



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
FLC12017

PAGE
1

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

RFQ COPY

VENDOR

Advanced Medical Reviews
 10780 Santa Monica Blvd. #333
 Los Angeles, CA 90025

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OHFLAC
 408 LEON SULLIVAN WAY
 CHARLESTON, WV
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
08/09/2011				

BID OPENING DATE: 09/08/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
OPEN-END BLANKET CONTRACT						
0001	19	EA		961-20	240	4,560
	PER EACH DEFICIENCY, SEVERITY LEVEL I					
	INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AT SEVERITY LEVEL I (POTENTIAL FOR NO MORE THAN MINIMAL HARM), AS DEFINED BY CMS.					
0002	70	EA		961-20	250	17,500
	PER EACH DEFICIENCY, SEVERITY LEVEL II					
	INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AS SEVERITY LEVEL II (POTENTIAL FOR MORE THAN MINIMUM HARM BUT NO ACTUAL HARM, SUBSTANDARD QUALITY OF CARE, OR IMMEDIATE JEOPARDY), AS DEFINED BY CMS.					

RECEIVED
 SEP 21 A 9:34
 PURCHASING DIVISION
 CHARLESTON WV

SEE REVERSE SIDE FOR TERMS AND CONDITIONS			
SIGNATURE	TELEPHONE	DATE	
<i>R. W. ...</i>	310-575-8020	9/14/2011	
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	
Asst. Bus. Development	59-371598		

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



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0003	5	EA		961-20	250	1,250
PER EACH DEFICIENCY, SEVERITY LEVEL II WITH FINDING						
INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AS SEVERITY LEVEL II WITH A FINDING OF SUBSTANDARD QUALITY OF CARE, AS DEFINED BY CMS.						
0004	13	EA		961-20	260	3,380
PER EACH DEFICIENCY, SEVERITY LEVEL III -						
INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AT SEVERITY LEVEL III (ACTUAL HARM), AS DEFINED BY CMS.						
0005	12	EA		961-20	270	3510
PER EACH DEFICIENCY, SEVERITY LEVEL IV -						
INDEPENDENT INFORMAL DISPUTE REVIEW FOR LONG-TERM CARE FACILITIES FOR DEFICIENCIES CITED AT SEVERITY LEVEL IV (IMMEDIATE JEOPARDY), AS DEFINED BY CMS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Amitt* TELEPHONE 310-575-3020 DATE 9/19/2011

TITLE *Asst. Dir. Development* FEIN 59-3791598 ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0006	60	EA		961-20	35	2,100
<p>PER EACH DEFICIENCY, ADDITIONAL FEE FOR TELEPHONIC ADDITIONAL FEE FOR TELEPHONIC REVIEW (VERSUS DESK REVIEW).</p> <p>THIS WILL BE A MULTIPLE AWARD CONTRACT AND AWARD WILL BE MADE FROM LOW BID TO HIGH. THE PROGRAM WOULD LIKE AT THREE INDEPENDENT REVIEW ORGANIZATIONS TO CONDUCT AN INDEPENDENT FORMAL DISPUTE RESOLUTION PROCESS FOR LICENSED NURSING HOMES AND/OR MEDICARE AND/OR MEDICAID CERTIFIED NURSING FACILITIES THAT CONTEST A CITATION ISSUED BY THE NURSING HOME PROGRAM WITHIN THE OFFICE OF HEALTH FACILITY LICENSURE & CERTIFICATION (OHFLAC) FOR A DEFICIENT PRACTICE, PURSUANT TO CHAPTER 16, ARTICLE 5C OF THE WEST VIRGINIA STATE CODE OR PURSUANT TO FEDERAL LAW AS BEING CONTRARY TO LAW OR UNWARRANTED BY THE FACTS OR BOTH, PER THE ATTACHED SPECIFICATIONS.</p> <p>TERM OF THE CONTRACT SHALL BE FOR ONE YEAR WITH THE OPTION OF TWO, ONE YEAR RENEWALS.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD..... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Robert</i>	TELEPHONE 310-575-3020	DATE 9/14/2011
TITLE <i>KVP, Business Development</i>	FEIN 59-3791598	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED 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.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>Amitt</i>	310-575-3020	9/16/2011
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
<i>Business Development</i>	54-3791598	

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 05/26/2009 EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Amund</i>	TELEPHONE 304-575-3026	DATE 9/14/2011
TITLE Asst. Business Developer	FEIN 59-3791598	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 8/23/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>REV 07/16/2007 VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>R. W. [Signature]</i>	TELEPHONE 304-575-3026	DATE 9/16/2011
TITLE AVP, BUS. Development	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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<p>VERSION WHICH IS AVAILABLE HERE: HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: -----RW/FILE 22-----</p> <p>RFQ. NO.: -----FLC12017-----</p> <p>BID OPENING DATE: -----9/8/2011-----</p> <p>BID OPENING TIME: -----1:30 PM-----</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>-----</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>R. Smith</i>	TELEPHONE 304-575-3020	DATE 9/16/2011
TITLE <i>Asst. Business Dev. Mgr.</i>	FEIN 59-3791598	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
CONTACT PERSON (PLEASE PRINT CLEARLY): NICOLE SMIDT						
***** THIS IS THE END OF RFQ FLC12017 ***** TOTAL:						32,300

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>N Smidt</i>	TELEPHONE 304-575-3020	DATE 9/16/2011
TITLE <i>Asst. Business Development</i>	FEIN 59-3791598	ADDRESS CHANGES TO BE NOTED ABOVE

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(Revised 08-09-11)

<p>Purpose</p>	<p>To obtain an open-end contract with at least three independent review organizations to conduct an independent informal dispute resolution process for licensed nursing homes and/or Medicare and/or Medicaid certified nursing facilities that contest a citation issued by the Nursing Home Program within the Office of Health Facility Licensure and Certification (OHFLAC) for a deficient practice, pursuant to chapter 16, article 5C of the West Virginia State Code or pursuant to federal law, as being contrary to law or unwarranted by the facts or both.</p> <p>The term “facility” shall be used to refer to the licensed nursing home and/or Medicare and/or Medicaid certified nursing facility. The term “director” shall refer to the secretary of the department of health and human resources or his or her designee.</p>
<p>Minimum Qualifications</p>	<ol style="list-style-type: none"> (1) The independent review organization shall be accredited by the Utilization Review Accreditation Commission. (2) Reviewers employed by the independent review organization must be either licensed registered professional nurses or other qualified licensed, registered, and/or certified health professionals with previous work experience in long-term care and who have extensive knowledge and understanding of long-term care regulations and current standards of professional practice. All reviewers must possess a current valid, unimpaired license, registration, and/or certification in their field of practice. (3) For a reviewer to demonstrate “extensive knowledge and understanding of long-term care regulations”, the reviewer must, at a minimum, have successfully completed the Basic Long-Term Care Surveyor Course offered by the Centers for Medicare & Medicaid Services (CMS), successfully passed CMS’s Surveyor Minimum Qualification Test (SMQT), and worked as a surveyor of nursing homes for at least five years since 1998. (4) Prior to utilizing as reviewers any persons formerly employed by OHFLAC, the independent review organization must verify with the director that such former OHFLAC employees left in good standing and that the use of them as reviewers in the independent informal dispute resolution process would not present a conflict of interest. OHFLAC will determine whether a conflict of interest exists when an individual reviewer is a former employee of OHFLAC.

(Revised 08-09-11)

<p>Mandatory Requirements</p>	<p>The independent informal dispute resolution process consists of the following:</p> <ol style="list-style-type: none"> (1) Within ten working days of receipt of the written request for the independent informal dispute resolution process made by a facility, the independent review organization shall hold an independent informal dispute resolution conference unless additional time is requested by the facility. Before the independent informal dispute resolution conference, the facility may submit additional information. (2) The facility may not be accompanied by counsel during the independent informal dispute resolution conference. (3) The manner in which the independent informal dispute resolution conference is held is at the discretion of the facility, but is limited to: <ol style="list-style-type: none"> a. A desk review of written information submitted by the facility; or b. A telephonic conference; or c. A face-to-face conference held at the facility or a mutually agreed upon location. (4) If the independent review organization determines the need for additional information, clarification or discussion after conclusion of the independent informal dispute resolution conference, the independent review organization shall request this information of the director and the facility. (5) Within ten calendar days of the independent informal dispute resolution conference, the independent review organization shall provide and make a determination, based upon the facts and findings presented, and shall transmit a written decision containing the rationale for its determination to the facility and the director. (6) Each independent review organization shall provide quarterly reports to the director which shall at a minimum include the number of facilities for which an informal dispute resolution process was requested, the number of state licensure and/or federal Medicare / Medicaid certification deficiencies that were individually reviewed for each facility requesting an informal dispute resolution process, and the results of each review.

Specifications for RFQ FLC12017

(Revised 08-09-11)

OHFLAC's Duties and Responsibilities	<p>(1) No later than ten working days following the last day of the survey or inspection, or no later than twenty working days following the last day of a complaint investigation, the director shall transmit to the facility a statement of deficiencies committed by the facility. Notification of the availability of the independent informal dispute resolution process and an explanation of the independent informal dispute resolution process shall be included in the transmittal.</p> <p>(2) When the facility returns its plan to correct the cited deficiencies to the director, the facility may request in writing the independent informal dispute resolution process to refute the cited deficiencies.</p> <p>(3) Within five working days of receipt of the written request for the independent informal dispute resolution process made by a facility, the director shall refer the request to an independent review organization from the list of certified independent review organizations approved by the state.</p> <p>(4) The director shall vary the selection of the independent review organization on a rotating basis. The director shall acknowledge in writing to the facility that the request for independent review has been received and forwarded to an independent review organization for review. The notice shall include the name and address of the independent review organization.</p> <p>(5) Upon receipt of the written decision by the independent review organization, the director shall review the results and their rationale.</p> <p>a. If the director disagrees with the determination, the director may reject the determination made by the independent review organization and shall issue an order setting forth the rationale for the reversal of the independent review organization's decision to the facility within ten calendar days of receiving the independent review organization's determination.</p> <p>b. If the director accepts the determination, the director shall issue an order affirming the independent review organization's determination within ten calendar days of receiving the independent review organization's determination.</p> <p>c. If the independent review organization determines that the original statement of deficiencies should be changed as a result of the independent informal dispute resolution process and the director accepts the determination, the director shall transmit a revised statement of deficiencies to the facility within ten calendar days of the</p>
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Specifications for RFQ FLC12017

(Revised 08-09-11)

	independent review organization's determination.
Special Terms and Conditions	Standard professional liability insurance
License Requirements	<p>(1) Each successful vendor must show proof that all reviewers used by the independent review organization have previous work experience in long-term care, have extensive knowledge and understanding of long-term care regulations and current standards of professional practice, and possess current valid, unimpaired licenses, registrations, and/or certifications in their fields of practice.</p> <p>(2) For a reviewer to demonstrate "extensive knowledge and understanding of long-term care regulations", the reviewer must, at a minimum, have successfully completed the Basic Long-Term Care Surveyor Course offered by CMS, successfully passed CMS's SMQT, and worked as a surveyor of nursing homes for at least five years since 1998.</p>
Life of Contract	Date of coverage: upon award and continue for a period of one (1) year with the option for two (2) one-year renewals.
Rotation of Vendors	Requests for independent informal dispute resolutions shall be assigned to the approved vendors on a rotational basis. The rotation will start with the lowest bidder and will proceed to the next bidder in ascending order based on the bid.

FLC12017 Cost Sheet

Item #	Estimated Annual Usage (Per Deficiency)	Description	Unit Cost	Total Cost
1	19	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level I</u> (potential for no more than minimal harm), as defined by CMS.	240	4560
2	70	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level II</u> (potential for more than minimal harm but no actual harm, substandard quality of care, or immediate jeopardy), as defined by CMS.	250	17500
3	5	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level II</u> with a finding of substandard quality of care, as defined by CMS.	250	1250
4	13	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level III</u> (actual harm), as defined by CMS.	260	3380
5	13	Provision of independent informal dispute review for long-term care facilities for deficiencies cited at <u>Severity Level IV</u> (immediate jeopardy), as defined by CMS.	270	3510
6	60	Additional Fee for Telephonic Review (versus Desk Review)	35	2100

GRAND TOTAL AMOUNT:

\$ 32,300

Advanced Medical Reviews

Vendor Name (Printed)



Vendor Signature and Date

NOTE: Award will be made to multiple vendors to provide these services, as specified. The numbers of units, as listed annually, are estimates only. Vendors will provide actual needs, whether they be greater or less than estimates.

RFQ No. ELC 12017

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

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

DEFINITIONS:

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

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

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

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.

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Advanced Medical Reviews

Authorized Signature: *Nicole Smidt* Date: 9/16/2011

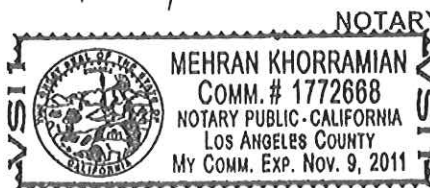
State of California

County of Los Angeles, to-wit:

Taken, subscribed, and sworn to before me this 16 day of September, 2011. by Nicole SMIDT.

My Commission expires 11/09/, 2011.

AFFIX SEAL HERE



NOTARY PUBLIC

Nicole Smidt

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.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Advanced Medical Reviews Signed: [Signature]
 Date: 9/14/2011 Title: Advanced Medical Reviews

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



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
FLC12017

PAGE
1

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

VENDOR

Advanced Medical Reviews
 10780 Santa Monica Blvd. #333
 Los Angeles, CA 90025

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OHFLAC
 408 LEON SULLIVAN WAY
 CHARLESTON, WV
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/06/2011				

BID OPENING DATE: 09/22/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
1. TO MOVE THE BID OPENING DATE FROM 9/8/2011 TO 9/22/2011 TO ALLOW FLC ADDITIONAL TIME TO RESPOND TO VENDOR QUESTIONS.						
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
EXHIBIT 10						
REQUISITION NO.: FLC12017						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1						
NO. 2						
NO. 3						
NO. 4						
NO. 5						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Mudt</i>	TELEPHONE 304-575-3020	DATE 9/14/2011
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TITLE <i>Asst. Business Develop</i>	FEIN 59-3791598	ADDRESS CHANGES TO BE NOTED ABOVE
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WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED '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
 FLC12017

PAGE
 2

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

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 BPH - OHFLAC
 408 LEON SULLIVAN WAY
 CHARLESTON, WV
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/06/2011				

BID OPENING DATE: 09/22/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p>..... SIGNATURE COMPANY DATE</p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>Agnew</i>	TELEPHONE 304-575-3020	DATE 9/14/2011
TITLE Adv. Bus. Development	FEIN 54-3791598	ADDRESS CHANGES TO BE NOTED ABOVE

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



State of West Virginia
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Request for Quotation

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Advanced Medical Reviews
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 CHARLESTON, WV
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/12/2011				

BID OPENING DATE: 09/22/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
1. QUESTIONS AND ANSWERS ARE ATTACHED.						
2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
EXHIBIT 10						
REQUISITION NO.: FLC12017						
ADDENDUM ACKNOWLEDGEMENT						
I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.						
ADDENDUM NO.'S:						
NO. 1						
NO. 2						
NO. 3						
NO. 4						
NO. 5						
I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Amidat* TELEPHONE 304-575-3020 DATE 9/16/2011

TITLE *Asst. Bus Dev.* FEIN 59-371549 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED '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
 FLC12017

PAGE
 2

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

RFQ COPY
 TYPE NAME/ADDRESS HERE


VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BPH - OHFLAC
 408 LEON SULLIVAN WAY
 CHARLESTON, WV
 25301-1713 304-558-2026

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
09/12/2011				

BID OPENING DATE: 09/22/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;">  SIGNATURE <i>Advanced Medical Reviews</i> COMPANY 9-16-2011 DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 2</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *Ronnett* TELEPHONE 310-575-3020 DATE 9/16/2011

TITLE *Inv. Bus. Dev* FEIN 54-371588 ADDRESS CHANGES TO BE NOTED ABOVE

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

OHFLAC's Responses to Bidder's Questions – Rev 09-06-11

#	RFQ Page #	Section Name/No.	Question	Response
1	Page 1 (Back)	General Terms & Conditions	<p>RFP Text: Licensing: The vendor 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.</p> <p>Question: Does the vendor need to be registered in the State of West Virginia prior to the award of the contract?</p>	Yes, the vendor would need to be registered in the State of West Virginia prior to the award of the contract.
2	Page 9 (3) & Page 12 (2)	Minimum Qualification and License Requirements	<p>RFP Text: "extensive knowledge and understanding of long-term care regulations", the reviewer must, at a minimum, have successfully completed the Basic Long Term Care Surveyor Course offered by the Centers for Medicare & Medicaid Services (CMS), successfully passed CMS's Surveyor Minimum Qualifications test (SMQT), and worked as a surveyor of nursing homes for at least five years since 1998.</p> <p>Question: Would the State consider expanding this minimum qualification/licensing requirement to include individuals who might be qualified to perform this work based on their years of experience in long-term care and/or their years of experience performing IDR work? Or, must the vendor meet 100% of this qualification to be selected as one of the vendors to perform IDR services for the State?</p>	If the IDR request is being reviewed by a committee, at least one member of the committee must meet all of the qualifications outlined in the RFQ. If there is only one reviewer, that reviewer must meet all of the qualifications.

OHFLAC's Responses to Bidder's Questions -- Rev 09-06-11

#	RFQ Page #	Section Name/No.	Question	Response
3	Page 9 (4)	Minimum Qualifications	<p>RFP Text: "OHFLAC will determine whether a conflict of interest exists when an individual reviewer is a former employee of OHFLAC."</p> <p>Question: How will OHFLAC determine this during the process?</p>	<p>OHFLAC will presume that a conflict of interest exists if:</p> <ul style="list-style-type: none"> • The former employee was terminated by OHFLAC • The former employee worked for OHFLAC in the two years preceding employment by the vendor • The former employee has expressed, either in writing or verbally in a public statement, a negative bias against OHFLAC.
4	Page 10 (1)	Mandatory Requirements	<p>RFP Text: "...the independent review organization shall hold an independent informal dispute resolution conference..."</p> <p>Question: Please define/clarify "conference" as it relates to a desk review. Would this apply to the telephonic and face-to-face reviews only?</p>	<p>The term "conference" relates only to telephonic and face-to-face reviews, not desk reviews.</p>

RFQ FLC12017 Addendum #2
OHFLAC's Responses to Bidder's Questions – Rev 09-06-11

#	RFQ Page #	Section Name/No.	Question	Response
5	Page 10 (1)	Mandatory Requirements	<p>RFP Text: "Before the independent informal dispute resolution conference, the facility may submit additional information."</p> <p>Question: Will the providers be required to submit the additional information to OHFLAC when they request the IIDR as detailed on page 11 (2) "When the facility returns its plan to correct the cited deficiencies to the director, the facility may request in writing the independent informal dispute resolution process to refute the cited deficiencies."? Will OHFLAC then send to the IRO? Is there any consideration for electronic submission of request and additional information? The reviewer needs time to consider all additional information from the facility prior to the IIDR conference or desk review.</p>	OHFLAC will structure the procedure to be followed by facilities to allow for electronic submission of their IDR requests and supporting information to OHFLAC, which OHFLAC would then forward to the IRO.
6	Page 10 (3)	Mandatory Requirements	<p>RFP Text: The manner in which the independent dispute resolution conference is held is at the discretion of the facility is limited to:</p> <ul style="list-style-type: none"> a) A desk review b), A telephonic conference c) A face-to face conference <p>Question: The cost sheet does not include a place to enter the additional fee for a face-to-face conference. Is a face-to-face conference an option for the facility? If so will the State update and redistribute and/or post a new cost sheet?</p>	Any additional costs associated with a face-to-face conference will be borne by the facility.

OHFLAC's Responses to Bidder's Questions – Rev 09-06-11

#	RFQ Page #	Section Name/No.	Question	Response
7	Page 10 (3c)	Mandatory Requirements	<p>RFP Text: "A face-to-face conference held at the facility or a mutually agreed upon location."</p> <p>Question: H.B. 2522 indicates the "facility shall pay any costs incurred by the independent review organization that exceed the cost of a telephonic conference..."</p> <p>Is there any more clarification on the expenses related to this? Would the facility enter into a separate agreement to cover these costs?</p>	<p>No.</p> <p>The facility will have to enter into a separate agreement with the IRO to cover any additional costs associated with a face-to-face conference.</p>
8	Page 10 (5)	Mandatory Requirements	<p>RFP Text: "...and shall transmit a written decision containing the rationale for its determination to the facility and the director."</p> <p>Question: Since the director has the authority to agree or disagree with the awardees determination, should the determination be sent first to the director only? Would the director be responsible for notifying the facility of the final recommendation?</p>	<p>As directed by CMS, OHFLAC will retain the responsibility to review, and the authority to overturn, the IRO's IDR recommendation(s). OHFLAC will review the recommendation(s) and will communicate the final IDR decision, including the IRO's recommendation(s) to the facility no later than 15 calendars after receipt of the IRO's recommendation(s). A copy of the IRO's recommendation(s) will be sent to the facility by OHFLAC upon completion of the IDR process.</p>

OHFLAC's Responses to Bidder's Questions – Rev 09-06-11

#	RFQ Page #	Section Name/No.	Question	Response
9		General	Can you please tell me whether the State of West Virginia is <u>simply</u> requiring bidders to submit the cost sheet for RFQ #FLC12017 or is the State requesting information that supports the minimum qualification and mandatory requirements also? That is, should a document addressing requirements accompany the cost sheet? Your clarification on what needs to be submitted is appreciated	Evidence that the bidder meets the minimum qualifications / mandatory requirements are to be submitted with the cost sheet.
10		General	The State's Instructions to Bidders indicate that we are to use the forms provided by the Purchasing Division, yet the forms are in PDF. I cannot type anything directly onto the form. Do you have a Word document Bidders can use or shall we use a typewriter to complete the forms?	The State will only provide a PDF form. We do not provide Word Documents to vendors.
11		Cost Sheet	Cost Sheet – Please verify that Unit/Total costs for Items #1-5 assume a Desk Review only.	Yes, Items #1 through #5 on the Cost Sheet apply only to a desk review.
12		Mandatory Requirements	Mandatory requirement #3 provides for desk top review, telephonic conference, or face-to-face conference. However on the Cost Sheet Items #1 - 5 relate to Desk Review and Item #6 is for Telephonic Review. How should the pricing structure for a face-to-face conference be included?	Any additional costs associated with a face-to-face conference will be borne by the facility. The facility will have to enter into a separate agreement with the IRO to cover the additional costs associated with a face-to-face conference.

OHFLAC's Responses to Bidder's Questions – Rev 09-06-11

#	RFQ Page #	Section Name/No.	Question	Response
13		Minimum Qualifications	The minimum qualifications require at least 5 years experience as a surveyor since 1998. Is there any flexibility to have combined years as a surveyor, work in a facility and/or other related similar type work be included as the 5 years of relevant experience?	If the IDR request is being reviewed by a committee, at least one member of the committee must meet all of the qualifications outlined in the RFQ. If there is only one reviewer, that reviewer must meet all of the qualifications, including at least 5 years experience as a surveyor since 1998.
14		Mandatory Requirements	Mandatory Requirement #1 states "within ten working days of receipt of the written request...the independent review organization shall hold an independent informal dispute resolution conference..." Please clarify if that is 10 working days from the date the facility submitted the request to the director or if that is 10 working days from the date the director referred the request to the independent review organization.	This is 10 working days from the date the request from the facility is received by the director. OHFLAC will structure the procedure to be followed by facilities to allow for electronic submission of their IDR requests and supporting information to OHFLAC, which OHFLAC would then forward to the IRO.
15		Cost Sheet	The Cost Sheet specifies Unit Cost. Is an hourly rate an acceptable unit or only a fixed fee?	A "unit" is a single deficiency at a given Severity Level (including Severity Level II with a finding of Substandard Quality of Care) as described on the Cost Sheet. Please submit a fixed fee for each unit identified on the Cost Sheet.

RFQ FLC12017 Addendum #2
OHFLAC's Responses to Bidder's Questions – Rev 09-06-11

#	RFQ Page #	Section Name/No.	Question	Response
16		Cost Sheet	Please confirm that only the Cost Sheet is to be completed. You do not want evidence of License Requirements, etc. at this time.	Evidence that each reviewer to be used by the vendor have met the minimum qualification and license requirements is to be submitted with the Cost Sheet.