

CONTRACT REVIEW REQUEST GUIDANCE FOR SUPPLIER AGREEMENTS



**IMPORTANT INFORMATION:
PLEASE READ BEFORE SUBMITTING
YOUR CONTRACT REVIEW REQUEST TO
AVOID DELAYS**

The Contract Routing Request (“CRR”) cycle time for supplier agreements can take as little as a few days or as long as several weeks, depending on the complexity of the contracts received **and** the information received through the CRR. Pertinent, complete, and accurate information will shorten the cycle time, whereas incomplete and/or incorrect information will most likely result in delays. Due to the high volume of requests, approving contracts timely on the first pass improves review cycle time for all other requests in the queue. If you have any questions regarding this process, please contact **Christina Hsu @ Christina.Hsu@bcm.edu or 713-798-4019.**

Please submit all contract review requests to Finance@bcm.edu.

STOP and DO NOT submit contract routing request if:

- Purchase is \$3,000 or below. Considering using Purchase Card (“P-Card”). See list of allowable items at [BCM PCard Policy](#)
- Purchase is from a contracted supplier with a master agreement or previously negotiated terms & conditions. See supplier list at [BCM Supplier List](#)
(Still need to obtain 3 quotes on the same item(s) when submitting through shopping carts)
- Supplier accepts BCM’s boilerplate terms & conditions or Master Agreement as-is [BCM Terms & Conditions](#)
Any revisions by the supplier will require reviews.

Required Documentation:

1. **The Contract Routing Review Request Form (“CRRF”) can be found at [Contract Review Request Form](#). – Complete the form in its entirety by providing all pertinent information:
 - Fund Center or WBS Element
 - Fund Type
 - A detailed explanation of the purchase
 - Other related/associated agreements attached – For example, if a Scope of Work or SOW is being submitted for review, please also submit the original master agreement for review.
 - Indicate if Protected Health Information (“PHI”) data be accessed by another party(ies)
 - Multiple purchases from multiple or single supplier(s) for a single purpose (ex: opening a new lab/clinic, replace entire telephony system) – Please contact Christina.Hsu@bcm.edu before engaging with any supplier(s).
 - ***Please do not re-use previously submitted forms; submit **fresh** forms with updated information, every single time*****

2. **The documentation required to accompany the Contract Routing Review Request Form is listed below. Incomplete or missing documentation will be returned for correction.**
 - **An aggregate quote that has not expired with supplier terms and conditions referenced.** Consider that the review cycle time may take some time, so the quote expiration date needs to be aligned. E.g., do not submit a quote with an expiration date within 30 days at the minimum.
 - **Uniform Guidance requirements** for aggregate quotes over \$50,000 to demonstrate competitive solicitation:
 - 3 unexpired quotes from 3 different suppliers for the same product(s) or service(s)
 - OR a valid Sole Source Justification Form (see separate form and guidance) located at [Sole Source Justification Form](#)
 - *No substitutes, no alternatives, no equivalents. Please read the guidance attached to the Sole Source Justification form carefully.*

- **Capital purchases over \$5,000**
 - Leases: All capital leases must have a Lease vs. Buy cost analysis summary attached. Please reach out to Lease Accounting at lease_accounting@bcm.edu for more information.
- **Business Associate Agreement (“BAA”) for PHI:**
 - For any service or product to be purchased that requires access to PHI, a completed/signed BAA (Business Associate Agreement) must be required from the supplier. BCM’s BAA can be obtained at [Business Associate Agreement](#)
 - BCM’s BAA template is preferred over another party’s BAA template.
 - ***Please contact privacycompliance@bcm.edu for questions or confirmation if a BAA is required***
- **Services that provide the use of the BCM logo or name** require prior review and approval from Corporate Communications. Please attach any approval emails from their office as necessary.

A Cheat Sheet on the next page will help with tips and proper documentation. Please reach out to Christina.Hsu@bcm.edu for questions. Thank you!

Cheat sheet

✓	Attachment / Documentation	Tips
	<p>Unexpired quote (valid for at <i>least another 30 days</i> upon submission)</p>	<p>Purchase should be more than \$3,000 or not allowed on a P-Card</p> <p>Purchase is not available through an already-contracted supplier or supplier with previously negotiated terms & conditions</p> <p>Selected supplier does not accept BCM's terms & conditions</p>
	<p>Demonstration of competitive bidding for aggregate purchases \$50,000 and over (for Uniform Guidance requirements):</p> <ul style="list-style-type: none"> • 3 unexpired quotes from 3 <u>different</u> suppliers for the <u>same</u> products/services • If there is a lack of competition due to no substitutes, equivalents, or alternatives, complete a sole source justification form in its entirety <ul style="list-style-type: none"> ○ If the supplier has exclusive designs/rights to the purchase, an attestation letter from the supplier/manufacturer <u>is required</u> 	<p>DO NOT use a Sole Source Form if you know an item or service is available from more than one source.</p>
	<p>Lease vs. Buy Analysis* on capital leases over \$5,000. (Note that some implementation costs are also considered capital.) Contact Lease_Accounting@bcm.edu for questions.</p> <p><i>*Not required on capital PURCHASES</i></p>	<p><u>Unrestricted Purchases</u>: After your budget revision has been approved by Finance, provide your case number and documentation with your request.</p> <p>If budget revision has not yet been requested, please request and obtain approval <u>before</u> submitting through CRR.</p>
	<p>Business Associated Agreement (“BAA”) on product/service that may have access to Protected Health Information (“PHI”).</p>	<p>Any revisions to a BAA by the supplier requires review and approval from Compliance Office.</p> <p>Submit redlined BAA along with other documents for CRR.</p>

What is Protected Health Information (PHI)?

The following 18 individually identifiable health information is PHI

1. Patient Name (including partial name)	2. Social Security Number
3. Dates other than year directly related to an individual (service date/admit/discharge)	4. All geographical identifiers smaller than a state (address, including zip codes).
5. Medical record numbers	6. Health insurance beneficiary numbers
7. Telephone numbers	8. Fax numbers
9. E-mail addresses	10. Account numbers
11. Certificate/License numbers	12. Biometric identifiers
13. Device identifiers & serial numbers	14. Web uniform resource locators (URLs)
15. Vehicle identifiers (incl. license plate numbers)	16. Full face photographic images and any comparable images
17. Account Numbers	18. Any other unique identifier (excludes investigator assigned code)

“Any Other” Category

Unique Identifying Number, Characteristic or code

- Any unique feature not expressly enumerated in the listing of PHI which can be used to identify a specific individual.
 - BCM must ensure that a data set is stripped of any of these unique features.
 - The following are examples of such features:
 - *Identifying Number* - Clinical trial record numbers
 - *Identifying Code* – Assigned and embedded codes in electronic records (e.g., barcodes).
 - *Identifying Characteristic* - A characteristic may be anything that distinguishes an individual and allows for identification. For example, a unique identifying characteristic could be the occupation of a patient, if it was listed in a record as “current President of State University.”

**BAYLOR COLLEGE OF MEDICINE - OFFICE OF THE GENERAL COUNSEL
CONTRACT REVIEW REQUEST FORM AND ROUTING SHEET**

Please complete the following for each contract that is requested to be reviewed by the Office of the General Counsel. Print this completed form, obtain appropriate signatures as stated in paragraph 16 and forward the signed form along with the accompanying contract electronically in MS Word to Finance (finance@bcm.edu). Finance will then route to Office of General Counsel. Standard turnaround time is at least two weeks. If questions, contact Melissa Cordova mcordova@bcm.edu.

1. **REQUESTED BY:** Name: _____ Title: _____ Department: _____ Date: _____
2. **CONTRACT CATEGORY:** Clinical Educational Research I.T. Administrative/Other
3. **CONTRACT TYPE:** Vendor Contract/
SOW/Capital Purchase Quote Events/Catering MOU/ Nondisclosure Agreement/Letter of Intent
- Maintenance Service Agreement Equipment Lease Independent Contractor Agreement BCM Providing Services Real Property Lease

4. **CONTRACT PARTIES:** BCM &: _____

5. **IS THIS CONTRACT A:** Renewal Amendment New Contract *(If renewal or amendment, please attach existing contract.)*

6. **EFFECTIVE DATE:** _____, 20_____

7. **TERM OF AGREEMENT:** 1 yr 2 yrs Other? (specify:)
 Renewal Options? _____

8. **TERMINATION WITHOUT CAUSE:** No 30 days _____ days Other: _____

9. **PAYMENT / FINANCIAL TERMS (IF ANY):** \$_____ per _____; Describe: _____ BCM is: receiving or paying funds
 Will contract costs be charged to BCM Medical Center? Yes ; No Funding Source Involved (check applicable):
 If yes, list fund center: _____ Type: 1; 2; 3; 4; 5; 6; 8

Contracts impact current fiscal year operations? Yes ; No Describe impact financially: _____
 Establish a new fund center? Yes ; No

10. DOES THIS CONTRACT RELATE TO ANY OTHER CONTRACT? Yes
No Describe: _____

11. WILL THE OTHER PARTY HAVE ACCESS TO PROTECTED HEALTH INFORMATION (HIPAA)? Yes
No Describe: _____

12. IS THIS CONTRACT FOR CLINICAL SERVICES AT A NON-CHI ST. LUKE'S HOSPITAL? No ; Yes Name: _____

13. PROVIDE DETAILED DESCRIPTION OF BUSINESS TRANSACTION: _____

14. **REQUESTOR CERTIFICATION:** I certify that I have read the contract and understand the business terms, that it accurately reflects the intent of BCM and contains the elements required in the Procedure for Contract Review, Execution, and Administration, that I have included all contract documents mentioned in the contract, that the contract is in BCM's best interest, and that the activity is consistent with BCM's mission.

15. SIGNATURE OF REQUESTOR _____

16. ROUTING (the order of the following is mandatory) _____

BCM Contact (person most knowledgeable of and responsible for the Contract) _____

Administrator /Chairman (approving content) _____

Global Business Project Team (approving international arrangement) _____

Finance (approving financial terms) _____

Office of General Counsel (approving legal form) _____

Authorized Signatory (formally executing per BCM Delegation of Authority) _____

Note: Please return one original fully-signed agreement to Office of General Counsel, one copy to Finance (if funds are to be received or distributed) via e-mail to finance@bcm.edu, and one copy to Global Business Project Team (if international arrangement) via e-mail to global@bcm.edu.