



West Virginia Division of Veterans Affairs Nursing Facility Consulting Services

Business Proposal – VNF 1040

Submitted by:

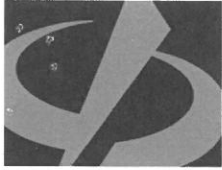
**The West Virginia Medical Institute
3001 Chesterfield Place
Charleston, WV**

June 10, 2014

06/10/14 11:51:36AM
West Virginia Purchasing Division



WVMI
West Virginia
Medical Institute



WVMI
West Virginia
Medical Institute

3001 Chesterfield Place
Charleston, West Virginia 25304
Phone 304.346.9864
Toll Free 1.800.642.8686
Fax 304.346.9863
www.wvmi.org

June 10, 2014

Dean C. Wingerd
State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

Re: Solicitation Number VNF1040
West Virginia Division of Veterans Affairs Nursing Facility Consulting Services

Dear Mr. Wingerd:

The West Virginia Medical Institute (WVMI) is pleased to submit the enclosed Cost Proposal in response to the referenced Request for Quotation (RFQ).

WVMI is in agreement with all proposed terms and conditions included in the RFQ. The proposed amount that reflects WVMI's best estimate to perform the work outlined in the RFQ is \$48,602. WVMI agrees to extend the same prices, terms, and conditions offered herein to other government entities per Paragraph 48 of the General Terms and Conditions.

The officials authorized to conduct discussions in regard to this proposal and to sign all related documents are:

John C. Wiesendanger
Chief Executive Officer
304-346-9864 Extension 2297
304-346-9863 Facsimile
jwiesend@wvmi.org

Kathleen D. Merrill
Chief Financial Officer
304-346-9864 Extension 2228
304-346-9863 Facsimile
kmerrill@wvmi.org

If you have questions or need further information, please feel free to contact me.

Sincerely,

Kathleen D. Merrill
Chief Financial Officer

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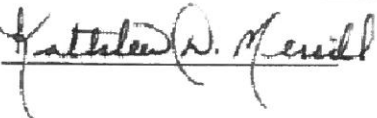
REQUEST FOR QUOTATION

VNF 1040 Consulting Services for Electronic Medical Records

Pricing Page

Vendor should complete the Pricing Page by including a lump sum bid for the services in this RFQ and the winning vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this contract. Any anticipated mileage or travel costs may be included in the flat fee listed in the Vendor's bid but costs will not be paid by the Agency separately. It should also include any other costs such as shipping charges, copying, printing, and/or mailing costs associated with this RFQ. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

This should be a lump sum bid total \$48,602

Signature  Date June 10, 2014

BASIS OF ESTIMATE:

The West Virginia Medical Institute's (WVMI's) Consulting Services Pricing Proposal has been prepared according to the instructions provided in the Request for Quotation (RFQ), Solicitation Number VNF1040 – Consulting Services for Electronic Medical Records, and the responses to questions included in Addendum No. 1. The pricing is predicated upon the terms and conditions included in the RFQ.

FIXED PERIOD CONTRACT:

The contract term becomes effective upon Vendor's receipt of the notice to proceed and must be completed with ninety (90) days.

PRICING PAGE:

The proposed lump sum bid is based on WVMI's best estimate of the effort to complete the services in the RFQ. In accordance with the instructions contained in the RFQ, travel and other costs have been included in the lump sum amount.

ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE:

WVMI agrees to extend the same prices, terms and conditions offered in this contract bid to Other Government Entities per Paragraph 48 of the General Terms and Conditions contained in the RFQ.

Questions may be directed to Kathleen Merrill, Chief Financial Officer, at 304-346-9864, extension 2228, or kmerrill@wvmi.org.

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 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. 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: West Virginia Medical Institute, Inc

Authorized Signature: *Handwritten Signature* Date: 06/10/14

State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 10 day of June, 2014.

My Commission expires August 1, 2022.

AFFIX SEAL HERE

NOTARY PUBLIC

Shella R. Rauwen



State of West Virginia VENDOR PREFERENCE CERTIFICATE

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

- 1. **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 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% 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% 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% 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% 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 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.

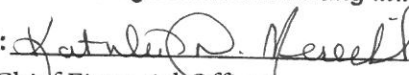
Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to 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: West Virginia Medical Institute, Inc.

Date: June 10, 2014

Signed: 
Title: Chief Financial Officer

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
POST OFFICE BOX 50130
CHARLESTON, WEST VIRGINIA 25305-0130
09/30/2013

Received
OCT 03 2013
Business Dept.

KATHLEEN MERRILL
WV MEDICAL INSTITUTE INC
3001 CHESTERFIELD PL

CHARLESTON WV 25304

THIS IS TO CONFIRM RECEIPT OF YOUR VENDOR REGISTRATION FEE. PAYMENT OF THE FEE ENABLES YOU TO PARTICIPATE IN THE PURCHASING DIVISION'S COMPETITIVE BID PROCESS AND ENTITLES YOU TO A ONE-YEAR SUBSCRIPTION TO THE WEST VIRGINIA PURCHASING BULLETIN. A NEW ISSUE OF THE WEST VIRGINIA PURCHASING BULLETIN IS POSTED ON OUR WEB SITE EACH WEEK. BID OPPORTUNITIES ESTIMATED AT \$25,000 OR MORE ARE ADVERTISED IN THIS PUBLICATION. WE ENCOURAGE YOU TO LOG ON AND VIEW THE BULLETIN EVERY FRIDAY SO AS NOT TO MISS IMPORTANT BIDDING OPPORTUNITIES. OUR WEB ADDRESS IS:

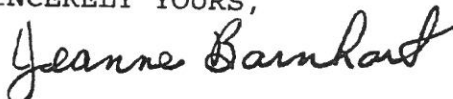
[HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE](http://www.state.wv.us/admin/purchase)

IN ORDER TO ACCESS THE WEST VIRGINIA PURCHASING BULLETIN, YOU WILL NEED YOUR VENDOR NUMBER, GROUP NUMBER (IF ANY), AND YOUR PASSWORD WHICH ARE PRINTED BELOW. YOUR ACCESS WILL BECOME EFFECTIVE ON THE FIRST MONDAY AFTER 09/30/2013, STATE HOLIDAYS EXCLUDED.

HELPFUL TIPS: YOUR COMPUTER-GENERATED VENDOR NUMBER BEGINS WITH AN ASTERISK, BUT DO NOT USE THE ASTERISK WHEN LOGGING IN. ALSO, OUR LOGIN SCRIPT IS CASE SENSITIVE. THEREFORE, IF YOUR VENDOR NUMBER CONTAINS A CHARACTER LIKE A, B, OR C, PLEASE TYPE IT IN UPPER CASE.

IF YOU HAVE QUESTIONS, FEEL FREE TO CONTACT US AT 304-558-2311 OR JEANNE.B.BARNHART@WV.GOV. THANK YOU.

SINCERELY YOURS,



VENDOR REGISTRATION

**WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE**

ISSUED TO:
**WEST VIRGINIA MEDICAL INSTITUTE INCORPORATED
3001 CHESTERFIELD AVE
CHARLESTON, WV 25304-1126**

BUSINESS REGISTRATION ACCOUNT NUMBER: 1035-9907

This certificate is issued on: 08/23/2013

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued
This certificate shall be permanent until cessation of the business for which the certificate of registration
was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new
certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of
this certificate displayed at every job site within West Virginia.

atL006 v.4
L1569873984

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: VNF1040

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 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.

West Virginia Medical Institute, Inc

Company



Authorized Signature

June 10, 2014

Date

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

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.

West Virginia Medical Institute, Inc.

(Company)



(Authorized Signature)

Kathleen D. Merrill, Chief Financial Officer

(Representative Name, Title)

(304) 346-9864 ext. 2228 (304) 346-9863

(Phone Number)

(Fax Number)

June 10, 2014

(Date)

REQUEST FOR QUOTATION
VNF1040 Consulting Services for Electronic Medical Records

10. VENDOR DEFAULT:

10.1. The following shall be considered a vendor default under this Contract.

10.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.

10.1.2. Failure to comply with other specifications and requirements contained herein.

10.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

10.1.4. Failure to remedy deficient performance upon request.

10.2. The following remedies shall be available to Agency upon default.

10.2.1. Cancellation of the Contract.

10.2.2. Cancellation of one or more release orders issued under this Contract.

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.

Contract Manager: John Marks
Telephone Number: (304) 346-9864 ext. 2271
Fax Number: (304) 346-9863
Email Address: jmarks@wvmi.org

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).

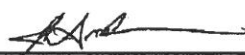
PRODUCER USI Ins Svcs C/L Charleston 1 Hillcrest Drive East Charleston, WV 25311 304 346-0611	CONTACT NAME: Sherry Hersman	FAX (A/C, No): 304 347-0605	
	PHONE (A/C, No, Ext): 304 347-0631	E-MAIL ADDRESS: sherry.hersman@usi.biz	
INSURED West Virginia Medical Institute, Inc. 3001 Chesterfield Avenue Charleston, WV 25304	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Great Northern Insurance Compan		20303
	INSURER B : Federal Insurance Company		20281
	INSURER C :		
	INSURER D :		
	INSURER E :		

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	GENERAL LIABILITY		35978072	11/22/2013	11/22/2014	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
							\$	
							\$	
							\$	
							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		71743711	11/22/2013	11/22/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				N/A	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Division of Veterans Affairs is listed as the certificate holder.

CERTIFICATE HOLDER Division of Verterans Affairs Veterans Nursing Facility One Freedoms Way Clarksburg, WV 26301	CANCELLATION 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 



West Virginia Division of Veterans Affairs Nursing Facility Consulting Services

Technical Proposal – VNF 1040

Submitted by:

**The West Virginia Medical Institute
3001 Chesterfield Place
Charleston, WV**

June 10, 2014



WVMI
West Virginia
Medical Institute

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Executive Summary

Nursing homes and long term care facilities with robust e-health and health information technology (HIT) capabilities, in general, will improve the quality of patient care while positively impacting their operational, administrative and financial performance.

The West Virginia Division of Veterans Affairs is at a critical point as it pursues its mission of providing West Virginia's veterans access to high quality long term care and related services. The Division has acknowledged that one of the success factors necessary to accomplish this objective is to expand the use and application of health information technology, specifically the adoption, deployment and application of an EMR system in its Clarksburg and Barboursville, West Virginia facilities. In pursuing this objective, the Division, like many other West Virginia physicians, clinics, hospitals (including our VA Hospitals and other health care providers), is committing to a significant transformation process. There is no reason to believe the Division will not achieve outcomes similar to those now being realized by like and related organizations throughout the state. These results include better care coordination, the assurance that patients and providers have the right information available when needed, improved efficiency, improved quality, cost savings, fewer errors, avoidance of duplicate tests or procedures and more effective patient engagement

The WV Division of Veterans Affairs has issued a Solicitation seeking a vendor "to provide consulting services to assist with the preparation of a Request for Proposal to provide Electronic Medicaid Record (EMR) systems" for two of its facilities. The West Virginia Medical Institute (WVMI) welcomes the opportunity to work with the Division and its clinical and administrative staff on this project. We fully endorse the opportunities envisioned by the Division related to the benefits and value that an EMR system can provide. Further, we are confident we can provide the leadership, subject matter expertise and consulting services necessary to meet and exceed the Division's expectations.

WVMI's long-term involvement in the electronic health information field gives us a deep understanding of the issues involved in the successful implementation and application of health information technology. Our work with individual physicians, medical groups, health care centers, hospitals, long term and post-acute care settings and related providers in Pennsylvania, Delaware and particularly West Virginia as it relates to the adoption, implementation and application of health information technology has been recognized by subject matter experts such as the Office of the National Coordinator and the Centers for Medicare & Medicaid Services (CMS). Over the past four years, WVMI and its affiliated companies have assisted approximately 8,600 physicians in three states in achieving meaningful use of their Electronic Health Records (EHRs). To date, over 5,600 of these physicians have met Stage 1 meaningful use standards. In West Virginia, WVMI has worked with over 1,000 primary care providers and has helped more than 600 meet meaningful use standards.

In Pennsylvania our work with more than 25 long-term and post-acute care providers has shown remarkable results. These facilities are now poised to make significant improvements in their respective direct care capabilities and are actively participating in broader regional and/or state health information exchanges. As a result of these efforts, various Pennsylvania payors, including the Pennsylvania State Medicaid agency and Department of Health, are observing better care coordination, improved communication, and enhanced outcomes, reduced emergency room utilization and a reduction in hospital readmission rates across the Commonwealth.

WVMI also provides privacy and security technical assistance to thousands of healthcare providers as part of the Regional Extension Center (REC) program in West Virginia, Pennsylvania, and Delaware. WVMI continues to lead these efforts nationally as part of the privacy and security Community of Practice (CoP) to collaborate and share best practices, including the creation of a privacy and security toolkit. These efforts include assisting providers with their security risk assessment as well as education and training on HIPAA, encryption, and emergency preparedness to help reach meaningful use.

WVMI will rely on the lessons learned through these experiences as well as the thoughtful insight, opinions and recommendations of the Division and its nursing facility personnel to devise a set of strategic actions that will result in a clear, concise and facility centric statement of need and expectation. This will serve as a critical foundation block in developing a meaningful Request for Proposal and process for the selection of an EMR vendor and the successful implementation of the system.

Introduction

WVMI has been an active participant in the West Virginia healthcare community for nearly 40 years. Long recognized as a champion for improved quality in the provision of healthcare, WVMI, as the Medicare Quality Improvement Organization (QIO), is committed to improving the health of the people we serve. Our strength lies in our collective experience in quality improvement, data analysis and epidemiology, coalition building, social marketing and project management. Over this period, WVMI has leveraged relationships with providers, partners and stakeholders to turn challenges into successes, with a particular focus on improving individual patient care and integrating and improving care for populations and communities. We view this project as an extension of our nearly 40 years work in West Virginia and are confident that we can deliver the results required by the Division of Veterans Affairs in moving its HIT effort forward.

West Virginia set forth a vision for health information technology (HIT) in its 2009 Statewide Strategic Plan. The vision described in the State Plan was to ensure a coordinated informational technology infrastructure and delivery system that allowed patients, families, communities, and the health care system to collaborate to improve the health of all West Virginians. WVMI has been involved in the state's strategic HIT planning from its onset in 2005. This project represents another benchmark accomplishment towards fulfilling the overall goals and objectives set forth in the West Virginia Statewide Strategic Plan and "another step" in the evolution of West Virginia's HIE/HIT landscape.

We are particularly excited about the opportunity this project represents to work with a leading State agency and the nursing facilities it operates.

Mandatory Contract Service Requirements and Deliverables

Qualifications and Experience (RFQ 4.1.1.1)

WVMI is a member of the Quality Insights family of companies (collectively referred to as WVMI & Quality Insights)—five non-profit organizations with a shared commitment to health care quality, customer service and innovation. In addition to WVMI, the other companies are:

- Quality Insights of Pennsylvania
- Quality Insights of Delaware
- Quality Insights Renal Network Three
- Mid-Atlantic Renal Coalition Network Five

WVMI is the original member of the corporate family (established in 1973) and founder of the Quality Insights affiliates. WVMI provides quality improvement, utilization management, and health program evaluation services to an array of federal, state and private customers. These include the Centers for Medicare & Medicaid Services (WVMI is the federally designated Medicare Quality Improvement Organization (QIO) for West Virginia), the Agency for Healthcare Research and Quality (AHRQ), Research Triangle International (RTI), the United States Department of Veterans Affairs, the Office of the National Coordinator for Health Information Technology (ONC), the American College of Cardiology, and the West Virginia Bureau for Medical Services, among others.

WVMI & Quality Insights' 400-plus employees and contractors offer diverse experience and training in health care delivery, continuous quality improvement, medical record abstraction, epidemiology, data analysis, and program evaluation and information technology. Each discipline is critical to the provision of our core services: health care informatics, health information technology implementation, clinical quality measures development, and quality improvement consultation.

WVMI & Quality Insights has played a significant role in the nation's transition to electronic health records (EHRs) through operation of Health Information Technology Regional Extension Centers (HITRECs) in Pennsylvania and Delaware. In West Virginia, WVMI is a sub-recipient of a WVRHITEC grant. All of our companies employ expert staff with the knowledge and experience to move physicians, health care facilities and related health provider organizations towards the adoption and meaningful application of HIT. To date:

- Quality Insights of Pennsylvania provides HIT readiness assessments to long term and post acute care providers. This work includes a workflow analysis, consultation around workflow and related process improvement opportunities and readiness assessments prior to technology implementation. QIP has guided facilities through the entire

- vendor procurement process, including request for proposal (RFP) creation, RFP review, vendor demonstrations, vendor selection and pre-implementation planning.
- Quality Insights of Delaware's Regional Extension Center has provided EHR implementation assistance to 1,700 physicians, and was the first REC in the nation to meet its goal of 1,000 Delaware primary care providers achieving Stage 1 Meaningful Use of their EHRs. QID has also consulted with institutional providers and organizations on matters related to EMR readiness, selection and implementation.
 - In addition to their work with long term and post-acute care facilities, Quality Insights of Pennsylvania's two regional extension centers in Pennsylvania are assisting 6,000 providers, and to date, 4,000 have attested to meaningful use.
 - In West Virginia, WVMi has worked with more than 1,000 primary care providers and has helped more than 600 meet meaningful use standards. Expanding on its REC work, WVMi also recently received a grant from the Benedum Foundation to assist rural health care providers with Patient Centered Medical Home (PCMH) Certification. This long-term involvement in the electronic health information field gives us a unique understanding of the issues involved in the successful implementation of a health information network.

WVMi has a full complement of senior-level staff and highly experienced clinical, IT and operational staff necessary to carry out the consultative services sought by the Division of Veterans Affairs.

Services Provided by WVMi (RFQ 4.1.1.2)

WVMi does not sell software or hardware. The advice, recommendations, opinions and work product(s) WVMi will provide the Division will be totally objective, independent and will be focused solely on the business and service interests of the Division and its nursing facilities.

Work with State Veterans Home and Nursing Facilities (RFQ 4.1.1.3)

West Virginia nursing homes have varying levels of Health Information Technology (HIT) engagement across the state. Some facilities have fully integrated EMR systems while others are just beginning the readiness/pre-assessment process. This is not unlike what is occurring throughout the country. Nationally, data on EMR adoption rates across most long term and post-acute care settings is not currently available, the data available for specific settings, such as long-term acute care hospitals show EMR adoption rates behind acute care settings. Despite this trend, it is apparent that long term facilities in West Virginia and Pennsylvania are accelerating their planning and preparation for a significant technology enhancement. WVMi has consulted with many of these facilities. This work has included institutional specific workflow analysis, recommendations related to the optimization of a facility's workflow processes for EMR implementation, and assistance related to the identification of certified

EMR vendors/products that would best meet the facility's needs. Once the facility selects its vendor, our subject matter experts have trained facility staff on EMR functionality and utilization.

We envision using a similar process for the work we will perform for the Division's two nursing facilities. To facilitate the process, WVMI will employ nationally recognized tools currently available from other programs, such as Stratis Health and Beacon communities. These resources will assure the Division that our approach has been field tested with extremely positive results. This model also represents an administrative cost savings opportunity for the Division. Limited resources will not have to be expended for the time/effort it would otherwise take to design and develop an alternative planning and EMR vendor selection process. These tools have been used in the work we have performed in Pennsylvania with significant positive results and high facility satisfaction.

Experience Working with Long Term and Post-Acute Care Settings (RFQ 4.1.1.4)

WVMI has experience working with long term and post-acute care settings on various HIT related engagements in both West Virginia and Pennsylvania. Our work has spanned a broad range of topics and has been driven primarily by the specific business needs of the institution.

In Pennsylvania our staff has worked with more than 25 long term and post-acute care institutions. Our work has been varied due to the fact that these institutions have been at different levels of EMR adoption and implementation or enhancement. This variety of institutional need has afforded our staff the opportunity to develop a broad array of technical and subject matter expertise. We have worked with institutions who have just initiated a pre-planning process for an EMR selection to facilities that are actively engaged in a comprehensive assessment of their current system with intent for a significant system enhancement.

We are aware of the varied "institutional readiness" a facility brings to an engagement and we will customize our consulting approach to meet the needs of an individual facility.

In one of our Pennsylvania engagements we worked with a large organization with multiple locations across the state. We were asked to assist in the evaluation of numerous workflows for various departments/units and levels of staff. This work included Visio documentation of each workflow, weekly meetings with the Clinical Process Team, and later weekly meetings with staff for the actual workflow transformation (moving from current state to future state). This particular organization had an EMR in place but realized it was not what it needed for the future. Staff set out on an aggressive timeline to choose a new system that would better meet their organizational requirements. This engagement was completed in approximately three months with the organization issuing an RFP for an enhanced EMR system. A related

outcome of this engagement helped to identify operational/performance redundancies and provided the organization the opportunity to move towards standardization across all settings/units.

In two other facilities, our staff assisted with readiness assessments, workflow analysis and redesign and forms management in a variety of departments and units. One of the facilities was newly implementing an EMR, and we were able to offer assistance with their vendor selection process.

As we undertake these projects we do so very cognizant of the critical role a facility's clinical and administrative staff must assume throughout the entire project life cycle. Without the active engagement of these facility representatives any facility based HIT project will simply not succeed. With that said, we are also aware that most facility representatives will have other job duties and responsibilities to fulfill. Consequently our consulting process needs to be streamlined, efficient, person centric and conducted in such a manner that every contributor's time is productively spent.

In addition we have provided long term and post-acute care facilities support and guidance in the conduct of their Privacy and Security Risk Analysis.

Most of the work we have performed for West Virginia facilities has been in the area of work flow analysis, process improvement and related readiness activities necessary for HIT expansion.

Experience Working with State Government and Providers (RFQ 4.1.1.5)

WVMI has established a superior reputation for providing a wide range of quality improvement assistance to health care providers throughout West Virginia. Our organization has also played a key role in the nation's transition to electronic health records (EHRs), moving from piloting e-health projects to assisting thousands of practices with selection, implementation and use of EHRs.

Since 2004, WVMI has been actively engaged with both governmental and non-government/private sector stakeholders to assist in the promotion, implementation and adoption of HIT and HIE, as well as program evaluation at both the state and national level. We provide examples of these initiatives and projects in the following table.

Table 1: Select WVMI HIT/Evaluation Engagements

Project Name	Location of Project	Project Manager/ Contact Info	Type of Project	Project Goals and Objectives	How they were met
West Virginia Roadmap for HIT Adoption	West Virginia	John Wiesendanger Chief Executive Officer 304-346-9864, ext. 2267. jwiesend@wvmi.org	Consultation — Stakeholder interviews, reviews of best practices	Creation of a blueprint for development of HIE in West Virginia	Document used to inform establishment of the West Virginia Health Information Network.
West Virginia e-Prescribing survey	West Virginia	Charles Schade, MD, MPH Chief Science Officer 304-346-9864, ext 2243	Self-funded survey	Assess barriers and support for e-prescribing in West Virginia	Report informed legislature to change law, allowing e-prescribing.
Barriers to HIT adoption among Medicaid and SCHIP Agencies	National	John Marks Director of State Services 304-346-9864, ext. 2271 jmarks@wvmi.org	Grant from the Agency for Healthcare Research and Quality (WVMI was a sub-recipient to RTI)	Assess issues related to state Medicaid/SCHIP agency adoption and application of HIT/HIE.	Completed a national needs assessment of state Medicaid/SCHIP agencies. Conducted over 60 training/technical assistance programs for agency personnel
Health Information Privacy and Security Collaboration (HISPC)	West Virginia	Patricia Ruddick, RN, MSN Director of Patient Safety 304-346-9864, ext. 4211 pruddick@wvmi.org	Grant from the Office of the National Coordinator for Health Information Technology (WVMI was a sub-recipient to RTI)	Assess barriers to HIT in West Virginia.	WVMI assessed WV policies and procedures related to e-prescribing, interviewed key stakeholders and compiled a report. A primary barrier was lack of consumer awareness. WVMI responded by developing a comprehensive plan to assess consumer knowledge and then develop educational tools.
Health Information Technology Regional Extension Center	Practices through-out West Virginia	Patricia Ruddick, RN, MSN Director of Patient Safety 304-346-9864, ext. 4211 pruddick@wvmi.org	Grant from the Office of the National Coordinator for Health Information Technology (WVMI is a sub-recipient to the West Virginia Health	Recruit practices to adopt electronic health records and achieve meaningful use.	600 out of 1,000 priority primary care providers recruited by WVMI. Over 600 priority primary care providers have "gone live:" with an EHR Over 600 have achieved meaningful use.

Project Name	Location of Project	Project Manager/ Contact Info	Type of Project	Project Goals and Objectives	How they were met
			Improvement Institute)		
Home Health Quality Improvement (HHQI) National Campaign	Nationwide	Shanen Wright HHQI Campaign Director 304-346-9864, ext. 2278 swright@wvmi.org	Special project competitively awarded by the Centers for Medicare & Medicaid Services (CMS)	Recruit home health agencies to participate in campaign activities to reduce avoidable acute care hospitalizations	Recruited nearly half of all home health agencies in the United States. Program evaluation showed improved acute care hospitalization rates among participants.
WVHIN Program Evaluation	West Virginia	Patricia Ruddick, RN, MSN Director of Patient Safety 304-346-9864, ext. 4211 pruddick@wvmi.org John Marks Director of State Services 304-346-9864, ext. 2271 jmarks@wvmi.org	Program Evaluation for the WVHIN	To analyze and measure the general effectiveness and impact of strategies used to implement, adopt and integrate the WV HIE	Project goals were met through the collection and analysis of data in the form of stakeholder surveys, interviews/focus group sessions and an in depth analysis of WVHIN internal documents, reports and records
Benedum Foundation	West Virginia	Patricia Ruddick, RN, MSN Director of Patient Safety 304-346-9864, ext. 4211 pruddick@wvmi.org	Implementation grant partnering with PIHN to use technology in integrating care in a more effective manner	Reduce percentage of adults with chronic diseases Reduce avoidable hospital readmissions Increase recommended preventive care Assist centers in becoming PCMHs	Working with primary care providers to assist them in becoming patient centered medical homes

References (RFQ 4.1.1.6)

1. Patrick Kelly

CEO

West Virginia Health Care Association

110 Association Drive

Charleston, WV 25311

Phone: 304.346.4575 | e-mail: pkelly@wvhca.org

Nature of the services rendered: WVMI has worked with a number of the Association's members (individual nursing home facilities) on various quality improvement and HIT related projects.

2. Randy Jacobs

Director of Compliance and Special Projects

Shenandoah Valley Medical System, Inc.

Shenandoah Community Health

P.O. Box 1146

Martinsburg, WV 25402

Phone: 304.263.4999 | email: rjacobs@svms.net

Nature of the services rendered: Consultative services related to HIT implementation and system transformation.

3. Jennifer Plymale

Associate Dean, Admissions

Director, Robert C. Byrd Center for Rural Health

Joan C. Edwards School of Medicine

1600 Medical Center Drive, Suite 1400

Huntington, West Virginia, 25701

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Nature of the services rendered: Marshall University has collaborated with WVMI on various institutional HIT and Quality Improvement efforts. More recently, WVMI has worked with over 200 members of the Marshall School of Medicine to assist them in preparing for practice transformation using HIT and become meaningful users of the EHR. WVMI played a key role in assisting the School's faculty members/departments on various e-health projects and transitioning them to an institutional specific electronic health records.