



West Virginia Purchasing Division

2019 Washington Street, East
Charleston, WV 25305
Telephone: 304-558-2306
General Fax: 304-558-6026
Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header @ 6

List View

General Information | Contact | Default Values | Discount | Document Information

Procurement Folder: 274241

Procurement Type: Central Master Agreement

Vendor ID: 000000194226

Legal Name: MAXIM HEALTHCARE SERVICES INC

Alias/DBA:

Total Bid: \$0.00

Response Date: 03/09/2017

Response Time: 12:49

SO Doc Code: CRFQ

SO Dept: 0506

SO Doc ID: EHP1700000005

Published Date: 2/8/17

Close Date: 3/9/17

Close Time: 13:30

Status: Closed

Solicitation Description: Certified Tumor Registrar Abstraction

Total of Header Attachments: 6

Total of All Attachments: 6



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

**State of West Virginia
 Solicitation Response**

Proc Folder : 274241
Solicitation Description : Certified Tumor Registrar Abstraction
Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2017-03-09 13:30:00	SR 0506 ESR03091700000004275	1

VENDOR
000000194226 MAXIM HEALTHCARE SERVICES INC

Solicitation Number: CRFQ 0506 EHP1700000005

Total Bid : \$0.00 **Response Date:** 2017-03-09 **Response Time:** 12:49:15

Comments: Thank you for the opportunity.
 In regards to the HIPAA BAA, would we be able to put a term to the agreement rather than it being perpetual?
 Please contact me with any questions, 216-365-7880.
 Thank you,
 Chelsea Balint

FOR INFORMATION CONTACT THE BUYER
 April Battle
 (304) 558-0067
 april.e.battle@wv.gov

Signature on File	FEIN #	DATE
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All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Tier 1: 100-250	0.00000	EA	\$80.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
80101600			

Extended Description :	Tier 1: 100-250
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Tier 2: 251-500	0.00000	EA	\$75.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
80101600			

Extended Description :	Tier 2: 251-500
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Tier 3: 501-750	0.00000	EA	\$70.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
80101600			

Extended Description :	Tier 3: 501-750
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Tier 4: 751-1,000	0.00000	EA	\$65.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
80101600			

Extended Description :	Tier 4: 751-1,000
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ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0506 EHP170000005

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 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.

Maxim Healthcare Services, Inc
Company

[Signature]
Authorized Signature

3/9/17
Date

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

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Chelsea Balint, Account Executive

(Name, Title)

Chelsea Balint, Account Executive

(Printed Name and Title)

5595 Transportation Blvd, Ste 235 Garfield Heights,

(Address)

P: 866-265-0589 F: 877-316-8245

(Phone Number) / (Fax Number)

chbalint@gmailhealth.com

(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Maxim Healthcare Services, Inc

(Company)

 Assistant Controller

(Authorized Signature) (Representative Name, Title)

Troy Thomas Assistant Controller

(Printed Name and Title of Authorized Representative)

3/9/17

(Date)

410-910-2124 (P) 443-430-7323

(Phone Number) (Fax Number)

Exhibit A – Pricing Page

DELIVERABLES	COST	
	Qty	Unit Cost
<u>CERTIFIED TUMOR REGISTRAR ABSTRACTION</u> <u>Deliverable 1 – Per Section 4.2.2.1.1</u> Within the contract period vendor will turn each requested abstract error free via SFTP to the West Virginia Cancer Registry Tier 1: 100 to 250 abstractions per the above deliverable	100 – 250	\$80.00
Tier 2: 251 to 500 abstractions per the above deliverable	251 - 500	\$75.00
Tier 3: 501 to 750 abstractions per the above deliverable	501 - 750	\$70.00
Tier 4: 751 to 1,000 abstractions per the above deliverable	751 – 1,000	\$65.00
TOTAL COST		\$ 72,500

Please provide a Per Unit Cost per Deliverable Tier and a Total Cost.

The contract will be awarded to the Vendor that provides the Deliverables meeting the required specifications for the lowest Total Cost.

Vendor Name: MAXIM Healthcare Services, Inc.	
Physical Address: 5595 Transportation Blvd, St 235 Garfield Heights OH	
Remit to Address: 12558 Collections Center Dr. Chicago, IL 60693	
Telephone: 866-265-0589	
Fax: 877-316-8245	
Email: chbalint@maxhealth.com	
Authorized Vendor Representative (print name): Iroy Thomas	
Signature: 	Date: 3/9/17

AGREED:

Name of Agency: Maxim Healthcare Services, Inc.

Signature: [Handwritten Signature]

Title: Agency Controller

Date: 3/9/17

Name of Associate:

Signature: [Handwritten Signature]

Title: Account Executive

Date: 3/9/17

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: Maxim Healthcare services, Inc.

Authorized Signature: [Signature] Date: 3/9/17

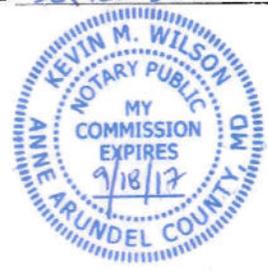
State of Maryland

County of Howard, to-wit:

Taken, subscribed, and sworn to before me this 9 day of March, 2017.

My Commission expires SEPTEMBER 18, 2017.

AFFIX SEAL HERE



NOTARY PUBLIC [Signature]

REQUEST FOR QUOTATION
CRFQ 0506 EHP1700000005
Annual Certified Tumor Registrar Abstraction

11. MISCELLANEOUS:

- a. **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: Chelsea Balint
Telephone Number: 214-365-7880
Fax Number: 877-316-8245
Email Address: chbalint@maxhealth.com