

TEXAS WORKFORCE COMMISSION (TWC)

Procurement # 320-21-00176

Procurement Name: Open Enrollment for Hospital Services

1. GENERAL INFORMATION

A. Contract Type: Enrollment

B. Posting

This is a notice of Open Enrollment for Hospital Services (HS) to be provided to Vocational Rehabilitation (VR) Customers served by the Texas Workforce Commission (TWC) VR Division on behalf of TWC. Opportunities are available to provide Hospital Services for TWC VR Workforce Solutions offices in all areas of the state. Applicants must meet all requirements and specifications outlined herein.

C. TWC Points of Contact

1. Procurement. For purchasing-related inquiries, including sending an encrypted email to submit application electronically, contact:
 - a) Rebecca Stone at (512) 936-4338
 - b) Mary Kurylowicz at (512) 936-6496
 - c) Consumer.Procurement@twc.state.tx.us

2. Program. For program-related inquiries, including questions regarding the hospital services, contact:
 - a) Karen Brajcki at (512) 936-4269
 - b) Stuart McPhail at (512) 936-3460
 - c) vr.medicalservices@twc.state.tx.us

D. Definitions

<p>APPLICANT:</p>	<p>A business that submits an Enrollment Packet in response to this solicitation.</p>
<p>CONFIDENTIAL INFORMATION:</p>	<p>Any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided to or made available to CONTRACTOR or that CONTRACTOR may create, receive, maintain, use, disclose or have access to on behalf of TWC that consists of or includes any or all of the following:</p> <ul style="list-style-type: none"> • Customer Information; • Protected Health Information (PHI), in any form including without limitation, Electronic Protected Health Information or Unsecured Protected Health Information; • Sensitive Personal Information, as defined by Texas Business and Commerce Code, Chapter 521; • Federal Tax Information; • Personally Identifiable Information (PII); • Social Security Administration Data, including, without limitation, Medicaid information; • All privileged work product; all information designated as confidential under the constitution and laws of the State of Texas and of the United States, including the Texas Health & Safety Code and the Texas Public Information Act, Texas Government Code, Chapter 552
<p>CONFLICT OF INTEREST:</p>	<p>A conflict of interest is a situation that creates a risk that professional judgment or actions will be unduly influenced by a personal interest or relationship and creates substantial conflicts with the proper discharge of duties required by a contract and the public interest.</p>

CONTRACTOR (or PROVIDER):	A legal business or individual who TWC is contracted with to provide goods and/or services for TWC Customers. Contractor can be used interchangeably with Provider, Service Provider, or Vendor.
CUSTOMER:	An individual that has met the TWC eligibility criteria and has been approved to receive TWC services.
FAIR BILLING:	The standard, usual and customary rate charged by the Contractor, which should be consistent with the amounts charged to any other party for similar services.
HOSPITAL SERVICES CONTRACT:	Inpatient or Outpatient Services necessary to correct or substantially modify, within a reasonable period of time, a condition that is stable or slowly progressive.
IMPLANTABLE DEVICE:	Implantable device means an object or device that is surgically: <ul style="list-style-type: none"> a. Implanted; b. Embedded; c. Inserted; d. or otherwise applied; and e. Related equipment necessary to operate, program and recharge the implantable .
INPATIENT SERVICES:	Include room, board, and professional services for more than a 24-hour duration.
MAPS:	Maximum Affordable Payment Schedule, payment schedule of medical services for TWC .
MEDICAL RECORDS:	The written history of those services provided to an individual during an Inpatient Services hospital stay or while receiving Outpatient Services. Medical records may include an admitting history and physical narrative; operative reports; progress notes; or discharge summaries.
OUTPATIENT HOSPITAL SERVICES:	Outpatient Services are less than 24 hours in duration and do not require admission to the hospital for an overnight stay.
ROBOTIC SURGERY:	Surgery technique with the use of robotic surgical system (eg, DaVinci)

THIRD PARTY PAYMENT:	Payment by a financial agent, including but not limited to self-insured plans, commercial/private insurance plans, Medicare, Medicaid, or other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service.
VOCATIONAL REHABILITATION DIVISION (VRD):	The Vocational Rehabilitation Services Program is a joint state and federal funded program administered by the Texas Workforce Commission (TWC) Vocational Rehabilitation Division (VRD) to assess, plan, develop, and provide vocational rehabilitation services for eligible individuals with disabilities, consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice so that these individuals can prepare for and engage in competitive integrated employment and achieve economic self-sufficiency. In accordance with the Rehabilitation Act of 1973, as amended, the Vocational Rehabilitation Division is the single designated state unit for the VR program.

E. Open Enrollment Period

Start Date: May 25, 2021
End Date: May 27, 2022, 3:00 p.m. (CT)

F. Certifications

By signing and submitting the Execution of Offer form with the Provider Enrollment Packet, Applicant attests to its compliance with the statements contained in the Applicant Certifications embedded below.



OE - Applicant
 Certification form OGC

G. Contract Award

TWC intends to award contracts to qualified Applicants throughout the enrollment period.

Entities, Applicants and/or individuals that are debarred or excluded by the federal government are excluded from receiving Federal contracts or certain subcontracts, and certain types of financial and nonfinancial assistance and benefits. Entities, Applicants and/or individuals that are debarred or excluded by the State of Texas are excluded from doing business with the state.

TWC may consider past performance when determining whether to award a contract to an Applicant, or any other factor it deems to be in the best interest of TWC or the State of Texas.

Participation in a post-award orientation will be required before any services related to the awarded contract can be performed.

H. Compensation

1. Hospital Services

The lesser of:

- a) An agreed upon flat percentage rate of fair billing.

OR

- b) A negotiated rate lower than the percentage rate methodology described herein, and mutually agreed to by the TWC representative and an authorized representative of the Contractor on a case-by-case basis. This agreement shall be recorded on [VR Form 3422, Reduced Payment Agreement](#), and signed by both parties prior to provision of the services.

OR

- c) A rate otherwise defined in this section

- i. **Implantable Device:** Implantable devices must be billed under revenue code 278 or 279 and includes any ancillary devices associated with the implantable devices, such as bars, screws, or glue. Implants not included in revenue code 278 or 279 are subject to exclusion from payment. Revenue codes 278 and 279 will be paid at the manufacturer's list price plus 10% or

the hospital's supplier's invoice price plus 10%. Current and accurate applicable documentation of Manufacturers List Price or the supplier's invoice for the invoiced device must be submitted with the invoice for items billed under revenue code 278 or 279 to be paid.

- ii. **Robotic Surgery:** TWC will pay for the primary surgical procedure that the surgeon deems necessary but will not permit an additional payment allowance for a robotic surgical technique or use of a robotic surgical system.
- iii. **MEDICAL RECORDS:** Contractor's customary charges, not to exceed current MAPS rate.

2. When third party payments are available, the rate of payment for approved services is the lesser of the rate determined in [H. 1 a-c above](#), or the contract rate to which the TWC customer or third-party payor are entitled by contract or law. Contractor agrees to:

- a) Submit requests for all available third-party payments before billing TWC.
- b) When billing TWC, provide TWC written documentation of third party payment or denial of payment, such as explanation of benefits, remittance and status reports.
- c) Refund to TWC, within 60 days of receipt, any amount TWC has paid to the Contractor that has made the total payment received by Contractor for the services provided under the Contract exceed the rate of payment as determined in H. 1. a-c.
- d) Except as specified in Section H. above, accept third party payments, other than Medicare Part B, as payment in full.

3. When the TWC customer is partially responsible for payment for approved services, TWC will pay to Contractor on behalf of TWC customer an amount equal to the TWC customer's co-payment, co-insurance, or deductible due as a result of the TWC customer's primary benefit coverage, not to exceed the rate of payment.

4. Personal service items, including but not limited to televisions, personal telephones, or gourmet meals, will not be paid for by TWC and Contractor will exclude such items from any itemized statement or billing presented by the Contractor to TWC.
5. TWC will only pay for ward or semi-private accommodations unless the attending physician certifies that a private room is a medical necessity or private accommodations are the only accommodations offered by the Contractor for that type of hospitalization.

I. TWC Standard Terms and Conditions

Contracts resulting from this solicitation will include the TWC Standard Terms and Conditions for customers embedded below.



T and C VR Medical
01-13-2021.pdf

2. HOSPITAL SCOPE OF WORK

A. Hospital Services Requirements, Responsibilities, and TWC Policies

Hospital Services Providers must be knowledgeable about their responsibilities and the service requirements applicable to them. The responsibilities of the Hospital Services Provider are defined in the TWC contract.

B. Hospital Services Scope of Work

The Provider will offer services to customers whose medical needs can be met within the capability of the Provider's staff and facilities. These services will include Inpatient and Outpatient Services provided to customers. Stand alone Ambulatory Surgery Centers and Stand Alone Clinics will not be included in a hospital contract issued by TWC. Hospital Services will be coordinated and authorized in advance by TWC by the submittal of a Service Authorization to the Provider. TWC will reimburse based on the individually executed contract.

C. Service Areas

This is a **Statewide Open Enrollment Solicitation**. All Texas counties are included in this solicitation.

3. PROVIDER ENROLLMENT PACKET SUBMITTAL

A. Completed Enrollment Packets

May be submitted at any time during the enrollment period. All forms must be completed in their entirety. For qualified Applicants that submit complete applications, contracts will be developed as they are approved. The volume of applications may vary during the enrollment period, and contracts may take three (3) months or more to be finalized, depending upon volume and workload.

The required method for packet submittal is via email transmission to:
consumer.procurement@twc.state.tx.us.

TWC is not responsible for applications sent to an address other than that stated in the solicitation, an application submitted after the closing date, illegible, incomplete, corrupted, or otherwise considered disqualified due to failure of electronic equipment or operator error. Failure to submit an application in accordance with the requirements of the solicitation may result in disqualification.

B. Instructions for submission via EMAIL

1. Encrypted Format

Important: All emailed submissions **must be received** by TWC in an encrypted format to protect the content from being read by entities other than the intended recipients.

If you do not have encryption software, email the procurement TWC Point of Contact listed in Section [1.C TWC Point of Contact](#) above and request that an email be sent to you. Submitting your application to the TWC Point of Contact by return email will cause your submission to be received by TWC in an encrypted format when all required steps are followed.

2. **Email Subject Line shall read:** OE - Hospital Services 320-21-00176

3. Enrollment Packet Contents and Organization (Attachments):

Attached documentation shall include all required information delineated in Section [3.C Provider Enrollment Packet](#) below. Submit each document/form **as a separate document** in the email as an attachment. Application will be rejected if the Applicant does not submit documents separately as described below. Organize the application **following the defined order and use the naming conventions** for each attachment as described in Section [3.C Provider Enrollment Packet](#).

Obtain ALL required hand-written “inked” signatures.

ALL emailed attachments **MUST BE SCANNED IN PDF FORMAT FOLLOWING THE DIRECTIONS** in Section [3.C Provider Enrollment Packet](#)

NOTE: Applications received via U.S. POSTAL, COURIER, or HAND DELIVERY will not be accepted nor processed.

C. Provider Enrollment Packet (Contents and Organization)

TAB 1: Execution of Offer



TAB 1 EoO for Hosp
Services.doc

Complete the Execution of Offer form.

Naming Convention for EMAIL submittals:

T1_Applicant's Legal Name_Execution of Offer

TAB 2: W-9 and Direct Deposit Form (VR1020)



W-9



W-9 instructions

VR1020 and the VR1020 instruction are embedded above or click [here](#) to access the VR1020 or [here](#) for the VR1020 Instructions to access the forms directly the forms catalog.

Alternative W-9 forms will not be accepted. If the W-9 shows a “Doing Business As” (DBA) designation, include a copy of County DBA registry letter. Include a copy of IRS letter assigning Federal Tax ID#.

Complete the TWC W-9 and Direct Deposit Form.

Naming Convention for email submittals:

T2_Applicant’s Legal Name_ W-9

TAB 3: Child Support Certification



VR1305 and the VR1305 instructions are embedded above or click [here](#) to access the VR1305 or [here](#) for the VR1305 Instructions to access the forms directly from the forms catalog.

Complete this form.

Provide the name and social security number (SSN) of the individual or sole proprietor, or if not a sole proprietorship, of each partner, shareholder, or owner with an ownership interest of at least twenty-five (25) percent of the business entity.

If no one person owns twenty-five (25) percent or more of the business, state Not Applicable (N/A) in the Name/SSN field and complete the remaining sections.

Naming Convention for email submittals:

T3_Applicant’s Legal Name_VR1305

TAB 4: Licensing, Credentials and Accreditations

Include copies of the following:

- Department of State Health Services (DSHS) licensure(s),
- Proof of any current credentialing by CMS through an accrediting body i.e. The Joint Commission, and any specialized credentialing related to application for this contract.

Naming Convention for email submittals:

T4_Applicant's Legal Name_ Licensure

TAB 5: Form VR3118 Hospital Facility Information



VR3118 Hospital
Facility Info 5-21-.doc

VR3118 is embedded above or click [here to access](#) the VR3118 directly from the forms catalog.

Complete entire form and include on VR3118 the types of services the facility is able to provide.

Naming Convention for email submittals:

T5_Applicant's Legal Name_VR3118