

Solicitation GEN2115794P1

Workers' Compensation Medical Cost Containment and Case Management Services

Bid Designation: Public



Broward County Board of County Commissioners

Bid GEN2115794P1
Workers' Compensation Medical Cost Containment and Case Management Services

Bid Number GEN2115794P1
Bid Title Workers' Compensation Medical Cost Containment and Case Management Services

Bid Start Date In Held
Bid End Date Jun 4, 2018 5:00:00 PM EDT
Question & Answer End Date May 16, 2018 5:00:00 PM EDT

Bid Contact Jacqueline Chapman
jchapman@broward.org

Contract Duration 3 years
Contract Renewal 2 annual renewals
Prices Good for See Specifications
Pre-Bid Conference May 11, 2018 2:00:00 PM EDT
Attendance is optional
Location: BROWARD COUNTY GOVERNMENT CENTER BUILDING
115 S. Andrews Avenue, Room #301
Ft. Lauderdale, FL 33301
10:00 AM

The Pre-Bid Meeting presents an opportunity for vendors to meet Prime Contractors and clarify any concerns regarding the Request for Proposal (RFP) solicitation requirements.

Bid Comments **Scope of Services:**
Broward County, Florida (County) is committed to providing all statutory workers' compensation benefits required by State Law; however, the County also desires to control costs to the greatest possible extent, and continually seeks new techniques and practices to assist in this regard. The County's Risk Management Division (RMD) seeks a qualified Workers' Compensation Medical Cost Containment and Case Management Service company to provide professional medical cost containment and case management services. The Vendor will have the primary responsibility in assisting Broward County's self-administered, self-insured workers' compensation program. The County currently monitors its workers' compensation claims utilizing Marsh ClearSight's Risk Management Information System (RMIS), Clear Sight Enterprise claims management system.

Confidential Documents:
By the solicitation deadline proposers are required to package confidential documents **SEPARATELY**, mark the package **CONFIDENTIAL & EXEMPT**, and cite the appropriate Florida Statute governing the claim of exemption from Chapter 119 public records laws.

Goal Participation:
This solicitation is open to the general marketplace.

Questions and Answers:
The County is not obligated to respond to any questions received after the listed deadline. Vendors should submit questions through the Question and Answer Section available in BidSync.

Vendor MUST submit its solicitation response electronically and MUST confirm its submittal in order for the County to receive a valid response through BidSync. Refer to the Purchasing Division website or contact BidSync for submittal instructions. It is the Vendor's sole responsibility to assure its response is submitted and received through BidSync by the date and time specified in the solicitation. The County will not consider solicitation responses received by other means. **Vendors are encouraged to submit their responses in advance of the due date and time specified in the solicitation document. In the event that the Vendor is having difficulty submitting the solicitation document through Bid Sync, immediately notify**

Broward County Board of
County Commissioners

Bid GEN2115794P1

the Purchasing Agent and then contact BidSync for technical assistance.

Submit **CONFIDENTIAL & EXEMPT** information to:

Broward County Purchasing Division
115 South Andrews Avenue, Room 212
Fort Lauderdale, Florida 33301
RFP No.: GEN2115794P1

(CITE Florida Statute providing for exemption for public records laws)

(Information claimed to be Confidential & Exempt must be submitted as specified above by the bid closing deadline)

Item Response Form

Item **GEN2115794P1--01-01 - Initial Term: (Three (3) Years): Workers' Compensation Medical Cost Containment and Case Management Services**

Lot Description **Mandatory Services**

Quantity **3 year**

Unit Price

Initial Term Year 1 \$

Initial Term Year 2 \$

Initial Term Year 3 \$

Delivery Location **Broward County Board of County Commissioners**
No Location Specified

Qty 3

Description

Workers' Compensation Medical Cost Containment and Case Management Services (Three (3) Year Initial Term.

Item **GEN2115794P1--02-01 - Renewal Terms: Year 1 and Year 2: Renewal Terms: Year 1 and Year 2**

Lot Description **Two (2) Annual Optional Renewals**

Quantity **2 year**

Unit Price

Optional Renewal Term Year 1 \$

Optional Renewal Term Year 2 \$

Delivery Location **Broward County Board of County Commissioners**
RM0046
RISK MANAGEMENT
ROOM 210 PHONE: (954)357 7200
115 S ANDREWS AVENUE GOVERNMENTAL
CENTER, RM 210
FORT LAUDERDALE FL 33301

Qty 2

Description

Workers' Compensation Medical Cost Containment and Case Management Services. Two (2) One-year Annual Optional Renewal Terms upon the expiration of the Initial Term.

Scope of Service

The Broward County (County) Risk Management Division (RMD) seeks a qualified Workers' Compensation Medical Cost Containment and Case Management Service company to provide professional medical cost containment/case management services (hereinafter referred to as "THE VENDOR"). The Vendor will have the primary responsibility in assisting Broward County's self-administered, self-insured workers' compensation program.

The services to be provided are mandatory and include the following:

1. FIRST REPORT OF INJURY (FROI) REPORTING INTAKE SERVICES

THE VENDOR shall maintain a toll free dedicated First Report of Injury (FROI) telephone number for the reporting of new workers' compensation claims 24 hours per day seven days a week(24/7) including all holidays. THE VENDOR is responsible for ensuring that this phone number is re-routed in the event of any disasters in order to provide 24/7 availability.

2. PREFERRED PROVIDER NETWORKS

The medical and pharmacy Preferred Provider Organization (PPO) networks will include a comprehensive panel of health care providers and health care facilities which have contracted with THE VENDOR (directly or through PPO contracts) to provide appropriate remedial treatment, care, and attendance to injured workers in accordance with Section 440.1 34, Florida Statutes.

3. MEDICAL CASE MANAGEMENT SERVICES

THE VENDOR and COUNTY define medical case management as the establishment, coordination, and control of the treatment, direction, support, and assistance given to the injured worker from the onset of injury through medical stability, to maximum medical improvement to return to work. Assignments are dictated by both statutory and COUNTY requirements. Medical case management services are to be performed by a nurse case manager. The vendor should provide online access to case management activity.

4. UTILIZATION REVIEW SERVICES

THE VENDOR shall provide utilization review services set forth herein to COUNTY on an exclusive basis upon receipt by THE VENDOR of specific requests from COUNTY. During the term of this Agreement, COUNTY shall provide THE VENDOR with instructions regarding the scope and extent of the utilization review services to be provided.

5. MEDICAL BILL AUDIT/REVIEW SERVICES

THE VENDOR shall provide hospital, provider and pharmacy bill audit/review/re-pricing services set forth herein to the COUNTY on an exclusive basis.

- a. THE VENDOR shall provide online access for COUNTY Adjusters authorization of medical/pharmacy bills.
- b. THE VENDOR shall receive the medical/pharmacy bills for the COUNTY
- c. THE VENDOR SHALL perform medical bill reporting to the State of Florida via Electronic Data Interchange (EDI) on COUNTY'S behalf, THE VENDOR will submit to the State's Division of Workers' Compensation the information required for all audited/reviewed medical and pharmacy bills, in accordance with all requirements of the Administrative Rule 69-7.602 and the State of Florida's Medical EDI Implementation Guide (MEIG) as of June 2006.

6. HOSPITAL BILL AUDITING SERVICES

THE VENDOR shall provide three levels of hospital bill auditing as follows:

- a. Bill Screens
- b. Desk Top Review
- c. In-House Audit

7. INTERFACE FILES

The County currently monitors its workers' compensation claims utilizing Marsh ClearSight's Risk Management Information System (RMIS), ClearSight Enterprise. THE VENDOR shall provide the following files electronically on a Secure File Transfer Protocol (SFTP) site for import into ClearSight Enterprise.

- a. The First Report of Injury (FROI) must be securely emailed to a designated address upon completion
- b. The First Report of Injury information in the data file format defined in the SAMPLE First Report of Injury Claim Import Mapping to be transmitted twice each business day
- c. The processed and audited medical and pharmacy bills for daily payment processing in the data file format defined in SAMPLE Bill Import from Vendor to County
- d. Case Management/Triage Fees for payment processing in the data file format defined in SAMPLE Case Management Triage Fees Mapping
- e. Duplicate/Zero billing fees for payment processing in the data file format defined in SAMPLE Zero Bills Fees Mapping from Vendor to County
- f. Explanation of Benefits for each Medical/Pharmacy bill processed
- g. PDF copies of the medical/pharmacy bills and notes that were processed
- h. Healthcare provider information in the data file format defined in the SAMPLE Contact Import Layout from Vendor to the County

THE VENDOR shall have the ability to process the following files exported from THE COUNTY'S RMIS ClearSight Enterprise placed on the SFTP site containing pertinent claim information.

- a. Claim Export file containing claim number, adjuster, and other information pertaining to the claim in the data file format defined in the SAMPLE Claim Export Mappings

- b. Paid Bill export containing date paid and check number for payments made on processed bills in the data file format defined in the SAMPLE Paid Bill Export from County to Vendor
- c. Personnel file with employee names, employee numbers and home addresses
- d. Miscellaneous files containing claim data such as controvert date, claim status, etc.

The County is committed to providing all statutory workers' compensation benefits required by State Law; however, the County also desires to control costs to the greatest possible extent, and continually seek new techniques and practices to assist in this regard.

The services to be provided below are optional and include the following:

8. OCCUPATIONAL, MEDICAL, DRUG and ALCOHOL POLICIES

The VENDOR should provide County with general and special occupational medical services, and with drug and alcohol testing program services. The County recognizes that the goal of its occupational health program is to detect any occupational medical conditions which would place Broward County employees at increased risk of health impairment from work exposures or work practices.

9. DRUG AND ALCOHOL SCREENS

The VENDOR should provide drug and alcohol testing services and should perform all such testing services in full accordance with the U.S. Department of Transportation Regulation 49 CFR Part 40, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs," Federal Transit Administration Regulation 49 CFR Part 655, "Prevention of Prohibited Drug Use and Alcohol Misuse in Transit Operations" and "Prevention of Alcohol Misuse in Transit Operations," respectively, and Federal Highway Administration Regulation 49 CFR Part 382, "Controlled Substance and Alcohol Use and Testing."

10. OCCUPATIONAL MEDICAL CONSULTATION

VENDOR should, on an as-needed basis, function as an ad-hoc member of the COUNTY'S Risk Management staff, providing occupational medical advice with regard to occupational health issues and pre-employment screening.

11. SUBSTANCE ABUSE SERVICES

VENDOR should provide breath, saliva, and urine specimen collection, and drug and alcohol testing services in accordance related, applicable regulations and COUNTY policy. Such services should include but not be limited to, provision of collection sites, Medical Review Officers' services, laboratory services, and random drug and alcohol testing services.

12. INVESTIGATIVE SERVICES AND SURVEILLANCE

- a. Surveillance to include, at a minimum, detailed report, social media investigation and scans, high definition video surveillance DVD or CDs, electronic records at the option of the COUNTY, which indicate the date and time on the film/shot. Proposer's or their investigator(s) must possess their own industry standard surveillance equipment; providing service within a specified time frame identified by the COUNTY.
- b. Asset Check to include a report to identify real property, vehicle, corporate, vessel/boat registration of subject or corporation by the use of database searches.
- c. Background check to include a report(s) to include criminal history, workers' compensation records, complete driving history, corporate, and social security numbers traces for subject.
- d. Activity check to include a report(s) to include database check and can include the following:
 - i. Neighborhood canvass, home address verification, investigation leading insight into a subject's usual activities, physical capacity and employment status, including one photograph of property, residence, and/or business or corporation.
 - ii. In person (undercover or direct).
- e. Litigation Support as requested or required by court process servers and/or attending depositions, mediations or trials.
- f. The Proposer may utilize subcontractors as part of the contract in order to retain service outside the Tri-County area, Florida and the other 49 U. U. States. The Proposer must inform the COUNTY, in writing, before the use of any subcontractors.
- g. Proposer must have Health Insurance Portability and Accountability (HIPAA) trained investigators in order to protect Protected Health Information (PHI) when utilizing medical records.
- h. High definition digital must be used on videos. Night scope or infrared should be used when necessary.
- i. High definition digital media must be used on photos. Night scope or infrared should be used when necessary.
- j. Proposer must comply with all federal, state and local laws, ordinances, rules and regulations in conducting investigative services.
- k. High definition digital audio must be used on recorded statements.
- l. Proposer must have a chain of custody policy and procedure that maintains recordings, pictures and videos for at least five (5) years.
- m. All Proposer investigators to provide legally and ethically obtained information and surveillance services.

13. SAFETY AND OCCUPATIONAL HEALTH SERVICES

- a. Ergonomic and repetitive motion assessments. Use a systematic process to evaluate the whole body and ergonomic design risks associated with job tasks. When appropriate provide recommendations to help injured workers be at less at risk of re-injury.
- b. Safety audit/safety inspections. Workplace inspections to identify hazards and identify the root cause of workplace injury. Provide a report to prevent re-occurrence.
- c. Safety and Health Training. Provide safety training and refresher courses when knowledge or skill gaps have been identified.
- d. Perform Indoor Air Quality (IAQ) assessment to diagnose and resolve IAQ related health problems. To include laboratory services for environmental testing and analysis
- e. Provide post remediation verification survey to ensure mold eradicated. Air Quality and lift samples if needed.
- f. Building envelope assessment to identify moisture infiltration or inadequate insulation that may impact indoor air quality
- g. Conduct noise testing/sampling, noise dosimetry surveys to determine workers noise exposure levels as well as determining compliance.

Refer to the following enclosed SAMPLE documentation:

SAMPLE Bill Import from Vendor to County
SAMPLE Case Management Triage Fees Mapping
SAMPLE Claim Export Mappings
SAMPLE Contact Import Layout from Vendor to the County
SAMPLE First Report of Injury (FROI) Claim Import Mapping
SAMPLE Paid Bill Export from County to Vendor
SAMPLE Zero Bills Fees Mapping from Vendor to County

Special Instructions to Vendors

Workers' Compensation Medical Cost Containment and Case Management Service

Vendors are instructed to read and follow the instructions carefully, as any misinterpretation or failure to comply with instructions may lead to a Vendor's submittal being rejected.

Additional Responsiveness Criteria:

In addition to the requirements set forth in the **Standard Instructions to Vendors**, the following criteria shall also be evaluated in making a determination of responsiveness:

1. Mandatory Services

Refer to **Mandatory Services**. This form must be completed and submitted at time of solicitation due date in order to be responsive to solicitation requirements.

2. Optional Services

Refer to **Optional Services**. This form must be completed and submitted at time of solicitation due date in order to be responsive to solicitation requirements.

3. Pharmacy Pricing Comparison

Refer to **Pharmacy Pricing Comparison**. This form must be completed and submitted at time of solicitation due date in order to be responsive to solicitation requirements.

4. Project Specific Vendor Questionnaire

Refer to **Project Specific Vendor Questionnaire**. This form must be completed and submitted at time of solicitation due date in order to be responsive to solicitation requirements.

5. Domestic Partnership Act Requirement

This solicitation requires that the Vendor comply with Domestic Partnership Act unless it is exempt from the requirement per Ordinance. Vendors must follow the instructions included in the **Domestic Partnership Act Certification Form (Requirement and Tiebreaker)** and submit as instructed.

Additional Responsibility Criteria:

In addition to the requirements set forth in the **Standard Instructions to Vendors**, the following criteria shall also be evaluated in making a determination of responsibility:

1. Office of Economic and Small Business Development (OESBD) Program

[Not applicable to this solicitation]

2. Additional Requirement

Provide a copy of your most current State of Florida Submitter Report Card

Standard Agreement Language Requirements:

The applicable Agreement terms and conditions for this solicitation can be located at:

<http://www.broward.org/Purchasing/Documents/bcf101.pdf>]

Refer to **Standard Instructions for Vendors** and the requirements to review the applicable terms and conditions (and submission of the **Agreement Exception Form**).

Demonstrations:

Applies to this solicitation. Refer to Standard Instructions to Vendors for additional information and requirements.

Presentations:

Applies to this solicitation. Refer to Standard Instructions to Vendors for additional information and requirements.

Procurement Authority:

[Pursuant to Section 21.32, Competitive Sealed Proposals, of the Broward County Procurement Code.]

Project Funding Source - this project is funded in whole or in part by:

[County Funds]

Projected Schedule:

Initial Shortlisting or Evaluation Meeting (Sunshine Meeting): To Be Determined

Final Evaluation Meeting (Sunshine Meeting): To Be Determined

Check this website for any changes to the above tentative schedule for Sunshine Meetings:

<http://www.broward.org/Commission/Pages/SunshineMeetings.aspx>.

Project Manager Information:

Project Manager: Jeffrey O'Connor, Workers' Compensation Manager (Project Manager)

Email: jcoconnor@broward.org

Vendors are requested to submit questions regarding this solicitation through the "Q&A" section on BidSync; answers are posted through BidSync.

Evaluation Criteria Response and Vendor Questionnaire Response Form:

The responding vendor should complete the Evaluation Criteria Response Form (pdf fillable file) with responses corresponding to each question. Responses to each Evaluation Criteria is limited to 2100 characters. Each Evaluation Criteria **response should be succinct and include only relevant information** for review by the Evaluation Committee.

Optional: Evaluation Criteria Response Form (Supplemental Information):

If an evaluation criteria response needs to reference and include additional supplemental information, vendor should reference the title of the attachment in its evaluation criteria response (*Example: See Resume: Jane Doe*), and title the document with the Evaluation Criteria Number (*Example: Evaluation Criteria No. 2b, Resume: Jane Doe*). All supplemental Information should be uploaded into BidSync including the completed Evaluation Criteria Response Form.

The Evaluation Criteria Response Form should be uploaded as a (pdf) fillable form file.

DO NOT UPLOAD A SCANNED DOCUMENT.

**Standard Instructions to Vendors
Request for Proposals, Request for Qualifications, or Request for Letters of Interest**

Vendors are instructed to read and follow the instructions carefully, as any misinterpretation or failure to comply with instructions may lead to a Vendor's submittal being rejected.

Vendor MUST submit its solicitation response electronically and MUST confirm its submittal in order for the County to receive a valid response through BidSync. Refer to the Purchasing Division website or contact BidSync for submittal instructions.

A. Responsiveness Criteria:

In accordance with Broward County Procurement Code Section 21.8.b.65, a Responsive Bidder [Vendor] means a person who has submitted a proposal which conforms in all material respects to a solicitation. The solicitation submittal of a responsive Vendor must be submitted on the required forms, which contain all required information, signatures, notarizations, insurance, bonding, security, or other mandated requirements required by the solicitation documents to be submitted at the time of proposal opening.

Failure to provide the information required below at the time of submittal opening may result in a recommendation Vendor is non-responsive by the Director of Purchasing. The Selection or Evaluation Committee will determine whether the firm is responsive to the requirements specified herein. The County reserves the right to waive minor technicalities or irregularities as is in the best interest of the County in accordance with Section 21.30.f.1(c) of the Broward County Procurement Code.

Below are standard responsiveness criteria; refer to **Special Instructions to Vendors**, for Additional Responsiveness Criteria requirement(s).

1. Lobbyist Registration Requirement Certification

Refer to **Lobbyist Registration Requirement Certification**. The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

2. Addenda

The County reserves the right to amend this solicitation prior to the due date. Any change(s) to this solicitation will be conveyed through the written addenda process. Only written addenda will be binding. If a "must" addendum is issued, Vendor must follow instructions and submit required information, forms, or acknowledge addendum, as instructed therein. It is the responsibility of all potential Vendors to monitor the solicitation for any changing information, prior to submitting their response.

B. Responsibility Criteria:

Definition of a Responsible Vendor: In accordance with Section 21.8.b.64 of the Broward County Procurement Code, a Responsible Vendor means a Vendor who has the capability in all respects to perform the contract requirements, and the integrity and reliability which will assure good faith performance.

The Selection or Evaluation Committee will recommend to the awarding authority a determination of a Vendor's responsibility. At any time prior to award, the awarding authority may find that a Vendor is not responsible to receive a particular award.

Failure to provide any of this required information and in the manner required may result in a recommendation by the Director of Purchasing that the Vendor is non-responsive.

Below are standard responsibility criteria; refer to **Special Instructions to Vendors**, for Additional Responsibility Criteria requirement(s).

1. **Litigation History**

- a. All Vendors are required to disclose to the County all "material" cases filed, pending, or resolved during the last three (3) years prior to the solicitation response due date, whether such cases were brought by or against the Vendor, any parent or subsidiary of the Vendor, or any predecessor organization. A case is considered to be "material" if it relates, in whole or in part, to any of the following:
 - i. A similar type of work that the vendor is seeking to perform for the County under the current solicitation;
 - ii. An allegation of negligence, error or omissions, or malpractice against the vendor or any of its principals or agents who would be performing work under the current solicitation;
 - iii. A vendor's default, termination, suspension, failure to perform, or improper performance in connection with any contract;
 - iv. The financial condition of the vendor, including any bankruptcy petition (voluntary and involuntary) or receivership; or
 - v. A criminal proceeding or hearing concerning business-related offenses in which the vendor or its principals (including officers) were/are defendants.
- b. For each material case, the Vendor is required to provide all information identified on the **Litigation History Form**.
- c. The County will consider a Vendor's litigation history information in its review and determination of responsibility.
- d. If the Vendor is a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture.
- e. A Vendor is also required to disclose to the County any and all case(s) that exist between the County and any of the Vendor's subcontractors/subconsultants proposed to work on this project.
- f. Failure to disclose any material case, or to provide all requested information in connection with each such case, may result in the Vendor being deemed non-responsive.

2. **Financial Information**

- a. All Vendors are required to provide the Vendor's financial statements at the time of submittal in order to demonstrate the Vendor's financial capabilities.
- b. Each Vendor shall submit its most recent two years of financial statements for review. The financial statements are not required to be audited financial statements. The annual financial statements will be in the form of:
 - i. Balance sheets, income statements and annual reports; or
 - ii. Tax returns; or
 - iii. SEC filings.

If tax returns are submitted, ensure it does not include any personal information (as defined

under Florida Statutes Section 501.171, Florida Statutes), such as social security numbers, bank account or credit card numbers, or any personal pin numbers. If any personal information data is part of financial statements, redact information prior to submitting a response the County.

- c. If a Vendor has been in business for less than the number of years of required financial statements, then the Vendor must disclose all years that the Vendor has been in business, including any partial year-to-date financial statements.
- d. The County may consider the unavailability of the most recent year's financial statements and whether the Vendor acted in good faith in disclosing the financial documents in its evaluation.
- e. Any claim of confidentiality on financial statements should be asserted at the time of submittal. Refer to **Standard Instructions to Vendors**, Confidential Material/ Public Records and Exemptions for instructions on submitting confidential financial statements. The Vendor's failure to provide the information as instructed may lead to the information becoming public.
- f. Although the review of a Vendor's financial information is an issue of responsibility, the failure to either provide the financial documentation or correctly assert a confidentiality claim pursuant the Florida Public Records Law and the solicitation requirements (Confidential Material/ Public Records and Exemptions section) may result in a recommendation of non-responsiveness by the Director of Purchasing.

3. Authority to Conduct Business in Florida

- a. A Vendor must have the authority to transact business in the State of Florida and be in good standing with the Florida Secretary of State. For further information, contact the Florida Department of State, Division of Corporations.
- b. The County will review the Vendor's business status based on the information provided in response to this solicitation.
- c. It is the Vendor's responsibility to comply with all state and local business requirements.
- d. Vendor should list its active Florida Department of State Division of Corporations Document Number (or Registration No. for fictitious names) in the **Vendor Questionnaire**, Question No. 10.
- e. If a Vendor is an out-of-state or foreign corporation or partnership, the Vendor must obtain the authority to transact business in the State of Florida or show evidence of application for the authority to transact business in the State of Florida, upon request of the County.
- f. A Vendor that is not in good standing with the Florida Secretary of State at the time of a submission to this solicitation may be deemed non-responsible.
- g. If successful in obtaining a contract award under this solicitation, the Vendor must remain in good standing throughout the contractual period of performance.

4. Affiliated Entities of the Principal(s)

- a. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County. The Vendor is required to provide all information required on the **Affiliated Entities of the Principal(s) Certification Form**.

- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Program, including CBE, DBE and SBE goal attainment requirements. "Affiliated entities" of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

5. Insurance Requirements

The **Insurance Requirement Form** reflects the insurance requirements deemed necessary for this project. It is not necessary to have this level of insurance in effect at the time of submittal, but it is necessary to submit certificates indicating that the Vendor currently carries the insurance or to submit a letter from the carrier indicating it can provide insurance coverages.

C. Additional Information and Certifications

The following forms and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

1. Vendor Questionnaire

Vendor is required to submit detailed information on their firm. Refer to the **Vendor Questionnaire** and submit as instructed.

2. Standard Certifications

Vendor is required to certify to the below requirements. Refer to the **Standard Certifications** and submit as instructed.

- a. **Cone of Silence Requirement Certification**
- b. **Drug-Free Workplace Certification**
- c. **Non-Collusion Certification**
- d. **Public Entities Crimes Certification**
- e. **Scrutinized Companies List Certification**

3. Subcontractors/Subconsultants/Suppliers Requirement

The Vendor shall submit a listing of all subcontractors, subconsultants, and major material suppliers, if any, and the portion of the contract they will perform. Vendors must follow the instructions included on the **Subcontractors/Subconsultants/Suppliers Information Form** and submit as instructed.

D. Standard Agreement Language Requirements

1. The acceptance of or any exceptions taken to the terms and conditions of the County's Agreement shall be considered a part of a Vendor's submittal and will be considered by the Selection or Evaluation Committee.
2. The applicable Agreement terms and conditions for this solicitation are indicated in the **Special Instructions to Vendors**.
3. Vendors are required to review the applicable terms and conditions and submit the **Agreement Exception Form**. If the **Agreement Exception Form** is not provided with the submittal, it shall be deemed an affirmation by the Vendor that it accepts the Agreement terms and conditions as

disclosed in the solicitation.

4. If exceptions are taken, the Vendor must specifically identify each term and condition with which it is taking an exception. Any exception not specifically listed is deemed waived. Simply identifying a section or article number is not sufficient to state an exception. Provide either a redlined version of the specific change(s) or specific proposed alternative language. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.
5. Submission of any exceptions to the Agreement does not denote acceptance by the County. Furthermore, taking exceptions to the County's terms and conditions may be viewed unfavorably by the Selection or Evaluation Committee and ultimately may impact the overall evaluation of a Vendor's submittal.

E. Evaluation Criteria

1. The Selection or Evaluation Committee will evaluate Vendors as per the **Evaluation Criteria**. The County reserves the right to obtain additional information from a Vendor.
2. Vendor has a continuing obligation to inform the County in writing of any material changes to the information it has previously submitted. The County reserves the right to request additional information from Vendor at any time.
3. For Request for Proposals, the following shall apply:
 - a. The Director of Purchasing may recommend to the Evaluation Committee to short list the most qualified firms prior to the Final Evaluation.
 - b. The Evaluation Criteria identifies points available; a total of 100 points is available.
 - c. If the Evaluation Criteria includes a request for pricing, the total points awarded for price is determined by applying the following formula:
$$\frac{\text{(Lowest Proposed Price/Vendor's Price)}}{\text{Maximum Number of Points for Price}} = \text{Price Score}$$
 - d. After completion of scoring, the County may negotiate pricing as in its best interest.
4. For Requests for Letters of Interest or Request for Qualifications, the following shall apply:
 - a. The Selection or Evaluation Committee will create a short list of the most qualified firms.
 - b. The Selection or Evaluation Committee will either:
 - i. Rank shortlisted firms; or
 - ii. If the solicitation is part of a two-step procurement, shortlisted firms will be requested to submit a response to the Step Two procurement.

F. Demonstrations

If applicable, as indicated in **Special Instructions to Vendors**, Vendors will be required to demonstrate the nature of their offered solution. After receipt of submittals, all Vendors will receive a description of, and arrangements for, the desired demonstration. A copy of the demonstration (hard copy, DVD, CD, flash drive or a combination of both) should be given to the Purchasing Agent at the demonstration meeting to retain in the Purchasing files.

G. Presentations

Vendors that are found to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) will have an opportunity to make an oral presentation to the Selection or Evaluation Committee on the Vendor's approach to this project and the Vendor's ability to perform. The committee may provide a list of subject matter for the discussion. All Vendor's will have equal time to present but the question-and-answer time may vary.

H. Public Art and Design Program

If indicated in **Special Instructions to Vendors**, Public Art and Design Program, Section 1-88, Broward County Code of Ordinances, applies to this project. It is the intent of the County to functionally integrate art, when applicable, into capital projects and integrate artists' design concepts into this improvement project. The Vendor may be required to collaborate with the artist(s) on design development within the scope of this request. Artist(s) shall be selected by Broward County through an independent process. For additional information, contact the Broward County Cultural Division.

I. Committee Appointment

The Cone of Silence shall be in effect for County staff at the time of the Selection or Evaluation Committee appointment and for County Commissioners and Commission staff at the time of the Shortlist Meeting of the Selection Committee or the Initial Evaluation Meeting of the Evaluation Committee. The committee members appointed for this solicitation are available on the Purchasing Division's website under Committee Appointment.

J. Committee Questions, Request for Clarifications, Additional Information

At any committee meeting, the Selection or Evaluation Committee members may ask questions, request clarification, or require additional information of any Vendor's submittal or proposal. It is highly recommended Vendors attend to answer any committee questions (if requested), including a Vendor representative that has the authority to bind.

Vendor's answers may impact evaluation (and scoring, if applicable). Upon written request to the Purchasing Agent prior to the meeting, a conference call number will be made available for Vendor participation via teleconference. Only Vendors that are found to be both responsive and responsible to the requirements of the solicitation and/or shortlisted (if applicable) are requested to participate in a final (or presentation) Selection or Evaluation committee meeting.

K. Vendor Questions

The County provides a specified time for Vendors to ask questions and seek clarification regarding solicitation requirements. All questions or clarification inquiries must be submitted through BidSync by the date and time referenced in the solicitation document (including any addenda). The County will respond to questions via Bid Sync.

L. Confidential Material/ Public Records and Exemptions

1. Broward County is a public agency subject to Chapter 119, Florida Statutes. Upon receipt, all submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Submittals may be posted on the County's public website or included in a public records request response, unless there is a declaration of "confidentiality" pursuant to the public records law and in accordance with the procedures in this section.
2. Any confidential material(s) the Vendor asserts is exempt from public disclosure under Florida Statutes must be labeled as "Confidential", and marked with the specific statute and subsection asserting exemption from Public Records.

3. To submit confidential material, three hardcopies must be submitted in a sealed envelope, labeled with the solicitation number, title, date and the time of solicitation opening to:

Broward County Purchasing Division
115 South Andrews Avenue, Room 212
Fort Lauderdale, FL 33301

4. Material will not be treated as confidential if the Vendor does not cite the applicable Florida Statute (s) allowing the document to be treated as confidential.
5. Any materials that the Vendor claims to be confidential and exempt from public records must be marked and separated from the submittal. If the Vendor does not comply with these instructions, the Vendor's claim for confidentiality will be deemed as waived.
6. Submitting confidential material may impact full discussion of your submittal by the Selection or Evaluation Committee because the Committee will be unable to discuss the details contained in the documents cloaked as confidential at the publicly noticed Committee meeting.

M. Copyrighted Materials

Copyrighted material is not exempt from the Public Records Law, Chapter 119, Florida Statutes. Submission of copyrighted material in response to any solicitation will constitute a license and permission for the County to make copies (including electronic copies) as reasonably necessary for the use by County staff and agents, as well as to make the materials available for inspection or production pursuant to Public Records Law, Chapter 119, Florida Statutes.

N. State and Local Preferences

If the solicitation involves a federally funded project where the fund requirements prohibit the use of state and/or local preferences, such preferences contained in the Local Preference Ordinance and Broward County Procurement Code will not be applied in the procurement process.

O. Local Preference

Except where otherwise prohibited by federal or state law or other funding source restrictions, a local Vendor whose submittal is within 5% of the highest total ranked Vendor outside of the preference area will become the Vendor with whom the County will proceed with negotiations for a final contract. Refer to **Local Vendor Certification Form (Preference and Tiebreaker)** for further information.

P. Tiebreaker Criteria

In accordance with Section 21.31.d of the Broward County Procurement Code, the tiebreaker criteria shall be applied based upon the information provided in the Vendor's response to the solicitation. In order to receive credit for any tiebreaker criterion, complete and accurate information must be contained in the Vendor's submittal.

1. **Local Vendor Certification Form (Preference and Tiebreaker);**
2. **Domestic Partnership Act Certification (Requirement and Tiebreaker);**
3. **Tiebreaker Criteria Form: Volume of Work Over Five Years**

Q. Posting of Solicitation Results and Recommendations

The Broward County Purchasing Division's website is the location for the County's posting of all solicitations and contract award results. It is the obligation of each Vendor to monitor the website in

order to obtain complete and timely information.

R. Review and Evaluation of Responses

A Selection or Evaluation Committee is responsible for recommending the most qualified Vendor(s). The process for this procurement may proceed in the following manner:

1. The Purchasing Division delivers the solicitation submittals to agency staff for summarization for the committee members. Agency staff prepares a report, including a matrix of responses submitted by the Vendors. This may include a technical review, if applicable.
2. Staff identifies any incomplete responses. The Director of Purchasing reviews the information and makes a recommendation to the Selection or Evaluation Committee as to each Vendor's responsiveness to the requirements of the solicitation. The final determination of responsiveness rests solely on the decision of the committee.
3. At any time prior to award, the awarding authority may find that a Vendor is not responsible to receive a particular award. The awarding authority may consider the following factors, without limitation: debarment or removal from the authorized Vendors list or a final decree, declaration or order by a court or administrative hearing officer or tribunal of competent jurisdiction that the Vendor has breached or failed to perform a contract, claims history of the Vendor, performance history on a County contract(s), an unresolved concern, or any other cause under this code and Florida law for evaluating the responsibility of a Vendor.

S. Vendor Protest

Sections 21.118 and 21.120 of the Broward County Procurement Code set forth procedural requirements that apply if a Vendor intends to protest a solicitation or proposed award of a contract and state in part the following:

1. Any protest concerning the solicitation or other solicitation specifications or requirements must be made and received by the County within seven business days from the posting of the solicitation or addendum on the Purchasing Division's website. Such protest must be made in writing to the Director of Purchasing. Failure to timely protest solicitation specifications or requirements is a waiver of the ability to protest the specifications or requirements.
2. Any protest concerning a solicitation or proposed award above the award authority of the Director of Purchasing, after the RLI or RFP opening, shall be submitted in writing and received by the Director of Purchasing within five business days from the posting of the recommendation of award for Invitation to Bids or the final recommendation of ranking for Request for Letters of Interest and Request for Proposals on the Purchasing Division's website.
3. Any actual or prospective Vendor who has a substantial interest in and is aggrieved in connection with the proposed award of a contract which does not exceed the amount of the award authority of the Director of Purchasing, may protest to the Director of Purchasing. The protest shall be submitted in writing and received within three (3) business days from the posting of the recommendation of award for Invitation to Bids or the final recommendation of ranking for Request for Letters of Interest and Request for Proposals on the Purchasing Division's website.
4. For purposes of this section, a business day is defined as Monday through Friday between 8:30 a.m. and 5:00 p.m. Failure to timely file a protest within the time prescribed for a proposed contract award shall be a waiver of the Vendor's right to protest.

5. Protests arising from the decisions and votes of a Selection or Evaluation Committee shall be limited to protests based upon the alleged deviations from established committee procedures set forth in the Broward County Procurement Code and existing written guidelines. Any allegations of misconduct or misrepresentation on the part of a competing Vendor shall not be considered a protest.
6. As a condition of initiating any protest, the protestor shall present the Director of Purchasing a nonrefundable filing fee in accordance with the table below.

<u>Estimated Contract Amount</u>	<u>Filing Fee</u>
\$30,000 - \$250,000	\$ 500
\$250,001 - \$500,000	\$1,000
\$500,001 - \$5 million	\$3,000
Over \$5 million	\$5,000

If no contract proposal amount was submitted, the estimated contract amount shall be the County's estimated contract price for the project. The County may accept cash, money order, certified check, or cashier's check, payable to Broward County Board of Commissioners.

T. Right of Appeal

Pursuant to Section 21.83.d of the Broward County Procurement Code, any Vendor that has a substantial interest in the matter and is dissatisfied or aggrieved in connection with the Selection or Evaluation Committee's determination of responsiveness may appeal the determination pursuant to Section 21.120 of the Broward County Procurement Code.

1. The appeal must be in writing and sent to the Director of Purchasing within ten (10) calendar days of the determination by the Selection or Evaluation Committee to be deemed timely.
2. As required by Section 21.120, the appeal must be accompanied by an appeal bond by a Vendor having standing to protest and must comply with all other requirements of this section.
3. The institution and filing of an appeal is an administrative remedy to be employed prior to the institution and filing of any civil action against the County concerning the subject matter of the appeal.

U. Rejection of Responses

The Selection or Evaluation Committee may recommend rejecting all submittals as in the best interests of the County. The rejection shall be made by the Director of Purchasing, except when a solicitation was approved by the Board, in which case the rejection shall be made by the Board.

V. Negotiations

The County intends to conduct the first negotiation meeting no later than two weeks after approval of the final ranking as recommended by the Selection or Evaluation Committee. At least one of the representatives for the Vendor participating in negotiations with the County must be authorized to bind the Vendor. In the event that the negotiations are not successful within a reasonable timeframe (notification will be provided to the Vendor) an impasse will be declared and negotiations with the first-ranked Vendor will cease. Negotiations will begin with the next ranked Vendor, etc. until such time that all requirements of Broward County Procurement Code have been met.

W. Submittal Instructions:

1. Broward County does not require any personal information (as defined under Section 501.171, Florida Statutes), such as social security numbers, driver license numbers, passport, military ID, bank account or credit card numbers, or any personal pin numbers, in order to submit a response for ANY Broward County solicitation. **DO NOT INCLUDE** any personal information data in any document submitted to the County. If any personal information data is part of a submittal, this information must be redacted prior to submitting a response to the County.
2. **Vendor MUST submit its solicitation response electronically and MUST confirm its submittal in order for the County to receive a valid response through BidSync.** It is the Vendor's sole responsibility to assure its response is submitted and received through BidSync by the date and time specified in the solicitation.
3. The County will not consider solicitation responses received by other means. Vendors are encouraged to submit their responses in advance of the due date and time specified in the solicitation document. In the event that the Vendor is having difficulty submitting the solicitation document through Bid Sync, immediately notify the Purchasing Agent and then contact BidSync for technical assistance.
4. Vendor must view, submit, and/or accept each of the documents in BidSync. Web-fillable forms can be filled out and submitted through BidSync.
5. After all documents are viewed, submitted, and/or accepted in BidSync, the Vendor must upload additional information requested by the solicitation (i.e. Evaluation Criteria and Financials Statements) in the Item Response Form in BidSync, under line one (regardless if pricing requested).
6. Vendor should upload responses to Evaluation Criteria in Microsoft Word or Excel format.
7. If the Vendor is declaring any material confidential and exempt from Public Records, refer to Confidential Material/ Public Records and Exemptions for instructions on submitting confidential material.
8. After all files are uploaded, Vendor must submit and **CONFIRM** its offer (by entering password) for offer to be received through BidSync.
9. If a solicitation requires an original Proposal Bond (per Special Instructions to Vendors), Vendor must submit in a sealed envelope, labeled with the solicitation number, title, date and the time of solicitation opening to:

Broward County Purchasing Division
115 South Andrews Avenue, Room 212
Fort Lauderdale, FL 33301

A copy of the Proposal Bond should also be uploaded into Bid Sync; this does not replace the requirement to have an original proposal bond. Vendors must submit the original Proposal Bond, by the solicitation due date and time.

Broward County Board of
County Commissioners

Bid GEN2115794P1

The following list of Evaluation Criteria total 100 points. Subsequent pages will further detail and define the Evaluation Criteria which are summarized with their numerical point ranges. Be concise with your responses to each Evaluation Criteria (Maximum 2100 characters).

If applicable, Vendors should list in its response the title of any attached supplemental information. Refer to Special Instructions to Vendors – Evaluation Response Form.

If applicable, total points awarded for price will be determined by the following formula:

$$\left[\frac{\text{Lowest Proposed Price}}{\text{Proposer's Price}} \right] \times (\text{Points for Price}) = \text{Points for Price}$$

1.	<p>ABILITY OF PROFESSIONAL PERSONNEL Identify the Project Manager and all key staff intended to work on the account if awarded. Describe the qualifications and relevant experience of the Project Manager and all key staff. Include resumes for the Project Manager and all key staff described. Include the qualifications and relevant experience of all sub-consultants' key staff to be assigned to this project. Points Value: 22 Points</p>	22 POINTS
	<p><u>1a. Project Manager Qualifications</u> In addition to providing the resume of the Project Manager, describe the specific qualifications (including education, designations and experience) of Project Manager that make this person qualified to perform and suitable for this project.</p>	5
	<p><u>1b. Key Staff Qualifications</u> In addition to providing the resumes of the key staff members, describe the specific qualifications (including education, designations and experience) of key staff members that make each staff member qualified to perform and suitable for this project.</p>	5
	<p><u>1c. Project Manager and Key Staff Experience with Large Florida Medical Cost Containment Programs</u> Describe the experience of the Project Manager and key staff members with large workers' compensation medical cost containment programs in Florida. Be sure to address the items below as part of your response:</p> <ul style="list-style-type: none"> • Experience with bill reporting to the State of Florida via EDI; • Experience with medical and pharmacy PPO networks with a Broward County provider focus; and • Experience with health care providers adherence to client profiles 	7
	<p><u>1d. Project Manager and Key Staff Experience with Florida Government Self-Insured and Self-Administered Insurance Programs</u> Describe the experience of the Project Manager and key staff members with providing and servicing casualty (i.e., workers' compensation, general liability, public official's liability, automobile, crime, etc.) insurance programs on behalf of Florida governmental entities. Be sure to address the items below as part of your response:</p> <ul style="list-style-type: none"> • Experience with Florida Counties; and • Experience with servicing workers' compensation insurance programs for Florida governmental entities since January 1, 2011. 	5
2.	<p>PROJECT APPROACH Describe the prime Vendor's approach to the project. Include how the prime Vendor will use sub-consultants in the project. Points Value: 17 Points</p>	17 POINTS

	<p>2a. Describe Vendor's understanding of the Scope of Work and ability, approach and plan to satisfy all requirements of the Scope of Work in complete compliance with all federal, state and local laws, statutes, ordinances, rules and regulations. Deviations (if any) to the requirements of the Scope of Work are to be noted herein.</p>	5
	<p>2b. Provide a conceptual description of how Vendor will approach cost containment services, and what methodology Vendor will use to guarantee that the County will receive the broadest and most cost-effective cost containment programs.</p>	5
	<p>2c. Provide a description of Vendor's ancillary services which will be made available to the County including:</p> <ul style="list-style-type: none"> a. Occupational, Medical, Drug and Alcohol Policies b. Safety and Occupational Health Services c. Investigative Services and Surveillance d. All-Lines Adjusting Services <p>The description of services should denote what services (if any) require additional cost to the County.</p>	7
3.	<p>PAST PERFORMANCE Describe and provide evidence of prime Vendor's experience on projects of similar nature, scope and duration, along with evidence of satisfactory completion, both on time and within budget, for the past five years. Provide a minimum of three projects with references.</p> <p>Provide references for similar work performed to show evidence of qualifications and previous experience. Refer to Vendor Reference Verification Form and submit as instructed. Only provide references for non-Broward County Board of County Commissioners' contracts. For Broward County contracts, the County will review performance evaluations in its database for vendors with previous or current contracts with the County. The County considers references and performance evaluations in the evaluation of Vendor's past performance.</p> <p>Describe any prior experience your firm has had in assisting clients with exposure-related claims and specific network occupational medical providers versed in the objective medical testing of such claims. Points Value: 20 Points</p>	20 POINTS
	<p><u>3a. Experience with Large Florida Workers' Compensation Programs</u> References provided by Vendor should include reference(s) for which Vendor has provided cost containment services handling workers' compensation, similar to those described in this RFP. For such workers' compensation reference(s), Vendor should include information relating to the dates such services were provided, the average monthly incoming claims volume of the references' programs and whether the reference had a multi-agency self-insured, self-administered workers' compensation insurance program.</p>	5
	<p><u>3b. Experience with Florida Government Cost Containment Programs</u> References provided by Vendor should include reference(s) that are Florida governmental entities for which Vendor has provided and serviced cost containment programs (i.e., workers' compensation, general liability, public officials' liability, automobile, crime, etc.). Vendor should include information relating to the dates such services were provided and the types of cost containment services that Vendor provided/serviced for such entity.</p>	5

	<p>3c. Experience with Occupational, Medical, Drug and Alcohol Policies References provided by Vendor should include reference(s) that have established these type programs either through in-house personnel or contracted services for which Vendor has provided and serviced such programs. Vendor should include information relating to the dates such services were provided, the number of annual consults and screens provided/serviced for such entity. Be sure to address the items below as part of your response:</p> <ul style="list-style-type: none"> • Experience detecting health conditions that bring additional risk; • Experience with drug and alcohol testing in compliance with federal transportation regulation; and • Experience with providing occupational medical advice consultation. 	5
	<p>3d. Experience with Safety and Occupational Health Services References provided by Vendor should include reference(s) that have established safety programs for which Vendor has provided and serviced such programs. Vendor should include information relating to the dates such services were provided, the number of annual consults, and the types of consults that Vendor placed/serviced for such entity. Be sure to address the items below as part of your response:</p> <ul style="list-style-type: none"> • Experience performing indoor air quality assessments; • Experience with building envelope assessments; and • Experience ergonomic and repetitive motion assessments. 	5
4.	<p>PROJECT SPECIFIC VENDOR QUESTIONNAIRE Vendor must complete the attached Project Specific Questionnaire.</p> <p>Questions with YES or NO are given 1 point for each YES answer. Questions asking for process description are to be given the same 1 point if the process exists and is described, where applicable. Total Points: 24 Points</p>	24 POINTS
5.	<p>LOCATION Refer to Vendor's Business Location Attestation Form and submit as instructed.</p> <p>Vendor with a principal place of business location (also known as the nerve center) within Broward County for the last six months, prior to the solicitation submittal, will receive five points; a Vendor not meeting all of the local business requirements will receive zero points. The following applies for a Vendor responding as a Joint Venture (JV): if a member of the JV has 51% or more of the equity and meets all of the local business requirements, the JV will receive three points; if a member of the JV has 30 to 50% of the equity and meets all of the local business requirements, the JV will receive two points; and if a member of the JV has 10% to 29% of the equity and meets all of the local business requirements, the JV will receive one point. Total Points: 5 Points</p>	5 POINTS
6.	<p>PRICE Vendors must submit pricing in BidSync with your response. Refer to the Item Response Form.</p> <p>Total points awarded for price will be determined by applying the following formula for 6a.: [(Lowest Proposed Price/Proposer's Price) x (Points for Price) = Price Points] Prices may be negotiated in the best interest of the County after the scoring is completed Total Points: 12 Points</p>	12 POINTS
	6a. Mandatory Services Pricing (Initial Term and Optional Renewal Terms)	12
	TOTAL NUMBER OF POINTS	100

VENDOR QUESTIONNAIRE AND STANDARD CERTIFICATIONS Request for Proposals, Request for Qualifications, or Request for Letters of Interest

Vendor should complete questionnaire and complete and acknowledge the standard certifications and submit with the solicitation response. If not submitted with solicitation response, it must be submitted within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

If a response requires additional information, the Vendor should upload a written detailed response with submittal; each response should be numbered to match the question number. The completed questionnaire and attached responses will become part of the procurement record. It is imperative that the person completing the Vendor Questionnaire be knowledgeable about the proposing Vendor's business and operations.

1. Legal business name:
2. Doing Business As/ Fictitious Name (if applicable):
3. Federal Employer I.D. no. (FEIN):
4. Dun and Bradstreet No.:
5. Website address (if applicable):
6. Principal place of business address: 5
6
7. Office location responsible for this project: 5
6
8. Telephone no.: Fax no.:
9. Type of business (check appropriate box):
 - Corporation (specify the state of incorporation):
 - Sole Proprietor
 - Limited Liability Company (LLC)
 - Limited Partnership
 - General Partnership (State and County Filed In)
 - Other - Specify
10. List Florida Department of State, Division of Corporations document number (or registration number if fictitious name):
11. List name and title of each principal, owner, officer, and major shareholder:
 - a)
 - b)
 - c)
 - d)

12. AUTHORIZED CONTACT(S) FOR YOUR FIRM:

Name:
Title:
E-mail:
Telephone No.:

Name:
Title:
E-mail:
Telephone No.:

- 13. Has your firm, its principals, officers or predecessor organization(s) been debarred or suspended by any government entity within the last three years? If yes, specify details in an attached written response. Yes No
- 14. Has your firm, its principals, officers or predecessor organization(s) ever been debarred or suspended by any government entity? If yes, specify details in an attached written response, including the reinstatement date, if granted. Yes No
- 15. Has your firm ever failed to complete any services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response. Yes No
- 16. Is your firm or any of its principals or officers currently principals or officers of another organization? If yes, specify details in an attached written response. Yes No
- 17. Have any voluntary or involuntary bankruptcy petitions been filed by or against your firm, its parent or subsidiaries or predecessor organizations during the last three years? If yes, specify details in an attached written response. Yes No
- 18. Has your firm's surety ever intervened to assist in the completion of a contract or have Performance and/or Payment Bond claims been made to your firm or its predecessor's sureties during the last three years? If yes, specify details in an attached written response, including contact information for owner and surety. Yes No
- 19. Has your firm ever failed to complete any work awarded to you, services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response. Yes No
- 20. Has your firm ever been terminated from a contract within the last three years? If yes, specify details in an attached written response. Yes No
- 21. Living Wage solicitations only: In determining what, if any, fiscal impacts(s) are a result of the Ordinance for this solicitation, provide the following for informational purposes only. Response is not considered in determining the award of this contract.
Living Wage had an effect on the pricing. Yes No
 N/A
If yes, Living Wage increased the pricing by % or decreased the pricing by %.

Cone of Silence Requirement Certification:

The Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances prohibits certain communications among Vendors, Commissioners, County staff, and Selection or Evaluation Committee members. Identify on a separate sheet any violations of this Ordinance by any members of the responding firm or its joint ventures. After the application of the Cone of Silence, inquiries regarding this solicitation should be directed to the Director of Purchasing or designee. The Cone of Silence terminates when the County Commission or other awarding authority takes action which ends the solicitation.

The Vendor hereby certifies that: (check each box)

- The Vendor has read Cone of Silence Ordinance, Section 1-266, Broward County Code of Ordinances; and
- The Vendor understands that the Cone of Silence for this competitive solicitation shall be in effect beginning upon the appointment of the Selection or Evaluation Committee, for communication regarding this solicitation with the County Administrator, Deputy County Administrator, Assistant County Administrators, and Assistants to the County Administrator and their respective support staff or any person, including Evaluation or Selection Committee members, appointed to evaluate or recommend selection in this RFP/RLI process. For Communication with County Commissioners and Commission staff, the Cone of Silence allows communication until the initial Evaluation or Selection Committee Meeting.
- The Vendor agrees to comply with the requirements of the Cone of Silence Ordinance.

Drug-Free Workplace Requirements Certification:

Section 21.31.a. of the Broward County Procurement Code requires awards of all competitive solicitations requiring Board award be made only to firms certifying the establishment of a drug free workplace program. The program must consist of:

1. Publishing a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace, and specifying the actions that will be taken against employees for violations of such prohibition;
2. Establishing a continuing drug-free awareness program to inform its employees about:
 - a. The dangers of drug abuse in the workplace;
 - b. The offeror's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Giving all employees engaged in performance of the contract a copy of the statement required by subparagraph 1;
4. Notifying all employees, in writing, of the statement required by subparagraph 1, that as a condition of employment on a covered contract, the employee shall:
 - a. Abide by the terms of the statement; and
 - b. Notify the employer in writing of the employee's conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or of any state, for a violation occurring in the workplace NO later than five days after such conviction.
5. Notifying Broward County government in writing within 10 calendar days after receiving notice under subdivision 4.b above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;
6. Within 30 calendar days after receiving notice under subparagraph 4 of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
 - a. Taking appropriate personnel action against such employee, up to and including termination; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency; and
7. Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs 1 through 6.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that it has established a drug free workplace program in accordance with the above

requirements.

Non-Collusion Certification:

Vendor shall disclose, to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135 (1) (c), Florida Statutes, who is an officer or director of, or has a material interest in, the Vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. Failure of a Vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.

The Vendor hereby certifies that: (select one)

- The Vendor certifies that this offer is made independently and free from collusion; or
- The Vendor is disclosing names of officers or employees who have a material interest in this procurement and is in a position to influence this procurement. Vendor must include a list of name(s), and relationship(s) with its submittal.

Public Entities Crimes Certification:

In accordance with Public Entity Crimes, Section 287.133, Florida Statutes, a person or affiliate placed on the convicted vendor list following a conviction for a public entity crime may not submit on a contract: to provide any goods or services; for construction or repair of a public building or public work; for leases of real property to a public entity; and may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for Category Two for a period of 36 months following the date of being placed on the convicted vendor list.

The Vendor hereby certifies that: (check box)

- The Vendor certifies that no person or affiliates of the Vendor are currently on the convicted vendor list and/or has not been found to commit a public entity crime, as described in the statutes.

Scrutinized Companies List Certification:

Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List is prohibited from submitting a response to a solicitation for goods or services in an amount equal to or greater than \$1 million.

The Vendor hereby certifies that: (check each box)

- The Vendor, owners, or principals are aware of the requirements of Sections 287.135, 215.473, and 215.4275, Florida Statutes, regarding Companies on the Scrutinized Companies with Activities in Sudan List the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- The Vendor, owners, or principals, are eligible to participate in this solicitation and are not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and
- If awarded the Contract, the Vendor, owners, or principals will immediately notify the County in writing if any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List.

Broward County Board of
County Commissioners

Bid GEN2115794P1

I hereby certify the information provided in the Vendor Questionnaire and Standard Certifications:

<input type="text"/>	<input type="text"/>	<input type="text"/>
*AUTHORIZED SIGNATURE/NAME	TITLE	DATE

Vendor Name:

* I certify that I am authorized to sign this solicitation response on behalf of the Vendor as indicated in Certificate as to Corporate Principal, designation letter by Director/Corporate Officer, or other business authorization to bind on behalf of the Vendor. As the Vendor's authorized representative, I attest that any and all statements, oral, written or otherwise, made in support of the Vendor's response, are accurate, true and correct. I also acknowledge that inaccurate, untruthful, or incorrect statements made in support of the Vendor's response may be used by the County as a basis for rejection, rescission of the award, or termination of the contract and may also serve as the basis for debarment of Vendor pursuant to Section 21.119 of the Broward County Procurement Code. I certify that the Vendor's response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same items/services, and is in all respects fair and without collusion or fraud. I also certify that the Vendor agrees to abide by all terms and conditions of this solicitation, acknowledge and accept all of the solicitation pages as well as any special instructions sheet(s).

PROJECT SPECIFIC QUESTIONNAIRE

Workers' Compensation Medical Cost Containment and Case management Services

Company Name: _____

Proposers are requested to provide the following services. Proposers are asked to specify their ability to provide these services. If Proposer cannot provide any of the following services, the Proposer must so indicate in the response column (checked). A response is requested for each of the questions below.

NOTE: Questions with YES or NO are given 1 point for each YES answer. Questions asking for process description are to be given the same 1 point if process exists and is described, where applicable.

Total Points: 24 Points

Services	Response
<p>1. Does your firm have the capability to electronically transmit to the County ClearSight Enterprise system the First Notice of Injury (FNOI) information the data file format defined in the Scope of Work?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>2. Does your firm have the ability to securely send (in encrypted format) emails containing the completed FROI form and any additional injured worker information?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>3. Does your firm have the capability to electronically transmit to the ClearSight Enterprise system all processed and audited medical and pharmacy bills in the data file format defined in the Scope of Work?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>4. Does your firm provide online access to case management activity, medical review/audit services, and bill authorization?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5. Does your firm have the ability to receive an electronic "new claim" file from the County in the file format defined in the Scope of Work to update your firm's system(s) with the County's assigned claim number and County adjuster's name?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>6. Does your firm have the ability to receive an electronic data file from the County's ClearSight Enterprise that will contain the County's "date paid and check number" on all medical bills in the file format defined in Scope of Work to update your firm's system(s) in order to meet the State's medical bill EDI requirements (which include the date paid on all medical bill EDI submissions)?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>7. Does your firm have written procedures to assume or continue operations in the event of a hurricane, other natural disaster, or other emergency to ensure continued uninterrupted medical cost containment and case management services? If so, provide a copy of those procedures.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

<p>8. Does your firm have the ability to meet all of the additional EDI requirements detailed in the Scope of Work? Indicate any of these requirements that your firm can not meet.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>9. Does or will your firm provide a secured FTP site for the transfer of the various EDI files back and forth between your system(s) and the County's claims administration system?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>10. Does your firm have the ability to receive a personnel file in the file format defined in the scope of work?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>11. Does your firm have the ability to receive files containing claim data such as controvert date, MMI Date, MMI rating, etcetera?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>12. Should the County implement a new claims management system(s), does your organization commit to remaining compatible to the Board of County Commissioners (BOCC) claims administration system at no additional cost to the County?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>13. Provide specific and brief descriptions of your firm's program/process as it relates to Preferred Provider Network services</p> <p>a) Include the geographic coverage b) Include the number of physicians for the following specialties:</p> <p>List the number of specialties:</p> <p><input type="checkbox"/> Cardiologists <input type="checkbox"/> Electro-physiologists <input type="checkbox"/> Psychiatrists <input type="checkbox"/> Neuropsychologists <input type="checkbox"/> Pulmonologists <input type="checkbox"/> Infectious disease <input type="checkbox"/> Ear/Nose/Throat <input type="checkbox"/> Gastroenterologists <input type="checkbox"/> Plastic Surgeons <input type="checkbox"/> Rheumatologists <input type="checkbox"/> Endocrinologists <input type="checkbox"/> Orthopedics <input type="checkbox"/> Neurologists <input type="checkbox"/> Pain Management</p>	<p>Process exists? YES <input type="checkbox"/> NO <input type="checkbox"/> Describe or Not Applicable (N/A):</p>
<p>14. Provide specific and brief descriptions of your firm's program/process as it relates to Medical Bill review/audit services</p> <p>a) Does your firm have the capacity and capability to receive all the County's medical bills directly at your firm's designated work location? b) Include a list of your 3 largest accounts served by your firm's office, with corresponding average monthly bill volume. c) Include capability of your firm processing and re-pricing systems' ability to create and maintain two separate business sections or units if needed. d) Include the capability to re-price in accordance with State of Florida fee schedule, and any available</p>	<p>Process exists? YES <input type="checkbox"/> NO <input type="checkbox"/> Describe or Not Applicable (N/A):</p>

Broward County Board of
County Commissioners

Bid GEN2115794P1

<p>PPO discounts.</p> <p>e) For medical bills which have been untimely filed with the state, is your firm willing to reimburse the County for assessed late fees?</p> <p>f) Provide specific and brief descriptions of your firm's handling of medical bill send-backs.</p>	
<p>15. Provide specific and brief descriptions of your firm's program/process as it relates to Utilization/Peer review services</p> <p>a) Include how Utilization Review decisions are defended</p>	<p>Process exists?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>
<p>16. Provide specific and brief descriptions of your firm's program/process as it relates to Pharmacy Benefit management services</p> <p>a) Include how your firm's system manages the following:</p> <ul style="list-style-type: none"> i. Early Refill ii. Potential adverse reactions iii. Duplicate prescriptions iv. Drugs not commonly associated with workers' compensation injuries v. Over utilization vi. Lack of medical necessity vii. Chronic pain viii. First Fills <p>Include possible solutions enacted by Florida clients addressing physicians dispensing drugs directly to injured workers.</p>	<p>Process exists?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>
<p>17. Provide specific and brief descriptions of your firm's program/process as it relates to First Report of Injury Intake/Triage services.</p> <p>a) Is the intake center operational 24/7/365?</p> <p>b) Is a toll-free number available for telephonic FNOI intake?</p> <p>c) Do you have a back-up center?</p>	<p>Process exists?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>
<p>18. Provide specific and brief descriptions of your firm's program/process as it relates to Vocational Rehabilitation / Return to Work services</p>	<p>Process exists?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>
<p>19. What are the methods and procedures by which your firm stays abreast of new medical cost containment / case management strategies?</p>	<p>Process exists?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>
<p>20. Provide specific and brief descriptions of your firm's program/process as it relates to Telephonic Case Management and Field Case Management Services.</p>	<p>Process exists?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>

Broward County Board of
County Commissioners

Bid GEN2115794P1

<p>21. Has your firm achieved significant savings for your client(s)? If so, provide three (3) specific examples where you have achieved significant savings for your client(s).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>
<p>22. Based on the following average number of employees, does your firm have accounts to provide cost containment and case management services?</p> <p><u>Average number of Employees</u></p> <p>a) Up to 999 b) 1,000 to 4,999 c) 5,000 to 9,999 d) 10,000 or more</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>
<p>23. Has your firm worked with governmental entities or self-insured employers. If so, provide a list of the three (3) largest governmental entities or self-insured employers (based on number of employees) for which your firm has provided services in the last five years.</p> <p>a) Please specify what services were provided along with the length of time and any other applicable information. b) Provide references for the above, name, phone number, location and e mail address.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>
<p>24. Will your firm contract with 3rd party vendor(s) to fulfill the requirements in the Scope of Service. If so, provide information the 3rd party vendor will provide in regards to any duties as outlined in the Scope of Services. Identify with specificity:</p> <p>a) The Vendor(s) b) Length of business relationship c) Type of business relationship d) Specific service duties</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>Describe or Not Applicable (N/A):</p>

1. Demonstrate logging in and navigating your online database to be used for Broward County's Workers' Compensation Medical Cost Containment and Case Management Services.
2. Demonstrate how to find and view a claim and its related data.
3. Demonstrate how to add health care providers to the database for Broward County's use.
4. Demonstrate the steps for an adjuster to authorize/approve/deny and reassign a medical bill.
5. Demonstrate the steps to look up a medical bill on a claim once it has been re-priced/processed.
6. Demonstrate how to look up and print an Explanation of Benefits (EOB) on a claim.
7. Demonstrate how to view a Division of Workers' Compensation (DWC-25) Form and accompanying narratives for a claim.
8. Demonstrate pharmacy benefit manager pending authorizations.
9. Demonstrate pharmacy benefit manager filled medications listing with cost, prescriber and date dispensed information.
10. Demonstrate how to upload documents from your software to Broward County's risk management information system.

Vendor Reference Verification Form

Vendor is required to submit completed Reference Verification Forms for previous projects referenced in its submittal. Vendor should provide the **Vendor Reference Verification Form** to its reference organization/firm to complete and return to the Vendor's attention. Vendor should submit the completed Vendor Reference Form with its response by the solicitation's deadline. The County will verify references provided as part of the review process. Provide a minimum of three (3) non-Broward County Board of County Commissioners' references.

Broward County Board of
County Commissioners

Bid GEN2115794P1



Vendor Reference Verification Form

Broward County Solicitation No. and Title:

RFP No. GEN2115794P1 - Workers' Compensation Medical Cost Containment and Case Management Services

Reference for:

Organization/Firm Name providing reference:

Contact Name:

Title:

Reference date:

Contact Email:

Contact Phone:

Name of Referenced Project:

Contract No.

Date Services Provided:

Project Amount:

to

Vendor's role in Project: Prime Vendor Subconsultant/Subcontractor

Would you use this vendor again? Yes No

Description of services provided by Vendor:

Please rate your experience with the referenced Vendor:

Needs Improvement

Satisfactory

Excellent

Not Applicable

1. Vendor's Quality of Service
 - a. Responsive
 - b. Accuracy
 - c. Deliverables
2. Vendor's Organization:
 - a. Staff expertise
 - b. Professionalism
 - c. Turnover
3. Timeliness of:
 - a. Project
 - b. Deliverables
4. Project completed within budget
5. Cooperation with:
 - a. Your Firm
 - b. Subcontractor(s)/Subconsultant(s)
 - c. Regulatory Agency(ies)

Additional Comments: (provide on additional sheet if needed)

THIS SECTION FOR COUNTY USE ONLY

Verified via: EMAIL VERBAL Verified by: _____ Division: _____ Date: _____

Broward County Board of
County Commissioners

Bid GEN2115794P1

MANDATORY SERVICES

Workers' Compensation Medical Cost Containment and Case Management Services
(Fill in areas below in blue)

Name of Firm:

*EXCLUDES PHARMACY

FIRST NOTICE OF INJURY TELEPHONIC INTAKE & TRIAGE	Price per each FNOI	Annual Cost based on approximately * 500 FNOIs(Claims + Incidents) annually
First Notice of Injury Report(FNOI) Intake & Triage to include email of the hardcopy in WORD through out the day and the electronic FNOI data file transmitted to Broward at least two times per day.	\$0.00	\$0.00

MEDICAL BILL REVIEW/REPRICING & EDI	Price per each Medical Bill	Annual Cost based on approximately * 10,000 bills annually
Medical Bill Review/Audit to include EDI transmission to the State at least weekly & electronic medical bill data file transmitted to Broward daily. To include all re-considerations of bills & duplicates; all PPO Network Access Charges; providing BC staff with access to the vendor's medical bill system to view scanned medical bills & notes.	\$0.00	\$0.00

GRIEVANCE/DISPUTE HANDLING	Price per	Annual Cost based on approximately
Process by which an injured employee requests a review regarding dissatisfaction with medical care issues.	\$0.00	\$0.00

INPATIENT PRE-CERTIFICATION	Price per each Pre Cert	Annual Cost based on approximately * 100 Pre Certs
Pre-admission certification program is a review service which verifies the medical necessity of proposed hospital admissions and determines the appropriate length of stay. The staff of utilization review nurses and reviewers, assisted by an automated medical rules/ protocols system and backed up by physician consultants, individually evaluates every hospital admission request.	\$0.00	\$0.00

Broward County Board of
County Commissioners

Bid GEN2115794P1

MANDATORY SERVICES

Workers' Compensation Medical Cost Containment and Case Management Services
(Fill in areas below in blue)

Name of Firm:

*EXCLUDES PHARMACY

OUTPATIENT SURGERY PRE-CERTIFICATION	Price per each Pre Cert	Annual Cost based on approximately * 100 Pre Certs
Process of confirming eligibility and collecting information prior to inpatient admissions and selected ambulatory procedures and services.	\$0.00	\$0.00

PEER REVIEW	Hourly Rate	Cost per Peer Review
Process by which a committee of physicians examines the work of a peer and determines whether the physician under review has met accepted standards of care in rendering medical services	\$0.00	\$0.00

TELEPHONIC AND/OR FIELD NURSE CASE MANAGEMENT	Hourly Rate	Cost per task assignment
Medical case management task assignments performed by a nurse case manager at Broward County's request. The County and vendor will decide if telephonic versus field nurse.	\$0.00	\$0.00

TRIAGE	Hourly Rate	Cost per Triage assignment
To include a three point contact, by a nurse case manager, to the employer, injured worker and medical provider. The purpose of the three point contact will determine the severity of injury, work status, secure a health history, discuss the availability of light duty, identify any red flags and explain Amerysis' role in the claim process. Amerysis will schedule the initial medical visits and follow up with any needed written confirmation.	\$0.00	\$0.00

Broward County Board of
County Commissioners

Bid GEN2115794P1

MANDATORY SERVICES

Workers' Compensation Medical Cost Containment and Case Management Services
(Fill in areas below in blue)

Name of Firm:

***EXCLUDES PHARMACY**

UTILIZATION REVIEW	Hourly Rate (Per Take Assignment)	Cost per Utilization Review
Aided by mutually agreed upon and accepted Third Party Guidelines, utilization review nurses will evaluate proposed treatment plans for appropriateness, care setting, and duration of care. If treatment is "certified," the provider is advised of the length of treatment number of visits that are being authorized. When used in conjunction with Medical Bill Review program, actual treatment rendered is monitored on an ongoing basis to assure compliance with pre-authorized treatment. Services rendered which exceed established parameters are disallowed at the time the bill is reviewed for Fee Schedule compliance.	\$0.00	\$0.00

VOCATIONAL REHABILITATION SERVICES	Hourly Rate	Annual Cost based on approximately * 500 hours annually
To include early return to work programs, vocational a	\$0.00	\$0.00

RETURN TO WORK PROGRAMS	Hourly Rate	Annual Cost based on approximately * 40 hours annually
Programs designed to return an injured, disabled, or te	\$0.00	\$0.00

HOSPITAL BILL AUDITS	Hourly Rate	Annual Cost based on approximately * 12 audits x approximately 10 hours each
Hospital Bill Audits for inpatient charges in excess of \$50K . To include all Expenses	\$0.00	\$0.00

ESTIMATED TOTAL ANNUAL COST
***EXCLUDING PHARMACY**

\$0.00

* NOTE: Annual numbers provided for each service are an estimate for comparison purposes. Broward's actual usage may vary from these estimates either lower or higher.

REFER TO SEPARATE SHEET FOR PHARMACY PRICING COMPARISON

PHARMACY PRICING COMPARISON

Workers' Compensation Medical Cost Containment and Case Management Services

(Fill in areas in blue below)

			AWP Price + Disp Fee	OR	FLAT FEE
			<u>Total Charge</u>		
Name of Firm	[Company Name]				
OXYCODONE HCL CR TAB	20 mg	180 Tabs	\$0.00		
			\$0.00		
Total Charge:			<u>\$0.00</u>		\$0.00
LIDODERM PATCH	5%	60 Qty	\$0.00		
			\$0.00		
Total Charge:			<u>\$0.00</u>		\$0.00
CELEBREX CAP	200 mg	30 Tabs	\$0.00		
			\$0.00		
Total Charge:			<u>\$0.00</u>		\$0.00
NUCYNTA ER TAB	100 mg	60 Tabs	\$0.00		
			\$0.00		
Total Charge:			<u>\$0.00</u>		\$0.00
MELOXICAM TAB	7.5 mg	30 Tabs	\$0.00		
			\$0.00		
Total Charge:			<u>\$0.00</u>		\$0.00
CYCLOBENZAPRINE TAB	5 mg	60 Tabs	\$0.00		
			\$0.00		
Total Charge:			<u>\$0.00</u>		\$0.00

All Pharmacy charges must include the EDI Transmission to the State at least weekly and the electronic bill file transmitted daily to Broward County, Florida

AWD - Average Wholesale Price
Disp. - Dispensing
EDI - Electronic Data Interchange

Broward County Board of
County Commissioners

Bid GEN2115794P1

OPTIONAL SERVICES

Workers' Compensation Medical Cost Containment and Case Management Services

(Fill in areas below in blue)

Name of Firm:

[Company Name]

*Excludes Pharmacy

OCCUPATIONAL, MEDICAL, DRUG AND ALCOHOL POLICIES	Price Per Service	Approximate Annual Cost
The VENDOR should provide County with general and special occupational medical services, and with drug and alcohol testing program services. The County recognizes that the goal of its occupational health program is to detect any occupational medical conditions which would place Broward County employees at increased risk of health impairment from work exposures or work practices.	\$0.00	\$0.00

DRUG AND ALCOHOL SCREENS	Price Per Service	Approximate Annual Cost
The VENDOR should provide drug and alcohol testing services and should perform all such testing services in full accordance with the U.S. Department of Transportation Regulation 49 CFR Part 40, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs," Federal Transit Administration Regulation 49 CFR Part 655, "Prevention of Prohibited Drug Use and Alcohol Misuse in Transit Operations" and "Prevention of Alcohol Misuse in Transit Operations," respectively, and Federal Highway Administration Regulation 49 CFR Part 382, "Controlled Substance and Alcohol Use and Testing."	\$0.00	\$0.00

OCCUPATIONAL MEDICAL CONSULTATION	Price Per Service	Approximate Annual Cost
VENDOR should, on an as-needed basis, function as an ad-hoc member of the COUNTY'S Risk Management staff, providing occupational medical advice with regard to occupational health issues and pre-employment screening.	\$0.00	\$0.00

SUBSTANCE ABUSE SERVICES	Price Per Service	Approximate Annual Cost
VENDOR should provide breath, saliva, and urine specimen collection, and drug and alcohol testing services in accordance related, applicable regulations and COUNTY policy. Such services should include but not be limited to, provision of collection sites, Medical Review Officers' services, laboratory services, and random drug and alcohol testing services.	\$0.00	\$0.00

Broward County Board of
County Commissioners

Bid GEN2115794P1

OPTIONAL SERVICES

Workers' Compensation Medical Cost Containment and Case Management Services

(Fill in areas below in blue)

Name of Firm:

[Company Name]

*Excludes Pharmacy

INVESTIGATIVE SERVICES AND SURVEILLANCE	Price Per Service	Approximate Annual Cost
A. Surveillance to include, at a minimum, detailed report, social media investigation and scans, high definition video surveillance DVD or CDs, electronic records at the option of the COUNTY, which indicate the date and time on the film/shot. Proposer's or their investigator(s) must possess their own industry standard surveillance equipment; providing service within a specified time frame identified by the COUNTY.	\$0.00	\$0.00
B. Asset Check to include a report to identify real property, vehicle, corporate, vessel/boat registration of subject or corporation by the use of database searches.	\$0.00	\$0.00
C. Background check to include a report(s) to include criminal history, workers' compensation records, complete driving history, corporate, and social security numbers traces for subject.	\$0.00	\$0.00
D. Activity check to include a report(s) to include database check and can include the following: i. Neighborhood canvass, home address verification, investigation leading insight into a subject's usual activities, physical capacity and employment status, including one photograph of property, residence, and/or business or corporation. ii. In person (undercover or direct).	\$0.00	\$0.00
E. Litigation Support as requested or required by court process servers and/or attending depositions, mediations or trials.	\$0.00	\$0.00
F. The Proposer may utilize subcontractors as part of the contract in order to retain service outside the Tri-County area, Florida and the other 49 U. U. States. The Proposer must inform the COUNTY, in writing, before the use of any subcontractors.	\$0.00	\$0.00

Broward County Board of
County Commissioners

Bid GEN2115794P1

OPTIONAL SERVICES

Workers' Compensation Medical Cost Containment and Case Management Services

(Fill in areas below in blue)

Name of Firm:

[Company Name]

*Excludes Pharmacy

SAFETY AND OCCUPATIONAL HEALTH SERVICES	Price Per Service	Approximate Annual Cost
<p>A. Ergonomic and repetitive motion assessments. Use a systematic process to evaluate the whole body and ergonomic design risks associated with job tasks. When appropriate provide recommendations to help injured workers be at less at risk of re-injury.</p>	\$0.00	\$0.00
<p>B. Safety audit/safety inspections. Workplace inspections to identify hazards and identify the root cause of workplace injury. Provide a report to prevent re-occurrence.</p>	\$0.00	\$0.00
<p>C. Safety and Health Training. Provide safety training and refresher courses when knowledge or skill gaps have been identified.</p>	\$0.00	\$0.00
<p>D. Perform Indoor Air Quality (IAQ) assessment to diagnose and resolve IAQ related health problems. To include laboratory services for environmental testing and analysis</p>	\$0.00	\$0.00
<p>E. Provide post remediation verification survey to ensure mold eradicated. Air Quality and lift samples if needed.</p>	\$0.00	\$0.00
<p>F. Building envelope assessment to identify moisture infiltration or inadequate insulation that may impact indoor air quality</p>	\$0.00	\$0.00
<p>G. Conduct noise testing/sampling, noise dosimetry surveys to determine workers noise exposure levels as well as determining compliance.</p>	\$0.00	\$0.00

XML Bill import data layout

Control Totals	
Control Totals	RecordCount <NUMBER>
	TotalBilled <NUMBER 12,2>
	TotalPaid <NUMBER 12,2>
	FileDate <MM/DD/YYYY HH:MM:SS>

Header Data (not stored in Stars)	
STARSImport Type	"Bill"
Version	"1.0"

Bill Data

CSSTARS layout					
Node 1	Node 2	Data Type	Field Length	Nullable	Comments
Coverage		VARCHAR2	4	No	The coverage code from the claim export file is mentioned here. It should match the coverage on the claim mentioned below
Company		VARCHAR2	3	No	This is the company name of STARS client. This too would be a code . This should match the company on the claim mentioned below
Client id		VARCHAR2	7	Yes	This was typically known as 'Account number' in Claims Suite & PE.
ClaimNumber		VARCHAR2	21	No	The claim number for which the bill transaction is to be created is mentioned here
ClaimID		NUMBER	9	No	The claim ID for the claim on which the bill transaction is to be created is mentioned here
Invoice number		VARCHAR2	14	yes	Invoice number is whats on the actual paper bill from the provider or doctor etc. This field is assumed does not need to be required
BillID		VARCHAR2	254	No	Bill ID is assumed to be unique coming from bill review company
BillTypeCode		VARCHAR2	8	No	This is the transaction type that needs to be created based on the type of the bill. This code if not as per stars on the xml, is mapped to the code map and stars specific billtypecode is picked up for transaction creation
NetworkName		VARCHAR2	254	Yes	The name of the network that serviced the bill
ServiceFrom		DATE	10	Yes	The service rendered from date for which the bill is charged. <MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job. (Note that both the user and bill date should be EN-US to avoid exception)
ServiceThru		DATE	10	Yes	The service rendered to date for which the bill is charged. <MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job. (Note that both the user and bill date should be EN-US to avoid exception)
ReceivedDate		DATE	10	Yes	The date on which the bill review company received the bill. <MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job. (Note that both the user and bill date should be EN-US to avoid exception)
BillDate		DATE	10	No	This is the date that appears on the paper bill from the doctor or provider etc. <MM/DD/YYYY>. The date would appear in the culture format that is selected for the logged in user.
DueDate		DATE	10	Yes	The date before which the bill needs to be paid. <MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job. (Note that both the user and bill date should be EN-US to avoid exception)
DiagnosisCode 1		VARCHAR2	8	Yes	The Diagnosis code is present on both the bill level as well as the service line level. This gives the bill review company flexibility to add them as per their process. On the service line level the Diagnosis codes are accompanied with description fields too.
DiagnosisCode 2		VARCHAR2	8	Yes	
DiagnosisCode 3		VARCHAR2	8	Yes	
DiagnosisCode 4		VARCHAR2	8	Yes	
Currency		VARCHAR2	4	Yes	The currency in which the bill amounts are written in
BilledAmount		NUMBER	12,2	No	The actual bill amount that was received by the vendor from the provider or doctor.
FeeSchedRedUCR		NUMBER	12,2	Yes	Fee Schedule Reduction UCR amount (This is the total of all the FeeSchedRedUCR amounts on all the service lines in this bill)
PPORed		NUMBER	12,2	Yes	The PPO reduction amount. (This is the total of all the PPORed amounts on all the service lines in this bill)
SpecNegAmount		NUMBER	12,2	Yes	The Special Negotiation Amount. (This is the total of all the SpecNegAmounts on all the service lines in this bill)
TotalAdjAmount		NUMBER	12,2	Yes	(This is the total adjusted amount i.e. Billed Amount - Allowed Amount) - This field will be the total of all service line items TotalAdjAmount fields.
AllowedAmount		NUMBER	12,2	No	(This is the amount that would be paid, i.e the amount for which the transaction would be created,) - This field will be the total of all service line items Allowed Amount fields.
Comments		VARCHAR2	254	Yes	Any additional comments or memo on the bill
CheckNum		VARCHAR2	15	Yes	This field would include the check number if the bill review company paid the bills at their end. This field would be null most of the times when the bills are paid via Stars
CheckDate		DATE	10	Yes	The check date would be the date on the check paid by the bill review company. Would be null if paid via Stars <MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job. (Note that both the user and bill date should be EN-US to avoid exception)
PatientContactId		NUMBER	9	Yes	
PatientContactRoleId		NUMBER	9	Yes	Patient information is going to be ignored and not stored in STARS at

SAMPLE - Bill Import From Vendor to Broward County
Broward County Board of County Commissioners
Page 2 of 3

Bid GEN2115794P1

Bill Data

CSSTARS layout					
Node 1	Node 2	Data Type	Field Length	Nullable	Comments
PatientContactExternalId		VARCHAR2	25	Yes	this time
PatientContactAddressId		NUMBER	9	Yes	
ProviderContactId		NUMBER	9	Yes	
ProviderContactRoleId		NUMBER	9	Yes	Provider Information is going to be ignored and not stored in STARS at this time
ProviderContactExternalId		VARCHAR2	25	Yes	
ProviderContactAddressId		NUMBER	9	Yes	
PayeeContactId		NUMBER	9	Yes	Either Contact Id or Contact External ID should be present, based on whether there had been a Contact Export or Import.
PayeeContact Role Id		NUMBER	9	No	Role Id would be validated with the Global Setting in STARS Admin and allow Roles that are listed as a Payee.
PayeeContactExternalId		VARCHAR2	25	Yes	Use external id when internal not available (This field should be a unique field) Either Contact Id or Contact External ID should be present, based on whether there had been a Contact Export or Import.
PayeeContactAddressId		NUMBER	9	No	Only the default address in STARS would create a transaction, any other address would generate an exception.
Service Line Item (1 to many)	DateOfServiceFrom	DATE	10	No	The service from date for when the service was given <MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job. (Note that both the user and bill date should be EN-US to avoid exception)
	DateOfServiceTo	DATE	10	Yes	The service to date until when the service was given <MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job. (Note that both the user and bill date should be EN-US to avoid exception)
	ServiceCode1	VARCHAR2	12	No	
	ServiceDesc1	VARCHAR2	254	Yes	The service or procedure code & description. Contains all types ex(Revenue, HCPC, CPT, NDC)
	ServiceCode2	VARCHAR2	12	Yes	
	ServiceDesc2	VARCHAR2	254	Yes	
	DiagnosisCode 1	VARCHAR2	8	Yes	The Diagnosis code is present on both the bill level as well as the service line level. This gives the bill review company flexibility to add them as per their process. On the service line level the Diagnosis codes are accompanied with description fields too.
	DiagnosisDesc 1	VARCHAR2	254	Yes	
	DiagnosisCode 2	VARCHAR2	8	Yes	
	DiagnosisDesc 2	VARCHAR2	254	Yes	
	DiagnosisCode 3	VARCHAR2	8	Yes	
	DiagnosisDesc 3	VARCHAR2	254	Yes	
	DiagnosisCode 4	VARCHAR2	8	Yes	
	DiagnosisDesc 4	VARCHAR2	254	Yes	
	ExplanationCode1	VARCHAR2	8	No	The Explanation code and description for each service line on the bill. Commonly known as EOR/EOBs
	ExplanationDesc1	VARCHAR2	254	Yes	
	ExplanationCode2	VARCHAR2	8	Yes	
	ExplanationDesc2	VARCHAR2	254	Yes	
	ExplanationCode3	VARCHAR2	8	Yes	
	ExplanationDesc3	VARCHAR2	254	Yes	
	ExplanationCode4	VARCHAR2	8	Yes	
	ExplanationDesc4	VARCHAR2	254	Yes	
	Modifier 1	VARCHAR2	12	Yes	The modifier codes if any on the bill for each service line
	Modifier 2	VARCHAR2	12	Yes	
	Modifier 3	VARCHAR2	12	Yes	
	Modifier 4	VARCHAR2	12	Yes	
Units	VARCHAR2	8	No	No of units for this service line	
PlaceOfService	VARCHAR2	2	Yes	The place where this service was given. This field accepts codes and not the name of the place	
BilledAmount	NUMBER	12,2	No	The bill amount that appeared on the paper bill from the doctor or provider for this service	
FeeSchedRedUCR	NUMBER	12,2	Yes	The Fee Schedule Reduction UCR amount for this service	
PPORed	NUMBER	12,2	Yes	The PPO reduction amount for this service	
SpecNegAmount	NUMBER	12,2	Yes	The Special Negotiation Amount for this service	
TotalAdjAmount	NUMBER	12,2	Yes	This is the total adjusted amount i.e. Billed Amount - Allowed Amount	
AllowedAmount	NUMBER	12,2	No	This is the amount that is reprised and allowed to be paid. This would be the ledger entry and not a transaction.	
Comments	VARCHAR2	80	Yes	Any additional comments or memo on the service line	
Chargeback Line Item (0 to many)	BillProcessedDate	DATE	10		<MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job. (Note that both the user and bill date should be EN-US to avoid exception). This is the date of the activity for this chargeback. We are not including this field for this at this time, will include this in future.
	InvNumber	VARCHAR2	14	Yes	If the invoice num is the same as the bill id, this could be blank
	InvDate	DATE	10	No	The date the bill was reprised and invoiced. <MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job. (Note that both the user and bill date should be EN-US to avoid exception)
	Desc	VARCHAR2	80	Yes	Description if any
	Currency	VARCHAR2	4	Yes	The currency in which the bill amounts are written in currently must be US dollars
	Amount	NUMBER	12,2	No	The amount for the service by the vendor
	PayeeContactId	NUMBER	9	Yes	Either Contact Id or Contact External ID should be present, based on whether there had been a Contact Export or Import.
	PayeeContactRoleId	NUMBER	9	No	Role Id would be validated with the Global Setting in STARS Admin and allow Roles that are listed as a Payee.

Bill Data

CSSTARS layout					
Node 1	Node 2	Data Type	Field Length	Nullable	Comments
	PayeeContactExternalId	VARCHAR2	25	Yes	Use external id when internal not available (This field should be a unique field) Either Contact Id or Contact External ID should be present, based on whether there had been a Contact Export or Import.
	PayeeContactAddressID	NUMBER	9	No	Only the default address in STARS would create a transaction, any other address would generate an exception
	Transaction Type	VARCHAR2	8	No	The transaction type of the bill whether a chargeback/ expense or medical etc. See Billtypecode under bill section. The same codes and codemaps apply

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Case Mgmt Triage Fees Mapping
From Vendor to Broward County
Page 1 of 10

LAYOUT

Transaction Import File Layout

Description	DB Table	Column Name	Data Type	Field Length	Nullable	Required	Updatable	Code Map	Major Cov Specific	Current Vendor Field	Needed	Comments
Import/Update	Hard coded field	n/a	CHAR(1 CHAR)	1	No	Y	N	N			hardcode to T	T for import of new transactions 'U' for updating transactions
Claim/Occurrence	Hard coded field	n/a	CHAR(1 CHAR)	1	No	Y	N	N			hardcode to C	C' Claim or 'O' Occurrence - will default to C
Claim/Match	Hard coded field	n/a	VARCHAR2(254 CHAR)	254	Yes	N	N					Clients will input the data for the MISCx_DESC field they want to use Claim Matching
State Claim Number	xxxCLAIM	REFNUM	VARCHAR2(25 CHAR)	25	Yes	N	N	N				
Sat Id	CLIENTSET	SETID	NUMBER(5,0)	5	No	N	N	N				
Transaction Id	xxxTRANS/xxxOCCURTRANS	TRANS_ID	NUMBER(9,0)	9,0	No	N	N	N				
Claim Id	xxxTRANS/xxxOCCURTRANS	CLAIM_ID	NUMBER(9,0)	9,0	No	N	N	N				
Claim Number/ Occurrence Number	xxxTRANS/xxxOCCURTRANS	CLAIM_OCCURNUM	VARCHAR2(21 CHAR)	21	No	Y	N	N		claimnbr		
Transaction Date	xxxTRANS/xxxOCCURTRANS	TRANS_DT	DATE	10	No	Y	Y	N				
Sequence	xxxTRANS/xxxOCCURTRANS	SEQ	NUMBER(5,0)	5	No	N	N	N				
Transaction Type Code	xxxTRANS/xxxOCCURTRANS	TRANS_TYPE	VARCHAR2(8 CHAR)	8	No	Y	Y	Y	Y		hardcode to [based on file]	Transaction Types Case Management - 2P2C, Triage - 2P2N
Entry Date	xxxTRANS/xxxOCCURTRANS	ENTRY_DT	DATE	10	No	N	N	N				
Status	xxxTRANS/xxxOCCURTRANS	STATUS	CHAR(1 CHAR)	1	No	N	Y	Y	N			
From Date	xxxTRANS/xxxOCCURTRANS	FROM_DT	DATE	10	Yes	N	Y	N		Date of Service		
Thru Date	xxxTRANS/xxxOCCURTRANS	THRU_DT	DATE	10	Yes	N	Y	N		Date of Service		
IRS Vendor	xxxTRANS/xxxOCCURTRANS	IRSVENDOR	VARCHAR2(12 CHAR)	12	Yes	N	Y	N				
Pay ID	xxxTRANS/xxxOCCURTRANS	PAY_ID	NUMBER(9,0)	9,0	Yes	N	N	N				Hardcode to vendor ID #
Payee	xxxTRANS/xxxOCCURTRANS	PAYEE	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				Hardcode to Vendor Name
Check Number	xxxTRANS/xxxOCCURTRANS	CHECKNUM	VARCHAR2(15 CHAR)	15	Yes	N	Y	N				
Invoice Number	xxxTRANS/xxxOCCURTRANS	INVOICEENUM	VARCHAR2(14 CHAR)	15	Yes	N	Y	N		invoice id		
Amount	xxxTRANS/xxxOCCURTRANS	AMOUNT ORIG_AMT	NUMBER(15,2)	15,2	Yes	Y	Y	N		Sum of Itemtotal		
Currency	xxxTRANS/xxxOCCURTRANS	CURRENCY ORIG_CURR	VARCHAR2(4 CHAR)	4	Yes	Y	Y	Y	N		hardcode to USD	
Payee Addr1	xxxTRANS/xxxOCCURTRANS	PY_ADD1	VARCHAR2(100 CHAR)	100	Yes	N	Y	N				
Payee Addr2	xxxTRANS/xxxOCCURTRANS	PY_ADD2	VARCHAR2(100 CHAR)	100	Yes	N	Y	N				
Payee City	xxxTRANS/xxxOCCURTRANS	PY_CITY	VARCHAR2(25 CHAR)	25	Yes	N	Y	N				
Payee State	xxxTRANS/xxxOCCURTRANS	PY_STATE	VARCHAR2(2 CHAR)	2	Yes	N	Y	N				
Payee Zip	xxxTRANS/xxxOCCURTRANS	PY_ZIP	VARCHAR2(10 CHAR)	10	Yes	N	Y	N				
Payee County	xxxTRANS/xxxOCCURTRANS	PY_CNTY	VARCHAR2(25 CHAR)	25	Yes	N	Y	N				
Payee Country	xxxTRANS/xxxOCCURTRANS	PY_CNTRY	VARCHAR2(25 CHAR)	25	Yes	N	Y	N				
Exchange Rate	xxxTRANS/xxxOCCURTRANS	EXCH_RATE	NUMBER(20,6)	20,6	No	N	Y	N				
Bill Id	xxxTRANS/xxxOCCURTRANS	BILL_ID	NUMBER(9,0)	9,0	Yes	N	N	N				
Bank Account Id	xxxTRANS/xxxOCCURTRANS	BNK ACCT_ID	NUMBER(9,0)	9,0	Yes	N	N	N				
Consolidate	xxxTRANS/xxxOCCURTRANS	CONSOLIDATE	CHAR(1 CHAR)	1	Yes	N	Y	Y	N			
Hold Until Date	xxxTRANS/xxxOCCURTRANS	HOLDUNTILDT	DATE	10	Yes	N	Y	N				
Payment Type	xxxTRANS/xxxOCCURTRANS	PAYMENT_TYPE	CHAR(1 CHAR)	1	Yes	Y	N	Y	N		hardcode to R	
Process by Date	xxxTRANS/xxxOCCURTRANS	PROCESSBYDT	DATE	10	Yes	N	Y	N				
Misc Number 1	xxxTRANS/xxxOCCURTRANS	MISCNUM1	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 2	xxxTRANS/xxxOCCURTRANS	MISCNUM2	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 3	xxxTRANS/xxxOCCURTRANS	MISCNUM3	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 4	xxxTRANS/xxxOCCURTRANS	MISCNUM4	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 5	xxxTRANS/xxxOCCURTRANS	MISCNUM5	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 6	xxxTRANS/xxxOCCURTRANS	MISCNUM6	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 7	xxxTRANS/xxxOCCURTRANS	MISCNUM7	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 8	xxxTRANS/xxxOCCURTRANS	MISCNUM8	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 9	xxxTRANS/xxxOCCURTRANS	MISCNUM9	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 10	xxxTRANS/xxxOCCURTRANS	MISCNUM10	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 11	xxxTRANS/xxxOCCURTRANS	MISCNUM11	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 12	xxxTRANS/xxxOCCURTRANS	MISCNUM12	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 13	xxxTRANS/xxxOCCURTRANS	MISCNUM13	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 14	xxxTRANS/xxxOCCURTRANS	MISCNUM14	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 15	xxxTRANS/xxxOCCURTRANS	MISCNUM15	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 16	xxxTRANS/xxxOCCURTRANS	MISCNUM16	NUMBER(12,2)	12,2	Yes	N	Y	N				

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Case Mgmt Triage Fees Mapping
From Vendor to Broward County
Page 2 of 10

LAYOUT

Description	DB Table	Column Name	Data Type	Field Length	Nullable	Required	Updatable	Code Map	Major Cov Specific	Current Vendor Field	Needed	Comments
Misc Number 17	xxxTRANS/xxxOCCURTRANS	MISCNUM17	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 18	xxxTRANS/xxxOCCURTRANS	MISCNUM18	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 19	xxxTRANS/xxxOCCURTRANS	MISCNUM19	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 20	xxxTRANS/xxxOCCURTRANS	MISCNUM20	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 21	xxxTRANS/xxxOCCURTRANS	MISCNUM21	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 22	xxxTRANS/xxxOCCURTRANS	MISCNUM22	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 23	xxxTRANS/xxxOCCURTRANS	MISCNUM23	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 24	xxxTRANS/xxxOCCURTRANS	MISCNUM24	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 25	xxxTRANS/xxxOCCURTRANS	MISCNUM25	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 26	xxxTRANS/xxxOCCURTRANS	MISCNUM26	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 27	xxxTRANS/xxxOCCURTRANS	MISCNUM27	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 28	xxxTRANS/xxxOCCURTRANS	MISCNUM28	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 29	xxxTRANS/xxxOCCURTRANS	MISCNUM29	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 30	xxxTRANS/xxxOCCURTRANS	MISCNUM30	NUMBER(12,2)	12,2	Yes	N	Y	N				
Trans Date 1	xxxTRANS/xxxOCCURTRANS	TRAN_DT1	DATE	10	Yes	N	Y	N				
Trans Date 2	xxxTRANS/xxxOCCURTRANS	TRAN_DT2	DATE	10	Yes	N	Y	N				
Trans Date 3	xxxTRANS/xxxOCCURTRANS	TRAN_DT3	DATE	10	Yes	N	Y	N				
Trans Date 4	xxxTRANS/xxxOCCURTRANS	TRAN_DT4	DATE	10	Yes	N	Y	N				
Trans Date 5	xxxTRANS/xxxOCCURTRANS	TRAN_DT5	DATE	10	Yes	N	Y	N				
Trans Date 6	xxxTRANS/xxxOCCURTRANS	TRAN_DT6	DATE	10	Yes	N	Y	N				
Trans Date 7	xxxTRANS/xxxOCCURTRANS	TRAN_DT7	DATE	10	Yes	N	Y	N				
Trans Date 8	xxxTRANS/xxxOCCURTRANS	TRAN_DT8	DATE	10	Yes	N	Y	N				
Trans Date 9	xxxTRANS/xxxOCCURTRANS	TRAN_DT9	DATE	10	Yes	N	Y	N				
Trans Date 10	xxxTRANS/xxxOCCURTRANS	TRAN_DT10	DATE	10	Yes	N	Y	N				
Trans Date 11	xxxTRANS/xxxOCCURTRANS	TRAN_DT11	DATE	10	Yes	N	Y	N				
Trans Date 12	xxxTRANS/xxxOCCURTRANS	TRAN_DT12	DATE	10	Yes	N	Y	N				
Trans Date 13	xxxTRANS/xxxOCCURTRANS	TRAN_DT13	DATE	10	Yes	N	Y	N				
Trans Date 14	xxxTRANS/xxxOCCURTRANS	TRAN_DT14	DATE	10	Yes	N	Y	N				
Trans Date 15	xxxTRANS/xxxOCCURTRANS	TRAN_DT15	DATE	10	Yes	N	Y	N				
Trans Date 16	xxxTRANS/xxxOCCURTRANS	TRAN_DT16	DATE	10	Yes	N	Y	N				
Trans Date 17	xxxTRANS/xxxOCCURTRANS	TRAN_DT17	DATE	10	Yes	N	Y	N				
Trans Date 18	xxxTRANS/xxxOCCURTRANS	TRAN_DT18	DATE	10	Yes	N	Y	N				
Trans Date 19	xxxTRANS/xxxOCCURTRANS	TRAN_DT19	DATE	10	Yes	N	Y	N				
Trans Date 20	xxxTRANS/xxxOCCURTRANS	TRAN_DT20	DATE	10	Yes	N	Y	N				
Trans Date 21	xxxTRANS/xxxOCCURTRANS	TRAN_DT21	DATE	10	Yes	N	Y	N				
Trans Date 22	xxxTRANS/xxxOCCURTRANS	TRAN_DT22	DATE	10	Yes	N	Y	N				
Trans Date 23	xxxTRANS/xxxOCCURTRANS	TRAN_DT23	DATE	10	Yes	N	Y	N				
Trans Date 24	xxxTRANS/xxxOCCURTRANS	TRAN_DT24	DATE	10	Yes	N	Y	N				
Trans Date 25	xxxTRANS/xxxOCCURTRANS	TRAN_DT25	DATE	10	Yes	N	Y	N				
Trans Date 26	xxxTRANS/xxxOCCURTRANS	TRAN_DT26	DATE	10	Yes	N	Y	N				
Trans Date 27	xxxTRANS/xxxOCCURTRANS	TRAN_DT27	DATE	10	Yes	N	Y	N				
Trans Date 28	xxxTRANS/xxxOCCURTRANS	TRAN_DT28	DATE	10	Yes	N	Y	N				
Trans Date 29	xxxTRANS/xxxOCCURTRANS	TRAN_DT29	DATE	10	Yes	N	Y	N				
Trans Date 30	xxxTRANS/xxxOCCURTRANS	TRAN_DT30	DATE	10	Yes	N	Y	N				
Trans Special Analysis 1	xxxTRANS/xxxOCCURTRANS	TRAN_SPC1	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 2	xxxTRANS/xxxOCCURTRANS	TRAN_SPC2	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 3	xxxTRANS/xxxOCCURTRANS	TRAN_SPC3	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 4	xxxTRANS/xxxOCCURTRANS	TRAN_SPC4	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 5	xxxTRANS/xxxOCCURTRANS	TRAN_SPC5	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 6	xxxTRANS/xxxOCCURTRANS	TRAN_SPC6	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 7	xxxTRANS/xxxOCCURTRANS	TRAN_SPC7	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 8	xxxTRANS/xxxOCCURTRANS	TRAN_SPC8	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 9	xxxTRANS/xxxOCCURTRANS	TRAN_SPC9	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 10	xxxTRANS/xxxOCCURTRANS	TRAN_SPC10	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 11	xxxTRANS/xxxOCCURTRANS	TRAN_SPC11	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 12	xxxTRANS/xxxOCCURTRANS	TRAN_SPC12	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Case Mgmt Triage Fees Mapping
From Vendor to Broward County
Page 3 of 10

LAYOUT

Description	DB Table	Column Name	Data Type	Field Length	Nullable	Required	Updatable	Code Map	Major Cov Specific	Current Vendor Field	Needed	Comments
Trans Special Analysis 13	xxxTRANS/xxxOCCURTRANS	TRAN_SPC13	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 14	xxxTRANS/xxxOCCURTRANS	TRAN_SPC14	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 15	xxxTRANS/xxxOCCURTRANS	TRAN_SPC15	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 16	xxxTRANS/xxxOCCURTRANS	TRAN_SPC16	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 17	xxxTRANS/xxxOCCURTRANS	TRAN_SPC17	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 18	xxxTRANS/xxxOCCURTRANS	TRAN_SPC18	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 19	xxxTRANS/xxxOCCURTRANS	TRAN_SPC19	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 20	xxxTRANS/xxxOCCURTRANS	TRAN_SPC20	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 21	xxxTRANS/xxxOCCURTRANS	TRAN_SPC21	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 22	xxxTRANS/xxxOCCURTRANS	TRAN_SPC22	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 23	xxxTRANS/xxxOCCURTRANS	TRAN_SPC23	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 24	xxxTRANS/xxxOCCURTRANS	TRAN_SPC24	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 25	xxxTRANS/xxxOCCURTRANS	TRAN_SPC25	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Description 1	xxxTRANS/xxxOCCURTRANS	TRAN_CHR1	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 2	xxxTRANS/xxxOCCURTRANS	TRAN_CHR2	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 3	xxxTRANS/xxxOCCURTRANS	TRAN_CHR3	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 4	xxxTRANS/xxxOCCURTRANS	TRAN_CHR4	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 5	xxxTRANS/xxxOCCURTRANS	TRAN_CHR5	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 6	xxxTRANS/xxxOCCURTRANS	TRAN_CHR6	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 7	xxxTRANS/xxxOCCURTRANS	TRAN_CHR7	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 8	xxxTRANS/xxxOCCURTRANS	TRAN_CHR8	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 9	xxxTRANS/xxxOCCURTRANS	TRAN_CHR9	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 10	xxxTRANS/xxxOCCURTRANS	TRAN_CHR10	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 11	xxxTRANS/xxxOCCURTRANS	TRAN_CHR11	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 12	xxxTRANS/xxxOCCURTRANS	TRAN_CHR12	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 13	xxxTRANS/xxxOCCURTRANS	TRAN_CHR13	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 14	xxxTRANS/xxxOCCURTRANS	TRAN_CHR14	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 15	xxxTRANS/xxxOCCURTRANS	TRAN_CHR15	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Diagnosis Code 1	xxxTRANS/xxxOCCURTRANS	DIAGNCODE1	VARCHAR2(8 CHAR)	8	Yes	N	Y	N				
Diagnosis Code 2	xxxTRANS/xxxOCCURTRANS	DIAGNCODE2	VARCHAR2(8 CHAR)	8	Yes	N	Y	N				
Diagnosis Code 3	xxxTRANS/xxxOCCURTRANS	DIAGNCODE3	VARCHAR2(8 CHAR)	8	Yes	N	Y	N				
Diagnosis Code 4	xxxTRANS/xxxOCCURTRANS	DIAGNCODE4	VARCHAR2(8 CHAR)	8	Yes	N	Y	N				
Trans Description 16	xxxTRANS/xxxOCCURTRANS	TRAN_CHR16	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 17	xxxTRANS/xxxOCCURTRANS	TRAN_CHR17	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 18	xxxTRANS/xxxOCCURTRANS	TRAN_CHR18	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 19	xxxTRANS/xxxOCCURTRANS	TRAN_CHR19	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 20	xxxTRANS/xxxOCCURTRANS	TRAN_CHR20	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 21	xxxTRANS/xxxOCCURTRANS	TRAN_CHR21	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 22	xxxTRANS/xxxOCCURTRANS	TRAN_CHR22	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 23	xxxTRANS/xxxOCCURTRANS	TRAN_CHR23	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 24	xxxTRANS/xxxOCCURTRANS	TRAN_CHR24	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 25	xxxTRANS/xxxOCCURTRANS	TRAN_CHR25	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Payable to	xxxTRANS/xxxOCCURTRANS	PAYABLE_TO	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
ACH Flag	xxxTRANS/xxxOCCURTRANS	ACH_FLAG	NUMBER(1,0)	1,0	No	N	Y	N				
Payee Contact Id	xxxCONTACT	CONTACT_ID	NUMBER	9	Yes	N	N	N		hardcode to		Either Contact Id or Contact External ID should be present, based on whether there had been a Contact Export or Import.
Payee Contact Role	Code Mapped Field	n/a	VARCHAR2(254 CHAR)	254	Yes	N	N	Y				Clients can input role information - a code or a description of the payee role
Payee Contact External Id	xxxCONTACT	CONTACT_REF_NUM	VARCHAR2	25	Yes	N	N	N				Use external id when internal not available (This field should be a unique field) Either Contact Id or Contact External ID should be present, based on whether there had been a Contact Export or Import.
Contact SSN	xxxCONTACT	SSN	VARCHAR2(9 CHAR)	9	Yes	N	N					
Contact Tax Id	xxxCONTACT	TAX_ID	VARCHAR2(11 CHAR)	11	Yes	N	N					
Contact Number	xxxCONTACT	CONTACT_NUMBER	NUMBER(9,0)	(9,0)	Yes	N	N					
First Name	xxxCONTACT	FIRST_NM	VARCHAR2(25 CHAR)	25	Yes	N	N					
Last Name	xxxCONTACT	LAST_NM	VARCHAR2(25 CHAR)	25	Yes	N	N					
Company	xxxCONTACT	COMPANY_NM	VARCHAR2(254 CHAR)	254	Yes	N	N					
Vendor Id	xxxCONTACT	MISC_TEXT2	VARCHAR2(254 CHAR)	254	Yes	N	N					

Broward County Board of
County Commissioners

OnSaveTrans

SAMPLE - Case Mgmt Triage Fees Mapping
Page 4 of 10

Sr No	Type	Description	Check	Voucher	Long	Validation Performed at
1	Transaction	Payee is required	Yes	Yes	No	Client
2	Transaction	Amount Field must contain Value	Yes	Yes	No	Client
3	Financial Authority	Financial Aggregate limits - Bucket level - User	Yes	Yes	Yes	Server
4	Financial Authority	Financial Aggregate limits - Over all level - User	Yes	Yes	Yes	Server
5	Financial Authority	Financial Transaction limits - Bucket level - User	Yes	Yes	Yes	Server
6	Financial Authority	Financial Transaction limits - Over all level - User	Yes	Yes	Yes	Server
7	Financial Authority	If Escalated All will get check for Supervisor	Yes	Yes	Yes	Server
8	Financial Authority	Financial Aggregate limits - Bucket level - Supervisor	Yes	Yes	Yes	Server
9	Financial Authority	Financial Transaction limits - Bucket level - Supervisor	Yes	Yes	Yes	Server
10	Financial Authority	Financial Transaction limits - Over all level - Supervisor	Yes	Yes	Yes	Server
11	Duplicate Payment	Check for Duplicate transaction	Yes	Yes	Yes	Server
12	Reserve Notification	Validation for reserve	Yes	Yes	Yes	Server
13	Transaction	Validation for minimum and Max Date range	Yes	Yes	Yes	Server
14	Transaction	Financial Locked Validation	Yes	Yes	Yes	Server
16	Transaction	Consolidation is not enabled on payments with Alternate Payee language	Yes	Yes	No	Server
17	Transaction	Transaction Service To date can not be before transaction service from date	Yes	Yes	Yes	Server
20	Transaction	Transaction date cannot be before the report date.	Yes	Yes	Yes	Server
21	Transaction	Transaction date cannot be before the claim's incident to claim date.	Yes	Yes	Yes	Server
22	Transaction	Amount cannot be negative.	Yes	Yes	No	Server
23	Transaction	Payee is required	Yes	Yes	No	Server
24	Transaction	Payee Address required.	Yes	Yes	No	Server
25	Transaction	Bank account required.	Yes	Yes	No	Server
26	Transaction	No address on payee record	No	No	Yes	Server

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Case Mgmt Triage Fees Mapping

Transactions

xxxTRANS	xxxOCCURTRANS					
	COLUMN_NAME	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
TRANS_ID	TRANS_ID	NUMBER(9,0)	No	null	1	null
CLAIM_ID	OCCUR_ID	NUMBER(9,0)	No	null	2	null
CLAIM	OCCURNUM	VARCHAR2(19 CHAR)	No	null	3	null
TRANS_DT	TRANS_DT	DATE	No	null	4	null
SEQ	SEQ	NUMBER(5,0)	No	null	5	null
TRANS_TYPE	TRANS_TYPE	VARCHAR2(8 CHAR)	No	null	6	null
ENTRY_DT	ENTRY_DT	DATE	No	null	7	null
STATUS	STATUS	CHAR(1 CHAR)	No	null	8	null
AMOUNT	AMOUNT	NUMBER(15,2)	Yes	null	9	null
FROM_DT	FROM_DT	DATE	Yes	null	10	null
THRU_DT	THRU_DT	DATE	Yes	null	11	null
IRSVENDOR	IRSVENDOR	VARCHAR2(12 CHAR)	Yes	null	12	null
PAY_TYPE	PAY_TYPE	CHAR(1 CHAR)	Yes	null	13	null
PAY_ID	PAY_ID	NUMBER(9,0)	Yes	null	14	null
PAYEE	PAYEE	VARCHAR2(254 CHAR)	Yes	null	15	null
CHECKNUM	CHECKNUM	VARCHAR2(15 CHAR)	Yes	null	16	null
INVOICENUM	INVOICENUM	VARCHAR2(14 CHAR)	Yes	null	17	null
TRANS_FLAG	TRANS_FLAG	CHAR(1 CHAR)	No	null	18	null
PY_USERID	PY_USERID	NUMBER(9,0)	No	null	19	null
TRNBIRTHID	TRNBIRTHID	VARCHAR2(26 CHAR)	Yes	null	20	null
LMOD_USR	LMOD_USR	NUMBER(9,0)	No	null	21	null
LMOD_DT	LMOD_DT	DATE	No	null	22	null
LMOD_TIM	LMOD_TIM	VARCHAR2(10 CHAR)	No	null	23	null
ORIG_AMT	ORIG_AMT	NUMBER(15,2)	Yes	null	24	null
ORIG_CURR	ORIG_CURR	VARCHAR2(4 CHAR)	Yes	null	25	null
PY_ADD1	PY_ADD1	VARCHAR2(100 CHAR)	Yes	null	26	null
PY_ADD2	PY_ADD2	VARCHAR2(100 CHAR)	Yes	null	27	null
PY_CITY	PY_CITY	VARCHAR2(25 CHAR)	Yes	null	28	null
PY_STATE	PY_STATE	VARCHAR2(2 CHAR)	Yes	null	29	null
PY_ZIP	PY_ZIP	VARCHAR2(10 CHAR)	Yes	null	30	null
PY_CNTY	PY_CNTY	VARCHAR2(25 CHAR)	Yes	null	31	null
PY_CNTRY	PY_CNTRY	VARCHAR2(25 CHAR)	Yes	null	32	null
EXCH_RATE	EXCH_RATE	NUMBER(20,6)	No	-1	33	null
ADD_PY1	ADD_PY1	NUMBER(9,0)	Yes	null	34	null
ADD_PY2	ADD_PY2	NUMBER(9,0)	Yes	null	35	null
BILL_ID	BILL_ID	NUMBER(9,0)	Yes	null	36	null
BNK_ACCT_ID	BNK_ACCT_ID	NUMBER(9,0)	Yes	null	37	null
CARE_OF_PYE	CARE_OF_PYE	NUMBER(9,0)	Yes	null	38	null
CHECK_ID	CHECK_ID	NUMBER(9,0)	Yes	null	39	null
CONSOLIDATE	CONSOLIDATE	CHAR(1 CHAR)	Yes	null	40	null
CREATE_USR	CREATE_USR	NUMBER(9,0)	Yes	null	41	null
CURRENCY	CURRENCY	VARCHAR2(4 CHAR)	Yes	null	42	null

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Case Mgmt Triage Fees Mapping Transactions

	COLUMN_NAME	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
HOLDUNTILDT	HOLDUNTILDT	DATE	Yes	null	43	null
LEGACY	LEGACY	CHAR(1 CHAR)	Yes	null	44	null
PAYMENT_TYPE	PAYMENT_TYPE	CHAR(1 CHAR)	Yes	null	45	null
POSTED	POSTED	CHAR(1 CHAR)	Yes	null	46	null
PROCESSBYDT	PROCESSBYDT	DATE	Yes	null	47	null
PY_STATUS	PY_STATUS	CHAR(1 CHAR)	Yes	null	48	null
REMIT_TO_ADD	REMIT_TO_ADD	NUMBER(9,0)	Yes	null	49	null
	ISPENDINGCHECK	CHAR(1 CHAR)	Yes	null	50	null
APPROVED	APPROVED	CHAR(1 CHAR)	Yes	null	51	null
PEND_ID	PEND_ID	NUMBER(9,0)	Yes	null	52	null
MISCNUM1	MISCNUM1	NUMBER(12,2)	Yes	null	53	null
MISCNUM2	MISCNUM2	NUMBER(12,2)	Yes	null	54	null
MISCNUM3	MISCNUM3	NUMBER(12,2)	Yes	null	55	null
MISCNUM4	MISCNUM4	NUMBER(12,2)	Yes	null	56	null
MISCNUM5	MISCNUM5	NUMBER(12,2)	Yes	null	57	null
MISCNUM6	MISCNUM6	NUMBER(12,2)	Yes	null	58	null
MISCNUM7	MISCNUM7	NUMBER(12,2)	Yes	null	59	null
MISCNUM8	MISCNUM8	NUMBER(12,2)	Yes	null	60	null
MISCNUM9	MISCNUM9	NUMBER(12,2)	Yes	null	61	null
MISCNUM10	MISCNUM10	NUMBER(12,2)	Yes	null	62	null
MISCNUM11	MISCNUM11	NUMBER(12,2)	Yes	null	63	null
MISCNUM12	MISCNUM12	NUMBER(12,2)	Yes	null	64	null
MISCNUM13	MISCNUM13	NUMBER(12,2)	Yes	null	65	null
MISCNUM14	MISCNUM14	NUMBER(12,2)	Yes	null	66	null
MISCNUM15	MISCNUM15	NUMBER(12,2)	Yes	null	67	null
MISCNUM16	MISCNUM16	NUMBER(12,2)	Yes	null	68	null
MISCNUM17	MISCNUM17	NUMBER(12,2)	Yes	null	69	null
MISCNUM18	MISCNUM18	NUMBER(12,2)	Yes	null	70	null
MISCNUM19	MISCNUM19	NUMBER(12,2)	Yes	null	71	null
MISCNUM20	MISCNUM20	NUMBER(12,2)	Yes	null	72	null
MISCNUM21	MISCNUM21	NUMBER(12,2)	Yes	null	73	null
MISCNUM22	MISCNUM22	NUMBER(12,2)	Yes	null	74	null
MISCNUM23	MISCNUM23	NUMBER(12,2)	Yes	null	75	null
MISCNUM24	MISCNUM24	NUMBER(12,2)	Yes	null	76	null
MISCNUM25	MISCNUM25	NUMBER(12,2)	Yes	null	77	null
MISCNUM26	MISCNUM26	NUMBER(12,2)	Yes	null	78	null
MISCNUM27	MISCNUM27	NUMBER(12,2)	Yes	null	79	null
MISCNUM28	MISCNUM28	NUMBER(12,2)	Yes	null	80	null
MISCNUM29	MISCNUM29	NUMBER(12,2)	Yes	null	81	null
MISCNUM30	MISCNUM30	NUMBER(12,2)	Yes	null	82	null
TRAN_DT1	TRAN_DT1	DATE	Yes	null	83	null
TRAN_DT2	TRAN_DT2	DATE	Yes	null	84	null
TRAN_DT3	TRAN_DT3	DATE	Yes	null	85	null
TRAN_DT4	TRAN_DT4	DATE	Yes	null	86	null
TRAN_DT5	TRAN_DT5	DATE	Yes	null	87	null
TRAN_DT6	TRAN_DT6	DATE	Yes	null	88	null
TRAN_DT7	TRAN_DT7	DATE	Yes	null	89	null
TRAN_DT8	TRAN_DT8	DATE	Yes	null	90	null
TRAN_DT9	TRAN_DT9	DATE	Yes	null	91	null
TRAN_DT10	TRAN_DT10	DATE	Yes	null	92	null
TRAN_DT11	TRAN_DT11	DATE	Yes	null	93	null
TRAN_DT12	TRAN_DT12	DATE	Yes	null	94	null
TRAN_DT13	TRAN_DT13	DATE	Yes	null	95	null
TRAN_DT14	TRAN_DT14	DATE	Yes	null	96	null

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Case Mgmt Triage Fees Mapping

Transactions

	COLUMN_NAME	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
TRAN_DT15	TRAN_DT15	DATE	Yes	null	97	null
TRAN_DT16	TRAN_DT16	DATE	Yes	null	98	null
TRAN_DT17	TRAN_DT17	DATE	Yes	null	99	null
TRAN_DT18	TRAN_DT18	DATE	Yes	null	100	null
TRAN_DT19	TRAN_DT19	DATE	Yes	null	101	null
TRAN_DT20	TRAN_DT20	DATE	Yes	null	102	null
TRAN_DT21	TRAN_DT21	DATE	Yes	null	103	null
TRAN_DT22	TRAN_DT22	DATE	Yes	null	104	null
TRAN_DT23	TRAN_DT23	DATE	Yes	null	105	null
TRAN_DT24	TRAN_DT24	DATE	Yes	null	106	null
TRAN_DT25	TRAN_DT25	DATE	Yes	null	107	null
TRAN_DT26	TRAN_DT26	DATE	Yes	null	108	null
TRAN_DT27	TRAN_DT27	DATE	Yes	null	109	null
TRAN_DT28	TRAN_DT28	DATE	Yes	null	110	null
TRAN_DT29	TRAN_DT29	DATE	Yes	null	111	null
TRAN_DT30	TRAN_DT30	DATE	Yes	null	112	null
TRAN_SPC1	TRAN_SPC1	VARCHAR2(14 CHAR)	Yes	null	113	null
TRAN_SPC2	TRAN_SPC2	VARCHAR2(14 CHAR)	Yes	null	114	null
TRAN_SPC3	TRAN_SPC3	VARCHAR2(14 CHAR)	Yes	null	115	null
TRAN_SPC4	TRAN_SPC4	VARCHAR2(14 CHAR)	Yes	null	116	null
TRAN_SPC5	TRAN_SPC5	VARCHAR2(14 CHAR)	Yes	null	117	null
TRAN_SPC6	TRAN_SPC6	VARCHAR2(14 CHAR)	Yes	null	118	null
TRAN_SPC7	TRAN_SPC7	VARCHAR2(14 CHAR)	Yes	null	119	null
TRAN_SPC8	TRAN_SPC8	VARCHAR2(14 CHAR)	Yes	null	120	null
TRAN_SPC9	TRAN_SPC9	VARCHAR2(14 CHAR)	Yes	null	121	null
TRAN_SPC10	TRAN_SPC10	VARCHAR2(14 CHAR)	Yes	null	122	null
TRAN_SPC11	TRAN_SPC11	VARCHAR2(14 CHAR)	Yes	null	123	null
TRAN_SPC12	TRAN_SPC12	VARCHAR2(14 CHAR)	Yes	null	124	null
TRAN_SPC13	TRAN_SPC13	VARCHAR2(14 CHAR)	Yes	null	125	null
TRAN_SPC14	TRAN_SPC14	VARCHAR2(14 CHAR)	Yes	null	126	null
TRAN_SPC15	TRAN_SPC15	VARCHAR2(14 CHAR)	Yes	null	127	null
TRAN_SPC16	TRAN_SPC16	VARCHAR2(14 CHAR)	Yes	null	128	null
TRAN_SPC17	TRAN_SPC17	VARCHAR2(14 CHAR)	Yes	null	129	null
TRAN_SPC18	TRAN_SPC18	VARCHAR2(14 CHAR)	Yes	null	130	null
TRAN_SPC19	TRAN_SPC19	VARCHAR2(14 CHAR)	Yes	null	131	null
TRAN_SPC20	TRAN_SPC20	VARCHAR2(14 CHAR)	Yes	null	132	null

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Case Mgmt Triage Fees Mapping Transactions

	COLUMN_NAME	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
TRAN_SPC21	TRAN_SPC21	VARCHAR2(14 CHAR)	Yes	null	133	null
TRAN_SPC22	TRAN_SPC22	VARCHAR2(14 CHAR)	Yes	null	134	null
TRAN_SPC23	TRAN_SPC23	VARCHAR2(14 CHAR)	Yes	null	135	null
TRAN_SPC24	TRAN_SPC24	VARCHAR2(14 CHAR)	Yes	null	136	null
TRAN_SPC25	TRAN_SPC25	VARCHAR2(14 CHAR)	Yes	null	137	null
TRAN_CHR1	TRAN_CHR1	VARCHAR2(254 CHAR)	Yes	null	138	null
TRAN_CHR2	TRAN_CHR2	VARCHAR2(254 CHAR)	Yes	null	139	null
TRAN_CHR3	TRAN_CHR3	VARCHAR2(254 CHAR)	Yes	null	140	null
TRAN_CHR4	TRAN_CHR4	VARCHAR2(254 CHAR)	Yes	null	141	null
TRAN_CHR5	TRAN_CHR5	VARCHAR2(254 CHAR)	Yes	null	142	null
TRAN_CHR6	TRAN_CHR6	VARCHAR2(254 CHAR)	Yes	null	143	null
TRAN_CHR7	TRAN_CHR7	VARCHAR2(254 CHAR)	Yes	null	144	null
TRAN_CHR8	TRAN_CHR8	VARCHAR2(254 CHAR)	Yes	null	145	null
TRAN_CHR9	TRAN_CHR9	VARCHAR2(254 CHAR)	Yes	null	146	null
TRAN_CHR10	TRAN_CHR10	VARCHAR2(254 CHAR)	Yes	null	147	null
TRAN_CHR11	TRAN_CHR11	VARCHAR2(254 CHAR)	Yes	null	148	null
TRAN_CHR12	TRAN_CHR12	VARCHAR2(254 CHAR)	Yes	null	149	null
TRAN_CHR13	TRAN_CHR13	VARCHAR2(254 CHAR)	Yes	null	150	null
TRAN_CHR14	TRAN_CHR14	VARCHAR2(254 CHAR)	Yes	null	151	null
TRAN_CHR15	TRAN_CHR15	VARCHAR2(254 CHAR)	Yes	null	152	null
DIAGNCODE1	DIAGNCODE1	VARCHAR2(8 CHAR)	Yes	null	153	null
DIAGNCODE2	DIAGNCODE2	VARCHAR2(8 CHAR)	Yes	null	154	null
DIAGNCODE3	DIAGNCODE3	VARCHAR2(8 CHAR)	Yes	null	155	null
DIAGNCODE4	DIAGNCODE4	VARCHAR2(8 CHAR)	Yes	null	156	null
GEN_RESV	GEN_RESV	CHAR(1 CHAR)	Yes	null	157	null
SCHED_ID	SCHED_ID	NUMBER(9,0)	Yes	null	158	null
TRAN_CHR16	TRAN_CHR16	VARCHAR2(254 CHAR)	Yes	null	159	null
TRAN_CHR17	TRAN_CHR17	VARCHAR2(254 CHAR)	Yes	null	160	null
TRAN_CHR18	TRAN_CHR18	VARCHAR2(254 CHAR)	Yes	null	161	null
TRAN_CHR19	TRAN_CHR19	VARCHAR2(254 CHAR)	Yes	null	162	null
TRAN_CHR20	TRAN_CHR20	VARCHAR2(254 CHAR)	Yes	null	163	null
TRAN_CHR21	TRAN_CHR21	VARCHAR2(254 CHAR)	Yes	null	164	null

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Case Mgmt Triage Fees Mapping

Transactions

	COLUMN_NAME	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
	TRAN_CHR22	VARCHAR2(254 CHAR)	Yes	null	165	null
	TRAN_CHR23	VARCHAR2(254 CHAR)	Yes	null	166	null
	TRAN_CHR24	VARCHAR2(254 CHAR)	Yes	null	167	null
	TRAN_CHR25	VARCHAR2(254 CHAR)	Yes	null	168	null
	PAYABLE_TO	VARCHAR2(254 CHAR)	Yes	null	169	null
	ACH_FLAG	NUMBER(1,0)	No	0	170	null
	RPT1099_RECIP1					
	RPT1099_RECIP2					
	RPT1099_RECIP3					
	POT_DUP_TRANS_ID					
	POT_DUP_OVERRIDE_FLAG					
	APPROVED_FLAG					
	PMT_STATUS					
	FIN_TYPE					
	ADJR_USER_ID					
	APPROVED_BY_USER_ID					
	MOD_TYPE					

SAMPLE - Case Mgmt Triage Fees Mapping Payment_Type

PAYMENT_TYPE	
R	Log Payment
S	Reserve
P	Process Check
Q	Process Voucher

**SAMPLE - Claim Export Mappings
To Vendor from Broward County**

Page 1 of 3

XML CLAIM Export data layout

Header Data (not stored in Stars)	
STARSEXport Type	"Claim"
Version	"1.0"
CreateDate	<MM/DD/YYYY HH:MM:SS>

CS STARS layout					
Node 1	Node 2	Data Type	Field Length	Nullable	Comments
Coverage		VARCHAR2	4	No	The coverage code on the claim would be displayed here. (Eg. '10' for Workers compensation)
Company		VARCHAR2	3	No	This is the company name of STARS client. This too would be a code (Eg. For a Stars client the code is 'BCC')
ClientId		VARCHAR2	7	Yes	This was typically known as 'Account number'.
LocationID		NUMBER	9	No	The location id on the claim is mentioned here.
Location		VARCHAR2	15	No	The location name corresponding to location id on the claim is displayed here.
STARSClaimNumber		VARCHAR2	21	No	The alphanumeric claim number that appears on the claim on the front end is displayed here
STARSClaimId		NUMBER	(9,0)	No	The numeric claim id from the backend is displayed here.
IncidentDate		DATE	10	No	<MM/DD/YYYY>. The date would appear in the culture format that is selected for the user for whom the job is running
ReportDate		DATE	10	Yes	<MM/DD/YYYY>. The date would appear in the culture format that is selected for the user for whom the job is running
JurisdictionState		VARCHAR2	14	Yes	This would display the code of the jurisdiction state on the claim.
AccidentDescription1		VARCHAR2	254	Yes	This would display the accident description as specified on the claim
EmployerFullName		VARCHAR2	254	Yes	1- Global setting for Contact Role Codes should be checked to identify the correct role code used for Employer 2- If a Contact Reference exists as a field on the Claim for a certain Contact, the information from this Contact will be used
EmployerContactPhoneNumber		VARCHAR2	25	Yes	1- Global setting for Contact Role Codes should be checked to identify the correct role code used for Employer 2- If a Contact Reference exists as a field on the Claim for a certain Contact, the information from this Contact will be used
ClaimStatus		CHAR	1	No	The code of the status on the claim is displayed here.
CompensabilityStatus		VARCHAR2	14	Yes	The code of the compensability status on the claim is displayed here.
ClaimType		VARCHAR2	4	Yes	The code of the Claim type on is displayed here.
PolicyNumber		VARCHAR2	25	Yes	The policy number on the claim is displayed here.
PolicyEffectiveDate		DATE	10	Yes	<MM/DD/YYYY>. The date would appear in the culture format that is selected for the user for whom the job is running
ContactId		NUMBER	9	No	This is the claimant's contact Id. Though the claimant details are stored on the claim, user also has a option to select a contact instead. If a contact is select the contact id is displayed here.
ClaimantFullName		VARCHAR2	254	No	Claimant details are fetched from the claim and displayed in respective fields here.
ClaimantLastName		VARCHAR2	50	Yes	
ClaimantFirstName		VARCHAR2	50	Yes	
ClaimantMiddleInitial		CHAR	1	Yes	
ClaimantSSN		VARCHAR2	9	Yes	
ClaimantHomePhoneNumber		VARCHAR2	18	Yes	
ClaimantAddress1		VARCHAR2	254	Yes	
ClaimantAddress2		VARCHAR2	254	Yes	
ClaimantCity		VARCHAR2	25	Yes	
ClaimantCounty		VARCHAR2	25	Yes	
ClaimantCountry		VARCHAR2	25	Yes	
ClaimantState		VARCHAR2	2	Yes	

**SAMPLE - Claim Export Mappings
To Vendor from Broward County**

Page 2 of 3

CS STARS layout					
Node 1	Node 2	Data Type	Field Length	Nullable	Comments
ClaimantZipCode		VARCHAR2	10	Yes	
ClaimantBirthDate		DATE	10	Yes	<MM/DD/YYYY>. The date would appear in the culture format that is selected for the user for whom the job is running
ClaimantHireDate		DATE	10	Yes	<MM/DD/YYYY>. The date would appear in the culture format that is selected for the user for whom the job is running
ClaimantDeathDate		DATE	10	Yes	<MM/DD/YYYY>. The date would appear in the culture format that is selected for the user for whom the job is running
ClaimantMaritalStatus		VARCHAR2	14	Yes	The marital status of the claimant is picked up from the claim and displayed here.
ClaimantGender		VARCHAR2	14	Yes	The Gender of the claimant is picked up from the claim and displayed here.
ClaimantJobDescription		VARCHAR2	254	Yes	The job description of the claimant is picked up from the claim and displayed here.
ClaimantJobCode		VARCHAR2	14	Yes	The job code of the claimant is picked up from the claim and displayed here.
ClaimantManagerFullName		VARCHAR2	254	Yes	Claimant's manager name is picked up from the claim and displayed here.
ClaimantHREmplID		VARCHAR2	254	Yes	Claimant's Empld issued by the HR is picked up from the claim and displayed here.
AdjusterCode		VARCHAR2	30	No	This field picks the adjuster code from the claim.
AdjusterLastName		VARCHAR2	50	No	Based on the user id the corresponding Last name of the user/ adjuster is picked up
AdjusterFirstName		VARCHAR2	50	Yes	Based on the user id the corresponding first name of the user/ adjuster is picked up
AdjusterEmail1		VARCHAR2	100	Yes	Based on the user id the corresponding email1 of the user/ adjuster is picked up
AdjusterEmail2		VARCHAR2	100	Yes	Based on the user id the corresponding email2 of the user/ adjuster is picked up
AdjusterPhone Number1		VARCHAR2	25	Yes	Based on the user id the corresponding phone1 of the user/ adjuster is picked up
AdjusterPhone Number2		VARCHAR2	25	Yes	Based on the user id the corresponding phone2 of the user/ adjuster is picked up
CarrierContactId		NUMBER	9	No	This information would be picked from the contacts attached to the respective claim. The applicable role type would be picked based on the Global setting in STARS Admin.
CarrierContactRoleId		NUMBER	9	No	The role id on the contact is displayed here (which is same as that mentioned on the Global settings)
CarrierContactRefNum		VARCHAR2	25	Yes	If the contact has a contact ref num, it would display that here.
CarrierClaimNumber		VARCHAR2	254	Yes	The Carrier claim number from the claim is displayed here.
NCCIBodyCode		VARCHAR2	14	Yes	The NCCI Body code from the claim is picked up and displayed here.
NCCINatureCode		VARCHAR2	14	Yes	The NCCI Nature code from the claim is picked up and displayed here.
NCCICauseCode		VARCHAR2	8	Yes	The NCCI Cause code from the claim is picked up and displayed here.
EquipmentDescription		VARCHAR2	254	Yes	Description of the equipment from the claim is displayed here.
EmployerFacilityContact Id		NUMBER	9	No	This information would be picked from the contacts attached to the respective claim. The applicable role type would be picked based on the Global setting in STARS Admin. Employers facility is really the same as employer. See global setting logic in row 23/24 above
EmployerFacilityContact RoleId		NUMBER	9	No	The role id on the contact is displayed here (which is same as that mentioned on the Global settings)
EmployerFacilityContactRefNum		VARCHAR2	25	Yes	If the contact has a contact ref num, it would display that here.
AccidentLocationName		VARCHAR2	254	Yes	Accident location details from the claim are displayed in the respective fields here. These are all claim wrapper fields
AccidentLocationAddress1		VARCHAR2	254	Yes	
AccidentLocationAddress2		VARCHAR2	254	Yes	
AccidentLocationCity		VARCHAR2	254	Yes	
AccidentLocationCounty		VARCHAR2	254	Yes	
AccidentLocationCountry		VARCHAR2	14	Yes	

**SAMPLE - Claim Export Mappings
To Vendor from Broward County**

Page 3 of 3

CS STARS layout					
Node 1	Node 2	Data Type	Field Length	Nullable	Comments
AccidentLocationState		VARCHAR2	2	Yes	The State in which the accident location was, is picked up from the claim and displayed here.
AccidentLocationZipCode		VARCHAR2	254	Yes	Accident location zipcode from the claim is displayed here.
String Item (0 to many)	Label	VARCHAR2	80	Yes	Claim Type or as per Codes and Lookups in STARS
	ColumnName	VARCHAR2	30	Yes	SPECIAL181
	Value	VARCHAR2	14	Yes	
Number Item (0 to many)	Label	VARCHAR2	80	Yes	
	ColumnName	VARCHAR2	30	Yes	
	Value	NUMBER	12, 2	Yes	
Date Item (0 to many)	Label	VARCHAR2	80	Yes	
	ColumnName	VARCHAR2	30	Yes	
	Value	DATE	10	Yes	<MM/DD/YYYY>. The date would appear in the culture format that is selected for the logged in user.
Description Item (0 to many)	Label	VARCHAR2	80	Yes	
	ColumnName	VARCHAR2	30	Yes	
	Value	VARCHAR2	254	Yes	
Currency Item (0 to many)	Label	VARCHAR2	80	Yes	
	ColumnName	VARCHAR2	30	Yes	
	CurrencyCode	CHAR	3	Yes	
	Value	NUMBER	20, 2	Yes	

SAMPLE - Contact Import Layout
From Vendor to Broward County

Contact Import Layout

Page 1 of 4

Field Name	Table Name	Data Model Mapping	Data Type	Coded	Required	Comments
Client ID	XXXCONTACT_RW	SETID	NUMBER(6,0)		N	
Contact Reference number	XXXCONTACT_RW	CONTACT_REF_NUM	VARCHAR2(25 CHAR)		Y	This is required unless client indicates to auto generate (global setting).
Contact Type	XXXCONTACT_RW	CONTACT_TYPE_ID	NUMBER(9,0)	Y	Y	
Is Business	XXXCONTACT_RW	BUSINESS_FLG	CHAR(1 CHAR)	Y	N	Valid values are Y and N. Code map can be used.
Last Name	XXXCONTACT_RW	LAST_NM	VARCHAR2(25 CHAR)		N	
First Name	XXXCONTACT_RW	FIRST_NM	VARCHAR2(25 CHAR)		N	
Middle Name	XXXCONTACT_RW	MIDDLE_NM	VARCHAR2(25 CHAR)		N	
Nick Name	XXXCONTACT_RW	NICK_NM	VARCHAR2(25 CHAR)		N	
Tax Id Name	XXXCONTACT_RW	TAX_ID_NM	VARCHAR2(100 CHAR)		Y	Conditionally Required
Company Name	XXXCONTACT_RW	COMPANY_NM	VARCHAR(254 CHAR)		N	
Suffix	XXXCONTACT_RW	SUFFIX	VARCHAR2(10 CHAR)		N	
Title	XXXCONTACT_RW	TITLE	VARCHAR2(50 CHAR)		N	
Tax ID	XXXCONTACT_RW	TAX_ID	VARCHAR2(11 CHAR)		Y	Conditionally Required
Social Security Number	XXXCONTACT_RW	SSN	VARCHAR2(9 CHAR)		Y	Conditionally Required
NPI	XXXCONTACT_RW	NPI	VARCHAR2(10 CHAR)		N	
Salutation	XXXCONTACT_RW	SALUTATION	VARCHAR2(4 CHAR)		N	
Minority Owner	XXXCONTACT_RW	MIN_OWNED_FLG	CHAR(1 CHAR)	Y	N	This is a hard coded lookup field. (N, U, Y)
Owner Gender	XXXCONTACT_RW	OWN_BY_GENDER_FLG	CHAR(1 CHAR)	Y	N	This is a hard coded lookup field. (F, M, U)
Payable	XXXCONTACT_RW	PAYABLE	CHAR(1 CHAR)		N	Default to Y
1099 Eligible	XXXCONTACT_RW	RPT1099_ELIG	NUMBER(1,0)	Y	N	
Date W9 Received	XXXCONTACT_RW	W9_REGIEVED_DATE	DATE		N	
W9 on File	XXXCONTACT_RW	W9_FLAG	NUMBER(1,0)		N	
Vendor Flag	XXXCONTACT_RW	VENDOR_FLG	CHAR(1 CHAR)		N	
Mailing Address 1	XXXCONTACT_RW	MAILING_ADDRESS1	VARCHAR2(100 CHAR)		Y	Conditionally Required
Mailing Address 2	XXXCONTACT_RW	MAILING_ADDRESS2	VARCHAR2(100 CHAR)		N	
Mailing Address 3	XXXCONTACT_RW	MAILING_ADDRESS3	VARCHAR2(100 CHAR)		N	
Mailing City	XXXCONTACT_RW	MAILING_CITY	VARCHAR2(40 CHAR)		Y	Conditionally Required
Mailing County	XXXCONTACT_RW	MAILING_COUNTY	VARCHAR2(40 CHAR)		N	
Mailing State	XXXCONTACT_RW	MAILING_STATE	VARCHAR2(2 CHAR)	Y	N	This is a state lookup field. Conditionally Required.
Mailing Region / Province	XXXCONTACT_RW	MAILING_REGION_PROV	VARCHAR2(40 CHAR)		Y	Conditionally Required
Mailing Country	XXXCONTACT_RW	MAILING_COUNTRY	VARCHAR2(2 CHAR)	Y	N	This is a country lookup field
Mailing Postal Code	XXXCONTACT_RW	MAILING_POSTAL	VARCHAR2(20 CHAR)		Y	Conditionally Required
Physical Address 1	XXXCONTACT_RW	PHY_ADDRESS1	VARCHAR2(100 CHAR)		Y	Conditionally Required
Physical Address 2	XXXCONTACT_RW	PHY_ADDRESS2	VARCHAR2(100 CHAR)		N	
Physical Address 3	XXXCONTACT_RW	PHY_ADDRESS3	VARCHAR2(100 CHAR)		N	
Physical City	XXXCONTACT_RW	PHY_CITY	VARCHAR2(40 CHAR)		Y	Conditionally Required
Physical County	XXXCONTACT_RW	PHY_COUNTY	VARCHAR2(40 CHAR)		N	
Physical State	XXXCONTACT_RW	PHY_STATE	VARCHAR2(2 CHAR)	Y	Y	This is a state lookup field. Conditionally Required.
Physical Region / Province	XXXCONTACT_RW	PHY_REGION_PROV	VARCHAR2(40 CHAR)		Y	Conditionally Required
Physical Country	XXXCONTACT_RW	PHY_COUNTRY	VARCHAR2(2 CHAR)	Y	N	This is a country lookup field
Physical Postal Code	XXXCONTACT_RW	PHY_POSTAL	VARCHAR2(20 CHAR)		Y	Conditionally Required
Tax Address 1	XXXCONTACT_RW	TAX_ADDRESS1	VARCHAR2(100 CHAR)		Y	Conditionally Required
Tax Address 2	XXXCONTACT_RW	TAX_ADDRESS2	VARCHAR2(100 CHAR)		N	
Tax Address 3	XXXCONTACT_RW	TAX_ADDRESS3	VARCHAR2(100 CHAR)		N	
Tax City	XXXCONTACT_RW	TAX_CITY	VARCHAR2(40 CHAR)		Y	Conditionally Required
Tax County	XXXCONTACT_RW	TAX_COUNTY	VARCHAR2(40 CHAR)		N	
Tax State	XXXCONTACT_RW	TAX_STATE	VARCHAR2(2 CHAR)	Y	Y	This is a state lookup field. Conditionally Required.
Tax Region / Province	XXXCONTACT_RW	TAX_REGION_PROV	VARCHAR2(40 CHAR)		Y	Conditionally Required
Tax Country	XXXCONTACT_RW	TAX_COUNTRY	VARCHAR2(2 CHAR)	Y	N	This is a country lookup field
Tax Postal Code	XXXCONTACT_RW	TAX_POSTAL	VARCHAR2(20 CHAR)		Y	Conditionally Required
Work phone number	XXXCONTACT_RW	WORK_PHONE	VARCHAR2(35 CHAR)		N	
Mobile phone number	XXXCONTACT_RW	MOBILE_PHONE	VARCHAR2(35 CHAR)		N	
Home phone number	XXXCONTACT_RW	HOME_PHONE	VARCHAR2(35 CHAR)		N	
FAX Number	XXXCONTACT_RW	FAX	VARCHAR2(35 CHAR)		N	
Primary Email	XXXCONTACT_RW	PRIMARY_EMAIL	VARCHAR2(100 CHAR)		N	
Alternate Email	XXXCONTACT_RW	ALT_EMAIL	VARCHAR2(100 CHAR)		N	
Miscellaneous Date 1	XXXCONTACT_RW	MISC_DATE 1	DATE		N	
Miscellaneous Date 2	XXXCONTACT_RW	MISC_DATE 2	DATE		N	
Miscellaneous Date 3	XXXCONTACT_RW	MISC_DATE 3	DATE		N	
Miscellaneous Date 4	XXXCONTACT_RW	MISC_DATE 4	DATE		N	
Miscellaneous Date 5	XXXCONTACT_RW	MISC_DATE 5	DATE		N	
Miscellaneous Date 6	XXXCONTACT_RW	MISC_DATE 6	DATE		N	
Miscellaneous Date 7	XXXCONTACT_RW	MISC_DATE 7	DATE		N	
Miscellaneous Date 8	XXXCONTACT_RW	MISC_DATE 8	DATE		N	
Miscellaneous Date 9	XXXCONTACT_RW	MISC_DATE 9	DATE		N	
Miscellaneous Date 10	XXXCONTACT_RW	MISC_DATE 10	DATE		N	
Miscellaneous Date 11	XXXCONTACT_RW	MISC_DATE 11	DATE		N	

Broward County Board of
County Commissioners

Bid GEN2115794P1

**SAMPLE - Contact Import Layout
From Vendor to Broward County**

Contact Import Layout

Page 2 of 4

Field Name	Table Name	Data Model Mapping	Data Type	Coded	Required	Comments
Miscellaneous Date 12	XXXCONTACT_RW	MISC_DATE_12	DATE		N	
Miscellaneous Date 13	XXXCONTACT_RW	MISC_DATE_13	DATE		N	
Miscellaneous Date 14	XXXCONTACT_RW	MISC_DATE_14	DATE		N	
Miscellaneous Date 15	XXXCONTACT_RW	MISC_DATE_15	DATE		N	
Miscellaneous Date 16	XXXCONTACT_RW	MISC_DATE_16	DATE		N	
Miscellaneous Date 17	XXXCONTACT_RW	MISC_DATE_17	DATE		N	
Miscellaneous Date 18	XXXCONTACT_RW	MISC_DATE_18	DATE		N	
Miscellaneous Date 19	XXXCONTACT_RW	MISC_DATE_19	DATE		N	
Miscellaneous Date 20	XXXCONTACT_RW	MISC_DATE_20	DATE		N	
Miscellaneous Number 1	XXXCONTACT_RW	MISC_NUM_1	NUMBER(16,2)		N	
Miscellaneous Number 2	XXXCONTACT_RW	MISC_NUM_2	NUMBER(16,2)		N	
Miscellaneous Number 3	XXXCONTACT_RW	MISC_NUM_3	NUMBER(16,2)		N	
Miscellaneous Number 4	XXXCONTACT_RW	MISC_NUM_4	NUMBER(16,2)		N	
Miscellaneous Number 5	XXXCONTACT_RW	MISC_NUM_5	NUMBER(16,2)		N	
Miscellaneous Number 6	XXXCONTACT_RW	MISC_NUM_6	NUMBER(16,2)		N	
Miscellaneous Number 7	XXXCONTACT_RW	MISC_NUM_7	NUMBER(16,2)		N	
Miscellaneous Number 8	XXXCONTACT_RW	MISC_NUM_8	NUMBER(16,2)		N	
Miscellaneous Number 9	XXXCONTACT_RW	MISC_NUM_9	NUMBER(16,2)		N	
Miscellaneous Number 10	XXXCONTACT_RW	MISC_NUM_10	NUMBER(16,2)		N	
Miscellaneous Number 11	XXXCONTACT_RW	MISC_NUM_11	NUMBER(16,2)		N	
Miscellaneous Number 12	XXXCONTACT_RW	MISC_NUM_12	NUMBER(16,2)		N	
Miscellaneous Number 13	XXXCONTACT_RW	MISC_NUM_13	NUMBER(16,2)		N	
Miscellaneous Number 14	XXXCONTACT_RW	MISC_NUM_14	NUMBER(16,2)		N	
Miscellaneous Number 15	XXXCONTACT_RW	MISC_NUM_15	NUMBER(16,2)		N	
Miscellaneous Number 16	XXXCONTACT_RW	MISC_NUM_16	NUMBER(16,2)		N	
Miscellaneous Number 17	XXXCONTACT_RW	MISC_NUM_17	NUMBER(16,2)		N	
Miscellaneous Number 18	XXXCONTACT_RW	MISC_NUM_18	NUMBER(16,2)		N	
Miscellaneous Number 19	XXXCONTACT_RW	MISC_NUM_19	NUMBER(16,2)		N	
Miscellaneous Number 20	XXXCONTACT_RW	MISC_NUM_20	NUMBER(16,2)		N	
Miscellaneous Text 1	XXXCONTACT_RW	MISC_TEXT_1	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 2	XXXCONTACT_RW	MISC_TEXT_2	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 3	XXXCONTACT_RW	MISC_TEXT_3	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 4	XXXCONTACT_RW	MISC_TEXT_4	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 5	XXXCONTACT_RW	MISC_TEXT_5	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 6	XXXCONTACT_RW	MISC_TEXT_6	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 7	XXXCONTACT_RW	MISC_TEXT_7	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 8	XXXCONTACT_RW	MISC_TEXT_8	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 9	XXXCONTACT_RW	MISC_TEXT_9	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 10	XXXCONTACT_RW	MISC_TEXT_10	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 11	XXXCONTACT_RW	MISC_TEXT_11	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 12	XXXCONTACT_RW	MISC_TEXT_12	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 13	XXXCONTACT_RW	MISC_TEXT_13	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 14	XXXCONTACT_RW	MISC_TEXT_14	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 15	XXXCONTACT_RW	MISC_TEXT_15	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 16	XXXCONTACT_RW	MISC_TEXT_16	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 17	XXXCONTACT_RW	MISC_TEXT_17	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 18	XXXCONTACT_RW	MISC_TEXT_18	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 19	XXXCONTACT_RW	MISC_TEXT_19	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 20	XXXCONTACT_RW	MISC_TEXT_20	VARCHAR2(256 CHAR)		N	
Special Analysis 1	XXXCONTACT_RW	SP_ANALYS_1	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 2	XXXCONTACT_RW	SP_ANALYS_2	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 3	XXXCONTACT_RW	SP_ANALYS_3	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 4	XXXCONTACT_RW	SP_ANALYS_4	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 5	XXXCONTACT_RW	SP_ANALYS_5	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 6	XXXCONTACT_RW	SP_ANALYS_6	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 7	XXXCONTACT_RW	SP_ANALYS_7	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 8	XXXCONTACT_RW	SP_ANALYS_8	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 9	XXXCONTACT_RW	SP_ANALYS_9	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 10	XXXCONTACT_RW	SP_ANALYS_10	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 11	XXXCONTACT_RW	SP_ANALYS_11	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 12	XXXCONTACT_RW	SP_ANALYS_12	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 13	XXXCONTACT_RW	SP_ANALYS_13	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 14	XXXCONTACT_RW	SP_ANALYS_14	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 15	XXXCONTACT_RW	SP_ANALYS_15	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 16	XXXCONTACT_RW	SP_ANALYS_16	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 17	XXXCONTACT_RW	SP_ANALYS_17	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 18	XXXCONTACT_RW	SP_ANALYS_18	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 19	XXXCONTACT_RW	SP_ANALYS_19	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 20	XXXCONTACT_RW	SP_ANALYS_20	VARCHAR2(14 CHAR)	Y	N	
Status	XXXPMT_PREF	PRE_NOTE_STATUS	NUMBER(1,0)		Y	Hard coded lookup
Default	XXXPMT_PREF	DEFAULT_FLG	CHAR(1 CHAR)	Y	N	Default to Y
Sent Date	XXXPMT_PREF	PRE_NOTE_SENT_DT	DATE		N	
Bank Name	XXXPMT_PREF	BANK_NAME	VARCHAR2(100 CHAR)		Y	Conditionally Required
Branch Name	XXXPMT_PREF	BRANCH_NAME	VARCHAR2(100 CHAR)		N	
Branch Code	XXXPMT_PREF	BRANCH_CODE	VARCHAR2(10 CHAR)		N	

Broward County Board of
County Commissioners

Bid GEN2115794P1

**SAMPLE - Contact Import Layout
From Vendor to Broward County**

Contact Import Layout

Page 3 of 4

Field Name	Table Name	Data Model Mapping	Data Type	Coded	Required	Comments
Routing Number	XXXPMT_PREF	ABA_ROUT_NUM	VARCHAR2(9 CHAR)		Y	Conditionally Required
Account Number	XXXPMT_PREF	ACCT_NUM	VARCHAR2(15 CHAR)		Y	Conditionally Required
Account Type	XXXPMT_PREF	ACCT_TYPE	VARCHAR2(4 CHAR)		Y	Hard coded lookup. Conditionally Required
Currency Code	XXXPMT_PREF	CUR_CODE	VARCHAR2(4 CHAR)	Y	Y	Currency code lookup
Payment Preference	XXXPMT_PREF	PMT_PREF	VARCHAR2(2 CHAR)	Y	Y	Hard coded lookup
Comment	XXXPMT_PREF	PRE_NOTE_COMMENT	VARCHAR2(254 CHAR)		N	
Individual ID	XXXPMT_PREF	INDIVIDUAL_ID	VARCHAR2(15 CHAR)		N	
File Name	XXXPMT_PREF	PRE_NOTE_FILENAME	VARCHAR2(50 CHAR)		N	
Multi 1	XXXCONTACT_MULTI_RW	Multi 1	VARCHAR2(4000 CHAR)		N	
Multi 2	XXXCONTACT_MULTI_RW	Multi 2	VARCHAR2(4000 CHAR)		N	
Multi 3	XXXCONTACT_MULTI_RW	Multi 3	VARCHAR2(4000 CHAR)		N	
Multi 4	XXXCONTACT_MULTI_RW	Multi 4	VARCHAR2(4000 CHAR)		N	
Multi 5	XXXCONTACT_MULTI_RW	Multi 5	VARCHAR2(4000 CHAR)		N	
Multi 6	XXXCONTACT_MULTI_RW	Multi 6	VARCHAR2(4000 CHAR)		N	
Multi 7	XXXCONTACT_MULTI_RW	Multi 7	VARCHAR2(4000 CHAR)		N	
Multi 8	XXXCONTACT_MULTI_RW	Multi 8	VARCHAR2(4000 CHAR)		N	
Multi 9	XXXCONTACT_MULTI_RW	Multi 9	VARCHAR2(4000 CHAR)		N	
Multi 10	XXXCONTACT_MULTI_RW	Multi 10	VARCHAR2(4000 CHAR)		N	
Multi 11	XXXCONTACT_MULTI_RW	Multi 11	VARCHAR2(4000 CHAR)		N	
Multi 12	XXXCONTACT_MULTI_RW	Multi 12	VARCHAR2(4000 CHAR)		N	
Multi 13	XXXCONTACT_MULTI_RW	Multi 13	VARCHAR2(4000 CHAR)		N	
Multi 14	XXXCONTACT_MULTI_RW	Multi 14	VARCHAR2(4000 CHAR)		N	
Multi 15	XXXCONTACT_MULTI_RW	Multi 15	VARCHAR2(4000 CHAR)		N	
Multi 16	XXXCONTACT_MULTI_RW	Multi 16	VARCHAR2(4000 CHAR)		N	
Multi 17	XXXCONTACT_MULTI_RW	Multi 17	VARCHAR2(4000 CHAR)		N	
Multi 18	XXXCONTACT_MULTI_RW	Multi 18	VARCHAR2(4000 CHAR)		N	
Multi 19	XXXCONTACT_MULTI_RW	Multi 19	VARCHAR2(4000 CHAR)		N	
Multi 20	XXXCONTACT_MULTI_RW	Multi 20	VARCHAR2(4000 CHAR)		N	
Seq	XXXCONTACT_MULTI_DTL_RW	SEQ	NUMBER(5,0)		Y	Conditionally Required
Code	XXXCONTACT_MULTI_DTL_RW	CODE	VARCHAR2(12 CHAR)	Y	Y	Conditionally Required
Special Analysis 21	XXXCONTACT_RW	SP_ANALYS 21	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 22	XXXCONTACT_RW	SP_ANALYS 22	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 23	XXXCONTACT_RW	SP_ANALYS 23	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 24	XXXCONTACT_RW	SP_ANALYS 24	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 25	XXXCONTACT_RW	SP_ANALYS 25	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 26	XXXCONTACT_RW	SP_ANALYS 26	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 27	XXXCONTACT_RW	SP_ANALYS 27	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 28	XXXCONTACT_RW	SP_ANALYS 28	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 29	XXXCONTACT_RW	SP_ANALYS 29	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 30	XXXCONTACT_RW	SP_ANALYS 30	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 31	XXXCONTACT_RW	SP_ANALYS 31	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 32	XXXCONTACT_RW	SP_ANALYS 32	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 33	XXXCONTACT_RW	SP_ANALYS 33	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 34	XXXCONTACT_RW	SP_ANALYS 34	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 35	XXXCONTACT_RW	SP_ANALYS 35	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 36	XXXCONTACT_RW	SP_ANALYS 36	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 37	XXXCONTACT_RW	SP_ANALYS 37	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 38	XXXCONTACT_RW	SP_ANALYS 38	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 39	XXXCONTACT_RW	SP_ANALYS 39	VARCHAR2(14 CHAR)	Y	N	
Special Analysis 40	XXXCONTACT_RW	SP_ANALYS 40	VARCHAR2(14 CHAR)	Y	N	
Miscellaneous Date 21	XXXCONTACT_RW	MISC_DATE 21	DATE		N	
Miscellaneous Date 22	XXXCONTACT_RW	MISC_DATE 22	DATE		N	
Miscellaneous Date 23	XXXCONTACT_RW	MISC_DATE 23	DATE		N	
Miscellaneous Date 24	XXXCONTACT_RW	MISC_DATE 24	DATE		N	
Miscellaneous Date 25	XXXCONTACT_RW	MISC_DATE 25	DATE		N	
Miscellaneous Date 26	XXXCONTACT_RW	MISC_DATE 26	DATE		N	
Miscellaneous Date 27	XXXCONTACT_RW	MISC_DATE 27	DATE		N	
Miscellaneous Date 28	XXXCONTACT_RW	MISC_DATE 28	DATE		N	
Miscellaneous Date 29	XXXCONTACT_RW	MISC_DATE 29	DATE		N	
Miscellaneous Date 30	XXXCONTACT_RW	MISC_DATE 30	DATE		N	
Miscellaneous Number 21	XXXCONTACT_RW	MISC_NUM_21	NUMBER(16,2)		N	
Miscellaneous Number 22	XXXCONTACT_RW	MISC_NUM_22	NUMBER(16,2)		N	
Miscellaneous Number 23	XXXCONTACT_RW	MISC_NUM_23	NUMBER(16,2)		N	
Miscellaneous Number 24	XXXCONTACT_RW	MISC_NUM_24	NUMBER(16,2)		N	
Miscellaneous Number 25	XXXCONTACT_RW	MISC_NUM_25	NUMBER(16,2)		N	
Miscellaneous Number 26	XXXCONTACT_RW	MISC_NUM_26	NUMBER(16,2)		N	
Miscellaneous Number 27	XXXCONTACT_RW	MISC_NUM_27	NUMBER(16,2)		N	
Miscellaneous Number 28	XXXCONTACT_RW	MISC_NUM_28	NUMBER(16,2)		N	
Miscellaneous Number 29	XXXCONTACT_RW	MISC_NUM_29	NUMBER(16,2)		N	
Miscellaneous Number 30	XXXCONTACT_RW	MISC_NUM_30	NUMBER(16,2)		N	
Miscellaneous Text 21	XXXCONTACT_RW	MISC_TEXT 21	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 22	XXXCONTACT_RW	MISC_TEXT 22	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 23	XXXCONTACT_RW	MISC_TEXT 23	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 24	XXXCONTACT_RW	MISC_TEXT 24	VARCHAR2(256 CHAR)		N	

Broward County Board of
County Commissioners

Bid GEN2115794P1

**SAMPLE - Contact Import Layout
From Vendor to Broward County**

Contact Import Layout

Page 4 of 4

Field Name	Table Name	Data Model Mapping	Data Type	Coded	Required	Comments
Miscellaneous Text 25	XXXCONTACT_RW	MISC_TEXT 25	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 26	XXXCONTACT_RW	MISC_TEXT 26	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 27	XXXCONTACT_RW	MISC_TEXT 27	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 28	XXXCONTACT_RW	MISC_TEXT 28	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 29	XXXCONTACT_RW	MISC_TEXT 29	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 30	XXXCONTACT_RW	MISC_TEXT 30	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 31	XXXCONTACT_RW	MISC_TEXT 31	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 32	XXXCONTACT_RW	MISC_TEXT 32	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 33	XXXCONTACT_RW	MISC_TEXT 33	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 34	XXXCONTACT_RW	MISC_TEXT 34	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 35	XXXCONTACT_RW	MISC_TEXT 35	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 36	XXXCONTACT_RW	MISC_TEXT 36	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 37	XXXCONTACT_RW	MISC_TEXT 37	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 38	XXXCONTACT_RW	MISC_TEXT 38	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 39	XXXCONTACT_RW	MISC_TEXT 39	VARCHAR2(256 CHAR)		N	
Miscellaneous Text 40	XXXCONTACT_RW	MISC_TEXT 40	VARCHAR2(256 CHAR)		N	
Multi 21	XXXCONTACT_MULTI_RW	Multi 21	VARCHAR2(4000 CHAR)		N	
Multi 22	XXXCONTACT_MULTI_RW	Multi 22	VARCHAR2(4000 CHAR)		N	
Multi 23	XXXCONTACT_MULTI_RW	Multi 23	VARCHAR2(4000 CHAR)		N	
Multi 24	XXXCONTACT_MULTI_RW	Multi 24	VARCHAR2(4000 CHAR)		N	
Multi 25	XXXCONTACT_MULTI_RW	Multi 25	VARCHAR2(4000 CHAR)		N	
Multi 26	XXXCONTACT_MULTI_RW	Multi 26	VARCHAR2(4000 CHAR)		N	
Multi 27	XXXCONTACT_MULTI_RW	Multi 27	VARCHAR2(4000 CHAR)		N	
Multi 28	XXXCONTACT_MULTI_RW	Multi 28	VARCHAR2(4000 CHAR)		N	
Multi 29	XXXCONTACT_MULTI_RW	Multi 29	VARCHAR2(4000 CHAR)		N	
Multi 30	XXXCONTACT_MULTI_RW	Multi 30	VARCHAR2(4000 CHAR)		N	
Multi 31	XXXCONTACT_MULTI_RW	Multi 31	VARCHAR2(4000 CHAR)		N	
Multi 32	XXXCONTACT_MULTI_RW	Multi 32	VARCHAR2(4000 CHAR)		N	
Multi 33	XXXCONTACT_MULTI_RW	Multi 33	VARCHAR2(4000 CHAR)		N	
Multi 34	XXXCONTACT_MULTI_RW	Multi 34	VARCHAR2(4000 CHAR)		N	
Multi 35	XXXCONTACT_MULTI_RW	Multi 35	VARCHAR2(4000 CHAR)		N	
Multi 36	XXXCONTACT_MULTI_RW	Multi 36	VARCHAR2(4000 CHAR)		N	
Multi 37	XXXCONTACT_MULTI_RW	Multi 37	VARCHAR2(4000 CHAR)		N	
Multi 38	XXXCONTACT_MULTI_RW	Multi 38	VARCHAR2(4000 CHAR)		N	
Multi 39	XXXCONTACT_MULTI_RW	Multi 39	VARCHAR2(4000 CHAR)		N	
Multi 40	XXXCONTACT_MULTI_RW	Multi 40	VARCHAR2(4000 CHAR)		N	

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - FNOI Claim Import Mapping **SAMPLE FNOI ClaimImportMapping**

Page 1 of 5

Excel column	Text File Position	Max field Length	Coded	Required	Vendor Field	Additional Required Field	Formatting Instructions
A	1	21		Y	None , this will be AutoGenerated in STARS		
B	2	7					
C	3	21		Y		Transmission Date	mmdyyyy
D	4	21					
E	5	4	Y	Y	If HospitalName="NO TREATMENT" then "15", else "10".		
F	6	8		Y	DateOfAccident		
G	7	21	Y	Y	employer_loc_number from the employer record	Hardcode to "9998" "BCC"	
H	8	254		Y	LastName + " "+ FirstName + " "+ MiddleInitial		
I	9	19					
J	10	254					
K	11	9			SocialSecurityNumber		
L	12	254			EmpDescHowInjured		
M	13	254			AccidentAddress + " " Accident Address.City+ " "+AccidentAddress.State		
N	14	8	Y				
O	15	8	Y		CauseOfInjuryCode		Right two digits only e.g. '0001' should be '01'
P	16	25					
Q	17	1	Y	Y		Hardcode to "0"	
R	18	2	Y		State		
S	19	21					
T	20	1	Y				
U	21	8					
V	22	8					
W	23	8					
X	24	8					
Y	25	8					
Z	26	8		Y	ReportedDate		
AA	27	3	Y	Y		Hardcode to "USD"	
AB	28	8					
AC	29	12,2		Y		Hard code to "0"	
AD	30	12,2		Y		Hard code to "0"	
AE	31	12,2		Y		Hard code to "0"	
AF	32	12,2		Y		Hard code to "0"	
AG	33	12,2		Y		Hard code to "0"	
AH	34	12,2		Y		Hard code to "0"	
AI	35	12,2		Y		Hard code to "0"	
AJ	36	12,2		Y		Hard code to "0"	
AK	37	12,2		Y		Hard code to "0"	
AL	38	12,2		Y		Hard code to "0"	
AM	39	12,2		Y		Hard code to "0"	
AN	40	12,2		Y		Hard code to "0"	
AO	41	12,2		Y		Hard code to "0"	
AP	42	12,2		Y		Hard code to "0"	
AQ	43	1					
AR	44	1					
AS	45	4					
AT	46	20			EE FirstName		
AU	47	25			EE LastName		
AV	48	1			EE Middle Initial		
AW	49	40					
AX	50	254			EE HomeAddress.Street		
AY	51	254					
AZ	52	25			EE HomeAddress.City		
BA	53	2	Y		EE Home Address.State		
BB	54	10			EE HomeAddress.Zip		
BC	55	25					
BD	56	18			Employee Home Ph#		
BE	57	25					
BF	58	4					
BG	59	20			Supervisor First Name		

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - FNOI Claim Import Mapping **SAMPLE FNOI ClaimImportMapping**

Page 2 of 5

Excel column	Text File Position	Max field Length	Coded	Required	Vendor Field	Additional Required Field	Formatting Instructions
BH	60	25			Supervisor Last Name		
BI	61	1					
BJ	62	40					
BK	63	254					
BL	64	254					
BM	65	25					
BN	66	2	Y				
BO	67	10					
BP	68	25			Supervisor Phone #		
BQ	69	18					
BR	70	25					
BS	71	10	Y		Gender		
BT	72	10	Y				
BU	73	10	Y				
BV	74	10	Y		EmployeeRiskClassCode (which is 4 digit NCCI WC Class code)		
BW	75	10	Y				
BX	76	10	Y				
BY	77	10	Y				
BZ	78	10	Y				
CA	79	10	Y				
CB	80	10	Y				
CC	81	10	Y				
CD	82	10	Y				
CE	83	10	Y				
CF	84	10	Y				
CG	85	10	Y				
CH	86	10	Y				
CI	87	10	Y				
CJ	88	10	Y		This is the Bargaining Unit (Union) we send them in HR file		
CK	89	10	Y				
CL	90	10	Y				
CM	91	10	Y				
CN	92	10	Y				
CO	93	10	Y				
CP	94	10	Y		BodyPartCode		Right two digits only e.g. '0001' should be '01'
CQ	95	10	Y				
CR	96	10	Y		NatureOfInjuryCode		Right two digits only e.g. '0001' should be '01'
CS	97	10	Y				
CT	98	10	Y				
CU	99	10	Y				
CV	100	10	Y				
CW	101	10	Y				
CX	102	10	Y		NumberOfHoursPerDay		
CY	103	10	Y		NumberOFHoursPerweek		
CZ	104	10	Y		NumberOfDaysPerWeek		
DA	105	10	Y				
DB	106	10	Y				
DC	107	10	Y				
DD	108	10	Y				
DE	109	10	Y				
DF	110	10	Y				
DG	111	10	Y				
DH	112	10	Y				
DI	113	10	Y				
DJ	114	10	Y				
DK	115	10	Y				
DL	116	10	Y				
DM	117	10	Y				
EB	117	10	Y				
DN	118	10	Y				
DO	119	10	Y				
DP	120	10	Y				
DQ	121	10	Y				
DR	122	10	Y				
DS	123	10	Y				

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - FNOI Claim Import Mapping **SAMPLE FNOI ClaimImportMapping**

Page 3 of 5

Excel column	Text File Position	Max field Length	Coded	Required	Vendor Field	Additional Required Field	Formatting Instructions
DT	124	10	Y				
DU	125	10	Y			Hardcode to "SFC"	
DV	126	10	Y			Hardcode to "Y"	
DW	127	10	Y				
DX	128	10	Y				
DY	129	10	Y				
DZ	130	10	Y				
EA	131	10	Y				
EC	133	10	Y				
ED	134	10	Y				
EE	135	10	Y				
EF	136	10	Y				
EG	137	10	Y			Hardcode to "Y"	
EH	138	10	Y			Hardcode to "Y"	
EI	139	8			DateOfDeath		mmdyyyy
EJ	140	8					
EK	141	8					
EL	142	8					
EM	143	8					
EN	144	8					
EO	145	8			DateFirstReported		mmdyyyy
EP	146	8			DateEmployed		mmdyyyy
EQ	147	8					
ER	148	8					
ES	149	8					
ET	150	8					
EU	151	8					
EV	152	8					
EW	153	8					
EX	154	8					
EY	155	8					
EZ	156	8					
FA	157	8					
FB	158	8					
FC	159	8					
FD	160	8					
FE	161	8					
FF	162	8					
FG	163	8					
FH	164	8					
FI	165	8					
FJ	166	8					
FK	167	8					
FL	168	8					
FM	169	8			Date of Birth		mmdyyyy
FN	170	8					
FO	171	8					
FP	172	8					
FQ	173	8					
FR	174	8					
FS	175	8					
FT	176	8					
FU	177	8					
FV	178	8					
FW	179	8					
FX	180	8					
FY	181	8					
FZ	182	8					
GA	183	8					
GB	184	8					
GC	185	8					
GD	186	8					
GE	187	8					
GF	188	8					
GG	189	12,2			RateOfPay		
GH	190	12,2					
GI	191	12,2					
GJ	192	12,2					
GK	193	12,2					

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - FNOI Claim Import Mapping **SAMPLE FNOI ClaimImportMapping**

Page 4 of 5

Excel column	Text File Position	Max field Length	Coded	Required	Vendor Field	Additional Required Field	Formatting Instructions
GL	194	12,2					
GM	195	12,2					
GN	196	12,2					
GO	197	12,2					
GP	198	12,2					
GQ	199	12,2					
GR	200	12,2					
GS	201	12,2					
GT	202	12,2					
GU	203	12,2					
GV	204	12,2					
GW	205	12,2					
GX	206	12,2					
GY	207	12,2					
GZ	208	12,2					
HA	209	254					
HB	210	254					
HC	211	254			FNOLID	FROI Record #	
HD	212	254					
HE	213	254					
HF	214	254					
HG	215	254					
HH	216	254			EE Job Title		
HI	217	254			TelephoneNumber (This is EE Work Ph #)		
HJ	218	254					
HK	219	254			ReportedBy		
HL	220	254			AccidentAddress.Zip		
HM	221	254					
HN	222	254					
HO	223	254					
HP	224	254					
HQ	225	254					
HR	226	254					
HS	227	254					
HT	228	254					
HU	229	254					
HV	230	254					
HW	231	254					
HX	232	254					
HY	233	254					
HZ	234	254					
IA	235	254					
IB	236	254					
IC	237	254					
ID	238	254					
IE	239	254					
IF	240	254			Accident Site Address		
IG	241	254			Accident Site City		
IH	242	254					
II	243	254					
IJ	244	254					
IK	245	254					
IL	246	254					
IM	247	254					
IN	248	254					
IO	249	254					
IP	250	254					
IQ	251	254					
IR	252	254					
IS	253	254					
IT	254	254					
IU	255	254					
IV	256	254					
IW	257	254					
IX	258	254					
IY	259	254					
IZ	260	254					
JA	261	254					
JB	262	254					

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - FNOI Claim Import Mapping **SAMPLE FNOI ClaimImportMapping**

Page 5 of 5

Excel column	Text File Position	Max field Length	Coded	Required	Vendor Field	Additional Required Field	Formatting Instructions
JC	263	254					
JD	264	254					
JE	265	254					
JF	266	254					
JG	267	254					
JH	268	254					

SAMPLE - Paid Bill Export
To Vendor From Broward County

Page 1 of 1

XML Paid File Export Layout

Header Data (not stored in Stars)	
STARSExport Type	"PaidFile"
Version	"1.0"
CreateDate	<MM/DD/YYYY HH:MM:SS>

Paid File Export				
Node 1	Data Type	Field Length	Nullable	Comments
Coverage	VARCHAR2	4	No	The coverage code on the claim would be displayed here. (Eg. '10' for Workers compensation)
Company	VARCHAR2	3	No	This is the company name of STARS client. This too would be a code (Eg. For Stars client the code is 'BCC')
Client ID	VARCHAR2	7	No	This was typically known as 'Account number'.
BillID	VARCHAR2	254	No	This would be the bill id on the bill import file.
ClaimNumber	VARCHAR2	21	No	The alphanumeric claim number that appears on the claim on the front end is displayed here
Check Number	NUMBER	9	No	This would be the check number that was paid to the vendor. This is fetched based on the transaction that is created in STARS (This could also be a consolidation of various transactions for the same vendor)
Amount	NUMBER	15,2	No	This would be the amount for which the check was cut. This is fetched based on the transaction that is created in STARS (This could also be a consolidation of various transactions for the same vendor)
Date	DATE	10	No	This would be the status date of the check, since paid file picks up only checks that are posted, this would be the check posted date. <MM/DD/YYYY>. The date would appear in the culture format that is selected for the user running the job.

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County
Page 1 of 12

Layout

Transaction Import File Layout

Description	Column Name	Data Type	Field Length	Nullable	Required	Updatable	Code Map	Major Cov Specific	Current Vendor Field	Needed	Comments
Import/Update	n/a	CHAR(1 CHAR)	1	No	Y	N	N			hardcode to 'I'	I for import of new transactions 'U' for updating transactions C 'Claim or O' Occurrence - will default to C
Claim/Occurrence	n/a	CHAR(1 CHAR)	1	No	Y	N	N			hardcode to 'C'	Clients will input the data for the MISCx_DESC field they want to use Claim Matching
ClaimMatch	n/a	VARCHAR2(254 CHAR)	254	Yes	N	N					
State Claim Number	REFNUM	VARCHAR2(25 CHAR)	25	Yes	N	N	N				
Set Id	SETID	NUMBER(5,0)	5	No	N	N	N				
Transaction Id	TRANS_ID	NUMBER(9,0)	9,0	No	N	N	N				
Claim Id	CLAIM_ID	NUMBER(9,0)	9,0	No	N	N	N				
Claim Number/ Occurrence Number	CLAIM OCCURNUM	VARCHAR2(21 CHAR)	21	No	Y	N	N		claimnbr		
Transaction Date	TRANS_DT	DATE	10	No	Y	Y	N				
Sequence	SEQ	NUMBER(5,0)	5	No	N	N	N				
Transaction Type Code	TRANS_TYPE	VARCHAR2(8 CHAR)	8	No	Y	Y	Y	Y		hardcode to '2P2M'	
Entry Date	ENTRY_DT	DATE	10	No	N	N	N				
Status	STATUS	CHAR(1 CHAR)	1	No	N	Y	Y	N			
From Date	FROM_DT	DATE	10	Yes	N	Y	N		Date of Service		
Thru Date	THRU_DT	DATE	10	Yes	N	Y	N		Date of Service		
IRS Vendor	IRSVENDOR	VARCHAR2(12 CHAR)	12	Yes	N	Y	N				
Pay ID	PAY_ID	NUMBER(9,0)	9,0	Yes	N	N	N				Hardcode to vendor ID #
Payee	PAYEE	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				Hardcode to Vendor Name
Check Number	CHECKNUM	VARCHAR2(15 CHAR)	15	Yes	N	Y	N				
Invoice Number	INVOICENUM	VARCHAR2(14 CHAR)	15	Yes	N	Y	N				
Amount	AMOUNT ORIG_AMT	NUMBER(15,2)	15,2	Yes	Y	Y	N		Billed Amount		
Currency	CURRENCY ORIG_CURR	VARCHAR2(4 CHAR)	4	Yes	Y	Y	Y	N		hardcode to 'USD'	
Payee Addr1	PY_ADD1	VARCHAR2(100 CHAR)	100	Yes	N	Y	N				
Payee Addr2	PY_ADD2	VARCHAR2(100 CHAR)	100	Yes	N	Y	N				
Payee City	PY_CITY	VARCHAR2(25 CHAR)	25	Yes	N	Y	N				
Payee State	PY_STATE	VARCHAR2(2 CHAR)	2	Yes	N	Y	N				
Payee Zip	PY_ZIP	VARCHAR2(10 CHAR)	10	Yes	N	Y	N				
Payee County	PY_CNTRY	VARCHAR2(25 CHAR)	25	Yes	N	Y	N				
Payee Country	PY_CNTRY	VARCHAR2(25 CHAR)	25	Yes	N	Y	N				
Exchange Rate	EXCH_RATE	NUMBER(20,6)	20,6	No	N	Y	N				
Bill Id	BILL_ID	NUMBER(9,0)	9,0	Yes	N	N	N				
Bank Account Id	BNK_ACCT_ID	NUMBER(9,0)	9,0	Yes	N	N	N				
Consolidate	CONSOLIDATE	CHAR(1 CHAR)	1	Yes	N	Y	Y	N			
Hold Until Date	HOLDUNTILDT	DATE	10	Yes	N	Y	N				
Payment Type	PAYMENT_TYPE	CHAR(1 CHAR)	1	Yes	Y	N	Y	N		hardcode to 'R'	
Process by Date	PROCESSBYDT	DATE	10	Yes	N	Y	N				
Misc Number 1	MISCNUM1	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 2	MISCNUM2	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 3	MISCNUM3	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 4	MISCNUM4	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 5	MISCNUM5	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 6	MISCNUM6	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 7	MISCNUM7	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 8	MISCNUM8	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 9	MISCNUM9	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 10	MISCNUM10	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 11	MISCNUM11	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 12	MISCNUM12	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 13	MISCNUM13	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 14	MISCNUM14	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 15	MISCNUM15	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 16	MISCNUM16	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 17	MISCNUM17	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 18	MISCNUM18	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 19	MISCNUM19	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 20	MISCNUM20	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 21	MISCNUM21	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 22	MISCNUM22	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 23	MISCNUM23	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 24	MISCNUM24	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 25	MISCNUM25	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 26	MISCNUM26	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 27	MISCNUM27	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 28	MISCNUM28	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 29	MISCNUM29	NUMBER(12,2)	12,2	Yes	N	Y	N				
Misc Number 30	MISCNUM30	NUMBER(12,2)	12,2	Yes	N	Y	N				
Trans Date 1	TRAN_DT1	DATE	10	Yes	N	Y	N				
Trans Date 2	TRAN_DT2	DATE	10	Yes	N	Y	N				
Trans Date 3	TRAN_DT3	DATE	10	Yes	N	Y	N				
Trans Date 4	TRAN_DT4	DATE	10	Yes	N	Y	N				
Trans Date 5	TRAN_DT5	DATE	10	Yes	N	Y	N				
Trans Date 6	TRAN_DT6	DATE	10	Yes	N	Y	N				
Trans Date 7	TRAN_DT7	DATE	10	Yes	N	Y	N				
Trans Date 8	TRAN_DT8	DATE	10	Yes	N	Y	N				
Trans Date 9	TRAN_DT9	DATE	10	Yes	N	Y	N				
Trans Date 10	TRAN_DT10	DATE	10	Yes	N	Y	N				
Trans Date 11	TRAN_DT11	DATE	10	Yes	N	Y	N				
Trans Date 12	TRAN_DT12	DATE	10	Yes	N	Y	N				
Trans Date 13	TRAN_DT13	DATE	10	Yes	N	Y	N				
Trans Date 14	TRAN_DT14	DATE	10	Yes	N	Y	N				
Trans Date 15	TRAN_DT15	DATE	10	Yes	N	Y	N				
Trans Date 16	TRAN_DT16	DATE	10	Yes	N	Y	N				
Trans Date 17	TRAN_DT17	DATE	10	Yes	N	Y	N				

Broward County Board of
County Commissioners

Bid GEN2115794P1

**SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County**
Page 2 of 12

Layout

Transaction Import File Layout

Description	Column Name	Data Type	Field Length	Nullable	Required	Updatable	Code Map	Major Cov Specific	Current Vendor Field	Needed	Comments
Trans Date 18	TRAN_DT18	DATE	10	Yes	N	Y	N				
Trans Date 19	TRAN_DT19	DATE	10	Yes	N	Y	N				
Trans Date 20	TRAN_DT20	DATE	10	Yes	N	Y	N				
Trans Date 21	TRAN_DT21	DATE	10	Yes	N	Y	N				
Trans Date 22	TRAN_DT22	DATE	10	Yes	N	Y	N				
Trans Date 23	TRAN_DT23	DATE	10	Yes	N	Y	N				
Trans Date 24	TRAN_DT24	DATE	10	Yes	N	Y	N				
Trans Date 25	TRAN_DT25	DATE	10	Yes	N	Y	N				
Trans Date 26	TRAN_DT26	DATE	10	Yes	N	Y	N				
Trans Date 27	TRAN_DT27	DATE	10	Yes	N	Y	N				
Trans Date 28	TRAN_DT28	DATE	10	Yes	N	Y	N				
Trans Date 29	TRAN_DT29	DATE	10	Yes	N	Y	N				
Trans Date 30	TRAN_DT30	DATE	10	Yes	N	Y	N				
Trans Special Analysis 1	TRAN_SPC1	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 2	TRAN_SPC2	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 3	TRAN_SPC3	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 4	TRAN_SPC4	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 5	TRAN_SPC5	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 6	TRAN_SPC6	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 7	TRAN_SPC7	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 8	TRAN_SPC8	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 9	TRAN_SPC9	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 10	TRAN_SPC10	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 11	TRAN_SPC11	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 12	TRAN_SPC12	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 13	TRAN_SPC13	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 14	TRAN_SPC14	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 15	TRAN_SPC15	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 16	TRAN_SPC16	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 17	TRAN_SPC17	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 18	TRAN_SPC18	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 19	TRAN_SPC19	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 20	TRAN_SPC20	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 21	TRAN_SPC21	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 22	TRAN_SPC22	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 23	TRAN_SPC23	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 24	TRAN_SPC24	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Special Analysis 25	TRAN_SPC25	VARCHAR2(14 CHAR)	14	Yes	N	Y	Y	Y			
Trans Description 1	TRAN_CHR1	VARCHAR2(254 CHAR)	254	Yes	N	Y	N		utilog_id		
Trans Description 2	TRAN_CHR2	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 3	TRAN_CHR3	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 4	TRAN_CHR4	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 5	TRAN_CHR5	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 6	TRAN_CHR6	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 7	TRAN_CHR7	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 8	TRAN_CHR8	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 9	TRAN_CHR9	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 10	TRAN_CHR10	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 11	TRAN_CHR11	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 12	TRAN_CHR12	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 13	TRAN_CHR13	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 14	TRAN_CHR14	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 15	TRAN_CHR15	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Diagnosis Code 1	DIAGNCODE1	VARCHAR2(8 CHAR)	8	Yes	N	Y	N				
Diagnosis Code 2	DIAGNCODE2	VARCHAR2(8 CHAR)	8	Yes	N	Y	N				
Diagnosis Code 3	DIAGNCODE3	VARCHAR2(8 CHAR)	8	Yes	N	Y	N				
Diagnosis Code 4	DIAGNCODE4	VARCHAR2(8 CHAR)	8	Yes	N	Y	N				
Trans Description 16	TRAN_CHR16	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 17	TRAN_CHR17	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 18	TRAN_CHR18	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 19	TRAN_CHR19	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 20	TRAN_CHR20	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 21	TRAN_CHR21	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 22	TRAN_CHR22	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 23	TRAN_CHR23	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 24	TRAN_CHR24	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Trans Description 25	TRAN_CHR25	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
Payable to	PAYABLE_TO	VARCHAR2(254 CHAR)	254	Yes	N	Y	N				
ACH Flag	ACH_FLAG	NUMBER(1,0)	1,0	No	N	Y	N				

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County
Page 3 of 12

Layout

Transaction Import File Layout

Description	Column Name	Data Type	Field Length	Nullable	Required	Updatable	Code Map	Major Cov Specific	Current Vendor Field	Needed	Comments
Payee Contact Id	CONTACT_ID	NUMBER	9	Yes	N	N	N			Hardcode to ''	Either Contact Id or Contact External ID should be present, based on whether there had been a Contact Export or Import.
Payee Contact Role	n/a	VARCHAR2(254 CHAR)	254	Yes	N	N	Y				Clients can input role information - a code or a description of the payee role
Payee Contact External Id	CONTACT_REF_NUM	VARCHAR2	25	Yes	N	N	N				Use external id when internal not available (This field should be a unique field) Either Contact Id or Contact External ID should be present, based on whether there had been a Contact Export or Import.
Contact SSN	SSN	VARCHAR2(9 CHAR)	9	Yes	N	N					
Contact Tax Id	TAX_ID	VARCHAR2(11 CHAR)	11	Yes	N	N					
Contact Number	CONTACT_NUMBER	NUMBER(9,0)	(9,0)	Yes	N	N					
First Name	FIRST_NM	VARCHAR2(25 CHAR)	25	Yes	N	N					
Last Name	LAST_NM	VARCHAR2(25 CHAR)	25	Yes	N	N					
Company	COMPANY_NM	VARCHAR2(254 CHAR)	254	Yes	N	N					
Vendor Id	MISC_TEXT2	VARCHAR2(254 CHAR)	254	Yes	N	N					

Broward County Board of
County Commissioners

Bid GEN2115794P1

SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County

OnSaveTrans

Page 4 of 12

Sr No	Type	Description	Check	Voucher	Long	Validation Performed at
1	Transaction	Payee is required	Yes	Yes	No	Client
2	Transaction	Amount Field must contain Value	Yes	Yes	No	Client
3	Financial Authority	Financial Aggregate limits - Bucket level - User	Yes	Yes	Yes	Server
4	Financial Authority	Financial Aggregate limits - Over all level - User	Yes	Yes	Yes	Server
5	Financial Authority	Financial Transaction limits - Bucket level - User	Yes	Yes	Yes	Server
6	Financial Authority	Financial Transaction limits - Over all level - User	Yes	Yes	Yes	Server
	Financial Authority	If Escalated All will get check for Supervisor				
7	Financial Authority	Financial Aggregate limits - Bucket level - Supervisor	Yes	Yes	Yes	Server
8	Financial Authority	Financial Aggregate limits - Over all level - Supervisor	Yes	Yes	Yes	Server
9	Financial Authority	Financial Transaction limits - Bucket level - Supervisor	Yes	Yes	Yes	Server
10	Financial Authority	Financial Transaction limits - Over all level - Supervisor	Yes	Yes	Yes	Server
11	Duplicate Payment	Check for Duplicate transaction	Yes	Yes	Yes	Server
12	Reserve Notification	Validation for reserve	Yes	Yes	Yes	Server
13	Transaction	Validation for minimum and Max Date range	Yes	Yes	Yes	Server
14	Transaction	Financial Locked Validation	Yes	Yes	Yes	Server
16	Transaction	Consolidation is not enabled on payments with Alternate Payee Language	Yes	Yes	No	Server
17	Transaction	Transaction Service To date can not be before transaction service from date	Yes	Yes	Yes	Server
20	Transaction	Transaction date cannot be before the report date.	Yes	Yes	Yes	Server
21	Transaction	Transaction date cannot be before the claim's incident to claim date.	Yes	Yes	Yes	Server
22	Transaction	Amount cannot be negative.	Yes	Yes	No	Server
23	Transaction	Payee is required	Yes	Yes	No	Server
24	Transaction	Payee Address required.	Yes	Yes	No	Server
25	Transaction	Bank account required.	Yes	Yes	No	Server
26	Transaction	No address on payee record	No	No	Yes	Server

SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County
Transactions

Page 5 of 12

xxxOCCURTRANS	xxxOCCURTRANS	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
TRANS_ID	TRANS_ID	NUMBER(9,0)	No	null	1	null
CLAIM_ID	OCCUR_ID	NUMBER(9,0)	No	null	2	null
CLAIM	OCCURNUM	VARCHAR2(19 CHAR)	No	null	3	null
TRANS_DT	TRANS_DT	DATE	No	null	4	null
SEQ	SEQ	NUMBER(5,0)	No	null	5	null
TRANS_TYPE	TRANS_TYPE	VARCHAR2(8 CHAR)	No	null	6	null
ENTRY_DT	ENTRY_DT	DATE	No	null	7	null
STATUS	STATUS	CHAR(1 CHAR)	No	null	8	null
AMOUNT	AMOUNT	NUMBER(15,2)	Yes	null	9	null
FROM_DT	FROM_DT	DATE	Yes	null	10	null
THRU_DT	THRU_DT	DATE	Yes	null	11	null
IRSVENDOR	IRSVENDOR	VARCHAR2(12 CHAR)	Yes	null	12	null
PAY_TYPE	PAY_TYPE	CHAR(1 CHAR)	Yes	null	13	null
PAY_ID	PAY_ID	NUMBER(9,0)	Yes	null	14	null
PAYEE	PAYEE	VARCHAR2(254 CHAR)	Yes	null	15	null
CHECKNUM	CHECKNUM	VARCHAR2(15 CHAR)	Yes	null	16	null
INVOICENUM	INVOICENUM	VARCHAR2(14 CHAR)	Yes	null	17	null
TRANS_FLAG	TRANS_FLAG	CHAR(1 CHAR)	No	null	18	null
PY_USERID	PY_USERID	NUMBER(9,0)	No	null	19	null
TRNBIRTHID	TRNBIRTHID	VARCHAR2(26 CHAR)	Yes	null	20	null
LMOD_USR	LMOD_USR	NUMBER(9,0)	No	null	21	null
LMOD_DT	LMOD_DT	DATE	No	null	22	null
LMOD_TIM	LMOD_TIM	VARCHAR2(10 CHAR)	No	null	23	null
ORIG_AMT	ORIG_AMT	NUMBER(15,2)	Yes	null	24	null
ORIG_CURR	ORIG_CURR	VARCHAR2(4 CHAR)	Yes	null	25	null
PY_ADD1	PY_ADD1	VARCHAR2(100 CHAR)	Yes	null	26	null
PY_ADD2	PY_ADD2	VARCHAR2(100 CHAR)	Yes	null	27	null
PY_CITY	PY_CITY	VARCHAR2(25 CHAR)	Yes	null	28	null
PY_STATE	PY_STATE	VARCHAR2(2 CHAR)	Yes	null	29	null
PY_ZIP	PY_ZIP	VARCHAR2(10 CHAR)	Yes	null	30	null

Transactions

SAMPLE - Zero Bill Fees Mapping From Vendor to Broward County

Page 6 of 12

xxxOCCURTRANS	xxxOCCURTRANS	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
	COLUMN_NAME					
PY_CNTRY	PY_CNTRY	VARCHAR2(25 CHAR)	Yes	null	31	null
PY_CNTRY	PY_CNTRY	VARCHAR2(25 CHAR)	Yes	null	32	null
EXCH_RATE	EXCH_RATE	NUMBER(20,6)	No	-1	33	null
ADD_PY1	ADD_PY1	NUMBER(9,0)	Yes	null	34	null
ADD_PY2	ADD_PY2	NUMBER(9,0)	Yes	null	35	null
BILL_ID	BILL_ID	NUMBER(9,0)	Yes	null	36	null
BNK_ACCT_ID	BNK_ACCT_ID	NUMBER(9,0)	Yes	null	37	null
CARE_OF_PYE	CARE_OF_PYE	NUMBER(9,0)	Yes	null	38	null
CHECK_ID	CHECK_ID	NUMBER(9,0)	Yes	null	39	null
CONSOLIDATE	CONSOLIDATE	CHAR(1 CHAR)	Yes	null	40	null
CREATE_USR	CREATE_USR	NUMBER(9,0)	Yes	null	41	null
CURRENCY	CURRENCY	VARCHAR2(4 CHAR)	Yes	null	42	null
HOLDUNTILDT	HOLDUNTILDT	DATE	Yes	null	43	null
LEGACY	LEGACY	CHAR(1 CHAR)	Yes	null	44	null
PAYMENT_TYPE	PAYMENT_TYPE	CHAR(1 CHAR)	Yes	null	45	null
POSTED	POSTED	CHAR(1 CHAR)	Yes	null	46	null
PROCESSBYDT	PROCESSBYDT	DATE	Yes	null	47	null
PY_STATUS	PY_STATUS	CHAR(1 CHAR)	Yes	null	48	null
REMIT_TO_ADD	REMIT_TO_ADD	NUMBER(9,0)	Yes	null	49	null
ISPENDINGCHECK	ISPENDINGCHECK	CHAR(1 CHAR)	Yes	null	50	null
APPROVED	APPROVED	CHAR(1 CHAR)	Yes	null	51	null
PEND_ID	PEND_ID	NUMBER(9,0)	Yes	null	52	null
MISCNUM1	MISCNUM1	NUMBER(12,2)	Yes	null	53	null
MISCNUM2	MISCNUM2	NUMBER(12,2)	Yes	null	54	null
MISCNUM3	MISCNUM3	NUMBER(12,2)	Yes	null	55	null
MISCNUM4	MISCNUM4	NUMBER(12,2)	Yes	null	56	null
MISCNUM5	MISCNUM5	NUMBER(12,2)	Yes	null	57	null
MISCNUM6	MISCNUM6	NUMBER(12,2)	Yes	null	58	null
MISCNUM7	MISCNUM7	NUMBER(12,2)	Yes	null	59	null
MISCNUM8	MISCNUM8	NUMBER(12,2)	Yes	null	60	null
MISCNUM9	MISCNUM9	NUMBER(12,2)	Yes	null	61	null
MISCNUM10	MISCNUM10	NUMBER(12,2)	Yes	null	62	null
MISCNUM11	MISCNUM11	NUMBER(12,2)	Yes	null	63	null

SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County

Page 7 of 12

Transactions

xxxTRANS	xxxOCCURTRANS	COLUMN_NAME	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
MISCNUM12	MISCNUM12	MISCNUM12	NUMBER(12,2)	Yes	null	64	null
MISCNUM13	MISCNUM13	MISCNUM13	NUMBER(12,2)	Yes	null	65	null
MISCNUM14	MISCNUM14	MISCNUM14	NUMBER(12,2)	Yes	null	66	null
MISCNUM15	MISCNUM15	MISCNUM15	NUMBER(12,2)	Yes	null	67	null
MISCNUM16	MISCNUM16	MISCNUM16	NUMBER(12,2)	Yes	null	68	null
MISCNUM17	MISCNUM17	MISCNUM17	NUMBER(12,2)	Yes	null	69	null
MISCNUM18	MISCNUM18	MISCNUM18	NUMBER(12,2)	Yes	null	70	null
MISCNUM19	MISCNUM19	MISCNUM19	NUMBER(12,2)	Yes	null	71	null
MISCNUM20	MISCNUM20	MISCNUM20	NUMBER(12,2)	Yes	null	72	null
MISCNUM21	MISCNUM21	MISCNUM21	NUMBER(12,2)	Yes	null	73	null
MISCNUM22	MISCNUM22	MISCNUM22	NUMBER(12,2)	Yes	null	74	null
MISCNUM23	MISCNUM23	MISCNUM23	NUMBER(12,2)	Yes	null	75	null
MISCNUM24	MISCNUM24	MISCNUM24	NUMBER(12,2)	Yes	null	76	null
MISCNUM25	MISCNUM25	MISCNUM25	NUMBER(12,2)	Yes	null	77	null
MISCNUM26	MISCNUM26	MISCNUM26	NUMBER(12,2)	Yes	null	78	null
MISCNUM27	MISCNUM27	MISCNUM27	NUMBER(12,2)	Yes	null	79	null
MISCNUM28	MISCNUM28	MISCNUM28	NUMBER(12,2)	Yes	null	80	null
MISCNUM29	MISCNUM29	MISCNUM29	NUMBER(12,2)	Yes	null	81	null
MISCNUM30	MISCNUM30	MISCNUM30	NUMBER(12,2)	Yes	null	82	null
TRAN_DT1	TRAN_DT1	TRAN_DT1	DATE	Yes	null	83	null
TRAN_DT2	TRAN_DT2	TRAN_DT2	DATE	Yes	null	84	null
TRAN_DT3	TRAN_DT3	TRAN_DT3	DATE	Yes	null	85	null
TRAN_DT4	TRAN_DT4	TRAN_DT4	DATE	Yes	null	86	null
TRAN_DT5	TRAN_DT5	TRAN_DT5	DATE	Yes	null	87	null
TRAN_DT6	TRAN_DT6	TRAN_DT6	DATE	Yes	null	88	null
TRAN_DT7	TRAN_DT7	TRAN_DT7	DATE	Yes	null	89	null
TRAN_DT8	TRAN_DT8	TRAN_DT8	DATE	Yes	null	90	null
TRAN_DT9	TRAN_DT9	TRAN_DT9	DATE	Yes	null	91	null
TRAN_DT10	TRAN_DT10	TRAN_DT10	DATE	Yes	null	92	null
TRAN_DT11	TRAN_DT11	TRAN_DT11	DATE	Yes	null	93	null
TRAN_DT12	TRAN_DT12	TRAN_DT12	DATE	Yes	null	94	null
TRAN_DT13	TRAN_DT13	TRAN_DT13	DATE	Yes	null	95	null
TRAN_DT14	TRAN_DT14	TRAN_DT14	DATE	Yes	null	96	null

SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County

Page 8 of 12

Transactions

xxxTRANS	xxxOCCURTRANS	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
	COLUMN_NAME					
TRAN_DT15	TRAN_DT15	DATE	Yes	null	97	null
TRAN_DT16	TRAN_DT16	DATE	Yes	null	98	null
TRAN_DT17	TRAN_DT17	DATE	Yes	null	99	null
TRAN_DT18	TRAN_DT18	DATE	Yes	null	100	null
TRAN_DT19	TRAN_DT19	DATE	Yes	null	101	null
TRAN_DT20	TRAN_DT20	DATE	Yes	null	102	null
TRAN_DT21	TRAN_DT21	DATE	Yes	null	103	null
TRAN_DT22	TRAN_DT22	DATE	Yes	null	104	null
TRAN_DT23	TRAN_DT23	DATE	Yes	null	105	null
TRAN_DT24	TRAN_DT24	DATE	Yes	null	106	null
TRAN_DT25	TRAN_DT25	DATE	Yes	null	107	null
TRAN_DT26	TRAN_DT26	DATE	Yes	null	108	null
TRAN_DT27	TRAN_DT27	DATE	Yes	null	109	null
TRAN_DT28	TRAN_DT28	DATE	Yes	null	110	null
TRAN_DT29	TRAN_DT29	DATE	Yes	null	111	null
TRAN_DT30	TRAN_DT30	DATE	Yes	null	112	null
TRAN_SPC1	TRAN_SPC1	VARCHAR2(14 CHAR)	Yes	null	113	null
TRAN_SPC2	TRAN_SPC2	VARCHAR2(14 CHAR)	Yes	null	114	null
TRAN_SPC3	TRAN_SPC3	VARCHAR2(14 CHAR)	Yes	null	115	null
TRAN_SPC4	TRAN_SPC4	VARCHAR2(14 CHAR)	Yes	null	116	null
TRAN_SPC5	TRAN_SPC5	VARCHAR2(14 CHAR)	Yes	null	117	null
TRAN_SPC6	TRAN_SPC6	VARCHAR2(14 CHAR)	Yes	null	118	null
TRAN_SPC7	TRAN_SPC7	VARCHAR2(14 CHAR)	Yes	null	119	null
TRAN_SPC8	TRAN_SPC8	VARCHAR2(14 CHAR)	Yes	null	120	null
TRAN_SPC9	TRAN_SPC9	VARCHAR2(14 CHAR)	Yes	null	121	null
TRAN_SPC10	TRAN_SPC10	VARCHAR2(14 CHAR)	Yes	null	122	null
TRAN_SPC11	TRAN_SPC11	VARCHAR2(14 CHAR)	Yes	null	123	null
TRAN_SPC12	TRAN_SPC12	VARCHAR2(14 CHAR)	Yes	null	124	null
TRAN_SPC13	TRAN_SPC13	VARCHAR2(14 CHAR)	Yes	null	125	null
TRAN_SPC14	TRAN_SPC14	VARCHAR2(14 CHAR)	Yes	null	126	null
TRAN_SPC15	TRAN_SPC15	VARCHAR2(14 CHAR)	Yes	null	127	null
TRAN_SPC16	TRAN_SPC16	VARCHAR2(14 CHAR)	Yes	null	128	null
TRAN_SPC17	TRAN_SPC17	VARCHAR2(14 CHAR)	Yes	null	129	null

SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County

Page 9 of 12

Transactions

xxxTRANS	xxxOCCURTRANS	COLUMN_NAME	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
		TRAN_SPC18	VARCHAR2(14 CHAR)	Yes	null	130	null
		TRAN_SPC19	VARCHAR2(14 CHAR)	Yes	null	131	null
		TRAN_SPC20	VARCHAR2(14 CHAR)	Yes	null	132	null
		TRAN_SPC21	VARCHAR2(14 CHAR)	Yes	null	133	null
		TRAN_SPC22	VARCHAR2(14 CHAR)	Yes	null	134	null
		TRAN_SPC23	VARCHAR2(14 CHAR)	Yes	null	135	null
		TRAN_SPC24	VARCHAR2(14 CHAR)	Yes	null	136	null
		TRAN_SPC25	VARCHAR2(14 CHAR)	Yes	null	137	null
		TRAN_CHR1	VARCHAR2(254 CHAR)	Yes	null	138	null
		TRAN_CHR2	VARCHAR2(254 CHAR)	Yes	null	139	null
		TRAN_CHR3	VARCHAR2(254 CHAR)	Yes	null	140	null
		TRAN_CHR4	VARCHAR2(254 CHAR)	Yes	null	141	null
		TRAN_CHR5	VARCHAR2(254 CHAR)	Yes	null	142	null
		TRAN_CHR6	VARCHAR2(254 CHAR)	Yes	null	143	null
		TRAN_CHR7	VARCHAR2(254 CHAR)	Yes	null	144	null
		TRAN_CHR8	VARCHAR2(254 CHAR)	Yes	null	145	null
		TRAN_CHR9	VARCHAR2(254 CHAR)	Yes	null	146	null
		TRAN_CHR10	VARCHAR2(254 CHAR)	Yes	null	147	null
		TRAN_CHR11	VARCHAR2(254 CHAR)	Yes	null	148	null
		TRAN_CHR12	VARCHAR2(254 CHAR)	Yes	null	149	null
		TRAN_CHR13	VARCHAR2(254 CHAR)	Yes	null	150	null

SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County
Transactions

Page 10 of 12

xxxTRANS	xxxOCCURTRANS	COLUMN_NAME	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
	TRAN_CHR14	TRAN_CHR14	VARCHAR2(254 CHAR)	Yes	null	151	null
	TRAN_CHR15	TRAN_CHR15	VARCHAR2(254 CHAR)	Yes	null	152	null
	DIAGNCODE1	DIAGNCODE1	VARCHAR2(8 CHAR)	Yes	null	153	null
	DIAGNCODE2	DIAGNCODE2	VARCHAR2(8 CHAR)	Yes	null	154	null
	DIAGNCODE3	DIAGNCODE3	VARCHAR2(8 CHAR)	Yes	null	155	null
	DIAGNCODE4	DIAGNCODE4	VARCHAR2(8 CHAR)	Yes	null	156	null
	GEN_RESV	GEN_RESV	CHAR(1 CHAR)	Yes	null	157	null
	SCHED_ID	SCHED_ID	NUMBER(9,0)	Yes	null	158	null
	TRAN_CHR16	TRAN_CHR16	VARCHAR2(254 CHAR)	Yes	null	159	null
	TRAN_CHR17	TRAN_CHR17	VARCHAR2(254 CHAR)	Yes	null	160	null
	TRAN_CHR18	TRAN_CHR18	VARCHAR2(254 CHAR)	Yes	null	161	null
	TRAN_CHR19	TRAN_CHR19	VARCHAR2(254 CHAR)	Yes	null	162	null
	TRAN_CHR20	TRAN_CHR20	VARCHAR2(254 CHAR)	Yes	null	163	null
	TRAN_CHR21	TRAN_CHR21	VARCHAR2(254 CHAR)	Yes	null	164	null
	TRAN_CHR22	TRAN_CHR22	VARCHAR2(254 CHAR)	Yes	null	165	null
	TRAN_CHR23	TRAN_CHR23	VARCHAR2(254 CHAR)	Yes	null	166	null
	TRAN_CHR24	TRAN_CHR24	VARCHAR2(254 CHAR)	Yes	null	167	null
	TRAN_CHR25	TRAN_CHR25	VARCHAR2(254 CHAR)	Yes	null	168	null
	PAYABLE_TO	PAYABLE_TO	VARCHAR2(254 CHAR)	Yes	null	169	null
	ACH_FLAG	ACH_FLAG	NUMBER(1,0)	No	0	170	null
	RPT1099_RECIP1						
	RPT1099_RECIP2						

SAMPLE - Zero Bill Fees Mapping From Vendor to Broward County

Transactions

Page 11 of 12

xxxTRANS	xxxOCCURTRANS	COLUMN_NAME	DATA_TYPE	NULLABLE	DATA_DEFAULT	COLUMN_ID	COMMENTS
RPT1099_RECIP3							
POT_DUP_TRANS_ID							
POT_DUP_OVERRIDE_F							
LAG							
APPROVED_FLAG							
PMT_STATUS							
FIN_TYPE							
ADJR_USER_ID							
APPROVED_BY_USER_I							
D							
MOD_TYPE							

SAMPLE - Zero Bill Fees Mapping
From Vendor to Broward County

Payment_Type

Page 12 of 12

PAYMENT_TYPE	
R	Log Payment
S	Reserve
P	Process Check
Q	Process Voucher

LOBBYIST REGISTRATION REQUIREMENT CERTIFICATION FORM

The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

The Vendor certifies that it understands if it has retained a lobbyist(s) to lobby in connection with a competitive solicitation, it shall be deemed non-responsive unless the firm, in responding to the competitive solicitation, certifies that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances; and it understands that if, after awarding a contract in connection with the solicitation, the County learns that the certification was erroneous, and upon investigation determines that the error was willful or intentional on the part of the Vendor, the County may, on that basis, exercise any contractual right to terminate the contract for convenience.

The Vendor hereby certifies that: (select one)

- It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if retained after the solicitation, the County will be notified.

- It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under Broward County Lobbyist Registration Act, Section 1-262, Broward County Code of Ordinances.

It is a requirement of this solicitation that the names of any and all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail:

Name of Lobbyist:

Lobbyist's Firm:

Phone:

E-mail:

Authorized Signature/Name: Date:

Title:

Vendor Name:

DOMESTIC PARTNERSHIP ACT CERTIFICATION FORM (REQUIREMENT AND TIEBREAKER)

Refer to Special Instructions to identify if Domestic Partnership Act is a requirement of the solicitation or acts only as a tiebreaker. If Domestic Partnership is a requirement of the solicitation, the completed and signed form should be returned with the Vendor's submittal. If the form is not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes. To qualify for the Domestic Partnership tiebreaker criterion, the Vendor must currently offer the Domestic Partnership benefit and the completed and signed form must be returned at time of solicitation submittal.

The Domestic Partnership Act, Section 16 ½ -157, Broward County Code of Ordinances, requires all Vendors contracting with the County, in an amount over \$100,000 provide benefits to Domestic Partners of its employees, on the same basis as it provides benefits to employees' spouses, with certain exceptions as provided by the Ordinance.

For all submittals over \$100,000.00, the Vendor, by virtue of the signature below, certifies that it is aware of the requirements of Broward County's Domestic Partnership Act, Section 16-½ -157, Broward County Code of Ordinances; and certifies the following: (check only one below).

- 1. The Vendor currently complies with the requirements of the County's Domestic Partnership Act and provides benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses
- 2. The Vendor will comply with the requirements of the County's Domestic Partnership Act at time of contract award and provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses.
- 3. The Vendor will not comply with the requirements of the County's Domestic Partnership Act at time of award.
- 4. The Vendor does not need to comply with the requirements of the County's Domestic Partnership Act at time of award because the following exception(s) applies: (check only one below).
 - The Vendor is a governmental entity, not-for-profit corporation, or charitable organization.
 - The Vendor is a religious organization, association, society, or non-profit charitable or educational institution.
 - The Vendor provides an employee the cash equivalent of benefits. (Attach an affidavit in compliance with the Act stating the efforts taken to provide such benefits and the amount of the cash equivalent).
 - The Vendor cannot comply with the provisions of the Domestic Partnership Act because it would violate the laws, rules or regulations of federal or state law or would violate or be inconsistent with the terms or conditions of a grant or contract with the United States or State of Florida. Indicate the law, statute or regulation (State the law, statute or regulation and attach explanation of its applicability).

Authorized
Signature/Name

Title

Vendor Name

Date

RFP-RLI-RFQ LOCAL PREFERENCE AND TIE BREAKER CERTIFICATION FORM

The completed and signed form should be returned with the Vendor's submittal to determine Local Preference eligibility, however it must be returned at time of solicitation submittal to qualify for the Tie Break criteria. If not provided with submittal, the Vendor must submit within three business days of County's request for evaluation of Local Preference. Proof of a local business tax must be returned with solicitation submittal to qualify for the Tie Break Criteria. Failure to timely submit this form or local business tax receipt may render the business ineligible for application of the Local Preference or Tie Break Criteria.

In accordance with Section 21.31.d. of the Broward County Procurement Code, to qualify for the Tie Break Criteria, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward County and:
 - a. has a valid Broward County local business tax receipt;
 - b. has been in existence for at least six-months prior to the solicitation opening;
 - c. at a business address physically located within Broward County;
 - d. in an area zoned for such business;
 - e. provides services from this location on a day-to-day basis, and
 - f. services provided from this location are a substantial component of the services offered in the Vendor's proposal.

In accordance with Local Preference, Section 1-74, et. seq., Broward County Code of Ordinances, a local business meeting the below requirements is eligible for Local Preference. To qualify for the Local Preference, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward and:
 - a. has a valid Broward County local business tax receipt issued at least one year prior to solicitation opening;
 - b. has been in existence for at least one-year prior to the solicitation opening;
 - c. provides services on a day-to-day basis, at a business address physically located within the Broward County limits in an area zoned for such business; and
 - d. the services provided from this location are a substantial component of the services offered in the Vendor's proposal.

Local Business Address:

Vendor does not qualify for Tie Break Criteria or Local Preference, in accordance with the above requirements. The undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is not a local Vendor in Broward County.

AUTHORIZED SIGNATURE/ NAME	TITLE	COMPANY	DATE

RFP-RFQ-RLI LOCATION ATTESTATION FORM (EVALUATION CRITERIA)

The completed and signed form and supporting information (if applicable, for Joint Ventures) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting information may affect the Vendor's evaluation. Provided information is subject to verification by the County.

A Vendor's principal place of business location (also known as the nerve center) within Broward County is considered in accordance with Evaluation Criteria. The County's definition of a principal place of business is:

1. As defined by the Broward County Local Preference Ordinance, "Principal place of business means the nerve center or center of overall direction, control and coordination of the activities of the bidder [Vendor]. If the bidder has only one (1) business location, such business location shall be considered its principal place of business."
2. A principal place of business refers to the place where a corporation's officers direct, control, and coordinate the corporation's day-to-day activities. It is the corporation's 'nerve center' and in practice it should normally be the place where the corporation maintains its headquarters; provided that the headquarters is the actual center of direction, control, and coordination, i.e., the 'nerve center', and not simply an office where the corporation holds its board meetings (for example, attended by directors and officers who have traveled there for the occasion).

The Vendor's principal place of business in Broward County shall be the Vendor's "Principal Address" indicated with the Florida Department of State Division of Corporations, for at least six months prior to the solicitation's due date.

Check one of the following:

- The Vendor certifies that it has a principal place of business location (also known as the nerve center) within Broward County, as documented in Florida Department of State Division of Corporations (Sunbiz), and attests to the following statements:
1. Vendor's address listed in its submittal is its principal place of business as defined by Broward County;
 2. Vendor's "Principal Address" listed with the Florida Department of State Division of Corporations is the same as the address listed in its submittal and the address was listed for at least six months prior to the solicitation's opening date. A copy of Florida Department of State Division of Corporations (Sunbiz) is attached as verification.
 3. Vendor must be located at the listed "nerve center" address ("Principal Address") for at least six (6) months prior to the solicitation's opening date;
 4. Vendor has not merged with another firm within the last six months that is not headquartered in Broward County and is not a wholly owned subsidiary or a holding company of another firm that is not headquartered in Broward County;
 5. If awarded a contract, it is the intent of the Vendor to remain at the referenced address for the duration of the contract term, including any renewals, extensions or any approved interim contracts for the services provided under this contract; and
 6. The Vendor understands that if after contract award, the County learns that the attestation was erroneous, and upon investigation determines that the error was willful or intentional on

the part of the Vendor, the County may, on that basis exercise any contractual right to terminate the contract. Further any misleading, inaccurate, false information or documentation submitted by any party affiliated with this procurement may lead to suspension and/or debarment from doing business with Broward County as outlined in the Procurement Code, Section 21.119.

If the Vendor is submitting a response as a Joint Venture, the following information is required to be submitted:

- a. Name of the Joint Venture Partnership
- b. Percentage of Equity for all Joint Venture Partners
- c. A copy of the executed Agreement(s) between the Joint Venture Partners

Vendor does not have a principal place of business location (also known as the nerve center) within Broward County.

Vendor Information:

Vendor Name:

Vendor's address listed in its submittal is:

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The signature below must be by an individual authorized to bind the Vendor. The signature below is an attestation that all information listed above and provided to Broward County is true and accurate.

Authorized Signature/Name	Title	Vendor Name	Date

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VOLUME OF PREVIOUS WORK ATTESTATION FORM

The completed and signed form should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to provide timely may affect the Vendor's evaluation. This completed form must be included with the Vendor's submittal at the time of the opening deadline to be considered for a Tie Breaker criterion (if applicable).

The calculation for Volume of Previous Work is all amounts paid to the prime Vendor by Broward County Board of County Commissioners at the time of the solicitation opening date within a five-year timeframe. The calculation of Volume of Previous Work for a prime Vendor previously awarded a contract as a member of a Joint Venture firm is based on the actual equity ownership of the Joint Venture firm.

In accordance with Section 21.31.d. of the Broward County Procurement Code, the Vendor with the lowest dollar volume of work previously paid by the County over a five-year period from the date of the submittal opening will receive the Tie Breaker.

Vendor must list all projects it received payment from Broward County Board of County Commissioners during the past five years. If the Vendor is submitting as a joint venture, the information provided should encompass the joint venture and each of the entities forming the joint venture. The Vendor attests to the following:

Item No.	Project Title	Solicitation/ Contract Number:	Department or Division	Date Awarded	Paid to Date Dollar Amount
1					
2					
3					
4					
5					
Grand Total					

Has the Vendor been a member/partner of a Joint Venture firm that was awarded a contract by the County?
 Yes No

If Yes, Vendor must submit a **Joint Vendor Volume of Work Attestation Form**.

Vendor Name:

Authorized Signature/ Name

Title

Date

VOLUME OF PREVIOUS WORK ATTESTATION JOINT VENTURE FORM

If applicable, this form and additional required documentation should be submitted with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting documentation may affect the Vendor's evaluation.

The calculation of Volume of Previous Work for a prime Vendor previously awarded a contract as a member of a Joint Venture firm is based on the actual equity ownership of the Joint Venture firm. Volume of Previous Work is not based on the total payments to the Joint Venture firm.

Vendor must list all projects it received payment from Broward County Board of County Commissioners during the past five years as a member of a Joint Venture. The Vendor attests to the following:

Item No.	Project Title	Solicitation/ Contract Number:	Department or Division	Date Awarded	JV Equity %	Paid to Date Dollar Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand Total						<input type="text"/>

Vendor is required to submit an executed Joint Venture agreement(s) and any amendments for each project listed above. Each agreement must be executed prior to the opening date of this solicitation.

Vendor Name:

Authorized Signature/ Name

Title

Date

AGREEMENT EXCEPTION FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, it shall be deemed an affirmation by the Vendor that it accepts the terms and conditions of the County's Agreement as disclosed in the solicitation.

The Vendor must either provide specific proposed alternative language on the form below. Additionally, a brief justification specifically addressing each provision to which an exception is taken should be provided.

- There are no exceptions to the terms and conditions of the County Agreement as referenced in the solicitation; or
- The following exceptions are disclosed below: (use additional forms as needed; separate each Article/ Section number)

Term or Condition Article / Section	Insert version of exception or specific proposed alternative language	Provide brief justification for change
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vendor Name:

5

LITIGATION HISTORY FORM

The completed form(s) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- There are no material cases for this Vendor; or
- Material Case(s) are disclosed below:

Is this for a: (check type) <input type="checkbox"/> Parent, <input type="checkbox"/> Subsidiary, or <input type="checkbox"/> Predecessor Firm?	If Yes, name of Parent/Subsidiary/Predecessor: <input type="text"/>
	Or No <input type="checkbox"/>
Party	
Case Number, Name, and Date Filed	<input type="text"/>
Name of Court or other tribunal	<input type="text"/>
Type of Case	Bankruptcy <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Administrative/Regulatory <input type="checkbox"/>
Claim or Cause of Action and Brief description of each Count	<input type="text"/>
Brief description of the Subject Matter and Project Involved	<input type="text"/>
Disposition of Case (Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.)	Pending <input type="checkbox"/> Settled <input type="checkbox"/> Dismissed <input type="checkbox"/> Judgment Vendor's Favor <input type="checkbox"/> Judgment Against Vendor <input type="checkbox"/> If Judgment Against, is Judgment Satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Opposing Counsel	Name: <input type="text"/> Email: <input type="text"/> Telephone Number: <input type="text"/>

Vendor Name:

6

5

**SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS REQUIREMENT FORM
Request for Proposals, Request for Qualifications, or Request for Letters of Interest**

The following forms and supporting information (if applicable) should be returned with Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit may affect Vendor's evaluation.

- A. The Vendor shall submit a listing of all subcontractors, subconsultants and major material suppliers (firms), if any, and the portion of the contract they will perform. A major material supplier is considered any firm that provides construction material for construction contracts, or commodities for service contracts in excess of \$50,000, to the Vendor.
- B. If participation goals apply to the contract, only non-certified firms shall be identified on the form. A non-certified firm is a firm that is not listed as a firm for attainment of participation goals (ex. County Business Enterprise or Disadvantaged Business Enterprise), if applicable to the solicitation.
- C. This list shall be kept up-to-date for the duration of the contract. If subcontractors, subconsultants or suppliers are stated, this does not relieve the Vendor from the prime responsibility of full and complete satisfactory performance under any awarded contract.
- D. After completion of the contract/final payment, the Vendor shall certify the final list of non-certified subcontractors, subconsultants, and suppliers that performed or provided services to the County for the referenced contract.
- E. The Vendor has confirmed that none of the recommended subcontractors, subconsultants, or suppliers' principal(s), officer(s), affiliate(s) or any other related companies have been debarred from doing business with Broward County or any other governmental agency.

If none, state "none" on this form. Use additional sheets as needed. Vendor should scan and upload any additional form(s) in BidSync.

1. Subcontracted Firm's Name:

Subcontracted Firm's Address:

Subcontracted Firm's Telephone Number:

Contact Person's Name and Position:

Contact Person's E-Mail Address:

Estimated Subcontract/Supplies Contract Amount:

Type of Work/Supplies Provided:

2. Subcontracted Firm's Name:

Subcontracted Firm's Address:

Subcontracted Firm's Telephone Number:

5

AFFILIATED ENTITIES OF THE PRINCIPAL(S) CERTIFICATION FORM

The completed form should be submitted with the solicitation response but must be submitted within three business days of County's request. Vendor may be deemed non-responsive for failure to fully comply within stated timeframes.

- a. All Vendors are required to disclose the names and addresses of "affiliated entities" of the Vendor's principal(s) over the last five (5) years (from the solicitation opening deadline) that have acted as a prime Vendor with the County.
- b. The County will review all affiliated entities of the Vendor's principal(s) for contract performance evaluations and the compliance history with the County's Small Business Program, including CBE, DBE and SBE goal attainment requirements. "Affiliated entities" of the principal(s) are those entities related to the Vendor by the sharing of stock or other means of control, including but not limited to a subsidiary, parent or sibling entity.
- c. The County will consider the contract performance evaluations and the compliance history of the affiliated entities of the Vendor's principals in its review and determination of responsibility.

The Vendor hereby certifies that: (select one)

No principal of the proposing Vendor has prior affiliations that meet the criteria defined as "Affiliated entities"

Principal(s) listed below have prior affiliations that meet the criteria defined as "Affiliated entities"

Principal's Name:

Names of Affiliated Entities:

Principal's Name:

Names of Affiliated Entities:

Principal's Name:

Names of Affiliated Entities:

Authorized Signature Name:

Title:

Vendor Name:

Date:

6

Broward County Board of
County Commissioners

Bid GEN2115794P1

Insurance Requirements

The following coverage is deemed the minimum insurance required for this project. The selected firm must be prepared to provide proof of insurance commensurate with or in excess of this requirement. Any deviation is subject to the approval of Risk Management.

TYPE OF INSURANCE	Limits on Liability		
		Each Occurrence	Aggregate
GENERAL LIABILITY - Broad form <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Premises–Operations <input type="checkbox"/> XCU Explosion/Collapse/Underground <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Personal Injury	Bodily Injury		
	Property Damage		
	Bodily Injury and Property Damage Combined	\$1,000,000	\$2,000,000
	Personal Injury		
AUTO LIABILITY * <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-owned <input checked="" type="checkbox"/> Any Auto If applicable *Can we waived if no driving will be done in performance of services	Bodily Injury (each person)		
	Bodily Injury (each accident)		
	Property Damage		
	Bodily Injury and Property Damage Combined	\$1,000,000	
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form	Bodily Injury and Property Damage Combined	\$	
<input checked="" type="checkbox"/> WORKER'S COMPENSATION	(each accident)	STATUTORY	
<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY		\$500,000	
<input type="checkbox"/> PROFESSIONAL LIABILITY	Each Claim	\$2,000,000	
	Extended Reporting Period	2 years	
<input checked="" type="checkbox"/> CYBER LIABILITY	Each Claim	\$2,000,000	
	Extended Reporting Period	2 years	
<input type="checkbox"/> CRIME AND FIDELITY	Extended reporting 2 - years		\$
Description of Operations/Locations/Vehicles: Broward County is listed as an additional insured on the general liability and automobile liability policies. Waiver of subrogation in favor of Certificate Holder applies to general liability, automobile liability, and workers' compensation.			

CANCELLATION: Thirty (30) days written notice of cancellation is required to the Certificate Holder:

Certificate Holder:
Broward County
 115 S Andrews Ave
 Fort Lauderdale, FL 33301

Digitally signed by COLLEEN A. POUNALL
 DN: dc=city, dc=broward, dc=bc, ou=Organization, ou=BCC, ou=RM, ou=Users, ou=COLLEEN A. POUNALL
 Date: 2017.10.09 09:54:27 -0400

Risk Management Division

Question and Answers for Bid #GEN2115794P1 - Workers' Compensation Medical Cost Containment and Case Management Services

Overall Bid Questions

There are no questions associated with this bid.

5

6