

Request for Quotation

BHS90004

PAGE 1

ADDRESS CORRESPONDENCE TO ATTENTION OF ROBERTA WAGNER
304-558-0067

SH P TO

HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS INDICATED
BY ORDER

*C04142555 678-992-1278 LOCUMTENENS.COM 3650 MANSELL ROAD SUITE 310 ALPHARETTA GA 30022

DATE PRINTED SHIP VIA FREIGHT TERMS TERMS OF SALE F.O.B. 05/07/2008 BID OPENING DATE: 06/05/2008 RTD OPENING TIME 01:30PM CAT LINE QUANTITY UOP ITEM NUMBER UNIT PRICE **AMOUNT** OHEN-END BLANKET CONTRACT 0001 948-21 JΒ 1 FOR PSYCHIATRIC PHYSICIAN SERVICES OPEN END CONTRACT OPEN END CONTRACT TO PROVIDE "LOCUM" PSYCHIATRIC PHYSICIAN(S) SERVICES TO COMPLY WITH STAFFING NEEDS OF THE HUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES, IT'S PSYCHIATRIC FACILITIES (WILLIAM R. SHARPE, JR. HOSPITAL AND MILDRED MITCHELL-BATEM STATE FACILITY THAT WOULD PER THE ATTACHED SPECIFICA PLEASE SEE THE ATTACHED: RECEIVED - SPECIFICATIONS/PRICE SI - NO DEBT AFFIDAVIT (1 P/ 08 JUN -2 AM 9: 10 EXHIBIT 3 PURCHASING DIVISION STATE OF WV LIFE OF CONTRACT: THIS UPON AWARD AND EXTENDS OR UNTIL SUCH "REASONABLE NECESSARY TO OBTAIN A NEW THE " ORIGINAL CONTRACT NOT EXCEED TWELVE (12) MC SEE REVERS ADDRESS CHANGES TO BE NOTED ABOVE

GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

- Awards will be made in the best interest of the State of West Virginia.
- 2. The State may accept or reject in part, or in whole, any bid.
- 3. All quotations are governed by the West Virginia Code and the Legislative Rules of the Purchasing Division.
- 4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
- 5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
- 6. Payment may only be made after the delivery and acceptance of goods or services.
- 7. Interest may be paid for late payment in accordance with the West Virginia Code.
- 8. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
- 12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 13. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, this Contract may be deemed null and void, and terminated without further order.
- 14. HIPAA Business Associate Addendum The West Viginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

- 1. Use the quotation forms provided by the Purchasing Division.
- 2. SPECIFICATIONS: Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as EQUAL to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
- 3. Complete all sections of the quotation form.
- 4. Unit prices shall prevail in cases of discrepancy.
- 5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
- 6. BID SUBMISSION: All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130



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PAGE 2

ROBERTA WAGNER
304-558-0067

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HEALTH AND HUMAN RESOURCES
VARIOUS LOCALES AS INDICATED
BY ORDER

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State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

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RFQ NUMBER BHS90004 PAGE 3

***ADDRESS:CORRESPONDENCE:TO:ATTENTION:OF

ROBERTA WAGNER 304-558-0067

SUITE 310

*C04142555 678-992-1278 LOCUMTENENS.COM 3650 MANSELL ROAD ALPHARETTA GA 30022

HEALTH AND HUMAN RESOURCES VARIOUS LOCALES AS INDICATED BY ORDER

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HEALTH AND HUMAN RESOURCES VARIOUS LOCALES AS INDICATED BY ORDER

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DATE PRINTED

State of West Virginia Department of Administration **Purchasing Division** 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

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WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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ROBERTA WAGNER 304-558-0067

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REQUEST FOR QUOATION BHS90004

To provide an open end contract for "locum" psychiatric physician(s) services to comply with the staffing needs of the Bureau for Behavioral Health and Health Facilities, it's psychiatric facilities (William R. Sharpe, Jr. Hospital and, Mildred-Mitchell Bateman Hospital) and any other state facility that would require psychiatric services.

William R. Sharpe, Jr. Hospital is a 150 acute care state supported psychiatric hospital located at 936 Sharpe Hospital Road in Weston, West Virginia 26452.

Mildred-Mitchell Bateman Hospital is a 90 bed acute care state supported psychiatric hospital located at 1530 Norway Avenue, Huntington, WV 25705.

The purpose of this request is to obtain multiple vendors to provide "locum tenens" psychiatric physician(s) licensed to practice in the State of West Virginia in an adult and young adult psychiatric hospital that also serves a forensic population.

This shall be a progressive award contract and the award will be made according to each vendor's bid response and lowest costs. Low bid will be designated as BHS90004A, next lowest bid will be designated as BHS90004B, and so on. The agency will contact vendor "A" first to provide their needs. If vendor "A" cannot provide services, agency will go to vendor "B", and so on.

The vendor will observe the following holidays:

New Year's Day

Labor Day

New Years Eve (1/2)

Memorial Day
Independence Day

Thanksgiving Day

Christmas Eve (1/2 day)

Christmas Day

Mandatory Requirements

Vendor also agrees to monitor, assure and document the competency of the staff assigned to provide the aforementioned services to William R. Sharpe, Jr. Hospital, Mildred-Mitchell Bateman Hospital or any facility requesting these services and will provide documentation of such, when requested. The competency assessment must include age-specific and cultural competencies for services provided to patients.

Minimum qualifications:

- a. Must show proof of completion of an accredited 3-year residency program in psychiatry or equivalent.
- b. Must show proof of at least nine (9) months of psychiatric inpatient practice (can be during residency).

- c. Must be board eligible / certified in psychiatry.
- d. Must possess a current West Virginia Board of Medicine license.
- e. Must have a current DEA certificate.

Essential Duties and Responsibilities:

- a. Must make daily rounds with the treatment team, do consultations, perform physical examinations as needed.
- b. Must perform and dictate initial psychiatric evaluations.
- c. Must refer patients to other disciplines if needed.
- d. Must write progress notes, medication review, mental status, AIMS, and other correspondence, as necessary, per Medical Staff rules.
- e. Must do psychiatric consultation when needed.
- f. Must read, review and dictate discharge summaries.
- g. Must testify in court and commitment hearings, when necessary.
- h. Must meet with families and other interested members as well as answer telephone calls to family members and other people and agencies about patients.
- i. Must attend committee meetings, as required.
- j. Must be present in the hospital each business day minimum 8:00 a.m. 4:00 p.m. (Monday thru Friday).

Hospital will:

- a. Provide vendor(s) with specific positions for recruitment purposes.
- b. Provide an adequate orientation for each employee.
- c. Provide work schedule for employee.
- d. Provide vendor(s) a written evaluation of employee upon completion of assignment.
- e. Agree not to offer permanent employment to employee provided by vendor(s) until the completion of the current assignment and to pay a placement fee, to vendor for hiring of any vendor's employee referred or contracted to the hospital.

Special Terms and Conditions

Insurance Requirements:

The vendor(s), as an independent contractor is solely liable for the acts and omissions of its employees and agents.

The vendor(s) shall maintain and furnish proof of coverage of liability insurance for loss, damage or injury (including death) of third parties arising from acts and omissions on the part of the vendor, its agents and employees in the following amounts:

- 1. For bodily injury (including death) \$500,000.00 per person, up to \$1,000,000.00 per occurrence.
- 2. For property damage and professional liability: Up to \$1,000,000.00 per occurrence.

License Requirements:

The successful vendor(s) must present evidence of certification or licensure with WV Workers Compensation and Unemployment Funds, a copy of its WV Business Certificate and any other license it may be required to hold by the nature of its operation. (State of West Virginia, Department of Health & Human Resources, needs to be listed as the certificate holder).

NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor(s).

Coverage and Rates: Full Time, \$ 445 All inclusive. (Hourly Rate)

Date of Coverage: upon award and continue for a period of one year, with the option of two (2), one (1) year renewals.

Type of Coverage: Adult Psychiatry (inpatient).

Contact Person: Clinical Director or his designee.

DAILY Rate: \$ // (O) per one eight-hour day.
(8 hours X hourly rate)

Overtime Rate: \$ ________ hourly rate.

Permanent Placement Fee: \$ 26,550 one time fee per each permanently placed employee by vendor.

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

LICENSING: Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

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Vendor's Name: Melissa	Manberm	(Incum	Tenens com
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Authorized Signature:	- Morris	Date: 05	5/30/08
Purchasing Affidavit (Revised 06/15/97)	70		100100

THE PSYCHIATRISTS' PROGRAM APA-ENDORSED PSYCHIATRISTS' PROFESSIONAL LIABILITY INSURANCE PROGRAM Certificate of Insurance

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage provided by the insurance policy below.

NAME AND ADDRESS OF NAMED INSURED

ocumTenens.com 650 Mansell Road, Suite 310 Ipharetta, GA 30022

The policy of insurance listed below has been issued to the named insured for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions of such policy. Aggregate limits shown may have been reduced by paid claims.

3. POLICY NUMBER 4. CERTIFICATE NUMBER COMPANY

Vational Fire Insurance Company of Pittsburgh, PA

GP-PSC05-354271

600161

POLICYPERIOD

irom:

October 1, 2007

at 12:01 A.M. Standard Time

To:

October 1, 2008

at 12:01 A.M. Standard Time

Retroactive Date (GROUP): N/A

at 12:01 A.M. Standard Time

(Each Medical Incident/Each/Policy Period).

Retroactive Date (N.I.):

N/Aat 12:01 A.M. Standard Time

TYPE OF INSURANCE

Professional Liability

7. COVERED SPECIALTY

Psychiatry (MD)

LIMITS OF LIABILITY COVERAGE REFFECTIVE

STATE/RATENG AREA OTHER STATES

05/05/2008

- 100

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\$1,000,000 / \$3,000,000

Occurrence

N/A

9: NAME AND ADDRESS OF GERTIFICATE HOLDER

If BID won, State of West Virginia Will be named as Certificate holder for these facilities.

Should the above described policy be canceled before the expiration date thereof, the company will endeavor to mail written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

10. NAME AND ADDRESS OF ADMINISTRATOR

Professional Risk Management Services, Inc.

1515 Wilson Boulevard, Suite 800

Arlington, VA 22209

Telephone: (800) 245-3333

May 2, 2008

Date

(in California, d/b/a Cal-Psych Insurance Agency, Inc.)

President and CEO

Professional Risk Management Services, Inc.

Date 80268 (6/02)