

RECEIVED

2012 OCT 24 PM 2:53



M3 Medical Management Services
8420 W. Bryn Mawr Ave. Suite 620
Chicago, IL 60631
Phone: 773-775-2800
Fax: 773-775-3366

VV PURCHASING
DIVISION**Fax****To:** ROBERTA WAGNER**From:** M3 MEDICAL**Fax:** 304-558-3970**Pages:** 6**Phone:****Date:** 10-24-12**Re:** WEH13008**Comments:**

Hi Roberta,

Please include this
addendum NO. 3 with the bid
WEH13008 that was previously
submitted. If you have any
questions please let me know.

Thank you,
Michael



**State of West Virginia
Department of Administration
Purchasing Division**

NOTICE

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

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



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

WEH13008

1

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER
304-558-0067

VENDOR

RFQ COPY
TYPE NAME/ADDRESS HERE

SHIP TO

HEALTH AND HUMAN RESOURCES
WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET
WELCH, WV
24801

304-436-8710

DATE PRINTED

10/24/2012

BID OPENING DATE

11/01/2012

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>ADDENDUM NO. 3</p> <p>1. TO MOVE THE BID OPENING FROM 10/25/2012 TO 11/1/2012.</p> <p>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.</p> <p>END OF ADDENDUM NO. 3</p>						

SIGNATURE

[Signature]
TITLE: PRESIDENT

TELEPHONE

773-775-2800

DATE

10-24-12

FBN

36-4489543

ADDRESS CHANGES TO BE NOTED ABOVE

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

SOLICITATION NUMBER: WEH13008
Addendum Number: 3

The purpose of this addendum is to modify the solicitation identified as WEH13008 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ [X] Modify bid opening date and time
- ☐ [] Modify specifications of product or service being sought
- ☒ [X] Attachment of vendor questions and responses
- ☐ [] Attachment of pre-bid sign-in sheet
- ☐ [] Correction of error
- ☐ [] Other

Description of Modification to Solicitation: See attached

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

10/24/2012 12:56 FAX

WV PURCHASING ACA SECT FAX 304-558-4115

004/006
Oct 24 2012 10:29am P003/005
0003

ATTACHMENT A

Revised 6/8/2012

Addendum 3**WEH13008 Transcription/Dictation Services**

- Q.1. During the prebid conference at Welch Community Hospital, we were advised that the hospital will not be using an electronics medical record system with medical reports uploaded via an HL7 interface for probably 6 months or more. Since there was no other method of delivering the completed medical reports stated in the solicitation, we asked that the addendum include the answer to the question: Pending upload via HL7 into the hospital's EMR, how does Welch Community Hospital want to receive the completed medical reports or what are the specifications for delivery of the completed medical reports (i.e., secure electronic online delivery via an Internet connection, or printed at the hospital, or FTP delivery to a network folder using a VPN connection, etc.)?

Is it possible to receive that answer as it is an important part of the scope or work?

- A. 1. 3.1.1.20 and 3.1.1.21 We are currently using FTP delivery to a network folder using a VPN connection. So we will want to use what we currently have until we can go to the HL7

0005

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: WEH13008

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input checked="" type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

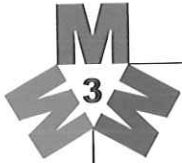
I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

M3 MEDICAL MANAGEMENT
Company

[Signature]
Authorized Signature

10-24-12
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
Revised 6/8/2012



M3 Medical Management Services, Ltd.

October 19, 2012

To the members of the RFP selection committee:

We are pleased to have the opportunity to present our proposal to provide comprehensive quality medical transcription services to Welch Community hospital.

M3 Medical Management Services Ltd. is a privately held company based in Chicago, Illinois that has built a reputation for quality medical transcription services. M3 is a certified women owned small business.

M3 understands the significant time and involvement that each individual in this selection committee must commit to in reviewing the material from all the prospective transcription vendors. M3 respects your expectations in this RFP and therefore, we have tried to provide you our proposal in a manner that is both comprehensive and concise.

M3 Medical hopes that the combination of our strong transcription knowledge, Health Care I.T expertise, exemplary customer service and Competitive pricing would allow us to be considered. Lastly, I would be more than happy to answer any questions that you may have about M3 prior to your decision of preferred vendor. Thank you again.

Sincerely,

Srihari Vemuri

President

773-775-2800

Svemuri@m3medical.us



CERTIFICATE OF LIABILITY INSURANCE

OP ID: S4

DATE (MM/DD/YYYY)

02/23/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lamb, Little & Co. 1101 Perimeter Drive Suite 500 Schaumburg, IL 60173 Brian D. Kernan		847-398-7060 847-398-7077	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID# M3MED-1	FAX (A/C, No):
INSURED M3 Medical Management Services, Ltd. 8420 W. Bryn Mawr, Suite 620 Chicago, IL 60631	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A: Atain Insurance Company			
	INSURER B: Ace Property & Casualty Co.			20688
	INSURER C:			
	INSURER D:			
	INSURER E:			
INSURER F:				

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		PL01167	02/17/12	02/17/13	EACH OCCURRENCE
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)
						PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER.					GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG
A	<input type="checkbox"/> AUTOMOBILE LIABILITY		PL01167	02/17/12	02/17/13	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident)
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE
	<input type="checkbox"/> DEDUCTIBLE					
	<input type="checkbox"/> RETENTION \$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	C46424992	06/01/11	06/01/12	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE
A	Professional Liability		PL01167 (CLAIMS-MADE)	02/17/12	02/17/13	E.L. DISEASE - POLICY LIMIT
						Ea Occur
						Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

CANCELLATION

M3ME009

M3 Medical Management Services Ltd.
8420 W. Bryn Mawr Ave, Ste 620
Chicago, IL 60631

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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

Solicitation

NUMBER	PAGE
WEH13008	1
ADDRESS CORRESPONDENCE TO ATTENTION OF:	
ROBERTA WAGNER 304-558-0067	

RFQ COPY
TYPE NAME/ADDRESS HERE
M3 Medical Management Services
8420 W. Bryn Mawr Ave.
Suite 620
Chicago, IL 60631

SHIP TO
HEALTH AND HUMAN RESOURCES
WELCH COMMUNITY HOSPITAL
454 MCDOWELL STREET
WELCH, WV
24801 304-436-8710

DATE PRINTED
09/21/2012

BID OPENING DATE: 10/23/2012 BID OPENING TIME: 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
OPEN-END BLANKET CONTRACT						
***** MANDATORY PRE-BID MEETING 10/10/2012 AT 1:00 PM AT WELCH COMMUNITY HOSPITAL, 454 MCDOWELL STREET, WELCH WV 24801, ADMINISTRATIVE CONFERENCE ROOM *****						
0001	1	YR		961-72	\$0.085- stat line \$0.08- per line	\$0.085 stat line \$0.08 per line
BLANKET CONTRACT FOR DICTATION/TRANSCRIPTION SERVICE						
THE STATE OF WEST VIRGINIA, DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR BEHAVIORAL HEALTH FACILITIES, WELCH COMMUNITY HOSPITAL, IS SOLICITING BIDS TO PROVIDE DICTATION/TRANSCRIPTION SERVICES AS PER THE ATTACHED SPECIFICATIONS. THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4 (F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.						

SIGNATURE	TELEPHONE	DATE
<i>[Signature]</i>	773-775-2800	10-22-12
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
PRESIDENT	36-4489543	

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

RECEIVED
2012 OCT 24 AM 9:52
WV PURCHASING
DIVISION

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

WEH13008 Dictation/Transcription Services
COST PROPOSAL

Estimated Quantity of Lines of Transcription*	Description of Service	Cost Per Line (65 text characters entered)**	Total Cost
791,300	Transcription Reports provided within 24 hours	\$ <u>0.08</u>	\$ <u>63,304.00</u>
81,500	Discharge Summaries provided within 24 hours	\$ <u>0.08</u>	\$ <u>6,520.00</u>
7,200	STAT Reports provided within 90 minutes	\$ <u>0.085</u>	\$ <u>612.00</u>
Grand Total			\$ <u>70,436.00</u>

Contract will be awarded to the lowest responsible vendor meeting all specifications. Vendor must provide all dictation and transcription services for the quoted price per line.

*Estimated # of Lines of Transcription services is only an estimate and is neither a guarantee of a minimum nor maximum quantity to be purchased during the life of this contract. Actual usage volumes will be dependent upon the facility's requirements.

**A line of transcription is defined as 65 text characters entered.

SRIHARI VEMURI PRESIDENT
Name of Authorized Representative Title

 10-22-12
Vendor Signature Date

8420 W. BRYN MAWR SUITE 620 CHICAGO, IL 60631
Vendor Address

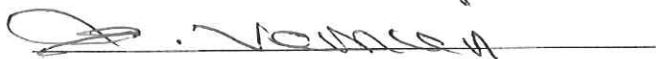
8420 W BRYN MAWR SUITE 620 CHICAGO, IL 60631
Vendor Remit to Address

773-775-2800 773-775-3366 Svemuri@M3medicalus
Telephone Fax E-mail

CERTIFICATION AND SIGNATURE PAGE

By signing below, 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 or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

M3 MEDICAL MANAGEMENT SERVICES
(Company)


(Authorized Signature)

SRIHARI VEMURI PRESIDENT
(Representative Name, Title)

773-775-2800 773-775-3366
(Phone Number) (Fax Number)

10-22-2012
(Date)

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: WEH13008

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further 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.

M3 MEDICAL MANAGEMENT SERVICES
Company

[Signature]
Authorized Signature

10-22-2012
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

STATE OF WEST VIRGINIA
Purchasing Division**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 entered 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 fully 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 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 exceeds 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. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:Vendor's Name: M3medical management SERVICESAuthorized Signature: [Signature] Date: 10-22-12State of ILLINOISCounty of COOK, to-wit:Taken, subscribed, and sworn to before me this 22 day of OCT, 2012.My Commission expires 3-29, 2016.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

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.
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 Purchasing Division as a certified small, women- and minority-owned business.

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: M3 medical

Signed: [Signature]

Date: 10-22-12

Title: PRESIDENT



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

WV PURCHASING ACT SECT. Fax 304-558-4115

Oct 18 2012 03:28pm P001/026

WEH13008

1

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER
304-558-0067

V
E
N
D
O
R

RFQ COPY
TYPE NAME/ADDRESS HERE

M3 Medical Management Services
8420 W. Bryn Mawr Ave.
Suite 620
Chicago, IL 60631

S
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T
O

HEALTH AND HUMAN RESOURCES
WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET
WELCH, WV
24801 304-436-8710

DATE PRINTED

10/18/2012

BID OPENING DATE:

10/23/2012

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 01						
1. TO PROVIDE PRE-BID SIGN IN SHEETS FROM THE MANDATORY PRE-BID MEETING.						
2. TO PROVIDE ANSWERS TO QUESTIONS RECEIVED FOR THIS SOLICITATION.						
3. TO PROVIDE SAMPLE REPORTS AS A RESPONSE TO QUESTION NO. 8						
4. TO PROVIDE A REVISED COST SHEET.						
5. TO PROVIDE THE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 01						

SIGNATURE

TELEPHONE

DATE

TITLE

FEIN

ADDRESS CHANGES TO BE NOTED ABOVE

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

0002

SOLICITATION NUMBER: WEH13008**Addendum Number: 01**

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ Modify bid opening date and time
- ☒ Modify specifications of product or service being sought
- ☒ Attachment of vendor questions and responses
- ☒ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☒ Other

Description of Modification to Solicitation:

1. To provide pre-bid sign in sheets.
2. To provide answers to questions received.
3. To provide sample reports in response to question #8
4. To provide a revised cost sheet
5. To provide addendum acknowledgment.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

0003

ATTACHMENT A

SIGN IN SHEET

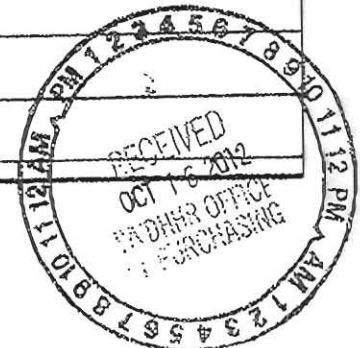
Page 1 of 3Date: 10-10-2012

Request for Proposal No.

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FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>Bureau of Office Services</u>	<u>115270 Jackson St</u>	PHONE <u>630-323-2600</u>
Rep: <u>Christina Wisbrodt</u>	<u>Burr Ridge, IL 60527</u>	TOLL FREE <u>1-800-5-BUREAU</u>
Email Address: <u>christina@bureauhq.com</u>		FAX <u>630-521-4177</u>
Company: <u>SoftScript, Inc</u>	<u>2444 Wilshire Blvd</u>	PHONE <u>310-570-2052</u>
Rep: <u>Brandon Phillips</u>	<u>Ste 280</u>	TOLL FREE <u>800-909-9950</u>
Email Address: <u>bphillips@softscript.com</u>	<u>Santa Monica, CA 90403</u>	FAX <u>310 526 8497</u>
Company: <u>TRANSCRIPTION South Inc</u>	<u>13555 Automobile Blvd</u>	PHONE <u>800 630 4733</u>
Rep: <u>JOHN CARDINAL</u>	<u>Suite 530</u>	TOLL FREE
Email Address: <u>JC@tksouth.com</u>	<u>CLEARWATER FL 33762</u>	FAX <u>800 630 4735</u>
Company: <u>M3 Medical</u>	<u>8420 W. Bryn Mawr #620</u>	PHONE <u>773 775 2800</u>
Rep: <u>Sean Kirby</u>	<u>Chicago, IL 60601</u>	TOLL FREE
Email Address: <u>SKirby@m3medical.us</u>		FAX <u>773 775 2800</u>
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE _____
Email Address: _____	_____	FAX _____



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Page 2 of 3

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Company: <u>DISKRITER INC</u>	<u>3257 W. Liberty Ave</u>	PHONE <u>412-341-9700 ext 317</u>
Rep: <u>Jon Gabster</u>	<u>Pittsburgh, PA 15216</u>	TOLL FREE <u>800-242-1622</u>
Email Address: <u>JGABSTER@DISKRITER.COM</u>		FAX <u>412-306-6618</u>
Company: <u>IMedX, Inc.</u>	<u>4 Corporate Dr. Suite 380</u>	PHONE <u>203-332-7060</u>
Rep: <u>LUTHER (Brad) Runyon</u>	<u>Shelton CT 06484</u>	TOLL FREE <u>800-221-0244 x 247</u>
Email Address: <u>brunyon@imedix.com</u>		FAX <u>740-646-6680</u>
Company: <u>Peery Johnson & Associates</u>	<u>755 W. BIG BEAVER RD</u>	PHONE <u>313-790-2882</u>
Rep: <u>RAFAL MODZELEWSKI</u>	<u>Suite 1375</u>	TOLL FREE <u>800-803-6330</u>
Email Address: <u>jrhubbard@pjats.com</u>	<u>TROY, MI 48064</u>	FAX <u>248-247-3454</u>
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE _____
Email Address: _____	_____	FAX _____
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE _____
Email Address: _____	_____	FAX _____

WEH13008

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Page 3 of 3

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FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>Audis</u>	<u>4 Smithfield St. Pittsburgh PA</u>	PHONE <u>412-209-1281</u>
Rep: <u>Patty Barrett</u>	<u>15222</u>	TOLL FREE
Email Address: <u>patty.barrett@audis.com</u>		FAX <u>412-209-1299</u>
Company: <u>Sargent's Transcription Services</u>	<u>210 Main Street</u>	PHONE <u>814-536-8908</u>
Rep: <u>Jesper P. Nielsen</u>	<u>Johnstown, PA 15901</u>	TOLL FREE <u>800-727-4349</u>
Email Address: <u>jnielsen@sargents.com</u>		FAX <u>814-539-7579</u>
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE _____
Email Address: _____	_____	FAX _____
Company: _____	_____	PHONE _____
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Pittsburgh, PA 15222



M3 Medical Management Services, Ltd.

Sean Kirby
Operations Manager

8420 W. Bryn Mawr Ave. Suite 620
Chicago, IL 60631

Ph: (773) 775-2800
Fax: (773) 775-3366
Skirby@m3medical.us

Dave Olson
Director - Pharmacy Operations
& Account Management
Pharmacy Solutions

Cardinal Health
1330 Enclave Parkway
Houston, TX 77077
281.749.4759 dir
832.754.4351 mobile
281.749.2017 fax
dave.olson@cardinalhealth.com



Cardinal Health

cardinalhealth.com

WEH13006



Perry Johnson & Associates, Inc.
Medical Transcription Services

755 W. Big Beaver Rd., Suite 1375
Troy, Michigan 48064
E-mail: jhubbard@pjats.com

WV PURCHASING ACA SECT Fax 304-558-4115
Jeffrey R. Hubbard
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Fax: 248-247-3454



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0008

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Director of Strategic Planning
jnielsen@sargents.com

210 Main Street
Johnstown, PA 15901

Phone: 1-800-727-4349
Fax: (814) 539-7579

www.sargents.com

WEH 13066



Jeffrey R. Hubbard
President

Perry Johnson & Associates, Inc.

Medical Transcription Services

C/O Premier House
36-48 Queen Street
Horsham, West Sussex, RH13 5AD

Phone: +44-(0) 8082 343975
Mobile: +44 2088 168342
E-mail: jhubbard@pjats.com

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0010

Addendum 1

WEH13008 Transcription/Dictation Services

Q.1. Cash Flow: Is the hospital prepared to address the issue of significant increases in DNFB days? Estimates have shown that when there is no QA performed by the overseas companies, DNFB days increase by 9 – 11%, translating to serious cash flow losses. That can translate to millions of dollars for Welch.

A.1. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract. The vendor shall not enter into written subcontracts for performance or work under the contract without written permission of the Agency. Item No. 3.1.1.16 states "An accuracy rate of 98% is required as determined by sample review. Vendor shall be responsible for all necessary quality control procedures in this regard. Quality control reports will be provided to the Health Information Manager quarterly."

Q.2. Delayed Record Completion resulting in Unmet Billing Deadlines: Is the hospital prepared to fall short of billing deadlines imposed by the third party payers? This is due to drafts going back and forth with ESL medical transcribers not understanding the subtleties of our language. In this instance, millions of dollars may lost, not just delayed..

A. 1. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract. The vendor shall not enter into written subcontracts for performance or work under the contract without written permission of the Agency.

Q.3. HIPAA Compliance: Please be aware of companies that have "shell offices" but whose transcription operation is overseas based. These companies have been structured with layers of protection for them from HIPAA issues, mandates and sanctions. Either a company is truly 100% USA or it is not. A Business Associate Agreement will not stand up against a company that has an overseas operation. And, is the hospital prepared to spend tens of thousands of dollars chasing down a corporate veil from an off-shore company?

A.3. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract. The vendor shall not enter into written subcontracts for performance or work under the contract without written permission of the Agency. Vendor's base of operation must be located in the jurisdiction that HIPPA/HITECH laws apply. Vendor must agree to comply with Federal Regulations contained in Title XIII, Subtitle D of the American recovery and Reinvestment Act of 2009, Pub.L. No 111-5 that was passed into law in February of 2009. This act is made up of The Health Insurance Portability and Accountability Act of 1996 (HIPPA) and the Health Information Technology of Economic and Clinical Health Act (HITECH Act).

Q.4 Legal Issues: If a medical transcriber is required to testify in a malpractice lawsuit, or the quality of transcription impacted the care provided to the patient, and that becomes a material issue in a case, is the hospital prepared to fight these barriers?

A.4 It will be the responsibility of the vendor to provide such.

Q.5. Auditability: Is the Hospital prepared to dance through the corporate veil of an off-shore company when it desires to audit its operation?

A.5. Vendors base of operation must be located in the jurisdiction that HIPPA/HITECH laws apply. It will be the responsibility of the vendor to provide requested documentation/reports as needed by the agency.

Q.6. Queries: How off-shore coders and transcribers handle the many queries that present themselves as the hospital attempts to obtain the correct patient reimbursement? Obtaining timely answers from physicians is difficult enough. Does the hospital want the additional task of queries coming timely and accurately from ESL medical transcriptionists?

A.6. The Vendor as an independent contract is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract.

Q.7. Service: Will service calls be taken by off-shore technical service workers? Will their ESL become a problem in understanding the subtleties of the problem's nature? Will the off-shore company have a technical service worker at the hospital's doorstep in the morning to immediately fix a problem? Is there a charge for on-site service calls?

A.7. Vendors base of operation and all services of the operation must be located in the jurisdiction that HIPPA/HITECH laws apply. It will be the responsibility of the vendor to provide requested assistance as needed by the agency. The Vendor as an independent contract is solely liable for the acts and omissions of its employees and agents. The successful vendor will be solely responsible for all work performed under the contract.

Q.8 Do you have a sample of a blank report we can review so we can accurately price?

A.8. See Attachment 1.

Q.9. Do you prefer the price to be per report, per page or per line rate?

A.9. Vendor must provide all dictation and transcription services as required in for the quoted price per line which is defined as 65 text characters with spaces.

Q.10. Can you tell us the current contract pricing structure you have and who the current contractor is?

Q.16. What was the bid opening date of the current contract?

A.16. 07/09/2009 <http://www.state.wv.us/admin/purchase/Bids/FY2010/BO20090709.html>

Q.17. What do you need for the certification of transcriptionist?

A.17. Vendor must include the transcriptionist identifier (name, initials, or a unique identifier), a description experience, and qualifications and/or certifications of each transcriptionist.

Q.18. Is there any type of vendor preference discount for an out-of-state disabled veteran owned business?

A.18. No.

Q.19. Item No. 3.1.1.24.1.3 States "The system must allow specific users to generate productivity reports, assign jobs, and perform job inquiries from any touch tone telephone." Does this actually apply to the contract as this reads as if it is applicable to the way things were done years ago?

A.19. Please delete Item No. 3.1.1.24.1.3.

Q.20. What does Item No. 3.1.1.24.2.3.17 Listen review order (FIFO/LIFO) mean?

A.20. User should have the choice of to listen to FIFO/LIFO. The user should be able to playback so that they can listen and pick up where they left off.

Q.21. What is meant by Item No. 3.1.1.24.5.8 The system must be able to automatically print reports based on user defined data and time settings.

A.21. Should read, "The system must be able to automatically print reports based on user defined date and time settings."

Q.22. Do you want us to certify that files are encrypted?

A.22. Yes

0013

WELCH COMMUNITY HOSPITAL

CLINIC NOTE

NAME:

MR N°:

PHYSICIAN:

DATE:

SUBJECTIVE COMPLAINT: Complaining of menopausal symptoms, hot flashes, also vaginal itching and irritability. Short duration of her period. Also complaining of a tiny lump in her left breast. Urinating a lot, three times during the night. No GSUI. No pain on urination.

Gravida 2, para 2-0-0-2. No medical diseases.

Surgery: Bilateral tubal ligation.

Medications: Prilosec, Estroven, fish oil.

LMP 05/20/2012. Last Pap smear 5-6 years ago. Last Pap smear was normal.

OBJECTIVE FINDINGS: Vital signs normal. BMI 33. Age 48. Breasts: Nodulation both the left and right breasts. No nipple discharge. No skin discoloration or dimpling. Abdomen: Obese, soft, nontender. Pelvic exam: External genitalia, BUS normal. Marital introitus. Prolapsed vagina. Cervix parous, nontender. Unable to palpate the uterus and adnexa, but no tenderness over these areas.

ASSESSMENT:

1. Menopausal syndrome.
2. Fibrocystic changes of both breasts.
3. Urinary frequency.

PLAN:

1. CBC normal. CMP: Elevated cholesterol.
2. Urinalysis normal.
3. ThinPrep done.
4. Mammogram.
5. Return to clinic in 2 weeks.
6. Advised the patient to exercise and watch her diet. We will repeat the cholesterol test in 3-6 months.

0014

CLINIC NOTE

NAME:

MR N°:

DATE:

Dennis Tumbokon, M.D.

Date

DT/Bka

D:05/31/2012 11:14 CST

T:05/31/2012 13:22 CST

Job:1935852 Document:2095365

WELCH COMMUNITY HOSPITAL

0015

OPERATIVE RECORD

NAME:**MR N^o:****ROOM:****DATE:****SURGEON:** David Eells, M.D.**ASSISTANT:** Charlotte Buckner, FNP**ANESTHETIST:****ANESTHETIC:** General**PREOPERATIVE DIAGNOSIS:** Left upper lobe bronchial lesion.**POSTOPERATIVE DIAGNOSES:** Left upper lobe bronchial lesion causing complete obstruction and complete obstruction of the right middle lobe secondary to endobronchial tumor.**PROCEDURE:** Bronchoscopy with biopsy of the left upper lobe and right middle lobe.**HISTORY:** This 59-year-old white male presented to the hospital with hemoptysis. X-rays of his chest demonstrated complete collapse of the left upper lobe. The patient was also febrile at this time. The patient was admitted to the hospital and started on antibiotics, and we felt a bronchoscopy was distinctly indicated.**DETAILS OF THE PROCEDURE:** As such, the patient was taken to the operating room where anesthesia was induced and endotracheal tube was placed. Then via the endotracheal tube, the fiberoptic scope was passed. On looking down the right-sided orifices, I saw the right upper lobe was completely patent. However distally, the mid lobe orifice was completely occluded with an obvious endobronchial tumor. I avoided that area for the time being and went to the left side. On going to the left side, immediately on coming to the left upper lobe orifice, there was bleeding and I had not even touched anything. I just used some suction. The bleeding was very brisk and I had to suction, suction, suction to try to get this to even visualize anything. I then did a blind biopsy there and remarkably after doing a blind biopsy, the bleeding tended to abate. I went back to this area and I could see that the left upper lobe orifice was completely occluded very near the takeoff. I biopsied it again in a couple of locations in order to get good specimens and then I stopped and went back to the right side. On the right side, I then biopsied the middle lobe orifice a couple of times, again causing some bleeding. I waited a while. I went back to the left side and assured myself that the bleeding had stopped. Then I went back to the right side and assured myself there that it had stopped.

NAME:

MR N°:

DATE:

0016

I terminated the procedure at this point. Please note, the carina was completely pristine.

The patient tolerated the procedure well and was sent to recovery in stable condition.

David Eells, M.D.

Date

DE/Bps

D:05/31/2012 13:42 CST

T:05/31/2012 14:42 CST

Job:1835883 Document:2095473

cc: Dr. David Eells

Dr. Michael Kelly

0017

WELCH COMMUNITY HOSPITAL

DISCHARGE SUMMARY

NAME:**MR N^o:****ADM. DATE:****DIS. DATE:****DISCHARGE DIAGNOSES:**

1. Alcohol abuse.
2. Multi-substance drug abuse.
3. Hepatitis C.
4. Tuberculosis with negative sputums.

HISTORY OF PRESENT ILLNESS: The patient is a 42-year-old gentleman who was admitted initially at the request of Dr. as the patient had been requesting alcohol detoxification.

When I went in to see the patient today, he reported he has not had a drink in 2-3 days, is not having any tachycardia, shakes, hallucinations or seizure-like activity and he wants to go home. I offered the patient rehab or an outpatient followup. He stated he would rather just follow up with Dr.. I called Dr. and spoke with first his nurse and then with him. Their recommendation was not to give this gentleman any Librium at discharge, but just set him up for an outpatient appointment for assistance with his detoxification. I stressed to the patient how important it is that he stops drinking and using any type of substances. He needs full treatment for his tuberculosis. He understands this and still states he wants to go home.

The patient denies any chest pain, palpitations, shortness of breath. No nausea, vomiting, diarrhea or abdominal pain.

On exam, he is awake, alert and oriented, speaking in full and complete sentences. He has no peripheral tremors on exam. His temperature was 98.1, heart rate 62, respirations 20, blood pressure 123/78, O2 saturation was 97%. In general, he is awake, alert and oriented. Speaking in full and complete sentences. Mucous membranes are moist. Conjunctivae pink. Neck: No masses. Cardiovascular system: Regular. Lungs were clear without wheezes or rales. Extremities without edema.

DISPOSITION: The patient is to be discharged to home. He was encouraged not to drink or use any substances. He is to follow up with Dr. as scheduled. Our social worker, Robin Pruitt, is in the process of getting the gentleman set up with

DISCHARGE SUMMARY**NAME:****MR N°:****ADM. DATE:****DIS. DATE:**

0018

assistance for his alcohol and polysubstance addiction through Princeton Crisis Center. The patient will be discharged after that has been set up.

Milagros M. Vidot, M.D.

Date

MV/Bka

D:05/31/2012 11:29 CST

T:05/31/2012 13:28 CST

Job:1935695 Document:2095375

0019

WELCH COMMUNITY HOSPITAL**HISTORY AND PHYSICAL EXAMINATION**

NAME:**MR N°:****PHYSICIAN:****ADM. DATE:**

CHIEF COMPLAINT: This is an 8-year-old female who presented to the ER with the chief complaint of fever and chills, vomiting, diarrhea and generalized abdominal pain.

BRIEF PRESENTING HISTORY: This is an 8-year-old female who presented to the ER with the chief complaint of fever with chills which began today morning. She had a vague history of sweating with a fever, but the fever was associated with shivering. She also had begun throwing up and had only half a glass of Sprite since the morning. The vomit had no blood or bile in it. She had had three loose stools with no blood or bile in them. She also began having generalized abdominal pain, dull, intermittent in nature and cramping in quality post vomiting and diarrhea. The abdominal pain was not aggravated or relieved, but was intermittent, 5/10 in intensity. She had decreased urine output with the last urination being just before presentation to the ER.

REVIEW OF SYSTEMS: Review of systems was positive for fever with chills, vomiting, diarrhea and a periumbilical abdominal pain.

PAST MEDICAL HISTORY: Past medical history was not contributory other than a previous admission for acute gastroenteritis and dehydration following which she was evaluated by her primary care physician Dr. Iqbal with no recommendations.

IMMUNIZATIONS: Immunizations were up to date.

DEVELOPMENTAL HISTORY: Developmental history was within normal limits.

BIRTH HISTORY: This was the product of a full term normal vaginal delivery.

PHYSICAL EXAMINATION:

GENERAL: On physical examination, she was stable, comfortable, but appearing fatigued.

HEAD, EAR, EYE, NOSE AND THROAT: Examination was normocephalic, atraumatic. Extraocular movements were intact. Pupils were equal and reactive

HISTORY AND PHYSICAL

0020

NAME:**MR N^o:****ADM. DATE:**

to light and accommodation. Red reflex was present. Eyes were sunken. The lips were dry. The mucous membranes were dry. The pharynx was not erythematous. There was no lymphadenopathy.

RESPIRATORY: Respiratory system was clear to auscultation bilaterally with good air exchange.

CARDIOVASCULAR SYSTEM: There was sinus tachycardia secondary to dehydration and fever. S1 and S2 were present with no murmurs, clicks, gallops or rubs.

CENTRAL NERVOUS SYSTEM: Power, tone and reflexes are within normal limits. She seemed fatigued, but was alert and oriented. Post IV normal saline bolus and IV antibiotics she became active as well.

ABDOMEN: Abdomen was soft, not distended, not tender, with bowel sounds present in all four quadrants. Rovsing sign and obturator sign were negative.

EXTREMITIES: Extremities were warm with all pulses present.

SKIN: Skin with no pallor, cyanosis or jaundice, but with poor skin turgor and dry.

PERTINENT POSITIVE LABORATORIES: The CBC was within normal limits. BMP was within normal limits. She was unable to void in spite of having received a normal saline bolus while in the ER. Chest x-ray was done. Flu was negative. Rapid Strep was negative.

ASSESSMENT AND PLAN: This was an 8-year-old female who received an IV normal saline bolus while in the ER and IV Rocephin following which her condition dramatically improved. Her eyes were no longer sunken. Her mucous membranes were moist. Her lips were moist and she felt more active and was no longer fatigued.

She was to be placed under observation on the medicine/surgical floor with the diagnosis of severe dehydration secondary to acute gastroenteritis. She was to continue receiving IV normal saline at maintenance post infusion of 20 mL per kg, IV normal saline bolus and was to receive Rocephin 1 gram daily pending blood culture reports. She also was to be placed on clear liquids as tolerated and to be gradually advanced to regular diet if she was to continue having no vomiting. She was also to receive Tylenol 50 mg per kg every 6 hours p.r.n. for fever. Her urinalysis, urine culture and blood culture were pending.

HISTORY AND PHYSICAL

NAME:

MR N°:

ADM. DATE:

0021

Anish H Trehun, M.D.

Date

AHT/Bmj

D:09/15/2012 17:06 CST

T:09/16/2012 09:13 CST

Job:2025220 Document:2186874

0022

WELCH COMMUNITY HOSPITAL

SURGICAL PATHOLOGY REPORT

PATIENT NAME:**SEX:****AGE:****ROOM:****HOSP#****DATE:****SURGEON:** Dr. Amir Eshel**SURGICAL PATH #:** S12-203**SPECIMEN SUBMITTED:**

1. Uterus.
2. Left ovary and tube.

OPERATION: Total abdominal hysterectomy and left salpingo-oophorectomy and cystoscopy.

PREOPERATIVE DIAGNOSIS: Enlarged uterus and bleeding.

POSTOPERATIVE DIAGNOSIS: Enlarged uterus and bleeding.

GROSS DESCRIPTION:

- A. Specimen consists of uterus in two parts with the corpus uteri measuring 7 x 6 x 4.5 cm whereas the cervix uteri measuring 5.5 x 4 x 3.5 cm. The combined weight is 143 grams. The bilateral cornu of corpus uteri showed the intact short proximal segments of the tubal tissues with both exhibiting a lateral blind-like pouch configuration. Each segment measures 2.2 cm in length and 0.4 cm in diameter. Located 2 cm beneath one segment of the intact tubal tissue is the presence of the attached black suture.

The cervix uteri presents with a round endocervical canal measuring 1.2 cm in diameter. Longitudinal sectioning of the cervix shows the presence of multiple distended nabothian cysts with the largest measuring 0.7 cm in greatest dimension and four sections are submitted labeled from A1 to A4.

The round endometrial cavity measures 0.4 cm in diameter. Longitudinal opening shows the superficially hemorrhagic endometrium measuring 0.5 cm in thickness whereas the myometrium has a maximum thickness of 1.9 cm.

One section from the grossly unremarkable fundus is submitted labeled as A5.

Serial, close-interval, longitudinal full-thickness sections include the main endomyometrial walls showing no detectable leiomyoma, and four sections are submitted labeled from A6 to A9.

SURGICAL PATHOLOGY REPORT**NAME:****MR N°:****DATE:**

0023

Longitudinal sectioning of one proximal tubal tissue at one cornu shows the widely dilated lumen. The other contralateral tubal tissue is sectioned transversely showing a concentric dilatation of the lumen. Three sections from each tubal tissue at each cornu are submitted labeled as A10.

- B. Left ovary and fallopian tube. The left ovary presents as an almost round, white, multinodular firm tissue measuring 2.6 x 2.2 x 1.3 cm. The largest distended opaque round firm cyst measures 0.6 cm in diameter. Full-thickness longitudinal sectioning of the ovary shows the peripherally distributed cystic follicles whereas centrally located elongated white corpus albicans measuring 0.6 cm in greatest dimension. Two sections of the ovary are submitted labeled as B1 and B2.

The attached irregular tortuous left fallopian tube tissue with intact fimbria measures 3 cm in length and 1 cm in maximum diameter. The proximal end shows the conglomeration of five distended round to oblong opaque firm cysts with the largest measuring 0.6 cm in diameter. Transverse sections of the tubal tissue show no obvious gross remarkable feature and three sections to include the distended paratubal cysts are submitted labeled B3.

MICROSCOPIC DESCRIPTION:

- A. The sections of the ectocervix show no epithelial dysplasia. Scattered minimal lymphocytes are present in the superficial stroma. The sections of the endocervix show distended nabothian cysts, nondysplastic squamous metaplasia of surface and glandular epithelia. The stroma has variable mixed inflammatory infiltrates with dense lymphocytic infiltrates mixed with mature plasma cells in the stroma of the transformation zone.

The sections of the fundus show proliferative endometrium.

The sections of the main endomyometrial walls show in addition focal small cystic change of the endometrial glands. There is prominent migration of the endometrial glands and accompanying stroma into the myometrium.

The three longitudinal sections of one tubal tissue at one cornu show widely dilated lumina with scattered lymphocytes in the mucosa. The other separate transverse sections of contralateral tubal tissue show concentric widely dilated lumina and marked interstitial fibrosis.

- B. The sections of the left ovary show cystic follicles, corpora albicantia, atretic follicles, focal stromal fibrosis and germinal inclusion cysts.

SURGICAL PATHOLOGY REPORT**NAME:****MR N°:****DATE:**

0024

The sections of the left fallopian tube show moderate to marked interstitial fibrosis, mesonephric duct remnants and the grossly observed conglomerated cysts to be represented histologically by paratubal cysts.

FINAL PATHOLOGICAL DIAGNOSIS:

I. Uterus with intact bilateral short proximal tubal tissue at bilateral cornu (weight of 143 grams):

- A. No epithelial dysplasia of ectocervical tissue.
- B. Nondysplastic subcutaneous metaplasia of surface lining and glandular epithelia of endocervical tissue.
- C. Proliferative endometrium.
- D. Adenomyosis.
- E. Widely dilated and marked interstitial fibrosis of lumina of intact proximal tubal tissue at bilateral cornu.

II. Left ovary and fallopian tube:

Cystic follicles, focal stromal fibrosis and germinal inclusion cysts of left ovary.

Moderate to marked interstitial fibrosis, mesonephric duct remnants and conglomerated paratubal cysts of left fallopian tube.

Antonio Dy, M.D.

Date

September 17, 2012, Monday, 12:37 p.m.

AD/QBmj

D:09/17/2012 11:37 CST

T:09/17/2012 12:30 CST

Job:2026071 Document:2187880

**WEH13008 Dictation/Transcription Services
COST PROPOSAL**

Estimated Quantity of Lines of Transcription*	Description of Service	Cost Per Line (65 text characters entered)**	Total Cost
300,000	Transcription Reports provided within 24 hours	\$ 0.08	\$ 24,000.00
40,000	Discharge Summaries provided within 48 hours	\$ 0.08	\$ 3,200.00
50,000	STAT Reports provided within 90 minutes	\$ 0.085	\$ 4,250.00
60,000	H & P Reports	\$ 0.08	\$ 4,800.00
Grand Total			\$ 36,250.00

Contract will be awarded to the lowest responsible vendor meeting all specifications. Vendor must provide all dictation and transcription services for the quoted price per line.

*Estimated # of Lines of Transcription services is only an estimate and is neither a guarantee of a minimum nor maximum quantity to be purchased during the life of this contract. Actual usage volumes will be dependent upon the facility's requirements.

**A line of transcription is defined as 65 text characters entered.

SAHARI VEMURI PRESIDENT
Name of Authorized Representative Title

[Signature] 10-22-12
Vendor Signature Date

8420 W. BLYN MAWR SUITE 620 CHICAGO, IL 60631
Vendor Address

8420 W. BLYN MAWR SUITE 620 CHICAGO IL 60631
Vendor Remit to Address

773-775-2800 773-775-3366 SVEMURI@M3medical.us
Telephone Fax E-mail

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: WEH13008

0026

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further 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.

M3 MEDICAL
Company

[Signature]
Authorized Signature

10-22-12
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
Revised 6/8/2012



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

WV PURCHASING DIVISION FAX 304-558-4115

Oct 18 2012 04:12pm P001/005

WEH13008

1

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER
304-558-0067

V
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RFQ COPY
TYPE NAME/ADDRESS HERE

M3 Medical Management Services
8420 W. Bryn Mawr Ave.
Suite 620
Chicago, IL 60631

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HEALTH AND HUMAN RESOURCES
WELCH COMMUNITY HOSPITAL

454 MCDOWELL STREET
WELCH, WV
24801 304-436-8710

DATE PRINTED

10/18/2012

BID OPENING DATE:

10/25/2012

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 2						
1. TO ATTACH A PAGE CONTAINING VENDOR QUESTIONS AND THE AGENCY RESPONSES INADVERTENTLY OMITTED FROM ADDENDUM NO. 1.						
2. TO MOVE THE BID OPENING FROM 10/23/2012 TO 10/25/2012. BID OPENING TIME REMAINS AT 1:30 PM.						
3. TO PROVIDE THE ADDENDUM ACKNOWLEDGMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.						
END OF ADDENDUM NO. 2						
0001	1	YR		961-72		
BLANKET CONTRACT FOR DICTATION/TRANSCRIPTION SERVICE						
***** THIS IS THE END OF RFQ WEH13008 ***** TOTAL: \$36,250.00						

SIGNATURE

TITLE PRESIDENT

FED

36-4489543

TELEPHONE

773-775-2800

DATE

10-22-12

ADDRESS CHANGES TO BE NOTED ABOVE

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

SOLICITATION NUMBER: WEH13008
Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as WEH13008 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ [X] Modify bid opening date and time
- ☐ [] Modify specifications of product or service being sought
- ☒ [X] Attachment of vendor questions and responses
- ☐ [] Attachment of pre-bid sign-in sheet
- ☐ [] Correction of error
- ☐ [] Other

Description of Modification to Solicitation:

To provide an additional page of vendor questions and responses inadvertently omitted from Addendum No. 1 and move the bid opening date.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

A.10. See attached revised Cost Proposal sheet. Same pricing structure as previously. Vendor must provide all dictation and transcription services as required for the quoted price per line which is defined as 65 text characters with spaces. The current contractor is: Bureau of Office Services, Inc.

Q.11. If there are any shipping charges, who would incur those?

A.11. The vendor will incur those as Item 3.1.1.1 states "Vendor shall provide all supplies, postage, shipping and dictation equipment necessary for transcribing and dictating, and be responsible for all cost associated with the providing of said services within their office location, including a toll-free telephone number or local telephone number to receive dictation, providing access for a maximum 30 users."

Q.12. How will dictations be made? 800 number? Digital Recorders? Tapes or CD's sent to us?

A.12. The vendor will provide an 800 number as Item 3.1.1.1 states "Vendor shall provide all supplies, postage, shipping and dictation equipment necessary for transcribing and dictating, and be responsible for all cost associated with the providing of said services within their office location, including a toll-free telephone number or local telephone number to receive dictation, providing access for a maximum 30 users."

Q.13. It is our experience that outsourcing of transcription overseas significantly lowers the quality of the final transcripts. Do you allow such outsourcing of the transcription, either completely or partially, to vendors, subdivisions, or individuals located outside of the 50 states of the United States?

A.13. The successful vendor will be solely responsible for all work performed under the contract. The vendor shall not enter into subcontracts for performance or work under the contract without written permission of the Agency. Vendor must guarantee that employees who perform transcriptions will be available on-site within 24 hours, as needed, for various administrative and legal proceedings.

Q.14. Does Welch Community Hospital have a verification process of US vs Global?

A.14. Yes, vendors must be registered with the office of the West Virginia Secretary of State.

Q.15. Who is the current vendor; What is the current per line rate that the facility pays?

A.15. Bureau of Office Services;
Transcription Reports provided within 24 hours \$0.0975
Discharge Summaries provided within 48 hours \$0.0955
STAT Reports provided within 90 minutes \$0.0995
H & P Reports were not included on previous contract.

0005

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: WEH13008

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(Check the box next to each addendum received)

- | | |
|--|--|
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| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

M3 MEDICAL MANAGEMENT
 Company

[Signature]
 Authorized Signature

10-22-12
 Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
 Revised 6/8/2012