



Healthy Start MomCare Network, Inc.

Invitation to Negotiate ITN # 2022-01

Case Management Web-based Data System and Medical Billing

Healthy Start MomCare Network, Inc.
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HealthyStartMomCareNetwork.org

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HEALTHY START MOMCARE NETWORK, INC.

INVITATION TO NEGOTIATE # 2022-01

SECTION I: OVERVIEW

PURPOSE

The Healthy Start MomCare Network, Inc. (“Organization”) invites qualified vendors to submit proposals and remain open to negotiations to develop and implement a web-based case management data system and medical billing and related services to support the statewide network for the Healthy Start Coalition Doula Services Program.

Given the tight timeline for implementation, vendors will need to have a current web-based case management data system and/or medical billing capabilities already developed that may be modified, if needed, to meet the unique needs for the copyrighted doula services program.

OBJECTIVE

The Healthy Start MomCare Network, Inc. is a 501(c)3 organization that serves as the administrative service organization for all Florida Healthy Start Coalitions. It is the primary contract representative with the Florida Agency for Health Care Administration (“AHCA”) to provide risk appropriate care coordination and other services to pregnant women, infants and children who are identified as at-risk for poor birth, health and developmental outcomes, and any other program or purpose permitted by law pursuant to Sections 409.975(4)(a) and 409.906(11) of the Florida Statutes (2015) and in accordance with a federal Medicaid waiver. The Organization is also the administrative service organization for the Health Resources and Services Administration, Florida MIECHV Initiative and the Early Childhood Comprehensive Systems, Health Integration P-3 Program; the Department of Children and Families, Child Abuse Prevention and Treatment Act, Home Visiting Program, the Department of Education, Division of Early Learning, Home Visitor Professional Development Project, and the Department of Health, Moving Beyond Depression™ Program. The Organization will be administering doula services through contracts with health plans across the state.

The Organization invites qualified vendors to submit proposals to provide web-based case management data system and/or medical billing development and implementation. It is the intent of the Organization to contract with a qualified vendor with healthcare experience and whose services can facilitate web-based data system implementation and development as needed to ensure compliance with requirements of the HIPAA Privacy and Security Rule and HITECH compliance. Vendors with HITRUST certification will be given extra weight in the ITN proposal scoring.

The Organization reserves the right to modify the Scope and Specifications, as circumstances require. The obligations of the Organization under this award are subject to the terms and conditions established by the Legislature of the State of Florida, contracts with the health plans, and vendor contract approval by the Healthy Start MomCare Network, Inc. Board of Directors.

ITN documents are posted on Healthy Start MomCare Network website www.healthystartmomcarenetwork.org in the “News” section and may also be requested via email.

DEFINITIONS

For the purpose of this Invitation to Negotiate (ITN):

Respondent shall mean the vendor submitting a proposal in response to this ITN

Organization shall mean the Healthy Start MomCare Network, Inc.

ITN CONTACT:

Karen Chang
Chief Operations Officer
2002 St. Augustine Rd., Suite E-45
Tallahassee, FL 32301
Telephone: 850-999-6200
Email: kchang@hsmnetwork.org

LETTER OF INTENT – NON-BINDING

Potential Respondents are **required** to submit a Letter of Intent (LOI) in pdf format via email to KChang@HSMNetwork.org with read receipt required to respond to this ITN. The LOI is non-binding and due by December 20, 2022. The LOI should include 1) the name and address of the entity/applicant, 2) phone number(s) and email address of the potential Respondent's contact person; and 3) the response type as outlined below.

Response Types

- a. Web-based case management data system
- b. Medical Billing
- c. Both web-based case management data system and medical billing

The Organization reserves the right to withdraw this ITN if no LOI is received by the LOI deadline.

EVALUATION AND SELECTION PROCESS

The selection process will be based on the proposal(s) submitted to this ITN. There are two sections for vendors to respond to: (1) web-based case management data system and (2) medical billing. Vendors may submit a proposal for one or both sections. Each proposal from each of the ITN sections will be evaluated separately; however, efficient and cost-effective integration of providing both of these services from the same vendor will be given extra consideration/points in the review process. The following will be the basic criteria for evaluating all proposals. Additional criteria are listed in each of the separate ITN sections.

Basic Selection Criteria:

1. Ensure all proposal requirements, conditions and instructions are met as set forth in this ITN for each service section (SECTION II: MINIMUM SYSTEM SPECIFICATIONS).
2. Ensure vendor stability by reviewing statistics and other information provided by the Respondent.
3. Review references, verify exemplary service levels for similar service delivery systems and evaluate experience with providing such services to non-profit entities similar to Organizations. Vendor experience with administrative service organizations will be given extra consideration.
4. Ensure Respondent is equipped to best address the technological needs of the Organization and assist Organization to understand and implement information safeguard and confidentiality, integrity and availability of protected health and other sensitive information and meet any other legal and compliance requirements as may be necessary.
5. Ensure Respondent best addresses the overall goals, objectives and mandatory service requirements as set forth in this ITN.
6. Ensure Respondent provides service in an effective and efficient manner which includes designating a specific project manager for the Organization who has the background, experience, training, and understanding to effectively support Organization's compliance with HIPAA and HITECH requirements. Project manager must also have prior healthcare knowledge and experience with data base design, testing, and implementation.
7. Ensure that the overall services are high quality and cost advantageous. The Respondent's recommendation to appropriately scale and keep the scope of the web-based data system requirements manageable, and the full cost of implementation will be considered during the selection process.

The Organization reserves the right to reject any or all proposals, to waive any non-material irregularities or informalities in any proposal, to request additional clarification of proposals, to be the sole judge of suitability of the services for its intended use and further, specifically reserves the right to make the award in the Organization's best interests.

Award Criteria:

1. Proposals will be evaluated, and vendor(s) selected based on service quality, cost of those services, efficiency and timeliness of system performance, experience, stability of company leadership, project personnel expertise, organization, references, and proven ability to perform. The Organization reserves the right to reject any Respondent that does not meet the qualifications stated in the proposal. The Organization shall be the sole judge of compliance and/or qualifications.
2. The Organization shall be the sole judge of its own best interests, the proposals, and the resulting negotiated contract or agreement, if any. The Organization reserves the right to investigate the stability, reputation, integrity, skill, business experience and quality of performance under similar operations of each Respondent, before making an award. Awards, if any, will be based on both an objective and subjective comparison of proposals and Respondents. The Organization's decisions will be final.
3. The Organization will choose the Respondent(s) submitting the best, most responsive proposal to satisfy the Organization's needs. The contract will be awarded based on a consideration of many factors to assess Respondent's ability to provide the necessary services, and consequently may not be awarded to the Respondent(s) submitting the lowest price proposal.

Selection:

The Organization's selection committee (the "Committee") will review all proposals received and establish a list of selected Respondents deemed to be the most qualified to provide the service requested based in part on the criteria set forth above. The Committee may submit a recommended vendor, a "short list" or a combination thereof to the Organization's Board of Directors for approval. The Committee may request oral, virtual presentation from Respondents. Respondents are advised that the Organization reserves the right to conduct negotiations with the most qualified Respondent but may choose to not do so. Therefore, each Respondent should endeavor to submit its best proposal initially.

Interviews:

The Organization reserves the right to conduct personal interviews or require virtual presentations prior to selection. The Organization is not responsible for any expenses which Respondents may incur in connection with a presentation to the Organization or related in any way to this ITN.

Request for Additional Information:

The Respondent shall furnish such additional information as the Organization may reasonably require. This includes information, which indicates resources as well as ability to provide the services. The Organization reserves the right to investigate the qualifications of the Respondent as it deems appropriate, including but not limited to, background investigations at the entity level, and that of officers, directors, executives, and any individuals identified to be involved in providing services to the Organization. Failure to provide additional information requested may result in disqualification of the Respondent.

Proposals Binding:

All proposals submitted shall be binding for at least one hundred twenty (120) calendar days following opening. The Organization may choose to accept a proposal after this time. In such case, Respondents may choose whether or not to continue to honor the proposal terms.

Irregularities, Rejection of Proposals:

The Organization reserves the right to reject proposals with or without cause and for any reason, to waive any

irregularities or informalities, and to solicit and re-advertise for other proposals. Incomplete or non-responsive proposals may be rejected by the Organization as non-responsive or irregular. The Organization reserves the right to reject any proposal for any reason, including, but without limitation, if the Respondent fails to submit any required documentation, if the Respondent is in arrears or in default upon any debt or contract to the Organization or has failed to perform faithfully any previous contract with the Organization or with other companies. All information required by this ITN must be supplied to constitute a proposal.

Representations and Warranties

In submitting a proposal, Respondent warrants and represents that:

1. Respondent has examined and carefully studied all data provided, and any applicable addenda; receipt of which is hereby acknowledged.
2. Respondent is familiar with and compliant with all federal, state, and local laws and regulations that may affect cost, progress, and performance of the goods and/or services in the Respondent's proposal.
3. Respondent has given the Organization written notice of all conflicts, errors, ambiguities, or discrepancies that the Respondent has discovered in this ITN and any addenda thereto, and the written resolution thereof by the Organization is acceptable to Respondent.
4. The ITN is generally sufficient in detail and clarity to indicate and convey understanding of all terms and conditions for the performance of the proposal that is submitted.
5. No person has been employed or retained to solicit or secure award of the contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, and no employee or officer of the Organization has any interest, financially or otherwise, in the ITN or contract.

TERMS AND CONDITIONS

The terms, specifications, and conditions of this ITN constitute the total agreement and no further conditions will be accepted.

The successful Respondent shall be awarded a contract effective from the date of the contract and continuing for the period of the contract. This contract may be renewable by mutual agreement of the parties in additional one-year terms as will allow Respondent to continue to assist Organization in maintaining its Doula Program web-based data system. Option for renewal will only be exercised upon mutual written agreement and with the original terms, conditions and unit prices adhered to with no deviations. Any renewal will be subject to appropriation of funds by the Organization. The Organization, in its sole discretion, reserves the right to negotiate terms and conditions with the successful Respondent.

The Organization shall retain the right to cancel the contract at any time for cause. Such cause for cancellation may include the failure of the contracted Respondent to complete or provide the specified services, or by a violation of the Mandatory Requirements (listed below), or loss of program funding. If the Respondent is not performing within the terms and conditions set forth by Healthy Start MomCare Network, Inc., the Chief Executive Officer of the Organization will notify the Respondent that the contract will be terminated within thirty (30) calendar days for cause from the date of the notification letter. The Organization shall retain the right to cancel the contract at any time without cause with a ninety (90) calendar day written notice. The Organization reserves the right to not renew the contract by providing a ninety (90) calendar day written notice prior to renewal date to Respondent. If the contract is canceled, the Organization may elect to award the contract to the next ranked Respondent or reissue the ITN, whichever is in the best interest of the Organization. This contract may be canceled in whole or in part by either party by giving a ninety (90) calendar day prior notice in writing to the other party. Any such notice or demand hereunder by either party to the other shall be affected by email with read receipt required and express mail with signature receipt required. The obligations of the Organization under this award are subject to the terms and conditions established by the Legislature of the State of Florida and the Organization's contracts with health plans.

If the contract is terminated, Respondent agrees to assist the Organization to transition the data to a new vendor

to ensure services to clients are not disrupted. Details of the transition will be negotiated and specified in the contract with the awardee.

Any and all costs associated with the preparation of a proposal to this ITN are the responsibility of the Respondent and are not to be passed on to the Organization.

Proposals will NOT be accepted unless cost proposals and all required ITN Attachments are included.

Since terminology may vary, Respondents are required to conform to this template. Exceptions to the proposal specifications should be listed separately and defined, or they will be invalid.

The specific details shown herein shall be considered minimum unless otherwise indicated. The specifications, terms and conditions included with this ITN shall govern in any resulting contract(s) unless approved otherwise in writing individually by the Organization.

TIMELINE

December 9, 2022	Posting of Notice of Invitation to Negotiate www.healthystartmomcarenetwork.org
December 19, 2022, 12:00 pm EST	Bidder's Conference Call Zoom: https://us02web.zoom.us/meeting/register/tZcqc-2tqzMpGNBIwDfuJt4g5Cph-Q7Ac4lb
December 20, 2022	Letter of Intent Non-binding
December 9-29, 2022	Written question submissions accepted at kchang@hsmnetwork.org . Q&A responses posted on the website after the Dec.19 bidder's call.
January 6, 2023	Invitation to Negotiate Proposals due
January 9, 2023	Notification to selected Respondents to schedule visual presentation
January 10-11, 2023	Visual presentation by Respondents on <u>current web-based case management data system and/or billing system</u> . (Organization does not expect a presentation on the final product for the proposed doula services.)
January 12-13, 2023	Presentation timeslots: 10:00 am or 1:00pm EST
January 24, 2023	Negotiations with selected vendor
January 25, 2023	Anticipated approval by the Board of Directors
February 1, 2023	Anticipated Notice of Award
	Anticipated contract begin date

INSTRUCTION

Questions concerning this Invitation to Negotiate shall be directed to Karen Chang, at e-mail address kchang@hsmnetwork.org, and to no other person or department at the Organization. Questions and requests must be submitted via e-mail and must be received no later than December 29, 2022. All questions should contain the following information: ITN # 2022-01, Respondent name, address, phone number, email address, and specific questions or comments. Answers to questions will be issued via e-mail to all Respondents who received the ITN and posted on the website.

Healthy Start MomCare Network, Inc. reserves the right to award, at its sole discretion, all, or part of the required service(s) to one or more qualified Respondents. A Respondent is not required to submit a proposal for all required services to be considered for an award. A Respondent must include a complete proposal to address the required services for which the Respondent is submitting a proposal. Each proposal shall meet or exceed the requirements as stated in Security Information Services Requirements in Section II. A Respondent must include Exhibit 1: Respondent's Certification in the proposal.

Proposals:

1. Electronic Submission REQUIRED and received by January 6, 2022
 - a. The original Proposal(s) shall be submitted electronically in pdf format to KChang@HSMNetwork.org with read receipt required.
2. Hardcopy Submission REQUIRED and postmarked by January 6, 2022
 - a. Respondents shall submit one (1) original and three (3) copies of the proposal in a sealed package. The package shall be clearly marked on the outside as follows:
 - To: Healthy Start MomCare Network ITN #2022-01
 - Re: Case Management Web-based Data System and Medical Billing
 - Submitted by:
 - Address:
3. Additional Submission Information
 - a. Late submittals, additions, or changes will not be accepted and will be returned to the Respondent unopened.
 - b. Telephone or email confirmation of timely receipt of a proposal may be made by contacting Karen Chang, COO.
 - c. Respondents may withdraw proposals by notifying the Organization c/o Karen Chang, COO at KChang@HSMNetwork.org in writing at any time prior to the opening.
 - d. Proposals, once opened, become property of the Organization, and will not be returned.
4. Format
 - a. To ensure a uniform review process and to obtain the maximum degree of comparability, it is required that proposals be organized and include a Table of Contents, Timeline, and clear Scope of Work. All information submitted by the Respondent shall be printed, typewritten, or competed in ink. Proposal Certification (Exhibit I) must be signed and notarized. Multiple copies may be included in a single envelope or package properly sealed and identified.
 - b. Proposals shall be submitted as specified in this ITN. Any attachments shall be clearly identified. If publications are supplied by a Respondent to address a requirement, the proposal must include reference to the document number and page number.
 - c. A Respondent must prepare the proposal(s) using the following format:
 - i. Letter of Transmittal
This letter will summarize in a brief and concise manner, the Respondent's understanding of the scope of services and make a positive commitment to provide services on behalf of the Organization. The letter must name all persons authorized to make representations for or on behalf of the Respondent, and must include these persons' titles, addresses, and telephone numbers. An official authorized to negotiate and execute a contract on behalf of the Respondent must sign the letter of transmittal.
 - ii. Title Page
The title page shall show the name of Respondent's institution, address, and telephone number, name of contact person, date, and the ITN #2022-01 and Information Technology Web-based Data System.
 - iii. Table of Contents
Include a clear identification of the material by section and by page number.
 - iv. Organization Profile and Qualifications
This section of the proposal must describe the Respondent, including the size, range of activities, and experience providing similar services.
Each Respondent must include:
 - Documentation indicating that it is authorized to do business in the State of Florida and, if a corporation, is incorporated under the laws of one of the States of the United States.
 - Resumes and professional qualifications of all primary individuals and identify the person(s) who will be the Organization's primary contact and provide the person(s)

background, training, experience, qualifications, and authority.

- Disclosure of any officer, director, or agent who is related to or is an employee or director of the Healthy Start MomCare Network, Inc.
- Customer references to include email and phone.

5. Experience

The Respondent must describe its expertise in and experience with providing services within an effective and efficient delivery system, similar to those required by this ITN. Describe previous experience relating to web-based case management data system and/or medical billing, as requested in this ITN. Respondent must describe project manager's background in healthcare and experience with database design, testing, and implementation of web-based case management data system and medical billing.

6. Cost Detail

Complete breakdown of all costs (delineated by volume of activities/cases) and description of services presented within the proposal. This should also include a general proposed timeline of events to be completed at each stage of the development and implementation process.

7. Additional Information

Any additional information which the Respondent considers pertinent for consideration should be included in a separate section of the proposal.

8. Respondent's Certification Form

Each respondent shall complete the "Respondent's Certification" form included as ITN Exhibit 1 and submit the form with the proposal. **This form must be signed in ink and acknowledged before a notary public with notary seal affixed on the document.**

SECTION II: MINIMUM SYSTEM SPECIFICATIONS

Web-based Case Management Data System and Medical Billing

The service requirements as detailed in this section shall be performed for the Organization on a contractual basis for one year, with the option to renew annually for three additional years by mutual agreement by the Organization and Respondent, and subject to approval by the Board of Directors. After the last renewal year, a new contract will be negotiated. The Organization would prefer to contract with one Respondent for both required services (web-based case management data system and medical billing); however, in that certain services are provided independently of vendor(s), the Organization reserves the right to consider proposals for specific services requested herein separate from a complete proposal.

The Respondent(s) cannot make assignment of services without the Organization's prior written consent. The Organization shall reserve the right to eliminate individual services if the charges associated with the services are considered by the Organization to be excessive.

Following the decision to award a contract based on the selection criteria specified herein, the requirements of the ITN, and upon agreement with selected Respondent in final negotiations for the contract hereunder, the Organization reserves the right to negotiate to alter any of the terms or conditions for Information Security Technology services which, in its opinion, are advantageous to the Organization. Furthermore, during the term of the contract, the Organization reserves the right to alter current terms or add any additional services which may become available and which, in its opinion, are advantageous to the Organization.

In the event the Respondent(s) to which the award(s) is made does not execute a contract within thirty (30) days after award, the Organization may give notice to such Respondent of the Organization's intent to make the award to the next most qualified Respondent or to call for new proposals and may proceed to act accordingly.

The Organization intends and prefers to maintain, for its operations, a streamlined process appropriate for its operations. The Respondent should include an explanation of its recommended system design and implementation process structure and a brief discussion of the cost/benefit rationale for its recommendation in its

proposal. The Organization also requests the capability for the Respondent to modify its existing case management system (if necessary) to accommodate the needs of doulas in documenting services and reporting on services and outcomes in alignment with the trademarked and copyrighted doula services model.

GENERAL REQUIREMENTS

There are certain minimal requirements for Respondent(s) involved in providing services referred to herein. Specific reference to each requirement must be provided in the general response section as detailed in the instructions below. It is expected that the chosen vendor(s) will exceed these minimum qualifications.

The Respondent shall:

1. Comply with all Federal, State, and local Laws, Codes, Rules and Regulations controlling the action or operation of this proposal including HIPAA and HITECH.
2. Be an Equal Opportunity Employer.
3. Comply with mandatory requirements according to type of service specified in each applicable ITN section.
4. Comply with all other requirements specified in this ITN.
5. Provide the Respondent's policies and procedures for developing and implementing web-based data systems and its quality assurance and review process for ensuring high quality of services and deliverables. This documentation should explain how the development and implementation process will be conducted, identify the staff who will be reviewing the design and implementation testing reports, and detail the process in which deliverables, including system documentation will be created.

SERVICE REQUIREMENTS

1. Identify a Project Manager; the review team personnel and project management techniques to be used.
2. Define the scope of the Organization's web-based data system in terms of business units (case management, medical billing; user access; reports).
3. Define the scope of the Organization's web-based data system for each business unit in terms of systems, including those with higher risk profiles (e.g., store, process or transmit sensitive information).
4. Gather and examine the necessary information (e.g., policies, procedures, regulations; records, logs, security) and examine configuration settings, physical surroundings, processes, and other observable information protection practices.
5. Conduct interviews with the Organization's stakeholders, where applicable.
6. Document methodology by which the number of the Organizations records, and scope of controls required are determined.
7. Perform system tests to validate implementation of data system use and controls, as applicable.
8. Develop reports to support case management, including service delivery and outcome reports, medical billing, and user access functions.
9. Finalize system documentation to include programming, technical user support and file structures.

GENERAL SYSTEM REQUIREMENTS

System Performance and Information Security

- a. System compliance with HIPAA and HITECH requirements. HITRUST preferred, but not required.
- b. Ensure timely and reliable access to and use of information
- c. Guarantee Data Integrity
- d. Protection of personal privacy and proprietary information
- e. Ensuring the consistency and accuracy of processes on the end user level

WEB-BASED CASE MANAGEMENT DATA SYSTEM USER NEEDS

1. Provide forms and online data entry to collect and validate the following client data:
 - a. Name
 - b. Address (census tract, zip code)

- c. Race
 - d. Ethnicity
 - e. Medicaid/insurance
 - f. Referral source
 - g. Referral reason
 - h. Partner/ relationship
 - i. # of weeks gestation at referral
 - j. # of births
 - k. # of pregnancies
 - l. # of living children
 - m. # of cesareans
 - n. # of weeks gestation at birth
 - o. Time labor begins
 - p. Time birth of baby
 - q. Epidural given
 - r. Pain meds used
 - s. Cesarean or vaginal birth
 - t. Episiotomy given
2. Provide forms and online data entry to collect and validate the following birth baby data:
 - a. Gender
 - b. Weight
 - c. Transfer to hospital (planned home birth)
 - d. Transfer to hospital reason
 - e. Transfer to NICU
 - f. Transfer to NICU reason
 - g. Breastfeeding initiated
 - h. Breastfeeding continued (4-weeks)
 3. Provide for collection, validation, and management of the following workflow:
 - a. Receipt of Client referral
 - b. Identify referral source
 - i. Prenatal Universal Screen
 - ii. Prenatal Care Provider
 - iii. Church
 - iv. Home Visitation Program
 - v. Other Social Service
 - vi. Health Plan
 - c. Within 5 days Doula Coordinator contacts client
 - i. Date of client contact
 - ii. Method of client contact
 - iii. Result of client contact
 4. Doula Coordinator confirms information, reviews program with client, reviews options for available Doulas, and connects Doula to client
 5. Doula Coordinator adds client to data system
 6. Doula Coordinator confirms client is connected and happy with Doula within 30 days
 7. Doula provides 5 prenatal contacts
 8. Doula supports family during birth and remains until breastfeeding is initiated or until a decision is made not to breastfeed
 9. Doula provides 3 post-partum contacts
 10. Doula completes paperwork (online or paper) and turn into Doula Coordinator
 11. Doula Coordinator ensures paperwork includes all data required, has client signatures and satisfaction surveys
 12. Doula Coordinator approves paperwork, signs, and sends to accounting to process payment, ensures

Medicaid information is complete to assure payment

13. Coordinated Intake and Referral staff are notified of birth
14. Coordinated Intake and Referral staff reaches out to family and are connected with services if needed
15. Doula coordinator processes the payment to Doula
16. Services and outcomes reports by:
 - a. State totals
 - b. Health Plan contract
 - c. Healthy Start Coalition
 - d. County
 - e. Individual doula

MEDICAL BILLING REQUIREMENTS

1. Reimbursement Schedule
2. CMS-1500 Form pre-populated from case management data
3. Process for payment submission
4. Process tracking all payment submissions including denials
5. Process for quality assurance review and payment resubmission
6. Communication with Organization, Coalition and Doula

EXHIBIT 1

EXHIBIT 1: RESPONDENT'S CERTIFICATION

HEALTHY START MOMCARE NETWORK, INC.
ITN # 2022-01

Respondent: _____

THIS FORM MUST BE SIGNED AND SUBMITTED WITH PROPOSAL TO BE DEEMED RESPONSIVE.
The undersigned guarantees the truth and accuracy of all statements and the answers contained herein.

I have carefully examined the Invitation to Negotiate referenced above ("ITN") and any other documents accompanying or made a part of this ITN.

I hereby propose to furnish the goods or services specified in the ITN. I agree that my proposal will remain firm for a period of one hundred twenty (120) days in order to allow the Organization adequate time to evaluate the proposals.

I certify that all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this proposal on behalf of the firm as its act and deed and that the firm is ready, willing and able to perform if awarded the contract.

The firm and/or Respondent hereby authorizes the Healthy Start MomCare Network, Inc., its staff, Board of Directors, or consultants, to contact any of the references provided in the proposal and specifically authorizes such references to release, either orally or in writing, any appropriate data with respect to the firm offering this proposal.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or institution submitting a proposal for the same product or service; no officer or employee of the Organization or any other Respondent is interested in said proposal; and that the undersigned executed this Respondent's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

If this proposal is selected, I understand that I will be expected to execute a contract, and such contract may be approved by the Organization's Board of Directors.

Name of Business

By: _____
Signature

Print Name and Title

Mailing Address (Street, City, State, and Zip Code)

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____, 2022

Notary Public

My Commission Expires