

Iowa Department of Health and Human Services  
IA MCO & Dental Open Enrollment  
Print to Mail  
3-15-24  
Page 1 of 8

**Bid # RFB031324-01**

***State of Iowa DAS PRINT  
1305 E Walnut St Level A  
Hoover State Office Building  
Des Moines, IA 50319  
Phone 515-954-0755***

Bids will be opened and recorded at 2:30 P.M. March 15, 2024

Contracts will be awarded at 2:30 P.M. March 15, 2024 for the work specified below, in accordance with the terms and conditions herein forth, and at the hour named will open said proposals and act thereon.

Bids are invited from all who are qualified to bid, but bidder must be able to show facilities and equipment for the prompt completion of the work. Bids to be considered must be made out in ink or typewritten upon this form; with no amendment or changes; must be signed by the person of firm making the offer; **must be accompanied by the guarantee referred to hereinafter**; must be in sealed envelope provided, addressed to and in the hands of *DAS Print, Hoover State Office Building, 1305 E Walnut Street Level A, Des Moines, Iowa 50319, by the hour indicated above.*

By virtue of statutory authority, in the award of contract, due consideration shall be given not only to the price bid, but to the mechanical and other equipment, and financial responsibility of the bidder, and his ability and experience in the performance of like or similar contracts. Preference shall be given to purchasing Iowa Products and purchases from Iowa based businesses if the bids submitted are comparable in price to bids submitted by out-of-state businesses and otherwise meet the required specifications.

Sub-letting of awarded contract will be allowed, unless otherwise stated in the specifications. Whenever any portion of awarded contract is to be sub-let, it will be necessary for all bidders to list separately the portions to be sub-let and who is fulfilling that portion of the contract. This also applies to portions of product that are produced outside the State of Iowa. For the bidders that are sub-letting portions outside the State of Iowa that portion of contract must be shown in either percentage or dollar amount.

All materials and workmanship contemplated to be contracted hereunder must be first class in every respect. The state reserves the right to reject goods not meeting this requirement, and when such rejection involves a loss to the state, the contractor shall be required to stand such loss and reimburse the state.

Take notice that bids are taken upon the specification in the offering, and acceptance of a bid results in a binding contract. Bidders should avail themselves of samples of previous like printing prior to making a bid or if such is not available **it is the obligation of the bidder to understand the requirements of the specifications prior to making his bid.** The bid is the maximum of the successful bidder's compensation unless the specifications permit additional compensation for changes therein reserved to the State Printing Division. Please note, however, that overruns of more than 5% will be rejected, underruns are unacceptable.

The State Printing Division reserves the right to accept any bid or part of bids submitted that seem to be to the best interest of the state; or to reject any or all bids.

IA MCO & Dental Open Enrollment  
2024 - Print to Mail  
for  
Iowa Department of Health and Human Services

**Specifications on page four through seven**  
**Bid sheet on page eight**  
**Attachment A: Form 22 – Request for Confidentiality**

**Read Carefully:** Proofs must be submitted to department for approval. No more than 5% over-run will be approved for payment. Full count is always required. Printing Division No. must appear. No printer's imprint. State recycled logo must appear if produced on recycled stock. Vendor must use soy-oil based ink whenever applicable. All negatives become property of state. All cuts, artwork and negatives must be returned to department immediately on completion of order.

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**AGENCY:** **Iowa Department of Health and Human Services (HHS)**

**Procurement  
Officer:**

Iowa Department of Administrative Services - Print  
Stella Sussex  
1305 E Walnut St Level A  
Des Moines, IA 50319  
Phone Number: 515-954-0755  
Fax Number: 515-242-6307  
e-mail: [stella.sussex@iowa.gov](mailto:stella.sussex@iowa.gov)

Vendors shall not contact the agency in reference to this bid at any time while the bid is opened for bidding, nor shall they contact the agency while the bid is in the review status. All questions pertaining to this bid shall be directed to the Procurement Officer.

**DESCRIPTION:** IA MCO and Dental Open Enrollment – Print to Mail  
There will be two mailing groups, which are:  
Group 1: MCO and Dental Open Enrollment  
Group 2: Dental Only Open Enrollment

**COPY STATUS PRE-PRESS:**

- Form template and artwork will be furnished in InDesign or PDF
- Variable Data File will be furnished in either a CSV/Excel or flat file
- Vendor to add integrity markings
- Vendor to print in presort order, insert and mail
- These forms contain HIPAA data and are highly confidential. They must be kept in order. Any comingling of participant's forms within a mail envelope will be considered a breach of HIPAA.
- The vendor is responsible for the integrity of the mailing.
- All negatives, dies and artwork remain the property of the State of Iowa and must be surrendered upon demand

**FILE TRANSFER:**

- Vendor will be required to provide HHS with a secure means of transferring the data files to them and proofing files back and forth.

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**Size:**

- 8.5" x 11" - all forms
- #10 window envelope, or 6" x 9" window can be used for this mailing, this is the vendors choice. Vendor will determine the window size and placement on the 6" x 9" envelope. The window size and placement must meet the requirements of the US Postal Service for a presort first class mailing.

**Printing:**

- Forms will print in black ink, no bleeds on any of the forms.
- Envelope: Black ink, corner card print. Will also print the state of Iowa's Permit Indicia.
- See instructions below under item for how each form prints listed by the form number and name.
- Vendor to add integrity markings to ensure all variable data pieces being inserted into the envelope are match to that record.
- Soy Oil based inks required
- All pieces have a common corporate identity and should be consistent in look, i.e. color, density and layout

**Stock**

- Forms - 60# white offset recycled, must be 30% post-consumer waste
- Envelopes - 24# white wove recycled, 30% post-consumer waste. Vendor will determine the window size and placement on the envelope. The window placement must meet the requirement of the US Postal Service.

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**Group 1**

**MCO and Dental**

Quantity: 400,000

These are approximate quantities based on history. These quantities are subject to change when the final data is pulled.

- Address page (1 sheet, black ink, one side, variable data)
- 470-0016 IA Health Link Open Choice and Dental Wellness Plan Open Enrollment Letter –
  - (1 sheet, 2 pages duplexed, black ink, variable data on two sides in black ink)
- 470-5356 MCO and Dental Enrollment Form (1 sheet, 1 page, simplex, black ink, static)
- Delta Dental and DentaQuest Flyer – (1 sheet, 2 pages duplexed, black ink, static)
- Comm 504 MCO Summary Flyer (1 sheet, 2 pages duplexed, black ink, static)
- Comm 505 Non-Discrimination Sheet (1 sheet, 2 pages duplexed, black, static)
- Comm 123 Estate Recovery Letter (1 sheet, 2 pages duplexed, black ink, static)
- #10 window envelope, or 6" x 9" window, this is the vendors choice.
  - #10 window placement, 4.5" L x 1 1/8" T, located 7/8" from left edge and 5/8" from the bottom

**Inserting:**

- Insert all pieces into one envelope, seal and mail.
- Total Sheet Count: 7 sheets (including address page)

**Group 2**

**Dental Only**

Quantity: 6,300

These are approximate quantities based on history. These quantities are subject to change when the final data is pulled.

- Address page (1 sheet, black ink, one side, variable data)
- Dental Wellness Plan Open Enrollment Letter –
  - (1 sheet, 2 pages duplexed, black ink, variable data on two sides in black ink)
- 470-5405 Dental Carrier Change Form (1 sheet, 1 page, simplex, black ink, static)
- Delta Dental and DentaQuest Flyer – (1 sheet, 2 pages duplexed, black ink, static)
- Comm 505 Non-Discrimination Sheet (1 sheet, 2 pages duplexed, black, static)
- Comm 123 Estate Recovery Letter (1 sheet, 2 pages duplexed, black ink, static)
- #10 window envelope, or 6" x 9" window, this is the vendors choice.
  - #10 window placement, 4.5"L x 1 1/8"T, located 7/8" from left edge and 5/8" from the bottom

**Inserting:**

- Insert all pieces into one envelope, seal and mail.
- Total Sheet Count: 6 sheets (including address page)

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**Mail Prep:**

- Vendor will be required to send the mail address through the NCOA and CASS certification process to receive the best pre-sort first class postage rates.
- Vendor will mail this mailing using the State of Iowa's Permit number.
- Vendor must include the agency postage ID on the postage statement. This must be located in the Permit Holder's Name and Address box on the CAPS Cust. Ref. No. line.
- Vendor will be required to return an excel file of the updated/corrected addresses to HHS.
- Vendor will be required to return an excel file of the bad addresses to HHS.
- Vendor must send a copy of the postage statement to HHS.
- Vendor will be required to mail the pieces that don't qualify for discounts.

**Packaging:** Vendor must package according to the US Postal Services requirements and regulations.

**Production Schedule:**

- The Artwork files and Variable Data Files will be available upon Bid Award, approximately March 15, 2024.
- The vendor is required to have a proof to the agency two (2) days from the date they receive the files.
- The agency will be required to have the proof back to the vendor within 24 hours of receiving the proofs.
- For any subsequent proofs, the vendor will have 12 hours to provide the agency a new proof.
- The agency will respond to any subsequent proofs within 12 hours.
- The vendor will be required to contact the agency when they send the proofs.

**Mail Schedule:** The expected start date for the mailings is April 1, 2024. All pieces must be mailed no later than April 30, 2024. The April 30 date is firm and must be adhered to by the awarded vendor.

The full mailing shall be broken down into smaller mailings of approximately 50,000 letters per drop and delivered twice weekly to the US Post Office.

Preferred days are Monday and Wednesday.

A mail schedule will be discussed between the vendor, agency and DAS Print to determine the final mailing dates.

**HHS is under strict regulations on notifications and every intent to meet the required schedule will be made. The lowest compliant vendor will be awarded the bid, schedule is part of the determination in being complaint.**

***Penalty Clause will be enforced for late deliveries.***

**DELIVERY:**

- Vendor to present the mailing to the 2nd Ave, Des Moines, IA USPS and send a copy of the Cass Certification to HHS for proof of mailing and mailing costs to HHS.
- All shipments will be FOB destination to either USPS, HHS 1305 E Walnut St, Des Moines IA 50319.
- If the vendor is an approved full mail service provider by the USPS they may mail from their location.

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**RECORD FILES:**

- Vendor will provide HHS with a PDF file of each customized record that was printed and mailed. There must be one PDF record for each letter printed.
- PDF records must not contain security settings (e.g., self-sign security, user passwords, and/or permissions) that prevent HHS from opening, viewing, or printing the record.
- Vendor will work with the agency to transfer the file via a secure transfer location.

**PROOF:** See agency contact for who will receive the proofs.

- Forms: A variable data digital proof will be acceptable
- Envelopes: A PDF proof will be required.
- If there are issues with either digital proof, the agency will require hard copy proof.

**Agency Contacts:** Vendor must contact both the primary and secondary contacts.

- Primary: Nell Bennett, [nbennett@dhs.state.ia.us](mailto:nbennett@dhs.state.ia.us)
- Secondary: Bianca Finley, [bfinley@dhs.state.ia.us](mailto:bfinley@dhs.state.ia.us)

**Vendor Contact:**

- Vendor will be required to give a contact list of all parties that will be involved with this job to the agency upon the bid award to vendor.

**Pre-Planning Meeting:**

- There will be a meeting between the vendor, HHS and DAS Print to discuss this job and come to an agreement on the mail scheduled dates. This meeting will take place the week of the award at a time to be determined.

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**Security:** This is a secure, confidential mailing and all HIPAA rules apply. Mail must use multiple integrity markings so all mail is accounted for, and all pieces are inserted correctly. Vendor must pull every 1,000 letters to verify the sequencing and insertion is accurate. Vendor is responsible for any data breaches, timelines, notification to the state agency and any costs associated with data breaches resulting from handling either the data files, printing of the documents or the inserting of the paper documents. Any errors or test prints, reprints that have client specific data on them must be destroyed/shredded confidentially. There is zero tolerance for counts being off, any discrepancy the agency contact must be consulted as how to proceed. Vendor agrees to the terms outlined in the Iowa Department of Health and Human Services Business Associate Agreement.

**Business Associate Agreement.** The Contractor, acting as the Iowa Department of Health and Human Services (HHS) Business Associate, performs certain services on behalf of or for HHS pursuant to this Contract that require the exchange of information that is protected by the Health Insurance Portability and Accountability Act of 1996, as amended, and the federal regulations published at 45 CFR part 160 and 164. The Business Associate agrees to comply with the Business Associate Agreement Addendum (BAA), and any amendments thereof, as posted to the HHS website at <https://hhs.iowa.gov/hipaa>. This BAA, and any amendments thereof, is incorporated into the Contract by reference.

By signing this Contract, the Business Associate consents to receive notice of future amendments to the BAA through electronic mail. The Business Associate shall file and maintain a current electronic mail address with HHS for this purpose. HHS may amend the BAA by posting an updated version of the BAA on the HHS website at: <https://hhs.iowa.gov/hipaa>, and providing the Business Associate electronic notice of the amended BAA. The Business Associate shall be deemed to have accepted the amendment unless the Business Associate notifies HHS of its non-acceptance in accordance with the Notice provisions of the Contract within 30 days of HHS' notice referenced herein. Any agreed alteration of the then current HHS BAA shall have no force or effect until the agreed alteration is reduced to a Contract amendment that must be signed by the Business Associate, HHS Director, and the HHS Security and Privacy Officer.

**TERMS & CONDITIONS:**

<https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20goods.pdf>

**ATTACHMENT A:** Form 22 – Request for Confidentiality

**NOTE:** All usual rules and penalties as set forth by the Code of Iowa apply.

**BID AWARD:** Bidding vendors must be located within the continental United States.  
This job must be produced within the continental United States.  
Bids will be awarded to the lowest compliant bidder.  
The State of Iowa reserves the right to accept or reject any and all bids.

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**BID AS FOLLOWS:**

All pricing is F.O.B. Destination – bids will not be accepted if freight is not included

**Group 1 - MCO and Dental**

**400,000 forms and envelopes per specifications.....\$\_\_\_\_\_ /total**

**Group 2 - Dental Only**

**6,300 forms and envelopes per specifications.....\$\_\_\_\_\_ /total**

**List envelope size used for the mailing\_\_\_\_\_**

**Bids must be accompanied by statements requested in the specifications or they will be considered non-compliant.**

The state of Iowa reserves the right to accept or reject any or all bids.

Please read all information carefully. Bids will be rejected if they are not signed, are not submitted on the bid forms furnished, or missing any required components.

NOTE: Such Bids will be accepted up to 2:30 P.M. the day of the opening.

**NOTICE TO BIDDERS**

**This information must be completed or your bid will be non-compliant**

Is any part of the contract to be sub-let? YES NO If yes, to whom?\_\_\_\_\_  
(Vendor must identify sub-contractor if you answer yes to this question)

Recycled content of sheet \_\_\_\_\_% of which \_\_\_\_\_% is post-consumer.

How much is sub-let or produced outside of the State of Iowa? Show either dollar or percentage\_\_\_\_\_

Soy-oil based ink? YES NO If yes, please specify portion of bid which is ink cost-\$\_\_\_\_\_

Bidder agrees that if awarded a contract to supply any part of the above listed material, bidder will not engage in any discriminatory practices based on sex, race, color, creed, religion, physical or mental handicaps or national origin and they will comply with all statutes of the State of Iowa against discrimination. Failure to do so could be deemed a material breach of contract.

**NOTE:** One percent per day of the contract price will be penalized for each day of delayed delivery. Department to furnish copy and read proof according to specifications and the printer is required to give written notice of any delay by the Department.

**PLEASE READ** the specifications carefully. Any deviation from specifications will automatically void the bid. If requested, be sure and specify the stock you plan to use, and furnish sample, or bid will be voided. Estimate carefully - Low bidders who refuse contract will be penalized.

**\*\*All questions pertaining to this bid should be directed in writing to the Iowa Department of Administrative Services (DAS) Print - Stella Sussex at [stella.sussex@iowa.gov](mailto:stella.sussex@iowa.gov), Public Service Manager. Vendors shall not contact the agency in reference to this bid. If vendors contact the agency directly it could result in their bid not being accepted.**

**Renewal option for this contract: May be renewed annually for up to five renewals for a total of six years, at the agreement of the customer, vendor and the Iowa State Printing division. Vendor must provide written renewal information sixty (60) days prior to expiration of contract to DAS print.**

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(City, State)

Signed by \_\_\_\_\_ for \_\_\_\_\_  
(Phone Number) (Company Name)

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_



Form 22 – Request for Confidentiality

**CONTRACTOR NOTE: SUBMISSION OF THIS FORM 22 IS REQUIRED**

**THIS FORM 22 (FORM) MUST BE COMPLETED AND INCLUDED WITH YOUR RESPONSE (BID) TO THE REQUEST FOR BIDS (RFB). THE FORM IS REQUIRED WHETHER THE BID DOES OR DOES NOT CONTAIN INFORMATION FOR WHICH CONFIDENTIAL TREATMENT WILL BE REQUESTED.**

**FAILURE TO SUBMIT A COMPLETED FORM WILL RESULT IN THE BID CONSIDERED NON-RESPONSIVE AND ELIMINATED FROM EVALUATION.**

**I. Confidential Treatment Is Not Requested**

A request for confidential treatment of information contained in our Bid is not submitted.

_____ Company	_____ RFB Number	_____ RFB Title
_____ Signature	_____ Title	_____ Date

\*\*\*\*\*

**II. Confidential Treatment Is Requested**

***The below information is to be completed and signed ONLY if Contractor is requesting confidential treatment of any information submitted in its Bid.***

Per the paragraph labeled as Public Records and Requests for Confidential Treatment in section 2 of the Request for Bids (RFB), a Contractor requesting portions of its Bid be maintained in confidence must complete this form and submit it with its Bid. Contractors should read and familiarize themselves with chapter 22 of the Iowa Code regarding release of public records before completing this Form. Contractor shall refer to the paragraph labeled as Public Records and Requests for Confidential Treatment in section 2 of the RFB for instructions regarding how to request confidential treatment of portions of its bid.

**NOTE:**

- 1 Completion of this Form is the sole means of requesting confidential treatment.**
- 2 A CONTRACTOR MAY NOT REQUEST PRICING BIDS BE HELD IN CONFIDENCE.**

Completion of the Form and Agency's acceptance of Contractor's submission does not guarantee the agency will grant Contractor's request for confidentiality. The Agency may reject Contractor's Bid entirely in the event Contractor requests confidentiality and does submit a fully completed Form or requests confidentiality for portions of its Bid that are improper under the RFB.

***To request confidentiality, Contractor must provide the following information:***

- 1** ☐ Contractor must conspicuously mark confidential material in its Bid in accordance with the section titled Public Records and Requests for Confidential Treatment. ***Check box when completed.***
- 2** Contractor must specifically identify and list the bid section(s) for which it seeks confidentiality and answer the following questions for each section listed:

## Form 22 – Request for Confidentiality

- Explain the specific grounds in *Iowa Code Chapter 22* or other applicable law which support treatment of the material as confidential.
- Justify why the material should be kept in confidence.
- Explain why disclosure of the material would not be in the best interest of the public.
- Provide the name, address, telephone, and email for the Contractor's person authorized to respond to inquiries by the Agency concerning the status of confidential materials.

**Please provide the information in the table below. Contractor may add additional lines if necessary or add additional pages using the same format as the table below.**

RFB Section:	Contractor must cite the specific grounds in <i>Iowa Code Chapter 22</i> or other applicable law which supports treatment of the material as confidential.	Contractor must justify why the material should be kept in confidence.	Contractor must explain why disclosure of the material would not be in the best interest of the public.	Contractor must provide the name, address, telephone, and email for the person at Contractor's organization authorized to respond to inquiries by the Agency concerning the status of confidential materials.

- 3** ☐ Contractor must submit a Public Copy of its Bid from which the confidential information has been excised. The confidential material must be excised in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the Bid as possible.  
***Check box when completed.***

This Form must be signed by the individual who signed the Contractor's Bid. The Contractor shall place this Form completed and signed in its Bid immediately following the transmittal letter. A copy of this document shall be placed in all Bids submitted including the Public Copy.

***\*Failure to provide the information required on this Form may result in rejection of Contractor's submittal to request confidentiality or rejection of the Bid as being non-responsive.***

***\*Please note that this Form is to be completed and signed only if you are submitting a request for confidential treatment of any information submitted in your Bid.***

\_\_\_\_\_  
Company

\_\_\_\_\_  
RFB Number

\_\_\_\_\_  
RFB Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Form 22 – Request for Confidentiality

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### Department of Administrative Services – Central Procurement Bureau Review (For Agency use only)

- ☐ Contractor's Bid is rejected as non-compliant because of one or more of the following reasons:
- ☐ Contractor's Bid is rejected due to not submitting a fully completed Form 22 to either request or not request confidential treatment of information.
  - ☐ Contractor's Bid is rejected due to the request to treat the entire response as confidential.
  - ☐ Contractor's Bid is rejected due to the request to treat Bid pricing as confidential.
  - ☐ Contractor requested confidentiality without submitting a **fully completed** Form 22.
  - ☐ Contractor requested confidentiality and failed to conspicuously mark such material as confidential within its Bid in accordance with the RFB.
  - ☐ Contractor requested confidentiality without submitting a public copy of its Bid with the confidential information redacted.
  - ☐ Contractor requested confidentiality on material in contravention of the RFB.
  - ☐ Other: \_\_\_\_\_.
- ☐ Contractor's submission is accepted.<sup>1</sup>

\_\_\_\_\_  
Purchasing Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RFB Number

\_\_\_\_\_  
RFB Title

\_\_\_\_\_  
**NOTE:** Agency's acceptance of Contractor's submission should not be construed as Agency's approval of Contractor's request for confidentiality. Instead, acceptance of Contractor's submission simply means that Agency believes Contractor's Form 22 appears fully completed in accordance with the RFB.