals of this initiative are:

- Reduce the overall cost of health care.
- Improve access to quality health and wellness services.
- Improve the overall health of employees and their families in order to reduce future health care costs through early detection and wellness programs.
- Decrease absenteeism by providing employees with providing immediate access to a physician for minor emerging health concerns.
- Offer employees and their families a benefit without adding cost to the County.

The following is a tentative schedule of events concerning the bid process:

EVENT	DATE
Distribute RFP	August 2, 2012
Deadline for Questions	August 31, 2012 5:00 pm
Proposal Deadline	September 7, 2012 5:00 pm
Bid Opening	September 10, 2012 at 1:00 pm
Selection	September 21, 2012 by 5:00 pm
Notice of Intent to Award	September 24, 2012
Bid Award	October 5, 2012

The **complete original proposal** is due no later than 5:00 pm, September 7, 2012 to:

Bay County Purchasing Division
Attention: Frances Horgan, Purchasing Agent
Bay County Building
8th Floor
515 Center Ave
Bay City, MI 48708-5128

SPECIFICATIONS:

Reduction in Cost Guarantee (label ATTACHMENT A):

1. Outline your service proposal to include wellness, routine and preventive visits for our employees and dependents (please clarify your firm's definition of dependent)
2. Provide detail of services you would provide in an effort to save our group and members money (included throughout must be a detailed cost for each of these services you would provide)
3. What is your estimate of cost savings to our total health care cost per employee per year?
4. Are there any implementation/start-up/or annual fees that will be assessed? Please detail.
5. Would any administrative fees be charged? What is the basis, i.e. per employee, per member, monthly? Also please detail the fees.
6. Does the service proposal provide for biometric screenings, health risk assessments, review of the responses to the health risk assessments and follow-up? If not, please detail what is and isn't available or in lieu of these services. What are the proposed costs of each of these items?
7. Transparency will be important in this process as far as payment for services. Please detail your method for achieving this transparency.
8. Would any service, durable medical expense (DME), prescription, lab, etc be reimbursed directly?
9. If reimbursement is direct, then would each item be at cost, or would a mark-up occur on each service/item? If so, what is the mark-up?
10. Would you be providing any of these services and are they included in any fees or separate from what is submitted? Detail necessary: personal primary care, personal health coaching, lab, preventive screenings, pharmacy, urgent care, appropriate card referral, data integration with health, wellness initiatives and chronic disease management. Please list any other services you offer that are not listed above and any associated fees.
11. Would payment be required in advance or following service? A full detail of any and all costs must be provided in your response.

12. How would the billing be done for professional time based upon the following possible service provider that could potentially see our members with services (please detail hourly or per visit charge for each type of professional): physicians, medical assistants, nurse practitioners, nurses, office manager, etc.
13. Are you providing any guarantee on return on investment or financial guarantees on savings of our health care expenses? If so, what is that guarantee and what is it based upon?
14. Do you have the capability to dispense prescription drugs directly? If so, please provide the pricing the County would pay for the drugs listed and the quantity supplies in **Exhibit 1**.
15. Do you have the capability of providing various lab procedures? Is this done in house or sent out? If so, please provide the pricing the County would pay for the procedures detailed in **Exhibit 2**.
16. Please provide a total estimated cost for the first year including implementation and for the second and third year. Indicate if any of these fees/charges will be reduced based upon any saving guarantees?
17. Please provide any alternative methods to achieving above requirements.

No Cost Doctor's Visits (label ATTACHMENT B):

1. Are you able to provide doctor's office visits to our members at no cost to the member? If not, what is the current fee per office visit per employee? Will this cost remain the same through the life of the contract?
2. Is this charge direct to Bay County?
3. Please provide any alternative methods to achieving the above requirements.

No Cost Generic Prescriptions (label ATTACHMENT C):

1. Bay County would like to provide various medications to our members at no cost. Please provide if and how you would be able to offer this to our members (direct or at a pharmacy and its locations). See Exhibit 3 for medications. If unable to provide at no cost please provide prices for each.
2. Is this a list capable of being adapted to better suit the utilization of our members in order to reduce pharmacy costs?
3. Do you have the capability of dispensing over the counter medications and if so please include in cost section.
4. Please provide any alternative methods to achieving the above requirements.

Screenings (label ATTACHMENT D):

1. Bay County would like to provide various screenings and labs to our members at no cost. Please provide if, how and where you would be able to offer this to our members. Please list what screenings you are able and if unable to provide them at no cost please provide prices for each.
2. Are additional savings available via additional services like X-rays if the County desired to add additional services? Please list additional services
3. Are pre-employment physicals allowable under your proposal and what services are available?
4. If you are providing a health risk assessment, please provide a copy and provide detail of who developed this?
5. Please provide any alternative methods to achieving the above requirements.

Accessibility for our employees (label ATTACHMENT E):

1. Where would employees and dependents seek treatment?
2. Would employees and dependents be seeking treatment from physicians? List other service providers.
3. What is the maximum numbers of patients seen in an hour's time?
4. Would a member see the same person/doctor for consecutive visits or multiple people? Would member's records be kept electronically? How would absences of your staff be covered?
5. How would members schedule appointments?
6. How would you ensure that members could schedule same day appointments?
7. How much time would you keep open each day for Bay County employees and their dependents for follow-up visits and urgent care visits?
8. How would you track who is eligible for the services you are providing to guarantee no one would be seen that isn't eligible based upon Bay County eligibility requirements?
9. What hours would you be able to offer and how many hours per day for our members? Would this also include any after hour time slots (is there and additional fee for hours outside of normal business hours)?
10. Are health risk assessments available electronically, paper, etc.? Can members access the results electronically?
11. How would new members respond to and be contacted for health risk assessments.
12. Please provide a sample of any communication pieces that would be used with our members.
13. Can you ensure that all lab test and health information is sent to the patient primary care physician?
14. Please provide any alternative methods to achieving the above requirements.

A Business Model which Assures Care and Follow-up (label ATTACHMENT F):

1. Provide a detail of how your business model works for ultimate savings to the County, what best practices you would use, how care would be provided on a constant basis to our members, if additional wellness classes/services are available and how you would use continuous improvement to increase care to members and reduce costs to the County. Does this include member satisfaction surveys? Please include any sample reports that would be available to the county for the Services that are being provided.
2. What procedures or steps would be put in place to work toward improving the health of the members of Bay County? Provide a timeline or schedule of activities to coordinate these items. Any suggestions of employee meeting in implementation or after?
3. Can aggregate data be provided to us including health risk assessment information, health care activity reports, participation reports, outcomes, financial summaries/savings reports, management reports? Provide samples.
4. Are any exclusive services available to our members? Please detail.
5. What diseases/case management programs are you including in your response? Please detail any and all programs.
6. Please provide any alternative methods to achieving the above requirements.

The above information is required in order to accept your bid as complete; any bids received without the above information will be marked incomplete and maybe rejected. The request below is required but will not be included in the determination of the bid award.

Other Requirements:

1. A copy of any contract or terms and conditions that you are proposing must be included within your proposal. (label ATTACHMENT G)
2. Please provide a detail of your medical malpractice and liability coverage. Bay County cannot nor will be responsible in any part of your proposal for medical malpractice or medical malpractice or medical liability. (label ATTACHMENT H)
3. Please provide a detail of your HIPPA practices in relation to the services provided (label ATTACHMENT I)
4. Please provide detail of any other services or programs that could be offered not mentioned above and include any cost to the County or its members. (label ATTACHMENT J)
5. Each bidder is required to accompany their formal bid with a written sworn statement affirming they have not been a party to a collusive agreement. (SEE ATTACHMENT K)
6. Business Information (See Attachment L)
7. Authorization Agreement for Automatic Payment Deposit Form (See Attachment M). This form may be submitted after award of the contract should your company be awarded this bid.

Each section (Attachments A through F) will be scored as follows:

Category	Total available points
Reduction in Cost Guarantee (Attachment A)	50 points
No Cost Doctor's Visits (Attachment B)	10 points
No Cost Generic Prescriptions (Attachment C)	10 points
Screenings (Attachment D)	10 points
Accessibility for our Employees (Attachment E)	10 points
A Business Model which Assures Care and Follow-up (Attachment F)	10 points
TOTAL AVAILABLE POINTS	100 points

The County intends to utilize the questions contained herein as the basis for determining which bidder best fulfills its goals of providing excellent supplementary medical care to employees and their dependents, while at the same time achieving substantial savings in its expenditures for those employees' health care.

In that regard, the County reserves the right, in its sole judgment, to consider bids that contain alternative solutions that achieve those goals in a different manner, even if the structure of the scoring does not produce the highest numerical value of the bids received.

GENERAL INFORMATION:

1. **ADDENDA:** All additions, corrections or changes to the solicitation documents will be made by addenda only. Bidders shall not rely upon interpretations, corrections, or changes made in any other manner, whether by telephone or in person. Additions, corrections, and changes shall not be binding unless made by addenda. All addenda issued shall become part of the Agreement documents. Addenda will be sent to all known potential bidders by e-mail.
2. **CONTACT INFORMATION:** To receive these communications, possible bidders are asked to immediately send contact information by email to Frances Horgan, Bay County Purchasing Agent, at horganf@baycounty.net; failure to do so may limit your ability to submit a complete, competitive proposal.

3. TAX-EXEMPT STATUS: Bay County is a tax exempt entity. A tax exempt form will be provided to the successful bidder.
4. FOIA: All bids are confidential until the listed bid opening time and date; however, as a public entity, Bay County is subject to the Michigan Freedom of Information Act (FOIA). Information contained in proposals may be subject to FOIA requests.
5. RESPONSIBILITY: Bidders are solely responsible for ensuring their bid is received by the Bay County Purchasing Agent in accordance with the solicitation requirements, before the date and time specified in this Request, and at the place specified.

Deliveries made before the due date and time but to the wrong office will be considered non-responsive unless re-delivery is made to the office specified before the due date and time specified in this Request.

The Bay County Purchasing Agent shall not be responsible for any delays in mail or by common carrier or mistaken delivery. Delivery of bid shall be made to the Bay County Purchasing Agent, Bay County Building, 8TH Floor, Bay City, MI 48708.

6. INSURANCE: The Supplier shall purchase and maintain such insurance as will protect him from claims set forth below which may arise out of or result from the Supplier's service, whether such service be by himself or by any subcontractor or by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable:
 - a. Worker's compensation insurance for claims under Michigan's Workers' Compensation Act or other similar employee benefit act of any other state applicable to an employee.
 - b. Employer's liability insurance, in conjunction with workers' compensation insurance, for claims for damages because of bodily injury, occupational sickness or disease or death of an employee when workers' compensation may not be an exclusive remedy, subject to a limit of liability of not less than \$100,000 each accident.
 - c. Motor vehicle liability insurance required by Michigan law including no-fault coverage for claims arising from ownership, maintenance or use of a motor vehicle with liability limits of not less than \$1,000,000 per occurrence combined single limit bodily injury and property damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.
 - d. General liability insurance for claims for damages because of bodily injury or death of any person, other than the Supplier's employees, or damage to tangible property of others, including loss of use resulting by other specific liability insurance and are ordinarily insurable under general liability insurance, subject to bodily injury limits of not less than \$2,000,000 each occurrence and mandatory \$3,000,000 annual aggregate and property damage limits of not less than \$1,000,000 each occurrence; or combined bodily injury/property damage limits of not less than \$1,000,000 each occurrence, and \$2,000,000 annual aggregate.

Insurance required shall be in force throughout the contract and shall be written for not less than any limits of liability specified above. The Supplier has the responsibility of having any subcontractor comply with these insurance requirements. Certificates of insurance, acceptable to the County, shall be filed with the County prior to commencement of the project. These certificates shall contain a provision that coverages afforded under the policies will not be modified or canceled without 30 days prior written notice to the County.

The following wording shall appear on the certificates of insurance:

"It is understood and agreed that thirty (30) days advance written notice of cancellation, non-renewal, reduction, and/or material change in coverage will be mailed to Bay County."

Commercial general liability as described above shall include an endorsement stating the following shall be ADDITIONAL INSUREDS:

"It is understood and agreed that the following shall be additional insureds: The County of Bay including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, employees, and volunteers".

This coverage shall be primary to the additional insureds, and not contributing with any other insurance or similar protection available to the additional insureds, whether said other available coverage be primary, contributing, or excess.

SUB-CONTRACTORS: If the Supplier should subcontract any part of the project to a third party, Supplier shall ensure that such third party shall carry similar insurance before commencing work. Upon County or owner's request, Supplier shall promptly furnish evidence of insurance for any such third party doing work for or under Supplier.

All coverages shall be with insurance carriers licensed and admitted to do business in Michigan.

7. COST OF DEVELOPING PROPOSAL: The Respondent shall be responsible for all costs incurred in the development and submission of this response. The County assumes no contractual obligation as a result of the issuance of this RFP, the preparation or submission of a response by a Respondent, the evaluation of an accepted response, or the selection of finalists. The County shall not be contractually bound until the County and the successful Respondent have executed a written contract for performance of the work. The bidder may not begin any part of this project until the signed contract is received
8. PROPOSAL DELIVERY: Proposals must be returned no later than **September 7, 2012 @ 5:00 P.M.** in a sealed envelope clearly marked "**Bay County Wellness Initiative**" --- **Deliver to the Purchasing Office immediately**. The same should be mailed or hand delivered to the Bay County Purchasing office, Bay County Building, 8th Floor, Bay City, Michigan 48708. The County will not accept proposals sent by FAX machine or E-mail.
9. NON-DISCRIMINATION: In the performance of the bid, bidder agrees not to discriminate against any employee or applicant for employment, with respect to his or her hire, tenure, terms, conditions or privileges of employment, or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability. Bidder further agrees that every contract or subcontract entered into for the performance of this bid will contain a provision requiring non-discrimination in employment, as here specific, binding upon each Supplier or sub-Supplier. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act (MCL 37.1201 et seq.) or the Michigan Persons with Disabilities Civil Rights Act (MCL 37.1101 et seq.) And any breach of this provision may be regarded as a material breach of the contract or subcontract.
10. BID OPENING: There will be a public bid opening on September 10, 2012 at 1:00 pm in the Bay County information Systems Department conference room located in the Bay County Building, 8th Floor, 515 Center Avenue, Bay City, Michigan. All bidders are invited to attend and hear the proposals read.

11. **BID REJECTION/ACCEPTANCE:** The County reserves the right to accept or reject any or all bids, to waive any irregularities and to make the final determination as to the best low qualified bid.
12. **AWARD:** In the event the bid is awarded directly by the Assistant County Executive, a Notice of Intent to Award will be used to notify all bidders of his intent to award the bid to the vendor providing the best value to the County. If a bidder disagrees with this intent, the bidder may obtain from the Purchasing Office, a bid protest form, which must be completed and returned to Frances Horgan, Bay County Purchasing Agent, Bay County Recreation and Administrative Service, 8th Floor, Bay County Building, 515 Center Avenue, Bay City, MI 48708-5128, (989) 895-4037 within ten (10) working days from the date of the notice of intent to award.

13. **BID INQUIRIES:** Any questions concerning this bid must be directed in writing via email to:

Tiffany Jerry
Payroll/ Benefits Supervisor
jerryt@baycounty.net

Any question not received via email or any questions received after August 31, 2012 5:00 pm will not receive a response.

14. **ADA Assistance:** The County of Bay will provide necessary and reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered, to individuals with disabilities upon two days' notice to the County of Bay. Individuals with disabilities requiring auxiliary aids or services should contact the County of Bay by writing or calling:

Michael Gray, Assistant County Executive for Administrative Services
Office of the Bay County Executive
Bay County Building,
515 Center Ave
4th Floor, Suite 401
Bay City, MI 48708-5128
(989) 895-4130
(989) 895-4049 TDD

Frances Horgan, Purchasing Agent
Bay County Recreation and Administrative Services Department
Bay County Building
515 Center Ave
8th Floor
Bay City, MI 48708-5128
(989) 895-4037
[Email: horganf@baycounty.net](mailto:horganf@baycounty.net)

This proposal process will be conducted in conformity with the Bay County Purchasing Policy.

PRESCRIPTION DRUG COST

MEDICATION	COST PER RX CHARGED TO COUNTY	DAY SUPPLIED (30 DAY DEFAULT)
200 ACTUAT Albuterol 0.09 MG/ACTUAT Metered Dose Inhaler		
Amlodipine 10 MG Oral Tablet		
Amlodipine 5 MG Oral Tablet		
Azithromycin 250 MG Oral Tablet		
Cephalexin 500 MG Oral Capsule		
Cetirizine 10 MG Oral Tablet		
Citalopram 20 MG Oral Tablet		
Escitalopram 10 MG Oral Tablet		
Fenofibrate 145 MG Oral Tablet		
Fexofenadine 180 MG Oral Tablet		
Fluoxetine Enteric Coated Capsule		
Fluticasone 0.05 MG/ACTUAT Nasal Spray		
Glimepiride 4 MG Oral Tablet		
Hydrochlorothiazide 25 MG Oral Tablet		
Hydrochlorothiazide 25 MG/Triamterene 37.5 MG Oral Tablet		
Hydrochlorothiazide 25 MG/Valsartan 160 MG Oral Tablet		
Lisinopril 20 MG Oral Tablet		
Lisinopril 40 MG Oral Tablet		
Metformin 1000 MG Oral Tablet		
Metformin 500 MG Oral Tablet		
Omeprazole 20 MG Enteric Coated Tablet		
Omeprazole 20 MG Extended Release Tablet		
Pantoprazole 40 MG Extended Release Tablet		
Paroxetine 20 MG Oral Tablet		
Raloxifene 60 MG Oral Tablet		
Simvastatin 20 MG Oral Tablet		
Simvastatin 40 MG Oral Tablet		
Thyroxine 0.1 MG Oral Tablet		
Tramadol 50 MG Oral Tablet		
Valsartan 160 MG Oral Tablet		

LAB CODES

CPT	DESCRIPTION	COST PER LAB	IN HOUSE OR SENT OUT
82947	Glucose, Serum		
83001	FSH, Serum		
84153	Prostate-Specific Ag, Serum		
84436	Thyroxine (T4)		
83036	Hemoglobin A1c		
84443	TSH		
80061	Lipid Panel		
88175	Pap IG, rfx HPV all pth		
85014	Hematocrit		
85610	Prothrombin Time (PT)		
85025	CBC with Differential/Platelet		
84460	ALT (SGPT)		
84450	AST (SGOT)		
88142	Change IG PAP to LB Pap		
80053	Comp. Metabolic Panel (14)		
81003	Urinalysis, Routine		
80048	Basic Metabolic Panel (8)		
80074	Hepatitis Panel (4)		
85652	Sedimentation Rate-Westergren		
87086	Urine Culture, Routine		
86431	Rheumatoid Arthritis Factor		
87491	Chlamydia Trachomatis, NAA		
88141	Physician Read Pap		

NO COST GENERIC PRESCRIPTIONS

OTC ANTI-ULCER MEDICATIONS

** Therapeutic Equivalent alternatives to Nexium, Prevacid, Aciphex, Protonix, Prilosec

BRAND NAME	GENERIC NAME
Axid	Nizatidine
Pepcid (Complete & AC) ONLY	Famotidine
Prevacid OTC 15MG	Lansoprazole
Prilosec 20 MG	Omeprazole Magnesium
Tagamet	Cimetidine
Zantac	Ranitidine
Zegrid OTC	Omeprazole Sodium Bicarbonate

OTC ANTIHISTAMINE MEDICATIONS

**Therapeutic Equivalent alternatives to Clarinex, Xyzal

BRAND NAME	GENERIC NAME
Allegra/Allegra D	Fexofenadine/Fexodenadine D
Benadryl	Diphenhydramine
Claritin/Alavert	Loratadine
Claritin D/Alavert D	Loratadine D
Zyrtec/Zyrtec D	Cetirizine HCL/Cetirizine-D HCL

OTC ANTI-SMOKING MEDICATIONS WITH SIX (6) MONTH LIMIT

MEDICATION NAME
Nicotine Gum (All Strengths & Brands)
Nicotine Patch (All Strengths & Brands)
Commit Lozenges (All Strengths)

CERTIFICATION

The individual signing below certifies:

1. That he or she is are fully authorized to submit this bid, including all assurances, understanding and representations contained within it which shall be enforceable as specified.
2. The individual has been duly authorized to act as the official representative of the bidder, to provide additional information as required and, if selected, to consummate the transaction subject to additional, reasonable standard terms and conditions presented by County.
3. This proposal was solely developed and prepared without any collusion with any competing bidder or County employee.
4. The content of this proposal has not and will not knowingly be disclosed to any competing or potentially competing bidder prior to the proposal opening date, time, and location indicated.
5. No action to persuade any person, partnership, or corporation to submit or withhold a bid has been made.

Signature: _____

Print Name: _____

Title: _____

Company Name: _____

Company Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Date: _____

BUSINESS INFORMATION

Federal ID#: _____ Incorporated: Yes No

Name:

DBA:

Contact Person Email:

Contact Person Phone: _____

Contact Person Fax: _____

Address:

Payment Address:

To receive purchase orders electronically please provide an email address:

**PLEASE NOTE: A completed W-9 form is required before Set Up requests will be processed.
Incomplete forms will not be processed.**

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT DEPOSIT

The below listed company (COMPANY) sells goods and/or services to Bay County located in Bay City, Michigan. Bay County desires to make payments for such goods and/or services electronically through the ACH Network. COMPANY agrees to grant such flexibility.

Therefore, COMPANY hereby (1) authorized Bay County to make payments for goods and/or services by ACH, (2) certifies that it has selected the following depository financial institution, and (3) directs that all such payments be made as provided below:

Please Print/Type

Name: _____

Company Contact: _____

Phone Number: _____

Email Address: _____

Please provide an email address to receive deposit advice

Financial Institution Name: _____

Financial Institution Address: _____

Account Type: _____ Checking _____ Savings

Bank Routing Number (contact your bank for this number): _____ - _____ - _____

Account Number: _____

COMPANY understands that you (Bay County) will verify the information provided above and, in the absence of a discrepancy or other unusual circumstances will begin the direct deposit of payments for goods and/or services within 15 days of your receipt of this form.

In the event of a discrepancy, COMPANY understands that COMPANY will be required to provide corrected information by completing a new form.

COMPANY acknowledges and agrees that the terms and conditions of all agreement with Bay County concerning the method and timing of payments for goods and/or services shall be amended as provided herein.

Company will give thirty (30) days advance written notice to Bay County of any changes in depository financial institution or other payment instructions.

Authorized Signature: _____

Date: _____

The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such a time and in such a manner as to afford you and my Financial Institution a reasonable opportunity to act on it.

COMPANY hereby discharges Bay County from all liability whatsoever for any actions taken by Bay County in accordance with the above request and authorization.