



November 30, 2017

Ms. Carmen Caruth
Human Resources Director
P.O. Box 2511
Winston-Salem, NC 27102 FAX: 336-727-8242

Letter of Confirmation of Services and Costs for 2018 Biometric Screening

Dear Ms. Caruth,

Thank you so much for selecting Wake Forest Baptist Health again this year to perform the Biometric Screenings for your employees for 2018!

As will be reflected in our final contract executed at a later date, we make the following commitment to provide Wellness Services (Biometric Services) to the City of Winston Salem as excerpted from that contract:

WELLNESS SERVICES AGREEMENT (GENERAL TERMS AND CONDITIONS)

Terms. The initial term of this Agreement will be one (1) year from the "Effective Date" (the "Initial Term"). Thereafter, upon review of the Services (as defined herein) and mutual written agreement of the parties, this Agreement may be renewed for additional one (1) year terms, based on the then-current pricing for the services to be provided for that year. The City's renewal of this agreement is contingent upon municipal funds being available and is subject to the approval of the Winston-Salem City Council.

Consideration and Delivery of Services. For satisfactory performance of the services described in the attached Exhibit A (the "Services"), WFBMC shall invoice, and City will pay the fees as set forth in the attached Exhibit B (the "Pricing and Payment Schedule").

The draft of a new contract is currently being reviewed by our legal department, however the information enclosed here will be reflected as outlined in the above referenced attachments.

If you have questions, please call me at (336) 713-4696.

Sincerely,

A handwritten signature in cursive script that reads 'Bill'.

William Satterwhite, JD, MD

Chief Wellness Officer

EXHIBIT A

**SCOPE OF WORK
CITY OF WINSTON-SALEM
JANUARY 5, 2018 THROUGH JANUARY 29, 2018
WITH OPTION TO ADD ONE MORE YEAR FOR 2019 SERVICES**

The City desires to facilitate WFBMC will provide biometric screening services per the proposal email submission submitted to the City in response to the City's 2018 RFP process.

2. Screenings to be Provided

We will perform the following screenings at (DATE/TIME/LOCATION):*See 2018 Schedule

A. Lipid Profile and Glucose Screening

Screenings that involve blood work require a finger stick. Individuals are tested using the Cholestech LDX[®] System. Results are provided in five minutes. Immediate results allow health professionals to detect isolated health risk and provide on-site counseling provided by WFBMC. The following tests will be provided:

- Total cholesterol
- High density lipoprotein (HDL)
- Low density lipoprotein (LDL)
- Total cholesterol/HDL ratio
- Triglycerides
- Glucose (blood sugar)

B. Additional Screenings

The following tests will be provided:

- Blood pressure
- Body mass index (BMI)
- Cotinine Testing (Tobacco Use)
- Waist/Hip Ration
- Bone Density

\$55.00 is total for onsite finger stick that includes: (estimated at 1800 participants = \$99,000)

- Lipid profile
- Glucose
- Cotinine
- Biometric measurements
- Onsite counseling on results

Additional Costs:

- Data transfer set up with Alere - \$1500.00
- Voucher program: \$10.00 per voucher
- Cotinine reports with patient identifiable data - \$150.00
- Additional data downloads: \$500 per request
- After hours fees for staff: \$25.00 per hour/per staff

4. **Conditions of Service**

- WFBMC uses a CLIA approved laboratory and abides by OSHA standards. All testing would be done by finger stick method unless venipuncture is required for a specific screen or test (such as PSA testing if ordered). WFBMC removes all bio-hazardous waste at the end of the screening.
- WFBMC will require that each participant complete and sign a written patient consent form prior to receiving the health screenings. Consent Forms can be provided in advance to City if requested one week before the dates for the screening. These forms shall be maintained in the City employee's health records, with a copy to Wake Forest Baptist Health.
- City will provide sufficient space for the health screenings with at least (2) three-pronged electrical outlets for Cholestech machines and blood pressure monitoring instruments.
- City will provide tables and chairs for screening areas.
- Wellness and Corporate Health Services will provide bio-hazardous waste bags and will remove all bio-hazardous waste bags from the site to be disposed of properly.
- All testing is done via *finger stick*.
- Pre-registration is **highly recommended** to add efficiency to the process, allow for advance consenting of patients, and minimize traffic flow during the screening.
- Results will be provided directly to the participants on the same day unless otherwise agreed in writing by WFBMC and City. Each participant will be provided with a copy of his or her results. Additional education regarding results can be provided when deemed necessary by City.
- According to our Privacy Policy and HIPAA regulations, screening results cannot be released to any third party without the participant's written consent. Wellness and Corporate Health Services will provide City with de-identified aggregate results from the screenings performed with general content and format as specified by City. If City has a valid consent from the participant in which the participant consents to

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release his/her specific information, City shall provide a copy of the consent to Wellness and Corporate Health Services, and the data will be provided pursuant to that consent. Notwithstanding these requirements, Wellness and Corporate Health Services will **not** provide individual identifiable health information to City as part of these services.

- Participants with abnormal or elevated results will be encouraged to seek guidance from their Primary Care Physician. It is standard practice for Wellness and Corporate Health Services to send a follow-up letter to these participants.
- These biometric screenings will not establish a patient/provider relationship between the employees and Wake Forest Baptist Health and participants may seek follow up care from a provider of his/her choice.

5. **Contacts Regarding Services**

FOR WFBMC:

Whitney Berry
Wellness Coordinator, Wellness and Corporate Health Services
336.713.4696 (Office)
wberry@wakehealth.edu

FOR City:

Betty Speaks, RN, COHN, CCM, COHC
Health Services Coordinator
City of Winston-Salem
336.748.3866 (Office)

**EXHIBIT B
PRICING AND PAYMENT SCHEDULE
JANUARY 5, 2018 THROUGH JANUARY 29, 2018
WITH OPTION TO ADD ONE MORE YEAR FOR 2019 SERVICES**

This Exhibit B sets forth the compensation payable by City to WFBMC in accordance with the terms set forth in the Agreement.

1. Pricing.

In consideration of the Services provided by WFBMC in accordance with the provisions of this Agreement, City shall pay WFBMC the fees set forth on Exhibit A.

Per Winston-Salem City Council Resolution D-28891, adopted September 17, 2015, the total contract amount for services rendered pursuant to this Agreement during fiscal year 2017-2018 shall not exceed \$105,000.00. For purposes of this provision the fiscal year begins on July 1 and ends on June 30.

2. Conditions:

- These prices are inclusive of the following items: labor, travel on the stated number of days, parking, blood processing, equipment, and materials.
- It is estimated that #1800 persons will participate in biometric testing. In the event that there are a higher number of participants, the current not to exceed figure includes a small buffer to accommodate this increase. Should participant numbers exceed this buffer, the provision below will apply.
- If additional days, a higher number of participants, additional biometric testing or other locations are added, additional costs will be required which will be added to this Agreement by written amendment signed by both parties.