

REQUEST FOR PROPOSAL

ADDENDUM # 1

ISSUED November 6, 2013

**RFP NUMBER: DRCP-14-0995
DATE ISSUED: OCT 30, 2013**

**The Ohio Department of Rehabilitation and Correction (ODRC) is requesting
Proposals for:**

COMPREHENSIVE RADIOLOGY SERVICES FRANKLIN MEDICAL CENTER

INQUIRY PERIOD BEGINS: OCT 30, 2013

INQUIRY PERIOD ENDS: NOV 7, 2013

OPENING DATE: NOV 12, 2013

OPENING TIME: 11:00 AM Eastern Standard Time

**OPENING LOCATION: FRANKLIN MEDICAL CENTER
1990 Harmon Avenue
Columbus OH 43223**

**ATTN: Steven Sroufe
Business Administrator**

Reason for Addendum: Addendum #1 is issued to fine-tune and update the Request for Proposal.

All other terms, conditions and specifications remain the same.

Page 3	<p>PART ONE: General Instructions</p> <p>I. A. Contracts Delete paragraph five: “By submitting a Proposal, the Offeror acknowledges that it has read this RFP, understands it, and agrees to be bound by its requirements.”</p> <p>I. B. Inquiries/Clarifications Delete paragraph two: Internet Inquiries Offerors may make inquiries regarding this RFP any time during the inquiry period listed in PART TWO: RFP Timeframe Requirements. To make an inquiry, Offerors must use the following process:</p>
Page 5	<p>I. F. Proposal Instructions Change From: The Contractor must organize each Proposal in a manner consistent with the order of this RFP and any attachments, if any.</p> <p>ORDC wants clear and concise Proposals. Potential contractors should take care to completely answer questions and meet all RFP requirements.</p> <p>Change To: The Offeror must organize each Proposal in a manner consistent with the order of this RFP and any attachments.</p> <p>ORDC wants clear and concise Proposals. Potential Offerors should take care to completely answer questions and meet all RFP requirements.</p>
Page 9	<p>Proposal Format, Inserted item #7 Each Proposal must contain the following, in this order and must be typed:</p> <ol style="list-style-type: none"> 1. Cover Letter; 2. Letter of commitment to provide the service from sub-contractors; 3. Completed & Signed Declaration Statements, Attachment Three; 4. Offeror Profile Summary, Attachment Two; 5. Service Provider Profile Summary; 6. Scope of Work: <ol style="list-style-type: none"> A. Comprehensive Scope of Work; B. Potential Problem Areas; C. Staffing Plan; D. Project Management Methodology; 7. Proof of Workers’ Compensation Insurance 8. Payment Address 9. Cost Summary 10. W-9 Form 11. Signed Signature Page of Service Contract
Page 10	<p>Item 4, Offeror Profile Summary, added items a, b, and c:</p> <ol style="list-style-type: none"> a. It is a mandatory requirement that an Offeror have a minimum of sixty (60) months experience as documented on Attachment Two, providing clinical, comprehensive radiology services. ODRC shall reject any Proposal not meeting this five (5) year requirement. Attachment Two may be reproduced as needed. b. The Offeror must be organized to provide physician level services as required by Ohio Revised Code. c. Sixty (60) months documented experience in providing the same or similar services, including electronic informational data systems, to customers with 5 or more remote user sites.
Page 10	<p>Item 5, Service Provider Profile Summary, #2, Inserted “in good standing with the applicable Ohio licensing board.”</p>

Page 10	Item 5, Service Provider Profile Summary Added "Personnel desirable requirements for primary on-site practitioner include: 1. Twelve months experience in providing services within a correctional facility. 2. Twelve months experience in a managed care environment.
Page 12	A.1, #5, f, Added "Interventional Radiology examinations" list to Attachment Four: Cost Summary.
Page 18	C. Staffing Plan, #1, Change "Attachment Six" to "Attachment Five."
Page 18	C. Staffing Plan, #2, Delete item, "If lower level service providers are proposed, the plan must demonstrate that appropriate oversight will be provided as required by any Federal and Ohio laws and licensing boards. (e.g., if physician extenders are being proposed, include scope of services that can be provided and how physician clinical oversight will be provided as required by Ohio Revised Code and/or licensing boards.)"
Page 18	C. Staffing Plan, #3, Recruitment plan, Added: "must also include a detailed plan for staff coverage in the event of a sudden staffing vacancy."
Page 57	Attachment Four, Cost Summary Updated to include a list of Interventional Procedures, from page 12.

**ATTACHMENT FOUR: COST SUMMARY
 COMPREHENSIVE RADIOLOGY SERVICES at Franklin Medical Center**

My proposed firm fixed cost for all of the services included in this RFP for the time period of **January 2, 2014** through **June 30, 2015** (initial term) is as follows: \$ _____

SERVICE	COST PER MONTH	NUMBER OF MONTHS	TOTAL COST FOR 1/2/14 through 6/30/15
Comprehensive Radiology Services	\$ _____	X 18 (# of Months)	\$ _____

List cost to provide one each of the following services:

Screening Computed Radiography (CR) - (all plain film radiographs): Includes Anteroposterior (AP) chest x-rays	\$
All other x-ray exams:	\$
Fluoroscopy: (Includes any required injection services but not dye)	\$
Ultrasounds:	\$
Mammograms:	\$
CT Exams:	\$
MRI Studies:	\$
Interventional Radiology examinations including but not limited to:	
Liver Biopsies	\$
Thyroid biopsies	\$
Paracentesis	\$
Thoracentesis;	\$
Kidney biopsies	\$
PICC line placement and removal	\$
Bone Marrow	\$
Spinal Taps	\$

Cost to provide PET/CT Technologist and Isotope License at minimum of one (1) day (10 hours) per week:	\$
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Cost to provide MRI/CT Tech cost at minimum of 2 days per week (16 hours):	\$
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ODRC will not be liable/responsible for any costs not included in Attachment Four.

I attest that I am a representative of the Offeror listed in this Proposal. I have the authority to contractually bind the Offeror to provide the Comprehensive Radiology Services indicated in this Proposal for the time period specified at the cost listed in Attachment Four.

Printed Name: _____

Signature: _____

Email: _____

Title: _____

Phone/Fax: _____

Organization: _____

Address: _____

City, state, zip code: _____

Date: _____

The successful Offeror will invoice for services on a monthly basis. Payment will be made within thirty (30) days upon receipt of a proper, correct invoice and documentation of completion of work, in compliance with ORC 126.30.