



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

Solicitation

NUMBER
WEH13021

PAGE
1

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL

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

DATE PRINTED
07/20/2012

BID OPENING DATE: 07/25/2012 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				1. QUESTIONS AND ANSWERS ARE ATTACHED.		
				2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.		
				END OF ADDENDUM NO. 1		
0001	1	YR		948-74		
				CONTRACT FOR HEALTH CARE PROVIDER SERVICES		

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

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



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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ WEH13021 ***** TOTAL:						

SIGNATURE		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

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

SOLICITATION NUMBER: WEH13021**Addendum Number: 1**

The purpose of this addendum is to modify the solicitation identified as WEH13021 (“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: 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.

ATTACHMENT A

Questions and answers are attached.

Addendum 1
WEH13021 Physician Services Bid Sheet

Q.1 With the cost for the Rural Health Clinics (Bid Sheet Item C.) already being provided within the Physician Salaries (Bid Sheet Item A.) and Physician Malpractice (Bid Sheet Item B.) to have a correct total for Item A and Item B, should not Item C be for information purposes only?

A.1 Please see the attached revised cost sheet.

Service Specialty Physician/Service Specialty	Physician Salaries			Physician Malpractice Insurance		Total of Annual Salary & Insurance (A + B)
	Number of Full Time Employees	Hourly Salary Rate	Total Annual Salary (A)	Monthly Malpractice Insurance	Annual Cost Malpractice Insurance (B)	
Anesthesia (CNRA)						
Anesthesia-On Call						
Emergency Room						
Emergency Room-On Call						
Family Practice						
Family Practice-On Call						
Geriatrics (Long Term Care)						
Geriatrics-On Call						
Internal Medicine						
Internal Medicine-On Call						
Pathology						
Pathology-On Call						
Pediatrics						
Pediatrics-On Call						
Physician Assistants						
Physician Assistants-On Call						
Radiology						
Radiology-On Call						
Radiology-On Call Electronic Viewing (Optional)						
Surgery						
Surgery-On Call						
Walk-In Clinic						
Walk-In Clinic-On Call						
Totals			(A) \$	\$	(B) \$	(A+B) \$

Administrative Fee for Health Care Provider Services: Vendor may have an administrative fee for providing Health Care Services	Monthly Total	Annual Total
	\$	(c) \$

Vendor Collections: Vendor will bill patient/patient insurance for physician services.	Monthly Total	Annual Total
	\$	(d) \$

Summary of Cost Proposal
 Total of Annual Physician Salary
 Total of Annual Malpractice Insurance
 Total of Administrative Fees for Health Care Provider Services
 Less Total for Estimated Vendor Collections

Annual Totals	
(a)	\$
(b)	\$
(c)	\$
(d)	- \$
* Total Price for Health Care Provider Services	
	\$

Award will be made for the lowest total bid meeting specifications.

*Total maximum amount facility will pay vendor annually. This is to be a "not to exceed amount" paid to vendor.

Vendor Name (Printed)

Name of Authorized Representative Title

Vendor Signature Date

Vendor Address

Telephone Fax E-mail

INFORMATIONAL PURPOSES ONLY

Cost Calculation of Monthly Fees for Rural Health Clinic Services (Average 1250 visits per month)	Bill Rate	X Visits =	Estimated Monthly Amount	Multiplied By	Estimated Total Cost
Estimated Monthly Rural Health Clinic	\$	1,250		X 12	
Estimated Total Annual Cost					\$

007

SIGN IN SHEET

Page 1 of 1

Request for Proposal No.

PLEASE PRINT

Date: 7-12-2012

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>Kelly Medical Services Inc</u>	<u>1 Pavilion Drive</u>	PHONE <u>304-763-2888</u>
Rep: <u>T. Kelly MD</u>	<u>Dunels, W.V.</u>	TOLL FREE
Email Address: <u>T Kelly MD @ col. com</u>	<u>25832</u>	FAX <u>304-763-2722</u>
Company: <u>Team Health</u>		PHONE <u>304-673-4384</u>
Rep: <u>P Keith</u>	<u>Knoxville, TN</u>	TOLL FREE
Email Address: <u>Patty_Keith@teamhealth.com</u>		FAX <u>865-560-7044</u>
Company: <u>WCH</u>	<u>454 McDowell St.</u>	PHONE <u>304-436-8708x8710</u>
Rep: <u>Hazel Addair</u>	<u>Welch WV 24801</u>	TOLL FREE
Email Address: <u>Hazel.A.Addair@wv.gov</u>		FAX
Company: <u>WCH</u>	<u>454 McDowell St</u>	PHONE <u>304-436-8685</u>
Rep: <u>Johany Barant</u>	<u>WCH WV 24801</u>	TOLL FREE
Email Address: <u>Johany.P.Barant@wv.gov</u>		FAX
Company: <u>Welch Community Hospital</u>	<u>454 McDowell St</u>	PHONE <u>304-436-8626</u>
Rep: <u>Heather Smith</u>	<u>Welch WV 24801</u>	TOLL FREE
Email Address: <u>Heather.L.Smith@wv.gov</u>		FAX

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: WEH13021

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 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.

Company

Authorized Signature

Date

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