WELCOME TO VENDOR ORIENTATION
About Broward Health

Main Hospitals
• Broward Health Medical Center
• Broward Health Salah Foundation Children’s Hospital
• Broward Health North
• Broward Health Imperial Point
• Broward Health Coral Springs

Offsite Facilities
• Amadeo Trinchitella Deerfield Beach High School Health Center
• Annie L. Weaver Health Center
• Bernard P. Alicki Health Center
• Clínica de las Américas
• Comprehensive Care Center
• Cora E. Braynon Family Health Center
  (Seventh Avenue Family Health Center)

Urgent Care Centers
Weston    Plantation    Coral Springs

Physician Practices
38 practices with over 71 Physicians

• Lauderhill Middle School Health Center
• Pompano Pediatric Primary Care Center
• Pompano Prenatal Care Center
• Prenatal Center of Seventh Avenue
• Specialty Care Center
• William Dandy Middle Community Health Center
Topics

• Vendor Registration / Vendor Relations
• Bidding Process
• Supplier Diversity Program
• Supply Chain / Purchasing
• Value Analysis
• Contract Administration
VENDOR REGISTRATION / VENDOR RELATIONS
All vendors must be registered prior to doing business with Broward Health.

ALL tabs in the VRS system must be completed.

IMPORTANT – Keep contact information up to date (main communication channel for bids).

Select any/all Product Codes applicable to your organization.

Documents to be uploaded - W9, Conflict of Interest Form (COI), Disclosure Form for Physician Ownership (FOD) and SBE/MBE/WBE Certificate (if applicable). COI and FOD will need to be updated every 180 days.
Vendor Website
Vendor Registration System (VRS)

REGISTER

Register if you don't have an account.
Your registration is NOT complete until you return to your company profile, complete all tabs, and upload your current signed W9 form.

LOG IN

Please enter your [tax Id / ssn / ein] and password.

Account Information

Tax ID / SSN / EIN: (no hyphens, no spaces)

Password:

☐ Keep me logged in

Log In

FORGOT PASSWORD?

Tax ID / SSN / EIN:

Retrieve Password

In an effort to streamline our Vendor Registration and Vendor Account Maintenance processes, we have made changes to the VRS system. If you have questions you may reach out to our Vendor Relations line at 954-473-7289 or email vendorrelations@browardhealth.org.

Thank you for your interest in

Broward Health
Vendor Registration System (VRS)

2. OWNERSHIP & AFFILIATION

“Physician” means a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of pediatric medicine, a doctor of optometry or a chiropractor.

Questions
1. “Does Organization or any key personnel have direct or indirect ownership or investment interest in any entity that provides health care services to Broward Health Entities? (This includes an ownership or investment interest in a company that holds some ownership or investment interest in any entity that furnishes health care services)?

2. “Is an immediate family member of any personnel employed by, contracted with or does business with or provides services at Broward Health?

3. “Does Organization or any key personnel have a contractual arrangement with a company that is owned in whole or in part by a physician (or an immediate family member or a physician) who may refer patients to or treat patients at Broward Health Entities?

4. “Does Organization or any key personnel have a contractual arrangement with a company that is owned in whole or in part by any person (other than a physician or an immediate family member or a physician) who may refer patients or treat patients at Broward Health Entities?

5. “Is your organization owned in whole or in part, directly or indirectly, by a physician or any person (other than a physician) who refers patients to or treat patients at any Broward Health Entities?

6. “Does your organization employ or contract with a physician, immediate family member of a physician or any person who refers patients to, treats patients at or does business with any Broward Health Entities?

7. “Does organization or any key personnel hold a position as officer, partner, director, or otherwise in any business entity which to the best of my knowledge does business with, or competes with Broward Health?

I have authority from Organization to provide answers to the questions above. I acknowledge that I have an ongoing duty to immediately disclose any changes to the information provided above.

I acknowledge that the answers provided herein are truthful and accurate as of date of my signature below. If the above disclosed information changes I agree to immediately update my information via the Vendor Relations System.

CONFLICT OF INTEREST & DISCLOSURE FORM

As a Covered Person, you are required to read, review, understand and comply with our Conflict of Interest and Disclosure. Please click on the following links to review, sign and upload the signed documents.

- Conflict of Interest – Vendors, Contractors and Sub Agents
2. Ownership & Affiliation

Conflict of Interest & Disclosure Form

As a Covered Person, you are required to read, review, understand and comply with our Conflict of Interest and Disclosure. Please click on the following links to review, sign and upload the signed documents:

- **Conflict of Interest - Vendors, Contractors and Sub Agents**
  
  Select File to Upload...
  
  Document Signed Date: / / 
  
  Upload

- **Disclosure Form**

  Select File to Upload...

  Document Signed Date: / /

  Upload

- **Certificate of Insurance**

  Vendors shall upload a current Certificate of Insurance.

  Select File to Upload...

  Insurance Expiration Date: / /

  Upload
4. Supplier Diversity

Is your firm a Small, Minority, and/or Woman Owned Business?

Diversity Code

To be eligible to participate in BH's SD program, as a Certified Diverse Vendor (Small/Minority/Woman Business Enterprise (S/M/WBEs)), please submit a copy of your company's SBE/MBE/WBE certification document from one of BH's Approved Certification Partners below:

BH Certification Partners

BH requires your company's S/M/WBE certification document to be valid for more than 60 days of expiration.

Certification Expiration Date

If your firm is NOT Currently Certified as a SBE/MBE/WBE with one of BH's Approved Certification Partners, please visit https://www.browardhealth.org/vendorregistration#diversity to access certification applications links.

Should your firm choose NOT to be certified as a SBE/MBE/WBE with one of BH's Approved Certification Partners, please complete the Certified Diverse Vendor Affidavit stating that your company is 51% owned, operated and managed by minorities and/or women. OR is certified as a SBE by a Federal, State or Local Governmental Agency, not listed as an BH Approved Certification Partner - upload a copy of the Certification document via the Diversity Upload Tab.

If your company is registered with the Federal Government as a Small Business (self-declared) in SAM - the System for Award Management, please provide/upload:

1. Certified Diverse Vendor Affidavit
2. SAM Registration Profile
3. DUNS Number
4. SAM Registration Expiration

If you have any questions regarding this section, please contact the Office of Supplier Diversity at (954) 847-4467 or email supplierdiversity@browardhealth.org

DOCUMENT UPLOAD

Select File to Upload... Browse... Upload
Diverse Vendor Certification

Broward Health’s Certification Partners

- National Minority Supplier Development Council
- Women Business Enterprise National Council
- National Women Business Owners Corporation
- State of Florida – Office of Supplier Diversity
- School Board Of Broward County
- Broward County – Small Business Division
- Miami Dade – Department of Business Development
- Miami Dade County Public Schools – Office of Economic Opportunity
- Palm Beach County – Office of Small Business Assistance
- School District of Palm Beach County – Office of Diversity in Business Practices
- SBA - 8A Business Development
- SBA - HUBZone Small Business
- SBA - Service-Disabled Veteran-Owned Small Business
- SDVOSB/VOSB – US Dept of VA – Service Disabled/Veteran-owned Small Business
- SBA - Women-Owned Small Business
- DBE - US Department of Transportation – Disadvantage Business Enterprise
- ... And any other Governmental Agency in the State of Florida
5. Compliance Program

Dear Broward Health Contractor, Subcontractor and Agent,

Please answer the following questions:
1. *Do key personnel hold any type of health care related licensure in the State of Florida?*  
   (If YES, please specify type and license number) 
   - YES 
   - NO

2. *Does organization provide services that involve providing patient care items or services or performing billing or coding functions on behalf of Broward Health?* 
   - YES 
   - NO

Broward Health has developed and implemented a Code of Conduct. Please click on the following link to view the document:

- Broward Health Code of Conduct

This certifies that as of today, I agree to and acknowledge the following:

- I have authority from Organization to provide answers to the questions above. I acknowledge that I have an ongoing duty to immediately disclose any changes to the information provided above.
- I acknowledge that the answers provided herein are truthful and accurate as of date of my signature below. If the above disclosed information changes I agree to immediately update my information via the Vendor Relations System.

* I have printed and read the document

Name:  
Title:  
Date: 
### 6. Bid Information

<table>
<thead>
<tr>
<th>QuoteID</th>
<th>Type</th>
<th>Description</th>
<th>Due Date</th>
<th>Intrl</th>
<th>Attached Document</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-0031</td>
<td>FORMAL</td>
<td>Photography Services RFP</td>
<td>02/05/2019</td>
<td></td>
<td>Photography Services RFP - Invitation.pdf, Photography Services - Addendum 1.pdf</td>
<td>CLOSED</td>
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<td>2019-0010</td>
<td>FORMAL</td>
<td>Videography &amp; Editing Services RFP</td>
<td>02/05/2019</td>
<td></td>
<td>Videography &amp; Editing Services RFP - Invitation.pdf, Videography &amp; Editing Services - Addendum 1.pdf</td>
<td>CLOSED</td>
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<td>2017-0105</td>
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<td>09/25/2017</td>
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<td>Information 1.pdf</td>
<td>CLOSED</td>
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<td>2016-0157</td>
<td>INFORMAL</td>
<td>Photography services for Broward Health, Inc.</td>
<td>08/14/2016</td>
<td></td>
<td>Broward Health Photography.docx</td>
<td>CLOSED</td>
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<tr>
<td>2016-0157</td>
<td>INFORMAL</td>
<td>Photography services for Broward Health, Inc.</td>
<td>08/05/2016</td>
<td></td>
<td>Broward Health Photography.docx</td>
<td>CLOSED</td>
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<tr>
<td>2016-0099</td>
<td>INFORMAL</td>
<td>Vendor 1: to install new wall photographs, narrate and place as needed.</td>
<td>01/25/2016</td>
<td></td>
<td>2016-1-15 - Create and maintain wall photos, namespaces and plaques as needed.docx</td>
<td>CLOSED</td>
</tr>
<tr>
<td>2014-0133</td>
<td>INFORMAL</td>
<td>Scanning Services for Files</td>
<td>11/26/2014</td>
<td></td>
<td>Scanning Service.doc, Scanning Services Amended.doc</td>
<td>CLOSED</td>
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<tr>
<td>2014-0084</td>
<td>INFORMAL</td>
<td>Videographer to create streaming video for the Community Health Center media page. Deadline: July 18, 2014 at 4PM.</td>
<td>07/10/2014</td>
<td></td>
<td>Videographer.doc</td>
<td>CLOSED</td>
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<td>2013-0197</td>
<td>INFORMAL</td>
<td>Photographer - Nursing Recognition Dinner 4/9/14</td>
<td>11/19/2013</td>
<td></td>
<td></td>
<td>CLOSED</td>
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</tbody>
</table>
## Subcontracting

Broward Health requests Contracted Vendors confirm the use of Subcontractors for services being provided to Broward Health. Please disclose if your company subcontracts the services or products you provide.

**Does your organization subcontract services?**
- **Yes**
- **No**

If you answered "Yes" to the above question, you must provide the following:

<table>
<thead>
<tr>
<th></th>
<th>Legal Name of Business: *</th>
<th>Tax ID: *</th>
<th>Name of Contact Person: *</th>
<th>Phone number: *</th>
<th>Email address: *</th>
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<tr>
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</tr>
</tbody>
</table>
Vendor Registration System (VRS)

8. Change Password

Use the form below to change your password.
Password must be at least 6 alpha-numeric characters including one upper-case letter.

Account Information

Old Password:

New Password:

Confirm New Password:

Save Password
Informal Bids

- Notifications are sent out via VRS (importance of product code)
- Proposal submission instructions MUST be followed as indicated in the bid document.
- Redacted proposals
- Hard submission deadline.
- Questions regarding scope: bids@browardhealth.org
- Avoid calling for assistance at the last minute.
Formal Bids - RFP/RFQ

• **RFQ** - Awarded to lowest bidder meeting all pre-established criteria.

• **RFP** - Qualitative evaluation performed by Selection Committee based on previously established scoring criteria.
  - Notifications – VRS email blast, BH website, Sun Sentinel (Legal Notices)
  - Bids MUST be submitted as indicated in Bid document (Electronic Copies vs. Hard Copies; Redacted Copies)
  - Hard submission deadline
  - Public scoring meetings (currently being held via Webex)
  - Cone of Silence
  - Questions regarding scope/submission process: bids@browardhealth.org

***Both may include mandatory pre-bid meetings/site visits.***
Broward Health Vendor Website

vendor.browardhealth.org – Current Opportunities

Formal Bidding Purchasing Opportunities

- Bid Department
- Call: 954-475-7284
- Email: bids@browardhealth.org
- Forms: Conflict of Interest, Physician Disclosure Form, Certification Regarding Subject Companies

Purchasing

1. Quality Assessment Review of Internal Audit Department - Proposal Request for Professional Services
2. Broward Health Invitation to Bid on Surplus Property
3. Fleet Management Services - Invitation to Respond
SUPPLIER DIVERSITY PROGRAM
Supplier Diversity Program (SDP)

Mission & Vision

To provide accessibility to all Diverse vendors seeking procurement opportunities with Broward Health

To be the leader in diverse supply chain management
Office of Supplier Diversity (OSD) Role

• Ensure accessibility of all “certified” Diverse Vendors
• Manage Broward Health’s diverse business partners
• Monitor & Report diverse vendor (DV) Procurement
• Educate Internal Staff & External Partners on S/D
• Ensure Compliance w/ DV Enhancements
• Oversight responsibility for BH’s Annual DV participation
• Overall management of the SDP, ensuring a diverse supply chain
BH Diverse Vendors (DV)

- MBE = Minority Business Enterprise
- WBE = Women Business Enterprise
- SBE = Small Business Enterprise

• Approved by one of BH’s Certification Partners
  (updated list can be found in VRS or on our Website)

• BH’s certification process is a validation process used to determine if your company is eligible to participate in BH’s Supplier Diversity program, as a Certified Diverse Vendor (CDV).
Certification vs. Registration

BH’s certification process is a validation process used to determine if your company is eligible to participate in BH’s Supplier Diversity program, as a Certified Diverse Vendor (CDV).

- **MUST** PROVIDE A CURRENT CERTIFICATE IN VRS…!
- **ONLY** CDVs ARE ELIGIBLE FOR THE SDP ENHANCEMENTS…!

Registration is the process used to establish Broward Health’s vendor resources pool

- Registered Vendors will receive email notification of all procurement opportunities within the selected product/service code(s).
Certified vs. Verified

- **Certified Diverse Vendors** are those vendors approved via Broward Health’s certification process. Certified diverse vendors are eligible to participate in Broward Health’s SDP. Benefits include:
  - Vendor Development Opportunities
  - SDP Enhancements Participation
  - Courtesy Procurement Request Notification
  - Special Programs & Networking
  - Referral to key contacts and resources
    - SFMSDC / FWBDC / GPO (SD) / etc.

- **Verified Diverse Vendors** are identified via BH’s registration process, by self declaring diverse vendor status by completing the verified vendor affidavit. The verification status is intended to be a “temporary” status, as it is Broward Health’s goal to have all diverse vendors certified. Verified vendors are **NOT** eligible to participate in Broward Health’s SDP Enhancements.
Supplier Diversity Enhancements

- Reduction of Large Contracts;
- Payment and Performance Bond Waiver;
- Prohibit Double Bonding Requirement;
- Prompt Payment Mandate;
- Quote Price Tolerance (“QPT”) Initiative;
- Request for Proposal (“RFP”) Scoring Criteria;
- Subcontracting Initiative;
- Targeted Marketing; and
- Any other options as recommended by the PSC
Supplier Diversity Outreach

Internally hosted by Broward Health:

- Annual Construction Diverse Vendor Open House
- Annual Supplier Diversity EXPO
- SD Procurement Initiatives & Project Specific Events
FY 2019
DV SPEND @ 10.16%
SUPPLIER DIVERSITY PROGRAM

Twin Mantras:

“We’re Looking For A Few “More” Good Diverse Vendors”

“We Care……..
About Your Health - Clinical & Economic”
Purchasing “GREEN”

- Officially rolled out – Environmentally Preferred & Sustainable Procurement Practices (EPSPP) – 2010
- Looking for products & services that have been found to be less damaging to the environment & human health
- Provide mutual benefit to BH, Vendor & the Environment (Quality & Price)
- Green Policy & Practices are requested of all vendors responding to BH’s formal RFP/RFQs
- Electronic Ordering – over 90%
- Electronic Vendor Registration, Bid Notification, & Informal Bid Response
Purchasing Objectives

• Compliant & Transparent Procurement Process
• Extensive Contract Review
• Increase # Formal bids (RFQ / RFPs)
• Competitive Pricing, Innovation, Quality Products & Service
Purchasing Methods

• New Item Introduction – Regional Supply Chain Managers

• Group Purchasing Organization (GPO) – Vizient Purchases may be exempt from competitive bidding.

• Formal/Informal Bids

• A Purchase Order must be issued for all Goods and Services
## Accounts Payable - Invoices

Invoices **MUST** reference a valid Purchase Order number and be sent to the facility AP email address:

<table>
<thead>
<tr>
<th>Email</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:AP-BGMC@browardhealth.org">AP-BGMC@browardhealth.org</a></td>
<td>Broward Health Medical Center</td>
</tr>
<tr>
<td><a href="mailto:AP-NBMC@browardhealth.org">AP-NBMC@browardhealth.org</a></td>
<td>Broward Health North</td>
</tr>
<tr>
<td><a href="mailto:AP-IPMC@browardhealth.org">AP-IPMC@browardhealth.org</a></td>
<td>Broward Health Imperial Point</td>
</tr>
<tr>
<td><a href="mailto:AP-CSMC@browardhealth.org">AP-CSMC@browardhealth.org</a></td>
<td>Broward Health Coral Springs</td>
</tr>
<tr>
<td><a href="mailto:AP-CDTC@browardhealth.org">AP-CDTC@browardhealth.org</a></td>
<td>Children Diagnostic Treatment Center</td>
</tr>
<tr>
<td><a href="mailto:AP-BHUC@browardhealth.org">AP-BHUC@browardhealth.org</a></td>
<td>Broward Health Urgent Care Centers</td>
</tr>
<tr>
<td><a href="mailto:AP-BHCORP@browardhealth.org">AP-BHCORP@browardhealth.org</a></td>
<td>Broward Health Corporate/District</td>
</tr>
<tr>
<td><a href="mailto:AP-CHS@browardhealth.org">AP-CHS@browardhealth.org</a></td>
<td>Broward Health Community Health</td>
</tr>
<tr>
<td><a href="mailto:AP-BHPG@browardhealth.org">AP-BHPG@browardhealth.org</a></td>
<td>Broward Health Physician Group</td>
</tr>
</tbody>
</table>

- Accounts Payable phone number is 954-847-4288
- All orders **MUST** be delivered to the appropriate facility’s receiving dock, unless otherwise instructed.
- Broward Health is a tax exempt entity.
Facility Vendor Tracking / Registration System

- IntelliCentrics “Sec3ure”
- Provides web based Program that verifies credentialing and tracking of firms while in Broward Health facilities
- All vendor representatives must pre-register and log in at the Sec3ure Kiosk in each facility at the start of every visit
- Vendors may register at https://www.sec3ure.com
Value Analysis Mission Statement

The Value Analysis Committee will ensure the preparation of in-depth financial and functional analyses of products used throughout Broward Health entities.

The major emphasis of the Value Analysis Committee is to align products for Patient Care focusing on Quality, Safety, and Financial Responsibility.
Common Due Diligence Standards:

- Stakeholder Impact
- Contract Status
- FDA
- Clinical Justification and Validation
- Quality and Clinical Evidence
- Environmental/Sustainability Considerations
- Financial analysis
- Other organizations’ experiences with the product
VALUE ANALYSIS – CLINICAL COMMITTEE STRUCTURE

- **Value Analysis Steering Oversight Committee**
  - Surgery VAC: Perioperative Services
  - Nursing VAC: Medical Surgical Supplies
  - Wound Care Sub Committee
  - Laboratory VAC: Medical and Chemistry Testing
Value Analysis – Key Considerations

All New Item requests must be initiated by a Broward Health Department/End user

Any pricing negotiations on items must include Value Analysis/Supply Chain
Contract Administration

- Develop all Professional & Nonprofessional Contracts
- Contract Maintenance
- Contract Amendments
- Contract Renewals
Contracting With Broward Health

• Vendor must submit Conflict of Interest, Financial Disclosure, Certificate of Insurance, and current W9.

• Vendor must be, and remain, compliant with Broward Health’s policy and procedure requirements.

• Agree to Code of Conduct, Ethics, and Compliance Training
Contract Execution

- Vendor must execute agreement prior to Broward Health

- Broward Health Signatories are:
  - President/CEO – Gino Santorio
  - SVP/CFO – Alexander Fernandez

- Upon full execution, a contract Purchase Order (PO) number will be issued.
Thank You For Joining Us

www.browardhealth.org