



Solicitation Information
DATE 04/21/2020

RFP# 7603783

Utilization Review Program for Inpatient Hospital Care (Rhode Island Department of Corrections)

Submission Deadline: Wednesday, 05/20/2020 at 10:00 AM (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: No
MANDATORY:

DATE:
LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at jonathan.nadeau@purchasing.ri.gov no later than **05/05/2020 at 5pm (EST)**. Questions should be submitted in a *Microsoft Word* attachment. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

BID SURETY BOND REQUIRED: No

PAYMENT AND PERFORMANCE BOND REQUIRED: No

Jonathan Nadeau - Buyer I

Note to Applicants:

- Applicants must register on-line at the State Purchasing Website at www.ridop.ri.gov
- Proposals received without a completed RIVIP Bidder Certification Cover Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION COVER FORM

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SECTION 1. INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Corrections is soliciting proposals from qualified firms to provide services of a selected vendor as established for the Medicaid population of Rhode Island, which will be used as the basis for Admission Screening and Utilization Review in order to determine the medical necessity, quality of care, and appropriateness of acute inpatient services rendered to the Rhode Island Department of Corrections patients in accordance with the terms of this Request for Proposals ("RFP") and the State's General Conditions of Purchase, which may be obtained at the Division of Purchases' website at www.ridop.ri.gov

The initial contract period will begin upon the awarding of a purchase order and last for approximately one year. Contracts may be renewed for up to four additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not a Request for Quotes. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to cost; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this solicitation, other than to name those offerors who have submitted proposals.

Instructions and Notifications to Offerors

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
4. Proposals are considered to be irrevocable for a period of not less than 180 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.
6. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.
8. Vendors are advised that all materials submitted to the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, *et seq.* and may be released for inspection upon request once an award has been made.

Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that contractors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.

Vendors and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an "Affirmative Action Policy Statement."

Vendors with 50 or more employees and \$50,000 or more in government contracts must prepare a written "Affirmative Action Plan" prior to issuance of a purchase order.

- a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.
- b. Vendors further agree, where applicable, to complete the "Contract Compliance Report" (<http://odeo.ri.gov/documents/odeo-eeo-contract-compliance-report.pdf>), as well as the "Certificate of Compliance" (<http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf>), and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order. For

public works projects vendors and all subcontractors must submit a “Monthly Utilization Report” (<http://odeo.ri.gov/documents/monthly-employment-utilization-report-form.xlsx>) to the ODEO/State Equal Opportunity Office, which identifies the workforce actually utilized on the project.

For further information, contact Vilma Peguero at the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via e-mail at ODEO.EOO@doa.ri.gov.

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at (401-222-3040).
12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”)(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at www.gcd.ri.gov.

For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov> and *see* R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email Dorinda.Keene@doa.ri.gov

13. HIPAA - Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

14. Eligible Entity - In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI) , the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

SECTION 2. BACKGROUND

RIDOC is a centralized, unified correctional system for male and female adult offenders, located on the Pastore Complex in Cranston, R.I. There are approximately 2,750 sentenced and awaiting trial inmates housed on the Pastore Complex. These inmates are housed in six facilities, Minimum Security, Maximum Security, High Security, Intake Service Center, Medium Security and the Women’s Facility. The mission of the Rhode Island Department of Corrections is to contribute to public safety by maintaining a balanced correctional system of institutional and community programs that provide a range of control and rehabilitative options for criminal offenders. The DOC Rehabilitative Services Division provides a comprehensive array of rehabilitative opportunities including, but not limited to: GED, ABE, and educational opportunities; job training; domestic violence education; discharge planning programs; religious services and counseling. Inmates must have access to the full range of healthcare services, based upon community standards. The Rhode Island Department of Corrections is soliciting vendors who provide utilization review for men and women in a jail or prison facility.

As of 9/3/2019, the census per facility: Intake Service Center: 942 men, High Security: 89 men, Maximum Security 404 men, Medium Security: 934 men, Minimum Security: 201 men and Women’s facility.

The Rhode Island Department of Corrections intends to contract with a vendor to provide Utilization Review for the incarcerated male and female population at the Rhode Island Department of Corrections. This will be a one-year contract commencing on, January 1, 2020, renewable at the discretion of the State for four (4) additional terms of twelve months

Authority to Bill for Services:

Pursuant to Chapter 23 of the General Laws of the State of Rhode Island, the Department of Corrections is authorized to provide medical services to inmates within its jurisdiction.

Specific Requirements:

The vendor must possess extensive prior experience in inpatient, quality care review, and the management of an inpatient utilization review process utilizing at a minimum review the length of stay in a licensed Health Care Facility.

SECTION 3: SCOPE OF WORK AND REQUIREMENTS

General Scope of Work

This scope of work includes the operation and management of an Admission Screening Program, and Utilization Review and Management Program. Descriptions of each of these programs and corresponding activities including their scope, time frames, work processes, and results are explained in detail below. Reports produced as a result of these review activities are listed later in a separate "Report" section.

Specific Activities / Tasks

Deliverables: This RFP is for the provision of the Utilization Review for Inpatient Hospital Care to include the following:

Services provided by the contractor will include administration of the inpatient hospital care.

All services will be provided according to medically accepted community standard of care.

Contractor will provide necessary equipment, administrative and clinical support.

All services will be sufficient to meet the Department's needs and are in accordance with all legal requirements, both state and federal.

The contractor will provide direction that meet or exceed the applicable standards of the National Commission on Correctional Health Care (NCCHC) for prisons, and comply with all Federal, State and local rules and regulations pertaining to inpatient hospital care.

Admission Screening Program

Scope of Review -The selected vendor's Admission Screening Program will encompass all medical, surgical, rehabilitation, and psychiatric unit admissions for Department of Correction patients (including those with Medicaid).

Time Frames for Initiation of Review

The admitting physician or his/her designee (e.g., office staff, admitting hospital utilization review staff) will be responsible for initiating the review process by contacting the vendor. The admitting physician/physician designee (hereinafter referred to as the "provider") will be responsible for telephoning the vendor according to the following time frames:

- Elective admissions: at least seven calendar days prior to the proposed admission¹
- Non-elective admissions: no later than 5:00 p.m. on the second business day following admission.

¹ When it is not possible for the physician/designee to comply with the seven-day prior notice requirement, s/he will telephone the vendor by 5:00 p.m. on the first business day after the decision to admit is made and, in any event, prior to the admission.

Process for Review

The selected vendor will use Jiva or equivalent system, the data entry system developed by ZeOmega or equivalent, to record and maintain information from the Admission Screening Program. The system is able to access Medicaid eligibility files, provider files, and other files from the Department of Human Services' MMIS (Medicaid Management Information System) contractor during the Admission Screening process. By having access to these files during the call, the nurse reviewer is able to verify Medicaid eligibility during the review process.

Jiva or equivalent system employs numerous edits that include value ranges, inter-field relationships, and other types of "checks and balances" to help safeguard the validity of the information entered by the nurse. Another feature of Jiva or the equivalent system is, that it alerts the reviewer to past hospital admissions for the same patient so that this information can be considered during the screening process.

When it is not possible for the physician/designee to comply with the seven-day prior notice requirement, s/he will telephone the vendor by 5:00 p.m. on the first business day after the decision to admit is made and, in any event, prior to the admission.

Requests for authorization will be accepted both through the toll-free phone line as well as through a toll-free fax line. A worksheet has been developed and shared with providers for them to use to record patient information relevant to the review process to assist the provider and the vendor's nurse to expedite the review process.

This information includes:

- patient's name and address;
- patient's gender;
- patient's date of birth;
- patient's social security number;
- patient's Medical Assistance identification number (where applicable);
- primary and secondary diagnoses and co-morbidities (including ICD-9-CM codes)
- primary and secondary procedures, if applicable (including ICD-9-CM codes)
- expected or actual date of admission;
- expected date of discharge;
- preliminary discharge plan;
- admitting provider's Medical Assistance provider number;

- admitting provider's type, i.e., specialty;
- hospital name;
- other information that the treating physician has taken into consideration in deciding to admit, or to perform a procedure, on an inpatient basis, e.g., available support services.

The above information will be entered into Jiva or equivalent for each case and will be updated or corrected during subsequent reviews, if necessary. In addition, the nurse reviewer will record the following information during the initial AND any subsequent reviews, e.g., assigned lengths of stay for those cases subject to concurrent utilization reviews:

- ❖ number of days assigned to the length of stay;
- ❖ any prior surgery relevant to the case;
- ❖ symptoms, lab findings, planned course of treatment to support the review decision;
- ❖ "action codes" specifying the outcome of the review (see below for explanations of each outcome);
- ❖ the criterion number upon which nurse approval was based;
- ❖ the name and telephone number of the caller or the individual submitting the fax; and
- ❖ any other information relevant to the case.

The nurse reviewer will consider several factors while conducting the review:

- What is the reason for the admission (the diagnosis, conditional diagnosis, symptoms)?
- What is the planned course of treatment?
- Will all treatment be provided at the admitting facility?
- Has treatment/management been attempted on an outpatient basis? If not, why not (other than for emergencies)? If yes, what was the treatment and what was the outcome?
- For readmissions involving treatment for the same condition, discussion of outpatient treatment will be expanded to explore issues of patient compliance and other factors that may have contributed to the need for readmission.
- For cases involving surgical procedures: what are the indications for the procedure? If appropriate, what non-surgical treatment has been attempted, and what was the outcome?

Outcome of Review

The possible outcomes of the screening process are described below. Each outcome will have a corresponding "action code" in the database that will determine the next steps to be followed.

Nurse Approval

When the nurse reviewer and provider reach agreement on the medical necessity of the actual or proposed admission, treatment site, pre-operative days, and/or LOS for

the case, the nurse will enter an approval code into Jiva or equivalent system² Jiva or equivalent systems, will assign a unique screening reference number (the PAR) as well as an authorization number to the approved case. The unique screening reference number and the authorization number will be given to the provider during the telephone conversation. The assignment of these numbers by Jiva or equivalent will preclude the duplication of numbers across patients and provide an accurate method of identifying individual cases for future reference.

A LOS assignment will also be communicated to the provider at the time of the call. This agreed-upon assignment of days will be based on either the LOS norms described above or on the provider's expected date of discharge, whichever is shorter. When applying the LOS norms during the Admission Screening process, the nurse will assign the 50th percentile norm for the condition. When requests for authorization are received by facsimile, the review results and LOS assignment will be faxed to the provider's designated fax number.

During the telephone call, the provider will be requested to contact vendor during the patient's stay as follows:

- if the patient's diagnosis and/or treatment plan changes during the course of the hospital stay so that the vendor can follow the hospitalization appropriately for concurrent utilization review; and/or
- at least two business days prior to the expiration of the assigned LOS.

Once the approval code has been entered into the system, a written notification of approval will be generated and mailed within 24 hours of the first working day of the screening call to the physician, the hospital, and the Department of Corrections.

The information contained in the notification includes:

- ❖ patient's social security number;
- ❖ patient's Medical Assistance identification number (where applicable);
- ❖ patient's gender
- ❖ patient's date of birth;
- ❖ primary, i.e., admitting, and secondary diagnoses;
- ❖ primary and secondary procedures;
- ❖ preliminary discharge plan;
- ❖ source of payment, e.g., insurance coverage;
- ❖ admitting physician name and Medical Assistance provider number;
- ❖ admitting physician provider type;
- ❖ hospital name;
- ❖ patient's category of services;
- ❖ actual or expected date of admission;
- ❖ anticipated date of discharge (based on either the provider's expected date of discharge or on vendor's length of stay assignment, whichever is earlier);
- ❖ unique screening reference number; and
- ❖ unique authorization number.

² If the case does not meet criteria for admission, but in considering the availability of supportive resources at the DOC, the vendor's nurse reviewer determines that the admission is necessary, the nurse will contact a designated individual at the DOC to discuss the case.

Nurse Diverted Case

If as a result of the Admission Screening process the nurse reviewer and the provider agree that the patient can receive equally safe and beneficial treatment in an alternate setting and therefore the proposed admission is not medically necessary, the nurse reviewer will record the decision as a “nurse diverted case.” The nurse will also enter the corresponding action code identifying the diverted status of the case. In this type of case, neither an authorization number nor a written notice will be issued.

Should the case be related to a non-covered service as directed by the DOC or the Department of Human Services benefit policy (whichever is applicable) the nurse reviewer will indicate this to the provider, direct the provider to clarify the coverage with the DOC or the Department, and document this information. Nurse reviewers will not make denial determinations related to medical necessity in these cases.

If the nurse reviewer and the provider are unable to reach agreement on the medical necessity of the actual or proposed admission, treatment site, pre-operative days, and/or length of stay for the case, the nurse will notify the provider that the case will be referred to a physician reviewer who will contact the admitting physician for further discussion.

Whenever possible, the case will be referred to a physician who is of the same specialty as the admitting physician. The nurse reviewer will telephone the physician reviewer to discuss the case. Simultaneous with or prior to the call, the nurse reviewer will also send, via facsimile, a review form to the physician reviewer. The review form consists of a copy of the computer screen with all of the information recorded as a result of the telephone call between the nurse and the provider, and a space that can be used by the reviewing physician to document his/her review decision and the time involved in making the decision. The review form will be used for reimbursing the reviewing physician for his/her review time.

The physician reviewer will contact the admitting physician (not the physician’s designee) to discuss the case no later than the same time on the following business day. Based on this discussion, one of the five conclusions described below will be reached.

Physician Approval

If, while discussing the case, the admitting physician and reviewing physician can reach agreement on the medical necessity of the admission, pre-operative days and length of stay, the reviewing physician will approve the case. The reviewing physician will document the rationale used for the approval on the review form. This information will be sent, via facsimile, to the vendor.

Upon receipt of the review form, the vendor nurse will enter a “physician approval” code and the length of stay that was agreed upon by the reviewing and admitting physicians into Jiva or the equivalent system. The system will assign a unique authorization number to the approved case, assign a new review date, and will generate the written notification of approval as described above. Also, if the hospital

initiated the review request, the vendor nurse will telephone the hospital to notify them of the review decision.

Physician Diverted Case

If, while discussing the case, the admitting and reviewing physicians agree that the patient can receive equally safe and effective treatment in an alternate setting and, therefore, the proposed admission is not medically necessary, the admission will be “diverted.”

The reviewing physician will document on the review form the rationale for the decision. This information will be sent to vendor via facsimile. Upon receipt of the review form, the vendors nurse will enter a “physician diverted case” code into Jiva, or equivalent system. In this type of case, neither an authorization number nor a written notice will be issued. If the hospital initiated the review request, the vendor nurse will telephone the hospital to notify them of the decision to divert the case.

Physician Denial

If, while discussing the case and considering all of the information offered by the admitting physician, the reviewing physician determines that s/he is unable to approve the medical necessity of the admission; the reviewing physician will inform the admitting physician that the case will be denied. The reviewing physician will also explain the appeals process, including the time frames applicable to “expedited appeals.” For more detailed information on denials and appeals, refer to the sections that follow.

The reviewing physician will document the rationale used for the decision on the review form. This information will be sent to the vendor via facsimile. Upon receipt of the review form, the nurse reviewer will enter a “physician denial” code into Jiva, or equivalent system. In addition, a letter describing the review decision will be sent to the physician, hospital, and the DOC.

If the hospital initiated the review request, the vendor's nurse will telephone the hospital to notify them of the denial decision and the appeals process.

Physician Approval with Concurrent Utilization Review

If, during the telephone conversation, the reviewing and admitting physicians agree on the medical necessity of the admission but are unable to agree on the length of stay, the reviewer will notify the admitting physician that, while the admission is approved, the case will be followed for concurrent utilization review.

The reviewing physician will document the rationale used for the approval on the review form. This information will be sent to the vendor via facsimile.

Upon receipt of the review form, the vendor's nurse will enter a “physician approval with utilization review” code into Jiva, or equivalent system. The system will assign a unique authorization number to the approved case and will generate the written notification of approval as described above. A next review date will also be assigned

by Jiva, or equivalent system. This date will be two business days following admission or two business days following the physician review decision, whichever is later. If the hospital initiated the review request, the vendor's nurse will telephone the hospital to notify them of the decision to approve the case with concurrent utilization review. The Concurrent Utilization Review process is explained later in more detail.

Physician Denial Due to Admitting Physician Unavailability

If the reviewing physician is unable to reach the admitting physician after at least three documented telephone calls over a period of no fewer than three business days, the admitting physician will be deemed to be "not reasonably available." The reviewing physician will document his/her efforts to communicate with the admitting physician on the review form. The reviewing physician will then notify the vendor's nurse to issue a denial and will fax the review form back to the vendor. The nurse will telephone the hospital regarding the outcome, and the denial process will be initiated as explained below.

Denial Process

Physician reviewers will render all denial decisions as explained above. The denial notice will include the following information:

- patient's social security number;
- patient's Medical Assistance identification number (where applicable);
- patient's gender;
- patient's date of birth;
- primary, i.e., admitting, and secondary diagnoses;
- primary and secondary procedures;
- preliminary discharge plan;
- source of payment, i.e., other insurance coverage;
- admitting physician name and Medical Assistance provider number;
- hospital name;
- actual or expected date of admission;
- patient's category of services;
- reason(s) for the denial decision;

- procedures (including time frames) to be followed to request an appeal of the denial decision;
- name and telephone number of the Manager of vendor's Review Services Department who should be contacted with regard to the appeal;
- time frame in which the appeal decision will be rendered; and
- unique screening reference number.

Denial notices will be mailed to the admitting physician, the hospital, and the DOC within one business day of receipt of the information needed to complete the review.

Appeals Process

In accordance with Section 5.4.1 of Rules and Regulations for the Utilization of Health Care Services Utilization Review (R23-17.12-UR), all requests for appeals must be sent to the vendor within 60 days from the date of the denial notice.

The method and timing for completing the appeals process will depend on whether the case is defined as an “emergency” according to the Rules and Regulations for the Utilization of Health Care Services Utilization Review (R23-17.12-UR) Section 1.13³ and if the request for appeal is made prior to or during the recipient’s admission. If a case meets both of these conditions, then the vendor will conduct an “expedited appeal” of the case.

³ According to the Rules and Regulations for the Utilization of Health Care Services Utilization Review R23-Section 1.12, an emergency case is defined as "the sudden onset of a medical or mental condition that the absence of immediate medical attention could reasonably be expected, by a prudent lay person, to result in placing the patient’s health in serious jeopardy, serious impairment to bodily or mental functions, or serious dysfunction of any bodily organ or part.”

The admitting physician, the hospital or the recipient can make requests for an “expedited appeal” via telephone. When conducting an expedited appeal, the vendor will render its expedited appeal decision within two business days of the date on which the vendor receives the appeal request and all of the information necessary to process the appeal. A written notification of vendor's decision will be mailed no later than one business day after the decision has been rendered.

The vendor will render all “non-expedited appeals” decisions as soon as practical, but in no case later than 30 business days after receiving the required documentation of the appeal. A written notification of the vendor’s decision will be mailed within this 30-day period. A physician reviewer who was not involved in the initial denial determination and who is in the same or similar specialty as the physician whose case is under review will conduct the appeal. The written appeals notification will be mailed to the admitting physician, hospital and/or the patient. The appeals notices will include the same items contained in the denial notice as explained above and will also include information regarding the Department’s fair hearing process.

Utilization Review and Management Program

The purpose of this task will be to determine compliance with the medical necessity, quality of care, appropriateness and efficiency of services rendered to patients and billed to the DOC by acute care hospitals. Under this task, the vendor will conduct Concurrent Review as described below.

Concurrent Utilization Review

This activity involves a review of the medical necessity and appropriateness of services provided to patients during the course of their hospital stay.

Scope of Review

The vendor will conduct Concurrent Utilization Review of the following types of cases:

- admissions for psychiatric and substance abuse diagnoses;
- emergency admissions;
- admissions flagged during the Admission Screening process by the nurse reviewer as “administratively necessary;”

- admissions flagged during the Admission Screening process where agreement could not be reached on the length of stay assignment and the length of stay is expected to exceed that assigned by the physician reviewer;
- admissions with an expected length of stay greater than 72 hours or three days;
- admissions where the admitting diagnosis has changed from one that does not need admission screening to one that has converted to an inpatient stay; e.g., conversion from observation to an admission, and
- admissions for which the provider contacts the vendor prior to the expiration of the length of stay assigned during the Admission Screening process.

The vendor will work with the DOC to modify the scope of this review whenever requested by the DOC, or if the vendor identifies and proposes the need for, and potential benefit of, a modification.

Time Frames for Initiation of Review

The expected date of discharge or the date on which an assigned LOS expires will dictate when the review process will be initiated for an individual case. Close monitoring of each case will be assured by scheduling the next review on or before the discharge/LOS expiration date. Should the discharge/LOS expiration date fall on a Saturday, review will be initiated on Friday. For a Sunday discharge/LOS expiration date, the review will be initiated on Monday. The data system will produce a daily list of cases that are subject to Concurrent Review. This listing will be faxed to or called into the provider's designated contact each morning. Only one request for concurrent review will be sent for each case/next review date to providers. No additional days will be certified for reimbursement without completion of an updated review.

Process for Review

The Vendor's Concurrent Utilization Review process will involve frequent and intense monitoring to limit the number of hospital days to those that are medically necessary and appropriate. This monitoring will involve telephone contact with each hospital's Utilization Review Department or appropriate personnel, and when necessary, with the treating physician.

Jiva or its equivalent will be utilized to record and maintain information from the Concurrent Utilization Review process. Jiva or its equivalent will allow the reviewer to record information relevant to each review, including number of days assigned, the criteria used, and the action codes. Each review will be added to the patient's Admission Screening data and will be available to the reviewer for reference when conducting subsequent reviews.

When conducting the review and determining the necessity of continued stay, the vendor's nurse will ask questions similar to those that are asked during the Admission Screening process, e.g., what is the planned course of treatment, expected length of stay, etc. Emphasis will be placed on questions involving specific plans for discharge and post-hospital care.

The condition-specific ISD-ATM Criteria contain "prompts" to assist the reviewer in asking questions that focus on the patient's clinical/functional readiness for discharge and options for care outside of the hospital setting. The reviewer will also take into

consideration the social factors that impact the health of the recipient, such as availability of support resources in the prison environment.

Outcome of Review

The possible outcomes of the Concurrent Utilization Review process are nurse approval, physician review with approval, or physician disapproval. Each of these outcomes is described below.

Nurse Review and Approval:

If the case meets the criteria for continued stay and the vendor's nurse reviewer and the hospital agree on the length of the continued stay, the reviewer will assign a new utilization review date which will be based on either the next length of stay percentile, e.g., 75th, 90th, etc., or the expected date of discharge, whichever is earlier.⁴

Physician Review:

If the vendor's nurse and hospital are unable to agree on the need for the length of the proposed extended stay, the nurse will notify the hospital that the case will be referred to a physician reviewer who will contact the treating physician for further discussion. Whenever possible, the case will be referred to a physician who is of the same specialty as the treating physician.

The nurse reviewer will telephone the physician reviewer to discuss the case. Simultaneous with or prior to the call, the nurse reviewer will also send, via facsimile, a review form to the physician. The review form will consist of a copy of the computer screen with all of the information recorded as a result of the telephone call between the nurse and the hospital and will include a space that can be used by the reviewing physician to document his/her review decision, as well as the time involved in making the decision. The review form will be used for reimbursing the reviewing physician for his/her review time.

The physician reviewer will contact the treating physician (not the physician's designee) to discuss the case no later than the same time on the following business day. Based on this discussion, one of the three conclusions described below will be reached.

Physician Approval:

If, while discussing the case, the admitting and reviewing physicians can reach agreement on the medical necessity of a specified extension of the patient's stay, the reviewing physician will approve the case. The reviewing physician will document

on the review form the LOS assignment and rationale used. This information will be sent, via facsimile, to the vendor.

Upon receipt of the review form, the vendor's nurse will enter a "physician approval" code and the new length of stay assignment into Jiva, or its equivalent. The system will calculate and assign a new review date in the vendor's data system. The vendor's nurse will telephone the hospital to notify them of the review decision.

4 If the continued stay does not meet the criteria for an extension, but the vendor's nurse reviewer determines that the prison's resources are inadequate, the nurse will contact a designated individual at the DOC to discuss the case.

Physician Reviewer Assignment of Days:

If the treating and reviewing physicians agree on the need for a continued stay but are unable to agree on the precise number of days, i.e., the reviewing physician approves fewer days than those requested by the treating physician, then the reviewing physician will notify the treating physician of the number of days approved and indicate that the hospital will be contacted prior to the expiration of the assigned stay to determine the need for additional days.

The reviewing physician will document on the review form the approved length of stay and the rationale for his/her assignment of days versus the number of days requested by the treating physician. This information will be sent to the vendor via facsimile. Upon receipt of the review form, the vendor's nurse will enter a "physician reviewer assignment of days" code and the new length of stay assignment into Jiva, or its equivalent. The system will calculate and assign the next review date in the vendor's data system. The vendor's nurse will also telephone the hospital to notify them of the review decision.

Physician Reviewer Disapproval of Continued Stay:

If the treating and reviewing physicians are unable to agree on the need for continued stay, then the treating physician will be notified of the disapproval and told that the decision will be reported to the DOC for pattern analysis.

The reviewing physician will document the rationale for the length of stay disapproval on the review form. This information will be sent to the vendor via facsimile.

Upon receipt of the review form, the vendor's nurse will enter a "physician reviewer disapproval of continued stay" code into Jiva, or its equivalent. The nurse reviewer will flag the case with the next review date and will telephone the hospital to notify them of the review decision.

On the next review date, the nurse reviewer will contact the hospital to determine if any changes to the patient's condition or treatment have occurred that indicate the need to contact the reviewing physician for consideration of a new length of stay assignment. If no new information is offered, the vendor's nurse will enter a next review date of two business days following the current review into Jiva or equivalent.

This process will continue until the vendor's nurse determines that the patient has been discharged early, or that the case requires additional review by the physician as referenced above.

Reports

Provide a comprehensive list of patient reviews on a monthly basis with a monthly invoice.

RIDOC Responsibilities: The Rhode Island Department of Corrections (RIDOC) agrees to supply a daily hospital census (Monday through Friday) to the vendor and/or RIDHS.

A point of contact will be established for clinical review; a point of contact will be provided for medical claims issues.

Contractor Responsibilities: Contractor provides all associated clerical work and submits monthly reports outlining all services rendered for the month.

Security Requirement: Employees of contractors who must gain entrance into correctional facilities are subject to police record checks; the Department of Corrections retains the right to refuse entrance to contractor employees with felony convictions. Access to correctional facilities also requires adherence to rigid security rules as far as property search, contact with inmates, etc.

SECTION 4: PROPOSAL

A. Technical Proposal

Narrative and format: The proposal should address specifically each of the following elements:

1. **Staff Qualifications** – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project.
2. **Capability, Capacity, and Qualifications of the Offeror** - Please provide a detailed description of the Vendor’s experience in utilization review services. A list of three relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
3. **Work Plan** - Please describe in detail, the framework within which requested billing and collection services will be performed. The following elements must be included: 1) nurse review of admissions 2) nurse review of continued stay 3) physician review 4) appeal process
4. **Approach/Methodology** – Define the methodology used for patient care reviews for inpatient services. What procedures will be used to ensure accurate and timely reviews of these cases?

B. Cost Proposal

Detailed Budget and Budget Narrative:

Provide a cost proposal to include the following:

- a detailed budget narrative must accompany the below rate schedule to support costs

Types of reviews performed	Cost per Review Year 1	Cost per Review Year 2	Cost per Review Year 3	Cost per Review Year 4	Cost per Review Year 5
Nurse Review of Admission					
Nurse Review of Continued Stay					
Physician Review					
Appeal					
Other					

C. ISBE Proposal

See Appendix A for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

SECTION 5: EVALUATION AND SELECTION

Proposals shall be reviewed by a technical evaluation committee (“TEC”) comprised of staff from State agencies. The TEC first shall consider technical proposals.

Technical proposals must receive a minimum of 60 (85.7%) out of a maximum of 70 points to advance to the cost evaluation phase. Any technical proposals scoring less than 60 points shall not have the accompanying cost or ISBE participation proposals opened and evaluated. The proposal will be dropped from further consideration.

Technical proposals scoring 60 points or higher will have the cost proposals evaluated and assigned up to a maximum of 30 points in cost category bringing the total potential evaluation score to 100 points. After total possible evaluation points are determined ISBE proposals shall be evaluated and assigned up to 6 bonus points for ISBE participation.

The Division of Purchases reserves the right to select the vendor(s) or firm(s) (“vendor”) that it deems to be most qualified to provide the goods and/or services as specified herein; and, conversely, reserves the right to cancel the solicitation in its entirety in its sole discretion.

Proposals shall be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	10 Points
Capability, Capacity, and Qualifications of the Offeror	10 Points
Work Plan	30 Points
Approach Proposed	20 Points
Total Possible Technical Points	70 Points
Cost proposal*	30 Points
Total Possible Evaluation Points	100 Points
ISBE Participation**	6 Bonus Points
Total Possible Points	106 Points

*Cost Proposal Evaluation:

The vendor with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other vendors shall be awarded cost points based upon the following formula:

$$(\text{lowest cost proposal} / \text{vendor's cost proposal}) \times \text{available points}$$

For example: If the vendor with the lowest cost proposal (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly costs and service fees and the total points available are thirty (30), Vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 \times 30 = 19.5$$

**ISBE Participation Evaluation:

a. Calculation of ISBE Participation Rate

1. ISBE Participation Rate for Non-ISBE Vendors. The ISBE participation rate for non-ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor's total contract price. For example if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.
2. ISBE Participation Rate for ISBE Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example if the ISBE vendor's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.

b. Points for ISBE Participation Rate:

The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

$$(\text{Vendor's ISBE participation rate} \div \text{Highest ISBE participation rate})$$

$$\times \text{Maximum ISBE participation points})$$

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive $(12\% \div 20\%) \times 6$ which equals 3.6 points.

General Evaluation:

Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors may be required to submit additional written information or be asked to make an oral presentation before the TEC to clarify statements made in the proposal.

SECTION 6. QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at jonathan.nadeau@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFP # 7603783** on

all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

SECTION 7. PROPOSAL CONTENTS

A. Proposals shall include the following:

1. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at www.ridop.ri.gov . *Do not include any copies in the Technical or Cost proposals.*
2. One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at [/documents/Forms/Misc Forms/13 RI Version of IRS W-9 Form.docx](#). *Do not include any copies in the Technical or Cost proposals.*
3. Two (2) completed original and copy versions, signed and sealed Appendix A. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation. *Do not include any copies in the Technical or Cost proposals.*
4. Technical Proposal - describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The technical proposal is limited to six (6) pages (this excludes any appendices and as appropriate, resumes of key staff that will provide services covered by this request).
 - a. One (1) Electronic copy on a CD-R, marked "Technical Proposal - Original".
 - b. One (1) printed paper copy, marked "Technical Proposal -Original" and signed.
 - c. Four (4) printed paper copies
5. Cost Proposal - A separate, signed and sealed cost proposal reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
 - a. One (1) Electronic copy on a CD-R, marked "Cost Proposal -Original".
 - b. One (1) printed paper copy, marked "Cost Proposal -Original" and signed.
 - c. Four (4) printed paper copies

B. Formatting of proposal response contents should consist of the following:

- A. Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:
 - a. Vendor's name
 - b. RFP #
 - c. RFP Title

- d. Proposal type (e.g., technical proposal or cost proposal)
- e. If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of '1 of 3' on first CD-R, '2 of 3' on second CD-R, '3 of 3' on third CD-R).

Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase's inability to open or read a CD-R may be grounds for rejection of a Vendor's proposal. All files should be readable and readily accessible on the CD-Rs submitted with no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it "non-responsive". USB Drives or any other electronic media shall not be accepted. Please note that CD-Rs submitted, shall not be returned.

B. Formatting of written documents and printed copies:

- a. For clarity, the technical proposal shall be typed. These documents shall be single-spaced with 1" margins on white 8.5"x 11" paper using a font of 12 point Calibri or 12 point Times New Roman.
- b. All pages on the technical proposal are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and attachments. The Vendor's name should appear on every page, including attachments. Each attachment should be referenced appropriately within the proposal section and the attachment title should reference the proposal section it is applicable to.
- c. The cost proposal shall be typed using the formatting provided on the provided template.
- d. Printed copies are to be only bound with removable binder clips.

SECTION 8. PROPOSAL SUBMISSION

Interested vendors must submit proposals to provide the goods and/or services covered by this RFP on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases, shall not be accepted.

Proposals should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7603783**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time shall not be accepted. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time shall be determined to be late and shall not be accepted. Proposals faxed, or emailed, to the Division of Purchases shall not be accepted. The official time clock is in the reception area of the Division of Purchases.

SECTION 9. CONCLUDING STATEMENTS

Notwithstanding the above, the Division of Purchases reserves the right to award on the basis of cost alone, to accept or reject any or all proposals, and to award in the State's best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

If a Vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded for this RFP. The State's General Conditions of Purchases can be found at the following URL: <https://rules.sos.ri.gov/regulations/part/220-30-00-13>

APPENDIX A. PROPOSER ISBE RESPONSIBILITIES AND MBE, WBE, AND/OR DISABILITY BUSINESS ENTERPRISE PARTICIPATION FORM

A. Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.
2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

B. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Bidders are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908**

MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN

Bidder's Name:

Bidder's Address:

Point of Contact:

Telephone:

Email:

Solicitation No.:

Project Name:

This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. **Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

Name of Subcontractor/Supplier:

Type of RI Certification: MBE WBE Disability Business Enterprise

Address:

Point of Contact:

Telephone:

Email:

Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:

Total Contract Value (\$):

Subcontract Value (\$):

ISBE Participation Rate (%):

Anticipated Date of Performance:

I certify under penalty of perjury that the forgoing statements are true and correct.

Prime Contractor/Vendor Signature

Title

Date

Subcontractor/Supplier Signature

Title

Date