

Vendor Qualification

Date: _____

1. Company Information

Name and complete mailing address for bidding and purchase orders:

HUMC processes purchase orders exclusively in an electronic format. Two methods of submission are available through our relationship with Global Healthcare Exchange (GHX). Options available are EDI or E-mail. Faxing or phone placement of orders is not available. Please declare your selection of submission EDI _____ E-Mail _____.

Please provide us with a valid email address for delivery of purchase orders if that is the option you have chosen:

E-mail _____

Account Number: _____ (if account number is not provided we will assign HACK1234)

Phone number: _____

Fax number (not for the purpose of order submission) _____

Remit to address for payments (if different than above):

Any other name and address your company is currently doing business under or has previously done business under:

Number of employees: _____

Number of clients _____

Number of business locations _____

How long your Company is in business _____

2. Category-Identify the type of services provided by your Company
Category (i.e.: Medical Surgical, Orthopedic, Contractor, Office Supplies.....)

_____Manufacturer

_____Distribution

_____Other (Specify)

Specify Category _____

3. Website Address _____

4. D&B Number _____

5. Tax Identification Number _____

6. Company Affiliations- Identify any companies that your firm is legally affiliated with and type of relationship; be detailed in your response to include name, address, and principal contacts

7. Professional Affiliations- Identify all professional trade organizations, your company are affiliated with:

8 Key Personnel- Provide the key individuals within your organization including but not limited to Owner, President, Vice President of Sales, CFO, Sales Representative, Customer Service Contact, Regional Manager, and Accounts Payable contact.

9. Type of Organization:

- _____ Individual
- _____ Partnership
- _____ Not for profit organization
- _____ Corporation, Incorporated under the laws under the State of _____
- _____ Small Business (small business as defined by small business regulations)
- _____ Women Owned business
- _____ Minority owned business

10. Provide a list of Individuals authorized by your Company to sign bids and make offers to the Medical Center. _____

11. Hackensack University Medical Center has specific delegated signature authorities. They are broken down into contract types. Only the parties detailed below have authority to bind the institution in any related transaction. By initialing this section you acknowledge your understanding and agree to not pursue execution of any agreement with a party without proper authority.

Initial: _____

<i>Contract Type</i>	<i>Responsible Executive</i>
Affiliation or Consulting	Divisional Executive Vice President (EVP)
Legal/Attorney	EVP, Chief Legal Officer
Employment/Staffing	EVP, Chief Human Resources Officer
Information Technology	Vice President, Chief Information Officer
Physician	EVP, Chief Medical Officer
Real Estate	EVP, Chief Legal Officer
Research	VP Cancer Services & Chief Innovations Officer
Leases	EVP, Chief Financial Officer, VP Supply Chain as delegated
Supply Agreements, Maintenance Contracts, GPO Letters of Commitment	Director of Purchasing

Capital equipment requisitions in PeopleSoft have a specific workflow.

12. Quotes, Proposals, Negotiation of Pricing and Solicitation of Pricing Agreements- The Purchasing Department is the only agent authorized to negotiate pricing, request proposals and secure contracts and agreements on behalf of the medical center. Staff members and or physicians not assigned to the Purchasing Department do not have that authority or privilege. Unauthorized requests must be referred to the Purchasing staff.

Acknowledge your understanding and acceptance of this requirement by initialing.
_____Accepted.

13. How and/or by whom where you referred to Hackensack University Medical.

14. Group Purchasing Contracts- Identify all Group Purchasing organizations which you participate with.

15. Provide a list of reference clients in New Jersey, New York and Pennsylvania and the number of years of service in each organization.

16. Sanction- A statement is attached regarding sanctions by the Government; the attached document must be completed and returned with your Vendor Qualification Form.

17. Payment Terms- Hackensack University Medical Center offers payment terms of Net 90 days. Payment days are based on the day the invoice is received by the Medical Center, not the date the invoice is generated by your company. All invoices must include the Medical Center purchase order number; any invoices without this information will be rejected and returned to your company. Rejected invoices will not be used in calculated payment days.

Acknowledge your understanding and acceptance of this requirement by initialing.
_____Accepted.

18. Hackensack University Medical Center will not accept finance charges or late fees for payment of invoices beyond contract payment terms for any reason. Our organization requires a quarterly meeting with its Business Partners should there be any issues regarding invoice payment activity.

Acknowledge your understanding and acceptance of this requirement by initialing.
_____ Accepted.

19. FOB- Hackensack University Medical Center requires all shipments to be FOB destination.

Acknowledge your understanding and acceptance of this requirement by initialing.
_____ Accepted.

20. Freight Charges- Hackensack University Medical Center requires the freight charges be the responsibility of the Business Partner.

Acknowledge an understanding and acceptance of this requirement by initialing.
_____ Accepted.

21. Authorization to Contract- Hackensack University Medical Center requires all contracts for materials, equipment and service to be authorized by the Vice President of DSS, CDM, Materials Management and Budget of the Medical Center. All vendor documents and/or Medical Center purchase order documents require the signature of the Vice President of DSS, CDM, Materials Management and Budget. Any documents accepted by a company without this authorization will be invalid and by acknowledging this requirement on the vendor qualification form you have agreed not to hold the Medical Center liable for any materials and/or services in the event proper authorization was not obtained.

Acknowledge your understanding and acceptance of this requirement by initialing.
_____ Accepted

22. As a vendor doing business with Hackensack University Medical Center you agree to the following:

No supply item sold by your company is to expire on our shelves. Any expired good is either credited or exchanged for useful product in a timely manner.

HUMC will not pay any restocking fee if an item is returned to the company for any reason.

Acknowledge an understanding and acceptance of this requirement by initialing.
_____ Accepted

23. Authorization to Purchase The Purchasing department at Hackensack University Medical Center is the authorized agent to make purchase commitments. All materials, services and equipment being obtained by the Medical Center must be acquired on authorized purchase orders. The cost related to any supplies, services and/or equipment provided to the Medical

Center by a vendor who has not obtained an authorized purchase order will be the responsibility of that vendor.

Acknowledge your understanding and acceptance of this requirement by initialing.

_____Accepted.

24. Use of Price Information for Benchmarking or Analysis- Hackensack University Medical Center may use all price and cost information received from a business partner for the purpose of benchmarking and/or analysis. Price information will be kept confidential by HUMC and only be used for the benefit of HUMC. Third party software may be used for benchmarking and analysis activity and HUMC will require all third parties to execute a confidentiality agreement

Acknowledge your understanding and acceptance of this requirement by initialing.

_____Accepted

25. Introduction and Evaluations- Any product or service being introduced to the Medical Center must be presented to the Purchasing department. Discussions your representative may have with any other department in the Medical Center must not occur prior to your introduction through the Purchasing department.

Products for evaluation will be arranged through the Purchasing department and require a no charge purchase order.

Acknowledge your understanding and acceptance of this requirement by initialing on the accepted line:

_____Accepted

26. W9Form- the attached W9 Form must be completed and returned with your response.

27. Conflict of Interest- Please answer all of the following questions and provide additional information to any **YES** answers:

A. Does your company and or any principals within your organization have a personal or business relationship with any Hackensack University Medical Center employee, Board Member, or any family member of any of the Medical Center Boards?

_____Yes _____No

B. Does your organization or any of the principals within your organization have a personal or business relationship with any vendor currently doing business with Hackensack University Medical Center or any vendor who has previously done business with the Medical Center?

_____Yes _____No.

- C. Do any principals within your organization have personal or business relationship with any Group Purchasing Organization doing business with the Medical Center?
_____Yes _____No.
- D. Do any principal individuals within your organization participate on any Hackensack University Medical Center committees or serve on any Medical Center Boards?
_____ Yes _____No
- E. Does your organization or any of its principals have a personal or business relationship with any member of the HUMC Medical Staff inclusive of but not limited to employment, consulting, research, or speaking engagements?
_____Yes _____No.
- F. Is your organization physician owned or is the organization a health care entity in a position to make referrals to or receive referrals from HUMC?
_____Yes _____No
- G. Does your organization or any of its principals provide services which compete with Medical Center activities either directly or indirectly?
_____Yes _____No
- H. Are you currently or have you been previously employed by HUMC?
_____Yes _____No
- I. Please indicate if a Principal, Officer, Executive or any individual from your company that will be working with the Medical Center is also a public official (E.G. Member of the State Legislature, Mayor of an municipality, Elected Official or relatives employed at HUMC). If yes, please describe the relationship.
_____Yes _____No

If you answered Yes to any of the questions regarding Conflict of Interest, please explain fully below:

28. By signing you are certifying below that you agree that your company and their agents, will adopt Hackensack University Medical Center policies regarding compliance with Section 6032 of the Deficit Reduction Act of 2005. Vendor further acknowledges that they have made these policies available to their employees and managers. The policies can be accessed via the internet at

<http://www.hackensackumc.org/about-us/corporate-compliance/corporate-compliance-department/>

_____/Signature

At any time will a vendor/company representative be visiting the medical center in person?
Yes_____ No_____

If yes, all vendor/company representatives must be screened and certified in order to call on the Medical Center. **To register with Vendor Credential Services, our screening contractor, please call (866) 373-9725 or at VCSdatabase.com for more information.**

29. What health insurance plans to you offer your local employees?

30. How many employees do you have locally?

31. Who is the main contact at your firm responsible for the purchasing of health insurance?

32. Would you be interested in hearing about new health insurance concepts and programs for your employees?

Yes_____

No_____

On a scale of 1 to 5 with 5 be the highest, as an employer how important is it to you that your insurer has Hackensack University Medical Center in its networks?

Please circle one 1 2 3 4 5



Hackensack University Medical Center has established a toll-free hotline available to our business partners as part of the Corporate Compliance Program. **The Hotline Number (888-411-0012) and is available 24 hours a day, seven (7) days per week.** Vendors are encouraged to use the hotline to report violations of laws or regulations or unethical business practices of any kind. All calls will be responded to by Compliance Department staff and will be treated confidentially to the extent permitted by law. The information supplied on this vendor qualification form has been provided to comply with the Hackensack University Medical Center requirements for Business Partners. The information provided within this document is accurate and true.

Company Name: _____

Print/Type Name and Title _____
Authorized Company Representative

Email Address: _____ Direct Contact # _____

Signature _____

Any vendor who uses or sees PHI (Personal Health Information) is required by federal law to sign the Business Associate Contract.

Under the US [Health Insurance Portability and Accountability Act](#) (HIPAA), PHI that is linked based on the following list of 18 identifiers must be treated with special care:^[1]

1. Names
2. All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and [t]he initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
3. Dates (other than year) directly related to an individual
4. Phone numbers
5. Fax numbers
6. [Email](#) addresses
7. [Social Security numbers](#)
8. Medical record numbers
9. [Health insurance](#) beneficiary
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web [Uniform Resource Locators](#) (URLs)
15. Internet Protocol (IP) address numbers
16. [Biometric](#) identifiers, including finger, retinal and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data