

June 4, 2019

ADDENDUM NO. 1

SPECIFICATION NO. 722426

FOR

REQUEST FOR PROPOSAL (RFP)

CITY OF CHICAGO EMPLOYEE WELLNESS PROGRAM

This document contains:

- I. Answers to Questions Submitted for Clarification of RFP**
- II. Addendum No. 1 Receipt Acknowledgement**

For which Proposals are scheduled to be received no later than 4:00 p.m., Central Time June 17, 2019, in the Department of Procurement Services, Bid & Bond, Room 103, City Hall.

Required for use by:

CITY OF CHICAGO
Department of Finance



This Addendum is distributed by:

CITY OF CHICAGO
Department of Procurement Services

Respondent must acknowledge receipt of this Addendum No. 1 in the cover letter submitted with your proposal and complete and return the attached Acknowledgment by email to:

Jana.Williams@cityofchicago.org
Attn: Jana Williams, Senior Procurement Specialist
Phone: 312-744-4902

The information contained in this Addendum No. 1 is incorporated by reference into the original RFP issued on April 29, 2019.

LORI E. LIGHTFOOT
MAYOR

SHANNON E. ANDREWS
CHIEF PROCUREMENT OFFICER

June 4, 2019

ADDENDUM NO. 1

REQUEST FOR PROPOSAL (RFP)
CITY OF CHICAGO EMPLOYEE WELLNESS PROGRAM

SPECIFICATION NO. 722426

FOR WHICH PROPOSALS ARE SCHEDULED TO BE RECEIVED NO LATER THAN 4:00 P.M., CENTRAL TIME JUNE 17, 2019, DUE IN THE DEPARTMENT OF PROCUREMENT SERVICES, BID & BOND ROOM, ROOM 103, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602.

Respondent must acknowledge receipt of this addendum in the cover letter submitted with your proposal.

SECTION I: ANSWERS TO QUESTIONS SUBMITTED FOR CLARIFICATION OF RFP

Question 1:

Can you provide a breakdown by percentage for onsite screening volume and Physician forms each year? Please include for non-screening years and required screening years.

Answer 1:

See table below.

	2017 (Screening for New Hires or those that missed All Screen Year)	2018 All Screen-Year	2019 (Screening for New Hires or those that missed All Screen Year)
Eligible Individuals	27,789	27,613	27,497
Individuals who needed a Biometric Screening	6,027	27,613	5,902
Individuals who screened with Personalized Physician Form	1,037	8,882	597
Individuals who screened on-site/public location	1,513	15,681	1,605
<i>Total Individuals screened</i>	<i>2,550</i>	<i>24,563</i>	<i>2,202</i>
Individuals who opted not to screen	3,477	3,050	3,700
Onsite Event History	Number of Events	Start Date of Events	End Date of Events
2017	14	1/23/2017	2/11/2017
2018	399	11/6/2017	3/10/2018
2019	25	1/23/2019	2/9/2019

Question 2:

Total screening volume year to year given they moved to an every third year model?

Answer 2:

Refer to Answer to Question 1.

Question 3:

Number of Appeals each year for people who claim they met program requirements but may not have?

Answer 3:

See table below.

Wellness Program - Appeal Type	2017 (Notice of Payroll Deduction Letters Sent)	2017 # of Appeals Received	2018 (Notice of Payroll Deduction Letters Sent)	2018 # of Appeals Received	As of April 2019 (Notice of Payroll Deduction Letters Sent)	As of April 2019 # of Appeals Received
Serial Non-Participants (individuals who have repeatedly opted not to participate in the Wellness Program)	1,534	9	1,300	14	1,563	18
Completion of Biometric Screening and Health Assessment	1,911	304	2,853	680	2,194	384
Completion of Health Advisory Call	143	24	482	163	N/A	N/A
Q2 Failure to Participate (Telligen)	231	61	179	42		
Q2 Failure to Participate (TCOYH)	49	9	41	4		
Q3 Failure to Participate (Telligen)	59	8	68	9		
Q3 Failure to Participate (TCOYH)	3	1	22	5		
Total	3,930	416	4,945	917	3,757	402

Question 4:

Can you provide Customer Service monthly call volumes?

Answer 4:

See table below with the number of calls per month.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017	3,821	5,455	1,461	386	198	197	115	144	129	189	204	643
2018	3,540	6,831	6,114	2,629	398	258	192	185	175	205	218	437
2019	1,776	6,001	7,894	542								

Question 5:

In looking at the compensation documents (pricing) we are to complete for the term and renewal years, are we to provide pricing for the Health Improvement Program (HIP) for the higher risk populations that TCOYH and Telligen are currently providing?

Answer 5:

Respondents should provide pricing for all services for which they are proposing.

Question 6:

What are the criteria the City of Chicago is utilizing for 2019 to assess a vendor's technology regarding machine learning and the level of AI sophistication?

Answer 6:

A Proposer's overall technology/platform will be assessed as one aspect of the Proposer's proposal; there will be no separate assessment regarding machine learning and the level of AI sophistication.

Question 7:

Beyond the capabilities mentioned, what does the City of Chicago consider to be the most important metrics for the vendor's success?

Answer 7:

Refer to Section VI. Evaluating Proposals on page 16 of the RFP document for the evaluation criteria.

Question 8:

Are you looking to revamp your current program structure? Or is the hope to keep the same program design (i.e. biometrics, HRA, and coach call)?

Answer 8:

The RFP requests that the Respondent's respond to the current Wellness Program model and allows for the Respondent's to include alternative designs/models for consideration.

For the initial contract year, Respondent must be able to offer the same program components as are offered in 2019. The Respondent should note that for the 2019 Wellness Program year, the "health check-in call" was eliminated. However, it may be offered in the future. Currently, the Wellness Program includes biometric screenings (for new persons and those who did not complete a screening in 2018) and a health risk assessment. The content of the Wellness Program is determined by the Labor Management Cooperation Committee (LMCC) and as such, content cannot be changed without a formal proposal and acceptance by the LMCC. In subsequent years, with the consent and advice of the LMCC, program content may be modified. The RFP asks Respondents to offer other programming or alternative plan designs that it feels may be more in the interest of the City and Participants. The City will evaluate the proposed alternative designs and include evaluation of same in the evaluation of Respondent's responses.

Question 9:

Does the City want to incorporate any sort of activities or challenges on a platform to encourage improvement to their lifestyle and health risks?

Answer 9:

Refer to Answer to Question 8 related to adoption of new program design and/or component programs. If the Respondent wishes to propose such challenges and activities as part of their proposed "ideal" program design for consideration by the Evaluation Committee, the Respondent should do so.

Question 10:

Can you confirm the total number of active employees we should be using for pricing purposes? Your overview states that you have 33,000 active employees but that certain members (police offices below rank of sergeant) are excluded. Should we use the 25,372 active employees as our baseline for pricing?

Answer 10:

See chart below for breakdown of total Eligible Individuals as of the January eligibility file for each year listed.

Eligible Individuals					
Year	Employees	Spouses	Civil Union Spouses	Domestic Partners	Total Eligible Individuals
2019	18,348	9,098	22	29	27,497
2018	18,386	9,171	26	30	27,613
2017	18,503	9,225	27	34	27,789

Question 11:

Do current members who do not qualify for HIP's have access to telephonic coaching for other lifestyle related interests? If so, what percentage of members have accessed telephonic coaching year over year?

Answer 11:

For 2017 and 2018, up to 3% of Participants who completed all enrollment steps and who were not assigned to a HIP program were eligible for voluntary coaching with Healthways / Sharecare. For 2019, voluntary coaching was not offered.

Question 12:

How many onsite coaches are in place today?

Answer 12:

At this time, no onsite coaches are offered.

Question 13:

Can you provide an estimated contract start date, anticipated go live/launch date?

Answer 13:

Estimated contract start date will be in 2020 with go live and launch in the same year.

Question 14:

Are you working with a consultant to help manage the overall program?

Answer 14:

Yes.

Question 15:

When is your open enrollment period, plan year start date and what is the timeframe members have to complete the Health Assessment, Health Advisor Call and 1st year and subsequent third year biometric screening?

Answer 15:

The City of Chicago Health Plan and Other Benefits annual open enrollment period usually occurs in October for the next calendar year; with a Plan year start date of January 1st of each year. New

employees do not enter the Wellness Program throughout the year, they are eligible on January 1st of any given year if:

- You are a City Employee who was covered by a City medical plan as of November 1 of the previous year
- You are the covered spouse/domestic partner/civil union partner of a City employee and you are covered as a dependent in a City medical plan as of November 1 of the previous year
- You returned to work from a leave of absence and your medical coverage was reinstated on or before November 1 of the previous year.

Example: John is a new employee hired by the City of Chicago on March 1, 2019, if John and his spouse enroll in a City of Chicago health plan, they will become eligible to participate in the Wellness Program on January 1, 2020.

The timeframe members have to complete Health Assessment, Health Advisor Call and 1st year and subsequent third year biometric screening varies year-to-year.

Question 16:

Can you share more about your current relationship with Quest? How and for what services are you utilizing them?

Answer 16:

Quest is a provider under the City's Blue Choice Options PPO plan (a three-tiered PPO plan). If a plan member uses any free-standing laboratory for diagnostic testing (including Quest and others), the expense is paid at 100% of the allowable amount. The Wellness Program has no special relationship with Quest.

Question 17:

Based on the information provided in the bid related to past years screening participation, is it safe to say members get their screenings each year regardless of every third-year requirement?

Answer 17:

No, eligible individuals who don't need a biometric screening in a given year are excluded from the eligibility files loaded on the Wellness Program vendor's onsite biometric scheduling tool. Eligible individuals who don't need a biometric screening in a given year are also excluded from the eligibility files loaded on the vendor's physician form tool. If a member obtains new biometric screening results and wishes to present them to the HIP program vendor to update their record, they may do so.

Question 18:

When do you anticipate identification of finalists and any site visit or finalist meetings taking place?

Answer 18:

The City anticipates Phase III Evaluations may be conducted in the 3rd quarter of 2019.

Question 19:

Is the City interested in any alternative program design changes regarding best practice approaches, incentive design and engagement?

Answer 19:

Refer to Answers to Questions 8 and 9.

Question 20:

Is the Taking Control of Your Health Program included in the RFP?

Answer 20:

Taking Control of Your Health is a joint venture between the Midwest Business Group on Health and the Illinois Pharmacists' Association. It is one of the Health Improvement Programs to which Participants may be assigned.

Question 21:

For the Compensation Schedules, is it anticipated the Program Components add up to the Total Fee at the beginning of the Schedules.

Answer 21:

Yes.

Question 22:

What is the percentage of people who participate in on-site screening events versus completing physician forms?

Answer 22:

Refer to Answer to Question 1.

Question 23:

What are current outcomes of existing program - risk reduction, cost savings, etc.

Answer 23:

General program participation outcomes are provided below.

On average, more than 80% of the employees and their spouses, domestic partners/civic union spouses, excluding members of the Fraternal Order of Police, have engaged in and completed the three wellness enrollment steps.

Using nationally recognized and validated health risk indicator tools, the City, through its vendor, tracked population health risk changes for employees participating in the Wellness Program. The results have shown significant improvements in members' health and well-being and revealed that program effectiveness increases as employees (and their spouses) spent time in the program. The results are as follows:

- The number of participants at high-risk for developing cardiovascular disease in the next 10-years decreased by 17%; and,
- The number of participants at an elevated-risk for developing diabetes decreased by 8%.

Furthermore, significant improvements also occurred in several key biometric health measures. The improvements were observed in participants who were in the highest risk category at their initial measurement.

- **Blood Pressure:** Reduction in average Systolic Blood Pressure value by 12.2 mmHg (from 151.9 mmHg to 139.7 mmHg); Reduction in average Diastolic Blood Pressure value by 11.5 mmHg (from 97.0 mmHg to 85.5 mmHg).
- **Total Cholesterol, Low-Density Lipoprotein (LDL), and High-Density Lipoprotein (HDL):** Reduction in average Total Cholesterol value by 22.7 points (from 262.7 to 239.9); Reduction in average LDL Cholesterol value by 54.9 points (227.2 to 172.3); Positive increase in average HDL (good cholesterol) value by 6.8 points (from 32.6 to 39.5).
- **Fasting Glucose:** Reduction in average Fasting Glucose value by 19.2 points (from 173 to 154).
- **Obesity – Body Mass Index (BMI):** BMI within the normal, overweight and obese groups remained stable. While BMI remained steady in the population, 8.3% of individuals in the initial obese category lost weight and moved into a lower BMI risk category.

Also, data analysis showed improvements in a number of areas:

Metabolic Syndrome— Within the Metabolic Syndrome coaching program, 97.9% fulfilled the requirement to participate in two coaching call sessions per quarter. At the start of the program in January 2017, a total of 1,038 program participants were identified to have at least three risk factors for metabolic syndrome (97% of all participants) based on screening data from 2015 and 2016, but the percentage with at least three risk factors fell to 51% by the end of 2017; the average number of risk factors dropped from 3.68 to 2.44. Patient Activation Measurement (PAM) Scores were improved for 54% of participants with an average increase of 5.4 points. As PAM scores increase, individuals are more likely to get regular preventive exams and avoid costly use of emergency services and hospitalizations.

Disease Management — In Disease Management Coaching for asthma, coronary artery disease or congestive heart failure, chronic obstructive pulmonary disease, chronic kidney disease, or diabetes, there were 818 participants in 2017, and 726 participants throughout the period. This group showed an average drop in the number of risk factors from 2.04 to 1.86 (a 16% improvement), and the percentage of this group with metabolic syndrome dropped from 37% to 31%. Significant improvement was seen in high blood pressure risk scores (from 23% to 20%), large waist measures (from 66% to 60%), and high glucose (from 30% to 23%). Medication adherence improved from 83% to 91%. PAM Scores were improved for 49% of participants with an average increase of 3 points. As PAM scores increase, individuals are more likely to get regular preventive exams and avoid costly use of emergency services and hospitalizations.

Biometric Screening through the Wellness Program —While the number of those with metabolic syndrome stayed steady, the average number of biometric risk factors dropped from 1.39 to 1.37.

Question 24:

When does the penalty \$50/\$100 go into effect?

Answer 24:

Penalties are assessed if an Eligible Individual does not complete a gating event by the deadline (biometric screening or assessment) or if they are required to participate in a HIP program and they choose not to complete their participation. Letters are sent to the Eligible Participants following the gating event deadlines or at the end of the calendar quarter for Health Improvement Plans informing them of the missed deadline, when increased healthcare contributions will go into place and the opportunity to appeal. No penalties are assessed for those who file an appeal until their appeal is evaluated and a decision made on the appeal. If the Eligible Individual who was determined to not be in compliance with program requirements does not file an appeal by the deadline stated in the letter sent to them, the \$50 or \$100 increase in healthcare contributions is applied as identified in the letter. City employees are paid semi-monthly and payroll cut-off dates must be observed when applying deductions.

Question 25:

What do you see as the greatest challenge with the program at the moment?

Answer 25:

On-going engagement for those Participants who are not assigned to a HIP program is less than desired. In the majority of cases, members who are not assigned to a HIP program do not engage with the program after their mandatory enrollment steps are completed.

Question 26:

Has the current program been successful and how are you defining success?

Answer 26:

Response: Currently, the Wellness Program as structured has successful components. See Question/Answer 23 to learn about some of the successes of the program. See Exhibit 1, Scope of Services, Section C to learn about the goals of the Wellness Program; achieving said goals is success.

Question 27:

Why are screenings held November – February?

Answer 27:

The Wellness Program is on a calendar year basis as are the City's healthcare Plan. On-site screenings are started in November to avoid the worst of the winter weather and reduce the amount of time that Eligible Individuals (e.g. public safety, sanitation, street repair, etc.) are away from their work areas and/or equipment is put out of service to accommodate work-site screenings.

Question 28:

What is the current frequency of face-to-face meetings?

Answer 28:

Face-to-face meetings occur only in the Taking Control of Your Health program. Frequency depends on decisions made between the Participant and the pharmacist, but no less than quarterly.

Question 29:

What is the overall percentage of the number of appeals made annually?

Answer 29:

Refer to Answer to Question 3.

Question 30:

Does the City want to incorporate any sort of activities or challenges on a platform to encourage improvement to their lifestyle and health risks?

Answer 30:

Refer to Answer to Question 9.

Question 31:

Are you looking to revamp your current program structure? Or is the hope to keep the same program design (i.e. biometrics, health assessment, and coach call)?

Answer 31:

Refer to Answer to Question 8.

Question 32:

What is the timeframe for the biometrics screenings?

Answer 32:

Refer to Answer to Question 1 for historical information on when screenings occurred.

Question 33:

How is Taking Control of Your Health structured? Is it a separate program provided by the City?

Answer 33:

Taking Control of Your Health is a joint venture between the Midwest Business Group on Health and the Illinois Pharmacists' Association. It is offered as an available HIP program.

Question 34:

Please confirm whether the contracts with Taking Control of Your Health (TCOYH) program administered through Illinois Pharmacists Association and Midwest Business Group on Health must be included in a Respondents' RFP response as a collaboration, or, if the Taking Control of Your Health program is renewed separately outside of the RFP process and is only handled directly with the City of Chicago LMCC.

Answer 34:

The TCOYH contract is renewed separately.

Question 35:

Are there any plans to negotiate union contracts for this RFP Wellness Program and non-participant union workforces?

Answer 35:

Discussions regarding the Wellness Program are conducted through the LMCC.

Question 36:

Is the City satisfied with the current claim administration and targeted member outreach of the Health Improvement Programs (HIP)? Is there any aspect of HIP the City would like to change or improve upon?

Answer 36:

In partnership with the LMCC, the City conducts ongoing review of content and scope of HIP programs and makes modifications accordingly. The City is looking to learn more about innovative ways in which to improve the current model.

Question 37:

Should we price for the Health Advisor Check-in sessions and outreach calls?

Answer 37:

Yes, they are listed as Health Coaching - High Risk and Health Coaching - Low/Moderate Risk on Exhibit 2. If your proposal includes those services and/or comparable services that you would intend to substitute for the current programs, include pricing for those services.

Question 38:

Is the initial Health Advisor Check-in (Scope of Service, C. Required Elements of the Wellness Program, #2 Health Check-In Process) expected to continue as a program requirement?

Answer 38:

Refer to Answer to Question 8.

Question 39:

Now that the program has been designed to have one "all-screen" year followed by two "off years," will the MBE/WBE percentages be calculated over the course of the 3 year program or separately on a yearly basis?

Answer 39:

See page 14 and Exhibit 5 of the Request for Proposal document for information regarding MBE/WBE requirements.

Question 40:

What is the name of the organization currently providing biometric screenings?

Answer 40:

Wellness Corporate Solutions is a subcontractor to Sharecare. The screenings offered to fire personnel and their spouses as part of the annual Wellness Fair offered by Local 2 of the International Association of Firefighters is a vendor selected by the union.

Question 41:

In the overview (I. General Invitation, C. Overview of the Current Wellness Program) it is noted that approximately 3600 people were assigned to participate in a HIP in 2017. Can you breakdown the identified assignment by individual HIP? In other words, how many were assigned to: a) the

Metabolic Syndrome Coaching, b) Condition management, c) Taking Control of Your Health, d) Case Management.

Answer 41:

Refer to Answer to Question 3 and chart directly below for 2019 Wellness Program year. Please note that these are assignment numbers and not active participant numbers.

2019 HIP Program Participant Assignments	
Program Name	# of Assigned Participants
TCOYH	406
Metabolic Syndrome Coaching Program	1,871
Condition Management Program	1,466
Asthma	66
Cardio	335
CKD	144
COPD	91
Diabetes	830
Case Management Program (as of April 2019)	0
Total	3,743

Participants may be transferred from their initial assigned HIP Program, if upon completion of the intake interview for the Program, another program would be in the best interests of the Participants, for example to case management which is an individually designed program.

Question 42:

Can you tell us how many actually participated in each HIP program as well as the completion percentage?

Answer 42:

Refer to Answer to Question 41. For 2018, 87% of the participants who were assigned to a HIP program ended the Plan year as compliant with the HIP program.

Question 43:

Is the Case Management Health Improvement Program considered a part of the Wellness contract or is it part of Telligen’s contract for medical case management (specification number 34222)?

Answer 43:

It is part of Telligen’s contract.

Question 44:

If they are different can you explain how it is different from the service Telligen is currently being paid for?

Answer 44:

Questions unclear, therefore City unable to provide a response.

Question 45:

Exhibit 2 Compensation Schedule: The line item Health Coaching – High Risk (individuals assigned to the mandatory track) please explain the difference between mandatory health coaching and Health Improvement Programs.

Answer 45:

Health Coaching - High Risk is for Eligible Individuals that will be assigned to the HIP program. Health Coaching - High (also known as Health- Check-in) sessions may be completed on a call. Health Coaching - Low/Moderate Risk (individuals assigned to the voluntary track) is a call made to those individuals to review/discuss their biometric results without assigning them to a HIP program.

Question 46:

Please tell us how many people were assigned to the mandatory Health Coaching track outside of a Health Improvement program for each of the past three years.

Answer 46:

Participants are not assigned to programs other than HIP programs under the Wellness Program. Refer to Answer to Question 45.

Question 47:

Exhibit 2 Compensation Schedule: The line item Health Coaching – low/Moderate Risk (individuals assigned to the voluntary track) please explain the difference between voluntary health coaching and Health Improvement Programs.

Answer 47:

Refer to Answer to Question 45.

Question 48:

Please tell us how many people were participated in voluntary Health Coaching outside of a Health Improvement program for each of the past three years.

Answer 48:

Refer to Answer to Question 45.

Question 49:

What is the purchase order number or contract number that includes Telligen’s Coaching service for the Wellness program?

Answer 49:

Purchase Order # 8363, Specification # 34222

Question 50:

Does the City currently have onsite coaching as part of the Wellness program?

Answer 50:

Refer to Answer to Question 12.

Question 51:

Which line in the compensation schedule represents the Health Advisor Check-in if any?

Answer 51:

The line listed on Exhibit 2 as Health Coaching - High Risk and Health Coaching Low/Moderate Risk.

Question 52:

For “Annual Enrollment” activities, will the City be separately paying for print and mailing?

Answer 52:

At this time, yes. However, the Respondent may include printing and mailing cost in Exhibit 2, Compensation - Free Schedule under “Other fees not addressed above”, if this service will be

offered.

Question 53:

Does the City expect the Vendor to include the price for print and mailing for “Annual Enrollment” activities? Where would the City expect to see these costs represented in Exhibit 2, Compensation?

Answer 53:

Refer to Answer to Question 52.

Question 54:

What is the average number of sessions that persons with continuing participation requirements have had in each of the Health Improvement Programs below:

Answer 54:

- For Taking Control of Your Health (TCOYH), it is up to five hours per calendar year, including an intake interview.
- For Condition Management (CM) Programs, it is a minimum of two sessions per quarter with a separate enrollment session for new participants.
- For Metabolic Syndrome Coaching Program, it is a minimum of two sessions per quarter with a separate enrollment session for new participants.
- For Case Management Program, it is a minimum of two sessions per quarter with a separate enrollment session for new participants.

Question 55:

In Exhibit 2 – Compensation Schedules, "Core Program Costs PEPY (Per-Employee-Per-Year), should the fees for this section be based on the number of eligible employees or the number of participating employees?

Answer 55:

The Respondent would be expected to elect pricing consistent with its overall proposal.

Question 56:

In Exhibit 2 – Compensation Schedules, should pricing on front page of compensation schedule (page 1) be equal to pricing on back of page (page 2) for each year?

Answer 56:

Not necessarily. Respondents should complete Page 1 for Compensation Fee based on Per-Employee-Per Year Cost (PEPYC). Respondents should complete Page 2 for Per-Program Component Per-Program Year Cost (PPCPYC). The methodology for which the Respondents determine cost may vary therefore the PEPYC and PPCPYC cost/fee amount may defer.

Question 57:

In Exhibit 2 – Compensation Schedules, can you please define what services the service description 'Health Coaching - City Identified Site' is referring to?

Answer 57:

Health Coaching - City Identified Site is referring to face-to-face health coaching at a City designated location.

Question 58:

For the 25% MBE and 5% WBE requirement, are direct and indirect participation allowed?

Answer 58:

The 25% MBE and 5% WBE requirement is for **direct** participation only.

Question 59:

Will the City choose multiple vendors based on the vendor capabilities or do vendors need to combine services with other vendors and submit a single RFP?

Answer 59:

The City intends to select one Respondent to provide Services.

Question 60:

Are the attachments also required in word-searchable format? Can the City confirm that it requests one (1) USB loaded with one (1) electronic word-searchable file that contains the proposal and all attachments referenced in the proposal? Would it facilitate the Evaluation Committee's review if Respondent's provided (1) USB loaded with two (2) electronic word-searchable file - one for the proposal and the second for all attachments to allow quick reference to attachments referenced by bidders in the proposal?

Answer 60:

Respondent must submit 1 hardcopy original, 1 redacted copy of the submission (preferably electronic), and 16 electronic, word-searchable copies of the original on USB drives or CD-ROMs. The electronic copies must be exact duplicates of the hardcopy original.

Question 61:

Please confirm what type of license the City is looking to have out-of-state contractors have in order to provide the services requested in this RFP?

Answer 61:

Respondents must comply with Illinois law to conduct business. The company structure of each Respondent is unknown by the City, therefore this question cannot be answered. Respondents should contact the State of Illinois, Department of Business Services for licensing requirements.

Question 62:

Page 11 of the RFP states, "If required by law, respondents are required to have an Illinois business license. See the State of Illinois, Department of Business Services website for additional information: (<http://www.cyberdriveillinois.com/>). This site does not specifically state what type of businesses must have an Illinois business license. Can you please provide information to the out-of-state Wellness companies bidding on this RFP regarding this requirement?"

Answer 62:

Refer to Answer to Question 61.

Question 63:

In Exhibit 6 the "Online City of Chicago Economic Disclosure Statement and Affidavit (EDS) Instructions", Section 1.6, question #1 asks for an invitation number. Please advise if this is the same as the Specification number on the front page of the RFP (Specification # 726063). If not, please advise where this number can be found.

Answer 63:

Section 1.6, Preparation Checklist for EDS Submission, Question #1 refers to an invitation number ***if you were provided with an invitation number***. Invitation numbers are generated by the EDS system for parent companies of an applicant to complete their EDS.

Question 64:

When will the City distribute answers to the questions submitted by the various proposers related to the RFP?

Answer 64:

All answers to questions received regarding the RFP are addressed in this Addendum No. 1.

Question 65:

Please clarify the steps Respondents must take to register for eProcurement.

Answer 65:

This RFP was not issued via eProcurement; registration in iSupplier is not required to submit a proposal.

Question 66:

Please define organizational level indicated by “key personnel.” Is this requirement for onsite managers only?

Answer 66:

Key Personnel should include management levels through executive levels and those individuals who will make decisions.

Question 67:

Will the Committee solicit only from the references provided by each Respondent?

Answer 67:

Yes.

Question 68:

If a delivery service is used, will they also need to deliver to the Bid & Bond room – or is there a front desk at the city hall where packages can be delivered and signed for?

Answer 68:

To be assured of consideration, proposals must be received in the City’s Bid & Bond Room (Room 103, City Hall) no later than 4:00 P.M. Central Time on Monday, June 17, 2019. Read Section IV. B. Deadline and Procedures for Submitting Proposals on page 6 of the RFP document in its entirety for all submittal requirements.

Question 69:

Will bidders be provided a MS Excel version of Exhibit 2 and/or alternative forms of the RFP document?

Answer 69:

No.

Question 70:

Please identify the criteria you will be using in evaluating response specifically the weighting and factors.

Question 70:

Refer to Answer to Question 7.

**CITY OF CHICAGO – DEPARTMENT OF PROCUREMENT SERVICES
SHANNON E. ANDREWS, CHIEF PROCUREMENT OFFICER**

June 4, 2019

ADDENDUM NO. 1

SPECIFICATION NO. 722426

FOR

**REQUEST FOR PROPOSAL (RFP)
CITY OF CHICAGO EMPLOYEE WELLNESS PROGRAM**

Required by:



**CITY OF CHICAGO
Department of Finance**

Consisting of Sections I and II including this Acknowledgment.

II. ADDENDUM NO. 1 RECEIPT ACKNOWLEDGMENT

I hereby acknowledge receipt of Addendum No. 1 to the RFP named above and further state that I am authorized to execute this Acknowledgment on behalf of the company listed below.

Signature of Authorized Individual

Title

Name of Authorized Individual (Type or Print)

Company Name

Business Telephone Number

**Complete and Return this Acknowledgment by email to:
Jana.Williams@cityofchicago.org
Attention: Jana Williams, Senior Procurement Specialist**

**CITY OF CHICAGO – DEPARTMENT OF PROCUREMENT SERVICES
SHANNON E. ANDREWS, CHIEF PROCUREMENT OFFICER**