



Wake Forest Baptist Medical Center
Office of Strategic Sourcing

REQUEST FOR PROPOSAL (RFP)

For provision of
EXCLUSION SCREENING SERVICES
For
WAKE FOREST BAPTIST MEDICAL CENTER

DEADLINE: Monday, February 25, 2013 at 3:00 PM EDT

Wake Forest Baptist Medical Center
Office of Strategic Sourcing
Medical Center Boulevard
Winston-Salem, NC 27157

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EXCLUSION SCREENING SERVICES
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A. SCOPE OF REQUEST

Wake Forest University Baptist Medical Center, a nonprofit North Carolina corporation, herein referred to by the corporate trade name of Wake Forest Baptist Medical Center (WFBMC), is one of the nation's preeminent academic medical centers. It is an integrated health care system that operates 1,004 acute care, rehabilitation and psychiatric care beds, outpatient services, and community health and information centers. The Medical Center has 21 subsidiary or affiliate hospitals and operates more than 120 outreach activities throughout the region, including satellite clinics, health fairs, consulting services, and medical director services. It provides a continuum of care that includes primary care centers, outpatient rehabilitation, and dialysis centers. Although its primary service area is a 24-county region in northwestern North Carolina and southwestern Virginia, Wake Forest Baptist in the year ending June 30, 2010, served patients from 96 (of 100) North Carolina counties, all 50 states, the District of Columbia, and several foreign countries.

On July 1, 2010, Wake Forest Baptist became a legally integrated Medical Center. Under this structure, WFBMC (through its Board and consolidated management team) operates all aspects of Wake Forest Baptist Medical Center (also known as North Carolina Baptist Hospital) and Wake Forest School of Medicine (also known as Wake Forest University Health Sciences).

The system's main components are: a. Wake Forest School of Medicine; b. Wake Forest Baptist Health, the integrated clinical operations that includes Lexington Medical Center, Davie Hospital, Brenner Children's Hospital, physician practices, and other clinical facilities; and c. the Piedmont Triad Research Park, which includes downtown research offices and facilities.

WFBMC is a member of the Novation/UHC Group Purchasing Organization (GPO) but also negotiates locally when appropriate.

More information about WFBMC can be found at <http://www.wakehealth.edu>

B. ENTITIES TO BE COVERED BY PROPOSAL

For purposes of this document, WFBMC is defined by the list of entities below. WFBMC requires that equivalent service and financial programs be offered to all entities. Respondents are expected to thoroughly explain in their proposal any exemptions or modifications requested to this requirement.

- North Carolina Baptist Hospital
- Wake Forest University Health Sciences
- Lexington Medical Center
- Davie Hospital
- Wake Forest Baptist Medical Center Community Physicians

C. OBJECTIVE OF REQUEST FOR PROPOSAL

WFBMC is requesting proposals from qualified vendors to provide exclusion screening services to accomplish the objective of compliance with the Office of Inspector General (OIG) Exclusion Program and other Federal and State exclusion requirements.

D. GENERAL INFORMATION

All respondents are expected to thoroughly review and conform to the specifications outlined in this Request for Proposal (RFP). Failure to do so is at the respondent's sole risk. It is the responsibility of the respondent to ask questions, request changes or clarifications, or otherwise advise of any language, specifications, or requirements that appear to be ambiguous, contradictory, or arbitrary. **All submitted proposals must meet or exceed the mandatory specifications listed herein.**

E. RIGHTS RESERVED BY WFBMC AND RESTRICTIONS ON RFP PROCESS

WFBMC reserves the right to reject any or all proposals or any part thereof. WFBMC, in its sole discretion, reserves the right to waive any irregularity or minor variance in any proposal received, including but not limited to obvious mathematical errors in extension of pricing, failure to date the proposal, or failing to execute any certification not considered salient to price, delivery or acceptance of an agreement award.

WFBMC will not pay for any information requested nor is it liable for costs incurred by the respondent in responding to this request. Elaborate proposals (e.g. expensive artwork) beyond that sufficient to present a complete and effective proposal are not necessary or desired.

Any discussion with WFBMC personnel, other than as listed as authorized contacts herein, regarding this RFP while the RFP is in progress (from the time Respondent receives this RFP until final award is made) is strictly prohibited. Such contact and discussion may result in disqualification of respondent's proposal.

WFBMC is the sole owner of all data and information contained within the RFP document and accompanying attachments. Respondent shall use this information exclusively to prepare a proposal. Respondent should not disclose this information to any other firm or use it for any other purpose unless required by law or legal process.

F. QUESTIONS OR CLARIFICATIONS

Any and all questions or clarifications regarding specifications, requirements, or the RFP process, should be directed solely to William Brewer via email at btbrewer@wakehealth.edu. Submit RFP **questions** by **Monday, February 18, 2013 at 3:00 PM EDT**. Responses to questions will be answered via e-mail, and a copy of the response will be sent to all vendors solicited in the RFP.

G. PARTICIPATION IN RFP

Responses to this RFP will only be accepted from Vendors invited to participate. WFBMC reserves the right to exclude any response to this RFP from unsolicited Vendors. Vendors who may become aware of

this RFP, that are not specifically invited to participate, shall submit a formal request to participate to Beth Yates by **Monday, February 18, 2013 at 3:00 PM EDT**.

H. PROPOSAL TERMS

Each respondent is responsible for ensuring that their bid is received at or prior to the date and time specified within this bid. Failure to meet the proposed due date and time shall be grounds for rejection.

A respondent may withdraw or modify its proposal prior to the submission deadline. Proposals submitted prior to the submission deadline may be modified or withdrawn only by written notice to WFBMC. Respondent may change or withdraw their proposal at any time prior to the submission deadline; however, no oral modifications will be permitted. Any modification to a proposal shall be contained in a sealed envelope, clearly marked with the RFP title and "Modification of Proposal" notation.

Proposals may not be withdrawn for a period of 30 days following the closing of the RFP on **Monday, February 25, 2013 at 3:00 PM EDT**.

All proposals must be valid for at least 180 days from the due date.

I. ADDITIONAL TERMS AND CONDITIONS

Contract Terms and Conditions, beyond those specified in the Requirements section(s) of this document, are not set forth. Respondent is invited to propose additional Terms and Conditions of a final contract. These terms will be subject to review and modifications (as approved by both parties) once proposals are received. Respondent will be permitted to withdraw their proposal should parties not arrive at mutually agreeable terms.

Submitted RFP response (subject to negotiated revisions) should be expected to be referenced in a final executed agreement. All statements, promises, and guarantees made in this RFP are considered binding and may be incorporated into a final mutually signed agreement (should such an agreement be reached).

J. REVIEW OF PROPOSALS

WFBMC intends to partner with one vendor. The awarded vendor will offer WFBMC the best financial and service package in response to the requirements contained herein. WFBMC reserves the right to select among the proposals offered or to make no award under this document, as determined most beneficial for WFBMC.

All proposals submitted shall become property of WFBMC and will remain confidential. In considering the proposals submitted by each respondent, WFBMC will consider the following at a minimum and as applicable: the ability, capacity, and skill of the respondent to perform; the character,

integrity, and quality of respondent; the quality of past performance by respondent; and the competitiveness of the respondent's financial proposal.

WFBMC reserves the right to make the final decision on its choice of proposals. Appeals will be considered on a case-by-case basis; however, the final selection of vendors rests solely with WFBMC.

K. PREPARATION AND RETURN OF PROPOSALS

Respondents must review this RFP and reply with a formal signed proposal. **ATTACHMENT A** must be submitted with the proposal and signed by a duly authorized representative of the respondent's organization. Responses are due no later than **Monday, February 25, 2013 at 3:00 PM EDT**. Proposals must be submitted in a sealed envelope/package and mailed to the address below. Proposals may also be hand carried to the Office of Strategic Sourcing located at Wake Forest Baptist Medical Center, Piedmont Plaza II, 7th floor, Suite 702.

Wake Forest Baptist Medical Center
Office of Strategic Sourcing
ATTN: Beth Yates
Medical Center Boulevard
Winston-Salem, NC 27157

It is the sole responsibility of the respondent to ensure the on-time delivery of all RFP responses. Delays due to shipping errors or delays will **not** be considered acceptable rationale for an untimely reply. These RFP responses may be refused at the discretion of WFBMC.

Respondent must submit **two (2) separately bound hard copies of your proposal and one (1) electronic copy (CD or flash drive)** to include, at minimum, the item(s) listed below. These items **must** be included in your proposal and submitted as a part of your response, no later than **Monday, February 25, 2013 at 3:00 PM EDT**.

- Detailed responses to section P, along with any supporting documentation.
- Detailed responses to section Q, along with any supporting documentation.
- Attachment A, signed by a duly authorized representative from respondent's organization.
- Attachment B, providing at least three (3) customer references which we may contact. References must include the name of the company/entity, length of service, contact person, and present address and phone number. **Reference information shall be completed by filling out Attachment B in this RFP and returned with your proposal.**
- Provide pricing to include all charges and other fees associated with a **monthly** exclusion screening of WFBMC's supplied list of vendors and individuals (approximately 40,000 vendors and approximately 21,000 individuals)
- Provide pricing for **à la carte services**, defined as requested exclusion screening of a vendor or individual that is provided on an ad-hoc basis. Provide any information about bundled pricing that might be available, as well.

L. FORMAT OF PROPOSAL

Greater detail, information, and supporting detail assists in the evaluation of responses. **Elaborate format and binders are neither necessary nor desired.** Legibility, clarity, and coherence are more important. It is mandatory that each respondent provides responses in the same numbering format as used in this RFP, so that responses correlate to the same section in the RFP requirements. This will make the proposal more “evaluator friendly” to the team conducting the evaluation of the proposals.

M. PRE-PROPOSAL MEETING - RESERVED**N. DESCRIPTION OF SERVICES TO BE PROVIDED**

Services to be provided by the exclusion screening services vendor will include comprehensive ongoing (monthly) screening/rescreening procedures for personnel and vendors/contractors. Vender will also be asked to provide a means to provide exclusion screening services on an ad-hoc basis as new vendors and/or individuals are boarded. Vendor provided services are to include searches/checks against the following databases:

- Office of Inspector General (OIG) List of Excluded Individuals/Entities(LEIE)
- General Service Administration (GSA) – Excluded Parties List (EPLS)
- State-level excluded parties lists, to include, at minimum, North Carolina

O. DEFINITIONS - RESERVED**P. RESPONDENT QUALIFICATIONS AND OVERVIEW**

Respondent is to provide detailed responses and supporting detail for each of the qualifications listed below. The purpose of this section is to determine the ability of the respondent to perform services described herein. Respondent shall describe and offer evidence of their ability to meet each of the qualifications or statements listed below:

1. Vendor to provide a general overview of their company that includes:
 - Brief company background with general list of services provided
 - Description of national and regional presence
2. Vendor to provide documentation of company’s credentials/certifications, experience and involvement in the healthcare industry. Include applicable experience working with other large Medical Centers.
3. Vendor to provide client retention rate during the past 3 years.
4. Vendor to describe company’s growth during the past 3 years.
5. Vendor to detail experience with Joint Commission, OIG, and other regulatory standards.
6. Vendor to provide details regarding membership in professional screening organizations such as The National Association of Professional Background Screeners (NAPBS).

7. Vendor to provide information about any past or pending fines, lawsuits or litigation against them concerning regulatory violations or potential/perceived breach of any data.
8. Vendor to document all instances of a breach of sensitive information (ex: loss of SSN).
9. Vendor will list the top three (3) features and benefits which distinguish their services and company from those of their competitors. What unique capabilities does your company offer?

Q. BID REQUIREMENTS AND SPECIFICATIONS

The following are the individual requirements that WFBMC **requires** from the awarded vendor. Please provide a response to each specification and explain how you will achieve this requirement. **Products or services that are not provided as core to the offering (no additional cost) must be specifically indicated as such and associated pricing provided.**

1. The contract term is three (3) years. Agreed upon pricing structure will remain **firm** for the duration of the agreement. Either party may terminate the agreement by providing 60 days written notice. The agreement will not automatically renew after the initial contract term.

Meets Specification? YES NO

Explain:

2. Vendor is required to report immediately to WFBMC any activity that might affect the business relationship between your company and WFBMC (i.e. any material claims or federal/state exclusions which may adversely affect vendor's ability to provide the goods or services required by this RFP).

Meets Specification? YES NO

Explain:

3. Vendor may not assign any Agreement/Contract entered into between WFBMC and Vendor without prior notice and written approval.

Meets Specification? YES NO

Explain:

4. Vendor to provide overview of exclusion screening services. The following must be included in your response; however, additional information may be provided.
 - List databases/sources used for exclusion screening searches. Describe how you obtain the information and how often the data is refreshed? How is the information verified for reliability?
 - Provide the average turnaround time for ad-hoc screening requests. It is desired by WFBMC that vendor return results within 24 hours.

- Provide the average turnaround time for processing of monthly batch files of existing employees, non-employees, and existing vendors/contractors. It is desired by WFBMC that vendor return results within 1 week (5 business days).
- How do you handle additional names or aliases? Is there an additional charge for researching this information?
- What notifications do you provide throughout the exclusion screening process?
- Do you provide notification if a search result is delayed?

Meets Specification? YES NO

Explain:

5. Vendor to provide reliable, validated exclusion screening results. Describe the following:

- For both routine (monthly) and ad-hoc searches, describe your matching methodology. How are provided vendor names and individuals matched against exclusion databases?
- Describe the data submission process for monthly files and ad-hoc requests.
- Describe the availability of customized searches along with associated costs.
- Describe how potential matches are analyzed or validated for accuracy, or whether all potential matches are returned to the customer.
- List data elements used, stored, and processed (to include: Name, Address, DOB, SSN, TIN and EIN).
- Describe your ability to integrate with Peoplesoft HR and Financials.

Meets Specification? YES NO

Explain:

6. If you offer a hosted solution for client searches, provide system maintenance details to include, but not limited to:

- Percentage of "uptime."
- Schedule for "downtime" for maintenance, include downtime procedures.
- Describe your procedure for application performance monitoring, how and how often?

Meets Specification? YES NO

Explain:

7. Vendor to provide a detailed implementation process. Describe the key steps involved and a timeline of these steps (for ad-hoc screening and monthly batches)?

Meets Specification? YES NO

Explain:

- 8.** Vendor to have robust reporting capabilities. Vendor to provide samples of reports to include:
- Matches (“hits”)
 - Ongoing metrics (includes: turnaround time of requests, resolution of issues, error rate)
 - Include if reports are able to be customized.

Meets Specification? YES NO

Explain:

- 9.** Vendor to describe the training and educational resources provided to customers prior to start-up of a screening program with associated costs. Include post-implementation training and continuing education opportunities for WFBMC employees and associated costs.

Meets Specification? YES NO

Explain:

- 10.** Vendor to provide a dedicated Account Manager or lead who has decision-making authority and will assume responsibility for coordination, control, and performance of this effort.

Meets Specification? YES NO

Explain:

- 11.** Vendor to provide a dedicated customer support representative to respond to questions and facilitate problem resolution. Individual shall be available Monday through Friday during regular business hours. Include an issue escalation point of contact list and describe your resolution process.

Meets Specification? YES NO

Explain:

- 12.** If you offer a hosted solution, describe any specialized technical services staff and/or support dedicated to clients that can be reached 24/7.

Meets Specification? YES NO

Explain:

- 13.** Vendor to have measures in place to ensure legal compliance pertaining to screening, including:

- How do you keep updated on applicable federal and state laws affecting screening?

- Do you maintain a guide to applicable laws in all 50 states?
- Describe your understanding for laws that govern pre-employment screening and your methodology for compliance with those laws.
- Describe how you keep your clients updated on important legal/law changes.

Meets Specification? YES NO

Explain:

- 14.** Vendor to have a report from an audit or information security review performed by a 3rd party in the last 2 years (such as a SAS 70 or SOC2). If available, provide a copy of this report. This is also requested for any service provider you contract with who has access to sensitive information such as SSN

- If no, are you willing to obtain a 3rd party audit?

Meets Specification? YES NO

Explain:

- 15.** If the answer to 15, is 'no' then please provide the following information

- What security or IT control framework (such as COBIT or NIST) are you following?
- Provide the name and title for your senior information security person. Include name and title of who the security person reports to
- How many people are on the information security team?
- Provide a listing of all information security policy and procedures
- Describe and provide documentation for
 1. Malware program
 2. Patch management program
 3. Change management program
 4. Software development life cycle
 5. Incident response plan
 6. Risk assessment program
- Do you encrypt all data?
 1. In transit – describe
 2. At rest – describe
- What network perimeter technology do you use?
 1. VPN
 2. Firewall
 3. Web proxy
 4. IDS/IPS
 5. Net flow
 6. other

- How do you perform log analysis? Describe any procedure and technology
- Describe your identity management process and any management tools that you use. Do you use 2-factor authentication?
- Do you backup the data? Is it stored securely? Describe. Are backup copies or media encrypted?
- Where are your data centers located? Include Disaster Recovery sites
- Do you fall under Sarbanes-Oxley regulatory requirements?
- Have you had an information security breach in the last 2 years? Describe

16. Do you run background checks on your employees? If so, describe the search types and frequency. Describe thresholds that disqualify applicants/employees.

Meets Specification? YES NO

Explain:

17. Do you use any contractors or third parties in the delivery of services to your customers? By what process do you screen or qualify those parties?

Meets Specification? YES NO

Explain:

18. What is your retention practice for client data during and at end of contract?

Meets Specification? YES NO

Explain:

ADDITIONAL VENDOR OFFERINGS

Please provide any additional offerings that would increase the value of our relationship through improved services or reduced costs to WFBMC (include fee-for-service and no additional charge offerings).

ATTACHMENT A
RESPONDENT SIGNATURE FORM

The form below must be signed by a duly authorized officer of respondent and must accompany your proposal. Signature below provides your guarantee that all statements made in your proposal are accurate and being offered without obligation or other pre-condition to Wake Forest Baptist Medical Center.

Authorized Signature: _____ Date: _____

Printed Name: _____

Title: _____

Company Name: _____

Mailing Address: _____

Telephone: (_____) ____ - _____ Email: _____@_____

Licensed to do business in the State of North Carolina? YES NO

Is your business listed on the Office of Inspector General's (OIG) List of Excluded Individuals /

Entities? YES NO

ATTACHMENT B
LIST OF REFERENCES

List three (3) references to which you have supplied products/services within the last three (3) years. At least one of the references should be an Academic University or Medical Center site.

Organization Name: _____

Address: _____

Contact Person: _____

Contact Telephone: _(_____)____ - _____ Contact Email: _____@_____

Time period services provided:

Description of services provided:

Organization Name: _____

Address: _____

Contact Person: _____

Contact Telephone: _(_____)____ - _____ Contact Email: _____@_____

Time period services provided:

Description of services provided:

Organization Name: _____

Address: _____

Contact Person: _____

Contact Telephone: _(_____)____ - _____ Contact Email: _____@_____

Time period services provided:

Description of services provided:



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END OF DOCUMENT

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