



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

**Solicitation**

NUMBER
PSH14074

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  
 JACKIE WITHROW HOSPITAL  
 105 SOUTH EISENHOWER DRIVE  
 BECKLEY, WV  
 25801 304-256-6600

DATE PRINTED
09/23/2013

BID OPENING DATE: 10/03/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 1		
				ADDENDUM IS ISSUED:		
				1. TO PROVIDE RESPONSES TO VENDORS' QUESTIONS REGARDING THE ABOVE SOLICITATION. QUESTION AND ANSWER PAGES ARE ATTACHED.		
				2. TO PROVIDE A REVISED PRICING PAGE.		
				3. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.		
				***** END OF ADDENDUM NO. 1 *****		

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**SOLICITATION NUMBER: PSH14074**  
**Addendum Number: 1**

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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 responses to Vendors' questions.
2. To provide Addendum Acknowledgement

**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

## Addendum #1 – PSH14074

**Question 1.** The model in the RFQ anticipates a “licensed physician” working at the facility “four hours/day and three days/week” as well as providing continuous call coverage, 365 days/year. This model is distinctly different than the model endorsed by DHHR over the last 25 years that included a physician Medical Director, physician as well as Midlevel staff caring for residents, providing employee physicals and providing continuous call coverage for the facility.

The questions that arise are the following:

A. Does this RFQ anticipate the “licensed physician” also assuming the responsibilities of the Medical Director.

Answer 1A: No.

B. Does this RFQ anticipate that employee physicals will also be accomplished in the 12 hours/week detailed for the “licensed physician”.

Answer 1B: No

C. Will the “licensed physician” also attend Mortality Meetings and is this attendance included in the 12 hrs/week detailed for the “licensed physician”.

Answer 1C: It will be the responsibility of the Medical Director to attend the Mortality Meetings. So – No – the licensed physician will not be the individual attending this meeting, therefore it will not be considered part of the 12 hours per week.

D. Is it anticipated that the “licensed physician” can defer some responsibilities of patient care and employee physicals to a Midlevel provider working with the “licensed physician”, under this RFQ.

Answer 1D: Yes

### Additional Information related to Question #1:

The successful vendor must provide one (1) Medical Director to work approximately 8 hours per month. The Medical Director shall be a licensed physician who is licensed to practice medicine in the State of West Virginia and have a minimum of two (2) years of experience providing patient care. In addition the Medical Director shall provide the following:

- The Medical Director shall attend various facility meetings such as, but not limited to: Physician/RN meetings, Mortality Review, Quality Assurance Review, Pharmacy, Therapeutic Meetings and any other meetings requested by the administrator and/or the Director of Nursing.
- The Medical Director shall provide physician intervention and physician services to ensure the overall management and coordination of qualified physicians.
- Provide phone consultation to the facility as needed.
- Provide emergency services on an on-call basis for residents residing at Jackie Withrow Hospital.
- Assume ultimate responsibility for emergency services for residents being served by the attending physician in cases where these physicians cannot be reasonably contacted.
- Provide advice to the Administrator related to the area of medical practice.
- Comply with established policies and procedures of the WV Department of Health and Human Resources. In addition, the Medical Director will be responsible for assisting (as needed) in changes made to the adherence of Jackie Withrow Hospital’s policies and procedures.

The successful vendor must provide two (2) Health Care Providers (Physicians and/or Mid-Level Providers). Between these two healthcare providers, the total hours of service provided for the year shall not exceed 700 hours. The Health Care Providers shall be licensed to practice medicine in the State of West Virginia and have a minimum of two (2) years of experience providing patient care. In addition, the Health Care Providers shall provide the following:

- Evaluate, prescribe, and order any and all medical interventions for the medical treatment of Jackie Withrow Hospital residents.
- Provide phone consultation to the facility as needed.
- Attend meetings as deemed necessary by the Medical Director and/or nursing home Administrator or designee.
- Make in-house visits for Jackie Withrow Hospital residents at least monthly and in compliance with state (Office of Facility Licensure and Certification) and federal (Centers for Medicare and Medicaid Services) regulations.
- Provide emergency services on an on-call basis for all patients residing at Jackie Withrow Hospital.
- Comply with established policies and procedures of Jackie Withrow Hospital and WV Department of Health and Human Resources.
- Enter all orders into the electronic medical record.

**Question #2.** 4.1.1.5 states that “the vendor must defer to the questions of judgment of the Director of nursing on all clinical matters (i.e. the diagnosis and treatment of diseases)”. Please clarify this statement. Surely the “licensed physician” will be responsible for all management of residents and their healthcare needs and work with the staff of Jackie Withrow to optimize that care and treatment.

*Answer #2. The Director of Nursing, Assistant Director of Nursing, Facility Administrator and additional nursing department staff of Jackie Withrow Hospital will work in conjunction with the physician to ensure the resident's healthcare needs are being met as he/she is the licensed provider responsible for administering medical treatment.*

**Question #3.** Page 32 requires clarification and details the “WV Regional Jail & Correctional Facility Authority”.

*Answer #3. Page 32 – Appendix A. The “Associate Name” should not read “WV Regional Jail & Correctional Facility Authority”. The successful vendor for this RFQ will be the “Associate”.*

**Question #4.** Page 8 requires evidence of Workers Compensation Insurance. If the staff are Independent Contractors providing the anticipated care, would the State wave this requirement.

*Answer #4. No. This cannot be waived.*

\*\*\* Please see the attached “Revised” Pricing Page for PSH14074 (Physician Services for Jackie Withrow Hospital)

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Pricing Page for PSH14074 (Physician Services for Jackie Withrow Hospital)

Item No.	Description	Quantity	Unit Price	Extended Price
1	Medical Director	12 mths	\$ _____	\$ _____
2.	Physician / Mid-Level (circle one)	12 mths	\$ _____	\$ _____
3.	Physician / Mid-Level (circle one)	12 mths	\$ _____	\$ _____
			<b>Total Cost</b>	\$ _____

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remit To Address:  
 (if different from above) \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_  
 \_\_\_\_\_

**\*\*Please note\*\*** This contract will be awarded to the vendor with the lowest overall total cost meeting the specifications.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: PSH14074**

**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.

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Company

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Authorized Signature

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Date

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