



REQUEST FOR PROPOSAL

RFP # 01242023-BMJ_UCDH REVENUE CYCLE ASSESSMENT

RFP DUE DATE: FEB 23, 2023

BY 03:00PM PST

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Deviations from specifications: Any deviation from the specifications shall be identified and fully described. The right is reserved to accept or reject quotations on each item separately, or as a whole, and to waive any irregularities in the quotation; irregularities may, however, render the quotation non-responsive.

Public disclosure: Responses to Become Public Records:

All materials submitted in response to this solicitation become a matter of public record and shall be regarded as public record.

Designation of Confidential Information:

The Regents will recognize as confidential only those elements in each response, which are trade secrets as that term is defined in the law of California and which are clearly marked as 'TRADE SECRET,' 'CONFIDENTIAL,' or 'PROPRIETARY.' Vague designations and blanket statements regarding entire pages or documents are insufficient and shall not bind The Regents to protect the designated matter from disclosure.

The California Public Records Act limits The Regents' ability to withhold prequalification and bid data to trade secrets or records, the disclosure of which is exempt or prohibited pursuant to federal or state law. If a submittal contains any trade secrets that a Contractor does not want disclosed to the public or used by The Regents for any purpose other than evaluation of the Contractor's eligibility, each sheet of such information must be marked with the designation "Confidential." The Regents will notify the submitter of data so classified of any request to inspect such data so that the submitter will have an opportunity to establish that such information is exempt from inspection in any proceeding to compel inspection.

The Regents Not Liable for Required Disclosure:

The Regents shall not in any way be liable or responsible for the disclosure of any records if they are not plainly marked 'TRADE SECRET,' 'CONFIDENTIAL,' or 'PROPRIETARY,' or if disclosure is required by law or by an order of the court.

I INTRODUCTION

University of California at Davis Health Profile

The University of California, Davis Health (UCDH) Department of Revenue Cycle and Services is part of the finance team and oversees UC Davis Health's end-to-end revenue cycle function as it relates to patient access, registration, authorization, pre-service collections, HIM/coding, clinical documentation integrity, denials management, patient financial services including billing/collections/customer service/charge description master, analytics, and technology solutions with the goal of optimizing reimbursement in a cost-effective and compliant manner. All of these functions enable the University of California, Davis Health to fulfill teaching, research, patient-care and public service missions. It consists of the School of Medicine (SOM), the UC Davis Medical Center (UCDMC), the UC Davis Medical Group and several specific centers, such as the UC Davis Cancer Center, the UC Davis Children's Hospital and the UC Davis M.I.N.D. Institute. Together they deliver primary, secondary and tertiary care throughout inland Northern California. The UC Davis Medical Group, the health system's physician network, includes over 1,000 physicians and 150 areas of medical specialty serving 33 counties covering a 65,000 square mile area north to the Oregon border and east to Nevada.

UCDH is one of five teaching hospitals operated by The Regents of the University of California. UCDMC is a 625-bed, fully accredited hospital, which serves as the main clinical education site for the UCD School of Medicine. Prior to its acquisition by The Regents in 1973, the hospital was owned and operated by Sacramento County and served as the primary provider of health care to Sacramento’s medically indigent population.

UCDH is the sole Level 1 trauma center serving the Sacramento-Sierra area and the primary tertiary care referral center for a 33-county area of more than five million residents. Each year UCDH admits approximately 33,000 inpatients, while its 150-plus clinics log more than 828,000 outpatients and emergency visits.

UCDH consists of the Medical Center with a Level I Trauma Center, as stated above, hospital campus-based clinics, along with outlying clinics, known as the Patient Care Network (PCN).

Thank you for your interest in the University of California, Davis Health. (UCDH).

II PROJECT BACKGROUND AND OBJECTIVES

UCDH seeks an end-to-end assessment of its Revenue Cycle function. The purpose of the review is to provide the organization with a current state view of RCO (Revenue Cycle Operations) processes and procedures, and review Epic system performance, for optimization and alignment with best-in-class models and outcomes. In addition, the structure and management of the Revenue Cycle Office should be documented, and recommendations made for any improvements. Specifically, the review should cover the following areas:

Overall

- Review and document UCDH Hospital and Professional Revenue Cycle processes, technologies, vendors, and associated governance models for the areas listed below
- Assess and benchmark staffing levels and structure
- Assess compliance with the latest regulations including, but not limited to, No Surprises Act, The 21st Century Cures Act, Inflation Reduction Act, ABN, Price Transparency, AB1020, AB72
- Assess reporting functionality, data accuracy, consistency
- Identify duplication of resources, processes and vendors for consolidation, cost savings
- Provide recommendations for improvement prioritized based on compliance and expected net ROI

III STATEMENT OF WORK AND REQUIREMENTS

The areas and reviews needed would be under the following:

1) Patient Access Services

- Financial clearance processes including eligibility, authorizations, and benefits management

(all areas including centralized contact center, onsite, for scheduled and unscheduled visits)

- Patient estimates process, accuracy
- Financial counseling at all levels
Including propensity to pay, charity care and financial assistance
- Registration/Admissions for all locations

2) **Chargemaster (CDM) Management**

- Policies and procedures related to CDM and system functionality to ensure they are operating in a manner optimizing revenue in a patient centric, and regulatory compliant manner
 - Strategic pricing processes to identify, evaluate and appropriately implement market-oriented benchmarks for competitive pricing data and pricing scenario
 - Identification of deleted, replaced, invalid, inactive, missing CPT, revenue code and modifier discrepancies
 - Correction and communication of missing or invalid code information to appropriate stakeholders.
 - Standardization/Validation of CDM description against Medicare assigned CPT/HCPCS description. Identification of related codes that could be included in similar charges such as add-on codes
 - Chargemaster management for physicians
 - Retrieval of supply coding information and corresponding research of appropriate supply HCPCS codes
 - Retrieval of pharmacy coding information and corresponding research of appropriate pharmaceutical HCPCS codes
 - Pharmacy billing ownership and processes
 - Charge Master data import and export, to and from, EPIC
 - Identification of and remediation of high-risk compliance and coding issues
 - CDM education for clinical teams

3) **Clinical Documentation and Charge Capture**

- Internal processes between clinical operations and revenue cycle for documentation and determination of patient status
- Clinical Documentation Improvement (CDI) program
- Inpatient, outpatient, physician charge capture policy, process, practices, latest initiatives
- System ability to flag charging delays, issues, and opportunities, based on clinical practice guidelines and requirements

4) **Coding**

- Coding policies and procedures
- Coding staff resources in each primary area of concentration
(i.e., FTEs within OP coding, coding resources specifically provided to limited number of providers, etc.)
- Coding staff productivity expectations
- Review a sample of coded charts for optimal code selection based on physician documentation

- Review policies for, and reporting of, results of coding audits (both system-generated coding improvements, and nurse auditor reviews)
- Automation capabilities, opportunities

5) Claim Edit and Billing/Re-billing

- Epic system edits/ checks based on most recent legislations, guidelines, policies and guidelines including but not limited to:
 - Claim completeness
 - Medicare local and national coverage determinations (LCD and NCD)
 - Commercial insurance guidelines
 - Validity of the codes for date of service
 - Coding rules and guidelines to validate claims meet payor requirements to be processed correctly, have proper notifications of potential denials (i.e., medical necessity, incorrect orders, etc.)
 - Modifier validation
 - DRG review tool that identifies diagnosis or procedure coding abnormalities that cause shift in DRG assignment
 - Clear documentation of where a potential diagnosis or procedure are incorrectly coded
 - Review outliers and commercial contracts to identify missing inpatient charges
 - Timely filing limits
 - Calculation of allowable for both facility and professional contracts
 - Maintenance of multiple payor negotiated contracts with the contract specific exceptions and rules
 - Maintenance of reimbursement rates with multiple break downs by the different payors
 - Change in DRG after original claim
 - Contract interpretation differences with payer
 - Secondary payer reimbursement higher than primary (ensure secondary claim and payment)
 - Incorrect procedure/CPT billed
 - Actual payment less than anticipated
 - Inappropriate refunds or payer take-backs
 - Inappropriate write-offs
 - Underpayment recovery process and for substantial issues, processing multiple months of historical claims
 - NPP/mid-level billing processes
 - Pharmacy (IP, OP, specialty) billing process, technology

6) Clearing House Functions

- Policies, procedures and technology for Clearing House to ensure they include the following items, and operate appropriately, effectively and efficiently
 - Notification that a claim has been accepted by the clearing house and payor
 - Claims status inquiry is fully integrated with EPIC and can be categorized for reporting
 - Claims can be edited and/or corrected 24/7
 - The system provides detail reporting on rejection reasons and claim acceptance rates

- Rejected claims are routed back to EPIC for correction in EPIC
- Rejected/error codes are easily understandable, reportable
- Paper Claims
- Electronic submission of secondary claims for applicable payor
- Electronic Remittance Advice (ERA)
- Appeal tools for claim history, RA and appeal request form for multiple vendors
- Transactions summaries and trending of clearinghouse activity
- Clearing house is compliant with all HIPAA approved transactions
- Clean claim rates in comparison to applicable benchmarks
- RPA opportunities

7) Cash Collection, Posting and Reconciliation

- Review processes around cash collection, posting, and exception resolution
- Check transfer, validation and hand offs
- Review for appropriate segregation of duties exist within those functions
- Refunds volumes, process, timeliness, ownership including the ability to apply refunds to existing balances
- Adjustments, Bad Debt and Charity Write offs

8) Revenue Integrity

- UC Davis direct activities as well as EMR system functionality to ensure they are operating in a manner that optimizes revenue in patient centric, and regulatory compliant manner:
 - Placement of the department in the larger HIM org chart
 - IRIS ticketing system follow-up and reporting
 - Coordination between claims processing and charge capture
 - Consistent communication with stakeholders and performance tracking, regarding revenue cycle opportunities for improvement
 - Comparisons and contrasts of physician historical charge data and hospital charge data to identify missing charges or recoverable coding abnormalities and inconsistencies.
 - Utilization of hospital data to identify missing professional charges.
 - Utilization of professional charge data to identify missing hospital charges.
 - Comparisons and contrasts of both hospital and physician data to identify discrepancies where what was billed for hospital does not match what was billed for the professional side.
 - Analyzing and tracking unbilled items, and/or found and appropriately documented charges, with actual charges and reimbursement
 - Processes that monitor coding and billing accuracy
 - Processes that address both underpayment and overpayment capture and root cause analysis of both
 - Evidence of revenue cycle workflow optimization efforts
 - Coordination with clinical documentation improvement efforts
 - Evidence of compliance with appropriate legal and contractual policies
 - Appropriate skill sets for addressing clinical, coding and billing functionality

- DRG review tool that identifies diagnosis or procedure coding abnormalities that cause shift in DRG assignment.
- Review of outliers and commercial contracts to identify missing inpatient charges.
- Management of Medicare Transfers
- Medicare IME Review
- Denial and underpayment recovery process and outcomes
- Assessment of payer contract entry & maintenance in EPIC
- Assessment of centralized patient access efforts

9) Reserve Management

- Automated recognition of reserves at month end
- Coordination between revenue cycle and finance
- Identification of excess and lost revenue
- Reconciliation to ATB
- Consistency, validation of the data reported

10) Reporting

- Existing report preparation, validation, sign off and distribution to appropriate supervisory level personnel
 - Monthly performance metrics (i.e. cash collections, denial rates, etc.)
 - Leadership report outs
 - Weekly and/or monthly payment variance analysis by payor, age, reason
 - Variance trend analysis overall and by Payor
 - Margin improvement opportunities by Payor
 - Payment variance impact on revenue cycle performance
 - Ad hoc reporting as needed

Efficient, integrated or coordinated use of Tableau, EPIC and other reporting tools

IV REQUIRED SUBMITTALS FROM VENDORS

A. The bidder must complete and submit the following RFP Attachments: The awarded Bidder will be required to execute the UC Davis Health documentation that will govern the award. These documents are attached hereto as Exhibits and Appendices, and made part hereof by this reference.

1. Exhibit A – UC Health Professional Services Purchase Agreement
 - a. Appendix A – UC Terms and Conditions ver 12-14-21
 - b. Appendix B – HIPPA Business Associate Agreement (BAA) ver 08-10-21
 - c. Appendix C – Data Security ver 08-20-21
 - d. Appendix D – Template Statement of Work (SOW)
 - e. Appendix E – Supplier’s RFP Response

2. Exhibit D – Questionnaire & Response Sheet (inclusive of mandatory requirements, technical evaluation, vendor qualification including references, business & experience, terms and conditions and cost proposal).

B. If applicable, the bidder must provide terms and conditions in editable Word document format.

C. Bidders must maintain the formats of all documents requiring their responses in such documents are to be submitted in their original form. Changes to documents may cause rejection of Bidder's submittal.

D. The University reserves the right to reject any submittals that are:

- Incomplete or non-responsive
- Generally unprofessional
- Late (late bids are immediately rejected)

E. UCDH reserves the right to set the criteria for and make this determination independently in each case.

V BIDDER INQUIRIES

Submit all questions regarding this RFP by **Feb 23, 2023 3PM, Pacific Time** by email to bmjoseph@ucdavis.edu.

VI PROPOSAL SUBMITTAL INSTRUCTIONS

All proposals submitted must be received in the UCDH Purchasing Department no later than 02/23/2023 by email to Benjamin Joseph. NOTICE: UCDH Purchasing Department will not accept proposal responses received after the due date and time. Please reference **RFP # 01242023-BMJ_UCDH REVENUE CYCLE ASSESSMENT** in the subject in your emailed response to bmjoseph@ucdavis.edu.

Documents requiring Bidder's responses are to be submitted in their original format. Changes to document formats may cause rejection of Bidder's submittal.

VII RFP PROCESS TIMELINE

Bidders interested in submitting proposals in response to this RFP should do so according to the following schedule. A Bidder may be disqualified for failing to adhere to the dates and times for performance specified below; please note that dates are subject to change at UC's discretion.

Release of Request for Proposal	01/26/2023
Deadline for Submission of Written Questions or Request for Clarifications	02/06/2023
Response back to vendors with answers for clarification	02/10/2023
Deadline for receipt of Vendors' Proposals by 3 PM, PST	02/23/2023
*Demos, if determined to be required, and IT Evaluation	-
*Final Scoring to be completed by:	03/06/2023
*Expected execution of contract	03/24/2023
*Awardee commencement of project	03/27/2023

* Subject to change at UC's discretion.

VIII PRICING AND TERM

The University desires to enter into an agreement with the successful Bidder for the period of the agreement, with the option to renew in one-year increments. Increases in cost over the term of the Agreement shall be limited to 3 percent or the change in the annual CPI, whichever is lower. The anticipated commencement date is around 03/27/2023.

IX ADDENDUM OR SUPPLEMENT TO REQUEST FOR PROPOSAL

UCDH may modify this RFP prior to the RFP due date by issuance of amendments posted on the calusource.net website and by email to all vendors who receive a copy of this RFP from UCDH by email. Amendments will be clearly marked as such. Each amendment will be numbered consecutively and will become part of this RFP. Any vendor who fails to receive such amendments shall not be relieved of any obligation under this quotation as submitted. SPECIFICATIONS OR RFP REQUIREMENTS MAY BE REVISED ONLY THROUGH WRITTEN NOTICE OF ADDENDUM ISSUED BY BENJAMIN JOSEPH, UNIVERSITY OF CALIFORNIA, DAVIS HEALTH, PURCHASING DEPARTMENT. CHANGES BY ANY OTHER INDIVIDUAL ARE NOT AUTHORIZED.

X BASIS OF AWARD

California Public Contract Code Section 10507 et seq. require that all purchase contracts and/or agreements involving an expenditure of more than \$100,000 annually be awarded to the lowest responsible bidder meeting specifications, or else all bids be rejected. The lowest responsible bidder shall be determined based on one of two bid evaluation methodologies: (1) Cost alone, or (2) Best Value.

This bid shall be evaluated based on the Best Value method. In the Best Value method, proposals are scored based on weighted evaluation criteria of price, quality, service, performance, and other elements as defined by the University, achieved through methods in accordance with Public Contract Code Section 10507.8 and determined by objective performance criteria that may include price, features, long-term

functionality, life-cycle costs, overall sustainability, required services, and the reduction of overall operating costs included in the proposal

Award(s) will be made to the overall best responsive, responsible Bidder(s) whose proposal, in the sole opinion of UCDH is deemed best able to serve the needs of UCDH contained in this RFP and who have demonstrated the ability to perform the required service in an acceptable manner. Notwithstanding any other provision of this RFP, UCDH reserves the right to: (1) waive any immaterial defect or informality; or (2) reject any or all submissions or portions thereof; or (3) reissue a RFP when UCDH determines that it is in its best interest to do so (4) make an award to more than one vendor if in the best interest of UCDH to do so

In addition to the questions listed above in the RFP, Proposals will be evaluated using a two-tier evaluation. Responses shall initially be evaluated for factors listed in **Tier 1 Questionnaire Response Spreadsheet, Attachment 1**. To be eligible to advance to **Tier 2 Demonstrations and Technical Evaluation (if deemed by UCDH to be required)**, a Bidder must meet the minimum requirements and receive the highest number of the Tier 1 quality points. Those Bidders receiving the lowest total quality points in the Tier 1 evaluation shall be eliminated from further consideration. Qualified Bidders must also receive the highest number of points in the Tier 2 evaluation to be considered for contract award.

To determine the best value method, each Bidder's quoted fee, as specified in the **Cost Proposal**, will be divided by the total points or weighted awarded to that Bidder's response for **Tier 2 Technical Proposal and, if necessary, vendor presentations for the top two (2) candidates**. More than one person may evaluate responses. If evaluated by two or more individuals, an average of all the quality points awarded per category will be used.

Demonstrations may be requested of two (2) or more Bidders having the best value scores. After the individual presentations are completed, if any, scores will be re-calculated to include the points awarded in Tier 2.

If provided, please complete the attached Technology Evaluation documents. Only the top one (1) to three (3) bidders may go through the IT Evaluation process. Successful passing of the UCDH IT Evaluation Process is mandatory prior to contract negotiations.

The UCDH IT Evaluation Process is a set of activities and procedures referring to the acquisition of new applications, technology, or technology devices. It is the goal of the UC Davis Health to ensure new applications, technology, and devices adhere to current Information Technology, Clinical Engineering, and Security standards to safeguard patient privacy, enable organizational efficiencies, and provide overall protection of health systems assets.

The Bidder with the best value and IT Evaluation approval (if applicable) shall be given the opportunity to enter contractual negotiations with UCDH if the cost is within the project funding allotment and Bidder's proposal is in compliance with all terms and conditions expressed within this RFP document. If UCDH and Bidder are unable to come to satisfactory terms, UCDH reserves its right to pursue other alternatives, including, but not limited to, awarding the opportunity to negotiate with the next best value point Bidder.

Several factors will influence UCDH's decision in selecting the vendor. In addition to cost considerations, proposals will be evaluated based on the following factors but not limited to:

- Functionality of proposed solution and ability to meet the project's specific needs
- Availability of optional components and capabilities
- Ability to interface with related systems
- System growth and expansion
- Product quality, service performance, reliability, and warranty plan
- Ease of configuration and administration
- A credible commitment by the vendor/manufacturer to the product and the ongoing enhancement of future capabilities and service
- Vendor qualifications including overall experience and reputation in the industry, experience with the proposed solution, Service and support resources, including overall skill level of technical personnel. In addition, vendors submitting a bid must be recognized as a current Authorized Dealer of the equipment and/or software quoted and has proven regional service and support systems in place prior to submitting the bid.

XI BID ACCEPTANCE

The bid submission must be complete, submitted on the forms provided or in the format indicated, and comply with all specifications and legal requirements set in this Request for Proposal.

YOUR PROPOSAL MUST INCLUDE A RESPONSE TO EVERY QUESTION AND SECTION THAT REQUESTS INFORMATION - REFER TO THE SECTION AND CORRESPONDING ITEM NUMBER.

Failure to provide the information necessary to fully evaluate the bid response may result in disqualification of the bid.

UCDH reserves the right to accept, reject or waive any irregularities in any proposal and the right to reject all responses received in response to this request.

XII PROPOSAL CONDITIONS

1. Notwithstanding any other provision of the RFP, Bidders are hereby advised that this RFP is a solicitation of proposals only and is not to be construed as an offer to enter into any contract or agreement. Thus, UCDH reserves the unqualified right to reject any or all proposals for any reason.

2. UCDH shall have the unconditional and unqualified right to withdraw, cancel, or amend this RFP at any time. Bidders will bear all costs incurred in the preparation and submission of the Proposal and related documentation, including bidder's presentations to UC. UCDH, in its sole discretion, reserves the right to determine whether any Bidder meets the minimum qualification standards, to determine whether a proposal is responsive, and to select a proposal which best serves the health system's objectives. UCDH reserves the right to negotiate a contract with the selected Bidder.
3. All proposals shall be firm for a period of 180 days following the proposal submission due date.
4. Termination due to Non-Funding. Bidder understands that the obligation of University to proceed is conditioned upon the appropriation of state, federal and other sources of funds not controlled by University ("Funding"), that in the event that through no action or inaction on the part of University, the Funding is withdrawn, University shall have the right to withdraw the RFP without damage, penalty, cost, or further obligation.
5. Responses to this RFP should be made according to the instructions contained herein. Failure to adhere to RFP instructions may be cause for rejection of the proposal. A proposal, which contains conditions or limitations set up by the Bidder, may be deemed irregular and subsequently rejected by UCDH. There is no right to appeal.
6. False, incomplete, or unresponsive statements in the proposal response may be cause for its rejection. The evaluation and determination of the fulfillment of the RFP requirements will be UCDH's responsibility and its judgment shall be final. There is no right to appeal.
7. UCDH reserves the right to interpret or change any provision of this RFP at any time prior to the proposal submission date. Such interpretation or change shall be in the form of a written addendum to this RFP. Such addendum will become part of this RFP and any resultant contract. Such addendum shall be made available to each company that has received an RFP. Should such addendum require additional information not previously requested, a Bidder's failure to address the requirements of such addendum in the proposal response might result in the proposal not being considered.
8. UCDH has, at its sole discretion, the unconditional and unqualified right to determine that a time extension is required for submission of proposals, in which case, a written RFP addendum issued by UCDH shall indicate the new submission date for proposals. This action may be taken by UCDH up to and until it has formally awarded the contract.

9. Prior to the final submission date, any Bidder may retrieve their proposal to make additions or alterations. Such retrieval, however, shall not extend the final submission date.
10. Bidders wishing to submit proposals in response to this request do so entirely at their own expense, and submission of a proposal indicates acceptance of the conditions contained in the RFP unless clearly and specifically noted otherwise.
11. PUBLIC INFORMATION AND TRADE SECRETS--The California Public Records Act limits UCDH's ability to withhold pre-qualification and bid data to trade secrets or records, the disclosure of which is exempt or prohibited pursuant to federal or state law. If a submittal contains any trade secrets that Bidder does not want disclosed to the public or used by UCDH for any purpose other than evaluation of the Bidder's eligibility, each sheet of such information must be marked with the designation "Confidential." UCDH will notify the Bidder of any request, by another party, to inspect such confidential information. Bidder will have an opportunity to establish that such information is exempt from inspection in any proceeding to compel inspection.
12. All computer programs and data made available by UCDH to Bidders hereunder shall remain the property of the UCDH and shall be maintained, used, and disseminated in accordance with the California Information Practices Act of 1911, Civil code Sections 1798 through 1798.76, and the California Public Records Act, Government Code Section 6250 through 6260. All listings and all copies of listings that reveal names or identification numbers of individuals (i.e., employees, patients, etc.) shall be destroyed or returned to UCDH.
13. Bidders may not distribute any announcement or news release regarding this RFP project without written approval by the University of California Davis Health. Any materials to be provided to regulatory agencies, other entities, or to the public shall be submitted to the UCDH for review and distribution unless otherwise directed by a UCDH representative.
14. All agreements resulting from this RFP shall be construed and enforced in accordance with the laws of the State of California.
15. Collusion among Suppliers is not allowed. If there is proof of collusion among Suppliers, UC will reject all proposals involved in the collusive action.
16. Piggyback: The University of California Davis Health (UCDH) grants other University of California (UC) entities the right to acquire the properties and/or services from a resulting contract based on this competitively bid Request for Proposal (RFP). By submitting an RFP that results in a contract, the Contractor agrees to make the same bid terms and price, exclusive of freight and

transportation fees, available to other University of California entities. UCDH will not be responsible for any problems or issues, which may arise between UC entities and the Contractor as a result of any sales and/or purchases made.

XIII TERMS AND CONDITIONS (this is in conjunction with UC Terms and Conditions, Attachment 2.)

University of California, Davis Health Professional Services Purchase Agreement (Exhibit A) incorporating: University Terms and Conditions for Purchase (Appendix A), HIPAA BAA (appendix B) and Data Security (Appendix C) will be the Master Agreement for this engagement.

- b) Payments for University purchases for services for any future Agreement shall not be subject to any late or interest charges.
- c) If awarded a contract, Supplier must name UC as an additional insured and furnish a certificate of insurance acceptable to UC as outlined in the Terms and Conditions set forth in the RFP.
- d) Any order resulting from this Request for Proposal shall be subject to the examination and audit by the California State Auditor for a period of three years after final payment under this order. The examination and audit shall be confined to those matters connected with the performance of the contract, including, but not limited to, the cost of administering the contract.
- e) Supplier shall exercise extreme care and due diligence to prevent any action or conditions which could result in conflict with the best interest of the University and the UC Regents.
- f) Throughout the term of any subsequent Agreement, Supplier shall not accept any employment or engage in any work, which creates a conflict of interest with the University or in any way compromises the work to be performed under this RFP or subsequent Agreement.
- g) Supplier and/or its employees shall not offer gifts, entertainment, payment, loans, or other gratuities or consideration to University employees, their families, other Suppliers, subcontractors, or other third (3rd) parties for the purpose of influencing such persons to act contrary to the University's interest or for personal gain. Supplier shall immediately notify the University of any and all such violations of this clause upon becoming aware of such violations.

Health Care Criminal Offense Exclusion:

The Bidder certifies that neither the Bidder, nor its shareholders, members, directors, officers, agents, employees or members of its workforce have been excluded or served a notice of exclusion or have been served with a notice of proposed exclusion, or have committed any acts which are cause for exclusion, from participation in, or had any sanctions, or civil or criminal penalties imposed under, any federal or state healthcare program, including but not limited to Medicare or Medicaid, or have been convicted, under federal or state law (including without limitation a plea of nolo contendere or participation in a first offender deterred adjudication or other arrangement whereby a judgment of conviction has been withheld), of a criminal offense related to (a) the neglect or abuse of a patient, (b) the delivery of an item or service, including the performance of management or administrative services related to the delivery of an item or service, under a federal or state healthcare program, (c) fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct in connection with the delivery of a healthcare item or service or with respect to any act or omission in any program operated by or financed in whole or in part by an federal , state or local government agency, (d) the unlawful, manufacture, distribution, prescription or dispensing of a controlled substance or (e) interference with or obstruction of any investigation into any criminal offense

described in (a) through (d) above. Each Party further agrees to notify the other Party immediately after the Party becomes aware that any of the foregoing representation and warranties may be inaccurate or may become incorrect.

Bidder acknowledges and agrees:

Notification Requirements-Bidder shall notify UCDHS immediately in the event that (1) Bidder is convicted of a criminal offense related to health care and/or related to the provision of services paid for by Medicare, Medicaid, or another federal health care program; or (2) Bidder is excluded from participation in any federal health care program, including Medicare and Medicaid.

Termination-UCDHS may terminate any resulting Agreement immediately in the event that (1) Bidder is convicted of a criminal offense related to health care and/or related to the provision of services paid for by Medicare, Medicaid or another federal health care program; or (2) Bidder is excluded from participation in any federal health care program, including Medicare and Medicaid.

XIV GENERAL INFORMATION / CERTIFICATION

The Bidder shall not maintain or provide racially segregated facilities for employees at any establishment under the Bidder's control. The Bidder agrees to adhere to the requirements set forth in Executive Orders 11246 and 11375, and with respect to activities occurring in the State of California, to the California Fair employment and Housing Act Government Code section 2900 et seq.). Expressly, the Bidder shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, ancestry, medical condition, marital status, age, physical and mental handicap in regard to any position for which the employee or applicant for employment is qualified, or because he or she is a disabled veteran or veteran of the Vietnam era. The Bidder shall further specifically undertake an outreach effort in regards with the hiring, promotion and treatment of minority group persons, women, the handicapped, and disabled veterans and veterans of the Vietnam era. The Bidder shall communicate this policy in both English and Spanish to all people as concerned within its company, with outside recruiting services and the minority community at large. The Bidder shall provide the University, upon request, a breakdown of it labor force by groups, specifying the above characteristics within job categories, and shall discuss with the University its policies and practices relating to its programs.

XV OFFSHORING OF SERVICES

Supplier must do one of the following in its bid: (Exhibit D, Tab 2. Technical Proposal)

1. Certify *under penalty of perjury* that the services will be performed solely with workers within the United States, including any services that Supplier would provide using a subsupplier; or
2. Describe in its bid any parts of the services that will be performed by workers outside of the United States.

Please complete the vendor contact information requested below:

Company Name _____

Federal Employer Identification # _____

Contact Person/Title _____

Address _____

Telephone Number _____

Fax Number _____

Email Address _____

I certify that I am authorized to sign on behalf of the organization I represent for this offer and agree to all terms and conditions described herein.

Authorized Signature

Date

Printed Name