



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH**

**REQUEST FOR CERTIFICATION  
AMBULATORY SURGICAL TREATMENT CENTERS  
&  
OUTPATIENT DIAGNOSTIC CENTERS  
CLAIMS DATA PROCESSING**

**SUBMISSION DEADLINE  
JANUARY 18, 2012**

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**I. INTRODUCTION**

**A. STATEMENT OF INTENT AND DESCRIPTION OF SERVICES REQUESTED**

The Tennessee Department of Health, hereinafter referred to as the State, is soliciting vendor proposals for approval of up to three vendors to process discharge claims data from ambulatory surgical treatment centers (ASTCs) and Outpatient Diagnostic Centers (ODCs). The vendors shall audit the data for quality control purposes, provide feedback to the ASTCs/ODCs, compile and submit the corrected data to the State in a prescribed format as determined by the State. The purpose of this Request for Certification (RFC) is to define the State's minimum qualification requirements; solicit proposals; detail proposal requirements; and, outline the State's process for evaluating proposals and selecting the vendors.

Through this RFC, the State seeks to select and approve up to three (3) qualified vendors at the most favorable, competitive prices and to give ALL qualified businesses, including those that are owned by minorities, women, persons with a disability, and small business enterprises, an opportunity to do business with the state as contractors and sub-contractors.

The State intends to approve up to three vendors with an expected effective period from February 15, 2012 to February 14, 2015, with a two (2) year extension option for a total period of 60 months.

Quarterly, ASTCs/ODCs licensed by the Tennessee Department of Health are required by law (Tennessee Code Annotated, Section 68-1-119) to report selected information on each patient seen during the period for inclusion in the Tennessee ASTC/ODC reporting systems. ASTCs/ODCs are required to report the claims data through third party entities approved by the State.

To fulfill this legislative mandate the State is seeking private firms in the field of health care information to submit applications to act as third party vendors as specified in the statute. These third party vendors will contract with the ASTCs/ODCs in order to receive the data in electronic or hard copy format from the ASTCs/ODCs, audit the data for quality control purposes, provide feedback to the ASTCs/ODCs, and compile the corrected data for submission to the State in an electronic format. The vendors will be required to submit ASTC/ODC processed data files, password protected, via the State's secure FTP. The State anticipates approving up to three (3) third party vendors for ASTC/ODC data reporting.

Based on current department data, Tennessee has 164 licensed ASTCs and 33 licensed ODSs. In 2010, there were 488,493 unduplicated patients treated at Tennessee's licensed ASTCs and 229,104 unduplicated patients treated in licensed ODCs. Based on information available to the State, most ASTCs/ODCs maintain electronic claims data systems in varying formats and platforms and make some use of paper claim forms for submission to payers that may require conversion to the required electronic format. A small number of facilities maintain only a manual paper claims processing system. Department of Health Rules, Chapter 1200-7-4 (<http://tennessee.gov/sos/rules/1200/1200-07/1200-07-04.pdf>) currently addresses only submission of ASTC discharge claims data. A rule change is in process to include ODC discharge claims data processing and is anticipated to be approved sometime in 2012. Upon approval of the rule change, ODCs will begin claims data submissions in a manner consistent with ASTCs, and the ASTC Procedural Manual will be updated to reflect inclusion of ODCs. The current ASTC Procedural Manual is available on the Department of Health website at: [http://health.state.tn.us/statistics/PdfFiles/ASTC\\_Manual2007.pdf](http://health.state.tn.us/statistics/PdfFiles/ASTC_Manual2007.pdf).

There will be no payment from the State of Tennessee to the third party vendors. All payments will be from the ASTCs/ODCs with which the vendors have contracted. The State

has a responsibility to the ASTCs/ODCs to ensure the best vendors at the best cost are selected as approved vendors. The cost proposal submitted is the vendor's MAXIMUM rate charged for the services described. The third party vendors may elect to charge less than the maximum charges proposed in this RFC. A higher charge would be in violation of the approved vendor agreement with the State and will result in the loss of approval as a third party vendor.

B. APPROVED VENDOR RESPONSIBILITIES

Attachment 6.1, ASTC/ODC Data Processing Approved Vendor Agreement outlines the responsibilities of the certified vendors, which include,

- Processing of ASTC/ODC claims data;
- Acceptable data transmission formats;
- Data editing requirements
- Data transmission schedule;
- Reporting requirements; and
- Confidentiality requirements.

The *ASTC/ODC Data Processing Approved Vendor Agreement* represents the document that the proposer(s) selected by the State MUST agree to and sign.

C DEFINITIONS:

- a. "CMS-1500" is defined as the Centers for Medicare and Medicaid Services Form 1500, or its successor form.
- b. "UB-04" shall mean the CMS Form 1450, [a.k.a. "the Uniform Hospital Billing Form"], or its successor forms as established by the National Uniform Billing Committee and the State Uniform Billing Implementation Committee.
- c. "Data" means the list of data elements as specified in the Ambulatory Surgical Treatment Center Procedural Manual. The requirements for discharges are as stated in rules promulgated by the Department of Health and specified in the Ambulatory Surgical Treatment Center Procedural Manual.
- d. "Format" means the record layout to be used in reporting data electronically to the State. The format lists all data elements, specifies the order in which the data elements are to be submitted, the field length for each element, and the record length of each record as specified in the Ambulatory Surgical Treatment Center Procedural Manual.
- e. "Audit" means to compare data field entries submitted by providers to valid ranges and acceptable codes for the field as defined by the Department of Health.
- f. "Audit Reports" means the reports produced by the Vendor after processing each data submission. The reports offer feedback to facilities about the quality and quantity of data submitted.
- g. "Error" is defined as data that are incomplete or inconsistent with the specifications in the Ambulatory Surgical Treatment Center Procedural Manual.
- h. "Edit" means to identify or flag records that have errors.

- i. "Processed Data" are data that has been analyzed by the Vendor and errors, inconsistencies, and/or incomplete elements in the data set, if any, have been identified.

D. Nondiscrimination

No person shall be excluded from participation in, be denied benefits of, be discriminated against in the admission or access to, or be discriminated against in treatment or employment in the State's contracted programs or activities on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by federal or Tennessee State Constitutional or statutory law; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with the State or in the employment practices of the State's vendors. Accordingly, all vendors entering into contracts with the State shall, upon request, be required to show proof of such nondiscrimination and to post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

II. **Communications**

- A. This Request for Certification (RFC) is issued by the State of Tennessee, Department of Health. The RFC Coordinator shall be the sole point of contact for purposes of information concerning this RFC. All correspondence **must** be sent to:

Marian Maxwell  
Tennessee Department of Health  
Office of Policy Planning & Assessment  
Cordell Hull Building, 6<sup>th</sup> Floor  
425 Fifth Avenue North  
Nashville, Tennessee 37243  
615-741-5453 Voice  
615-253-5187 Fax  
E-mail: marian.maxwell@tn.gov

B. NOTICE OF INTENT TO APPLY

Before the Notice of Intent to Propose Deadline detailed in the RFC Section II Part C, Anticipated Schedule of Events, potential applicants should submit to the RFC Coordinator a Notice of Intent to Propose (in the form of a simple e-mail or other written communication). The notice should include:

- the business or individual's name (as appropriate)
- a contact person's name and title
- the contact person's mailing address, telephone number, facsimile number and e-mail address

**NOTICE: A Notice of Intent creates no obligation and is not a prerequisite for making a proposal, however, it is necessary to ensure receipt of solicitation amendments and other communications regarding this solicitation.**

C. ANTICIPATED SCHEDULE OF EVENTS

The following is an anticipated timetable for the solicitation and approval process. The State reserves the right to adjust the schedule as it deems necessary.

| EVENT   | TIME<br>(central time zone) | DATE<br>( <u>all</u> dates are state business days) |
|---|-----------------------------|---|
| 1. State Begins Solicitation for Vendors            |                             | December 14, 2011                                   |
| 2. Disability Accommodation Request Deadline        |                             | December 19, 2011                                   |
| 3. Notice of Intent to Apply Deadline               |                             | December 20, 2011                                   |
| 4. Written "Questions & Comments" Deadline          |                             | December 28, 2011                                   |
| 5. State Responds to Written "Questions & Comments" |                             | January 9, 2012                                     |
| 6. Application Deadline                             | 2:00 p.m.                   | January 18, 2012                                    |
| 7. State Completes Technical Proposal Evaluations   |                             | January 25, 2012                                    |
| 8. State Opens Cost Proposals and Calculates Scores | 9:00 a.m.                   | January 26, 2012                                    |
| 9. State Issues Evaluation Notice                   | 9:00 a.m.                   | February 1, 2012                                    |
| 10. Approved Vendor Agreement Signature Deadline    |                             | February 13, 2012                                   |
| 11. Start Date                                      |                             | February 15, 2012                                   |

D. QUESTIONS AND ANSWERS:

Each Proposer must carefully review this solicitation and all attachments, including but not limited to the *ASTC/ODC Data Processing Approved Vendor Agreement*, for comments, questions, defects, objections, or any other matter requiring clarification or correction. Questions concerning the RFC must be presented to the RFC Coordinator, in writing, on or before the Deadline for Written Questions and Clarification Requests as detailed in Section II, Part C. Each question should specify the RFC sections to which questions pertain. Questions should be emailed, mailed or hand-carried to the RFC Coordinator at the address shown in Section II, Part A of this RFC.

The State's written responses to written questions will be considered official. Written responses will be emailed to potential proposers as indicated in Section II, Part B and on the date indicated in Section II, Part C Anticipated Procurement Schedule. Responses will also

be available at the following website <http://health.state.tn.us/vendors.htm>. The responses will be included in the RFC thereby as an amendment.

Protests based on any objection shall be considered waived and invalid if these comments/objections have not been brought to the attention of the State, in writing, by the Written Comments Deadline.

E. SUBMISSION OF PROPOSALS:

The proposer must deliver a Technical Proposal and a Cost Proposal (as described below) to the RFC Coordinator at the address as specified in Section II, Part A.

1. Each Proposer must submit one (1) original and one (1) electronic copy in "PDF" format of the Technical Proposal to the State in a sealed package that is clearly marked:

**"Technical Proposal in Response to Request for Certification ASTC/ODC Claims Data Processing -- Do Not Open"**

- **NOTICE:** No pricing information shall be included in the Technical Proposal. Inclusion of Cost Proposal amounts in the Technical Proposal shall make the proposal non-responsive and the State shall reject it.
- The solicitation Attachment 6.3, Technical Proposal and Evaluation Guide details specific requirements for making a Technical Proposal in response to this solicitation. This guide includes mandatory and general requirements as well as technical queries requiring a written response.
- Each Proposer must use the Technical Proposal and Evaluation Guide to organize, reference, and draft the Technical Proposal. Each Proposer should duplicate the Technical Proposal and Evaluation Guide and use it as a table of contents covering the Technical Proposal (adding proposal page numbers as appropriate).

2. Each Proposer must submit one original hard copy of the Cost Proposal (signed) and one (1) electronic copy in "XLS" format on a CD to the State in a separate, sealed package that is clearly marked:

**"Cost Proposal in Response Request for Certification ASTC/ODC Claims Data Processing -- Do Not Open"**

- Each Cost Proposal must be recorded on an exact duplicate of the solicitation Attachment 6.4, Cost Proposal and Evaluation Guide. The Cost Proposal in XLS format will be provided by the State upon request to the Coordinator.
- Each Proposer shall ONLY record the proposed cost exactly as required by the Cost Proposal and Evaluation Guide and shall NOT record any other rates, amounts, or information.
- The proposed cost shall incorporate all costs for services under the contract for the total contract period.
- The Proposer must sign and date the Cost Proposal.

3. If a Proposer encloses the separately sealed proposals (as detailed above) in a larger package for mailing, the Proposer must clearly mark the outermost package:

**“Contains Separately Sealed Technical and Cost Proposals for Request for Certification ASTC/ODC Claims Data Processing”**

4. It is the sole responsibility of the proposer to ensure that its proposal is delivered at the date, time and place specified in this RFC in Section II, Part C Anticipated Procurement Schedule. Any proposal received contrary to this requirement will be returned to the proposer unopened. A late proposal will not be accepted for review and evaluation by the State.

The proposal filing deadline is important. If proposals are submitted one (1) minute late, they are deemed to be late. The clock-in time will be determined by a clock maintained by the Department of Health. No other clock or watch will have any bearing on the time of proposal receipt. Since parking can be a problem or proposers may not be familiar with the building to which proposals are to be delivered, proposers are advised to avoid waiting until the last minute to deliver proposals.

**Each Proposer shall assume the risk of the method of dispatching any communication or proposal to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch. Actual or electronic “postmarking” of a communication or proposal to the State by a deadline date shall not substitute for actual receipt of a communication or proposal by the State.**

F. PROPOSAL AMENDMENT AND RULES FOR WITHDRAWAL:

A proposal may be withdrawn prior to the proposal due date by submitting a written request for its withdrawal to the State, signed by the proposer and mailed to the RFC Coordinator.

The State shall not accept any amendments, revisions, or alterations to proposals after the proposal due date, unless formally requested in writing by the State prior to that time.

Any submitted proposal shall remain a valid proposal for six months after the proposal due date.

G. ACCEPTANCE OF PROPOSALS:

All proposals properly submitted shall be accepted for evaluation. However, the State reserves the right to request clarifications or corrections to proposals, reject any or all proposals received, cancel, or withdraw this RFC, according to the best interests of the State.

Requests for clarifications or corrections by the State may be in writing or may be oral. Requests for clarifications or corrections by the State shall not allow the proposer to alter its technical proposal or price contained in the cost proposal, if any. Proposers' responses to State requests for clarifications or corrections shall be in writing and signed by an individual authorized to commit the proposer. Written responses to the State shall be received by the RFC Coordinator, pursuant to time frames set forth in the State's request for clarification of corrections.

The State reserves the right to waive variances in proposals providing such action is in the best interest of the State.

Where the State may waive variances, such waiver shall not modify other requirements or excuse the proposer from full compliance with the remainder of RFC specifications and other requirements if the proposer is certified as an approved vendor.

H. RIGHT TO FURTHER NEGOTIATE:

The State can, at its sole discretion, further clarify or negotiate with the best evaluated proposers subsequent to Notice of Intent to Award.

I. ASSIGNMENT AND SUBCONTRACTING:

The proposer must clearly identify in the proposal any intended subcontracts, the scope of work to be subcontracted, and the name(s) of potential subcontractor(s). All subcontracts must be approved by the State. The proposer (prime grantee), however, will be responsible for all work performed.

J. INCURRING COSTS:

All costs incurred by the proposer in preparing its proposal shall be borne by the proposer.

K. DISCLOSURE OF PROPOSAL CONTENTS:

All proposals and other materials submitted in response to this RFGP become the property of the State of Tennessee. Selection or rejection of a proposal does not affect this right. All proposal information, including detailed budget information, shall be held in confidence during the evaluation process. Only upon the completion of the evaluation of proposals, indicated by public release of a Notice of Intent to Award, shall the proposals and associated materials be open for review. By submitting a proposal, the Proposer acknowledges and accepts that the full contents of the proposal and associated documents shall become open to public inspection.

**III. PROPOSER ASSURANCES AND REQUIREMENTS:**

A. GENERAL REQUIREMENTS

1. Insurance

The State may require the apparent successful Proposer to provide proof of adequate worker's compensation and professional liability insurance coverage before entering into a contract. Additionally, the State may require, at its sole discretion, the apparent successful Proposer to provide proof of appropriate adequate professional liability or other forms of insurance. Failure to provide evidence of such insurance coverage is a material breach and grounds for termination of the contract negotiations. Any insurance required by the State shall be in form and substance acceptable to the State.

2. Licensure

Before an *ASTC/ODC Data Processing Approved Vendor Agreement* pursuant to this solicitation is signed, the apparent successful Proposer must hold all necessary, applicable business and professional licenses. The State may require any or all Proposers to submit evidence of proper licensure.

3. Service Location and Work Space

The service pursuant to this solicitation is to be performed, completed, managed, and delivered as detailed in Attachment 6.1, *ASTC/ODC Data Processing Approved Vendor Agreement*, at the location of the vendor or approved subcontractor.

4. Vendor Certification

The solicitation and the vendor selection processes do not obligate the State and do not create rights, interests, or claims of entitlement in either the three Proposers with the apparent best-evaluated proposals or any other Proposer. Vendor certification pursuant thereto shall commence only after the *ASTC/ODC Data Processing Approved Vendor Agreement* is signed by the vendor and the head of the procuring state agency.

5. Vendor Payments

There shall be no cost to the State for the performance of services under this contract as described in the *ASTC/ODC Data Processing Approved Vendor Agreement*. Each ASTC/ODC shall be responsible for the costs associated with processing of the data by the vendor.

6. Vendor Performance

The vendor shall be responsible for the completion of all work set out in the *ASTC/ODC Data Processing Approved Vendor Agreement*. All work is subject to inspection, evaluation, and acceptance by the State. The State may employ all reasonable means to ensure that the work is progressing and being performed in compliance with the *ASTC/ODC Data Processing Approved Vendor Agreement*. At reasonable times, the State may inspect those areas of the vendor's place of business that are related to the performance of the *ASTC/ODC Data Processing Approved Vendor Agreement*. If the State requires such an inspection, the vendor shall provide reasonable access and assistance.

7. Severability

If any provision of this solicitation is declared by a court to be illegal or in conflict with any law, said decision shall not affect the validity of the remaining solicitation terms and provisions, and the rights and obligations of the State and Proposers shall be construed and enforced as if the solicitation did not contain the particular provision held to be invalid.

B. PROPOSER ASSURANCES

All proposers must submit the PROPOSAL TRANSMITTAL AND STATEMENT OF CERTIFICATIONS AND ASSURANCES, RFC Attachment 6.2, which is signed by an individual legally authorized to bind the proposer regarding compliance with the assurances and submission requirements. If a proposer fails to submit a Letter of Transmittal or to comply with any of the requirements contained in the Letter of Transmittal, the State shall consider the proposal to be non-responsive and reject the proposal.

**V. PROPOSAL EVALUATION**

**A. EVALUATION CATEGORIES AND MAXIMUM POINTS**

The State will consider qualifications and experience, test data result, and cost in the evaluation of proposals. The maximum points that shall be awarded for each of these categories are detailed below.

| CATEGORY                      | MAXIMUM POINTS POSSIBLE |
|-------------------------------|-------------------------|
| Qualifications and Experience | 30                      |
| Technical Approach            | 30                      |
| Cost Proposal                 | 40                      |

**B. EVALUATION PROCESS**

1. An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible proposals. The committee shall analyze proposals on the basis of factors pertinent to the services requested in this RFC. Proposals are not judged solely on consideration of price or solely on consideration of technical factors. The committee will recommend to the Commissioner of the Department of Health for selection the proposals which are most responsive to the State's needs. The specifications within this RFC represent the minimum performance necessary for response.
2. Any proposal that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all proposals. The State reserves the right to request clarifications from all proposers.
3. After Technical Proposal evaluations are completed, the Coordinator will open the Cost Proposals and use the Attachment 6.4, Cost Proposal and Evaluation Guide to calculate and document the Cost Proposal scores.
4. For each responsive proposal, the Coordinator will add the average Technical Proposal score to the Cost Proposal score (refer to Attachment 6.5, Proposal Score Summary Matrix).

**C. VENDOR AGREEMENT PROCESS**

1. After the Commissioner of the Department of Health determination, the State will issue an Evaluation Notice to identify the three apparent best-evaluated proposals on the Evaluation Notice date detailed in Section 2, Schedule of Events.
2. The Proposers with the apparent best-evaluated proposal must agree to and sign the *ASTC/ODC Data Processing Approved Vendor Agreement* with the State which shall be substantially the same as Attachment 6.1, *ASTC/ODC Data Processing Approved Vendor Agreement*.

However, the State reserves the right, at its sole discretion, to add terms and conditions or to revise the *ASTC/ODC Data Processing Approved Vendor Agreement* requirements in the State's best interests subsequent to this solicitation process. No such terms and conditions or

revision of agreement requirements shall materially affect the basis of proposal evaluations or negatively impact the competitive nature of the solicitation process.

3. The three Proposer with the apparent best-evaluated proposal must sign and return the *ASTC/ODC Data Processing Approved Vendor Agreement* pursuant to this solicitation no later than the Vendor Agreement Signature Deadline date detailed in Section 2, Schedule of Events. If a Proposer fails to provide the signed vendor agreement by the deadline, the State may determine that the Proposer is non-responsive to the terms of this solicitation and reject the proposal.

ATTACHMENT 6.1

***ASTC/ODC Data Processing Approved Vendor Agreement***

The *ASTC/ODC Data Processing Approved Vendor Agreement* detailed in this attachment contains some “blanks” (signified by descriptions in capital letters) that will be completed with appropriate information in the final agreement resulting from this solicitation.

## ***ASTC/ODC Data Processing Approved Vendor Agreement***

Pursuant to T.C.A. 68-1-119, *VENDOR* is approved as a vendor by the Tennessee Department of Health (TDH) to process claims data from Ambulatory Surgical Treatment Centers (ASTCs) and Outpatient Diagnostic Centers (ODCs). *VENDOR* has adequately demonstrated to have the qualifications, experience and resources to be an approved vendor. *VENDOR* shall perform the duties as an approved vendor as outlined in their written proposal submitted to TDH.

TDH Rule 1200-7-4 outlines the vendor's responsibilities as an approved vendor. Additional guidelines concerning required data edits and submission are further defined in the ASTC Procedural Manual or a successor manual as amended. TDH Rule 1200-7-4 and the ASTC Procedural Manual are incorporated herein as if fully set forth in the agreement.

The claims data received from ASTCs/ODCs is confidential. Rule 1200-7-4-.10 further addresses confidentiality of the data. All information reported to TDH is confidential until processed and verified by TDH. *VENDOR* access to a client's ASTC/ODC data is for the sole purpose of processing the data for submission to TDH, unless otherwise agreed upon with the client ASTC/ODC.

*VENDOR* affirms that it is familiar with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations, and will comply with all applicable and current HIPAA requirements in the course of doing business with the State. *VENDOR* shall affirm that it will cooperate with the State in the course of its performance so that all parties will be in compliance with HIPAA, including cooperation and coordination with the State privacy officials and other compliance officers required by HIPAA and its regulations. *VENDOR* will sign any documents that are reasonably necessary to keep both parties in compliance with HIPAA, including, but not limited to, business associate agreements.

*VENDOR* agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits, or be otherwise subjected to discrimination in the performance of being a third party vendor for ASTC/ODC claims data processing or in the employment practices of *VENDOR* on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law.

The term of this approval begins February 15, 2012, and ends February 14, 2015. The approval may be extended an additional two (2) years. An extension to the term will be affected by amendment to this approval.

Either party may terminate this approval with ninety (90) day written notice.

The State reserves the right to immediately terminate the approval should *VENDOR* fail to properly perform its obligations in a timely or proper manner.

### Communications and Contacts

#### Communications and Contacts.

The State:  
Teresa Hendricks, Director  
Division of Health Statistics  
Department of Health  
Cordell Hull Building, 6<sup>th</sup> Floor  
425 Fifth Avenue North  
Nashville, TN 37243  
(615) 253-3535 Telephone  
(615) 253-1688 Fax  
[teresa.hendricks@tn.gov](mailto:teresa.hendricks@tn.gov)

Vendor:  
Contact Person  
Title  
*VENDOR*  
Address  
City, State ZIP  
Telephone  
Fax  
email

**RFC-ASTC/ODC Claims Data Processing Request for Certification**

Additional contacts for data submission or technical assistance:

The State:  
George Wade  
Division of Health Statistics  
Department of Health  
Cordell Hull Building, 6<sup>th</sup> Floor  
425 Fifth Avenue North  
Nashville, TN 37243  
(615) 532-7885 Telephone  
(615) 253-1688 Fax  
[george.wade@tn.gov](mailto:george.wade@tn.gov)

Vendor:  
Contact Person  
Title  
*VENDOR*  
Address  
City, State ZIP  
Telephone  
Fax  
email

**IN WITNESS WHEREOF,**

***VENDOR:***

---

**VENDOR SIGNATURE**

**DATE**

---

**PRINTED NAME AND TITLE OF VENDOR SIGNATORY (above)**

**DEPARTMENT OF HEALTH:**

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**John J. Dreyzehner, MD, MPH, FACOEM, Commissioner**

**DATE**

**PROPOSAL TRANSMITTAL AND STATEMENT OF CERTIFICATIONS AND ASSURANCES**

*The Proposer must complete and sign this Technical Proposal Transmittal. It must be signed, in the space below, by an individual empowered to bind the proposing entity to the provisions of this RFC and any contract awarded pursuant to it. If said individual is not the Proposer's chief executive, this document shall attach evidence showing the individual's authority to bind the proposing entity.*

**PROPOSER LEGAL ENTITY NAME:**

|  |
|--|
|  |
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**PROPOSER FEDERAL EMPLOYER IDENTIFICATION NUMBER:**  
(or Social Security Number)

|  |
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|  |
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**The Proposer does hereby affirm and expressly declare confirmation, certification, and assurance of the following:**

- 1) This proposal constitutes a commitment to provide all services as defined in Attachment 6.1, *ASTC/ODC Data Processing Approved Vendor Agreement* for the total Agreement period and confirmation that the Proposer shall comply with all of the provisions in this solicitation and shall accept all terms and conditions set out in Attachment 6.1, *ASTC/ODC Data Processing Approved Vendor Agreement*.
- 2) The information detailed in the proposal submitted herewith in response to the subject solicitation is accurate.
- 3) The proposal submitted herewith in response to the subject solicitation shall remain valid for at least 120 days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any agreement pursuant to the solicitation.
- 4) The Proposers shall comply with:
  - a) the laws of the State of Tennessee;
  - b) Title VI of the federal Civil Rights Act of 1964;
  - c) Title IX of the federal Education Amendments Act of 1972;
  - d) the Equal Employment Opportunity Act and the regulations issued there under by the federal government;
  - e) the Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
  - f) the Health Insurance Portability and Account Act of 1996 (HIPAA) 1996 and the regulations issued there under by the federal government;
  - g) the condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and,
  - h) the condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Proposer in connection with the vendor certification under this solicitation.

**SIGNATURE & DATE:**

|  |
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|  |
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| <b>TECHNICAL PROPOSAL &amp; EVALUATION GUIDE — SECTION A</b>   |   |                |
|--|---|----------------|
| <b>PROPOSER NAME:</b>  |   |                |
| <b>SECTION A — MANDATORY REQUIREMENTS</b>  |   |                |
| <p>The Proposer must address ALL Mandatory Requirements section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). The RFC Coordinator will review all general mandatory requirements, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>▪ Proposal received on or before the Proposal Deadline.</li> <li>▪ Technical Proposal copies and Cost Proposal packaged separately.</li> <li>▪ Technical Proposal contains NO cost data.</li> <li>▪ Proposer did NOT submit alternate proposals.</li> <li>▪ Proposer did NOT submit multiple proposals in a different form.</li> <li>▪ Technical Proposal does NOT contain any restrictions of the rights of the State or other qualification of the proposal.</li> </ul> <p>The RFC Coordinator will also review the proposal to determine if the Mandatory Requirement Items (below) are met and mark each with pass or fail. For each requirement that is not met, the Proposal Evaluation Team must review the proposal and attach a written determination.</p> <p><b>NOTICE:</b> In addition to these requirements, the State will also evaluate compliance with ALL RFC requirements.</p> |   |                |
| Proposal Page #<br>(to be completed<br>by Proposer)  | Mandatory Requirement Items   | State Use ONLY |
|  |   | Pass/Fail      |
|  | <p><b>A.1</b> Provide the Proposal Transmittal and Statement of Certifications and Assurances (detailed in Attachment 6.2) completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this solicitation and any resulting Vendor Agreement.</p> <p><b><i>Each Proposer must sign the Proposal Transmittal and Statement of Certifications and Assurances without exception or qualification.</i></b></p>   |                |
|  | <p><b>A.2</b> Provide the following as documentation of financial responsibility and stability.</p> <ul style="list-style-type: none"> <li>▪ a current written bank reference, in the form of a standard business letter, indicating that the proposer’s business relationship with the financial institution is in positive standing</li> <li>▪ two current written, positive credit references, in the form of standard business letters, from vendors with which the proposer has done business or, documentation of a positive credit rating determined by an accredited credit bureau within the last 6 months</li> <li>▪ a copy of a valid certificate of insurance indicating liability insurance in an amount sufficient to cover any potential liability arising as a result of an agreement pursuant to this RFC</li> </ul> |                |

| Proposal Page #<br>(to be completed<br>by Proposer) | Mandatory Requirement Items  | State Use ONLY |
|---|--|----------------|
|   | <p><b>A.3</b> Provide a statement of whether the Proposer or any individual who shall perform work under the contract has a possible conflict of interest (e.g., employment by the State of Tennessee) and, if so, the nature of that conflict.</p> <p><b><i>Any questions of conflict of interest shall be solely within the discretion of the State, and the State reserves the right to cancel any award.</i></b></p> |                |
|   | <p><b>A.4</b> Provide a statement which the Proposer assures they have the capability to receive and process claims in the HIPAA 837 standard electronic format.</p>   |                |

| <b>TECHNICAL PROPOSAL &amp; EVALUATION GUIDE — SECTION B</b>  |   |
|---|---|
| <b>PROPOSER NAME:</b>   |   |
| <b>SECTION B — QUALIFICATIONS &amp; EXPERIENCE</b>  |   |
| <p>The Proposer must address ALL Qualifications and Experience section items and provide, in sequence, the information and documentation as required (referenced with the associated item references).</p> <p>A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal’s “qualifications and experience” responses.</p> |   |
| Proposal Page #<br>(to be completed<br>by Proposer)   | Qualifications & Experience Items   |
|   | <p><b>B.1</b> Describe the Proposer’s form of business (<i>i.e.</i>, individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company).</p>   |
|   | <p><b>B.2.</b> Provide a statement of whether there is any pending litigation against the Proposer; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the Proposer’s performance in an agreement under this RFC.</p>   |
|   | <p><b>B.3</b> Briefly describe the Proposer’s capability and resources to process claims records as required in this solicitation.</p>  |
|   | <p><b>B.4</b> How long the Proposer has been performing the services required by this RFC and include the number of years in business.</p>  |
|   | <p><b>B.5</b> Describe the Proposer organization’s number of employees, client base, and location of offices.</p>   |
|   | <p><b>B.6</b> Provide a statement of whether the Proposer intends to use subcontractors, and if so, the names and mailing addresses of the committed subcontractors and a description of the scope and portions of the work the subcontractors will perform.</p>  |
|   | <p><b>B.7</b> Provide three (3) customer references who are <u>not</u> current or former officials or staff of the State of Tennessee) for similar projects.</p> <p>Each reference must include:</p> <ul style="list-style-type: none"> <li>▪ the company name and business address;</li> <li>▪ the name, title, email address and telephone number of the company contact knowledgeable about the project work; and</li> <li>▪ a brief description of the service provided and the period of service.</li> </ul> <p><b><i>Each evaluator will generally consider the results of reference inquiries by the State regarding <u>all</u> references provided.</i></b></p> |
| <b>(Maximum Section B Score = 30)</b>   |   |
| <b>SCORE (for <u>all</u> Section B items above, B.1 through B.7):</b>   |   |
|   |   |

| <b>TECHNICAL PROPOSAL &amp; EVALUATION GUIDE — SECTION C</b>  |  |                |
|---|--|----------------|
| <b>PROPOSER NAME:</b>   |  |                |
| <b>SECTION C — TECHNICAL APPROACH</b>   |  |                |
| <p>The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal’s response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:</p> <p style="text-align: center;"><i>0 = little value      1 = poor      2 = fair      3 = satisfactory      4 = good      5 = excellent</i></p> <p>The RFC Coordinator will multiply each item score by the assigned weight with the product being the item’s raw weighted score for purposes of calculating the section score as detailed at the end of this table.</p> |  |                |
| Proposal Page #<br>(to be completed by Proposer)  | Technical Approach Items   | State Use ONLY |
|   |  | Raw Score      |
|   | <b>C.1</b> Provide a narrative that illustrates the Proposer’s understanding of the State’s requirements and project schedule.   |                |
|   | <b>C.2</b> Provide a narrative that illustrates how the Proposer will manage receiving facility data, reporting errors to the facilities, and meet the State’s project schedule. |                |
| <b>Total Raw Score:</b><br><i>(sum of Raw Scores above)</i>   |  |                |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>Total Raw Score</b><br/> <hr style="width: 80%; margin: 0 auto;"/> <b>maximum possible score</b><br/> <i>(i.e., 5 x the number of technical approach items above)</i> </div> <div style="text-align: center;"> <b>X 30</b><br/> <i>(maximum section score)</i> </div> <div style="text-align: right;"> <b>= SCORE:</b> </div> </div>   |  |                |

**COST PROPOSAL & SCORING GUIDE**

**NOTICE TO PROPOSER: This Cost Proposal MUST be completed EXACTLY as required.**

**PROPOSER NAME:**

**SIGNATURE & DATE:**

*NOTE: The signatory must be an individual or a company officer empowered to contractually bind the Proposer. If the Signatory is not the Proposer company president, this Statement of Certifications and Assurances SHALL attach evidence showing the Signatory's authority to bind the Proposer.*

**COST PROPOSAL SCHEDULE**

The proposed cost, detailed below, shall indicate the proposed price for providing the entire scope of service including all services as defined in the RFC Attachment 6.1, **ASTC/ODC Claims Data Processing Approval** Scope of Services for the total agreement period. The proposed cost and the submitted technical proposal associated with this cost shall remain valid for at least 120 days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any resulting agreement between the Proposer and the State. All monetary amounts are United States currency.

| Cost Item Description                                 | Proposed Cost |        |        |        |        | State Use ONLY |        |               |
|---|---------------|--------|--------|--------|--------|----------------|--------|---------------|
|   | Year 1        | Year 2 | Year 3 | Year 4 | Year 5 | Sum            | Weight | Weighted Cost |
| <b>MAXIMUM PER RECORD DATA PROCESSING CHARGE</b>      |               |        |        |        |        |                | 30     |               |
| <b>MAXIMUM HOURLY INITIAL DATA FILE SET UP CHARGE</b> |               |        |        |        |        |                | 5      |               |

*The RFC Coordinator shall use the evaluation cost amount derived from the proposed cost amounts above and the following formula to calculate the COST PROPOSAL SCORE. Calculations shall result in numbers rounded to two decimal places.*

**Evaluation Cost Amount:**  
*(sum of all weighted cost amounts above)*

**Lowest Evaluation Cost Amount from all Proposals**

**Evaluation Cost Amount Being Evaluated**

**X 40**  
*(maximum section score)*

**= SCORE:**

**PROPOSAL SCORE SUMMARY MATRIX**

| RFC Coordinator  |                       | Date |                       |  |                       |  |
|--|-----------------------|------|-----------------------|--|-----------------------|--|
| <b>QUALIFICATIONS &amp; EXPERIENCE</b><br>Maximum Points: 40 | PROPOSER NAME         |      | PROPOSER NAME         |  | PROPOSER NAME         |  |
| EVALUATOR NAME   |                       |      |                       |  |                       |  |
| EVALUATOR NAME   |                       |      |                       |  |                       |  |
| EVALUATOR NAME   |                       |      |                       |  |                       |  |
| EVALUATOR NAME   |                       |      |                       |  |                       |  |
| REPEAT AS NECESSARY  |                       |      |                       |  |                       |  |
|  | <b>AVERAGE SCORE:</b> |      | <b>AVERAGE SCORE:</b> |  | <b>AVERAGE SCORE:</b> |  |
| <b>TECHNICAL APPROACH</b><br>Maximum Points: 30              | PROPOSER NAME         |      | PROPOSER NAME         |  | PROPOSER NAME         |  |
| EVALUATOR NAME   |                       |      |                       |  |                       |  |
| EVALUATOR NAME   |                       |      |                       |  |                       |  |
| EVALUATOR NAME   |                       |      |                       |  |                       |  |
| EVALUATOR NAME   |                       |      |                       |  |                       |  |
| REPEAT AS NECESSARY  |                       |      |                       |  |                       |  |
|  | <b>AVERAGE SCORE:</b> |      | <b>AVERAGE SCORE:</b> |  | <b>AVERAGE SCORE:</b> |  |
| <b>COST PROPOSAL</b><br>Maximum Points: 30                   | <b>SCORE:</b>         |      | <b>SCORE:</b>         |  | <b>SCORE:</b>         |  |
| <b>PROPOSAL SCORE</b><br>Maximum Points: 100                 | <b>TOTAL SCORE:</b>   |      | <b>TOTAL SCORE:</b>   |  | <b>TOTAL SCORE:</b>   |  |