



1115 20th Street, Suite 200 Huntington, West Virginia 25703 Phone: (304) 691-1500 Fax: (304) 523-4358 Website: MarshallHealth.org

# Fax

| To: WHurchasing Division Fax: 304-558-3970 | From: Marshall Psychiatry |
|--|---------------------------|
| Fax: 304-558-3970                          | Pages: 13                 |
| Phone:                                     | Date: 10/28/15            |
| Re(2FO 0506 MMB                            | cc:                       |
| Comments: 100000004                        |                           |

### **Sealed Bid Enclosed**

RFQ Number: CLFG OSDLOMMB 1600000004

Buyer: Robert Kilpatrick Filkaa

Bid Opening Date: Crtober 28, 2015

Bid Opening Time: 1:30 cm

### Mall To:

WV PURCHASING DIVISION 2019 WASHINGTON ST E CHARLESTON WV 25305

> 10/28/15 13:11:20 WV Purchasing Division

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and privileged information intended only for the addressee. If you are not the addressee, any review, disclosure, use, dissemination or disclosure of this information by you is prohibited. If you have received this transmission in error, please delete it, destroy all copies, and notify me at 304-691-1500. Thank you.



Purchasing Divison 2019 Washington Street East Post Office Box 20130 Charleston, WV 25305-0130

State of West Virginia Request for Quotation 34 - Service - Prof

Proc Polder: 128129

DOC DESCRIPTION: PSYCHIATRY RESIDENT, PSYCHOLOGY AND PATHOLOGY SERVICES

|            | o Type: Central Maste<br>Solicitation Closes | Agreement<br>Solicitation No | Version |
|------------|--|------------------------------|---------|
| 2015-10-01 | 2015-10-28<br>13:30:00                       | CRFQ 0508 MMB1600000004      | 1       |

BID RECEIVING LOCATION

**BID CLERK** 

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

MENDON - CONTROL - CONTROL

Vendor Name, Address and Telephone Number:

Marshall Health

1001 10th Avenue

Huntington, WV 25701

304-691-1650

FOR INFORMATION CONTACT THE BUYER

Robert Klipztrick

(304) 558-0067

robert.p.kilpatrick@wv.gov

Signature X

550564945 FEIN &

DATE 10/27/2015

All offers subject to all terms and conditions contained in this solicitation

Page: 1

FORM ID: WV-PRC-CRFQ-001

The WV State Purchasing Division, on behalf of the Agency, the WV Department of Health and Human Resources, Mildred Mitchell Bateman Hospital, is soliciting bids to provide for an open-end contract for professional Psychiatric Resident, Psychologist, Pathologist, Infection Contract and related Consulting Services, per the attached specifications.

PROCUREMENT OFFICER - 304-525-7801 **HEALTH AND HUMAN RESOURCES** 

MILDRED MITCHELL - BATEMAN HOSPITAL

**PO BOX 448** 

HUNTINGTON

WV25709

PROCUREMENT OFFICER - 304-525-7801

**HEALTH AND HUMAN RESOURCES** 

MILDRED MITCHELL-BATEMAN HOSPITAL

1530 NORWAY AVE

HOUR

HUNTINGTON

WV 25705

Line Comm Ln Desc Qty 1 **PSYCHIATRY RESIDENT** 2080.00000 Unit Issue

**Unit Price Total Price** 

39.05

Comm Code 85101504

US

Manufacturer

Specification

US

Model #

81,224.00

Extended Description:

All-Inclusive Hourly Rate, per SECTION 4.1.1 OF SPECIFICATIONS

Marie PROCUREMENT OFFICER - 304-525-7801

**HEALTH AND HUMAN RESOURCES** 

Comm Ln Desc

MILDRED MITCHELL - BATEMAN HOSPITAL

**PO BOX 448** 

**HUNTINGTON** 

WV25709

PROCUREMENT OFFICER - 304-525-7801

**HEALTH AND HUMAN RESOURCES** 

MILDRED MITCHELL-BATEMAN HOSPITAL

STATE OF THE PROPERTY OF THE PARTY OF THE PA

1530 NORWAY AVE

HUNTINGTON

WV 25705

Qty

Unit Issue **Unit Price** Total Price HOUR

**PSYCHOLOGIST** 2080.00000 87.50 182,000.00

US

Comm Code 85121608

US

Line

2

Manufacturer

Specification

Model #

THE STATE OF

Extended Description:

All-Inclusive Hourly Rate, per SECTION 4.1.2 OF THE SPECIFICATIONS

INVOIGE TO THE TAX THE PROCUREMENT OFFICER - 304-525-7801

**HEALTH AND HUMAN RESOURCES** 

MILDRED MITCHELL - BATEMAN HOSPITAL

PO BOX 448

HUNTINGTON

US

WV25709

PROCUREMENT OFFICER - 304-525-7801

**HEALTH AND HUMAN RESOURCES** 

MILDRED MITCHELL-BATEMAN HOSPITAL

1530 NORWAY AVE

HUNTINGTON

WV 25705

US

Page: 2

| Line | Comm Ln Desc | Qty       | Unit Issue | Unit Price | Total Price |
|------|--------------|-----------|------------|------------|-------------|
| 3    | PATHOLOGIST  | 104.00000 | HOUR       | 114.75     | 11,934.00   |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121804  |              |               |         |  |
| 1         |              |               |         |  |

#### Extended Description:

All-Inclusive Hourly Rate, per SECTION 4.1.3 OF THE SPECIFICATIONS

| NAVOICE TO 10 - TELL YEAR TO THE | Santa Cara Service and the service of the service o |
|--|--|
| PROCUREMENT OFFICER - 304-525-7801                                   | PROCUREMENT OFFICER - 304-525-7801   |
| HEALTH AND HUMAN RESOURCES   | HEALTH AND HUMAN RESOURCES   |
| MILDRED MITCHELL - BATEMAN HOSPITAL                                  | MILDRED MITCHELL-BATEMAN HOSPITAL  |
| PO BOX 448   | 1530 NORWAY AVE  |
| HUNTINGTON WV25709   | HUNTINGTON WV 25705  |
| US   | US   |

| Line | Comm Ln Desc                              | Qty        | Unit Issue | Unit Price | Total Price |  |
|------|---|------------|------------|------------|-------------|--|
| 4    | PATHOLOGICAL SERVICES - INFECTION CONTROL | 1040.00000 | HOUR       | 114.75     | 119,340     |  |
|      |   |            |            |            |             |  |

| Comm Code | Manufacturer | Specification | Model # |  |
|-----------|--------------|---------------|---------|--|
| 85121801  |              |               |         |  |
|           |              |               |         |  |

#### Extended Description:

All-Inclusive Hourly Rate, per SECTION 4.1.4 OF THE SPECIFICATIONS

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|-----------------------|--------------------------|----------------------|--|
| PROCUREMENT OFFICE    | R - 304-525-7801         | PROCUREMENT OFFICE   | R - 304-525-7801   |
| HEALTH AND HUMAN RE   | SOURCES                  | HEALTH AND HUMAN RE  | SOURCES  |
| MILDRED MITCHELL - BA | TEMAN HOSPITAL           | MILDRED MITCHELL-BAT | TEMAN HOSPITAL   |
| PO BOX 448            |                          | 1530 NORWAY AVE      |  |
| HUNTINGTON            | WV25709                  | HUNTINGTON           | WV 25705   |
| us                    |                          | US                   |  |

| Line | Comm Ln Desc        | Qty        | Unit Issue | Unit Price | Total Price |
|------|---------------------|------------|------------|------------|-------------|
| 5    | CONSULTING SERVICES | 2080.00000 | HOUR       | 150.00     | 312,000     |

| Comm Code | Manufacturer | Specification | Model # |
|-----------|--------------|---------------|---------|
| 80111701  |              |               |         |
|           |              |               |         |

#### **Extended Description:**

All-Inclusive Hourly Rate, per SECTION 4.1.5 AND 4.1.5.2.1 OF THE SPECIFICAITONS

| SCHEDULE OF E    | Verbs The Control of |                       |
|------------------|---|-----------------------|
| <u>Line</u><br>1 | Event Technical Questions Due by 5:00pm EST   | Event Date 2015-10-16 |

Page: 3

|               | Document Phase | Document Description             | Page 4 |
|---------------|----------------|----------------------------------|--------|
| MMB1600000004 | Final          | PSYCHIATRY RESIDENT, PSYCHOLOG Y | of 4   |
|               |                | AND PATHOLOGY SERVICES           |        |

#### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



Marshall Psychiatry
11.15 20th Street, Suite 205
Huntington, WV 25703
Tel: 304-691-1500; 1-877-691-1600 Fax: 304-523-4358

#### **DESCRIPTION OF SERVICES TO BE PROVIDED**

Marshall Health, will coordinate with Mitchell-Bateman Hospital's (MM-BH) clinical director on an as-needed basis to provide professional psychiatric resident, psychological, pathological (including infection control), and consulting services to MM-BH for the contract period beginning on or after November 1, 2015. These services are to be provided by establishing and maintaining the following:

#### Psychiatry Resident:

Marshall Health will provide no more than four (4) residents/fellows in each program year for a maximum of sixteen (16) individuals in any year, and not to exceed 2080 hours per year for each resident/fellow for the life of the contract beginning on or after November 1, 2015. Each Psychiatric Resident will have Clinical Resident Rotations of no fewer than two weeks in duration. Including, but not limited to day and evening rotations. Marshall Health will be responsible for oversight of school required resident/fellow activities, including coordination of evaluations, arrangement of conferences, sick leave, annual leave and benefits. Marshall Health will assume responsibility of any and all required legal defense of resident/fellow activates. Marshall Health residents, physicians and employees will abide by all MM-BH policies and procedures for general expectations, including, but not limited to Dress Code, Tobacco Free Campus, Drug Free Workplace and Harassment of any type.

#### Psychologist(s):

An appropriate number and types of psychological experts in order to provide specialized diagnostic and evaluation services provided upon request by a member of the MM-BH medical staff or Chief Executive Officer. The service will be provided on site at MM-BH by qualified clinician(s) whose credentials have been reviewed and approved by the MM-BH medical staff and who have been approved for specific clinical privileges by the MM-BH Governing Board. This support will include the clinical supervision of MM -BH 's psychology department consisting of eleven (11) employees, not to exceed two thousand eighty (2080) hours in a twelve (12) month period beginning on or after November 1, 2015.

#### Pathologist(s):

Marshall Health will provide Pathologist for consultation and monitoring of the laboratory on an as needed basis, not to exceed one hundred four (104) hours in the twelve (12) month period beginning on or after November 1, 2015, in order to maintain compliance with The Joint Commission (TJC) standards by serving as the Medical Director of MM-BH's laboratory. The Marshall Health pathologist will provide onsite guidance at least twice monthly to ensure that all applicable Clinical Laboratory Improvement Amendments (CLIA) and College of American Pathologists (CAP) regulations are met. The pathologist's duties include; but, are not limited to assuring sufficient numbers of appropriately educated, experienced and/or trained personnel are available to accurately perform the laboratory tests; test systems are implemented and verified to provide accurate and timely results and are appropriate to the MM-BH patient population; and documentation such as

procedure manuals, quality control records, and employee competencies are in place and appropriately reviewed. The pathologist will be available for review and/or clinical consultation regarding specific patient laboratory results should questions or problems arise. The Pathologist will be on site at a minimum weekly, as requested by the MM-BH medical staff, and during certification surveys conducted by the American College of Pathologists.

#### Pathological Services - Infection Control:

Marshall Health will provide A West Virginia licensed Medical Technologist, with the American Practitioners of Infection Control and CIC Certification in Infection Control credentials to serve as the hospital's Director of Laboratory Services and to provide oversight of the staff and services of MM-BH's full service Laboratory; provide Infection Control services as needed and administrative oversight of the Infection Control Department. Infection Control services will be provided by an individual qualified through education and certification by the American Practitioners of Infection Control. The Infection Control Practitioner is responsible to assure hospital-wide compliance with established Infection Control standards, Centers for Disease Control, the World Health Organization and CMS Conditions of Participation. To provide this oversight of the department, the Infection Control Medical Technologist will work on-site at MM-BH up to sixteen (16) hours per week, on average, not to exceed 832 hours in the twelve (12) month period, beginning on or after November 1, 2015.

#### Consulting Services:

Marshall Health will provide consulting services on a number of different topics on an as needed basis. The consulting services will include; but, are not be limited to, administrative support for the recruitment or retention efforts of personnel for Mildred Mitchell-Bateman Hospital's Medical Staff and Professional Development, including recruiting visits, continuing education, and specialized consultative services not otherwise available to MM-BH, consultation regarding compliance and adherence to current psychiatric care trends and evidence based practices, and forensic consultation regarding specialized forensic evaluations, diagnostic procedures, treatment and legal implications of providing psychiatric services to this patient population under court jurisdiction

Marshall Health will ensure that its provision of services under this agreement comply with the standards set forth by all regulatory agencies, including the TJC, by demonstrating, through the credentialing and privileging process, and through the oversight of care, treatment and services provided through contractual agreement as required by The Joint Commission Standard LD.04.03.09. This standard states the expectations that leaders set for the performance of contracted services should reflect basic principles of risk reduction, safety, staff competence, and performance improvement.

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Marchall Healfle (Company)

304-041-1284 304-641-1725 10/21/15 (Phone Number) (Fax Number) (Date)

Revised 08/01/2015

# CENTRALIZED REQUEST FOR QUOTATION CRFQ 0506 MMB1600000004 Professional Psychiatry Resident, Psychologist and Pathologist Services

10.2.2 Cancellation of one or more release orders.

10.2.3 Any other remedies available in law or equity.

#### 11. MISCELLANEOUS:

11.1 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below. Vendor must notify both the Agency the WV State Purchasing Division, in writing, should this person change during the life of the contract. It is strongly preferred that this information is provided with the bid, but it is required prior to award.

| Please Complete:                       |  |  |  |  |
|--|--|--|--|--|
| Contract Manager: John M Struck        |  |  |  |  |
| Office Telephone Number: 304-691- (284 |  |  |  |  |
| Cell Phone Number: 304 - 638 - 4476    |  |  |  |  |
| Fax Number: 304 -641 - 1725            |  |  |  |  |
| Vendor Email: Straub 3 @marshall. edu  |  |  |  |  |

Revised 7/2/2015

Form - WVBAA-012004 Amended 05,26,2013

| Name of Associate: Toh. A Smy |
|-------------------------------|
| Signature: All M              |
| Title: CE                     |
| Date: 16/18/15                |
|                               |

APPROVED AS TO FORM THIS 210 DAY OF ARTON Retrick Morrisey
Astorney General

#### Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by smending Appendix A and the Addendum, via Change Order.)

| Name of Associate: | John M   | Stral |  |
|--------------------|----------|-------|--|
| Name of Agency:    | Marshall | Hein  |  |

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

WV-10 Approved / Revised 08/01/15

# 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 Olvision will make the determination of the Vendor Preference, if applicable.

|  | Application is made for 2.5% 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 ventor and has maintained its benefit laters expensed along of  |  |  |  |  |
|  | overship 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 subsidiery which employs a religious of over hypothesis and the certification.   |  |  |  |  |
|  | years immediately preceding the date of this certification; or,  |  |  |  |  |
| 2.<br>   | Application is made for 2.5% 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   |  |  |  |  |
|  | inimediately preceding submission of this did; or,   |  |  |  |  |
| 3.   | Application is made for 2.5% 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,  |  |  |  |  |
|  | Application is made for 5% 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,   |  |  |  |  |
| <u>.</u>   | Application is made for 3.5% 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% vendor preference who is a veteran for the reason checked:  Bidder is a resident vendor who is a veteran of the United States anned 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.  |  |  |  |  |
| 7.   | Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.  Bidder has been or expects to be approved prior to contract award by the Purphasina Division as a contract award by the Division as a contract award by the Purphasina Division and Division award by the Division as a contract award by the Division and Division award by the Division and Division award by the Division award by t |  |  |  |  |
| _  | and fillionity-Owned Dublifess.  |  |  |  |  |
| Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has falled 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 6% 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 laxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.                   |  |  |  |  |  |
| Inder 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 thanges during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.  |  |  |  |  |  |
| Bldder:_   | Mushell Health Signed: John M. Signed:   |  |  |  |  |
| Date:  | 10/18/15 Title: CPO  |  |  |  |  |

## STATE OF WEST VIRGINIA Purchasing Division

RFQ NO. MMB1600000004

### **PURCHASING AFFIDAVIT**

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

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

#### **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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to tully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited itability 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.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Vs. Code* 561-5-3) that neither vendor nor any related party ows a debt as defined above and that neither vendor nor any related party are in amployer default as defined above, unless the debt or employer default is permitted under the exception above.

| WITNESS THE FOLLOWING SIGNATURE:                    |   |
|---|---|
| Vendor's Name: Marshell Health                      |   |
| Authorized Signature:                               | Date: 14 23 15                            |
| State of 11 IV                                      | ,   |
| County of Cabell, to-wit:                           |   |
| Taken, subscribed, and swom to before me this 25 da | ayor October 2015                         |
| My Commission expires (July 22                      | . 20 21.                                  |
| 0   | P. 1110 .1                                |
| AFFIX SEAL HERE                                     | NOTARY PUBLIC Tesa & Maynard              |
| 5))))(())(())(())(())(())(())(())(())((             | · // 0                                    |
| Notary Public, State of West Virginia               | Purchäsing Affidavit (Ravised 08/01/2015) |
| E Lisa J. Maynard =                                 |   |
| 5440 Fisher Bowon Branch Wayne, WV 25570            |   |
| My commission expires July 22 2024                  |   |
| Zaumannannanninininininininininini                  |   |