



# REQUEST FOR PROPOSAL # WFD343C

## BACKGROUND SCREENING SERVICES

### QUESTIONS & ANSWERS

April 1, 2026

---

1. **Q: What is the approximate annual number of background checks (new hires, volunteers, and medical staff office/MSO), and the anticipated volume going forward?**

*A: WMCHHealth conducts approximately 3,200 background checks annually across new hires, medical staff, volunteers and affiliated MSO personnel. We anticipate continued growth driven by workforce expansion, agency utilization, and system integration initiatives.*

2. **Q: Are volunteer screenings self-paid by the volunteer, or paid by WMCHHealth?**

*A: Volunteer screenings are paid for by WMCHHealth.*

3. **Q: Are students, residents, and/or temporary agency workers included in the screening program scope?**

*A: Scope includes students/residents and temporary agency workers. Ordering is initiated by HR, Volunteers or MSO and billing is done based on the company code entered.*

4. **Q: Are checks required pre-hire only, or also post-hire re-screening/continuous monitoring (recurring compliance screening)?**

*A: Background checks are required pre-hire only.*

5. **Q: What is the anticipated implementation/go-live date?**

*A: Target go-live is July 1, 2026. 8–10-week project timeline.*

*Key milestones:*

- *Kickoff May 5*
  - *Integration and configuration May 12-30*
  - *Testing June 2-13*
  - *Training June 9-20.*
  - *Go live preparation with final readiness review and communication plan expected June 23-27*
-

**6. Q: What is the anticipated award/notification date?**

*A: Anticipated award/notification date is May 1, 2026. (subject to change based on evaluation timeline).*

**7. Q: Will WMCHHealth make a single award or multiple awards?**

*A: WMCHHealth intends to make a single award.*

**8. Q: Does WMCHHealth intend to conduct vendor demonstrations/presentations as part of the evaluation?**

*A: WMCHHealth does plan to conduct vendor demonstrations. If yes, demos are expected during the week of 4/20/26 and should cover ordering workflow, adjudication tools, reporting and integrations.*

**9. Q: Should vendors include pricing for any additional solutions beyond background screening (e.g., driver monitoring, occupational health/drug testing, etc.)?**

*A: Vendors should include pricing for additional solutions beyond background screening. If included, provide pricing as optional add-ons clearly separated from core background screening pricing.*

**10. Q: Will WMCHHealth make adjudication decisions internally, or should the vendor provide compliance-supported decision tools/services?**

*A: WMCHHealth will make adjudication decisions internally. The vendor is expected to provide standard compliance/adjudication matrices, configurable workflows, and adverse action support (as applicable) but not final decisions.*

**11. Q: What turnaround-time service level expectations (SLAs) should vendors plan for (e.g., for key search types)?**

*A: Vendors should propose standard turnaround-time SLAs by search type and flag any searches with typical turnaround exceeding 2 business days. WMCHHealth's priority is rapid pre-hire turnaround for high-volume roles.*

**12. Q: Is single sign-on (SSO) required?**

*A: Single sign-on (SSO) is preferred.*

**13. Q: Can WMCHHealth clarify expectations for incumbent transition activities, including any data migration requirements?**

*A: WMCHHealth expects standard transition support including implementation planning, stakeholder training, and cutover support. Data migration requirements are not required.*

**14. Q: Should pricing include all also-known-as (AKA) names/aliases as part of the package, or only the primary name?**

*A: Pricing should include all AKA/alias names associated with the subject as part of standard processing, unless additional identity research is required. If an extra fee applies, vendors should*

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

disclose it as a separate line item.

- 
- 15. Q: Under Section 4.2 (Statewide Criminal): is the intent a statewide search for the candidate's current state of residence only, or all states of residence within the lookback period?**

*A: The intent is a statewide criminal search for all states of residence within the lookback period. Lookback period: 7 years (unless otherwise required by role/regulation).*

- 
- 16. Q: Under Section 4.2 (Federal Criminal): is the intent a search of the candidate's current federal district only, or a national federal criminal search?**

*A: The intent is a national federal criminal search (not limited to a single district), unless otherwise specified by role/location.*

- 
- 17. Q: Under Section 4.2 (Global Criminal Search and Supplemental Criminal): is the intent the national criminal database search and OFAC/global watchlist (e.g., terrorist sanctions) screening?**

*A: Yes—this requirement refers to the national criminal database search plus OFAC/global watchlist screening. It does not include international criminal record searches unless explicitly requested for specific roles.*

- 
- 18. Q: If certain RFP requirements are not applicable to background screening, may we submit an exceptions table identifying and responding to those items?**

*A: Yes. Please include an exceptions table identifying the RFP requirement, the proposed exception, and the proposed alternative/approach.*

---

## **Pricing & Packaging**

The scope of services includes several searches that are commonly bundled in standard background screening packages (e.g., multi-county criminal, statewide felony, and supplemental criminal database searches).

- 1. Q: Should vendors price these as individual line-item services, as bundled packages, or both?**

*A: Please provide both: (1) bundled package pricing for common combinations and (2) line-item pricing for each search/service to support role-based configurations.*

- 2. Q: Is there a preferred pricing format WMCHHealth would like vendors to follow?**

*A: Submit a clear rate card with (a) package pricing, (b) a la carte pricing, (c) pass-through fees, and (d) any volume tiers/discounts.*

---

## **Employment Verification**

Regarding employment verifications, could WMCHHealth clarify the expected scope? For example:

- 1. Q: Should employment verification cover all employers within a specific lookback period (e.g., 7 years), or all employers listed on the application regardless of timeframe?**

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

*A: Verify employers within a lookback period of 7 years, unless a role requires a different scope. If an applicant lists fewer employers than the lookback period, verify all listed employers within that timeframe.*

- 
2. **Q: Is there a maximum number of employers to be verified per candidate, or should all listed employers be contacted?**

*A: Maximum employers to verify per candidate: 5. If more employers are listed, process as optional/additional verifications at the requested rate.*

- 
3. **Q: Are there any position-specific requirements, for example, expanded verification scope for clinical or MSO roles versus general staff?**

*A: Scope applies to all roles.*

---

### **Supplier Diversity & Local Presence**

1. **Q: If the vendor is NYS-certified Minority-Owned Business Enterprise (MBE) and Women-Owned Business Enterprise (WBE), will participation as the prime contractor satisfy both the 30% MBE and 30% WBE goals (60% total) for the full value of the contract?**

*A: Spend with vendors that are certified in multiple categories, such as minority- and woman-owned business enterprise, is reported in only one category to avoid double-counting. For example, if \$1,000 is spent with a vendor that is certified as a minority- and woman-owned business enterprise, the \$1,000 will only be reported in one category. To report the \$1,000 in both categories would equate to \$2,000 in spend when only \$1,000 was spent – double-counting – which is prohibited.*

- 
2. **Q: SDVOB Participation: If a proposer significantly exceeds the combined 60% MWBE goal as a prime contractor, will “Good Faith Efforts” for the 6% SDVOB goal be evaluated in the context of the overall diversity of the prime contractor?**

*A: SDVOB requirements remain in effect. Good Faith Efforts will be evaluated based on overall participation plan and documented outreach, even if MWBE goals are exceeded.*

- 
3. **Q: Does WMCHHealth provide additional evaluation points or weighting for firms with physical operational offices within Westchester County (e.g., Yonkers)?**

*A: Local presence is not scored but noted.*

---

### **Technical, Clinical & Administrative**

1. **Q: Workday Integration: The RFP references “future-state” integration with Workday. Does WMCHHealth require the vendor to be a Workday Certified Partner, or is a custom integration via the Workday Background Check business process/API acceptable?**

*A: A Workday Certified Partner is required. A custom integration via Workday’s Background Check business process/API is not acceptable. Target integration timeline: January 2027*

---

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

2. **Q: Data Residency: Does WMCHHealth require that background screening data be stored and processed within the United States only?**

*A: Data residency requirement is U.S.-only and vendors must ensure data storage and processing occur within the U.S., including subcontractors.*

3. **Q: Medical Staff Office (MSO) Requirements: For MSO verifications, does the “Global Criminal” search requirement include international medical primary source verification (PSV) for physicians educated outside the U.S.?**

*A: MSO/physician education verification/PSV is in scope under this requirement. PSV sources should include and apply to all populations.*

4. **Q: Drug Testing Integration: While not explicitly listed in the core deliverables, would WMCHHealth prefer a vendor who can provide integrated drug and health screening through a local laboratory facility (e.g., for “all-in-one” onboarding)?**

*A: Integrated drug/health screening is not required.*

5. **Q: On-Site Support: Does the Network anticipate a need for periodic on-site support at any of our campuses for high-volume volunteer or MSO onboarding events?**

*A: Periodic on-site support is not anticipated post implementation. There is only expected some need for on-site support during the implementation period.*

6. **Q: Contract Term: The RFP mentions a 3-year term. Is there a provision for annual cost-of-living adjustments (COLA) or consumer price index (CPI) increases over those three years?**

*A: Annual COLA/CPI adjustments are allowed. Vendors should state proposed annual escalators.*

---

#### **Additional Information Requested**

1. **Q: Who is the incumbent/current vendor?**

*A: The agreement with the incumbent precludes publication of the contractual relationship without prior written consent.*

---

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*