Transcription Services

Medical Transcription Services for

Disability Determination Services



Luther (Brad) Runyon VP-Government Contracts iMedX Inc. Four Corporate Drive Shelton, CT - 06484 800-221-0244, ext 247 740-377-4559 (fax) brunyon@imedx.com



Superior Technology. Personal Service.



WV PURCHASING DIVISION



August 30, 2011

Department of Administration Purchasing Division ATTN: Shelly Murray Building 15 2019 Washington St, East Charleston, WV 25305-0130

RE: RFQ No. DRS120032

Tele-Transcription Services

Bid Opening: 8/31/2011; 1:30 p.m.

Dear Ms. Murray:

iMedX, Inc., welcomes the opportunity to submit our proposal on the referenced Solicitation. We are willing to comply with all work requirements, general contract requirements, and other terms and conditions specified in this Solicitation. We have a full-time employee staff who will manage this project and transcribe the dictation.

iMedX, Inc., has received the Solicitation and associated documents. We have no potential conflicts related to the Solicitation and any other services related to this contract.

Our proposal is attached. Should there be any questions, please call our toll-free telephone number: **800-221-0244**, **extension 247**. The primary point of contact for this proposal is Luther "Brad" Runyon.

Respectfully submitted,

Venkat Sharma

President

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submitted by iMedX, Inc.

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CURRENT CONTRACTOR

As the current contract holder, iMedX, Inc., has already been providing the services required by this Solicitation for over 6 years.

FORMAT OF THIS QUOTE

This quote shall follow along, paragraph by paragraph, with the RFQ and respond to each requirement found therein. Afterwards, the remaining portions of the proposal will provide iMedX Corporate Information, our Work Plan, and our a detailing of the Key Personnel.

Part 1, General Information.

Paragraph 1.1, Purpose

The State is soliciting quotes to provide Tele-Transcription Services for Consultative Examination Sources. The contract resulting from this RFQ shall be an open-end contract. The estimated value for the services based upon the previous year is approximately 2.3 million lines. Quotes shall be all-inclusive per line costs. There will be no separate reimbursement for travel, postage, or any other expense.

Paragraph 1.2 Project:

The mission or purpose is to provide typed consultative examination reports to be used in evaluating the severity of claims. The DDS processes disability claims filed by residents of West Virginia. When sufficient medical evidence of record is not available, the DDS secures a consultative examination in order to provide the adjudicative team with the required evidence.

The successful vendor will be required to provide toll-free telephone access for dictating of reports by consultants; however, not all consultants utilize this service.

Paragraph 1.3 Inquiries:

iMedX, Inc., did submit inquiries in accordance with this paragraph.

Paragraph 1.4 Vendor Registration:

iMedX, Inc., is a West Virginia registered vendor.

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Paragraph 1.5 Oral Statements and Commitments:

iMedX, Inc., understands that any verbal representations made or assumed during any oral discussions held between Vendor's representative and any State personnel are not binding. Only information issued in writing and added to the RFQ specifications file by an official written addendum are binding.

Paragraph 1.6 Addenda:

iMedX, Inc., understands this specification and did receive Addendum Number 1, dated 8/17/2011.

Paragraph 1.7 Independent Price Determination:

iMedX, Inc., understands and hereby states that pricing was arrived at independently without collusion, consultation, communication, or agreement as to any matter relating to prices with any competitor unless the quote submitted is a joint venture.

Paragraph 1.8 Price Quotations:

iMedX, Inc., understands and agrees that the quotation will not be subject to any increase and will be considered firm for the life of the contract, unless specific provisions have been provided for adjustment in the original contract.

Paragraph 1.9 Public Record:

iMedX, Inc., understands and agrees.

Paragraph 1.10 Schedule of Events:

iMedX, Inc., has read and understands this paragraph, to include the changes in Addendum Number 1, dated 8/17/2011.

Paragraph 1.11 Purchasing Affidavit:

iMedX, Inc., has attached a signed Purchasing Affidavit attached to this proposal.

Paragraph 1.12 Award:

iMedX, Inc., understands that the award shall be to the vendor with the lowest all-inclusive per line cost meeting the specifications of the RFQ. We further understand that, in accordance with paragraph 3.2.9, a line is defined as follows: the Microsoft

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Word total character count with spaces per document divided by 75 will equal the billable lines for the document. Should the resulting billable lines not be an even number, that number will be rounded up. For instance a document with 5882 characters with spaces as determined by Microsoft Word software divided by 75 equals 78.42 lines which rounded up equals 79 billable lines for that document. The DDS will count the lines and pay according to the DDS's count, not the vendor's line count.

Part 2, Location:

Paragraph 2.1:

iMedX, Inc., acknowledges that there are two DDS locations in West Virginia, one in Charleston and one in Clarksburg, and that the Administrative Offices are located in Charleston.

Paragraph 2.2:

iMedX, Inc., agrees that transcription will be performed in a safe secured site.

Paragraph 2.3:

iMedX, Inc., understands and has noted the points of contact listed in this paragraph, with two POCs located in Charleston (Kenneth Lim) and one POC in Clarksburg (Paul Oliverio).

Part 3, Specifications:

Paragraph 3.1 General Requirements:

iMedX, Inc., has read, understands, and concurs in these requirements. iMedX will provide sufficient lines to enable all CE sources 800 access to dictating equipment. The DDS will provide updates on new physicians who will be utilizing the transcription service.

iMedX, Inc., will provide accurate typed reports within 48 hours of dictation to both the appropriate DDS office and the consultative exam source.

iMedX, Inc., will invoice at least bimonthly.

iMedX, Inc., understands and concurs that all transcription is to be performed in a safe site within the United States, District of Columbia, U.S. Virgin Islands, Guam, or Puerto Rico.

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Paragraph 3.2 Scope of Work:

Paragraph 3.2.1:

iMedX shall provide toll-free 800 telephone number service with sufficient telephone lines to enable physicians from any location in the United States to telephone and dictate reports for transcription by the vendor's personnel without any busy signals. The lines are available 24 hours a day, seven days a week, and will be made available for the exclusive use of physicians, psychologists, and others that perform examinations for the DDS under this agreement. iMedX acknowledges that the DDS is not responsible for any charges on these lines. The lines permit multiple callers to access and dictate at the same time. We utilize only state-of-the-art equipment, which includes secure connectivity hardware and software. Because of our commitment to provide 24/7 teledictation and transcription services to our clients, our systems are the most reliable, not the cheapest available.

- A. iMedX has developed a brochure that completely explains the features of our dictation system. We have developed and provided such brochures to the DDS and other clients in the past and are prepared to do so immediately upon award of this contract. iMedX shall print all required brochures at no cost to the DDS. iMedX shall utilize the list of names and addresses of consultative examination vendors provided by the DDS so that the brochures are mailed to the CE sources prior to commencement of services. iMedX acknowledges that we shall provide additional copies of the brochure to the DDS upon commencement of services, which would be two weeks following the start date of the award at the beginning of the contract. It is understood and agreed that the vendor will send brochures to new vendors acquired after the beginning of the contract period. iMedX acknowledges that if additional brochures are required, the DDS will notify us and we will provide the additional brochures to the DDS at no cost. iMedX acknowledges and agrees that before printing, the composition and content must be approved by the DDS.
- B. iMedX maintains additional toll-free customer service numbers and email addresses to handle questions from dictating sources, and provide excellent customer service and availability. iMedX acknowledges and agrees that the toll-free number is to be included in the instructions. iMedX' system provides a verbal message that gives dictating instructions to the caller. Our system includes control features, such as but not limited to, pause, listen, operator call features available to the dictator, along with a 24-hour toll-free "800" non-automated customer service representative to be available for medical sources that dictate after working hours and weekends.
- C. iMedX will maintain email, phone numbers, fax and mailing addresses of medical providers in the event contact needs to be made to notify of change of instructions, times of service interruptions or any individual problems related to

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transcription. If attempts to resolve any issues or make contact are unsuccessful, correspondence will be referred to Professional Relations at DDS.

Paragraph 3.2.2:

iMedX's system is a state-of-the-art digital dictation system, the very latest from Dictaphone that will more than handle all the incoming work from the CE sources. We also backup our system and have an comprehensive Disaster Recovery Plan in place to ensure we remain in a ready state to receive dictation and delivery completed reports, all of which is maintained within our secured facility. The digital dictation system is available 24 hours a day, seven days a week, for the exclusive use of CE sources who work for the Department. The system stays on unless put on pause by the dictator, and has playback capability, audible end-of-tape warning, and an automatic "hunt system." In the unlikely event that there is a lost dictation, iMedX shall, through its 24/7 Customer Service staff, contact the dictating source to inform them of lost dictation, and/or clarify missing or incomplete information. iMedX has fax machines and email access (complying with PII protocols), not to transcribe reports, but to send and receive communications from the DDS and CE providers.

- A. We have the capability to retrieve, type, and transmit reports on a STAT basis, and have done so in the past for the DDS.
- B. iMedX has the depth of staff to handle sudden work volume increases and still maintain turnaround times requirements.
- C. We have been providing, and can continue to provide, additional documents that may need to be transcribed and dictated in conjunction with the primary report (medical/vocational questionnaires, range of motion forms, etc.) that the DDS will provide a template for.

Paragraph 3.2.3:

iMedX's digital dictation system has a recorded message to answer the toll-free number that assures the dictator that he/she has reached our system. The recorded message prompts the caller first for an appropriate logon ID number, then for an appropriate work type number, and then finally for a patient/claimant number. As you can see, our system requests specific information from the dictator to accurately complete a CE report, which can be promptly maid available via a secure, encrypted connection (SSL 128-bit encryption), via fax or from a web site login account to the dictator and distributed to the correct examiner after transmission to the DDS. The document distribution can be tiered and concurrent so that the required number of staff have secure access to the completed report.

Paragraph 3.2.4:

iMedX, Inc., does have a security certificate deeming our site has a minimum SSL, 128-bit encryption, SHA-1 with RSA encryption, and this site is the main mode by which reports are made available for the providers to access, download, save and edit.

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Should a provider prefer to receive repots via fax, our system has a self-fax option that will automatically fax a report to the provider immediately upon completion. With our system, once a report is completed, it is immediately available to the provider either online or via fax, as well as immediately available to the DDS staff.

Our documents are stored for at least three years and longer if required by the DDS. We have a robust search function that will permit indexing and finding reports based upon claimant's name, SSAN or case number, date of service, date of dictation and dictator, as well as identify the transcriptionist.

Paragraph 3.2.5:

iMedX acknowledges and agrees that it is responsible for all telephone charges connected to transmission of consultative examinations to the DDS. iMedX further acknowledges and agrees that it will be responsible for all charges for overnight mail in the event that the equipment malfunctions and a backup system is not available.

Paragraph 3.2.6:

iMedX acknowledges that the Social Security Administration is in the process of establishing an electronic disability folder. As a matter of fact, we have participated in a pilot/test program with a DDS Office. iMedX shall have the resources to meet these requirements to access the ERE Web Site:

- Need access to an Internet Browser that supports 128 bit encryption.
- In order to access the ERE web site an individual or an organization must register for a PIN and password. To register for a password you must provide:
 - 1. Name, address, phone number, and name of a contact person and an email address for an organization.
 - 2. Name, email address, phone number, and SSN for individuals within an organization that will have access to the PIN and password.
 - 3. Name, address, telephone number, email address and SSN if you will access the web site as an individual.
- iMedX acknowledges and agrees that we must be able to provide an electronic record of a transcription in one of the following electronic formats: .doc, .docx, .jpg, .bmp, .txt, .xls, .html, .htm, .xft, .pdf, .tiff, .tif, and .zip.
- iMedX acknowledges and agrees that if requirements change we may have to provide additional services to maintain compliancy for the duration of the contract, at no additional cost to the DDS.
- iMedX acknowledges and agrees that if we register for a PIN and password as an organization, you have a right to audit access for individuals using our PIN and password.

iMedX acknowledges and agrees that all access to the ERE web site must be limited to SSA/DDS approved business.

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Paragraph 3.2.7:

- a. Our Reference Listing and the required Reference Letters are at TAB 5.
- b. All IMedX's transcription staff who will be assigned to this work have more than 4 years' experience in transcription. The supervisor has more than 10 years' experience; the lead proofer, who has an MD Degree from Marshall University and has more than 6 years' experience proofing medical transcription. All staff are full-time.

Paragraph 3.2.8:

iMedX, Inc., agrees and concurs with the requirements of this paragraph, to include subparagraphs A, B, and C. We understand that work deemed to be unsatisfactory by the DDS, and proven to the vendor, will be done at one-half price. This includes unsatisfactory transcriptions that are retyped by the DDS and work that is not accomplished in a timely manner according to the terms of paragraph C below.

- A. iMedX, Inc., agrees and concurs that a high quality assurance program to assure accuracy of daily transcribed reports must be in place.
- B. iMedX, Inc., agrees and concurs with this paragraph in its entirety. Please see our comments below regarding tracking of transcription.
- C. iMedX, Inc., agrees and concurs with this paragraph in its entirety. Please see our comments below regarding satisfactory performance of transcription.
- D. IMedX has in place a quality assurance program that assures accuracy of daily-transcribed reports. IMedX, Inc., has developed system checks and double checks to ensure that the dictation received is, in fact, transcribed and delivered to the correct location. We accomplish this through a well-defined process:
- Step 1. Transcription work is assigned to transcriptionists only by well-trained and seasoned supervisors.
- Step 2. Tracking data are automatically entered into our database management tracking system upon preparation.
- Step 3. Tracking logs are maintained which give the exact location the transcript or report is in the transcription cycle.
- Step 4. Completed transcripts and reports are proofread and returned to the supervisor and transcriptionist. This process includes a review of the tape recording, as well as a review of the printed document.

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Step 5. Database audit trail documents are matched against the listing of electronic files to ensure there is an exact match.

- Step 6. Backups of all transcripts and reports and database information are automated and occur every 15 minutes throughout the day.
- Step 7. Daily transmittal sheets are produced and maintained in the office. These sheets list all reports forwarded to our clients each day.
 - Step 8. Comeback copies and receipts are maintained for daily deliveries.
- Step 9. Completed transcripts and reports are matched to the database tracking information to ensure that what was closed out and signed off was actually transcribed.
- Step 10. The transmittal letters form the basis of our invoicing system, thereby assuring that the client is billed only for what was completed.
- Step 11. Quality control meetings are held both in the office and with our clients to ensure everyone can discuss issues and has a part in resolving problems.
- L S Services maintains procedures so dictation is not lost or overlooked. We manage problem dictation such as those with incomplete dictation of doctor's name, address, or claimant name, dictations with incomprehensible words, phrases, etc., so that problems are resolved as much as possible before transmission of complete reports. We have procedures for handling partial dictations so that reports dictate in two or more sessions are connected and transmitted to DDS as a single report. We have procedures to handle the following problems: dictator's speech is too fast, too soft, or is garbled or muffled; dictator has foreign accent; dictator plays tape into telephone. We acknowledge and agree that some CE sources may prefer to dictate into a tape and forward these to our office for completion. We have a system in place to handle those situations.

Our QA Plan is at TAB 6.

Paragraph 3.2.9:

IMedX acknowledges and agrees that it shall type CE reports using standard type on 8 ½ x 11 bond paper. The top, bottom, and side margins shall be no more than 1 ¼" on all transcribed reports. IMedX acknowledges and agrees that a line is defined as follows: the Microsoft Word total character count with spaces per document divided by 75 will equal the billable lines for the document. Should the resulting billable lines not be an even number, that number will be rounded up. For instance, a document with 5882 characters with spaces as determined by Microsoft Word software divided by 75 equals 78.42 lines which rounded up equals 79 billable lines for that document. The DDS will count the lines and pay according to the DDS's count not the vendor's line count.

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Paragraph 3.2.10:

iMedX shall include the dictator's name and address and examiner's name on the initial page of each report. The name and address will be spaced and typed to permit the use of a window envelope for mailing.

Paragraph 3.2.11:

iMedX shall include the claimant's name, Social Security number, and appropriate page number at the top of all pages.

Paragraph 3.2.12:

iMedX shall include on the final page of each report a "signature line." The "signature line" will consist of the dictator's name and title (as provided by the dictator).

Paragraph 3.2.13:

IMedX acknowledges and agrees that it is required to provide to the DDS a detailed log showing the work transcribed, to include the doctor's name, claimant's name, examiner's name, total number of lines in the report, and number of reports, which will be billed to the DDS. iMedX also acknowledges and agrees that it shall have the capability, when requested, to provide reports to the DDS indicating the pending dictation received in the past 24 hours.

Paragraph 3.2.14:

iMedX acknowledges and agrees that it shall observe the confidentiality of transcribed reports as required by the Federal Privacy Act and the Freedom of Information Act. iMedX' employees who will perform this contractual work shall sign statements of confidentiality. The original copy of each signed statement shall be submitted to the DDS two (2) weeks prior to full implementation of service. Further, any new or additional employees shall sign a statement of confidentiality and the original copy shall also be sent to the DDS.

Paragraph 3.2.15:

iMedX understands and agrees that MS Word and Internet Explorer will be the standard software by which the vendor uses; simply because this is more often the preference of most providers will have as office equipment. Also, we do have in place necessary concessions and tech support to assist providers where compatibility is an issue (Macintosh, alternative word processing software or internet browsers). For instance, we have staff capable of assisting providers with receiving their reports

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properly on Macintosh computers or assist with using the Foxfire browser, etc. Also, our reports are published in a format, which may be used in programs other than MS Word.

Paragraph 3.2.16:

iMedX shall include the dictator's name and address and examiner's name on the initial page of each report.

Paragraph 3.2.17:

iMedX shall include the include the claimant's name, Social Security number (or last 4), or case number and appropriate page number at the top of all pages.

Paragraph 3.2.18:

iMedX shall include on the final page of each report a "signature line". The "signature line" will consist of the dictator's name and title (as provided by the dictator).

Paragraph 3.2.19:

iMedX has capability, when requested, to provide reports to the DDS indicating the pending dictation received in the past 24 hours or any other period of time.

Paragraph 3.2.20:

iMedX observes the confidentiality of transcribed reports as required by the Federal Privacy Act and the Freedom of Information Act. Our employees who will perform this contractual work shall sign a statement of confidentiality. We have a process in place within our HR Department in which the signed statements can be readily available if requested by DDS or SSA.

iMedX BACKGROUND

iMedX is a Connecticut-based healthcare services company that provides information technology and services to physician practices and hospitals. Our two customer categories are quite distinct – medical practices are run very differently from hospitals. As a result our services are tailored along two separate lines to appeal to these similar but separate entities. Our end results are the same; we add value by helping medical clinics and hospitals save time, lower costs and maximize revenues. Today, iMedX is one of the top ten (by revenue) transcription companies in the United States.

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iMedX is based in Shelton, Connecticut, and has medical transcription offices in South Point, Ohio; Winter Spring, Florida; and Hyderabad, India. iMedX provides high quality medical transcription services enabled by its technology products for medical documentation – TurboScribe® and TurboFlow®. TurboScribe® lets clinics and hospitals rapidly access and manage their transcriptions over the Internet. Doctors dictate into either a small digital recorder or through a telephone directly into the secure iMedX servers. TurboFlow® securely transmits the dictations to transcriptionists via iMedX's servers. iMedX's network of transcriptionists provides a virtually unlimited human resource pool and ensures scalability. The transcribed documents are secure, portable, and easily accessible from any location. The service is capable of seamlessly integrating with existing electronic medical record software for physicians or hospitals – using HL7 or any proprietary method. iMedX's TurboScribe® allows the physician to review transcriptions from anywhere via the Internet, and completely automates the process of signing, faxing, emailing, and storing completed transcriptions. This can make the entire transcription process 100% paperless.

iMedX hosts its applications and data storage within a state-of-the-art co-location hosting facility near New Haven, CT. The facility affords a high-security environment, including access control, and constant surveillance; constant power through the use of uninterruptible power supplies (UPS's) and an on-site generator; non-destructive fire suppression; environmental controls, such as air filtration and temperature control; redundant fiber-optic Internet providers; and a high-speed on-site network. Data storage is housed within our own locked cabinets, with restricted physical and network access. These functions allow for very high application availability, 24x7 remote monitoring, and high data security.

Our Disaster Recovery Plan is at TAB 7.

In addition, the Company has also developed TurboFlow[®], an Internet-based workflow platform for managing hospital transcriptions. With its unique blend of medical transcription software and services, combined with a strong network of medical transcriptionists, iMedX is well positioned to become a leading medical documentation services and technology company for the long term.

The benefits of TurboFlow:

Access to the most current technology. With TurboFlow you will always have the latest technology delivered seamlessly over the Internet.

Fully scalable solution. iMedX can scale a complete dictation system to fit the needs and budget of any organization — large or small.

No hardware costs. All hardware and software is resident within out Internet Data Center. Physicians access the system remotely via the phone, digital recorder, or PC interface. All workflow is controlled remotely.

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Instant remote access — **from anywhere.** On-site and remote users can easily access the system — for dictation, transcription, editing, and workflow reports, and you will also gain easy access to iMedX's network of transcription resources.

Complete security. All voice, text and data within the system is maintained to the highest security standards.

iMedX has a 15+ year history of transcribing HIM reports for hospitals across the country. Several major hospitals have outsourced most, or all, of their work to iMedX. We are confident we can manage your transcription workload.

iMedX services over 700 clinics – large and small – all across the United States. Our TurboScribe document delivery platform (see above under iMedX Technology) is immensely popular with physician practice manager and providers. iMedX's TurboScribe has all the features needed for hospitals, clinics, and physician practice workflow, including review, edit, e-sign, and dual signatures for APRN's, PA's, attending physicians, and residents as appropriate.

WORK PLAN

TurboScribe Document Delivery Platform. Through use of our TurboScribe[®] platform, all dictation/transcription will be immediately available to the DDS staff and to the providers/vendors.

Support, IT and Customer Care, are available 24/7 via an 800 #. The DDS staff and the providers/vendors will be able to call our office at any time and be assisted initially by a Customer Care staff person, who has the ability to escalate the matter to an iMedX staff member who can resolve the problem should the Customer Care staff not be able to immediately resolve the issue/problem.

Our system meets and exceeds all requirements stated in the solicitation.

Our technology covers three areas: Dictation, Transcription, and Document Delivery.

<u>Dictation</u>: All dictation shall be made through toll-free (to the caller) calls into our secure voice servers. The doctor will receive prompts for the required information, such as, logon ID, site number, work type, patient number. All prompts will be configured per the hospital's requirements. We are totally responsible for the dictation charges. The dictation system is set up on a hunt and rollover system, which routes the caller to the next available open line automatically, thereby eliminating delays or "busy" signals. We do not anticipate a problem with the number of incoming call lines currently set up on our voice servers, but should there be a need to add additional lines, we are prepared to do so immediately.

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We maintain procedures so dictation is not lost or overlooked. We manage problem dictation such as those with incomplete dictation of doctor's name, address, or claimant name, dictations with incomprehensible words, phrases, etc., so that problems are resolved as much as possible before transmission of complete reports. We have procedures for handling partial dictations so that reports dictate in two or more sessions are connected and transmitted as a single report. We have procedures to handle the following problems: dictator's speech is too fast, too soft, or is garbled or muffled; dictator has foreign accent; dictator plays tape into telephone.

<u>Transcription</u>: A series of workflow application modules manage the movement of the voice file through the transcription and quality editing process.

Should there be any incomplete, inaudible, or partial dictations, based upon the your guidance, we can either notify the dictator or notify the staff. Should you want us to transcribe incomplete or partial dictations, we will do so. Should one report be dictated in two separate dictations, we have the ability to merge those dictations into one report. There is no extra charge for these types of issues.

All of our transcription staff shall have at a minimum four years of medical transcription experience and shall be closely supervised by our most experienced staff, which is headed by a CMT (Certified Medical Transcriptionist). All transcriptionists are trained on the requirements of the Privacy Act and HIPAA requirements, as well as given period security briefings.

Our transcriptionists and QA staff all have and utilize Stedman's electronic references and spellcheckers to ensure high-quality reports.

Should a document need re-transcribing because it is inaccurate due to transcriber errors, there shall be no charge and we shall return that document within 24 hours of notification. We hereby acknowledge the importance of accuracy and timelines of the transcribed reports. Your agency is outsourcing this critical work and must have the documents available within your turnaround requirements so as to provide ongoing, professional patient care.

iMedX, Inc., has in place a quality assurance program (See TAB 6 for our Quality Assurance Plan) that assures accuracy of daily-transcribed reports. We have a Quality Assurance Leader employee working in our office on staff who is an MD. We have developed system checks and double checks to ensure that the dictation received is, in fact, transcribed and delivered to the correct location. We accomplish this through a well-defined process. Prompt, secure, and accurate delivery of medical transcription services ensuring world-class, professional medical reports delivery is our highest priority.

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Step 1. Transcription work is assigned to transcriptionists only by well-trained and seasoned supervisors.

Step 2. Tracking data are automatically entered into our database management tracking system upon preparation.

Step 3. Tracking logs are maintained which give the exact location the transcript or report is in the transcription cycle.

Step 4. Completed transcripts and reports are proofread and returned to the supervisor and transcriptionist. This process includes a review of the recording, as well as a review of the printed document.

Step 5. Database audit trail documents are matched against the listing of electronic files to ensure there is an exact match.

Step 6. Backups of all transcripts and reports and database information are automated and occur every 15 minutes throughout the day.

Step 7. Daily transmittal sheets are produced and maintained in the office.

Step 8. Comeback copies and receipts are maintained for daily deliveries.

Step 9. Completed transcripts and reports are matched to the database tracking information to ensure that what was closed out and signed off was actually transcribed.

Step 10. The transmittal letters form the basis of our invoicing system, thereby assuring that the client is billed only for what was completed.

Step 11. Quality control meetings are held both in the office and with our clients to ensure everyone can discuss issues and has a part in resolving problems.

Managerial staff are selected from long-term, trusted employees. We have management staff who have been with us for ten or more years. People are our most important asset. An employee is not considered for a trusted position within our organization until they have been recommended by their supervisor and undergone extensive observation. Access to information is based upon a need to know. We do not provide someone with the ability to access a computer, server, firewall, or even office unless that person has a need to know and has been granted access by a supervisor. Transcriptionists only see/hear the reports that are directly assigned to them. The supervisors make the assignments.

Our staff has many years of experience. From among our staff we have people who have been transcribing medical reports for ten years or more; have five years' experience, along with nursing classes at a local university; was a supervising transcriptionist in the Medical Records Department of a local major hospital for more than eight years; or is an x-ray technician. Each is fully qualified to perform the individual function assigned. Additionally, we have an MD on staff at the office as a Leader in QA.

Many of the transcriptionists are continuing their education through college attendance, and several have nearly completed their bachelor's degree in medical administrative support services. We have professional staff who have experience and

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submitted by iMedX, Inc.

training in both the medical and legal fields. The depth of experience includes the entire range of acute care hospital reports, including the various hospital/medical subspecialties, such as, cardiology, endocrinology, gastroenterology, oncology, orthopedics, urology, pathology, vascular, radiology, psychiatry, pulmonary, and nephrology, along with Federal disability agency reports, as well as transcription of legal proceedings, such as, depositions, hearings, arbitrations, and trials.

Retranscribing documents that are inaccurate due to transcriber errors shall be free of charge, and the retranscribed document shall be completed within 24 hours of notification. As stated above, we fully understand the importance of accuracy and timeliness for transcribed reports.

<u>Document Delivery</u>: Dictators will have online access to all completed reports instantaneously through our document delivery system TurboScribe. We delivery our completed reports immediately upon completion to the DDS and the provider/vendor securely through our TurboScribe platform. As the reports are transcribed, they become immediately available online and via SSL, 128-bit encryption, SHA-1, with RSA encryption, as required. A screenshot of the TurboScribe users screen is shown below. The reports are delivered in MS Word format.

Our system is set up to strictly monitor turnaround time (TAT). Reports are tracked based upon the date/time they are called in to the system and a countdown begins so that we know exactly how much time is remaining on the TAT.

Reports may be stored for as long as requires, and retention periods will be monitored so as to ensure reports are maintained for the correct period of time. Destruction shall also be as required. Our systems are totally HIPAA compliant.

Templates shall be preprogrammed to your specifications. We have many years of experience in this regard.

Our system has electronic signature capability, and also includes a rapid sign function.

PC/MAC Specifications: Our system utilizes MS Word as the word processing program. The basic installation works best with Windows XP, Windows Vista, and/or Windows 7. For dictators utilizing a MAC PC, additional software, such as Fusion or BootStrap, will be necessary so that the MAC may run the Windows operating system concurrently on the MAC. We utilize a MAC PC in our office in this manner, and it functions very well without errors or problems. Additionally, the PCs need to be using the latest Java updates.

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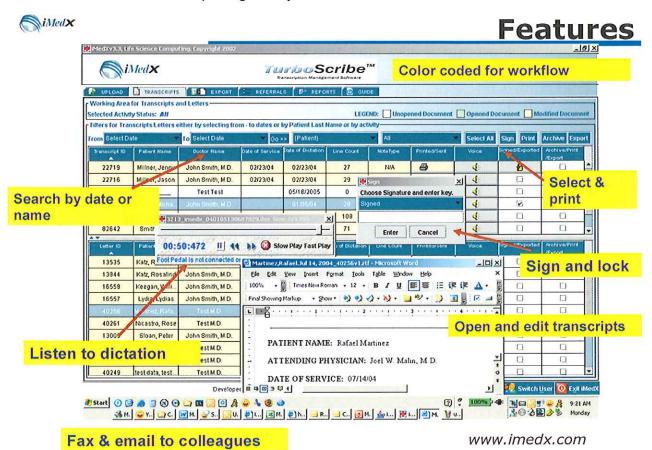
submitted by iMedX, Inc.

Our system will store/archive reports, along with the voice file. for well in excess of one year. We have the capability of storing or archiving reports for as long as you require.

Activity reports are generated in any manner you prefer. We utilize a high-level SQL data base program throughout our process. Data fields are created at time of dictation and transcription and include the physician name, record number, dictation date, transcription date, report number and number of lines, etc. We also track turnaround times and processing times. Further, reports showing totals for different periods of time can be generated based upon your requirements. All totals shall be consistent with the monthly invoices, without a doubt.

In addition, the dictators and staff may utilize our secure document and delivery system, TurboScribe, to review and edit the document as. Once in TurboScribe, the user has a rich feature set to manage the document and distribute to all authorized recipients in a paperless way. Please note that we will also provide means for the dictator and/or staff to listen to the original dictation, as the original voice file remains with the completed document securely in our system.

Below is a screen shot depicting the system.



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submitted by iMedX, Inc.

The following points are some of the TurboScribe Features you may want to consider using, but that are not required as part of the original specifications:

- Ability to manage multiple physicians, locations. With our 'super-user' ID, a medical records administrator, can view and correct transcripts for groups of physicians, on one single view or screen.
- Electronic sign-off capability. Physicians can electronically approve and sign off on documents from any location. Once the document is signed, it cannot be altered. We also facilitate a dual-signoff for residents and physicians.
- Eliminate the need to fax transcripts via our automated fax/email/display directly from the desktop, thus saving costs and improving administrative productivity.
- Greater flexibility in integrating physician practices with hospital systems (HIS).
 Since our technology is standards-based, any physician that uses our software, can have a common interface to both hospital records as well as office systems.
- Integrate with any medical record system that has a standard HL7 interface. We also integrate with non-conforming EMR systems as needed.
- Listen to original dictations online. With one click you can play back the doctors dictation, in case there are any doubts on particular words, names, medical terms, or phrases.
- Easy, instantaneous, database-driven lookup and retrieval. You can pull up transcripts by patient name, physician, date ranges, etc.
- Save time through visual, color workflow cues. With one glance, you can see where in the workflow a particular transcript is.
- Use a digital recorder or telephone. Dictations are sent to our servers with one click of a button or a simple phone call.
- Automatically upload dictations. Dictate into the recorder and plug it in.
 Dictations are uploaded automatically to our servers via our EZUpload™
 software.

Billing and Invoicing:

Invoicing shall be monthly in arrears and shall be delivered to the hospital not later than the 15th of the following month. Services shall be calculated based upon a line calculation as defined in the RFQ. We understand and agree that payment shall be made only for allowable services rendered under the contract.

Telephone Contact:

We have staff available via an 800 number each day to resolve problems, either production managers or IT staff. Live staff will answer the telephones 24 hours a day,

Tele-Transcription Services

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submitted by iMedX, Inc.

seven days a week. The primary point of contact for all contractual matters is Luther (Brad) Runyon at 800-221-0244, extension 247.

Insurance, Confidentiality, Security, Destruction of Records and Loss Reporting:

We shall comply with all insurance, confidentiality, security, destruction of records, and loss reporting requirements. We have the appropriate insurance and Certificates of Insurance can be provided.

We fully appreciate that you are entrusting us with very sensitive and confidential information and we do not take this lightly. All of our systems are set up to be Privacy Act and HIPAA compliant. The information we received is used strictly for its intended purpose. Our staff are well trained on nondisclosure of information and well aware of the penalties that may be imposed for any violation.

Sensitive records are monitored and destroyed in accordance with client instructions. Electronic records are destroyed so that the information is no longer useable nor can it be reconstructed.

Personal Identifiable Information (PII) is safeguarded so as to prevent loss. Papers and electronic media do not leave this building. All data is stored on secured systems behind secure Cisco firewalls. Should any loss be reported, we shall fully comply with the requirements of the contract.

Ancillary/Incidental Transcription:

We shall remain prepared to take on any additional work that the agency may need from our services for ancillary/incidental onsite Agency transcription needs based upon the same charges and processes as all other work performed under this contract. We are willing to accept the terms of this requirement in the Solicitation.

CORPORATE EXPERIENCE

iMedX was founded in 2002 with a vision of transforming clinical information from paper and other unstructured forms of data to electronic information – leveraging the Internet. As a first step, we developed our internet-based transcription delivery platform – TurboScribe, and coupled that with high quality transcription services. TurboScribe became immensely popular with providers as well as medical records staff as it provided features to manage their transcriptions easily, thus increasing productivity. Features such as listening to original dictations online while editing, dual signatures for attending and residents, flexible search mechanisms to locate information, automatic faxing features, visual color-coded cues to make the process easier – all contributed to its popularity. TurboScribe was a key industry innovation. Organic growth was strong.

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Subsequently, iMedX developed TurboRx, and internet-based e-prescribing system, as well as TurboRecord, an internet-based EHR solution. Within the transcription industry, we also recognized the challenges for HIM and IT departments to manage in-house legacy dictation/transcription systems, so we developed TurboFlow to replace such systems in a frictionless way – i.e., with no customer-side hardware and software. Since the transcription industry is highly fragmented with many, many small transcription companies who cannot keep up with technology and have financial constraints, iMedX embarked on a strategy in 2007, of acquiring such companies, with a view towards adding value to their customers through our technology and services.

Today, iMedX is one of the top ten transcription companies in the country, with 200+ US-based medical transcriptionists and over 1000 employees globally, doing business with 50+ health systems and 700+ practices. We are eminently positioned to scale with your needs. We transcribe every possible report type and specialty, with stringent turnaround times. The management team and transcription production staff have many years of experience in medical transcription for larger health systems. See a further description of staff below. As one of the top ten transcription companies in the country, we have the size and stability to be a long term partner. Our technology is flexible and superior to our competition. We are constantly looking for ways to improve, and to leverage technology for service improvement. As our references show, we have experience in handling large volumes of transcription in a timely, high quality manner.

KEY PERSONNEL

iMedX has a stable team of highly qualified staff providing such services for 15-20 years and more. Key personnel:

Chris Lally, Sr. VP of US Transcription Operations: Chris has over 20+ years experience in the Medical Transcription industry as a business owner/operator. Prior to joining iMedX, Chris held the position of Regional Operations Manager, VP of IT and Client Support, and Regional President for other national transcription services. Chris has a successful track record of contracting new business, managing the implementation process and delivering exceptional customer service to clients such as Tenet-Broadlane, The Cleveland Clinic Foundation, HCA, CHS, and Humility of Mary Health Partners to name a few.

Patti Clements, Director of US Transcription Operations: An experienced and accomplished Operations Manager, Patti was employed by MedQuist prior to joining iMedX where she oversaw the implementation process for all new clients in her territory and directed their account management once implemented. Patti provides strong customer service and support skills in implementation, technical and operational areas. Patti has experience with facilities ranging from small clinical environments up to 650 plus bed acute care facilities.

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Kevin Ross, Vice President, Account Management. Mr. Ross has over 20 years of experience in the industry, with a long background in ensuring customer satisfaction. As a Vice President of Norcom Electronics Corporation, he was responsible for marketing, sales, and support of their dictation, transcription and speech recognition solutions. He co-invented the Norcom Voice Printer speech recognition system and shares a patent for the Norcom SRC-1 speech recognition coupler. He has been a guest speaker and panel member for various speech recognition discussions at the annual SpeechTek shows.

Jeff Hopkins, Vice President of Engineering, Vice President of Engineering. Jeff leads all development initiatives at iMedX. Prior to joining iMedX, Mr. Hopkins held senior positions at Nuance, Dictaphone, L&H, and Inso Corporation. For approximately 25 years, Mr. Hopkins has worked in the field of natural language processing, working on technologies such as information retrieval, machine translation, medical fact extraction, and speech recognition. He holds a patent for work done in the field of automated grammar checking, and is named as inventor on several patent applications in the field of medical fact extraction technology. Mr. Hopkins has held management positions for over 15 years, leading multi-site software development groups. Most recently, Mr. Hopkins worked at Nuance and Dictaphone, leading the development of enterprise-level medical transcription platforms incorporating speech recognition technology to improve transcriptionist productivity.

Luther (Brad) Runyon, Vice President-Government Contracts, has many years of experience as owner of a national transcription service, as well as at the Federal government level as an administrator of transcription and court reporters for well over 10 years. He will be responsible for administration of this contract and as the primary iMedX point of contact for contractual and administrative matters.

You will see in our client listing (References at TAB 5) that we have many years of experience in providing this type of transcription.

Paragraph 3.3, General Terms and Conditions:

IMedX hereby acknowledges and agrees to comply with all the listed general terms and conditions found in **paragraphs 3.3.1 through 3.3.19**. Below, we have provided specific comments regarding some of the provisions, especially those related to security, confidentiality, and audit-trail invoicing.

In regard to paragraph 3.3.1, Record Disclosure: Confidential Information: IMedX, Inc., understands and agrees with all of the privacy, security, and confidentiality requirements, and we hereby certify that we are in compliance with the Health

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Insurance Portability and Accountability Act (HIPAA) of 1996. We do and will fully comply with all the requirements of this paragraph.

In regard to paragraph 3.3.2, Facility Security: Security and confidentiality are of paramount concern to iMedX, Inc. The 10,000 square foot brick building owned and solely occupied by iMedX, Inc., is secured by means of access codes and surveillance cameras, as well as automated alarming via a central station service. IMedX ensures that every necessary precaution is taken to safeguard all information, to include employing on-site transcriptionists.

iMedX is located in South Point, Ohio, in its own 10,000 square foot, single

occupancy office building. Entry is through a secure front door opening to a foyer/lobby area. Further access is not



permitted past the lobby without either being an employee or being escorted into the work areas. Security is a key element to our operations, and security training is conducted on a routine basis.

The office entrances are monitored via electronic surveillance, 24 hours a day. The electronic surveillance includes both door/window monitors and motion detectors. When the office is unmanned, the electronic surveillance system will alert the local sheriff of any unauthorized access, who responds within minutes, and will alert the management/owners, all within 15 seconds of an alarm being activated. Should anyone illegally gain entry, in addition to the silent alerting of the sheriff and others, there is an audible loud, shrill alarm that is immediately triggered.

The first entry area into the building is into a foyer. Further entry requires passage through another locked door. In other words, there are two locked doors to go through before entering into the work area, an outside door and an inside door.

The Ohio State Patrol office is within one mile of the office. The local police office is within two miles of the office. Security checks are performed routinely when the building is not manned.

Additionally, our automation and transcription/dictation equipment are protected through surge and lightening protectors, as well as through the use of an uninterrupted power supply that provides for normal shutting down of equipment should the building power supply be interrupted, an added security measure against loss of data.

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Surveillance cameras have also been installed throughout the facility to enhance our security functions. The cameras are connected to a 24-hour recorder that records all activity on videocassette tapes.

The manager has supervised classified documents control, up to and including top secret documents, for over 15 years in the federal government, as well as supervised automation/computer security. Personnel files are maintained in a locked/secure area. Transcribed reports are mailed as quickly as possible to eliminate access to printed sensitive documents left over from the previous day. Automation systems all have controlled access.

Our system checks and double-checks are set up so as to ensure documents go only where they are intended.

We maintain a 24-hour monitoring system through use of modems and dedicated telephone lines. The system automatically notifies the staff when there is a suspected problem, and through use of a remote access system, our IT Department accesses the system, assesses the reported problem, and if necessary makes adjustments/repairs on the spot.

The system uses mirrored hard drives to ensure that if one has a problem, there is a duplicate recording/record on another.

Additionally, we have installed a UPS system that will keep the dictation system alive during any emergency power outage and, if necessary, will shut the system down properly so as to avoid any loss of dictation/information. Should a problem occur where the system has a need to shut down,



the SOS system will also alert the manufacturer's technical department and our management staff so that remedial action may be taken immediately.

Finally, if for some reason a need would occur to require our system to be temporarily out of service, the local manufacturer's technical representative will immediately install another comparable system for us to use. There will be no change to the way reports are dictated and transcribed. The dictator will not know that a change has occurred.

Also, as stated above, iMedX hosts its applications and data storage within a state-of-the-art co-location hosting facility near New Haven, CT. The facility affords a high-security environment, including access control, and constant surveillance; constant power through the use of uninterruptible power supplies (UPS's) and an on-site generator; non-destructive fire suppression; environmental controls, such as air

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filtration and temperature control; redundant fiber-optic Internet providers; and a high-speed on-site network. Data storage is housed within our own locked cabinets, with restricted physical and network access. These functions allow for very high application availability, 24x7 remote monitoring, and high data security.

In regard to paragraph 3.3.3, Special Terms & Conditions: iMedX, Inc., understands and agrees to abide by the provisions.

In regard to paragraph 3.3.4, Loss Reporting (PII): iMedX, Inc., understands and agrees to abide by the provisions.

In regard to paragraph 3.3.5, Enforcement & Recommendations: iMedX, Inc., understands and agrees to abide by the provisions. We closely monitor our staff and the positions they hold. We have appropriate systems monitoring safeguards in place. Our management staff perform risk assessment evaluations routinely. With our high level of large hospital medical transcription work, along with our Government Contracts, we are highly sensitive to the risks and ensure we have proper procedures and processes in place.

In regard to paragraph 3.3.6 through paragraph 3.3.16: iMedX, Inc., understands and agrees to abide by the provisions. iMedX has other West Virginia contracts which contain the same general terms and conditions. We have and will continue to abide by and comply with the stated terms, to include the provision that the contract shall be governed by the laws of the State of West Virginia. We know of no conflicts of interest. We comply with the prohibition against gratuities and the certifications related to lobbying. We acknowledge and agree with the vendor relationship rules. We hold harmless the State and the Agency, their officers and employees against the stated claims, losses, or failures. iMedX shall comply with all the appropriate and required laws and regulations. We have no subcontracts/joint ventures. iMedX acknowledges and agrees with the term of contract and renewals. We acknowledge and agree with the non-appropriation of funds clause, the contract termination clause, and the changes clause.

In regard to paragraph 3.3.17, Invoices, Progress Payments, & Retainage: iMedX acknowledges and agrees with the requirement to submit invoices in arrears to Administrative Office, Disability Determination Section, 500 Quarrier St., Suite 500, Charleston, WV 25304, and that the invoices will be submitted at least 2 times a month and show by each day the number of reports with the total lines for that day with each separate office. Further, iMedX acknowledges and agrees that the DDS is under no obligation to pay for transcribed reports which do not belong to the Department or are otherwise unusable.

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submitted by iMedX, Inc.

iMedX uses a database management system to track all of its transcription. The reports are automatically entered into the database as they are prepared. The database has fields which identify the date typed, date dictated, dictator, transcriptionist, claimant/patient identification information, and other information necessary for administration of our system for tracking and invoicing. It is through this database system that we have the ability to immediately respond to questions regarding the status of completed reports, i.e., when was the report completed, when was it transmitted/printed/mailed, et cetera. With this information, we can find previously transcribed reports and reprint them, if so requested.

The invoices will be prepared utilizing the Daily Transmittal Sheets, which contain the audit trail information, as supporting documentation. In other words, attached to each invoice will be the Daily Transmittal Sheets which cover each day listed on the invoice. This procedure ensures that the DDS can audit any and all invoices received, right down to the individual report. The total amount being invoiced is simply the line count total from the Daily Transmittal Sheets for that period of time.

iMedX acknowledges and agrees to the record retention (access & confidentiality) requirements found in paragraph 3.3.18, Record Retention (Access & Confidentiality).

In regard to **paragraph 3.3.19, Quantities:** iMedX, Inc., understands and agrees that the requisition envisioned by this RFQ is an approximately, based upon estimates supplied by the end users. We understand and agree that the contract shall cover the quantities actually ordered for delivery during the term of the contract, whether more or less than the quantities shown.

PRICING

iMedX further acknowledges and agrees that the vendor who meets all of the mandatory requirements in this RFQ and who submits the lowest per line cost quotation may be awarded the contract. Our cost quotation has been annotated on the BID SHEET that is part of this RFQ, as required. This is an all-inclusive price quote. We acknowledge and agree that no separate reimbursement will be made for travel or any other expense.

iMedX, Inc., hereby submits it pricing on the RFP Bid Sheet at TAB 8.

Thank you for your kind consideration of our proposal.



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

Request for Quotation

DRS120032

ADDRESS CORRESPONDENCE TO ATTENTION OF:

SHELLY MURRAY 304-558-8801

800-221-0244 *C22112932 IMEDX INC 4 CORPORATE DR STE 380 SHELTON CT 06484

DIV OF REHABILITATION SERVICES DISABILITY DETERMINATION SECT. 500 QUARRIER ST SUITE 500 T CHARLESTON, WV 25301 304-558-5340

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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.
- 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).



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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DIV OF REHABILITATION SERVICES DISABILITY DETERMINATION SECT. 500 QUARRIER ST SUITE 500 CHARLESTON, WV 25301 304-558-5340

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VENDOR

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

Request for Quotation

RFQ NUMBER DRS120032

ADDRESS CORRESPONDENCE TO ATTENTION OF:

SHELLY MURRAY 304-558-8801

*C22112932

800-221-0244 IMEDX INC 4 CORPORATE DR STE 380

06484 SHELTON CT

DIV OF REHABILITATION SERVICES DISABILITY DETERMINATION SECT. 500 QUARRIER ST

SUITE 500

CHARLESTON, WV

25301 304-558-5340

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Request for Quotation

RFQ NUMBER

DRS120032

PAGE

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*C22112932 800-221-0244 IMEDX INC 4 CORPORATE DR STE 380

SHELTON CT 06484

DIV OF REHABILITATION SERVICES
DISABILITY DETERMINATION SECT.
500 QUARRIER ST

SUITE 500

CHARLESTON, WV

25301 304-558-5340

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- 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.

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- 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).



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

Request for Quotation

RFQ NUMBER DRS120032

5

ADDRESS CORRESPONDENCE TO ATTENTION OF:

304-558-8801

SHELLY MURRAY

*C22112932 800-221-0244 IMEDX INC 4 CORPORATE DR STE 380

SHELTON CT 06484

DIV OF REHABILITATION SERVICES SHIP DISABILITY DETERMINATION SECT. 500 QUARRIER ST

SUITE 500 ď

CHARLESTON, WV

25301

304-558-5340

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and have paid the required \$125 fee.

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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 PRONUMBER Quotation

DRS120032

ADDRESS CORRESPONDENCE TO ATTENTION OF

SHELLY MURRAY 304-558-8801

RFQ COPY TYPE NAME/ADDRESS HERE i Medk, INC 4 Corporate Dr. Suite 380 She Iton, CT 06484

DIV OF REHABILITATION SERVICES DISABILITY DETERMINATION SECT. 500 QUARRIER ST

SUITE 500

CHARLESTON, WV 25301

304-558-5340

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RFQ COPY

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

Request for REQUIRED Quotation

DRS120032

PAGE 2

ADDRESS CORRESPONDENCE TO ATTENTION OF

SHELLY MURRAY

304-558-8801 DIV OF REHABILITATION SERVICES

TYPE NAME/ADDRESS HERE DISABILITY DETERMINATION SECT. MODZER 500 QUARRIER ST SUITE 500 CHARLESTON, WV 304-558-5340 25301 FREIGHT TERMS DATE PRINTED TERMS OF SALE SHIP VIA F.O.8,

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DRS120032

ADDENDUM # 01

1. Reference paragraph 1.12: Is there a point system that will be applied to the scoring criteria during the evaluation process? For example: 30 points for lowest per line price, 40 points for technical approach, and 30 points for experience? If not, is our understanding correct that the award will be based solely on the lowest price from any vendor stating in their proposal that they can meet the specifications and regardless of whether, for instance, they have 5 years of experience or 10 years of experience, or whether the experience is DDS specific or not, etc.?

No. This is a Request for Quote. Award will be made to the lowest bid vendor meeting the specifications as stated in the document. The minimum experience is five years for work of a similar nature and volume.

2. Reference paragraph 3.2.7a: Are you requiring vendors to submit signed letters of recommendation with the proposal, or just a listing of references with the potential for the need to provide signed recommendation letters later?

If the vendor does not include them with their bid, they must provide them within 24 hours of request. We prefer the references be in the form of a letter of recommendation with contact information for the agency to confirm.

3. Are there any specific insurance requirements, to include submitting a Certificate of Insurance with the proposal?

No.

4. What is the current per line cost?

\$.109 per line

5. What is the current definition of a line? A typed CE report margins shall be no more than 1 ¾" on all transcribed reports. If paper report is requested is shall be typed on 8 ½ X 11" bond paper.

Please see specification 3.2.9 for the definition of a line for payment purposes.

6. Who is the current vendor?

We are currently in contract with I-MEDX.

7. What are the actual number of lines billed with the current contract in the past 6 months?

1,102,334 lines

8. In the RFQ, section 3.2.5, briefly describes transmission of consultative examinations to the DDS. What equipment will vendor be connecting with and will vendor be providing said equipment? If vendor is to provide said equipment, what are the required specifications?

"Telephone charges" refer to any FAX and/or landline phone correspondence/usage that is necessary between the vendor and DDS to conduct business efficiently. The costs for calling and/or FAXING to the DDS would be the vendor's responsibility.

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RFQ No. DRS 120032

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.

			1.1

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1.	Application is made for 2.5% resident vendor preference for the reason checked: Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or, Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2.	Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3.	Application is made for 2.5% resident vendor preference for the reason checked: Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4.	Application is made for 5% resident vendor preference for the reason checked: Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5.	Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6.	Application is made for 3.5% resident vendor preference who is a veteran for the reason checked: Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
require agains	understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the ments for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty t such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency ucted from any unpaid balance on the contract or purchase order.
authori the req deeme	mission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and zes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid uired business taxes, provided that such information does not contain the amounts of taxes paid nor any other information d by the Tax Commissioner to be confidential.
and ac	penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true curate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate es during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.
Bidder	ill dea to
Date:	8-30-11 Title: President CEO

^{*}Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

iMedX, Inc. References

WEST VIRGINIA DDS OFFICE Charleston and Clarksburg, WV POC Kenneth Lim (304) 353-5508	Approximately 2.3 million lines per year	Three year contract. Initially began this work in February 2005. We are the current contract holder.	Teledictation of disability consultative evaluations for the entire State of West Virginia. Transcription is returned electronically via our TurboScribe software.
SOUTH CAROLINA DDS OFFICE Columbia, SC POC Diane Hare (803) 896-6799	Approximately 2 million lines per year	Five year contract. Initially began this work in February 2004, won the rebid in 2007.	Teledictation of disability consultative evaluations for the entire State of South Carolina. Transcription is returned electronically via our TurboScribe software.
COLORADO DDS OFFICE Aurora, CO POC Kelly Garrity (303) 368-4100	Approx 2.3 million lines per year	Initially began this work in 2009 based upon award of a 3-year contract.	Teledictation via a toll-free telephone number into our central digital dictation system. Transcription of entire range of DDS reports. Delivery is electronic via our TurboScribe platform.
DELAWARE DDS OFFICE New Castle, DE POC Stacey Miranda (302) 324-7650	Approx 350,000 lines per year	Three-year contract began in 2008.	Teledictation via a toll-free telephone number into our central digital dictation system. Transcription of entire range of DDS reports. Delivery is electronic via our TurboScribe platform.
THOMAS MEMORIAL HOSPITAL Charleston, WV POC Debbie Bennett (304) 766-5383	Approx 1.5 million lines per year	Open-ended contract. Initially began this work in 2002.	Teledictation of hospital medical reports, which includes emergency room reports and discharge summaries. We connect to their system via a secure Cisco VPN connection and transcribe directly into their system. Turnaround times of 24 hours or less
WORKERS' COMPENSATION COMMISSION Office of Judges Charleston, WV POC Patricia Fink (304) 558-1966	Approx.3.5 million lines per year	Initially began this work in 1996. Awarded consecutive three-year contracts upon rebids.	Teledictation via a toll-free telephone number into our central digital dictation system. Proceedings involving a high incidence of medical terminology, including x-ray interpretation. Delivery is electronic via our TurboScribe platform.

STATE OF COLORADO





OFFICE OF LONG TERM CARE Joscelyn Gay, Office Director

DISABILITY DETERMINATION SERVICES Vicki L. Johnson, Director 2530 South Parker Road Aurora, CO 80014-1641 Phone (303) 368-4100 1-800-332-8087 FAX (303) 752-5692 www.cdhs_state_co_us\dds\ John W. Hickenlooper Governor

Reggie Bicha Executive Director

DATE: 8/25/11

RE: Letter of Recommendation for iMedX Inc.

TO WHOM IT MAY CONCERN:

Colorado Division of Disability Determination Services (DDS) has been utilizing iMedX, Inc. medical transcription services since July 1, 2009 and is currently a client. DDS has found iMedX, Inc. to be highly dependable, technically competent, and sensitive to DDS needs. The reports provide by iMedX, Inc. are professionally prepared and of high quality, meeting or exceeding DDS quality assurance requirements and turnaround requirements. iMedX, Inc. responds promptly and professionally to any special request DDS may have, including traveling to Colorado to ensure iMedX, Inc was doing all it could to assist DDS with transcription services.

I highly recommend iMedx, Inc. If I can be of any further service, or should you need any further information, please contact *Kelly Garrity* at 303-752-5662 or <u>kelly.garrity@ssa.gov</u>.

Sincerely,

Kelly Garrity

Contract Specialist

Colorado Disability Determination Services

2530 South Parker Road #500

Aurora, CO 80014



WEST VIRGINIA DEPARTMENT OF EDUCATION AND THE ARTS

DIVISION OF REHABILITATION SERVICES

Disability Determination Section

500 Quarrier Street+Suite 500+Charleston, West Virginia 25301-2198
Telephone: (304) 353-5508 • Toll Free In-State 1-800-344-5033 •

TO:	FROM: Ken Lim
Brad Runyon	
FAX: 740 377-4559	FAX: 304 353-4221
Date: 8/25/11	NO.PAGES: 2

RE: To whom it may concern,

Our agency has been using IMedX Inc. medical transcription service for approximately 4 years and is currently a client. Our experiences have found their service to be highly dependable, technically competent and sensitive to our needs. The product they provide are professionally prepared and of high quality, meeting and often exceeding our quality and turn-around time requirements.

I highly recommend their services. If I can be of any further assistance, do not hesitate to contact me.

Thank you

Ken Lim

Medical Relations Mgr

304 353-5508 kenneth.lim@ssa.gov

FAX: (302) 324-7696,97,98

Out of State: 1-866-373-8089

Telephone: (302) 324-7600



STATE OF DELAWARE
DEPARTMENT OF LABOR
DISABILITY DETERMINATION SERVICE
P.O. BOX 15711
WILMINGTON, DE 19885-5711

August 23, 2011

RE: Letter of Recommendation

TO WHOM IT MAY CONCERN:

We have been using iMedX, Inc., medical transcription services since August, 2008 and are currently a client. We have found them to be highly dependable, technically competent, and sensitive to our needs. The reports they provide are professionally prepared and of high quality, meeting or exceeding our quality assurance requirements and our turnaround time requirements. iMedx's staff is easy to work with and they respond promptly and professionally to any needs we may have.

I highly recommend their services. If I can be of any further service or should you need any further information, please contact me at 302-324-7600, ext. 7694.

Sincerely,

Marc Young, Director

Disability Determinations Service

Disability Determination Services South Carolina Vocational Rehabilitation Department



Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.

Barbara G. Hollis, Commissioner

Disability Determination Services ■ P.O. Box 60 ■ West Columbia, SC 29171 Phone: (803) 896-6400 ■ Toll-free: (800) 868-5355 ■ Administrative Fax: (803) 896-6426

August 22, 2011

To Whom It May Concern,

The South Carolina Disability Determination Services has contracted the services of iMedX, Inc since February 2004 and we are currently a client. For more than seven years, we have found them to be prompt, efficient, proactive and responsive, even when minor problems have occurred. They have maintained strict contractual compliance with turnaround time and quality assurance. Brad Runyon, our primary contact, has been easy to contact and appears to take personal care to ensure the cooperation of the iMedX staff.

As a customer for several years, I highly recommend the services of iMedX. If additional information is needed, I may be contacted at 803-896-6393.

Cordially,

Kenneth R. Norris

Administrative Services Mgr.

SC Disability Determination Services

KRN/pc

iMedX Quality Plan

Medical Transcription Quality Assurance Program

iMedX's Quality Assurance (QA) Program is set in place to insure the highest quality transcription to our clients and patients we serve. Medical documents are legal documents. This makes the quality of the chart our number one priority. Therefore, our medical transcriptionists are required to maintain an accuracy score of 98%.

The purpose of our QA program is to provide quantifiable, credible, verifiable and measurable results that are designed to enhance the MT's skills and provide an improved product to our current and future clients. Medical transcription is not an exact science, and although technology plays a role in enhancing it, it does not happen solely by any machine. Medical transcription is an interpretation of the spoken medical language. Skills include a generous knowledge of English usage and grammar, understanding of medicine and the medical language, good listening and intuitive skills in capturing not only what was said, but what was meant to be said. MTs must have the ability to stay focused and to concentrate for long periods of time with attention to detail, and possess an eagerness for learning new information as the world of medicine changes every day. A QA program is a valuable educational tool for improving skills. Improved skills means improved performance and productivity, benefiting the MT, iMedX, and the client.

Our medical transcriptionists are encouraged to send their charts in for further review to our quality editors if they have blanks, discrepancies, or questions about the content within a chart. After our QA team has reviewed the chart, the MT will receive feedback through an editing on the Merit System. This report is downloaded to every MT on a daily basis. This is not considered a formal QA program for quantifying and assuring individual quality performance. The formal QA program will have monthly QA reviews performed by designated QA staff. This QA staff may include Team Leaders, Editors, Trainers, or others as appropriately assigned by the Director of MT Development.

On a monthly basis, our MTs are randomly reviewed using the American Association of Medical Transcription Book of Style and iMedX's Style Guide Supplement as a guideline. We will make every effort to assist MTs who are having quality problems by setting goals and working with them. To insure iMedX is producing the highest quality transcription possible, failure to comply with our quality program will result in termination.

Required Reference Materials (either electronic or hard copy)

- AAMT Book of Style, Copyright 1995
- An English dictionary
- A medical dictionary (Stedman's or Dorland's is preferred)
- A laboratory/pathology word book
- A pharmaceutical book (see note below)
- A surgical word book or equipment word book
- An abbreviation, acronym & eponym book

NOTE: There are a number of pharmaceutical books (electronic or hard copy) on the market. It is highly recommended that MTs keep this portion of their library updated yearly and have more than one pharmaceutical resource book. Below are some highly recommended resources.

- 1. Drake & Drake, publisher W.B. Saunders
- 2. Quick Look Drug Book, publisher Lippincott, Williams & Wilkins
- 3. Monthly Prescribing Index, publisher Prescribing Reference, Inc.

Recommended Reference Materials

- Current Medical Terminology by HPI or Medical Word Book by W.B. Saunders
- Specialty word books (Lippincott Williams & Wilkins and HPI offer excellent books per medical specialty)
- Medical Phrase Index by PMIC
- A book on laboratory tests that describes the tests with detail as to normal values, what abnormal values may indicate, and specimens required.

Publishers & Reference Resource Vendors

www.aamt@org.com
 American Association for Medical Transcription Book of Style.
 www.amazon.com
 One stop web shopping for many of your reference needs.
 www.saunders.com
 W.B. Saunders Company
 Dorland's and other products.
 www.stedmans.com
 Lippincott Williams & Wilkins
 Stedman's and other products.
 www.hpisum.com
 Health Professions Institute
 HPI and other products
 www.prescribingref.com
 Prescribing Reference
 Inc. Monthly Prescribing Index
 www.medicalbookstore.com
 PMIC
 Medical Phrase Index and other products

QA Procedure – Reports are reviewed randomly once per month by designated QA personnel using the Quality Review Report, a copy of which is attached to this manual. Transcription will be proofed to voice, checking for accuracy, proper use of medical terminology, English grammar, spelling, punctuation, syntax, formatting, and patient demographic information. Feedback will be provided for learning and to prevent recurrence of errors. IMedX has a policy that a 98% accuracy rate be maintained, regardless of skill level. Refer to page 3 for a detailed description of the QA procedure.

QA Improvement Plan: If quality scores fall below 98%, the QA improvement plan outlines steps to follow in order to allow adequate opportunity for the MT to improve their QA scores. Refer to page 4 for a detailed description of the QA improvement plan.

iMedX Style Guide Supplement: In addition to the AAMT Book of Style, iMedX has created a supplement that can be used as a quick reference regarding the style that is preferred by iMedX.

QUALITY ASSURANCE PROCEDURE

Refer to a sample of a completed Quality Review Report form (attached).

- 1. Obtain original files sent from the MT.
 - a. Vary days so that the same day is not always selected for this process.
 - b. Randomly select dictators and work types that have not been edited.
- 2. In order to obtain an appropriate transcription sampling, select a document or documents to equal a minimum of 100 lines or the equivalent of 3-5% of an MT's production for the period being reviewed.
 - a. Select the documents from MTS and paste them into the QA template in Word.
 - b. On the Quality Review Report form indicate the voice file number (or numbers) and record the line count.
- 3. Proceed with the review and record errors in bold on the electronic version of the documents reviewed and the Quality Review Report. If a major error is discovered during this review, consideration will be given to returning a corrected report to the client. This will be assessed and determined by the Director of Transcription on a case-by-case basis.
- 4. To calculate an accuracy score of documents reviewed, take the total number of lines transcribed, subtract the total number of quality errors, then divide by the total number of lines.

Example: 150 lines reviewed

 $\frac{-3 \text{ error points}}{147/150 = 98\%}$

- 5. Complete Quality Review Report and route copies accordingly.
- 6. Review each MT once per month. If the Percentage of Accuracy falls below 98%, refer to the QA Improvement Plan on page 4 for additional required QA procedures.

QA IMPROVEMENT PLAN

According to IMedX's policies, all MTs shall maintain quality scores of 98% or above.

- 1. Designated QA staff will conduct a QA audit once per month from random reports with a copy of the Quality Review Report and the corrected chart copy sent to the MT.
 - Refer to the Quality Review Report on page 6 for detailed instructions.
 - The QA staff will select 25% of the MTs to perform QA audits on a weekly basis in order to have all MTs reviewed monthly.
- 2. The designated QA staff will contact the MT if their accuracy level should fall below 98%.
 - This contact will be in the form of an e-mail to the MT within 1 business day from when the QA audit was performed.
 - The MT, the Team Leader, the Director of Transcription, and the Director of MT Development will receive a copy of the Quality Review Report.
- 3. When quality scores fall below 98%, the designated QA staff will conduct a random audit of reports for a 3-day period of MT-scheduled workdays.
 - Follow the Quality Assurance Procedure on page 3 for detailed instructions.
- 4. If the quality score is 98% or above at the end or during the 3-day period of MT- scheduled workdays, the QA audit will be stopped.
 - Contact the MT to report the results of the QA audit.
 - Document this in the employee's personnel record.
 - Send a copy to the Director of Transcription.
- 5. If the quality score, however, is below 98% at the end of this 3-day period of MT- scheduled workdays, an additional 3-day period of MT-scheduled workdays will be added to the QA audit. The Team Leader will counsel the MT in areas that need improvement by providing additional samples of difficult dictators or complex procedures, and evaluate the need to modify the work types being sent to the MT, or account assignment. Additionally the Team Leader will set goals for the MT and jointly reviewing them on a daily basis. This discussion constitutes a verbal warning by the Team Leader.
 - This discussion should be documented in the MT's record in the form of a typed report dated and signed by the Team Leader with copies sent to the Director of Transcription and the Director of MT Development. This documentation should also recap, as discussed, plans for improvement and an action plan.
 - If the quality score is below 98% at the end of this 3-day period of MT-scheduled workdays, their incentive pay will be stopped for the entire payroll period. Incentive pay will not be restored until the QA score is 98% or above.

- 6. If at this point the QA scores are still below 98%, the MT will be transferred to a lower MT skill level; account, work types and MT pay will be changed to correspond to this reduced level and the MT will continue to be denied incentive pay. Per the direction of the Director of Transcription, the Team Leader will provide a written warning to the MT, with copies to the Director of Transcription and the Director of MT Development, documenting the unsatisfactory quality scores. This warning will inform that MT that failure to comply with IMedX's quality standards will result in termination. An additional QA audit will be conducted for a 3-day period of MT-scheduled workdays. The designated QA staff will supply additional samples and instructions for the new account. If at the end of this 3-day period the quality score is 98% or above, per the direction of the Director of Transcription, the Team Leader will provide a plan for the consideration of restoring the MT to the original skill level.
 - Discuss examples of mistakes to explain corrections.
 - Evaluate the client work currently being done by the MT for changing to an account or work type that may be better suited for their skills.
 - Provide a copy of the written warning to the MT and put in the MT's file.
- 7. If at the end of this period the quality score is still below 98%, and after all of the following steps have been accomplished, the MT will be terminated from IMedX.
 - Verbal warning had been earlier performed and documented.
 - Letter of warning had been sent to the MT explaining the consequences of continued low quality scores.
 - Additional audits were performed to offer the opportunity for improvement.
 - All documentation had been placed in the MT's file.
 - Per the direction of the Director of Transcription, the Team Leader will call and send a followup letter to inform the MT that they will be terminated as an employee of IMedX.

IMedX Quality Review Report

NAME:		MT ID #:		
DATE:	STAFF:			
REPORT REVIEW INFORMATI	ON			
VOICE FILE(S)		LINES:	REPORT	COPY ATTACHED:
1.		24,1201	1122 0111	COLLINITIES .
2.				
3.				
4.				
5.	10		4	
6.				
7.				
8.				
9.				
10.				
TOTAL LINES	REVIEWED:		1	
TOTAL DINES	AMI IMITEDI			
Type of Error		Total # Errors	x Value	= Total per Error
Wrong Template			1.00	
Demographics/Carbon Copy			0.50	
Grammar/Punctuation/Error in Capitalizat	tion		0.25	
Abbreviation Misuse			0.50	
Major Error in Drug/Lab/Vital Signs			1.00	
Omitted Dictation/Creative Transcription			1.00	
Medical/English/Drug Spelling/Typo			0.50	
Medical/English Word Misuse			1.00	
Inappropriate Macro Usage			1.00	
Blanks/Time Indicator not given (F11)			0.25	
Formatting/Style			0.25	
<u> </u>			TOTAL:	
To calculate an accuracy scottotal number of quality error				
Example: 150 lines				
- 3 error point	<u>s</u>			
147 divided by				
iii aiiiada by	250 2070			
Total # of Lines Minus	Divided by	Total Lines	= Total	Accuracy Score
Secretarian control of the control o	Divided by	I otal Lilles	- Total	Acturacy Store
Errors				
			1	

Note: All questions or comments regarding this QA review should be directed to quality@iMedX-inc.com.



December 2006 **Revised December 2007**

iMedX Inc., Four Corporate Drive., Suite 380, Shelton, CT 06484

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DOCUMENT CHANGE HISTORY

Modifications made to this plan since the last printing are as follows:

DOCUMENT CHANGE HISTORY							
Plan Version No.		Summary of Changes	Section No./ Paragraph No.	Changes Made By			
1.0	8.23.06	Final Document Release with Content Changes	Entire Document	Subba			
2.0	12.10.07	Disaster Recovery Backups	8.5 Added	Subba			
	1						

1. Introduction

iMedX recognizing their operational dependency on computer systems, including the Local Area Network (LAN), Database Servers, Internet, Intranet and e-Mail, and the potential loss of revenue and operational control that may occur in the event of a disaster; authorized the preparation, implementation and Maintenance of a comprehensive disaster recovery plan.

1.1 Objectives

The objectives of this plan are:

- To ensure that maximum possible service levels are maintained
- To ensure the life/safety of all iMedX employees throughout the emergency condition, disaster declaration, and recovery process.
- To ensure that we recover from interruptions as quickly as possible
- To minimize the likelihood and impact (risk) of interruptions
- To suspend all non-essential activities until normal and full organization functions have been restored.
- To reduce confusion and misinformation by providing a clearly defined command and control structure.
- Establishing high WAN/Internet connection reliability and fault tolerance.

1.2 Principles

The principles behind this plan are:

- Disaster Recovery is just part of Business Continuity
- Risks are assessed for both probability and business impact

1.3 Plan review

It is iMedX policy to review the Disaster Recovery Plans every two years. The Corporate IT Services Manager is responsible for carrying out the review.

1.4 Plan Assumptions

iMedX's Business Continuity Plan was developed under certain assumptions in order for the plan to address a broad spectrum of disaster scenarios. These assumptions are:

- iMedx's recovery efforts are based on the premise that any resources required for the restoration of critical organization functions will reside outside of the primary facility.
- Any vital records required for recovery can be either retrieved or recreated from an off-site location and moved to the recovery facility within 24 hours.

2. Declaration Initiatives

iMedx's decision process for implementing any of the three levels of recovery strategies to support the restoration of critical organization functions are based on the following declaration initiatives:

- Every reasonable effort has been made to provide critical services to iMedX's customers by first attempting to restore the primary facility and / or operate using intra-day procedures.
- After all reasonable efforts have failed to restore the primary facility, and using manual procedures severely degrades client support, iMedx would invoke a recovery strategy that requires the relocation of personnel and resources to an alternate recovery facility.
- If the outage will clearly extended past the acceptable period of time identified in the Recovery, a declaration of disaster will immediately be made.

3. Training and Testing

The Corporate IT Services Manager is responsible for ensuring that all personnel with responsibilities in this plan are made fully aware of those responsibilities and are capable of carrying them out. Regular tests of the plan will be run every six months. The Disaster Team meets once every six months to review their roles and responsibilities.

4. Recovery Strategies

In order to facilitate a recovery regardless of the type or duration of disaster, iMedX has implemented multiple recovery strategies. These strategies are categorized into three (3) levels. Each level is designed to provide an effective recovery solution equally matched to the duration of the emergency condition.

- LEVEL 1: SHORT-TERM OUTAGE (RIDE-OUT) INTRA-DAY A short-term outage is defined as the period of time iMedX does not require computerized operations, or where an outage window of the same day or less would not allow adequate time to restore / utilize automated recovery operations.
- LEVEL 2: MEDIUM-TERM OUTAGE (TEMPORARY) UPTO SIX WEEKS A medium-term outage is defined as the period of time that iMedX will execute its formal disaster recovery strategy, which includes actually declaring a disaster. A disaster may either be declared companywide or only for the effected department or building. The decision to declare a disaster will be based on the amount of time / expense that is required to implement the formal recovery and the anticipated impact to iMedX's organization over this period of time.
- LEVEL 3: LONG-TERM OUTAGE (RELOCATION) 6 WEEKS OR MORE

A long-term outage is defined, as the period of time that iMedX will exceed the allowed occupancy time of its primary recovery strategy. During this phase of recovery iMedX will initiate a physical move of personnel and resources.

5. Risk assessment and prevention measures

iMedX Disaster Recovery Plans are based on an understanding of risks to iMedX property, people assets and records. The following table shows the main risks to all

iMedX data/Equipment.

Description	Likelihood and Impact	Detection, how will we know it has happened	Immediate Action	Later Action	Effect on Users	Mitigation and Contingency (currently in place)
Single Disk Failure	Medium	Nagios Warning	Replace failed disk in RAID volume.	Order new disks. Have existing disks destroyed.	No effect	Nagios monitoring of RAID volumes. Keep replacements drives available.
Multiple Disk Failure	Low	Nagios Warning	Replace failed disks in RAID volume. Restore from hot backup.	Order new disks. Have existing disks destroyed.	No effect (failover)	Nagios monitoring of RAID volumes. Keep replacements drives available.
Unauthorised modification of content	Low	Periodic Auditing of logs. Monitoring of application	Restore modified content.	Repair security breach. Determine root vulnerability.	Low effect on users.	Determine root vulnerability, Repair vulnerability.
Data loss	Low	Nagios Warning	Restore data from hot or offsite backup.	No later action necessary.	Users will not have access to their data.	Hot and offsite backups in place.
Software failure for each key piece of software used	Medium	Nagios Warning	Update/repair software.	Update/repair software.	Users will not have access to software.	Update software to latest stable version.
Multiple machine failure	Low	Nagios Warning	Repair machine, replace machine with hot backup machine.	Repair machine, replace machine with hot backup machine. Order new hot backup machine.	Low effect (failover). Performance will be compromised.	Monitor machine health with Nagios.
Software failure	Medium	Nagios Warning	Update/repair software.	Update/repair software.	Low effect or no access to software,	Update software to latest stable version.
Capacity overload	Medium/High	Nagios Warning	Bring on additional servers (hot backup servers) (5 hours).	Check power load of new servers. Allocated additional power as part of data center agreement.	Performance degradation.	Monitor capacity with Nagios.
Loss of building through fire, flood etc.	Low	Warning from hosting providers	Move application to backup data center (hot). (5 hours)	Move back to primary data center (when available).	No access to software.	n/a
Local network failure	Low	Nagios Warning	Repair network / replace switches (hot) or move to backup data center. (5-10 hours)	Replace failed hardware.	No access to software.	Hot backup data center in place as well as hot backup switches.
Power failure (generator down at data center)	Low	Nagios Warning, Warning from hosting provider.	Move application to backup data center (hot). (5 hours)	Move back to primary data center (when available).	No access to software.	Hot backup data center in place.
Loss of Internet Connection	Medium	Nagios Warning	Switch to (hot) backup T1	Switch back to primary T1 once	No access to software.	Hot backup T1 connection in place.

Policy Revision Date: Dec 2007

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			connection. (5 hours)	enabled.		
Human error: accidental deletion,	High	Report from users	Restore data from hot or offsite backup.	Verify the audit logs and event notification	Users will not have access to their data.	Training for records staff in use of software
destruction or damage						Back up allowing reconstitution of deleted electronic records by IT Manager
Other crime: theft, vandalism, arson	Medium	Report from internal/extern al people	Restore data from hot or offsite backup.	Identify the root cause and report to security team	Users will not have access to their data.	Auditable issue of keys and after hours passes to building
Computer crime: viruses, hackers	Medium	Alert from syslog server	Implement the ACL. Update the os/equipment patches.	Analyze the syslog, server logs	Remove the affected systems from network, Update the latest virus pattern	Firewall in place to protect network Routine testing of computer security measures by IT manager
						Regular back up of vital records and storage offline

5.1Threat Profile

Hazard:	Profile of Hazard:	First Response:	
Freezing Rain	Freezing rain is rain occurring when surface temperatures are below freezing. The moisture falls in liquid form, but freezes upon impact, resulting in a coating of ice glaze on exposed objects. This occurrence may be called an ice storm when a substantial glaze layer accumulates. Ice forming on exposed objects generally ranges from a thin glaze to coatings about an inch thick. A heavy accumulation of ice, especially when accompanied by high winds devastates trees and transmission lines. Sidewalks, streets and highways become extremely hazardous to pedestrians and motorists. During the winter citizens should be prepared to shelter themselves at home for several days possibly without power. Local shelters can be opened in areas where power is not affected but transportation to a shelter may be difficult.	Step 1: Monitor weather advisories Step 2: Notify on-site employees Step 3: Call local radio and TV stations to broadcast weather closing information for employees at home Step 4: Place closing sign on all doors Step 5: Arrange for snow and ice removal	
Tornadoes	Tornadoes are violent rotating columns of air, which descend from severe thunderstorm cloud systems. They are normally short-lived local storms containing high-speed winds usually rotating in a counter-clockwise direction. These are often observable as a funnel-shaped appendage to a thunderstorm cloud. The funnel is initially composed to nothing more than condensed water vapor. It usually picks up dust and debris, which eventually darkens the entire funnel. A tornado can cause damage even though the funnel does not appear to touch the ground.	Step 1: Monitor weather conditions Step 2: Notify employees of potential of severe weather Step 3: Power off equipment Step 4: Shut off utilities (power and gas) Step 5: Instruct employees to assume protective posture Step 6: Assess damage once storm passes Step 7: Assist affected employees	
Floods	In several areas of County, unusually heavy rains may cause "flash" floods. Small creeks, gullies, dry streambeds, ravines, culverts or even low lying round frequently flood quickly. In such situations, people are endangered before any warning can be given.	Step 1: Monitor flood advisories Step 2: Determine flood potential Step 3: Determine employees at risk Step 4: Pre-stage emergency power generating equipment Step 5: Assess damage	

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Hazard:	Profile of Hazard:	First Response:
Hurricanes	Even though location is not considered a coastal area, hurricanes do affect our area. Hurricane Hugo (1989) devastated most of the Carolinas, as it marched inland some 200 miles.	Step 1: Power-off all equipment Step 2: Listen to Hurricane advisories Step 3: Evacuate area, if flooding is possible Step 4: Check gas, water and electrical lines for damage Step 5: Do not use telephones, in the event of severe lightning Step 6: Assess damage
Earthquakes	An earthquake is the shaking, or trembling, of the earth's crust, caused by underground volcanic forces of breaking and shifting rock beneath the earth's surface. The New Madrid Fault, which runs through the mountains of Tennessee, can/will cause considerable damage in the area, should it become active.	Step 1: Shut off utilities Step 2: Evacuate building if necessary Step 3: Account for all personnel Step 4: Determine impact of organization disruption
Power Failures	Power failures occur in many parts of the county throughout the year. They can be caused by winter storms, lightning or construction equipment digging in the wrong location. For whatever the reason, power outages in a major metropolitan area can severely impact the entire community.	Step 1: Wait 5-10 minutes Step 2: Power-off all Servers after soft shut down procedure Step 3: Shut down main circuit located on the bottom floor Step 4: Use emergency phone line to make outgoing phone calls Step 5: Call power company for assessment Step 6: Locate sources of mobile power Step 7: Contact electrical company Step 8: Re-energize building Step 9: Power-on equipment
Urban Fires	In metropolitan areas, urban fires can, and do, cause hundreds of deaths each year and County is no exception. Even with strict building codes and exceptions, citizens still parish needlessly in fires.	Step 1: Attempt to suppress fire in early stages Step 2: Evacuate personnel on alarm, as necessary Step 3: Notify fire department Step 4: Shut off utilities Step 5: Account for all personnel Step 6: Search for missing personnel Step 7: Asses damage

5.2 Recovery Strategy Overview

iMedX's Business Continuity Recovery is based on the organization surviving the loss of facilities and/or key personnel and systems during a disaster.

Once iMedX's ERT has determined that a declaration of disaster is required, the following sequence of events will occur:

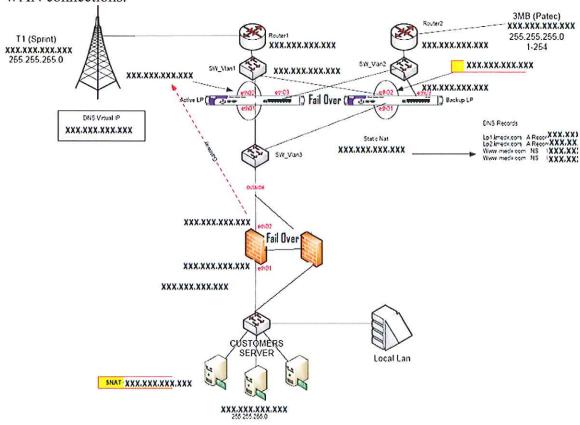
Steps:	Instruction:	
1: Evacuate affected facility.	If the emergency requires an evacuation of employees, execute evacuation plans contained in the Emergency Procedures section.	
2: Go to staging area.	Follow building evacuation instructions.	
3: Determine length of outage.	Review written and verbal damage assessment reports from facilities and civil authorities and then estimate the amount of time the facility will be uninhabitable.	
4: Select disaster level.	Based on the estimated duration of the outage, declare the disaster event as either a L1 (Less than 48hrs.), L2 (48hrs. to 6 weeks), or L3 (6 weeks or longer).	
5: Activate alternate facilities.	Contact alternate facilities identified in the Facilities section. Confirm their availability and alert them of estimated arrival time.	
6: Release personnel from the staging area.	Once the disaster level has been selected, release all personnel from the staging area to their assigned recovery location. Non-essential personnel – Home Recovery Site Team – Alternate Facility End Users – Alternate Facility Command Center Staff – Alternate Facility Crisis Management Team – Alternate Facility	
7: RST establish Command Center.	RST personnel are the first to arrive at the alternate facility to setup and organize the command center prior to the arrival of the CMT and support personnel. The following representatives are required at the Command Center within 1-3 hours: Crisis Management Team Emergency Response Team Lead Business Restoration Team Lead Recovery Site Team Lead	
8: Establish situation desk.	At the command center, establish a dedicated line with operator to field all incoming calls. Announce command center phone number to all recovery participants.	
9: Review recovery matrix.	Review the Recovery Matrix Section on a department by department basis to determine who is most effected by the disaster. Group departments by recovery resource requirements, time frames, and co-location requirements.	
10: Create technology shopping list.	Once the technology requirements of the effected department(s) are known, create a requirements list for the IT support staff.	

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Steps:	Instruction:		
11: Contact quick ship vendors.	Using the vendor quick-ship contacts or local sources located in the LAN Restoration section order replacement technology indicated on requirements list.		
12: Retrieve electronic/hardcopy vital records,	Retrieve vital records from Iron Mountain or other locations as indicated in the Vital Records section. Have vital records shipped and staged at the alternate facility.		
13: Setup replacement LAN.	The priority of Server restoration to support all other Business functions is: Core technology End-user servers		
14: Activate short-term recovery strategies.	Instruct each department to initiate their short-term recovery strategies. These strategies will be used while the replacement LAN/WAN circuits are implemented.		
15: Populate alternate facility.	Once the replacement LAN/WAN is functional, notify the BRT that departments can now begin executing their L2 recovery strategies.		

5.3 Current Internet Connectivity Model:

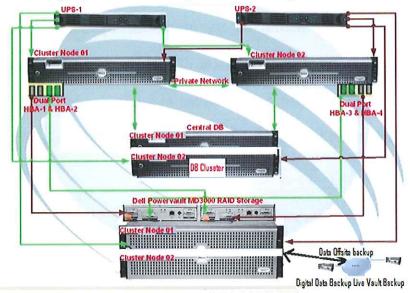
iMedX uses a host of products that ensure the highest level of WAN reliability, redundancy and maximum bandwidth for disaster recovery planning, including data mirroring and remote storage. These products holder of clustering technology which aggregates multiple data lines from separate ISPs and automatic failover of the downed WAN connections.



Note: Due to security we are not keeping the original values.

5.4 Current Application Architecture:

Application, DB and storage servers are configured in cluster environment for high availability. Data continuously replicated offsite using Iron Mountain digital method.



6. COMMAND CENTER INFORMATION

In the event of a disaster, one of the two locations listed will serve as the command

center for coordinating recovery operations. The ASSIST Technical Recovery Team

Coordinator will make the decision regarding which site to use. Selection of the command center location is a management decision based on the severity of the disaster.

- xxx
 1405 County Road 1, South Point, OH
- xxx
 Four Corporate Drive, Shelton, CT

Note: Due to security we are not keeping the original values. This is for bid document once contracted is signed if necessary will provide the original data.

6.1 ALTERNATE PROCESSING FACILITIES

We are in process of setting up the alternative data center in xxx location. It is in the implementation phase, targeted for Oct 1, 2009.

6.2 ASSIST TECHNICAL RECOVERY TEAM ORGANIZATION

This section of the plan describes the organizational structure and responsibilities of the

ASSIST Technical Recovery Team.

In the event of a disaster, the ASSIST Technical Recovery Team's responsibility is to

restore ASSIST data processing and ensure ASSIST information processing continuity.

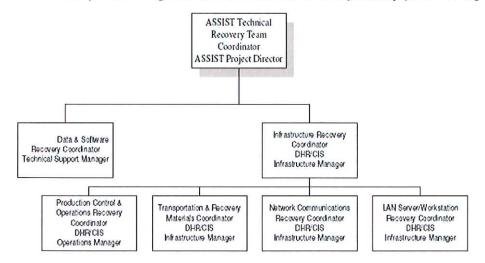
For the duration of the disaster, team members' primary duties are as listed herein. Note

that these responsibilities may be redirected as mandated by the ASSIST Technical

Recovery Team Coordinator. Additionally, members of the Technical Recovery Team

are expected to continue performing their normal duties in a diminished capacity until

such time that data processing has been restored to the primary processing site.



As part of the maintenance of this document, Technical Recovery Team Coordinator should provide the names and contact information for individuals identified by title. This information should be verified and updated as necessary to keep this information current. The ASSIST Technical Recovery Team Coordinator has responsibility for maintaining this information.

6.3 ASSIST TECHNICAL RECOVERY TEAM

This information should be verified and updated by the ASSIST Technical Recovery Team Coordinator on a quarterly basis to assure it's continuing accuracy.

Role	Name	Contact Numbers
ASSIST Technical Recovery Team	Assist Project Director	Office:
Coordinator	300	
		Cell:
		Pager:
Alternate		Office:
		Cell:
		Pager:
Data & Software Recovery Coordinator	Tech Support Manager	Office:
		Cell:
		Pager:
Alternate		Office:
		Cell:

		Pager:
Information December Consideration	Infractivisting Managar	Office:
Infrastructure Recovery Coordinator	Infrastructure Manager	Cell:
		74 (FOR 1911) 1 (FOR 1911)
		Pager:
Alternate		Office:
		Cell:
		Pager:
Transportation & Recovery Materials Coordinator	HR Manager	Office:
		Cell:
		Pager:
Alternate		Office:
		Cell:
		Pager:
Production Control & Operations Recovery Coordinator	Operations Manager	Office:
		Cell:
		Pager:
Alternate		Office:
		Cell;
		Pager:
Network Communications Recovery Coordinator	Infrastructure Manager	Office:
		Cell:
		Pager:
Alternate		Office:
300 00 00 00 00 00 00 00 00 00 00 00 00		Cell:
		Pager:
LAN/WAN Server & Workstation	Infrastructure Manager	Office:
Recovery Coordinator		0.11
		Cell:
		Pager:
Alternate		Office:
		Cell:
		Pager:

Note: Due to security we are not keeping the original values. This is for bid document once contracted is signed if necessary will provide the original data.

6.4 ASSIST TECHNICAL RECOVERY TEAM COORDINATOR

The ASSIST Technical Recovery Team Coordinator directs the line functions of the plan and has the following responsibilities:

- Develop and implement a disaster recovery training program
- Develop and implement a comprehensive recovery exercise schedule
- Maintain the ASSIST Disaster Recovery Plan
- Coordinate periodic ASSIST Disaster Recovery Plan exercises for documented disaster recovery.
- Ensure that ASSIST recovery resources are stored at the designated off-site storage facility in accordance with policies
- In the event of a disaster, direct the activities of technical recovery support personnel, materials and equipment through the following coordinators:

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- a) Data and Software Recovery Coordinator
- b) Infrastructure Recovery Coordinator
- Monitor ASSIST recovery functions and ensure the accuracy and quality of information technology systems being restored
- Review ASSIST recovery schedules to ensure application recovery is completed within the established recovery objectives
- Coordinate restoration of services to the primary site
- Communicate the status of recovery operations to the Director of CISP and/or the DHR Local Administration Team

6.5 DATA AND SOFTWARE RECOVERY COORDINATOR

Data and Software Recovery Coordinator is accountable for the restoration of ASSIST computer operations to normal, or as close to normal, as possible at the alternate processing facility. The Data and Software Recovery Coordinator will report to the ASSIST Technical Recovery Team Coordinator and has the following responsibilities:

- In the event of a disaster, direct activities of transportation, recovery materials, and operations through the following coordinators:
- a) Transportation and Recovery Materials Coordinator
- b) Production Control & Operations Recovery Coordinator
- Communicate with data center technical support staff to establish availability of the alternate processing facility
- Transfer of all necessary materials from off-site storage locations to the recovery site
- Restore, install, and test the required ASSIST software and data on the recovery system
- Restore production control and normal daily computer operations of ASSIST
- Perform the required restoration tasks in accordance with direction from the ASSIST Technical Recovery Team Coordinator for recovery of services at the primary site
- Communicate the status of recovery to the ASSIST Technical Recovery Team Coordinator

6.6 INFRASTRUCTURE RECOVERY COORDINATOR

The Infrastructure Recovery Coordinator is accountable for the restoration of Network Communications, LAN/WAN Server(s), and workstation(s). The Infrastructure Recovery Coordinator will report to the ASSIST Technical Recovery Team Coordinator and has the following responsibilities:

- In the event of a disaster, direct activities of network communications, servers and workstation recovery through the following coordinators:
- a) Network Communications Recovery Coordinator
- b) LAN/WAN Server and Workstation Recovery Coordinator
- •Coordinate communication with data center technical support staff and telecommunications teams to establish network connectivity to the alternate processing facility from all DHR county sites affected by the disaster
- •Coordinate restoration and configuration of DB Server(s)

- Coordinate restoration and configuration of servers
- •Coordinate restoration and configuration of workstations
- •Communicate the status of recovery to the ASSIST Technical Recovery Team Coordinator
- •Perform the required restoration tasks in accordance with direction from the ASSIST Technical Recovery Team Coordinator for recovery of services at the primary site

6.7 TRANSPORTATION AND RECOVERY MATERIALS COORDINATOR

The Transportation and Recovery Materials Coordinator is accountable for the inventory and transportation of recovery resources to the alternate processing facility as needed to restore data processing. The Transportation and Recovery Materials Coordinator will report to the Data and Software Recovery Coordinator and Infrastructure Recovery Coordinator for the duration of the disaster. The responsibilities of the Transportation and Recovery Materials Coordinator include the following:

- Transport recovery material from the off-site storage locations to the alternate site in accordance with the requirements of the alternate site
- Transport material and personnel to the alternate site in accordance with recovery procedures as required
- Maintain current directions to and from the off-site storage location and the alternate processing site
- Transport materials and personnel to the primary site
- Perform periodic inventory inspections of the off-site storage locations to validate materials in storage are compliant with the inventory lists
- Organize the transported material (e.g., backup, reports, manuals, documentation) at the alternate site
- Ensure that backup are transported to and from the off-site storage vaults in accordance with the backup cart rotation schedules for the duration of the disaster
- Perform required restoration tasks relative to recovery material in accordance with direction from the Data and Software Recovery Coordinator when the contingency requirement no longer exists
- Communicate status of recovery to the Data and Software Recovery Coordinator and Infrastructure Recovery Coordinator

6.8 PRODUCTION CONTROL AND OPERATIONS RECOVERY COORDINATOR

The Production Control and Operations Recovery Coordinator is accountable for restoration of ASSIST Operations and Production Control at the alternate processing facility. The Production Control and Operations Recovery Coordinator will report to the Data & Software Recovery Coordinator and Infrastructure

Recovery Coordinator for the duration of the disaster.

The responsibilities of the Production Control and Operations Recovery Coordinator include the following:

• Communicate ASSIST availability and status to the end user and site specific coordinators

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- •Support ASSIST processing requirements at the alternate site on a seven day, 24 hours basis
- •Supervise computer operators and production control personnel
- •Ensure ASSIST is compatible with the systems software at the primary site in accordance with the requirements of the Data & Software Recovery Coordinator during restoration of services to the primary site
- •Communicate status of recovery to Data and Software Recovery Coordinator and Infrastructure Recovery Coordinator

6.9 NETWORK COMMUNICATIONS RECOVERY COORDINATOR

The Network Communications Recovery Coordinator is accountable for the restoration of communications between the ASSIST Client workstations, LAN Servers and network at the alternate processing facility. The Network Communications Recovery Coordinator will report to the Infrastructure Recovery Coordinator for the duration of the disaster.

The responsibilities of the Network Communications Recovery Coordinator include the following:

- Communicate with data center technical support staff and telecommunications teams to establish network connectivity to the alternate processing facility from all DHR county sites affected by the disaster
- Install Windows NT/2K3 DB server hardware according to specifications.
- Restore and/or configure DB Server(s) to operational status
- Work with data center technical support to reestablish network communications from the primary processing site to all effected DHR county sites
- Verify the final communications configuration functionality during contingency operations and restoration of service to the primary site
- Communicate status of recovery to the Infrastructure Recovery Coordinator

6.10 LAN/WAN SERVER AND WORKSTATION RECOVERY COORDINATOR

The LAN Server/Workstation Recovery Coordinator is accountable for the restoration of the ASSIST Client software and functionality. The LAN Server/Workstation Recovery Coordinator will report to the Infrastructure Recovery Coordinator for the duration of the disaster.

The responsibilities of the LAN Server/Workstation Recovery Coordinator include the following:

- Restore and/or configure the ASSIST file servers
- •Install and configure desktop workstation hardware according to specifications
- •Install the ASSIST software on both file servers and desktop workstations
- Provide end user technical support for LAN Servers and desktop workstations
- •Communicate recovery status to the Infrastructure Recovery Coordinator

7. DISASTER DECLARATION

When a disaster strikes, damage must be assessed immediately to ensure that the proper course of action is taken. An emergency may range in severity from a power outage to an entire building being destroyed. It is necessary to have clear guidelines to determine the appropriate response based on the severity of the situation.

This section of the plan identifies the personnel authorized to declare a disaster, sets forth the criteria for disaster declaration, and provides an outline for making the decision to declare a disaster.

7.1 DISASTER DECLARATION AUTHORITY

The following list of individuals is authorized to declare a disaster and invoke the recovery response procedures put forth by this document. The individuals with this authority are listed in order of the chain of command. In the unfortunate event that any one of these individuals has been incapacitated, the next level will assume that person's authority for the declaration of a disaster.

- 1) DHR Commissioner or (CSTeam Precident)
- 2) DHR County Director or (Sales Precident)
- 3) DHR Operations/IT (Head R&D)
- 4) ASSIST Technical Recovery Team Coordinator or (IT Head)

7.2 DAMAGE ASSESSMENT GUIDELINES

The ASSIST Technical Recovery Team Coordinator or alternate should use the following forms to assess the damage and the severity of the situation.

- •Damage Assessment Checklist form (see Appendix A.1)
- •Preliminary Assessment Checklist form (see Appendix A.2)

7.3 DISASTER DECLARATION CRITERIA

Upon completion of the damage assessment, if the estimated downtime is expected to exceed 48 hours, then a disaster should be declared and this plan activated.

7.4 DISASTER RECOVERY PLAN ACTIVATION

Once the decision has been made to declare a disaster and activate this plan, the ASSIST Technical Recovery Team Coordinator must then complete the Disaster Recovery Plan Activation Checklist as defined in Appendix A.3 in order to initiate recovery team response procedures.

8. RECOVERY TEAM RESPONSE PROCEDURES

This section of the plan documents the procedures for each of the ASSIST Technical Recovery Team Coordinators or their alternate to follow after a disaster has been declared. These procedures address each coordinator's area of responsibility, and are designed to provide step by step instructions for resource recovery response.

8.1 DATA AND SOFTWARE RECOVERY PROCEDURES

- 1) Establish contact with Data Center Technical Support to ascertain the following:
- •Is the Operating System available for use?
- •Is the DB system with catalog restored available for use?

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- •Is DB Connections available for use?
- 2) Contact the Transportation and Recovery Materials Coordinator to ensure that offsite data backups and documentation are available for use at the alternate processing facility.
- 3) Identify the required backup (latest version)
- 4) Restore ASSIST Data using the most current available SDLT/Digital vault backups as described in Section 5 and Appendix E (Disaster Recovery Jobs) of this plan: Contact the Network Communications Recovery Coordinator and verify connectivity to the database.
- 5) If last backup was before nightly processing, then repeat nightly processing jobs. If last backup was after nightly processing, then repeat on-line activity, if necessary.
- 6) Communicate availability and status of data recovery to the ASSIST Technical Recovery Team Coordinator.

8.2 LAN/WAN SERVER AND WORKSTATION RECOVERY PROCEDURES

- 1) Establish contact with the DHR Equipment Team
- 2) Acquire file server equipment according to ASSIST hardware specifications as documented in Appendix A.3
- 3) Complete the physical configuration for file server machines and LAN/WAN
- 4) Install Operating system using installation materials available. Ensure that licenses are unique to the server being restored, as duplicate licenses can cause unpredictable results.
- 5) Install Backup Exec software using installation materials available.
- 6) Ensure that the ASSIST Client software has been successfully restored and/or installed on the file server.
- 7) Restore all server data from the most current available backups.
- 8) Verify that the ASSIST Client software distribution program and/or process are operational.
- 9) Communicate availability and status of Server recovery to the ASSIST Technical Recovery Team Coordinator.

8.3 ASSIST DESKTOP WORKSTATION RECOVERY PROCEDURES

- 1) Establish contact with the DHR Equipment Team
- 2) Complete the physical configuration of desktop workstations being restored
- 3) Install workstation Operating System
- 4) Complete the software configuration of desktop workstations being restored
- 5) Establish workstation communication to network
- 6) Verify that the ASSIST software distribution process is functional and that the ASSIST client software gets installed during initial server sign-on
- 7) Communicate availability and status of workstation recovery to the

ASSIST Technical Recovery Team Coordinator

8.4 NETWORK COMMUNICATIONS RECOVERY PROCEDURES

- 1) Establish contact with the DHR Equipment Team
- 2) Physical configuration for Windows NT/2K3/ DB servers.
- 3) Verify connectivity between the ASSIST workstations and the DB servers.
- 4) Contact the Software and Data Recovery Coordinator and establish connectivity to the database.
- 5) Communicate availability and status of network communications recovery to the ASSIST Technical Recovery Team Coordinator.

8.5 DISASTER RECOVERY BACKUPS

Daily –Incremental backup of all the servers are performed on the media earmarked for daily backup.

Weekly - Every week full backup is performed in Tuesday, Friday &Sunday.

There are total Ten tapes were labeled with the below format, each working day one media is used for backup in the orderly manner. On the very beginning new month the first media (i.e. Labeled as iMedXW01D01) is used for backup. The backup media should be not be reused more than 20 times.

- First Week of daily backup contains Sunday, Monday and Tuesday
- First Week of daily backup contains Wednesday, Thursday and Friday
- Second Week of daily backup contains Saturday, Sunday and Tuesday
- Second Week of daily backup contains Wednesday, Thursday and Friday
- Third Week of daily backup contains Saturday, Monday and Tuesday
- Third Week of daily backup contains Wednesday, Thursday and Friday
- First Week of daily backup contains Saturday, Monday and Tuesday
- First Week of daily backup contains Wednesday, Thursday and Friday

Monthly - Full backup of all the servers are performed on the media earmarked for monthly backup. There are twelve backup media, labeled with the below format. Every last working day of the month one media is used for backup in the orderly manner. On end of the six month, the first media (i.e. Labeled as iMedXM01D01) is used for backup. However, the M06D12 media is retained as a permanent half year backup.

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iMedXM01D01	- First month backup contains January Full Backup
iMedXM01D02	- First month backup contains January Full backup and February Full
	Backup
iMedXM02D03	- Second Month February Full backup
iMedXM02D04	- Second Month March Full backup and February
iMedXM03D05	- Third Month March Full backup
iMedXM03D06	-Third Month April Full backup and March full backup
iMedXM04D07	- Fourth Month April Full backup
iMedXM04D08	- Fourth Month April Full backup and May full backup
iMedXM05D09	- Fifth Month May Full backup
iMedXM05D10	- Fifth Month May Full backup and April full backup
iMedXM06D11	- Sixth Month June Full backup
IMEDXM06D12	- Sixth Month April Full backup and June full backup

For disaster recovery purpose we were keeping the one month full backup tape externally in either CTO/MD handover.

Soft backup – Soft Backup of all the critical data like source code & VSS data is taken, the data from the critical servers are copied onto other servers twice a day to ensure faster recovery and intermediate backups. Two scheduled times are allocated for soft backups. One in the after noon around 1.00PM every day and the other in the night around 8.00PM.

End of the every fourth day we were overwriting the soft backup. For redundancy purpose we were keeping the soft backups in different servers.

Most of the critical data is scheduled daily and weekly on Iron mountain digital backup system. Internally data was stored on Iron mountain digital valut system and as well as data stored off site livevault system. In case of failure we can restore the data from local vault system and as well as from remote vault system.

9. RESTORATION OF SERVICES AT PRIMARY SITE

This section of the plan identifies the procedures required to restore ASSIST data processing to the primary processing facility. The activities performed when returning to the primary site are similar to the activities performed when moving the data processing from the primary site to the alternate site. The first step in returning to the primary site is to gather the interested parties for a restoration of services meeting. This meeting should be the forum for determining the specific actions that need to be taken and the assignment of responsibilities. The sample meeting agenda is included in this document in A.3. NOTE: It is possible that when service is restored, the primary site may be at a different location than the original primary processing site. In such an instance, restoration planning must also consider specifics related to the new (primary) site.

9.1 POST-CONTINGENCY ASSESSMENT REPORT AND EVALUATION

A post-contingency status report must be prepared by the ASSIST Technical Recovery Team Coordinator and presented to the Local Administration Team after normal processing has resumed. Following their independent review, the Local Administration Team staff should meet with the ASSIST Technical Recovery Team Coordinator to evaluate the report's findings.

It is important to stress information concerning sections of this plan that need revision. While not an exception report, areas requiring change should receive the most attention. The report should include these topics:

- 1) Adequacy of the Disaster Recovery Plan.
- •All subjects of the plan must be covered.
- •Was recovery realized within the specified time?
- Were the plan content and the ease of use adequate?
- 2) Efficiency of the Technical Recovery Team.
- 3) An analysis of team performance as a group and by individual members. Efficiency in performance and adequacy of results are the key ingredients in the analysis.
- 4) Effectiveness of the alternate site and recovery resources.
- 5) Included in this analysis must be the following questions:
- Was the alternate site accessible?
- •Did the alternate site provide adequate computing resources for normal processing?
- Was there any contention for equipment?
- Was the operating environment stable?
- Was adequate technical support provided?
- 6) Compliance with service level agreements by all parties. The key questions to address are the following:
- •Did agreements result in required services being provided in accordance with agreed to rates and conditions?
- Were any non-contracted or not-agreed-to services required?
- 7) Effect of the disaster on system development or application modification projects.
- 8) List all systems in development or major revision that were affected by the disaster. Itemize any scheduling or deadline changes now required and describe the reasons for the changes.
- 9) Recommended changes to the Disaster Recovery Plan.

APPENDIX A - CHECKLISTS

The following checklists are included in this document:

- A.1 Damage Assessment Checklist
- A.2 Preliminary Assessment Checklist
- A.3 Disaster Recovery Plan Activation Checklist
- A.4 Restoration of Services Meeting Agenda
- A.5 Assist Disaster Recovery Plan Change Approval Form
- A.6 Vendors Contact List
- A.7 MANAGEMENT NOTIFICATION CHECKLIST

A.1 – DAMAGE ASSESSMENT CHECKLIST

	Action	Status	Comments
1	Identify what caused the outage and determine the extent of the damage to information technology resources using the Preliminary Assessment Checklist on the following page.		
2	Identify how long the problem has existed		
3	Summarize corrective measures already taken.		
4	Estimate the time required for recovery.		
5	Estimate the level of data processing that can be maintained using the alternate processing facility and its effect on: •Normal Daily operations •Delivery of services •Online Response time •Computing and Communications capacity		
6	Prepare and submit recommendations for corrective action.		
7	Ensure that individuals with recovery team assignments identified in Section 2 of this plan are notified and accounted for. •Data and Software Recovery Coordinator •Transportation and Recovery Materials Coordinator •Production Control and Operations Recovery Coordinator •Network Communications		

	Recovery Coordinator	
	•LAN Server/Workstation	
	Recovery Coordinator	
	•Support Personnel Coordinator	
8	Communicate status of the situation to	
	the Local Administration Team.	

A.2 – PRELIMINARY ASSESSMENT CHECKLIST

Resource	Questions	Comments
Power	Is power off?	
	If so, for how long?	
	When will you regain power?	
	Are all power sources affected?	
	If not, which power sources are	
	affected?	
	What will be the quality and	
	reliability of power when it is	
	regained?	
Hardware	Was the hardware shut down	
	normally or was it a hard crash?	
	Which units, if any, are	
	functioning?	
	How quickly can replacement	
	units and/or parts be available?	
	Is a vendor/supplier involved?	
Software	Which software is affected?	
	How does the problem affect	
	processing?	
	What corrective measures are	
	being taken	
Data	What data is lost and how easily	
	can it be recovered?	
	How critical is the data?	
	What is the source of the data?	
Personnel	Personnel What is the current level	
	of staffing relative to the needs of	
	the emergency situation?	
	What is their physical and	
	mental condition?	
	Are special arrangements	
	needed?	
	Are special arrangements being	
	planned?	

A.3 – DISASTER RECOVERY PLAN ACTIVATION CHECKLIST

	Action	Status	Comments
1.	Identify an available location		
	for use as a command center.		
2.	Initiate contact of Technical		
	Recovery Team personnel		
	and inform them of the		
	situation.		
3.	Contact the alternate		
	processing facility to inform		
	staff there that a disaster has		
	been declared. Determine		
	alternate site availability and		
	any scheduling or		
	prioritization issues.		
4.	Contact the DHR Local		
	Disaster Recovery Plan's		
	Local Administration Team		
	Leader or the highestranking		
	DHR official and		
	provide information		
	regarding the emergency		
	situation, the steps that have		
	been taken thus far.		

A.4 – RESTORATION OF SERVICES MEETING AGENDA

Subject: Restoration of ASSIST Data Processing to Primary Processing Facility

Meeting Date: Attendees:

Items for Discussion:

- •Determine current processing points and status of data files
- •Technical team coordinators' reports
- •Lessons learned during restoration to the alternate processing site
- •Errors and/or problems encountered during disaster recovery to be avoided during restoration

to the primary site

- •Report on how successful processing has been at the alternate site
- •Draft schedules for accommodating the move back to the primary site
- •Review ASSIST Technical Recovery Team assignments
- •Review the off-site storage inventories to verify required resources are available **Additional Discussion:**

A.5 – ASSIST DISASTER RECOVERY PLAN CHANGE APPROVAL FORM Author: Phone Number: Date: Version: Date: Version: Description of change(s): After Reviewing, Please Sign if You Approve of the Requested Changes Route for Approval: **ASSIST Technical Recovery Team Coordinator:** Data and Software Recovery Coordinator: Infrastructure Recovery Coordinator: **Production Control and Operations Recovery Coordinator: Network Communications Recovery Coordinator:** LAN Server/ Workstation Recovery Coordinator: Transportation & Recovery Materials Coordinator:

A.6 - Vendors Contact List

S. No	Service / Provider	Company	Contacts	Phones	Email
1	1 Data T1 Line				
2	2 Voice PRI T1s & 2 Data T1				
3	Phone System/PBX				
4	Data/Voice Cabling, Power Supply				
5	Office Building Company				
6	AC				
7	Mover's				
8	ACT Support				
9	MySQL Enterprise Support				
10	Internet Loadbalancer Support				

Note: Due to security we are not keeping the original values. This is for bid document once contracted is signed if necessary will provide the original data.

A.7 - MANAGEMENT NOTIFICATION CHECKLIST

This checklist will be used by the BCP Coordinator when notifying the Management Team and by the Management Team when notifying Recovery Team Leaders.

1.	Obtain initial damage assessment from Damage Assessment Team Leader and relay information to appropriate recovery team personnel.
2.	Provide information on the staging area (e.g., time and place to report):
3.	Primary phone number for the Management Team:
4.	Provide information on the condition of the CDC Headquarters building/Computer Center (e.g., habitable, inhabitable):

Submitted by iMedX, Inc.

DRS120032 BID SHEET

	1
i.	