

# INVITATION TO BID

State of Ohio  
Department of Administrative Services  
General Services Division  
Office of Procurement Services

The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award.		BIDDER NAME	
BID NUMBER <b>OT902916</b>	OPENING DATE (1:00 p.m.) <b>February 24, 2016</b>	STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet	
General Services Division Office of Procurement Services  4200 Surface Road Columbus, OH 43228-1395  Attn: Bid Desk		CITY STATE ZIP	
		COUNTY	MBE/EDGE CERTIFICATE NUMBER
		TELEPHONE NO. ( )	TOLL FREE NO. 1 - ( )
		CONTACT PERSON	FAX NO. ( )
		CONTRACTOR'S E-MAIL ADDRESS	
REQ./INDEX NO. LDC001	BID NOTICE DATE 02/03/16		
SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD) <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax			
In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%,10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". ____%, ____Days, Net 30 Days			
<u>PARTICIPATING AGENCY(IES):</u>  Ohio Department of Mental Health and Addiction Services, Ohio Department of Rehabilitation and Correction, and Ohio Department of Youth Services			
<b>ADDENDUM FOR CHANGE</b> <b>ADDENDUM NO.: 1</b> <b>REVISION DATE: 02/11/2016</b>			
<u>THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES IS SOLICITING BIDS FOR:</u>  <b>MOBILE RADIOLOGY SERVICES</b>  This addenda is issued to update and clarify specifications, remove pages 6, 7 and 13 and replace them.			

SPECIFICATIONS FOR ON-SITE MOBILE RADIOGRAPHY SERVICES, CONT'D.

Chest AP & Lat	Mandible	Skull
Clavicle	Mastoids	Sternum
Elbow	Nasal Bones	Temp Mandibular Joints
Facial Bones	Navicular – Wrist	Thoracic Spine
Femur	Orbits	Thumb, finger, toes
Foot	OS Callous – Heel	Tibia & Fibula
Forearm	Patella	Wrist

- A. Chest X-Rays for positive PPD TB Skin Test shall include Anterior-Posterior (AP) and Lateral Views.
- B. The Contractor will provide comparison interpretations when a previous test has been conducted. A copy of a previous exam, required for comparison interpretation when a previous X-Ray has been conducted, shall be provided by the Contractor no longer than three (3) business days following request. Comparison may be to X-Rays taken by contractor, by the Institution, by OSU or another outside entity.
- C. The Contractor will provide digital radiography (DR) and furnish medical diagnostic interpretations, consultation as needed, and written reports detailing X-Ray findings to the healthcare staff at each facility. DR X-Rays shall be conducted in a medically appropriate manner and in accordance with applicable sections of the Ohio Revised Code and Ohio Administrative Code.
- D. Panorex, and dental X-Rays will not be required.

1. MOBILE ULTRASOUND SERVICES

- A. Certified Ultrasound Technologist(s) shall administer required Ultrasound and an Ohio Licensed and Board Certified Radiologist Physician shall provide interpretations, consultations and written reports. Ultrasounds may include, but are not limited to, the following:

Abdominal
Breast
Echocardiogram
Pelvic
Obstetrical
Prostate
Renal
Thyroid
Transvaginal

The Contractor shall furnish individual videos of each test given, and the Contractor will furnish black & white and /or color printouts, as requested. The video format shall be Dicom compatible, or another video format or system approved by DAS.

- B. Interventional Studies will only be required to be performed at the Department of Rehabilitation and Correction, Franklin Medical Center, interventional studies may include, but are not limited to, the following:

Liver Biopsies
Thyroid Biopsies
Paracentesis
Thoracentesis
Kidney Biopsies
PICC Line Placement and Removal
Bone Marrow
Spinal Taps

2. MOBILE EKG SERVICES

- A. Administer electrocardiogram (EKG) procedure and provide the interpretation results and written reports to the requesting Agency.  
The Contractor will provide EKG technician as scheduled by the using institution. Subsequent to performing the services the test results will be forwarded to the agency appointee.

\* Change language from Licensed to Certified Ultrasound Technologist

SPECIFICATIONS FOR ON-SITE MOBILE RADIOGRAPHY SERVICES, CONT'D.3. MRI, PET-CT, CT, and MAMMOGRAM SERVICES

- \* A. MRI, PET-CT, and CT services, including fluoroscopy, will only be required to be performed at the Department of Rehabilitation and Correction, Franklin Medical Center.
- B. MRI, PET-CT, CT and Mammogram services, will only be required to be performed at the Department of Rehabilitation and Correction, Ohio Reformatory for Women.
- C. Certified Radiological Technologist(s) licensed by the state of Ohio shall administer required services and an Ohio Licensed and Board Certified Radiologist Physician shall provide radiology interpretations, consultations and written reports.
- D. The Contractor shall utilize the Department of Rehabilitation and Correction's on-site CT, MRI, PET-CT, Ultrasound equipment to perform test at the Franklin Medical Center and Mammography equipment at Ohio Reformatory for Women only.

IV. CONTRACTOR REQUIREMENTS

- A. Contractor shall be on call and available to provide services during normal business hours of 7:00 AM to 5:00 PM, EST, Monday through Friday, and at such other times as scheduled by the facility.
- B. Contractor shall arrive at the site either at a pre-scheduled time or within three (3) hours of request by the facilities' health care staff. Each facility using the services will be provided with appropriate order forms by the Contractor. Doctor's orders will be called or faxed to the Contractor and the Contractor will dispatch the appropriate technologist based on need and priority of service. Once exams are completed the x-ray images will be forwarded to the Radiologist for reading. For routine examinations a type-written interpretation will be provided to the institution no later than two (2) business days following the exam.

For non-routine/emergency exams verbal results are called to the designated location at each facility within two (2) hours. Legible and thorough interpretive reports shall be provided to facility's health care staff immediately or as soon as observed but no later than twenty four hours after testing. Contractor agrees to notify the institution immediately if X-ray images reveal any abnormalities that could cause loss of life, limb, or decrease of function if not identified and treated immediately.

Each facility will notify the Contractor of healthcare staff to be involved in this process at each location, once the bid is awarded.

- \*\* C. For all images and interpretations provided for DRC institutions the Contractor will work with the Department of Rehabilitation and Corrections to interface with their PACS system and transmit bidirectional interface of images and reports.

DYS and DMH may request a CD and narrative report, if desired. CD should be mailed within 72 hours of the request by the institution.

- D. Telephone consultation between the Contractor's radiologist and the facility's health care staff shall be available as needed, at no additional cost to the facility. Contractor shall provide all institutions with contact information.
- E. Contractor shall insure that all images are readable prior to leaving the facility. If additional images are required by the radiologist to complete the reading, they should be performed, at that time, at no additional charge to the institution.
- F. Contractor equipment is to be maintained per current standards of practice regarding safety, i.e. x-raying of lead aprons, maintenance, cleaning and disinfecting. Documentation is to be made available per agencies request providing evidence of maintaining safety standards on all equipment.
- G. The Contractor will properly invoice each facility monthly, as listed in Appendix A, for the services provided to that facility. The Contractor is to include a log with the billing reports indicating the date, client name, facility, numerical classification and type of service(s) rendered. This log must be signed and dated by a designee of the facility's Health Care Staff verifying the service(s) for payment.

\* To clarify that Mammography is performed at Ohio Reformatory for Women, not Franklin Medical Center.

\*\* The requirement for the DICOM printer has been removed.

PRICE SCHEDULE, CONT'D.

SOUTHEAST REGION	INTERVENTIONAL STUDIES	MRI STUDIES	PET/CT STUDIES	FLUOROSCOPY (INCLUDES ANY REQUIRED INJECTION SERVICES EXCEPT DYE)	TOMOGRAMS
* DRC INSTITUTIONS					
Franklin Medical Center (FMC)					
Total					

As a baseline for any future cost increase requests, the Bidder shall indicate, as a percentage of the total cost, what the cost elements are for calculating their price to the State. Sum of percentages must equal one hundred percent.

Administrative Cost	Labor Cost	Fuel Cost	Maintenance Cost	Other (Name Cost) (if applicable)
%	%	%	%	%

\* To remove Mammography from FMC.