

TITLE:	POLICY DESCRIPTION: Criteria for Consideration of	
Supplier Criteria	Supplier in Contract Bid Process	
PAGE: 1 of 3	TYPE: National Agreements	
EFFECTIVE DATE: May 2017	REFERENCE NUMBER: HT.010	

SCOPE: All HealthTrust Colleagues in all HealthTrust departments, but specifically for the colleagues involved in strategic sourcing (referred to herein as the "Contracting Group", as well as the Advisory Boards and Supply Chain Board); and HealthTrust Suppliers.

PURPOSE: To establish minimum criteria for a supplier to considered for a HealthTrust contract.

POLICY: Relying heavily on its Advisory Boards and a Supply Chain Board, HealthTrust utilizes a member-driven contracting process (see HT.008 for Contract Process policy) to determine which suppliers to include in a specific bid process. Suppliers considered must meet at least the minimum consideration criteria outlined in this policy.

DEFINITIONS:

Advisory Boards – HealthTrust has a number of Advisory Boards that drive the contracting process and decisions. Advisory Boards review and recommend contracting strategies, provide clinical and technical product and service requirements, perform (or have others perform) product evaluations (where necessary, as determined by the Advisory Board), and make contract award recommendations. Advisory Boards may also review and evaluate new products and services as they emerge or are requested by members. Each Advisory Board is made up of representatives from HealthTrust's member groups, and each board is directed by a HealthTrust associate. As of the date of this policy, the following boards were in place:

- Surgery Advisory Board
- Cardiology Advisory Board
- Nursing Advisory Board
- Radiology Advisory Board
- Laboratory Advisory Board
- Information Technology Advisory Board
- Food & Nutrition Advisory Board
- Facility Infrastructure Advisory Board
- Pharmacy Advisory Board

Certain categories may require specialized subject matter expertise and warrant the forming of a Specialty Committee. Examples of Specialty Committees include: Advanced Wound Care, Perinatal, Infection Prevention, Cardiovascular OR, Respiratory Therapy, IT Security and Human Resources.

Contracting Work Plan – The Contracting Group creates a Contracting Work Plan that includes national contract categories expiring within eighteen months (as these are the contract areas that will need to be rebid, renewed, or extended). In addition, the Work Plan may include new contract areas that have been identified as new coverage opportunities. The Work Plan is approved by HealthTrust, applicable Advisory Boards, and the Supply Chain Board. Changes may occur to the Work Plan throughout the year (e.g. addition of new projects that arise based on member needs). This work plan drives contracting activities for the Contracting Group.



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HealthTrust's Membership – HealthTrust's membership is made up of over 1600 acute care facilities and over 26,000 alternate site facilities, located across all 50 states of the nation.

<u>Strategic Sourcing Team</u> – Strategic sourcing is divided into three business areas. Each team negotiates agreements for their designated area and reports to the SVP or VP of their business area (referred to herein as the "Business Unit Leader"). The business areas include:

- Core GPO: a contracting team responsible for national GPO agreements in the areas of Nursing, Surgery, Laboratory, Radiology, Pharmacy, Clinical Capital Equipment and other clinical healthcare IT.
- Commercial Products and Services: a contracting team responsible for national GPO agreements and custom agreements in the areas of Non-Medical, IT, Purchased Services, Food and Nutrition, Human Resources, Facility Infrastructure, Energy, Non-Clinical Capital Equipment and other areas of indirect spend.
- inSight Advisory-Medical Device: a team focused in the area of physician preference items (medical devices). The team includes resources responsible for national GPO agreements in certain physician preference categories that are applicable to the entire membership.

PROCEDURE:

- 1) It is HealthTrust's sincere intent to establish supplier relationships using only the highest legal, moral, and ethical standards. HealthTrust's screening process for new suppliers is rigorous, yet necessary, to ensure that each supplier is capable of meeting HealthTrust's standards and supply demands. Suppliers must meet the following criteria to be considered in the contract bid process:
 - a) The supplier's products and services must be acceptable to HealthTrust's members, as determined by the appropriate Advisory Board. Acceptability is generally determined by the supplier's products and services meeting or exceeding the levels of quality, durability and cost-effectiveness of the products and services currently under contract or being utilized by HealthTrust members;
 - b) Suppliers must provide HealthTrust information, as requested by HealthTrust, related to the products and services, such as specifications and cross references.
 - c) The supplier's distribution system must be able to accommodate HealthTrust's volume without undue delays and back orders;
 - d) The supplier's distribution must be national in scope, so that all HealthTrust members may be served efficiently;
 - e) The supplier must have an effective national sales force that can provide sales support and in-service to all HealthTrust members;
 - f) The supplier must agree that all negotiations, evaluations and contract administrations are to be coordinated by HealthTrust's Strategic Sourcing Team in Nashville, Tennessee, not with individual members of HealthTrust;
 - g) The supplier's financial stability and long term viability must be exhibited. Supplier must provide the necessary information required for HealthTrust to perform this due diligence;
 - h) The supplier should provide a national account manager, or other single point of contact, to coordinate all business dealings between the supplier and HealthTrust. This is essential for smooth



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negotiations, implementation and administration of agreements;

- i) The supplier's sales force must service all HealthTrust accounts with regard to all contracted products.
- j) The supplier must submit pricing file information in a format that can interface into HealthTrust's Electronic Pricing file system (format 832);
- k) The supplier must provide electronic product catalogs, in the format requested by HealthTrust (both at the time of bid, and if awarded, on an on-going basis);
- I) Supplier must provide detailed reports of HealthTrust member usage information when requested and in the format requested by HealthTrust;
- m) The supplier must agree to quickly resolve all questions or issues that arise, from either HealthTrust colleagues or HealthTrust members;
- n) The supplier is encouraged to use creative and innovative approaches in order to improve quality, cost, service, and patient outcomes for HealthTrust members.
- 2) A supplier that is not currently a contracted supplier with HealthTrust but is interested in becoming one of HealthTrust's suppliers must complete and electronically submit HealthTrust's **Profile Form** (see **Exhibit A** attached) which is available on HealthTrust's website. Inquiries from non-contracted vendors will not be accepted without first submitting this form.
- 3) HealthTrust works closely with its members to identify opportunities for products and services not currently covered by HealthTrust contracts. Supplier information, including product or service categories, will be reviewed and considered upon expiration of HealthTrust's current agreements or if a specific need is identified and prioritized by HealthTrust members. Submitting a supplier Profile Form does not ensure that a supplier will become a HealthTrust contracted supplier. Suppliers will only be contacted if the HealthTrust contract for their category is up for bid, or their product/service is identified as an area for new category coverage that is of interest to members. If a potential supplier's category is currently under contract with another supplier, its information is kept on file for future reference. Suppliers are responsible for ensuring their Profile Form is maintained and kept up-to-date.
- 4) HealthTrust's Contracting Work Plan is available for viewing by all suppliers on the HealthTrust website in the "Supplier" area, and is referred to on the website as the "Contract Schedule". See **Exhibit B** attached, which shows a one-page example.

REFERENCES:

HT.008 Contract Process Policy



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€ HEALTHTRUST
Supplier Form
Accept Terms of Use and Disclaimer Supplier Form Submission terms of Use/Disclaimer:
(PLEASE READ CAREFULLY) Thank you for your interest in becoming a potential supplier with HealthTrust. The review process may start nine(9) to eighteen(18) months prior to the expiration date of current agreements in a specific product or service category. HealthTrust utilizes advisory boards that may, at their discretion, elect to extend a current agreement beyond its expiration date, or renew it for a new term.
Suppliers are required to complete the form in its entirety; incomplete forms will not be considered. Suppliers are asked to ensure that others within your organization are not also submitting form for your company, which can cause delays. The profile is a means of providing information at your company to HealthTrust for preliminary review and possible consideration for inclusion in the respective project. Depending on your ability to meet the criteria for an applicable category, you may not be considered or contacted for a bid process. HealthTrust will notify you if you will be considered in a bid process.
IMPORTANT; Completion and submission of the supplier form does not guarantee that your company will be considered or included in a bid process or that you will become a contracted supplier with HealthTrust. If you are considered for inclusion in a bid process, you will be contacted by appropriate HealthTrust personnel.
Please review our Contract Calendar ("bid calendar") prior to completing the form. Forms MUST BE completed prior to the start of any project and may not be considered once the project has been started. Suppliers should review the calendar / schedule periodically for additions and / or changes. Profiles will be maintained, and can be updated by you if your company information changes.
Please review and indicate your acceptance of each of the following terms of use and disclaimer information of this Supplier Form:
Form Completion: Please respond to all of the items on the form. At the end of the form, your company will be asked to certify that its answers are correct and complete. Failure to submit accurate and complete answers may result in your company being disqualified. © Yes © No
HealthTrust reserves its rights: Thank you for providing HealthTrust with a form of your company. However please be aware that submission of your form does not guarantee that HealthTrust will enter into discussions with you, include your company in a bid or negotiations process, or away your company a contract. HealthTrust reserves all rights with respect to its contracting processes including without limitation the right to accept or reject proposed bidders and proposals, waive any nonconformity with specified criteria, and determine which company will receive a contract award. HealthTrust may terminate any contracting process at any time for any reason. O Yes O No
HealthTrust's Commitment to a Fair Process: If you meet the necessary criteria for inclusion in HealthTrust's contracting process and may be competing in a category, HealthTrust will notify you by email or through this tool prior to the start date of the category you selected. If you are informed that your company does not meet the necessary criteria, the reasons for the failure to qualify will be specified. If you would like to discuss the reasons further with a HealthTrust representative, please send an email with supporting documentation to HealthTrust. O Yes O No
If all of the information is complete and accurate, please click the "NEXT" button below and your information will be sent to a HealthTrust representative to review. IMPORTANT: Completion and submission of your form does not guarantee that HealthTrust will enter into discussions with you include your company in a bid or negotiations process, award your company a contract, or that you will become a contracted supplier with HealthTrust. If you are considered for inclusion in a bid process, you will be contacted by the appropriate HealthTrust personnel. The company hereby certifies that the responses to the form are correct and complete. Do you accept the terms of use and disclaimer information? O Yes O No
Digital Signature (first and last name) *
Supplier Form
Vendor Identification
Federal Tax ID# *
NEXT TO A STATE OF THE STATE OF



Supplier Form	
General Info (Step 1 of 8)	Tax ld 123123123
Contract Info	
HealthTrust Contract Number(s) if available	
Completed By	
Name *	
Title	
Phone *	
Email *	
	Tax Id 123123123
Company Info (Step 2 of 8)	
Identification	
Complete Legal Company Name *	
Doing Business As (DBA) Name *	
Vendor Type(s) *	 □ Manufacturer - An individual or a company who buys materials, raw materials or components and transforms them into a sellable product. □ Pharmacy - A company that is in the Pharmaceutical industry with any of the following intents: discovers, develops, produces, markets medications. □ Remanufacturer - The original manufacturer that recycles and remanufactures the original product. This reprocessor vendor does supply the original product. □ Reprocessor - A third-party company other than the original manufacturer that recycles and remanufactures the original product. This reprocessor vendor does NOT supply the original product. □ Self Supplier Only - An individual or company who manufactures a product and distributes it directly to the end user. (They do not allow 3rd parties to sell their goods) □ Service - An individual or a company who provides services. □ Supplier - An individual or a company who sells products for self and other(s), also known as Distributor.
Company Website	
Are you a division of a parent company?	

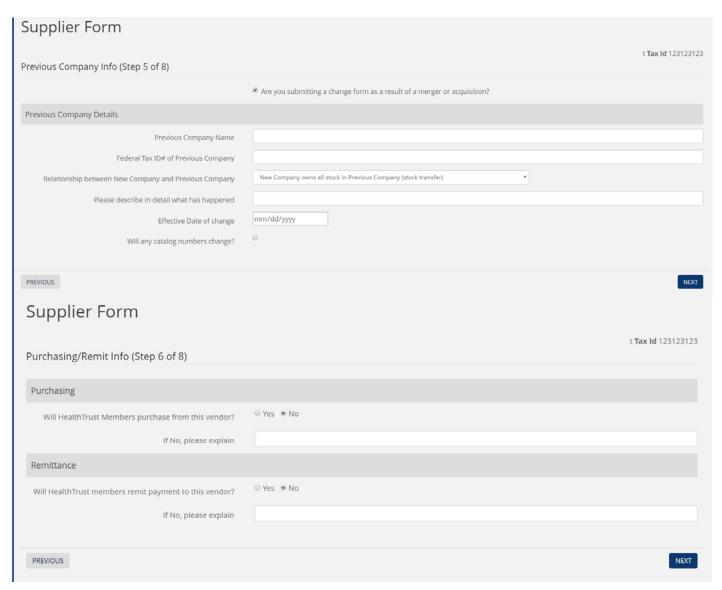


Legal Contract Address of Company	
Address Line 1	
Address Line 2	
City	
State	
Zip	
Other Addresses	
Mailing Address	~
Physical Address	~
Diversity Certification	
Certified Minority Owned Business (NMSDC)?	
Certified Woman Owned Business (WBENC)?	
Service Disabled Veteran Owned Small Business Entity (SDVOSB)?	
Veteran Owned Business Entity (VOSB)?	
Supplier Form	
	test Tax Id 123123123
ompany Info (Continued) (Step 3 of 8)	
Geographical Area(s) of Operation	
US National	
US Regional	
UK	
Sales Information	
Number of Directly Employed Resources or 1099 Resources *	•
Total Number of Sales Reps or 1099 Resources *	•
Estimated Annual US Sales Volume *	•



	What other GPOs Do you Contract With?	Intalere Intalere
		Novation
		□ Premiere
		□ Vizient
		Other (please specify):
	Stock Symbol	
	DUNS Number	
	DONS Number	
Are There Eff	forts Related to Environmental Sustainability Occurring	
	Within Your Organization Today?	
	Annual on the qualitated list from the OIC3.	⊕ Yes ⊕ No
	Are you on the excluded list from the OIG? *	
	Are you on the excluded list from the GSA? *	○ Yes ◆ No
PREVIOUS		NEXT
		test Tax Id 123123123
Products/Se	ervices (Step 4 of 8)	
110000000000000000000000000000000000000		
Product/Serv	vices Provided (Contract Category)	
Dlease check th	e product/services that are applicable (Categories can l	ne evnanded to see sub-rategories)
ricase cricer ar	produces on vices and are applicable (caregories carri	to capaniced to bee but energy
Filter		
	At least one product/service below must be selected	
	- Accounts Payable Recovery Services	i
	Adhesion Prevention Products	
	- Administration	
	Adult Incontinence Mesh Briefs	
	Advanced Energy	
	- Advertising, Yellow Pages	
	Air Filters	
	□ Airway Management, Oral, Nasal □ Alarms, Fall Prevention	
	Allograft Tissue - Valves, Veins, Arteries	
	Anesthesia Equipment, Service and Related S	sunnies
	Anesthesia Trays & Pain Control Products	oppines.
	Angiography, Manifolds, Kits and Related Sup	pplies
	Answering Services and Call Centers	
	- Appliances & Small Equipment	
	- Architectural Casework	
	I make the second of the secon	•
PREVIOUS		NEXT







Contacts (Step 7 of 8)	
Primary	
Please provide the contact information for the main person to whom He	althTrust membership should direct any contract questions.
Name *	Jim Smith
Title	National Account Representative
Address Line 1 *	123 Main
Address Line 2	
City *	Nashville
State *	TN ▼
Zip★	37203
Phone *	1231231234
Fax	
Email *	Jim@test.com
Additional Contacts (Step 8 of 8)	
Additional Contacts	



EXHIBIT B Contract Schedule

EXAMPLE



HealthTrust Contract Schedule March 2017

Project	Project Start Date
DVT - Vascular Compression Devices and Sleeves	Mar-2017
GI Disposables (2017)	Mar-2017
Radiopharmaceuticals - Bulk (2017)	Mar-2017
Respiratory Heaters and Accessories (2017)	Mar-2017
Navigation for Balloon Sinuplasty	Mar-2017
Interior Landscape Services - HPG (2017)	Mar-2017
Low Temperature Electrosurgical Dissection - Pulsed (RF) Technology (2018)	Mar-2017
Building Systems Equipment and Services - HPG (2017)	Mar-2017
CVOR - Ablation (2018)	Mar-2017