

# State of West Virginia Department of Administration Purchasing Division

### NOTICE

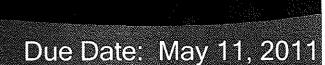
Due to the size of this bid, it was impractical to scan every page for online viewing. We have made an attempt to scan and publish all pertinent bid information. However, it is important to note that some pages were necessarily omitted.

If you would like to review the bid in its entirety, please contact the buyer. Thank you.

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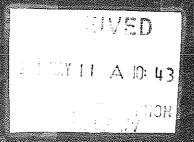
# REQUEST FOR QUOTATION (RFQ) PROFESSIONAL MEDICAL SERVICES Division of Juvenile Services In West Virginia

PROPOSAL Original



1:30 p.m.





Submitted By: Correctional Medical Associates, Inc. 201 17th Street, NW, Suite 300 Atlanta, Georgia 30363



201 17TH STREET, N.W.
SUITE 300
ATLANTA, GEORGIA 30363
TELEPHONE: 404.760.0296
TOLL-FREE: 800.545.4615
FACSIMILE: 404.760.0298
www.CorrectionalMed.com

May 3, 2011

Ms. Tara Lyle
Department Of Administration
Purchasing Division
Building 15
2019 Washington Street, East
Charleston, WV 25305-0130

Re: West Virginia Division of Juvenile Services RFQ# DJS010311

Dear Ms. Lyle:

Correctional Medical Associates, Inc. (CMA) welcomes the opportunity to submit this Request For Quotation (RFQ) to provide medical and dental services for the West Virginia Division of Juvenile Services' (WV DJS) 11 facilities with anticipation of an expansion in the near future.

CMA has over twenty years of experience in providing medical services to incarcerated individuals and has a distinguished record of delivering exceptional healthcare. This quote will detail how we will deliver our quality services in the most cost effective and efficient manner.

We are offering an integrated approach to health care that allows us to deliver a comprehensive solution to the residents of your facilities. Providing a hands-on approach, we will have two (2) Regional Managers oversee the operations administratively and clinically. One will oversee all the facilities in the northern half of the state, and the other, the facilities in the southern half. This structure creates a direct communication conduit for issue resolution between the Regional Managers close to the facilities they oversee and either the Facility Superintendent/Director, designee or the Central Office contract monitor. The Regional Managers will also oversee the Medical Director and Health Services Administrator to ensure that all Management Support Services are of the highest quality. These will include Continuous Quality Improvement (CQI), Infection Control, Utilization Management, Risk Management, Peer Reviews, Environmental Inspections, Policy Reviews and all Quarterly Reports.

To aid in the delivery of CMA's comprehensive solution, at no additional cost to WV DJS, our quote incorporates our eHealthcare system, which consists of Electronic Medical Records (EMR), electronic medical administration record (eMAR), telemedicine, and extensive data tracking and reporting. The backbone of our eHealthcare system is the EMR with the software provided by CorrecTek. This software will be fully integrated with the Juvenile Management System(s) and contains built in security features that are totally compliant with HIPPA. Listed below are some of the advantages of an EMR:

- Clarity Electronic medical records are precise and legible, and offer improved data quality, reduced legal exposure and liabilities.
- Storage Electronic medical records are compact and are backed up frequently to protect from damage by water, fire or other hazards. Additionally, archived electronic medical records can be easily retrieved.
- o Sorting Electronic medical records can be sorted any number of ways for real-time electronic tracking, analysis and reporting.
- Sharing In integrated care, electronic medical records can facilitate data sharing across multiple locations. This is a significant benefit when a resident transfers and eliminates the practice of sending medical records.
- O Cost Electronic medical records improves medical protocols and allows more time for health care providers to see patients. The elimination of paper records reduces the cost of supplies and personnel needed for filing and retrieving paper medical records.

In the event that CMA is the successful bidder, all current medical staff will be assessed, credentials reviewed, and retained if qualifications are met. CMA's corporate office will be located in Charleston, WV and employ a staff of eight (8).

With our track record of excellence, we hope you will give CMA your full consideration to provide professional medical services to the residents of the West Virginia Division of Juvenile Services for the amount of \$3,708,488.00. We will request an annual increase for years two and three, based on the lower percentage value based on the December Medical Cost of Living Index (U.S. City Average) as published by the United States Department of Labor, Bureau of Labor Statistics medical cost of living index, or 4%.

Thank you for the opportunity to respond to this RFQ. We look forward to providing exceptional health care to all residents throughout the entire WV DJS system. Any questions may be directed to Ernie Hines, Senior Vice-President at 404-760-0296.

We anticipate exceeding your expectations. CMA . . . Setting the standard in correctional healthcare.

Respectfully,

Sandra A. Baccus
President and CEO

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#### 1. EXECUTIVE SUMMARY

Our Approach / eHealthcare

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- 3.3 Administrative Services
- 3.4 Scope of Work
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  - B. Contracted Physician's Duties and Responsibilities
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  - D. Dental Services
  - E. Optometry Services
  - F. Auditory Services
  - G. Off-Site Providers
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  - I. Medical Units
  - J. Radiology Services
  - K. Laboratory/Diagnostic Services
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- 5. COST PROPOSAL



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

# Request for

DJS010311

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ADDRESSICORRESPONDENCE TO ANTIENTION OF THE

TARA LYLE 304-558-2544

RFQ COPY TYPE NAME/ADDRESS HERE Correctional Medical Associates,Inc 201 17th Street NW

Suite 300 30363 Atlanta, GΑ

DIVISION OF JUVENILE SERVICES

SECOND FLOOR 1200 QUARRIER STREET CHARLESTON, WV

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- 12. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 13. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160,103) and will be disclosing Protected Health Information (45 CFR §160,103) to the vendor.
- 14. 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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf.
- 15. 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, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending verify that the vendor is licensed and in good standing with the above entities.
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- I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

#### **INSTRUCTIONS TO BIDDERS**

- 1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
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#### **EXHIBIT 10**

REQUISITION NO.: ....DJS010311

#### ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

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NO. 2
NO. 3
NO. 4
NO. 5

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SIGNATURE

Correctional Medical Associates, Inc

COMPANY .

05/06/2011

DATE

REV. 11/96



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RFQ COPY

Suite 300

Atlanta,

TYPE NAME/ADDRESS HERE

GA 30363

201 17th Street NW

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

Correctional Medical Associates, Inc

#### Request for Quotation

DJS010311

ADDRESS CORRESPONDENCE TO ATTENTION OF TARA LYLE 304-558-2544

DIVISION OF JUVENILE SERVICES

SECOND FLOOR 1200 QUARRIER STREET CHARLESTON, WV

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#### Request for Quotation

DJS010311

PAGE 1

TARA LYLE
304-558-2544

RFQ COPY
TYPE NAME/ADDRESS HERE
Correctional Medical Associates, Incs
201 17th Street NW
Suite 300
Atlanta, GA 30363

DIVISION OF JUVENILE SERVICES

SECOND FLOOR 1200 QUARRIER STREET CHARLESTON, WV 25301 304-558-6029

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FREIGHT TERMS

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TARA LYLE 304-558-2544

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Correctional Medical Associates, Ind 201 17th Street NW Suite 300 Atlanta, 30363 GA 25301 304-558-6029

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- 13. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
- 14. 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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf.
- 15. 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, and the West Virginia Insurance Commission. 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.
- 16. ANTITRUST: In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

#### **INSTRUCTIONS TO BIDDERS**

- 1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
- 2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.

- 4. 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: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
- 5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

EXHIBIT 10

DJS010311

REQUISITION NO.: .....

#### ADDENDUM ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.

ADDENDUM NO.'S:

NO. 1 .....

NO. 2 ... X

NO. 3 ....

NO. 4 ....x

NO. 5 ......

I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS. VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.

SIGNATURE

Correctional Medical Associates, Inc

COMPANY ·

05/06/2011

DATE

REV. 11/96



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

# Request for Quotation

DJS010311

PAGE 1

FREIGHTTERMS

TARA LYLE
304-558-2544

RFQ COPY
TYPE NAME/ADDRESS HERE
Correctional Medical Associates, Inc.
201 17th Street NW
Suite 300
Atlanta, GA 30363

DATE PRINTED TERMS OF SALE

DIVISION OF JUVENILE SERVICES

SECOND FLOOR 1200 QUARRIER STREET CHARLESTON, WV 25301 304-558-6029

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

- 1. 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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division

and have paid the required \$125 fee.

- 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, 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.
- 5. Payment may only be made after the delivery and acceptance of goods or services.
- 6. Interest may be paid for late payment in accordance with the West Virginia Code.
- 7. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 10. The laws of the State of West Virginia and the Legislative Rules of the Purchasing Division shall govern the purchasing process.
- 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 12. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
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REQUISITION NO.: DJS010311

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SIGNATURE

Correctional Medical Associates, Inc

COMPANY .

05/06/2011

DATE

REV. 11/96



Atlanta,

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

# Request for Quotation

DJS010311

2AGE

##ADDRESS/CORRESS/ONDENCERIO/ATRIEN/(ON OR

TARA LYLE 304-558-2544

RFQ COPY
TYPE NAME/ADDRESS HERE
Correctional Medical Associates, Inc 201 17th Street NW
Suite 300

GA 30363

DIVISION OF JUVENILE SERVICES

SECOND FLOOR

1200 QUARRIER STREET

CHARLESTON, WV

25301

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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

# Request for Quotation

DJS010311

2

ADDRESS CORRESPONDENCE TO ATTENTION OF TARA LYLE <u> 304-558-2544</u>

RFQ COPY

TYPE NAME/ADDRESS HERE Correctional Medical Associates, Inc.

201 17th Street NW

Suite 300

Atlanta, GΑ 30363 DIVISION OF JUVENILE SERVICES

SECOND FLOOR 1200 QUARRIER STREET CHARLESTON, WV

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RFQ COPY

Suite 300

Atlanta,

201 17th Street NW

GA

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

TYPE NAME/ADDRESS HERE Correctional Medical Associates,Inc

30363

# Request for Quotation

DJS010311

Address:correspondencer-oxa-Henhonor

TARA LYLE 304-558-2544

DIVISION OF JUVENILE SERVICES

SECOND FLOOR 1200 QUARRIER STREET CHARLESTON, WV

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DATE PRINTED TERMS OF SALE

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

#### Request for Quotation

DJS010311

PAGE 4

FREIGHT TERMS

Address correspondence to a trension of

TARA LYLE

304-558-2544

RFQ COPY
TYPE NAME/ADDRESS HERE
Correctional Medical Associates, Inc
201 17th Street NW
Suite 300
Atlanta, GA 30363
DIVISION OF JUVENILE SERVICES
SECOND FLOOR
1200 QUARRIER STREET
CHARLESTON, WV
25301
304-558-6029

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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

# Request for E

REQ NUMBER DJS010311

TARA LYLE 304-558-2544

RFQ COPY TYPE NAME/ADDRESS HERE
Correctional Medical Associates, Inc 201 17th Street NW Suite 300

Atlanta, GA 30363

DIVISION OF JUVENILE SERVICES

second floor

1200 QUARRIER STREET

CHARLESTON, WV

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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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TYPE NAME/ADDRESS HERE
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SECOND FLOOR 1200 QUARRIER STREET CHARLESTON, WV

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SIGNATURE						TELEPHONE 404-7	760-	0296	DATE	05/06/2011
me Owner		F	EIN	58-17	07427	1			S CHANGE	S TO BE NOTED ABOVE
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# GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

- 1. 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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division

and have paid the required \$125 fee.

- 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, 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.
- 5. Payment may only be made after the delivery and acceptance of goods or services.
- 6. Interest may be paid for late payment in accordance with the West Virginia Code.
- 7. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 10. The laws of the State of West Virginia and the Legislative Rules of the Purchasing Division shall govern the purchasing process.
- 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 12. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 13. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
- 14. 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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf.
- 15. 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, and the West Virginia Insurance Commission. 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.
- 16. ANTITRUST: In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

#### INSTRUCTIONS TO BIDDERS

- 1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
- 2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.

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: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
 Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division.

is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

## WEST VIRGINIA DIVISION OF JUVENILE SERVICES RFQ DJS010311 FOR MEDICAL SERVICES

Revised 4/29/2011 **BID SUBMISSION PAGE ANNUAL** MONTHLY COST COST x 12 = 1,425,142.35118,761.86 CONTRACT ADMINISTRATION FROM APPENDIX B MONTHLY COST TO MAINTAIN FACILITIES MONTHLY COST CURRENT ANNUAL MONTHLY FACILITY PER FACILITY COST COUNT COST (APPENDIX B) x 12 = 1181,074.19 15.089.52 2,155.65 15 - 30 BED 92.692.74 x 12 =7.724.39 3,862.20 31 - 50 BED x 12 = 90,537.09 = 7,544.76 7,544.76 50 - 100 BED x 12 =219.875.80 18,322.98 18.322.98 **OVER 100 BED PROJECTED PROJECTED\*** HOURLY ANNUAL **ANNUAL** RATE **MEDICAL FTE'S** COST **HOURS** (APPENDIX A) 109.527.48 74.61 X 1,468 **PHYSICIAN** 41,860.00 57.50 X 728 DENTIST 5,782.50 150 38.55 X **PHYSICIAN ASSISTANT** 5,793.00 150 38.62 X **NURSE PRACTITIONER** 644,300.80 22,880 28.16 X **REGISTERED NURSE** 952,536.00 53,664 17.75 X LICENSED PRACTICAL NURSE **PROJECTED\* PROPOSED** COUNT COST (APPENDIX C) 78,750.00 1,050 75.00 X **ANNUAL PHYSICALS** PROJECTED ANNUAL COST OF CONTRACT 3,847,871.95 **Bidder Name:** Correctional Medical Associates, Inc. Ernie Hines, Senior Vice-President **Bidder Representative Name:** Address: 201 17th Street, NW Suite 300 Atlanta, GA 30363 Fax #: 404-760-0298 404-760-0296 Phone #: ehines@correctionalmed.com

E-Mail Address

<sup>\*</sup> These are the Projected numbers for this contract. These projections are for bid comparison only and do not guarantee any specific level of service to be utilized. The actual numbers utilized will determine what will be paid on this contract.

## Appendix A Hourly Rates

Personnel Category	Hourly Rate
Physician (Medical Director)	74.61
Physician Assistant	38.55
Nurse Practitioner	38.62
Dentist	57.50
Registered Nurse	28.16
Licensed Practical Nurse	17.75
Total All Staff	255.19

# Appendix B Monthly Rates

Category	Monthly Rate
Monthly Administration Fee	\$118,761.86
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Monthly Maintenance Fee (based on Facility Size)	
Supply / Ancillary Charges for a Facility with 15-30 Beds	\$2,155.65
Supply / Ancillary Charges for a Facility with 30-50 Beds	\$3,862.20
Supply / Ancillary Charges for a Facility with 50- 100 Beds	\$7,544.76
Supply / Ancillary Charges for a Facility with over 100 Beds	\$18,322.98

# Appendix C Additional Charges

Category	Charges per Service	
Annual / Pre-Employment Physicals Fee (This cost should only include the cost of lab work / PPD / X-Rays etc.) Physician / Nursing Time will be billed through the facility providing the service.	\$75.00	

RFQ No.	DJS010311

# 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:**

WITNESS THE FOLLOWING SIGNATURE

"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.

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

Correctional Medical Associates, Vendor's Name: 05/06/2011 Date: **Authorized Signature** Ge/orgia State of Fulton to-wit: County of May 6th Taken, subscribed, and sworn to before me this MY COMMISSION EXPIRES ON: My Commission expires MARCH 29, 2013 NOTARY PUBLIC 3 AFFIX SEAL HERE

# **COMPLIANCE CERTIFICATE\***

I,	Sandra Baccus	Owner					
-	Name	Title					
of	Correctional Medical	Associates do hereby certify that the above					
	Company Name	•					
named organization has not in the previous four years had a							
contract for the provision of medical services terminated for							
no	n-compliance or fallul	re to fulfill the terms of the contract.					
//		05/06/2011					
	Signature	Date					

Failure to submit or falsification of this document will disqualify a vendor.

<sup>\*</sup> Loss of a contract for failure to win a subsequent bid is not grounds for disqualification.