ORIGINAL Page 1 of 6 **BID** - Invitation For Bid 12 SWIF-IME Ind Med Exams BID Effective Date: **Bid Invitation Number:** 6100021235 02/24/2012 **Issuing Office:** Supplier Name/Address: Michael Schindler Pa Dept of Labor and Industry **BAS Room 205 Procurement** 651 Boas Street HARRISBURG PA 17121-0750 US Your SAP Vendor Number with us: Please Return Quotation to: Type of Security furnished if required: Return Bid by: Pa Dept of Labor and Industry ☐ Certified bank cashier's check Bid Ending Date: **BAS Room 205 Procurement** ☐ Irrevocable letter of credit 04/30/2017 651 Boas Street ☐ Certificate of deposit HARRISBURG PA 17121-0750 US Bid Ending Time: ☐ Other as specified by bid 10:00:00 ☐ Bond - If annual bond: What is the name of the principal on the bond? Please Deliver To: **Expiration Date of** DLI SWIF-ADMIN&QA Contract (if **Procurement Contact:** 100 Lackawanna Ave applicable) **Buyer: Michael Schindler** Scranton PA 18503 US Phone: 717-346-7667 **Delivery Date:** Fax: 717-787-0688 See Items

This Invitation For Bids is comprised of: Part I, General Information; Part II, Bid Requirements; Part III, Criteria For Selection; Part IV, IFB Specifications; Part V, Contract Clauses; any documents attached to this Invitation For Bids or incorporated by reference; and any addenda issued by the Issuing Office prior to Bid Opening.

Supplier's Signature	Title
Printed Name	Date

The Bidder has completed and submitted this Bid in accordance with the instructions and requirements and terms and conditions of the Invitation For Bid. The Bidder has attached documents that are required to be submitted with this Bid and those attachments are incorporated by reference and made a part of this Bid. The Bidder, intending to be legally bound hereby, offers and agrees, if this Bid is accepted, to provide the awarded items at the price(s) set forth in this Bid at the time(s) and place(s) specified.

Item Material/Service Qty UOM Unit Price Total L		Total Line Item Price			
1	Professional Services Item Text Vendor, do not complete any pricing information on this line. This is for reference only.	1.000	Each	\$	\$

General Requirements for all Items:

ONS List of Items Continued on Following Page



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Header Text

The State Workers' Insurance Fund (SWIF) operates within the Pennsylvania Department of Labor and Industry. The purpose of SWIF is to provide a guaranteed workers' compensation insurance option to Pennsylvania businesses. Pennsylvania law requires that employers carry workers compensation insurance and SWIF is required to provide coverage to any employer requesting coverage regardless of the level of risk involved. Through this Invitation for Bid (IFB), SWIF seeks to establish pools of qualified healthcare providers to perform Independent Medical Examinations (IME) for workers' compensation cases to determine SWIF's liability for claims and ongoing claimant physical capacity to work. The Pools established will cover three geographical regions: (1) Philadelphia and the surrounding 4 counties; (2) Pittsburgh, Erie, Johnstown and the surrounding areas; and (3) Scranton, Pottsville, Sunbury, Harrisburg and the surrounding area. There will also be a statewide pool and an out-of-state pool. Each Pool will be composed of healthcare providers expected to perform IME's and may include: anesthesiologists (pain management), cardiologists, chiropractors, gastroenterologist, general surgeons, infectious disease specialists, occupational medicine specialists, ophthalmologists, oral and maxillofacial surgeons, orthopedist, otolaryngologists, physiatrists, plastic surgeons, podiatrists, primary care physicians, psychiatrists, pulmonologists, neuropsychologists, neurologists, neurosurgeons and urologists. Qualified physicians, healthcare providers and entities providing IME services may apply for one or more geographical region or the entire state.

SWIF is accepting Statements of Qualifications on a rolling basis to join the IME physician and healthcare provider pools. This will be an open/multiple Award IFB through the end of the contract service period, 5/01/2012-4/30/2017. Initial responses shall be opened April 2, 2012, and all Responsive and Responsible submissions shall be awarded contracts.

Following in this IFB, in Section I, is a description of the IME healthcare provider pools and general information for all applicants. Section II outlines Minimum Qualifications applicable to all applicants seeking to qualify for any of the qualified healthcare provider IME pools. Section III provides information regarding the Specific Qualifications that must be addressed, as applicable, for each physician specialty for which the physician or entities providing IME services seeks to be qualified and sets forth the fee structure. Section IV sets forth a healthcare provider's or entity's providing IME services requirement to maintain continued compliance with the Minimum Qualifications, and identifies circumstances under which a physician, healthcare provider or entities providing IME services can be removed from a pool. Finally, Section V outlines submission procedures and instructions.

ALL PRICES ARE F.O.B. DESTINATIONS

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*** No further information for this bid ***

Mandatory ATTRIB. #001 - 1. HAS THE SUBMITTER READ, AND DOES THE SUBMITTER UNDERSTAND, THE TERMS AND CONDITIONS OF THIS SOLICITATION?

Response:

Mandatory ATTRIB. #002 - 2. IS THE OFFER IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS SOLICITATION?

Response:

Mandatory ATTRIB. #003 - 3. DO ALL ITEMS OFFERED BY SUBMITTER CONFORM TO THE SPECIFICATIONS OF THIS SOLICITATION?

Response:

Mandatory ATTRIB. #004 - 4. WERE THE PRICE(S) AND AMOUNT ARRIVED AT INDEPENDENTLY AND WITHOUT CONSULTATION, COMMUNICATION OR AGREEMENT WITH ANY OTHER CONTRACTOR, SUBMITTER OR POTENTIAL SUBMITTER?

Response:

Mandatory ATTRIB. #005 - 5. WERE THE PRICE(S), AMOUNT, APPROXIMATE PRICE(S) OR THE APPROXIMATE AMOUNT DISCLOSED TO ANY FIRM OR PERSON WHO IS A SUBMITTER OR POTENTIAL SUBMITTER?

Response:

Mandatory ATTRIB. #006 - 6. WAS AN ATTEMPT MADE TO INDUCE ANY FIRM OR PERSON TO REFRAIN FROM RESPONDING TO THE SOLICITATION?

Response:

Mandatory ATTRIB. #007 - 7. WAS AN ATTEMPT MADE TO INDUCE ANY FIRM OR PERSON TO SUBMIT AN OFFER HIGHER THAN THE SUBMITTER'S OFFER?

Response:

Mandatory ATTRIB. #008 - 8. WAS AN ATTEMPT MADE TO INDUCE ANY FIRM OR PERSON TO SUBMIT ANY OTHER FORM OF COMPLEMENTARY OFFER?

Response:

Mandatory ATTRIB. #009 - 9. DID THE SUBMITTER MAKE THE OFFER IN GOOD FAITH? **Response:**

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Mandatory ATTRIB. #010 - 10. IS A GOVERNMENTAL AGENCY INVESTIGATING THE SUBMITTER, ITS AFFILIATES, SUBSIDIARIES, OFFICERS, DIRECTORS OR EMPLOYEES? IF YES, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT.

Response:

Mandatory ATTRIB. #011 - 11. IN THE LAST 4 YEARS, WAS THE SUBMITTER OR ITS EMPLOYEES FOUND LIABLE FOR CONSPIRACY OR COLLUSION RELATED TO ANY PUBLIC CONTRACT? IF YES, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT.

Response:

Mandatory ATTRIB. #012 - 12. IN THE LAST 4 YEARS, WAS THE SUBMITTER'S AFFILIATES OR SUBSIDIARIES FOUND LIABLE FOR CONSPIRACY RELATED TO ANY PUBLIC CONTRACT? IF YES, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT.

Response:

Mandatory ATTRIB. #013 - 13. IN THE LAST 4 YEARS, WAS THE SUBMITTER'S AFFILIATES OR SUBSIDIARIES FOUND LIABLE FOR COLLUSION RELATED TO ANY PUBLIC CONTRACT? IF YES, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT.

Response:

Mandatory ATTRIB. #014 - 14. IN THE LAST 4 YEARS, WAS THE SUBMITTER'S OFFICERS OR DIRECTORS FOUND LIABLE FOR CONSPIRACY RELATED TO ANY PUBLIC CONTRACT? IF YES, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT.

Response:

Mandatory ATTRIB. #015 - 15. IN THE LAST 4 YEARS, WAS THE SUBMITTER'S OFFICERS OR DIRECTORS FOUND LIABLE FOR COLLUSION RELATED TO ANY PUBLIC CONTRACT? IF YES, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT.

Response:

Mandatory ATTRIB. #016 - 16. DID SUBMITTER VIOLATE ANY OF THE CONTRACTOR INTEGRITY PROVISIONS IN CONNECTION WITH THE SUBMISSION OF ITS OFFER OR ANY CONTRACT NEGOTIATIONS?

Response:

Mandatory ATTRIB. #017 - 17. IN THE LAST 4 YEARS, HAS SUBMITTER'S OFFICERS, DIRECTORS, ASSOCIATES, PARTNERS, OR INDIVIDUAL OWNERS BEEN CHARGED WITH, OR CONVICTED OF, ANY MISDEMEANOR OR FELONY? IF YES, PROVIDE INFORMATION IN THE COMMENT FIELD OR AS AN ATTACHMENT.

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Mandatory ATTRIB. #018 - 18. IS THE SUBMITTER CURRENTLY UNDER SUSPENSION BY THE FEDERAL GOVERNMENT OR ANY STATE OR LOCAL GOVERNMENT? IF YES, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT.

Response:

Mandatory ATTRIB. #019 - 19. IS THE SUBMITTER CURRENTLY DEBARRED BY THE FEDERAL GOVERNMENT OR ANY STATE OR LOCAL GOVERNMENT? IF YES, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT. Response:

Mandatory ATTRIB. #020 - 20. DO OFFERED ITEMS MEET EPA-ESTABLISHED MINIMUM PERCENTAGE LEVELS FOR TOTAL RECYCLED CONTENT AND POST-CONSUMER RECYCLED CONTENT? IF NO, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT.

Response:

Mandatory ATTRIB. #021 - 21. DOES THE SUBMITTER HAVE ANY DELINQUENT OBLIGATIONS TO THE COMMONWEALTH NOT BEING CONTESTED ON APPEAL? IF YES, PROVIDE EXPLANATION IN COMMENT FIELD OR AS AN ATTACHMENT.

Response:

Mandatory ATTRIB. #022 - 22. DOES THE SUBMITTER UNDERSTAND THAT ALL INFORMATION SUBMITTED AND REPRESENTATIONS MADE ARE MATERIAL AND WILL BE RELIED UPON BY THE COMMONWEALTH IN AWARD? Response:

Mandatory ATTRIB. #023 - 23. DOES THE SUBMITTER UNDERSTAND THAT ANY FALSE STATEMENT THAT SUBMITTER DOES NOT BELIEVE TO BE TRUE OR ANY WRITING, SAMPLE, SPECIMEN, MAP OR OTHER OBJECT THAT SUBMITTER KNOWS TO BE FALSE SHALL BE PUNISHABLE UNDER SECTION 4904 OF TITLE 18 PA. C. S? Response:

Mandatory ATTRIB. #024 - 24. DOES THE SUBMITTER AUTHORIZE A COMMONWEALTH AGENCY TO RELEASE SUBMITTER'S, TAX INFORMATION TO ANY CONTRACTING COMMONWEALTH AGENCY? Response:

Mandatory ATTRIB. #025 - 25. DOES THE SUBMITTER AGREE THAT THE OFFER SUBMITTED ELECTRONICALLY THROUGH THE COMMONWEALTH'S SYSTEM SHALL BE DEEMED SIGNED BY THE SUBMITTER. Response:

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Mandatory ATTRIB. #026 - 26. DOES THE SUBMITTER AGREE THAT THE ELECTRONICALLY SUBMITTED OFFER IS EGALLY BINDING AND ENFORCEABLE AND THAT NO WRITING SHALL BE REQUIRED TO MAKE THIS OFFER OR ANY RESULTING CONTRACT OR PURCHASE ORDER LEGALLY BINDING?

Response:

Mandatory ATTRIB. #027 - 27. DOES THE SUBMITTER AGREE THAT THE ELECTRONIC OFFER, IF INTRODUCED AS EVIDENCE ON PAPER, IS ADMISSIBLE AS A BUSINESS RECORD ORIGINATED AND MAINTAINED IN PAPER FORM? Response:

Mandatory ATTRIB. #028 - 28. DOES THE SUBMITTER AGREE THAT IF A CHANGE OR ERROR IN AN OFFER OCCURS IN A TRANSMISSION, THE SUBMITTER SHALL IMMEDIATELY NOTIFY THE COMMONWEALTH OF THE CHANGE OR ERROR?

Response:

Mandatory ATTRIB. #029 - 29. DOES THE SUBMITTER ACKNOWLEDGE RESPONSIBILITY FOR CURRENT & COMPLETE SUPPLIER REGISTRATION INFORMATION AND THAT THE COMMONWEALTH IS NOT RESPONSIBLE FOR ANY DELAYS IN PAYMENT OR COMMUNICATION RESULTING FROM INACCURACIES PROVIDED BY THE SUBMITTER? Response:

Mandatory ATTRIB. #030 - 30. I HAVE INDICATED MY NAME AND TITLE IN THE COMMENT SPACE PROVIDED AND REPRESENT THAT I HAVE FULL AUTHORITY TO SUBMIT THIS RESPONSE ON BEHALF OF SUBMITTER AND TO BIND SUBMITTER TO ITS CONTENTS.

Response: