**Department of Human Services-IME Bid # RFB031220-01**

**Iowa Medicaid Annual Choice Period - 2020**

**Print to Mail** State of Iowa OCIO PRINT

**3-12-20** ***Hoover State Office Building Des Moines 50319***

 Phone 515-954-0755

The State OCIO Print will receive sealed proposals until 2:30 P.M 3-12-20

Bids will be opened and recorded 2:30P.M March 12, 2020

Contracts will be awarded 2:30 P.M. March 12, 2020 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 doing 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 herinafter**; must be in seal envelope provided, addressed to and in the hands of *OCIO 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 therefor 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.

 Iowa Medicaid Annual Choice Period

 2020 - Print to Mail

 **for**

 Iowa Department of Human Services

**Specifications on page two through seven**

**Bid sheet on page eight**

***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: Department of Human Services - IME**

**Procurement**

**Officer: Office of Chief Information Officer**

**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**

**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:** Iowa Medicaid Annual Open Choice Period – Print to Mail

 There will be 3 separate mailings

1. Medical (MCO) - Group 1
2. Medical (MCO) and Dental - Group 2
3. Dental - Group 3

All pieces print in four color process with the exception of the address page, Comm 505 and the #10 window envelope.

Vendor will be responsible for providing all required envelopes for these jobs.

**COPY STATUS** Form template will be furnished InDesign or PDF

**PREPRESS:** Variable data will be furnished in either a CSV/Excel or flat file

* + - * Vendor is to presort the mailing for presort 1st class including NCOA, address validation, address standardization etc.
			* Vendor to add integrity markings
			* Vendor to print in presort order, insert and mail
			* Vendor to print the Iowa Permit Indicia on the envelope
			* These forms contain HIPPA data and are highly confidential, they must be kept in order, and any comingling of participant’s forms within a mail envelope will be considered a breach of HIPPA information. The vendor is responsible for the integrity of the mailing.
			* Vendor will be required to provide DHS with a secure means of transferring the data files and proofing.

All negatives, dies and artwork remain the property of the state of Iowa and must be surrendered upon demand

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**Size:**

* 8.5" x 11" - all forms
* #10 window Envelope

The window size and placement for the #10 window will be:

size - 4.5" long x 1 1/8" tall

located - 7/8" from the left edge and 5/8" from the bottom edge

**Printing:** forms will print in black ink or four color process, no bleeds on any of the forms.

See instructions below under each item for how each form prints listed by the form name

 Soy Oil based inks required

 All piece 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

**Medical (MCO) only - Group 1**

Quantity: 86,000

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

* Address page (black ink one side, variable data)
* IA Health Link Annual Choice Letter 470-5440 (Rev. 6/19) (1 sheet, 2 pages duplexed, color, variable data on two sides in black ink)
* MCO Enrollment Form 470-5356 (Rev. 4/19) (1 sheet, 1 page, color, static)
* MCO Summary Flyer Comm 504 (Rev. 4/19) (1 sheet, 2 pages duplexed, color, static)
* ACA 1557 Non-Discrimination Sheet Comm 505 (Rev. 3/19) (1 sheet, 2 pages duplexed, black, static)
* No. 10 envelope 470-4223

 Total Page Count: 5 pages (including address page)

 Notes: Address Cleansing and NCOA process – Yes

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**Medical (MCO) and Dental - Group 2**

Quantity: 195,000

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

* Address page (black ink one side, variable data)
* IA Health Link Annual Choice Letter 470-5440 (Rev. 6/19) (1 sheet, 2 pages duplexed, color, variable data)
* MCO Enrollment Form 470-5356 (Rev. 4/19) (1 sheet, 1 page, color, static)
* MCO Summary Flyer Comm 504 (Rev. 4/19) (1 sheet, 2 pages duplexed, color, static)
* Dental Plan Annual Choice Letter 470-5441 (Rev. 1/19) (1 sheet, 2 pages duplexed, color, variable data on two sides in black ink)
* ACA 1557 Non-Discrimination Sheet Comm 505 (Rev. 3/19) (1 sheet, 2 pages duplexed, black, static)
* MCNA Dental Plan Flyer (Rev. 1/19), (1 sheet, 1 page single side, color ink, static)
* Delta Dental Plan Flyer (Rev. 8/17), (1 sheet, 1 page single side, color ink, static)
* No. 10 envelope 470-4223

Total Page Count: 8 pages (including address page)

Notes: Address Cleansing and NCOA process – Yes

**Dental only - Group 3**

Quantity: 31,000

* Address page (black ink one side, variable data)
* Dental Plan Annual Choice Letter 470-5441 (Rev. 1/19) (1 sheet, 2 pages duplexed, color, variable data on two sides in black ink)
* ACA 1557 Non-Discrimination Sheet Comm 505 (Rev. 3/19) (1 sheet, 2 pages duplexed, black, static)
* MCNA Dental Plan Flyer (Rev. 1/19), (1 sheet, 1 page single side, color ink, static)
* Delta Dental Plan Flyer (Rev. 8/17), (1 sheet, 1 page single side, color ink, static)
* No. 10 envelope 470-4223

Total Page Count: 5 pages (including address page)

Notes: Address Cleansing and NCOA process – Yes

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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 be required to return an excel file of the updated addresses to DHS IME
* Vendor will be required to return an excel file of the bad addresses to DHS IME
* 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 must send a copy of the postage statement to DHS IME, see contact under Agency contacts
* Vendor will be required to deliver the mail pieces that doesn't qualify for the presort rate to DAS/GSE Mail Center in Des Moines, IA 50319

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

**Production**

**Schedule:** Artwork available upon bid award. The Artwork and variable data files will be sent to the vendor upon the bid award. The vendor will have 24 hours to send a proof to IME. IME will respond back to the proof within 2 hours.

The vendor will be required to call the appropriate DHS proofing contact when they have sent them a proof.

**Mail Schedule:** Annual Mailing - Group 1, Group 2 and Group 3.

This is a firm mailing schedule and must be adhered to by the awarded vendor.

The vendor will need to make 3 mail drops at the 2nd Ave, Des Moines, IA US Post Office each week.

The vendor may drop the mail Monday through Friday.

Mail Drop instructions:

 100,000 pieces mailed for three weeks

* Week of April 6-10, 2020: 1 mail drop of 100,000
* Week of April 13-17, 2020: 1 mail drop of 100,000
* Week of April 20-24, 2020: Final mail drop of the remaining

Any changes in schedule will need to be discussed at the beginning of the contract and agreed upon by both parties.

**DHS/IME 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.***

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**DELIVERY:** Vendor to present the mailing to the 2nd Ave, Des Moines, IA USPS postal service and send a copy of the Cass Certification to DHS IME for proof of mailing and mailing costs to DHS. All shipments will be FOB destination to either the USPS, IME 100 Army Post Road, Des Moines IA 50315 and DAS GSE Mail Center, 400 E 14th St, Des Moines, IA 50319.

 If the vendor is an approved full mail service provider by the USPS they may mail from their location.

 Vendor will be required to deliver the mail pieces that doesn't qualify for the presort rate to DAS/GSE Mail Center in Des Moines, IA 50319

 Vendor will be required to deliver the Family Planning pieces to DAS/GSE Mail Center in Des Moines, IA 50319

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

* Forms:A variable data digital proof will be acceptable. If there are issues with this proof the agency will

want a hard copy proof of all items.

* Envelopes: A PDF proof will be required. If there are issues with this proof the agency will require hard copy

proof .

**Agency Contacts:**

### Mailing Contents Proofing: Kevin Kirkpatrick, kkirkpa@dhs.state.ia.us, 515-974-3028

(cell 515-537-5092), DHS IME

* IT Contact: Matt Briggs, MBriggs@dhs.state.ia.us, 515-974-2958
* Postage Statement: Kera L. Oestreich, koestre@dhs.state.ia.us , 515-256-4892

Vendor Contact:

* Vendor will be required to give a contact list of all parties that will be involved with this job upon

the bid award to vendor.

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**Security: This is a secure, confidential mailing and all HIPAA rules apply. Mail must contain use of multiple integrity markings so all mail is accounted for and they are inserted correctly.**

 **Vendor must pull letters every 1,000 to verify the mail 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 Human Services Business Associate Agreement.**

***Business Associate Agreement.***  The Contractor, acting as the Iowa Department of Human Services (“DHS”) Business Associate, performs certain services on behalf of or for DHS 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 DHS website:<http://dhs.iowa.gov/HIPAA/baa>.  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 DHS for this purpose.  DHS may amend the BAA by posting an updated version of the BAA on the DHS website at: <http://dhs.iowa.gov/HIPAA/baa>, 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 DHS of its non-acceptance in accordance with the Notice provisions of the Contract within 30 days of DHS’ notice referenced herein.  Any agreed alteration of the then current DHS 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, DHS Director, and the DHS Security and Privacy Officer.

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

**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

**Medical (MCO) Only – Group 1**

**86,000 forms and envelopes per specifications………………………$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/total**

**Medical (MCO) and Dental – Group 2**

**195,000 forms and envelopes per specifications……...……….…….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/total**

**Dental only – Group 3**

**31,000 forms and envelopes per specifications…….………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/total**

**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: BIDS FOR THIS LETTING CAN BE MADE BY FAX (515/242-6307) TO THOSE WITH BID BONDS IN EFFECT (OR CERTIFIED CHECK IN LIEU THEREOF). SUCH BIDS WILL BE ACCEPTED UP TO 2:30 P.M. THE DAY OF THE OPENING. RETURN BID PAGE ONLY.**

**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 postconsumer.

How much is sub-let or produced out 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 in all contract 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 Office of Chief Information Officer (OCIO) Print, Stella Sussex at** **stella.sussex@iowa.gov** **, phone number is 515-954-0755. Vendors are not to contact the agency in reference to this bid. If vendors contact the agency directly it will result in their bid not being accepted.**

**Renewal option for this contract: May be renewed annually up to five consecutive years at the agreement of the customer, vendor and the State of Iowa OCIO Printing division. VENDOR MUST PROVIDE WRITTEN RENEWAL INFORMATION SIXTY (60) DAYS PRIOR TO EXPIRATION OF CONTRACT TO THE SUPERINTENDENT OF PRINTING.**

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_\_.

 (City, State)

Signed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Telephone) (Company Name)

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