



STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH (MDH)
INVITATION FOR BIDS (IFB)
SOMATIC SERVICES SPRING GROVE HOSPITAL CENTER
(SGHC)
IFB NUMBER OCMP 22-00011

ISSUE DATE: APRIL 7, 2022

NOTICE

A Prospective Bidder that has received this document from a source other than eMarylandMarketplace (eMMA) <https://procurement.maryland.gov> should register on eMMA. See **Section 4.2**.

**MINORITY BUSINESS ENTERPRISES ARE ENCOURAGED TO
RESPOND TO THIS SOLICITATION.**

NO BID NOTICE/VENDOR FEEDBACK FORM

To help us improve the quality of State solicitations, and to make our procurement process more responsive and business friendly, please provide comments and suggestions regarding this solicitation. Please return your comments with your response. If you have chosen not to respond to this solicitation, please email or fax this completed form to the attention of the Procurement Officer (see Key Information Summary Sheet below for contact information).

**Title: SOMATIC SERVICES SPRING GROVE HOSPITAL CENTER (SGHC)
Solicitation No: OCMP 22-00011**

1. If you have chosen not to respond to this solicitation, please indicate the reason(s) below:
 - Other commitments preclude our participation at this time
 - The subject of the solicitation is not something we ordinarily provide
 - We are inexperienced in the work/commodities required
 - Specifications are unclear, too restrictive, etc. (Explain in REMARKS section)
 - The scope of work is beyond our present capacity
 - Doing business with the State is simply too complicated. (Explain in REMARKS section)
 - We cannot be competitive. (Explain in REMARKS section)
 - Time allotted for completion of the Bid is insufficient
 - Start-up time is insufficient
 - Bonding/Insurance requirements are restrictive (Explain in REMARKS section)
 - Bid requirements (other than specifications) are unreasonable or too risky (Explain in REMARKS section)
 - MBE or VSBE requirements (Explain in REMARKS section)
 - Prior State of Maryland contract experience was unprofitable or otherwise unsatisfactory. (Explain in REMARKS section)
 - Payment schedule too slow
 - Other: _____

2. If you have submitted a response to this solicitation, but wish to offer suggestions or express concerns, please use the REMARKS section below. (Attach additional pages as needed.)

REMARKS:

Vendor Name: _____ Date: _____

Contact Person: _____ Phone (____) _____ - _____

Address: _____

E-mail Address: _____

STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH (MDH)
KEY INFORMATION SUMMARY SHEET

Invitation for Bids	Services - SOMATIC SERVICES SPRING GROVE HOSPITAL CENTER (SGHC)
Solicitation Number:	OCMP 22-00011
IFB Issue Date:	April 7, 2022
IFB Issuing Office:	MARYLAND DEPARTMENT OF HEALTH (MDH or the "Department")
Procurement Officer: e-mail: Office Phone:	Jim Beauchamp Office of Contract Management and Procurement (OCMP) 201 W. Preston Street mdh.solicitationquestions@maryland.gov 410-767-0974
Bids are to be sent to:	Submit via eMMA
Pre-Bid Conference:	April 19, 2022, 11:00 A.M. Local Time via Teleconference See Attachment A for directions and instructions.
Questions Due Date and Time	May 16, 2022, 2:00 PM Local Time
Bid Due (Closing) Date and Time:	May 25, 2022, 2:00 PM Local Time Bidders are reminded that a completed Feedback Form is requested if a no-bid decision is made (see page iv).
Public Bid Opening Date, Time and Location	May 25, 2022, 2:15 PM Local Time Bid Opening - OCMP 22-00011 Google Meet joining info Video call link: https://meet.google.com/yod-nwfw-jcy Or dial: (US) +1 575-904-0783 PIN: 925 358 858# More phone numbers: https://tel.meet/yod-nwfw-jcy?pin=8069898820137
MBE Subcontracting Goal:	0%
VSBE Subcontracting Goal:	0%
Contract Type:	Indefinite Quantity with firm fixed unit prices as defined in COMAR 21.06.03.06A (2) (indefinite quantity) and 21.06.03.02A (1) (firm fixed price).
Contract Duration:	Five (5) year base period
Primary Place of Performance:	Spring Grove Hospital Center

	55 Wade Avenue Catonsville, MD 21228
SBR Designation:	No
Federal Funding:	No

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1 Minimum Qualifications

1.1 Bidder Minimum Qualifications

As part of the determination to be considered responsive, the Bidder must document in its Bid that it satisfies the following Minimum Qualifications:

- 1.1.1 The Bidder shall have one (1) year of experience providing somatic health services through physicians and physician assistants at inpatient medical facilities.

Required Documentation: As proof of meeting this requirement, the Bidder shall provide with its Bid one (1) reference from the past three (3) years that is able to attest the Bidder's experience in providing somatic services.

- 1.1.2 The Bidder shall be a group practice of medical providers all of whom shall be licensed by the Maryland State Board of Physicians and adhere to all medical staff bylaws, rules, regulations and guidelines established by SGHC. The Bidder shall also assure that its providers comply as applicable with any other licensing, accrediting, or regulatory authorities that govern the operation of SGHC, such as The Joint Commission, CMS, and MDH.

Required Documentation: As proof of meeting this requirement, the Bidder shall provide with its Bid: A current MD license evidencing certification by the Maryland Board of Physicians.

- 1.1.3 The Bidder shall certify that its Physician Assistants are licensed as Physician Assistants in the State of Maryland, and shall be qualified to perform the duties of a Physician Assistant at SGHC (See SGHC Physician Assistant Delineation for Clinical Privileges, Attachment P. The Physician Assistants shall adhere to all licensure requirements established by the Maryland State Board of Physicians and all medical staff bylaws, regulations and guidelines established by SGHC.

Required Documentation: As proof of meeting this requirement, the Bidder shall provide with its bid current Maryland licenses for all physician assistants evidencing licensure by the Maryland. Board of Physicians.

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2 Contractor Requirements: Scope of Work

2.1 Summary Statement

- 2.1.1 The MARYLAND DEPARTMENT OF HEALTH (MDH) Spring Grove Hospital Center (SGHC) is issuing this Invitation for Bids (IFB) in order to procure the services defined in this **Section 2**, as specified in this IFB, from a contract between the successful bidder(s) and the Maryland Department of Health (MDH). This IFB is to acquire professional staff (Physicians and Physician Assistants) necessary for the on-site delivery and coordination of somatic health and basic psychiatric care for SGHC patient population. The successful Bidder will be required to provide professional services, supervisory and management services, and certain materials and equipment under the Scope of Work.
- 2.1.2 It is the State's intention to obtain goods and services, as specified in this IFB, from a Contract between the selected Bidder and the State. The anticipated duration of services to be provided under this Contract is five (5) years. **See Section 2** for more information.
- 2.1.3 The Department intends to make a single award for the work under this IFB. See IFB **Section 4.9 Award Basis** for more Contract award information.
- 2.1.4 A Bidder, either directly or through its subcontractor(s), must be able to provide all goods and services and meet all of the requirements requested in this solicitation and the successful Bidder (the Contractor) shall remain responsible for Contract performance regardless of subcontractor participation in the work.
- 2.1.5 Maryland State and local entities as defined in Finance and Procurement §13-110(a) and nonprofit entities within the State of Maryland may purchase from the Contractor goods or services covered by the Contract at the same prices chargeable to the State. All such purchases by non-executive branch entities, non-State governments, government agencies or nonprofit entities:
- Shall constitute Contracts between the Contractor and that entity;
 - Shall not constitute purchases by the State or State agencies under the Contract;
 - Shall not be binding or enforceable against the State; and
 - May be subject to other terms and conditions agreed to by the Contractor and the purchaser.
- 2.1.6 All Contract prices, terms, and conditions must be provided to any Maryland local government or nonprofit entity requesting services under the Contract. The Contractor bears the risk of determining whether or not a government, agency or organization with which the Contractor is dealing is a State entity.

2.2 Background and Purpose

MDH is issuing this IFB to acquire professional staff (Physicians, Physician Assistants and other medical professionals) collectively referred to as Providers, as defined in **Appendix 1**, necessary for the on-site delivery and coordination of somatic health and basic psychiatric care for SGHC's patient/residential population. SGHC is an integral part of the mental health services delivery system of the State of Maryland. SGHC provides inpatient treatment for adults (ages 18 through senescence) and adolescents (ages 13 through 17). **The current capacity is 407 beds (397 adults and 10 adolescents) within fifteen (15) active treatment units.** The successful Contractor will be required to provide professional services, supervisory and management services, and certain materials and equipment under the Scope of Work.

The services to be performed represent a comprehensive set of medical/somatic services including Basic Psychiatry, General Medicine, General Surgery, Gynecology, Orthopedics, Ophthalmology, Urology, Cardiology, Mobile Radiology, Podiatry, Somatic Urgent Care treatment, and other Medical-Surgical subspecialties as deemed necessary by the Chief Medical officer. Obstetric services are not included. Primary Physicians (**See section 2.3.13**), On-Duty Physicians (**See section 2.3.14**) and Physicians Assistants (**See section 2.3.15**) are considered essential personnel and must be present onsite as scheduled to provide routine and emergency medical services as well as emergency psychiatric services throughout SGHC on a 24/7 basis throughout the term of the Contract.

2.2.1 State Staff and Roles

In addition to the Procurement Officer, the State will provide the following,

- a) Contractor Manager - The State will provide a Contract Manager. The Contract Manager is the Director of Somatic Services. The Contract Manager provides the overall management of the contract as identified throughout Section 2 of this IFB.
- b) Contract Monitor - The Chief Medical Officer (CMO) is the Contract Monitor and oversees the Contract Manager.

2.2.2 State Responsibilities

In addition to the Contractor Manager and Contract Monitor, the State,

- a) The State will provide normal office working facilities and equipment reasonably necessary for Contractor performance under the Contract. SGHC will provide sphygmomanometers, ophthalmoscopes, electrocardiographic equipment, glucometers, disposable supplies, and any other clinical/diagnostic equipment or supplies deemed necessary and approved by the Contract Manager.
- b) The SGHC will provide cell phones and necessary communication devices to all primary and On-Duty Providers.
- c) The State is responsible for providing required information, data, documentation, and test data to facilitate the Contractor's performance of the work and will provide such additional assistance and services as is specifically set forth.

2.3 Responsibilities and Tasks

2.3.1 Staff Credentials & Clinical Privileging

Prior to the assumption of clinical duties, the Contractor's Physicians and Physician Assistants must apply for, and be granted the following:

- A. Membership in, (or in the case of Physician Assistants, formal affiliation with) the Spring Grove Hospital Medical Staff.
- B. The Contractor's providers must also apply for and have been granted clinical privileges in accordance with their field of practice at Spring Grove by its Medical Staff.

In the event that a Contractor's provider is denied membership in the Medical Staff, or is denied clinical privileges applicable to his/her field of practice at SGHC, or in the event that such membership or privileges are revoked, suspended, limited, or not renewed, the Contractor shall be responsible for arranging for the provider's replacement within thirty (30) calendar days, such that there is no adverse impact on the delivery of somatic services. During any interim period, the Contractor shall remain responsible for the delivery of all required somatic services.

- 2.3.1.1 2.3.1.1 The Contractor's Physicians and Physician Assistants agree to abide by the policies of SGHC, MDH, and the Spring Grove Medical Staff Bylaws. Medical Staff Bylaws are available for review upon request to SGHC's Office of Chief Medical Officer. Specialty Physicians, as delineated under **Section 2.3.19**, shall also be required to have currently active privileges in their specialty fields at a hospital within the Baltimore Metropolitan area, unless the Chief Medical Officer waives this requirement.
- 2.3.1.2 2.3.1.2 Position descriptions for Primary Care Physician (**Attachment AA**), On-Duty Physician (**Attachment BB**), Physician Assistant (**Attachment CC**), and Specialty Physicians (**Attachment DD**) are attached, as well as the Delineations of Clinical Privileges (**Attachments P-Z**).
- 2.3.1.3 2.3.1.3 Credentialing information (**see Attachment EE**). Maryland Hospital Credentialing Application needed to credential the Contractor's Physicians and Physician Assistants proposed to perform under this Contract shall be submitted as part of the bid.
- 2.3.1.4 2.3.1.4 Delineation of Clinical Privileges for Physician Assistant, Physician Specialties-Urology, General Surgeon, General Somatic Medicine, GYN, Ophthalmology, Orthopedic, Primary Care, Podiatry, Mobile Radiology, and Cardiology (**Attachments P-Z**) are also attached.

2.3.2 Personnel/Staff

- 2.3.2.1 2.3.2.1 All personnel submitted in the Contractor's bid shall perform continuously for the duration of the Contract, and for so long as performance is satisfactory to Spring Grove Hospital Center's Contract Manager. All personnel described in the Contractor's bid shall meet the Hospital Center's standard for employment health screening requirements including the pre-employment physical, tuberculosis screening and any other mandatory immunizations as needed. The MMRV (Measles, Mumps, Rubella Vaccine) is checked during the physical. If MMRV immunity is not evident, SGHC can only recommend the administration of the vaccine.
- 2.3.2.2 2.3.2.2 Contractor's Primary Care Physician coverage must be provided by Physicians who meet the requirement in **Attachment W**. In order to assure optimal continuity of care, each Primary Care Physician position shall work full-time, five (5) days per week, at SGHC. Each Physician Assistant provider shall work full-time, four (4) days per week. Each Specialty Care Physician shall be assigned to provide specialty services on a regularly scheduled basis

and shall not be substituted by other Specialty Physicians unless approved in advance by the Contact Manager. On-Duty Physicians shall also be scheduled on a regularly scheduled basis and shall be scheduled as frequently as necessary to maximize continuity and quality of care.

- 2.3.2.3 Contractor's Primary Care Physician coverage must be provided by Physicians who meet the requirement in **Attachment W**. In order to assure optimal continuity of care, each Primary Care Physician position shall work full-time, five (5) days per week, at SGHC. Each Physician Assistant provider shall work full-time, four (4) days per week. Each Specialty Care Physician shall be assigned to provide specialty services on a regularly scheduled basis and shall not be substituted by other Specialty Physicians unless approved in advance by the Contact Manager. On-Duty Physicians shall also be scheduled on a regularly scheduled basis and shall be scheduled as frequently as necessary to maximize continuity and quality of care
- 2.3.2.4 The Contractor shall make all efforts to retain the currently credentialed SGHC somatic staff in order to maintain continuity and quality of services. In order to substitute any personnel not currently credentialed by SGHC, the Contractor shall submit the resumes and completed "Maryland Hospital Credentials Applications" for each of the proposed substitute personnel as part of the bid submission. (Credentialing applications will only be processed upon award of the Contract). In the event of any proposed substitution of personnel, such substitute personnel shall have the qualifications at least equal to those of the replaced personnel and must be approved by the Contract Manager.

2.3.3 Performance Improvement

- 2.3.3.1 The Contractor shall comply with the Performance Improvement Plan for the clinical services as set forth in the Spring Grove Hospital Center Medical Staff Performance Improvement Plan. The plan shall
- 2.3.3.2 Be in full compliance with current Joint Commission standards, CMS standards, MDH requirements, Spring Grove Hospital Medical Staff Bylaws, Spring Grove Hospital Policies and Procedures, the Spring Grove Hospital Performance Improvement Plan, and any other standards that apply. The Spring Grove Hospital Performance Improvement Plan is available in hardcopy through the Contract Manager. The Spring Grove Hospital Center Medical Staff Bylaws, and the Medical Staff Performance Plan is also available for inspection upon request by contacting the SGHC Office of the Chief Medical Officer.
- 2.3.3.3 Be approved by the Contract Manager and be updated and revised in a manner consistent with ongoing programmatic changes of SGHC. The plan is required after the "Go Live Date".
- 2.3.3.4 Provide that all personnel, expertise, and technical support to assure ongoing monitoring of the quality and appropriateness of the clinical services and Providers are implemented through the Contractor's staff.
- 2.3.3.5 Provide a mechanism for assuring that there is prompt and effective written, verbal, and electronic communication of performance improvement issues between SGHC, the Contractor, and the Providers.

- 2.3.3.6 Include a mechanism for collaborating with SGHC’s Contract Manager, Hospital Staff, Medical Staff, and Administration, as necessary for implementing the performance improvement plan.
- 2.3.3.7 Include a mechanism for incorporating data collection, such as periodic and random sampling of medical records, individual treatment plans, drug orders, peer reviews, and any other aspects of services.
- 2.3.3.8 Include a mechanism for implementing corrective actions, such as professional training/counseling, personnel management, disciplinary actions, program and resource management in collaboration with SGHC. For this purpose, administrative and medical representatives of the Contractor shall meet with the Contract Manager on a regular basis, as deemed appropriate by the Contract Manager. This requirement includes the Contractor and providers attending the monthly meeting of the Somatic Services Committee or any other meetings as deemed necessary by SGHC.
- 2.3.3.9 Include a mechanism for monitoring, managing, and documenting the general work performance (such as lateness, absences, initiative, reliability, team effort, availability, etc.) of all contracted Providers.
- 2.3.3.10 Include a mechanism for the submission on a quarterly basis of comprehensive written quarterly performance improvement reports detailing all aspects of performance improvement, as required to the Contract Manager. These reports must include data generated through the monitoring of selected performance improvement indicators, summary findings, corrective actions, and any other applicable information. Certain reports, such as morbidity and mortality reports, may also be required on a per occurrence basis. In addition, the Radiology provider shall submit a performance improvement report of the accuracy of its x-ray readings as well as a quality assurance report on the technical quality of the x-rays that are submitted for readings.

2.3.4 Medical Record Documentation

- 2.3.4.1 In addition to the requirements of **Attachments AA –DD**, the Contractor’s providers must be skilled in various aspects of medical documentation, medical computing methods, and data management methods in order to perform in accordance with certain medical documentation and record-keeping requirements of SGHC. In addition, medical documentation must satisfy the standards and regulatory requirements established by third-party insurers, Medicare, The Joint Commission, Medicaid, and the Office of Health Care Quality of MDH, and must comply with HIPAA laws and State Confidentiality laws. The Contractor’s providers shall be responsible for documenting medical records on an ongoing, timely, and orderly basis. All written entries in each medical chart must be legible, organized, and thorough. Documentation and record-keeping requirements for each patient shall include and apply to, but are not limited to, the following:
 - 2.3.4.2 Documentation of admission, annual, and periodic examinations, and aftercare plans
 - 2.3.4.3 Documentation of progress/consultant notes when ordering or changing medication, making or changing diagnoses, ordering discharge, in the preparation of aftercare summaries or plans, in the event of an unusual medical occurrence, in instances in which the patient’s condition is unstable, and in all other circumstances in which documentation of clinical data is consistent with applicable practice standards.

- 2.3.4.4 Documentation of treatment orders
- 2.3.4.5 Development and documentation of aspects of Individualized Treatment Plans, as required
- 2.3.4.6 Preliminary discharge/death summaries on patients who have expired while under care within fifteen (15) days of the patient's discharge/death.

2.3.5 Participation Medical Staff & Hospital Committees

- 2.3.5.1 **Medical Staff Committee:** The Primary Care physicians are required to attend the monthly meeting at a minimum of nine (9) in a twelve (12) month period.
- 2.3.5.2 Contractor's providers may be required to serve on assigned Hospital and Medical staff committees. The committees may include but not limited to:
 - A. Health Information Services
 - B. Somatic Services Performance Improvement
 - C. Utilization Review
 - D. Pharmacy and Therapeutics
 - E. Performance Improvement Steering Committee
 - F. Patient Care, Infection Control
 - G. Safety
 - H. Continuing Medical Education
 - I. Credentialing & Clinical Privileging
 - J. Medical Staff Executive/Quality Improvement Committees
- 2.3.5.3 In addition, SGHC's Administration may require the Contractor and its providers to participate in ad-hoc committees, and other committee or management meetings. Total time estimated for committees/Medical Staff meetings is approximately six (6) hours per month.

2.3.6 Third Party Liability Documentation

- 2.3.6.1 The Contractor shall ensure that its providers adequately document any treatments, procedures or other patient encounters, and that the corresponding five-digit code from the **Physician's Current Procedural Terminology** (latest edition) is logged and made available in a timely manner to SGHC's billing agents, as required. The Contractor's providers shall be responsible for completing documentation for reimbursement from third party payers. When referring to a diagnosis in billing or related record keeping, the Contractor's providers shall enter a brief, but specific, description of the primary diagnosis and any other appropriate secondary diagnoses. The Contractor's providers shall enter the corresponding codes from the **International Classification of Diseases (ICD)**, current revision. All billing documentation shall be in compliance with HIPAA and State Confidentiality Law.

2.3.7 Personnel/Staff Management Requirements

- 2.3.7.1 The Contractor shall maintain sufficient personnel for delivery of all medical/somatic services on an ongoing basis as described in this Contract. This will require ongoing recruitment and backup staffing capabilities in order to fill positions that become vacant due to attrition or for any other reason.

- 2.3.7.2 Contractor shall maintain the clerical support services necessary to manage and coordinate the professional services that it provides under this Contract. This includes, but is not limited to, staff scheduling, as well as support services for generating performance-monitoring reports, rendering invoices for Provider services, meeting Minority Business Enterprise documentation requirements, and for any other such personnel management functions necessary for fulfilling the requirements of the contract
- 2.3.7.3 Contractor shall ensure and be responsible for timely communication (verbal, written, and electronic) between its providers, itself, and SGHC
- 2.3.7.4 Contractor shall document the time and attendance of each Provider. This information shall be maintained daily and submitted by the Contractor to SGHC's designated agent at the end of the month. This documentation shall include information for On-Duty Physicians, Primary Care Physicians, Physician Assistants and Specialty Physicians.
- 2.3.7.5 Documentation of a Provider's time and attendance must correspond with invoices and billing cycles and must justify the Contractor's monthly invoice.
- 2.3.7.6 Contractor's Providers shall maintain logs of all patient encounters on the units or in the clinics and for any patient services that they provide off-site. The Providers will submit these logs to SGHC's designated agent at the end of the month.
- 2.3.7.7 Contractor shall publish and make available at least five (5) days in advance of corresponding month, monthly schedules for its providers and submit these schedules to SGHC's designated agent. In case(s) of Provider absence(s), the Contractor shall arrange for and provide replacement coverage.
- 2.3.7.8 Contractor shall also update and revise schedules on a monthly basis, and whenever there is a revision to the schedule, and communicate and distribute them timely to the Hospital Operator, Contract Manager, the Chief Medical Officer, and the Chief Executive Officer.
- 2.3.7.9 Contractor shall ensure that it is available to SGHC on a 24-hour, 7 day/week basis both telephonically and via electronic messaging, for any routine or emergency issues. The Contractor shall designate an operational/contact person for this purpose.

2.3.8 Transportation

- 2.3.8.1 The Contractor or the Contractor's Providers are responsible for their own transportation, to and from, and at SGHC during their scheduled assignments.

2.3.9 Continuing Medical Education

- 2.3.9.1 Contractor shall assure that its providers maintain continuing medical education credits in their field of practice in a manner consistent with the requirements of the Spring Grove Medical Staff, Maryland licensing authorities, and the Performance Improvement Program. Continuing education credits should be consistent with the assigned duties at SGHC of each Provider

2.3.10 Supervisory Duties

- 2.3.10.1 Contractor's employees may be assigned to supervise Physician's Assistants' clinical management of SGHC's patients, and within that supervisory capacity, may supervise SGHC employees/staff.

2.3.11 Auditing for Contract Compliance

- 2.3.11.1 MDH reserves the right to audit, review and assess, by whatever legal procedures the Department deems necessary, the quality of medical care provided by the Contractor and the accuracy of such billings and invoices which are submitted by the Contractor. All services provided by the Contractor's providers shall be subject to utilization review and medical care evaluation studies in order to meet Medicare and Medicaid requirements, The Joint Commission standards, and the requirements of SGHC, and its medical staff.

2.3.12 Satisfaction with Service Rendered

- 2.3.12.1 In order to ensure ongoing satisfaction with the quality and quantity of the service provided, the Contract Manager will meet with the Contractor at least six (6) times per year, or more frequently if performance issues arise or as the Contract Manager deems appropriate. During such meetings, the Contract Manager will assess the performance of the Contractor based upon the provisions of this contract, hospital, and medical staff policies and Bylaws, and Performance Improvement activities. Any problem identified concerning quality of performance will be verified in writing by the Contract Manager and provided to the Contractor. The Contractor will then submit within three (3) days of notification of service performance issues a written Plan of Correction to the Contract Manager for approval.
- 2.3.12.2 If the Contract Manager determines that quality of performance issue may or has led to a life-threatening situation regarding somatic health services, then the Contract Manager shall address this in writing to the Contractor who shall provide to the Contract Manager for approval, a remediation plan within 24 hours of notification of performance issue. Failure to provide and implement a remediation plan to the satisfaction of the Contract Manager, or a written plan of correction for any service performance issue, may be the basis for Contract termination or other Contract action, including reduction or withholding of payment.

2.3.13 Primary Care Services

- 2.3.13.1 **Admission/Annual Examination of Patients:** At the time of admission to the SGHC, each patient shall receive a complete physical examination by the provider. It is estimated that the admissions for FY 2023 will be approximately 407. The provider must complete the annual physical examinations on all patients who remain in the Hospital over one year. Approximately 389 annual physicals are performed per year.
- 2.3.13.2 Contractor's Providers shall provide medically appropriate and cost-effective care to all patients at Spring Grove Hospital Center. Routine inpatient somatic care is currently provided on all the inpatient psychiatric units. More intensive somatic care is provided in the medical/psychiatry unit (Smith Building).
- 2.3.13.3 The Contractor's Providers shall provide all routine preventive care, acute and chronic care, and arrange for mobile radiology and any exams (approximately 60 per month), as well as specialty procedures necessary to assure the quality of somatic care. SGHC Laboratory personnel will draw and process blood samples for diagnostic testing.

2.3.13.4 The Contractor's Physicians shall perform and interpret all mobile radiology exams. Approximately 185 primary care patient encounters are performed each day.

2.3.13.5 The Contractor shall provide mobile radiology and other diagnostic tests utilizing the Contractor's equipment and interpret readings of the images.

2.3.14 On-Duty Physician Services

2.3.14.1 The Contractor shall provide On-Duty Physician services on a 24/7 (24 hours per day, 7 days per week), uninterrupted, on-site basis. On-duty services include emergency or urgent care of psychiatric and somatic/medical problems, admission of patients during after-hours or on holidays or weekends, and any other somatic or basic psychiatric care that is required to support patients and residents at SGHC while the regular staff is not on-site or available. Back-up psychiatric consultation by Spring Grove Hospital Center psychiatrists is available to the On-Duty Physician on a 24/7 basis and is provided by SGHC.

2.3.15 Physician Assistant Services

2.3.15.1 Contractor's Physician Assistants shall provide primary care services to SGHC's patients and perform pre-employment physicals on Center employees. All Physician Assistant services shall be monitored and supervised by Contract Manager and SGHC's Primary Care Physicians (including the Contractor's Physicians), as delineated by the Contract Manager. The Contractor's Physician Assistants shall adhere to their licensing/delegation agreements and collaborate regularly and effectively with their Supervising Physicians.

2.3.16 Community and Aftercare Services

2.3.16.1 For those patients being discharged, or on temporary leave from SGHC in the community or at a community facility, who have active medical/surgical problems such that follow-up medical care is required, the Contractor's Providers shall make appropriate referrals for their medical care and coordinate any arrangements necessary to assure their appropriate ongoing care and treatment. In addition, the Contractor's Providers shall supply written medical summaries, as required, to community care Providers.

2.3.16.2 This process must conform to Maryland law requiring aftercare plans from State Hospital Centers. For those patients remaining at SGHC, but who are receiving medical treatment or follow-up at community facilities, the Contractor's Providers shall also arrange and coordinate care between SGHC and such facilities.

2.3.17 Pre-Employment Examinations

2.3.17.1 The Contractor's providers shall provide pre-employment physical examinations for prospective Spring Grove Hospital Center employees. The Contractor's Providers shall also provide initial assessment of emergency health care for all Spring Grove employees who are on-duty.

2.3.17.2 Non-emergency assessment and urgent health care in the event of employment-related accident, injury, or illness is the responsibility of SGHC, and will not be part of this Contract. The average number of pre-employment physical examinations per month is approximately fifteen (15).

2.3.18 Primary Care Staffing Requirements

- 2.3.18.1 Primary Care Physicians: Contractor shall provide uninterrupted on-site staffing at SGHC according to the following schedules.
- 2.3.18.2 Primary Care Physicians: Contractor shall provide uninterrupted on-site staffing at SGHC according to the following schedules.
- 2.3.18.3 Physician (1) Monday through Friday / 7:00 a.m. to 3:00 p.m.
- 2.3.18.4 Physician (1) Monday through Friday / 7:30 a.m. to 3:30 p.m.
- 2.3.18.5 Physician (1) Monday through Friday / 11:00 a.m. to 7:00 p.m.
- 2.3.18.6 Physician Assistant (1) Monday through Thursday / 8:00 a.m. to 6:00 p.m.
- 2.3.18.7 Physician Assistant (1) Monday through Thursday / 8:00 a.m. to 6:00 p.m.
- 2.3.18.8 Physician Assistant (1) Monday through Friday / 8:00 a.m. to 5:00 p.m.
- 2.3.18.9 On – Duty Physicians
- 2.3.18.9.1 The Contractor shall provide uninterrupted, on-site, On-Duty Physician coverage on a 7 day per week, 24-hour per day basis throughout the term of the Contract. The Contractor shall provide On-Duty Physicians according to the following schedule:
- A. Physician 1 - 7:00 P.M – 7:00 A.M., seven (7) days per week including Saturdays, Sundays and State Holidays (refer to 2.3.18.7.3)
- 2.3.18.9.2 In addition, the Contractor shall also designate one or more of its Primary Care Physicians to provide On-Duty Physician coverage Monday through Friday 7:00 a.m. to 7:00 p.m. The On-Duty Physician or the designated Primary Care Physician shall be required to evaluate and manage all individuals who present to SGHC’s Admission Office for admission before 8:00 a.m. and after 4:30 p.m. on Monday through Friday, and on a 24-hour basis on weekends and on State observed holidays. In most instances, these individuals will have been prescreened for admission.
- 2.3.18.9.3 The Contractor’s Physicians shall complete and document the initial psychiatric evaluation and admit patients to SGHC in accordance with SGHC’s admissions procedures. SGHC will provide an admissions coordinator to assist with the admissions process. Physician coverage of the Admission Office is provided by SGHC at all other times. In addition, SGHC will provide 24/7 psychiatric consultation by telephone, and on-site as required, to the Contractor’s Physicians. The on-duty physician (afterhours, weekends and holidays) will provide basic psychiatric coverage for admissions and urgent psychiatric crisis events.
- 2.3.18.9.4 The Contractor’s On-Duty Physician or designated Primary Care Physician shall also provide on-duty coverage on-site, for all other acute and chronic medical problems, on an uninterrupted basis, 24 hours per day/7 days per week

- 2.3.18.9.5 State Holidays observed for time off for the duration of this contract are the following:
- A. New Year’s Day
 - B. Martin Luther King Day
 - C. President’s Day
 - D. Memorial Day
 - E. Juneteenth
 - F. Independence Day
 - G. Labor Day
 - H. Columbus Day
 - I. Veterans’ Day
 - J. Thanksgiving Day
 - K. American Indian Heritage Day
 - L. Christmas
 - M. General Election Days when applicable.

2.3.19 Specialty Medical/Surgical/Radiology Physicians

2.3.19.1 The Contractor’s providers shall also provide on-site specialty clinics on a regular schedule during routine business hours (8 a.m. to 4:30 p.m. Monday through Friday). While back-up services may also be required and developed to serve patients at off-site locations while still maintaining maximum convenience to SGHC and its patients, every effort should be made by the Contractor to provide required services through regularly scheduled on-site clinics. Delineation of Clinical Privileges for all Specialties is Attachments Q-Z.

Table 2.1 Specialty Clinic Data (2020)

The following reflect data for the Specialty Clinics for the year 2020:			
Clinic	No. of Patients Scheduled	No. of Patients Seen	No. of Clinics Held
Cardiology	51	41	6
General Surgery	41	32	4
GYN	160	122	15
Ophthalmology	252	221	8
Orthopedics	59	56	8
Podiatry	411	348	19
Urology	97	84	9
Radiology	794	369	N/A
** Visit numbers may be lower than the usual due to impact of Covid-19			
The schedule of clinic is as follows per a 28-day cycle:			
Cardiology	1 session		
General Surgery	1 session		

GYN	2 sessions
Ophthalmology	3 sessions
Orthopedics	1 session
Podiatry	2 sessions
Urology	1 session
Mobile Radiology	As Needed

2.3.19.2 Each session shall consist of a period of up to three (3) consecutive hours on-site at the discretion of, and as scheduled by SGHC from 8:00 a.m. to 4:30 p.m., Monday through Friday. SGHC reserves the right to cancel or reschedule individual clinics, if circumstances warrant (e.g., low patient volume, scheduling problems, etc.), giving 72-hours advance notice to the Contractor and/or its providers.

2.3.19.3 Mobile radiology diagnostic exams and interpreting shall be provided by the Contractor on an as needed basis, seven (7) days per week, twenty-four (24) hours per day. Upon special request, emergency mobile radiology exams and findings shall be made available to SGHC’s providers in an expedited manner with an expected turnaround time of no greater than two (2) hours. Radiology reports shall be reported and transmitted to SGHC daily within 24 hours from receipt of the mobile radiology images.

3 Contractor Requirements: General

3.1 Contract Initiation Requirements

- A. Contractor shall schedule and hold a kickoff meeting within 10 Business Days of NTP Date. At the kickoff, the Contractor shall furnish <<an updated Project Schedule describing the activities for the Contractor, the State, and any third parties for fully transitioning to the Contractor's solution.
- B. All medical staff shall be credentialed through SGHC's Medical Staff Executive Committee (MSEC) prior to treating any patients. **Refer to Section 2.3.1.**
- C. The Contractor shall cooperate in the orderly transition of services from the Contract awarded under this solicitation to any subsequent contract for similar services. The transition period shall begin ninety (90) days before the Contract end date, or the end date of any final exercised option or contract extension.
 1. Provide additional services and support as requested to successfully complete the transition
 2. Maintain the services called for by the Contract at the required level of proficiency
 3. Provide current operating procedures (as appropriate)

3.2 End of Contract Transition

- 3.2.1 The Contractor shall work toward a prompt and timely transition, proceeding in accordance with the directions of the Contract Manager. The Contract Manager may provide the Contractor with additional instructions to meet specific transition requirements prior to the end of the Contract.
- 3.2.2 The Contractor shall ensure that all necessary knowledge and materials for the tasks completed are transferred to the custody of State personnel or a third party, as directed by the Contract Manager.
- 3.2.3 The Contractor shall support end-of-Contract transition efforts with technical and project support to include but not be limited to:
 - A. The Contractor shall provide a draft Transition-Out Plan 120 Business Days in advance of Contract end date.

The Transition-Out Plan shall address at a minimum the following areas:

1. Any staffing concerns/issues related to the closeout of the Contract
2. Communications and reporting process between the Contractor, the Department, and the Contract Manager
3. Security and system access review and closeout
4. Any hardware/software inventory or licensing including transfer of any point of contact for required software licenses to the Department or a designee
5. Any final training/orientation of Department staff
6. Connectivity services provided, activities and approximate timelines required for Transition-Out

7. Knowledge transfer, to include:
 - a) A working knowledge of the current system environments
 - b) Review with the Department the procedures and practices that support the business process and current system environments
 - c) Working knowledge of all technical and functional matters associated with the solution, its architecture, data file structure, interfaces, any batch programs, and any hardware or software tools utilized in the performance of the Contract
 - d) Documentation that lists and describes all hardware and software tools utilized in the performance of the Contract
8. Plans to complete tasks and any unfinished work items (including open change requests, and known bug/issues)
9. Any risk factors with the timing and the Transition-Out schedule and transition process. The Contractor shall document any risk factors and suggested solutions
10. The Contractor shall ensure all documentation and data including, but not limited to, System Documentation and current operating procedures, is current and complete with a hard and soft copy in a format prescribed by the Contract Manager.
11. The Contractor shall provide copies of any current daily and weekly back-ups to the Department or a third party as directed by the Contract Manager as of the final date of transition, but no later than the final date of the Contract.
12. Access to any data or configurations of the furnished product and services shall be available after the expiration of the Contract as described in **Section 3.2.1**.

3.2.4 Return and Maintenance of State Data

- a) Upon termination or the expiration of the Contract Term, the Contractor shall: (a) return to the State all State data in either the form it was provided to the Contractor or in a mutually agreed format along with the schema necessary to read such data; (b) preserve, maintain, and protect all State data until the earlier of a direction by the State to delete such data or the expiration of 90 days (“the retention period”) from the date of termination or expiration of the Contract term; (c) after the retention period, the Contractor shall securely dispose of and permanently delete all State data in all of its forms, such as disk, CD/DVD, backup tape and paper such that it is not recoverable, according to National Institute of Standards and Technology (NIST)-approved methods with certificates of destruction to be provided to the State; and (d) prepare an accurate accounting from which the State may reconcile all outstanding accounts. The final monthly invoice for the services provided hereunder shall include all charges for the 90-day data retention period.
- b) During any period of service suspension, the Contractor shall maintain all State data in its then existing form, unless otherwise directed in writing by the Contract Monitor.
- c) In addition to the foregoing, the State shall be entitled to any post-termination/expiration assistance generally made available by Contractor with respect to the services.

3.3 Invoicing

3.3.1 General

- a) The Contractor shall send the original of each invoice and signed authorization to the Chief Financial Officer and designee.
- b) All invoices for services shall be verified by the Contractor as accurate at the time of submission.

An invoice not satisfying the requirements of a Proper Invoice (as defined in COMAR 21.06.09) cannot be processed for payment. To be considered a Proper Invoice, invoices must include the following information, without error:

- 1) Contractor name and address;
- 2) Remittance address;
- 3) Federal taxpayer identification (FEIN) number, social security number, as appropriate;
- 4) Invoice period (i.e. time period during which services covered by invoice were performed);
- 5) Invoice date;
- 6) Invoice number;
- 7) State assigned Contract number;
- 8) State assigned (Blanket) Purchase Order number(s);
- 9) Goods or services provided;
- 10) Amount due; and
- 11) Any additional documentation required by regulation or the Contract.

Invoices that contain both fixed price and time and material items shall clearly identify each item as either fixed price or time and material billing.

The Department reserves the right to reduce or withhold Contract payment in the event the Contractor does not provide the Department with all required deliverables within the time frame specified in the Contract or otherwise breaches the terms and conditions of the Contract until such time as the Contractor brings itself into full compliance with the Contract.

Any action on the part of the Department, or dispute of action by the Contractor, shall be in accordance with the provisions of Md. Code Ann., State Finance and Procurement Article §§ 15-215 through 15-223 and with COMAR 21.10.04.

The State is generally exempt from federal excise taxes, Maryland sales and use taxes, District of Columbia sales taxes and transportation taxes. The Contractor, however, is not exempt from such sales and use taxes and may be liable for the same.

Invoices for final payment shall be clearly marked as “FINAL” and submitted when all work requirements have been completed and no further charges are to be incurred under the Contract. In no event shall any invoice be submitted later than 60 calendar days from the Contract termination date.

3.3.2 Invoice Submission Schedule

The Contractor shall submit invoices in accordance with the following schedule:

- a) For items of work for which there is one-time pricing (see **Attachment B** –Bid Form) those items shall be billed in the month following the acceptance of the work by the Department.

- b) For items of work for which there is annual pricing, see **Attachment B**–Bid Form, those items shall be billed in equal monthly installments for the applicable Contract year in the month following the performance of the services.

3.3.3 Deliverable Invoicing

- a) Deliverable invoices shall be accompanied by notice(s) of acceptance issued by the State for all invoices submitted for payment. Payment of invoices will be withheld if a signed DPAF is not submitted (see online example at http://doit.maryland.gov/contracts/Documents/_procurementForms/DeliverableProductAcceptanceForm-DPAFsample.pdf).

Payment for deliverables will only be made upon completion and acceptance of the deliverables as defined in **Section 2**.

3.3.4 Time and Materials Invoicing

- a) All time and material invoices shall be accompanied by a signed timesheet as described below and notice(s) of acceptance issued by the State: DPAF for each time period invoiced (see online example at http://doit.maryland.gov/contracts/Documents/_procurementForms/DeliverableProductAcceptanceForm-DPAFsample.pdf)>>. Include for each person covered by the invoice the following, individually listed per person: name, hours worked, hourly labor rate, invoice amount and a copy of each person’s timesheet for the period signed by the Contract Monitor.

Time Sheet Reporting

Within three (3) Business Days after the 15th and last day of the month, the Contractor shall submit a semi-monthly timesheet for the preceding half month providing data for all Contractor Personnel / employees / resources working under the Contract.

At a minimum, each semi-monthly timesheet shall show:

- 1) Title: “Time Sheet for “Month of xxxxx”;
- 2) Issuing company name, address, and telephone number;
- 3) For each Contractor employee /resource:
 - a) Contractor employee / resource name, and
 - b) For each period ending date, e.g., “Period Ending: mm/dd/yyyy” (Periods run 1st through 15th, and 16th through last day of the month.):
 - i) Tasks completed that week and the associated deliverable names and ID#s;
 - ii) Number of hours worked each day;
 - iii) Total number of hours worked that Period;
 - iv) Period variance above or below 40 hours;
 - v) Annual number of hours planned under the Task Order;
 - vi) Annual number of hours worked to date; and
 - vii) Balance of hours remaining;
- 4) Annual variance to date (Sum of periodic variances); and

- 5) Signature and date lines for the Contract Monitor.

Time sheets shall be submitted to the Contract Monitor prior to invoicing. The Contract Monitor shall sign the timesheet to indicate authorization to invoice.

3.3.5 For the purposes of the Contract an amount will not be deemed due and payable if:

- a) The amount invoiced is inconsistent with the Contract;
- b) The proper invoice has not been received by the party or office specified in the Contract;
- c) The invoice or performance is in dispute or the Contractor has failed to otherwise comply with the provisions of the Contract;
- d) The item or services have not been accepted;
- e) The quantity of items delivered is less than the quantity ordered;
- f) The items or services do not meet the quality requirements of the Contract;
- g) If the Contract provides for progress payments, the proper invoice for the progress payment has not been submitted pursuant to the schedule;
- h) If the Contract provides for withholding a retainage and the invoice is for the retainage, all stipulated conditions for release of the retainage have not been met; or
- i) The Contractor has not submitted satisfactory documentation or other evidence reasonably required by the Procurement Officer or by the Contract concerning performance under the Contract and compliance with its provisions.

3.3.6 Travel Reimbursement

Travel will not be reimbursed under this IFB.

3.4 Liquidated Damages

3.4.1 MBE Liquidated Damages

Inapplicable because there is no MBE goal for this IFB.

3.4.2 Liquidated Damages other than MBE

THIS SECTION IS INAPPLICABLE TO THIS IFB.

3.5 Disaster Recovery and Data

The following requirements apply to the Contract:

3.5.1 Redundancy, Data Backup and Disaster Recovery

- a) Unless specified otherwise in the IFB, Contractor shall maintain or cause to be maintained disaster avoidance procedures designed to safeguard State data and other confidential information, Contractor's processing capability and the availability of hosted services, in each case throughout the Contract term. Any force majeure provisions of the Contract do not limit the Contractor's obligations under this provision.
- b) The Contractor shall have robust contingency and disaster recovery (DR) plans in place to ensure that the services provided under the Contract will be maintained in the event of disruption to the Contractor/subcontractor's operations (including, but not limited to, disruption to information technology systems), however caused.

- 1) The Contractor shall furnish a DR site.
- 2) The DR site shall be at least 100 miles from the primary operations site and have the capacity to take over complete production volume in case the primary site becomes unresponsive.
- c) The contingency and DR plans must be designed to ensure that services under the Contract are restored after a disruption within twenty-four (24) hours from notification and a recovery point objective of one (1) hour or less prior to the outage in order to avoid unacceptable consequences due to the unavailability of services.
- d) The Contractor shall test the contingency/DR plans at least twice annually to identify any changes that need to be made to the plan(s) to ensure a minimum interruption of service. Coordination shall be made with the State to ensure limited system downtime when testing is conducted. At least one (1) annual test shall include backup media restoration and failover/fallback operations at the DR location. The Contractor shall send the Contract Monitor a notice of completion following completion of DR testing.
- e) Such contingency and DR plans shall be available for the Department to inspect and practically test at any reasonable time, and subject to regular updating, revising, and testing throughout the term of the Contract.

3.5.2 Data Export/Import

- a) The Contractor shall, at no additional cost or charge to the State, in an industry standard/non-proprietary format:
 - 1) perform a full or partial import/export of State data within 24 hours of a request; or
 - 2) provide to the State the ability to import/export data at will and provide the State with any access and instructions which are needed for the State to import or export data.
- b) Any import or export shall be in a secure format per the Security Requirements.

3.5.3 Data Ownership and Access

- a) Data, databases, and derived data products created, collected, manipulated, or directly purchased as part of a IFB are the property of the State. The purchasing State agency is considered the custodian of the data and shall determine the use, access, distribution, and other conditions based on appropriate State statutes and regulations.

Public jurisdiction user accounts and public jurisdiction data shall not be accessed, except (1) in the course of data center operations, (2) in response to service or technical issues, (3) as required by the express terms of the Contract, including as necessary to perform the services hereunder or (4) at the State's written request.

The Contractor shall limit access to and possession of State data to only Contractor Personnel whose responsibilities reasonably require such access or possession and shall train such Contractor Personnel on the confidentiality obligations set forth herein.

At no time shall any data or processes – that either belong to or are intended for the use of the State or its officers, agents or employees – be copied, disclosed or retained by the Contractor or any party related to the Contractor for subsequent use in any transaction that does not include the State.

The Contractor shall not use any information collected in connection with the services furnished under the Contract for any purpose other than fulfilling such services.

- 3.5.4 Provisions in Sections 3.5.1 – 3.5.3 shall survive expiration or termination of the Contract. Additionally, the Contractor shall flow down the provisions of Sections 3.5.1-3.5.3 (or the substance thereof) in all subcontracts.

3.6 Insurance Requirements

The Contractor shall maintain, at a minimum, the insurance coverages outlined below, or any minimum requirements established by law if higher, for the duration of the Contract, including option periods, if exercised:

- 3.6.1 The following type(s) of insurance and minimum amount(s) of coverage are required:
- a) Commercial General Liability - of \$1,000,000 combined single limit per occurrence for bodily injury, property damage, and personal and advertising injury and \$3,000,000 annual aggregate. The minimum limits required herein may be satisfied through any combination of primary and umbrella/excess liability policies.
 - b) Errors and Omissions/Professional Liability - \$1,000,000 per combined single limit per claim and \$3,000,000 annual aggregate.
 - c) Crime Insurance/Employee Theft Insurance - to cover employee theft with a minimum single loss limit of \$1,000,000 per loss, and a minimum single loss retention not to exceed \$10,000. The State of Maryland and the Department should be added as a “loss payee.”
 - d) Cyber Security / Data Breach Insurance – (For any service offering hosted by the Contractor) ten million dollars (\$10,000,000) per occurrence. The coverage must be valid at all locations where work is performed or data or other information concerning the State’s claimants or employers is processed or stored.
 - e) Worker’s Compensation - The Contractor shall maintain such insurance as necessary or as required under Workers’ Compensation Acts, the Longshore and Harbor Workers’ Compensation Act, and the Federal Employers’ Liability Act, to not be less than one million dollars (\$1,000,000) per occurrence (unless a state’s law requires a greater amount of coverage). Coverage must be valid in all states where work is performed.
 - f) Automobile or Commercial Truck Insurance - The Contractor shall maintain Automobile or Commercial Truck Insurance (including owned, leased, hired, and non-owned vehicles) as appropriate with Liability, Collision, and PIP limits no less than those required by the State where the vehicle(s) is registered, but in no case less than those required by the State of Maryland.
- 3.6.2 The State shall be listed as an additional insured on the faces of the certificates associated with the coverages listed above, including umbrella policies, excluding Workers’ Compensation Insurance and professional liability.
- 3.6.3 All insurance policies shall be endorsed to include a clause requiring the insurance carrier provide the Procurement Officer, by certified mail, not less than 30 days’ advance notice of any non-renewal, cancellation, or expiration. The Contractor shall notify the Procurement Officer in writing, if policies are cancelled or not renewed within five (5) days of learning of such cancellation or nonrenewal. The Contractor shall provide evidence of replacement insurance coverage to the Procurement Officer at least 15 days prior to the expiration of the insurance policy then in effect.
- 3.6.4 Any insurance furnished as a condition of the Contract shall be issued by a company authorized to do business in the State.

- 3.6.5 The recommended awardee must provide current certificate(s) of insurance with the prescribed coverages, limits and requirements set forth in this section within five (5) Business Days from notice of recommended award. During the period of performance for multi-year contracts, the Contractor shall provide certificates of insurance annually, or as otherwise directed by the Contract Monitor.
- 3.6.6 The Contractor shall require any subcontractors to obtain and maintain comparable levels of coverage and shall provide the Contract Monitor with the same documentation as is required of the Contractor.

3.7 Security Requirements

The following requirements are applicable to the Contract:

3.7.1 Employee Identification

- a) Contractor Personnel shall display his or her company ID badge in a visible location at all times while on State premises. Upon request of authorized State personnel, each Contractor Personnel shall provide additional photo identification.
- b) Contractor Personnel shall cooperate with State site requirements, including but not limited to, being prepared to be escorted at all times, and providing information for State badge issuance.
- c) Contractor shall remove any Contractor Personnel from working on the Contract where the State determines, in its sole discretion, that Contractor Personnel has not adhered to the Security requirements specified herein.
- d) The State reserves the right to request that the Contractor submit proof of employment authorization of non-United States Citizens, prior to commencement of work under the Contract.

3.7.2 Security Clearance / Criminal Background Check

- a) A criminal background checks for any Contractor Personnel providing on-site services shall be completed prior to each Contractor Personnel providing any services under the Contract.
- b) The Contractor shall obtain at its own expense a Criminal Justice Information System (CJIS) State and federal criminal background check, including fingerprinting, for all Contractor Personnel listed in sub-paragraph A. This check may be performed by a public or private entity.
- c) The Contractor shall provide certification to the Department that the Contractor has completed the required criminal background check described in this IFB for each required Contractor Personnel prior to assignment, and that the Contractor Personnel have successfully passed this check.
- d) The Contractor shall provide certification or written assurance to Spring Grove Hospital Center that the Contractor has completed the required criminal background check described in this IFB for each required Contractor Personnel prior to assignment, and that the Contractor Personnel have successfully passed this check
- e) Persons with a criminal record may not perform services under the Contract unless prior written approval is obtained from the Chief Executive Officer (CEO) and Chief Medical Officer (CMO). The CEO and CMO reserves the right to reject any individual based upon the results of the background check. Decisions of CEO and CMO as to acceptability of a candidate are final. The State reserves the right to refuse any individual Contractor Personnel to work on State premises, based upon certain specified criminal convictions, as specified by the State.

- f) The CJIS criminal record check of each Contractor Personnel who will work on State premises shall be reviewed by the Contractor for convictions of any of the following crimes described in the Annotated Code of Maryland, Criminal Law Article:
- 1) §§ 6-101 through 6-104, 6-201 through 6-205, 6-409 (various crimes against property);
 - 2) any crime within Title 7, Subtitle 1 (various crimes involving theft);
 - 3) §§ 7-301 through 7-303, 7-313 through 7-317 (various crimes involving telecommunications and electronics);
 - 4) §§ 8-201 through 8-302, 8-501 through 8-523 (various crimes involving fraud);
 - 5) §§ 9-101 through 9-417, 9-601 through 9-604, 9-701 through 9-706.1 (various crimes against public administration); or
 - 6) a crime of violence as defined in CL § 14-101(a).

3.7.3 On-Site Security Requirement(s)

- a) For the conditions noted below, Contractor Personnel may be barred from entrance or leaving any site until such time that the State's conditions and queries are satisfied.
- 1) Contractor Personnel may be subject to random security checks when entering and leaving State secured areas. The State reserves the right to require Contractor Personnel to be accompanied while in secured premises.
 - 2) Some State sites, especially those premises of the Department of Public Safety and Correctional Services, require each person entering the premises to document and inventory items (such as tools and equipment) brought onto the site, and to submit to a physical search of his or her person. Therefore, Contractor Personnel shall always have available an inventory list of tools being brought onto a site and be prepared to present the inventory list to the State staff or an officer upon arrival for review, as well as present the tools or equipment for inspection. Before leaving the site, the Contractor Personnel will again present the inventory list and the tools or equipment for inspection. Upon both entering the site and leaving the site, State staff or a correctional or police officer may search Contractor Personnel. Depending upon facility rules, specific tools or personal items may be prohibited from being brought into the facility.
- b) Any Contractor Personnel who enter the premises of a facility under the jurisdiction of the Department may be searched, fingerprinted (for the purpose of a criminal history background check), photographed and required to wear an identification card issued by the Department.
- c) Further, Contractor Personnel shall not violate Md. Code Ann., Criminal Law Art. Section 9-410 through 9-417 and such other security policies of the agency that control the facility to which the Contractor Personnel seeks access. The failure of any of the Contractor Personnel to comply with any provision of the Contract is sufficient grounds for the State to immediately terminate the Contract for default.

3.7.4 Information Technology

For purposes of this solicitation and the resulting Contract, "Sensitive Data" means information that is protected against unwarranted disclosure, to include Personally Identifiable Information (PII), Protected Health Information (PHI) or other private/confidential data, as specifically determined by the State. Sensitive Data includes information about an individual that (1) can be used to distinguish or trace an individual's identity, such as name, social security number, date and place of birth, mother's maiden name, or biometric records; (2) is linked or linkable to an individual, such as medical, educational,

financial, and employment information; (3) falls within the definition of “personal information” under Md. Code Ann., State Govt. § 14-3501(d); or (4) falls within the definition of “personal information” under Md. Code Ann., St. Fin. & Proc. § 10-1301 (c).

- (a) Contractors shall comply with and adhere to the State IT Security Policy and Standards. These policies may be revised from time to time and the Contractor shall comply with all such revisions. Updated and revised versions of the State IT Policy and Standards are available online at: www.doit.maryland.gov – keyword: Security Policy.
- (b) The Contractor shall not connect any of its own equipment to a State LAN/WAN without prior written approval by the State. The Contractor shall complete any necessary paperwork as directed and coordinated with the Contract Monitor to obtain approval by the State to connect Contractor-owned equipment to a State LAN/WAN.

The Contractor shall:

- 1) Implement administrative, physical, and technical safeguards to protect State data that are no less rigorous than accepted industry best practices for information security such as those listed below (see **Section 3.7.5**);
- 2) Ensure that all such safeguards, including the manner in which State data is collected, accessed, used, stored, processed, disposed of and disclosed, comply with applicable data protection and privacy laws as well as the terms and conditions of the Contract; and
- 3) The Contractor, and Contractor Personnel, shall (i) abide by all applicable federal, State and local laws, rules and regulations concerning security of Information Systems and Information Technology and (ii) comply with and adhere to the State IT Security Policy and Standards as each may be amended or revised from time to time. Updated and revised versions of the State IT Policy and Standards are available online at: www.doit.maryland.gov – keyword: Security Policy.

3.7.5 Data Protection and Controls

- A. Contractor shall ensure a secure environment for all State data and any hardware and software (including but not limited to servers, network and data components) provided or used in connection with the performance of the Contract and shall apply or cause application of appropriate controls so as to maintain such a secure environment (“Security Best Practices”). Such Security Best Practices shall comply with an accepted industry standard, such as the NIST cybersecurity framework.
- B. To ensure appropriate data protection safeguards are in place, the Contractor shall implement and maintain the following controls at all times throughout the Term of the Contract (the Contractor may augment this list with additional controls):
 - 1) Establish separate production, test, and training environments for systems supporting the services provided under the Contract and ensure that production data is not replicated in test or training environment(s) unless it has been previously anonymized or otherwise modified to protect the confidentiality of Sensitive Data elements. The Contractor shall ensure the appropriate separation of production and non-production environments by applying the data protection and control requirements listed in **Section 3.7.5**.
 - 2) Apply hardware and software hardening procedures as recommended by Center for Internet Security (CIS) guides <https://www.cisecurity.org/> Security Technical

Implementation Guides (STIG) <https://public.cyber.mil/stigs/>, or similar industry best practices to reduce the systems' surface of vulnerability, eliminating as many security risks as possible and documenting what is not feasible or not performed according to best practices. Any hardening practices not implemented shall be documented with a plan of action and milestones including any compensating control. These procedures may include but are not limited to removal of unnecessary software, disabling or removing unnecessary services, removal of unnecessary usernames or logins, and the deactivation of unneeded features in the Contractor's system configuration files.

- 3) Ensure that State data is not comingled with non-State data through the proper application of compartmentalization Security Measures.
- 4) Apply data encryption to protect Sensitive Data at all times, including in transit, at rest, and also when archived for backup purposes. Unless otherwise directed, the Contractor is responsible for the encryption of all Sensitive Data.
- 5) For all State data the Contractor manages or controls, data encryption shall be applied to such data in transit over untrusted networks.
- 6) Encryption algorithms which are utilized for encrypting data shall comply with current Federal Information Processing Standards (FIPS), "Security Requirements for Cryptographic Modules", FIPS PUB 140-2:
<http://csrc.nist.gov/publications/fips/fips140-2/fips1402.pdf>
<http://csrc.nist.gov/groups/STM/cmvp/documents/140-1/1401vend.htm>
- 7) Enable appropriate logging parameters to monitor user access activities, authorized and failed access attempts, system exceptions, and critical information security events as recommended by the operating system and application manufacturers and information security standards, including Maryland Department of Information Technology's Information Security Policy.
- 8) Retain the aforementioned logs and review them at least daily to identify suspicious or questionable activity for investigation and documentation as to their cause and remediation, if required. The Department shall have the right to inspect these policies and procedures and the Contractor or subcontractor's performance to confirm the effectiveness of these measures for the services being provided under the Contract.
- 9) Ensure system and network environments are separated by properly configured and updated firewalls.
- 10) Restrict network connections between trusted and untrusted networks by physically or logically isolating systems from unsolicited and unauthenticated network traffic.
- 11) By default "deny all" and only allow access by exception.
- 12) Review, at least annually, the aforementioned network connections, documenting and confirming the business justification for the use of all service, protocols, and ports allowed, including the rationale or compensating controls implemented for those protocols considered insecure but necessary.
- 13) Perform regular vulnerability testing of operating system, application, and network devices. Such testing is expected to identify outdated software versions; missing software patches; device or software misconfigurations; and to validate compliance

with or deviations from the security policies applicable to the Contract. Contractor shall evaluate all identified vulnerabilities for potential adverse effect on security and integrity and remediate the vulnerability no later than 30 days following the earlier of vulnerability's identification or public disclosure, or document why remediation action is unnecessary or unsuitable. The Department shall have the right to inspect the Contractor's policies and procedures and the results of vulnerability testing to confirm the effectiveness of these measures for the services being provided under the Contract.

- 14) Enforce strong user authentication and password control measures to minimize the opportunity for unauthorized access through compromise of the user access controls. At a minimum, the implemented measures should be consistent with the most current Maryland Department of Information Technology's Information Security Policy (<https://doit.maryland.gov/policies/Pages/default.aspx>), including specific requirements for password length, complexity, history, and account lockout.
- 15) Ensure State data is not processed, transferred, or stored outside of the United States ("U.S."). The Contractor shall provide its services to the State and the State's end users solely from data centers in the U.S. Unless granted an exception in writing by the State, the Contractor shall not allow Contractor Personnel to store State data on portable devices, including personal computers, except for devices that are used and kept only at its U.S. data centers. The Contractor shall permit its Contractor Personnel to access State data remotely only as required to provide technical support.
- 16) Ensure Contractor's Personnel shall not connect any of its own equipment to a State LAN/WAN without prior written approval by the State, which may be revoked at any time for any reason. The Contractor shall complete any necessary paperwork as directed and coordinated with the Contract Monitor to obtain approval by the State to connect Contractor -owned equipment to a State LAN/WAN.
- 17) Ensure that anti-virus and anti-malware software is installed and maintained on all systems supporting the services provided under the Contract; that the anti-virus and anti-malware software is automatically updated; and that the software is configured to actively scan and detect threats to the system for remediation. The Contractor shall perform routine vulnerability scans and take corrective actions for any findings.
- 18) Conduct regular external vulnerability testing designed to examine the service provider's security profile from the Internet without benefit of access to internal systems and networks behind the external security perimeter. Evaluate all identified vulnerabilities on Internet-facing devices for potential adverse effect on the service's security and integrity and remediate the vulnerability promptly or document why remediation action is unnecessary or unsuitable. The Department shall have the right to inspect these policies and procedures and the performance of vulnerability testing to confirm the effectiveness of these measures for the services being provided under the Contract.

3.7.6 Security Logs and Reports Access

This section is not applicable to this IFB.

3.7.7 Security Plan

- a) The Contractor shall protect State data according to a written security policy (“Security Plan”) no less rigorous than that of the State and shall supply a copy of such policy to the State for validation, with any appropriate updates, on an annual basis.

The Security Plan shall detail the steps and processes employed by the Contractor as well as the features and characteristics which will ensure compliance with the security requirements of the Contract.

The Security Plan shall address compliance with the PCI DSS for payment card processing).

3.7.8 PCI Compliance

- A. Contractor shall at all times comply, and ensure compliance with, all applicable Payment Card Industry (“PCI”) Data Security Standards (“DSS”), including any and all changes thereto. Contractor shall provide the Department with documented evidence of current compliance to PCI DSS within 30 days of an Department request.
- B. The Contractor shall annually furnish to the State evidence of the PCI Security Standards Council’s (SSC) acceptance or attestation of the Contractor’s conformance to the relevant PCI DSS requirements by a third party certified to perform compliance assessments.
- C. The Contractor shall ensure that the scope of the annual SOC 2 Type II Report specified under **Section 3.9** includes testing to confirm the PCI assessment results.

3.7.9 Security Incident Response

- A. The Contractor shall notify the Department in accordance with **Section 3.7.9A-D** when any Contractor system that may access, process, or store State data or State systems experiences a Security Incident or a Data Breach as follows:
 - 1) notify the Department within twenty-four (24) hours of the discovery of a Security Incident by providing notice via written or electronic correspondence to the Contract Monitor, Department chief information officer and Department chief information security officer;
 - 2) notify the Department within two (2) hours if there is a threat to Contractor’s solution as it pertains to the use, disclosure, and security of State data; and
 - 3) provide written notice to the Department within one (1) Business Day after Contractor’s discovery of unauthorized use or disclosure of State data and thereafter all information the State (or Department) requests concerning such unauthorized use or disclosure.
- B. Contractor’s notice shall identify:
 - 1) the nature of the unauthorized use or disclosure;
 - 2) the State data used or disclosed,
 - 3) who made the unauthorized use or received the unauthorized disclosure;
 - 4) what the Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure; and
 - 5) what corrective action the Contractor has taken or shall take to prevent future similar unauthorized use or disclosure.
 - 6) The Contractor shall provide such other information, including a written report, as reasonably requested by the State.

- C. The Contractor may need to communicate with outside parties regarding a Security Incident, which may include contacting law enforcement, fielding media inquiries and seeking external expertise as mutually agreed upon, defined by law or contained in the Contract. Discussing Security Incidents with the State should be handled on an urgent as-needed basis, as part of Contractor communication and mitigation processes as mutually agreed upon, defined by law or contained in the Contract.
- D. The Contractor shall comply with all applicable laws that require the notification of individuals in the event of unauthorized release of State data or other event requiring notification, and, where notification is required, assume responsibility for informing all such individuals in accordance with applicable law and to indemnify and hold harmless the State (or Department) and its officials and employees from and against any claims, damages, and actions related to the event requiring notification.

3.7.10 Data Breach Responsibilities

- A. If the Contractor reasonably believes or has actual knowledge of a Data Breach, the Contractor shall, unless otherwise directed:
 - 1) Notify the appropriate State-identified contact within 24 hours by telephone in accordance with the agreed upon security plan or security procedures unless a shorter time is required by applicable law;
 - 2) Cooperate with the State to investigate and resolve the data breach;
 - 3) Promptly implement commercially reasonable remedial measures to remedy the Data Breach; and
 - 4) Document responsive actions taken related to the Data Breach, including any post-incident review of events and actions taken to make changes in business practices in providing the services.
- B. If a Data Breach is a direct result of the Contractor's breach of its Contract obligation to encrypt State data or otherwise prevent its release, the Contractor shall bear the costs associated with (1) the investigation and resolution of the data breach; (2) notifications to individuals, regulators or others required by State law; (3) a credit monitoring service required by State or federal law; (4) a website or a toll-free number and call center for affected individuals required by State law; and (5) complete all corrective actions as reasonably determined by Contractor based on root cause; all [(1) through (5)] subject to the Contract's limitation of liability.

3.7.11 The State shall, at its discretion, have the right to review and assess the Contractor's compliance to the security requirements and standards defined in the Contract.

3.7.12 Provisions in **Sections 3.7.1 – 3.7.10** shall survive expiration or termination of the Contract. Additionally, the Contractor shall flow down the provisions of **Sections 3.7.4-3.7.10** (or the substance thereof) in all subcontracts.

3.8 Problem Escalation Procedure

3.8.1 The Contractor must provide and maintain a Problem Escalation Procedure (PEP) for both routine and emergency situations. The PEP must state how the Contractor will address problem situations as they occur during the performance of the Contract, especially problems that are not resolved to the satisfaction of the State within appropriate timeframes.

- 3.8.2 The Contractor shall provide contact information to the Contract Monitor, as well as to other State personnel as directed should the Contract Monitor not be available.
- 3.8.3 The Contractor shall provide the PEP no later than ten (10) Business Days after notice of recommended award or after the date of the Notice to Proceed, whichever is earlier. The PEP, including any revisions thereto, must also be provided within ten (10) Business Days after the start of each Contract year and within ten (10) Business Days after any change in circumstance which changes the PEP. The PEP shall detail how problems with work under the Contract will be escalated in order to resolve any issues in a timely manner. The PEP shall include:
- a) The process for establishing the existence of a problem;
 - b) Names, titles, and contact information for progressively higher levels of personnel in the Contractor's organization who would become involved in resolving a problem;
 - c) For each individual listed in the Contractor's PEP, the maximum amount of time a problem will remain unresolved with that individual before the problem escalates to the next contact person listed in the Contractor's PEP;
 - d) Expedited escalation procedures and any circumstances that would trigger expediting them;
 - e) The method of providing feedback on resolution progress, including the frequency of feedback to be provided to the State;
 - f) Contact information for persons responsible for resolving issues after normal business hours (e.g., evenings, weekends, holidays) and on an emergency basis; and
 - g) A process for updating and notifying the Contract Monitor of any changes to the PEP.
- 3.8.4 Nothing in this section shall be construed to limit any rights of the Contract Monitor or the State which may be allowed by the Contract or applicable law.

3.9 SOC 2 Type 2 Audit Report

A SOC 2 Type 2 Report is not a Contractor requirement for this Contract.

3.10 Minority Business Enterprise (MBE) Reports

This section is not applicable to this IFB.

3.11 Veteran Small Business Enterprise (VSBE) Reports

This section is not applicable to this IFB.

3.12 Work Orders

THIS SECTION IS INAPPLICABLE TO THIS IFB.

3.13 Additional Clauses

3.13.1 The State of Maryland's Commitment to Purchasing Environmentally Preferred Products and Services (EPPs)

[Maryland's State Finance & Procurement Article §14-410](#) defines environmentally preferable purchasing as "the procurement or acquisition of goods and services that have a lesser or reduced effect on human health and the environment when compared with competing goods or

services that serve the same purpose.” Accordingly, Bidders are strongly encouraged to offer EPPs to fulfill this contract, to the greatest extent practicable.

3.13.2 No-Cost Extensions

In accordance with BPW Advisory 1995-1 item 7.b, in the event there are unspent funds remaining on the Contract, prior to the Contract's expiration date the Procurement Officer may modify the Contract to extend the Contract beyond its expiration date for a period up to, but not exceeding, one-third of the base term of the Contract (e.g., eight-month extension on a two-year contract) for the performance of work within the Contract's scope of work. Notwithstanding anything to the contrary, no funds may be added to the Contract in connection with any such extension.

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4 Procurement Instructions

4.1 Pre-Bid Conference

- 4.1.1 A pre-Bid conference (Conference) will be held at the date, time, and location indicated on the Key Information Summary Sheet.
- 4.1.2 Attendance at the Conference is not mandatory, but all interested parties are encouraged to attend in order to facilitate better preparation of their Bids. If the solicitation includes an MBE goal, failure to attend the Conference will be taken into consideration as part of the evaluation of a bidder's good faith efforts if there is a waiver request.
- 4.1.3 It is highly recommended that ALL Prime Contractors bring their intended subcontractors to the Conference/Site Visit to ensure that all parties understand the requirements of the contract and the MBE Goal.
- 4.1.4 MBE subcontractors are encouraged to attend the Conference to market their participation to potential prime contractors.
- 4.1.5 Following the Conference, the attendance record and summary of the Conference will be distributed via the same mechanism described for amendments and questions (see Section 4.2.1 eMMA).
- 4.1.6 In order to assure adequate accommodations at the Conference, please e-mail the Pre-Bid Conference Response Form (**Attachment A**) no later than the time and date indicated on the form. In addition, if there is a need for sign language interpretation or other special accommodations due to a disability, please notify the Procurement Officer at least five (5) Business Days prior to the Conference date. The Department will make a reasonable effort to provide such special accommodation.
- 4.1.7 Those wishing to attend the web conference may request a meeting invitation by emailing Dorothy Maurice at Dorothy.maurice@maryland.gov later than 2:00 PM on April 18, 2022. An invitation e-mail is required for registration, and therefore attendance. Upon receipt of the email, the Procurement Officer will reply with a registration email with a link that may be used to register for the conference. Registration must be completed by 2:00 PM April 18, 2022.

4.2 eMaryland Marketplace Advantage (eMMA)

- 4.2.1 eMMA is the electronic commerce system for the State of Maryland. The IFB, Conference summary and attendance sheet, Bidders' questions and the Procurement Officer's responses, addenda, and other solicitation-related information will be made available via eMMA.
- 4.2.2 In order to receive a contract award, a vendor must be registered on eMMA. Registration is free. Go to emma.maryland.gov, click on "New Vendor? Register Now" to begin the process, and then follow the prompts.

4.3 Questions

- 4.3.1 All questions, including concerns regarding any applicable MBE or VSBE participation goals, shall identify in the subject line the Solicitation Number and Title (OCMP 22-00011 - SOMATIC SERVICES SPRING GROVE HOSPITAL CENTER (SGHC)), and shall be submitted in writing via e-mail to the Procurement Officer at mdh.solicitationquestions@maryland.gov no later than the date and time specified the Key Information Summary Sheet. The Procurement Officer, based on

the availability of time to research and communicate an answer, shall decide whether an answer can be given before the Bid due date.

- 4.3.2 Answers to all questions that are not clearly specific only to the requestor will be distributed via the same mechanism as for IFB amendments and posted on eMMA.
- 4.3.3 The statements and interpretations contained in responses to any questions, whether responded to verbally or in writing, are not binding on the Department unless it issues an amendment in writing.

4.4 Procurement Method

A Contract will be awarded in accordance with the Competitive Sealed Bidding method under COMAR 21.05.02.

4.5 Bid Due (Closing) Date and Time

- 4.5.1 Bids, in the number and form set forth in **Section 5 Bid Format**, must be received by the Procurement Officer no later than the Bid due date and time indicated on the Key Information Summary Sheet in order to be considered.
- 4.5.2 Requests for extension of this date or time shall not be granted.
- 4.5.3 Bidders submitting Bids should allow sufficient delivery time to ensure timely receipt by the Procurement Officer. Except as provided in COMAR 21.05.02.10, Bids received after the due date and time listed in the Key Information Summary Sheet will not be considered.
- 4.5.4 The date and time of an e-mail submission is determined by the date and time of arrival in the e-mail address indicated on the Key Information Summary Sheet.
- 4.5.5 Bids may be modified or withdrawn by written notice received by the Procurement Officer before the time and date set forth in the Key Information Summary Sheet for receipt of Bids.
- 4.5.6 Bids may not be submitted by e-mail or facsimile. Bids will be opened publicly at the date and time indicated on the Key Information Summary Sheet.
- 4.5.7 Potential Bidders not responding to this solicitation are requested to submit the “No Bid Notice/Vendor Feedback” form, which includes company information and the reason for not responding (e.g., too busy, cannot meet mandatory requirements).

4.6 Multiple or Alternate Bids

Multiple or alternate Bids will not be accepted.

4.7 Receipt, Opening and Recording of Bids

- 4.7.1.1 Upon receipt, each Bid and any timely modification(s) to a Bid shall be stored in a secure place until the time and date set for bid opening. Before Bid opening, the State may not disclose the identity of any Bidder.
- 4.7.1.2 Bids shall be opened publicly at the time, date and place designated in the IFB Key Information Summary Sheet (near the beginning of the solicitation, after the Title Page and Notice to Vendors). The name of each Bidder, the Total Bid Price, and such other information as is deemed appropriate shall be read aloud or otherwise made available and recorded at the time of bid opening.

4.8 Confidentiality of Bids / Public Information Act Notice

- 4.8.1 The Bidder should give specific attention to the clear identification of those portions of its Bid that it considers confidential and/or proprietary commercial information or trade secrets, and provide justification why such materials, upon request, should not be disclosed by the State under the Public Information Act, Md. Code Ann., General Provisions Article, Title 4. This information should be identified by page number and placed in the Transmittal Letter with the Bid.
- 4.8.2 The Bids shall be tabulated, or a Bid abstract made. The opened Bids shall be available for public inspection at a reasonable time after Bid opening, but in any case, before contract award, except to the extent the Bidder designates trade secrets or other proprietary data to be confidential as set forth in this solicitation. Material so designated as confidential shall accompany the Bid and shall be readily separable from the Bid in order to facilitate public inspection of the non-confidential portion of the Bid, including the Total Bid Price.
- 4.8.3 For requests for information made under the PIA, the Procurement Officer shall examine the Bids to determine the validity of any requests for nondisclosure of trade secrets and other proprietary data identified in writing. Nondisclosure is permissible only if approved by the Office of the Attorney General.

4.9 Award Basis

- 4.9.1 A Contract shall be awarded to the responsible Bidder(s) submitting a responsive Bid with the most favorable bid price or most favorable evaluated bid price (as referenced in COMAR 21.05.02.13) for providing the goods and services as specified in this IFB. Bidders must bid all line items. Partial or incomplete bids will be rejected unless otherwise stated in the solicitation. See IFB Section 6 for Bid evaluation and award information.
- 4.9.2 Award of this contract will not be final and complete until after: (1) the Contractor submits complete and satisfactory documentation required under the Contract and/or documentation required by the Procurement Officer; and (2) the Contract is signed by the Department following any required approvals of the Contract, including approval by the Board of Public Works, if such approval is required.

4.10 Tie Bids

Tie Bids will be decided pursuant to COMAR 21.05.02.14.

4.11 Duration of Bids

Bids submitted in response to this IFB are irrevocable for the latest of the following: 120 days following the Bid due date and time or the date any protest concerning this IFB is finally resolved. This period may be extended at the Procurement Officer's request only with the Bidder's written agreement.

4.12 Revisions to the IFB

- 4.12.1 If the IFB is revised before the due date for Bids, the Department shall post any addenda to the IFB on eMMA and shall endeavor to provide such addenda to all prospective Bidders that were sent this IFB or are otherwise known by the Procurement Officer to have obtained this IFB. It remains the responsibility of all prospective Bidders to check eMMA for any addenda issued prior to the submission of Bids.
- 4.12.2 Bidders shall acknowledge the receipt of all addenda to this IFB issued before the Bid due date.

- 4.12.3 Failure to acknowledge receipt of an addendum does not relieve the Bidder from complying with the terms, additions, deletions, or corrections set forth in the addendum, and may cause the Bid to be deemed not responsive.

4.13 Cancellations

- 4.13.1 The State reserves the right to cancel this IFB, accept or reject any and all Bids, in whole or in part, received in response to this IFB and to waive or permit the cure of minor irregularities.
- 4.13.2 In the event a government entity proposes and receives the recommendation for award, the procurement may be cancelled, and the award processed in accordance with COMAR 21.01.03.01.A(4).
- 4.13.3 If the services that are the subject of the IFB are currently being provided under an interagency agreement with a public institution of higher education and the State determines that the services can be provided more cost effectively by the public institution of higher education, then the IFB may be cancelled in accordance with Md. Code Ann., State Finance and Procurement Art., § 3-207(b)(2).

4.14 Incurred Expenses

The State will not be responsible for any costs incurred by any Bidder in preparing and submitting a Bid or performing any other activities related to submitting a Bid in response to this solicitation.

4.15 Protest/Disputes

Any protest or dispute related to this solicitation, or the Contract award shall be subject to the provisions of COMAR 21.10 (Administrative and Civil Remedies).

4.16 Bidder Responsibilities

- 4.16.1 Bidders must be able to provide all goods and services and meet all of the requirements requested in this solicitation and the successful Bidder shall be responsible for Contract performance including any subcontractor participation.
- 4.16.2 If applicable, subcontractors utilized in meeting the established MBE or VSBE participation goal(s) for this solicitation shall be identified as provided in the appropriate Attachment(s) to this IFB (see **Section 4.26** “MBE Participation Goal” and **Section 4.27** “VSBE Goal”).
- 4.16.3 If the Bidder is the subsidiary of another entity, all information submitted by the Bidder, including but not limited to references, financial reports, or experience and documentation (e.g. insurance policies, bonds, letters of credit) used to meet minimum qualifications, if any, shall pertain exclusively to the Bidder, unless the parent organization will guarantee the performance of the subsidiary. If applicable, the Bidder’s Bid shall contain an explicit statement, signed by an authorized representative of the parent organization, stating that the parent organization will guarantee the performance of the subsidiary.
- 4.16.4 A parental guarantee of the performance of the Bidder under this Section will not automatically result in crediting the Bidder with the experience or qualifications of the parent under any evaluation criteria pertaining to the actual Bidder’s experience and qualifications. Instead, the Bidder’s responsibility will be assessed to the extent to which the State determines that the experience and qualifications of the parent are applicable to and shared with the Bidder, any stated intent by the parent to be directly involved in the performance of the Contract, and the value of the parent’s participation as determined by the State.

4.17 Acceptance of Terms and Conditions

By submitting a Bid in response to this IFB, the Bidder, if selected for award, shall be deemed to have accepted the terms and conditions of this IFB and the Contract, attached hereto as Attachment M. Any exceptions to this IFB or the Contract must be raised prior to Bid submission. Changes to the solicitation, including the Bid Form or Contract, made by the Bidder may result in Bid rejection.

4.18 Bid/Proposal Affidavit

A Bid submitted by the Bidder must be accompanied by a completed Bid/Proposal Affidavit. A copy of this Affidavit is included as **Attachment C** of this IFB.

4.19 Contract Affidavit

All Bidders are advised that if a Contract is awarded as a result of this solicitation, the successful Bidder will be required to complete a Contract Affidavit. A copy of this Affidavit is included for informational purposes as **Attachment N** of this IFB. This Affidavit must be provided within five (5) Business Days of notification of recommended award. For purposes of completing Section “B” of this Affidavit (Certification of Registration or Qualification with the State Department of Assessments and Taxation), a business entity that is organized outside of the State of Maryland is considered a “foreign” business.

4.20 Compliance with Laws/Arrearages

By submitting a Bid in response to this IFB, the Bidder, if selected for award, agrees that it will comply with all federal, State, and local laws applicable to its activities and obligations under the Contract.

By submitting a response to this solicitation, each Bidder represents that it is not in arrears in the payment of any obligations due and owing the State, including the payment of taxes and employee benefits, and shall not become so in arrears during the term of the Contract if selected for Contract award.

4.21 Verification of Registration and Tax Payment

Before a business entity can do business in the State, it must be registered with the State Department of Assessments and Taxation (SDAT). SDAT is located at State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. For registration information, visit <https://www.egov.maryland.gov/businessexpress>.

It is strongly recommended that any potential Bidder complete registration prior to the Bid due date and time. The Bidder’s failure to complete registration with SDAT may disqualify an otherwise successful Bidder from final consideration and recommendation for Contract award.

4.22 False Statements

Bidders are advised that Md. Code Ann., State Finance and Procurement Article, § 11-205.1 provides as follows:

4.22.1 In connection with a procurement contract a person may not willfully:

- a) Falsify, conceal, or suppress a material fact by any scheme or device.
- b) Make a false or fraudulent statement or representation of a material fact.
- c) Use a false writing or document that contains a false or fraudulent statement or entry of a material fact.

- 4.22.2 A person may not aid or conspire with another person to commit an act under **Section 4.22.1**.
- 4.22.3 A person who violates any provision of this section is guilty of a felony and on conviction is subject to a fine not exceeding \$20,000 or imprisonment not exceeding five (5) years or both.

4.23 Payments by Electronic Funds Transfer

By submitting a Bid in response to this solicitation, the Bidder, if selected for award:

- 4.23.1 Agrees to accept payments by electronic funds transfer (EFT) unless the State Comptroller's Office grants an exemption. Payment by EFT is mandatory for contracts exceeding \$200,000. The successful Bidder shall register using the COT/GAD X-10 Vendor Electronic Funds (EFT) Registration Request Form.
- 4.23.2 Any request for exemption must be submitted to the State Comptroller's Office for approval at the address specified on the COT/GAD X-10 form, must include the business identification information as stated on the form, and must include the reason for the exemption. The COT/GAD X-10 form may be downloaded from the Comptroller's website at:
http://comptroller.marylandtaxes.com/Vendor_Services/Accounting_Information/Static_Files/GADX10Form20150615.pdf.

4.24 Prompt Payment Policy

This procurement and the Contract(s) to be awarded pursuant to this solicitation are subject to the Prompt Payment Policy Directive issued by the Governor's Office of Small, Minority & Women Business Affairs (GOSBA) and dated August 1, 2008. Promulgated pursuant to Md. Code Ann., State Finance and Procurement Article, §§ 11-201, 13-205(a), and Title 14, Subtitle 3, and COMAR 21.01.01.03 and 21.11.03.01, the Directive seeks to ensure the prompt payment of all subcontractors on non-construction procurement contracts. The Contractor shall comply with the prompt payment requirements outlined in the Contract, Section 31 "Prompt Pay Requirements" (see **Attachment M**). Additional information is available on GOSBA's website at:
<http://www.gomdsmallbiz.maryland.gov/documents/legislation/promptpaymentfaqs.pdf>.

4.25 Electronic Procurements Authorized

- 4.25.1 Under COMAR 21.03.05, unless otherwise prohibited by law, the Department may conduct procurement transactions by electronic means, including the solicitation, proposing, award, execution, and administration of a contract, as provided in Md. Code Ann., Maryland Uniform Electronic Transactions Act, Commercial Law Article, Title 21.
- 4.25.2 Participation in the solicitation process on a procurement contract for which electronic means has been authorized shall constitute consent by the Bidder to conduct by electronic means all elements of the procurement of that Contract which are specifically authorized under the solicitation or Contract. In the case of electronic transactions authorized by this IFB, electronic records and signatures by an authorized representative satisfy a requirement for written submission and signatures.
- 4.25.1 "Electronic means" refers to exchanges or communications using electronic, digital, magnetic, wireless, optical, electromagnetic, or other means of electronically conducting transactions. Electronic means includes e-mail, internet-based communications, electronic funds transfer, specific electronic bidding platforms (e.g., <https://procurement.maryland.gov>), and electronic data interchange.

4.25.2 In addition to specific electronic transactions specifically authorized in other sections of this solicitation (e.g., IFB § 4.23 describing payments by Electronic Funds Transfer), the following transactions are authorized to be conducted by electronic means on the terms as authorized in COMAR 21.03.05:

The Procurement Officer may conduct the procurement using eMMA or e-mail to issue:

- 1) The IFB;
- 2) Any amendments;
- 3) Pre-Bid conference documents;
- 4) Questions and responses;
- 5) Communications regarding the solicitation or Bid to any Bidder or potential Bidder;
- 6) Notices of award selection or non-selection; and
- 7) The Procurement Officer's decision on any Bid protest or Contract claim.

The Bidder or potential Bidder must use eMMA:

- 8) Submit Bids;

The Bidder or potential Bidder must use email:

- 9) Ask questions regarding the solicitation;
- 10) Reply to any material received from the Procurement Officer by electronic means that includes a Procurement Officer's request or direction to reply by e-mail or through eMMA, but only on the terms specifically approved and directed by the Procurement Officer and;
- 11) Submit a "No Bid Notice/Vendor Feedback Form" to the IFB.

The Procurement Officer, the Contract Monitor, and the Contractor may conduct day-to-day Contract administration, except as outlined in **Section 4.25.3** of this subsection, utilizing e-mail, or other electronic means if authorized by the Procurement Officer or Contract Monitor.

4.25.3 The following transactions related to this procurement and any Contract awarded pursuant to it are **not authorized** to be conducted by electronic means:

- A. Submission of initial Bids, except through eMMA;
- B. Filing of bid protests;
- C. Filing of Contract claims;
- D. Submission of documents determined by the Department to require original signatures (e.g., Contract execution, Contract modifications); or
- E. Any transaction, submission, or communication where the Procurement Officer has specifically directed that a response from the Contractor or Bidder be provided in writing or hard copy.

4.25.4 Any e-mail transmission is only authorized to the e-mail addresses for the identified person as provided in the solicitation, the Contract, or in the direction from the Procurement Officer or Contract Monitor.

4.26 MBE Participation Goal

There is no MBE subcontractor participation goal for this procurement.

4.27 VSBE Participation Goal

There is no VSBE participation goal for this procurement.

4.28 Living Wage Requirements

- a) Maryland law requires that contractors meeting certain conditions pay a living wage to covered employees on State service contracts over \$100,000. Maryland Code Ann., State Finance and Procurement Article, § 18-101 et al. The Commissioner of Labor and Industry at the Department of Labor requires that a contractor subject to the Living Wage law submit payroll records for covered employees and a signed statement indicating that it paid a living wage to covered employees; or receive a waiver from Living Wage reporting requirements. See COMAR 21.11.10.05.
- b) If subject to the Living Wage law, Contractor agrees that it will abide by all Living Wage law requirements, including but not limited to reporting requirements in COMAR 21.11.10.05. Contractor understands that failure of Contractor to provide such documents is a material breach of the terms and conditions and may result in Contract termination, disqualification by the State from participating in State contracts, and other sanctions. Information pertaining to reporting obligations may be found by going to the Maryland Department of Labor website <http://www.dlrr.state.md.us/labor/prev/livingwage.shtml>.
- c) Additional information regarding the State's living wage requirement is contained in **Attachment F**. Bidders must complete and submit the Maryland Living Wage Requirements Affidavit of Agreement (**Attachment F-1**) with their Bids. If the Bidder fails to complete and submit the required documentation, the State may determine the Bidder to not be responsible under State law.
- d) Contractors and subcontractors subject to the Living Wage Law shall pay each covered employee at least the minimum amount set by law for the applicable Tier area. The specific living wage rate is determined by whether a majority of services take place in a Tier 1 Area or a Tier 2 Area of the State. The specific Living Wage rate is determined by whether a majority of services take place in a Tier 1 Area or Tier 2 Area of the State.
 - 1) The Tier 1 Area includes Montgomery, Prince George's, Howard, Anne Arundel and Baltimore Counties, and Baltimore City. The Tier 2 Area includes any county in the State not included in the Tier 1 Area. In the event that the employees who perform the services are not located in the State, the head of the unit responsible for a State Contract pursuant to §18-102(d) of the State Finance and Procurement Article shall assign the tier based upon where the recipients of the services are located. If the Contractor provides more than 50% of the services from an out-of-State location, the State agency determines the wage tier based on where the majority of the service recipients are located. In this circumstance, the Contract will be determined to be a Tier 1 Contract.
 - 2) The Contract will be determined to be a Tier 1 Contract or a Tier 2 Contract depending on the location(s) from which the Contractor provides 50% or more of the services. The Bidder must identify in its Bid the location(s) from which services will be provided, including the location(s) from which 50% or more of the Contract services will be provided.

- 3) If the Contractor provides 50% or more of the services from a location(s) in a Tier 1 jurisdiction(s) the Contract will be a Tier 1 Contract.
- 4) If the Contractor provides 50% or more of the services from a location(s) in a Tier 2 jurisdiction(s), the Contract will be a Tier 2 Contract.
- e) If the Contractor provides more than 50% of the services from an out-of-State location, the State agency determines the wage tier based on where the majority of the service recipients are located. See COMAR 21.11.10.07.
- f) The Bidder shall identify in the Bid the location from which services will be provided.
- g) **NOTE:** Whereas the Living Wage may change annually, the Contract price will not change because of a Living Wage change or a change in the State minimum wage. The Contractor shall be responsible for any wage/rate increase during the term of the Contract and such increase may not be passed on to the State.

4.29 Federal Funding Acknowledgement

This Contract does not contain federal funds.

4.30 Conflict of Interest Affidavit and Disclosure

- 4.30.1 The Bidder shall complete and sign the Conflict-of-Interest Affidavit and Disclosure (**Attachment H**) and submit it with its Bid.
- 4.30.2 By submitting a Conflict-of-Interest Affidavit and Disclosure, the Contractor shall be construed as certifying all Contractor Personnel and subcontractors are also without a conflict of interest as defined in COMAR 21.05.08.08A.
- 4.30.3 Additionally, a Contractor has an ongoing obligation to ensure that all Contractor Personnel are without conflicts of interest prior to providing services << under OR individual Task Orders issued under >> the Contract. For policies and procedures applying specifically to Conflict of Interests, the Contract is governed by COMAR 21.05.08.08.
- 4.30.4 Participation in Drafting of Specifications: Disqualifying Event: Bidders are advised that Md. Code Ann. State Finance and Procurement Article §13-212.1(a) provides generally that “an individual who assists an executive unit in the drafting of specifications, an invitation for bids, a request for proposals for a procurement, or the selection or award made in response to an invitation for bids or a request for proposals, or a person that employs the individual, may not: (1) submit a bid or proposal for that procurement; or (2) assist or represent another person, directly or indirectly, who is submitting a bid or proposal for that procurement.” Any Bidder submitting a Bid in violation of this provision shall be classified as “not responsible.”

4.31 Non-Disclosure Agreement

4.31.1 Non-Disclosure Agreement (Bidder)

Certain documentation may be available for potential Bidders to review at a reading room at MDH, 201 W. Preston St., Baltimore, MD 21201. Bidders who review such documentation will be required to sign a Non-Disclosure Agreement (Bidder) in the form of **Appendix 3**. Please contact the Procurement Officer to schedule an appointment.

4.31.2 Non-Disclosure Agreement (Contractor)

All Bidders are advised that this solicitation and any Contract(s) are subject to the terms of the Non-Disclosure Agreement (NDA) contained in this solicitation as **Attachment I**. This Agreement must be provided within five (5) Business Days of notification of recommended award; however, to expedite processing, it is suggested that this document be completed and submitted with the Bid.

4.32 HIPAA - Business Associate Agreement

Based on the determination by the Department that the functions to be performed in accordance with this solicitation constitute Business Associate functions as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the recommended awardee shall execute a Business Associate Agreement as required by HIPAA regulations at 45 C.F.R. §164.500 *et seq.* and set forth in **Attachment J**. This Agreement must be provided within five (5) Business Days of notification of proposed Contract award. However, to expedite processing, it is suggested that this document be completed and submitted with the Bid. Should the Business Associate Agreement not be submitted upon expiration of the five (5) Business Day period as required by this solicitation, the Procurement Officer, upon review of the Office of the Attorney General and approval of the Secretary, may withdraw the recommendation for award and make the award to the responsible Bidder with the next highest overall-ranked Bid.

4.33 Nonvisual Access

This solicitation does not contain Information Technology (IT) provisions requiring Nonvisual Access.

4.34 Mercury and Products That Contain Mercury

This solicitation does not include the procurement of products known to likely include mercury as a component.

4.35 Location of the Performance of Services Disclosure

The Bidder is required to complete the Location of the Performance of Services Disclosure. A copy of this Disclosure is included as **Attachment L**. The Disclosure must be provided with the Bid.

4.36 Department of Human Services (DHS) Hiring Agreement

This solicitation does not require a DHS Hiring Agreement.

4.37 Small Business Reserve (SBR) Procurement

This solicitation is not designated as a Small Business Reserve (SBR) Procurement.

4.38 Maryland Healthy Working Families Act Requirements

On February 11, 2018, the Maryland Healthy Working Families Act went into effect. All offerors should be aware of how this Act could affect your potential contract award with the State of Maryland. See the Department of Labor, Licensing and Regulations web site for Maryland Healthy Working Families Act Information: <http://dllr.maryland.gov/paidleave/>.

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5 Bid Format

5.1 One Part Submission

Each Bidder shall submit its Bid with all Required Bid Submissions (see IFB Section 5.4) in a single sealed package.

5.2 Labeling

Each Bidder is required to label the sealed Bid with the IFB title and number, name and address of the Bidder, and closing date and time for receipt of the Bids.

5.3 Bid Price Form

The Bid shall contain all price information in the format specified on the Bid Form. The Bidder shall complete the Bid Form only as provided in the Bid Pricing Instructions and the Bid Form. Do not amend, alter, or leave blank any items on the Bid Form or include additional clarifying or contingent language on or attached to the Bid Form. Failure to adhere to any of these instructions may result in the Bid being determined to be non-responsive and rejected by the Department.

5.4 Required Bid Submission

A Bidder shall include the following with its Bid:

- 5.4.1 **Bidder Information Sheet** (see **Appendix 2**)
- 5.4.2 **Acknowledgement** of all addenda to this IFB.
- 5.4.3 **Minimum Qualifications Documentation.** The Bidder shall submit any Minimum Qualifications documentation that may be required, as set forth in **IFB Section 1**. If references are required in **IFB Section 1**, those references shall be submitted in this section and shall contain the information described in both **Section 1**.
- 5.4.4 **Completed Required Attachments.** Submit three (3) copies of each with original signatures:
 - 1) Completed Bid Form (**Attachment B**).
 - 2) Completed Bid Affidavit (**Attachment C**).
 - 3) Completed Maryland Living Wage Requirements Affidavit of Agreement (**Attachment F-1**).
- 5.4.5 **Additional Document *If Required.** Submit three (3) copies of each with original signatures, if required. *See appropriate IFB section to determine whether the document is required for this procurement.
 - 1) A Signed Statement from the Bidder's Parent Organization Guaranteeing Performance of the Bidder. *see **IFB section 4.16**
 - 2) Completed MDOT Certified MBE Utilization and Fair Solicitation Affidavit (**Attachment D-1A**) *see **IFB section 4.26**
 - 3) Completed Federal Funds Attachment (**Attachment G**) *see **IFB section 4.29**
 - 4) Completed Conflict of Interest Affidavit and Disclosure (**Attachment H**) *see **IFB section 4.30**
 - 5) Completed Mercury Affidavit (**Attachment K**) *see **IFB section 4.34**

- 6) Completed Veteran-Owned Small Business Enterprise (VSBE) Utilization Affidavit and Prime/Subcontractor Participation Schedule (**Attachment E-1**) *see **IFB section 4.27**
- 7) Completed Location of the Performance of Services Disclosure (**Attachment L**) *see **IFB section 4.35**.

5.4.6 **References.** At least three (3) references are requested from customers who are capable of documenting the Bidder's ability to provide the goods and services specified in this IFB. References used to meet any Minimum Qualifications (see **IFB Section 1**) may be used to meet this request. Each reference shall be from a client for whom the Bidder has provided goods and services within the past five (5) years and shall include the following information:

- 1) Name of client organization;
- 2) Name, title, telephone number, and e-mail address, if available, of point of contact for client organization; and
- 3) Value, type, duration, and description of goods and services provided.

The Department reserves the right to request additional references or utilize references not provided by the Bidder. Points of contact must be accessible and knowledgeable regarding Bidder performance.

5.4.7 **List of Current or Prior State Contracts.** Provide a list of all contracts with any entity of the State of Maryland for which the Bidder is currently performing goods and services or for which services have been completed within the last five (5) years. For each identified contract, the Bidder is to provide:

- 1) The State contracting entity;
- 2) A brief description of the goods and services provided;
- 3) The dollar value of the contract;
- 4) The term of the contract;
- 5) The State employee contact person (name, title, telephone number, and, if possible, e-mail address); and
- 6) Whether the contract was terminated before the end of the term specified in the original contract, including whether any available renewal option was not exercised.

Information obtained regarding the Bidder's level of performance on State contracts will be used by the Procurement Officer to determine the responsibility of the Bidder and considered as part of the experience and past performance evaluation criteria of the IFB.

5.4.8 **Financial Capability.** The Bidder must include in its Bid a commonly accepted method to prove its fiscal integrity. If available, the Bidder shall include Financial Statements, preferably a Profit and Loss (P&L) statement and a Balance Sheet, for the last two (2) years (independently audited preferred).

In addition, the Bidder may supplement its response to this Section by including one or more of the following with its response:

- 1) Dun & Bradstreet Rating;
- 2) Standard and Poor's Rating;
- 3) Lines of credit;

- 4) Evidence of a successful financial track record; and
 - 5) Evidence of adequate working capital.
- 5.4.9 **Certificate of Insurance.** The Bidder shall provide a copy of its current certificate of insurance showing the types and limits of insurance in effect as of the Bid submission date. The current insurance types and limits do not have to be the same as described in **Section 3.6**. See **Section 3.6** for the required insurance certificate submission for the apparent awardee.
- 5.4.10 **Subcontractors.** The Bidder shall provide a complete list of all subcontractors that will work on the Contract if the Bidder receives an award, including those utilized in meeting the MBE and VSBE subcontracting goal(s), if applicable. This list shall include a full description of the duties each subcontractor will perform and why/how each subcontractor was deemed the most qualified for this project. If applicable, subcontractors utilized in meeting the established MBE or VSBE participation goal(s) for this solicitation shall be identified as provided in the appropriate attachment(s) of this IFB.
- 5.4.11 **Legal Action Summary.** This summary shall include:
- 1) A statement as to whether there are any outstanding legal actions or potential claims against the Bidder and a brief description of any action;
 - 2) A brief description of any settled or closed legal actions or claims against the Bidder over the past five (5) years;
 - 3) A description of any judgments against the Bidder within the past five (5) years, including the court, case name, complaint number, and a brief description of the final ruling or determination; and
 - 4) In instances where litigation is ongoing and the Bidder has been directed not to disclose information by the court, provide the name of the judge and location of the court.

5.5 Delivery

- 5.5.1 Bids shall only be accepted via the State's internet based electronic procurement system, eMMA. Bidders may not mail or hand-deliver Bids.
- 5.5.2 Bidders shall provide their Bids in one envelope through eMMA following the [Quick Reference Guides](#) (QRG) labelled "**4 - eMMA QRG Responding to Solicitations (IFB)**" for single envelope submissions.

5.6 Documents Required upon Notice of Recommendation for Contract Award

Upon receipt of a notification of recommendation for contract award, the following documents shall be completed and submitted by the recommended awardee within five (5) business days, unless noted otherwise. Submit one (1) electronic copy of each of the following documents:

- A. Signed contract (Attachment M),
- B. Completed Contract Affidavit (Attachment N),
- C. Completed MBE Attachments D-2 and D-3A and B, within ten (10) Business days, if applicable; see IFB Section 4.26,
- D. MBE waiver justification within ten (10) Business days (see MBE Waiver Guidance and forms in Attachments D-1B and D-1C), if a waiver has been requested (if applicable; see IFB Section 4.26),

- E. Completed VSBE Attachment E-2, if applicable see IFB Section 4.27,
- F. Signed Non-Disclosure Agreement (Attachment I), if applicable; see IFB Section 4.31,
- G. Signed HIPAA Business Associate Agreement (Attachment J), if applicable; see IFB Section 4.32,
- H. Completed DHR Hiring Agreement, Attachment O, if applicable see IFB Section 4.36, and
- I. Copy of a current certificate of insurance with the prescribed limits set forth in IFB Section 3.1 "Insurance Requirements," listing the State as an Additional Insured, if applicable; see IFB Section 3.1.

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6 Bid Evaluation and Award

6.1 Bid Evaluation Criteria

The Bids will be evaluated based on the Total Bid Price, as per COMAR 21.02.13. All responsible Bidders will be ranked from the lowest (most advantageous) to the highest (least advantageous) price based on the Total Bid Price as submitted on the **Attachment B** - Bid Form.

6.2 Reciprocal Preference

6.2.1 Although Maryland law does not authorize procuring agencies to favor resident Bidders in awarding procurement contracts, many other states do grant their resident businesses preferences over Maryland contractors. COMAR 21.05.01.04 permits procuring agencies to apply a reciprocal preference under the following conditions:

- a) The Maryland resident business is a responsible Bidder;
- b) The lowest responsive Bid is from a responsible Bidder whose principal office, or principal base of operations is in another state;
- c) The other state gives a preference to its resident businesses through law, policy, or practice; and
- d) The preference does not conflict with a federal law or grant affecting the procurement Contract.

6.2.2 The preference given shall be identical to the preference that the other state, through law, policy, or practice gives to its resident businesses.

6.3 Award Determination

Award will be made to the responsible Bidder who submits to the State the responsive Bid that has the lowest Total Bid Price.

6.4 Documents Required upon Notice of Recommendation for Contract Award

Upon receipt of a Notification of Recommendation for Contract award, the apparent awardee shall complete and furnish the documents and attestations as directed in Table 1 of **Section 7 – IFB Attachments and Appendices**.

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7 IFB ATTACHMENTS AND APPENDICES

Instructions Page

A Bid submitted by the Bidder must be accompanied by the completed forms and/or affidavits identified as “with Bid” in the “When to Submit” column in Table 1 below. All forms and affidavits applicable to this IFB, including any applicable instructions and/or terms, are identified in the “Applies” and “Label” columns in Table 1.

For documents required as part of the Bid:

1. For e-mail submissions, submit one (1) copy of each with signatures.
2. For paper submissions, submit two (2) copies of each with original signatures. All signatures must be clearly visible.

All Bidders are advised that if a Contract is awarded as a result of this solicitation, the successful Bidder will be required to complete certain forms and affidavits after notification of recommended award. The list of forms and affidavits that must be provided is described in Table 1 below in the “When to Submit” column.

For documents required after award, submit three (3) copies of each document within the appropriate number of days after notification of recommended award, as listed in Table 1 below in the “When to Submit” column.

Table 1: IFB ATTACHMENTS AND APPENDICES

Applies?	When to Submit	Label	Attachment Name
Y	Before Bid	A	Pre-Bid Conference Response Form
Y	With Bid	B	Bid Instructions and Form
Y	With Bid	C	Bid/Proposal Affidavit (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/AttachmentC-Bid_Proposal-Affidavit.pdf)
N	With Bid	D	MBE Forms D-1A (see link at https://procurement.maryland.gov/wp-content/uploads/sites/12/2018/05/AttachmentDMBE-Forms-1.pdf) IMPORTANT: If this IFB contains different Functional Areas or Service Categories. A separate Attachment D-1A is to be submitted for each Functional Area or Service Category where there is a MBE goal.
N	10 Business Days after recommended award	D	MBE Forms D-1B, D-1C,D-2, D-3A, D-3B (see link at https://procurement.maryland.gov/wp-content/uploads/sites/12/2018/05/AttachmentDMBE-Forms-1.pdf)

Applies?	When to Submit	Label	Attachment Name
			Important: Attachment D-1C, if a waiver has been requested, is also required within 10 days of recommended award.
N	As directed in forms	D	MBE Forms D-4A, D-4B, D-5
N	With Bid	E	Veteran-Owned Small Business Enterprise (VSBE) Form E-1A (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/AttachmentE-VSBEForms.pdf) IMPORTANT: If this IFB contains different Functional Areas or Service Categories. A separate Attachment E-1A is to be submitted for each Functional Area or Service Category where there is a VSBE goal.
N	5 Business Days after recommended award	E	VSBE Forms E-1B, E-2, E-3 (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/AttachmentE-VSBEForms.pdf) Important: Attachment E-1B, if a waiver has been requested, is also required within 10 days of recommended award.
Y	With Bid	F	Maryland Living Wage Requirements for Service Contracts and Affidavit of Agreement (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/AttachmentF-LivingWageAffidavit.pdf)
N	With Bid	G	Federal Funds Attachments (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/AttachmentG-FederalFundsAttachment.pdf)
Y	With Bid	H	Conflict of Interest Affidavit and Disclosure (see link at https://procurement.maryland.gov/wp-content/uploads/sites/12/2018/05/AttachmentH-Conflict-of-InterestAffidavit.pdf)
Y	5 Business Days after recommended award – However, suggested with Bid	I	Non-Disclosure Agreement (Contractor) (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-I-Non-DisclosureAgreementContractor.pdf)
N	5 Business Days after recommended award –	J	HIPAA Business Associate Agreement (see link at http://procurement.maryland.gov/wp-

Applies?	When to Submit	Label	Attachment Name
	However, suggested with Bid		content/uploads/sites/12/2018/04/Attachment-J-HIPABusinessAssociateAgreement.pdf)
N	With Bid	K	Mercury Affidavit (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-K-MercuryAffidavit.pdf)
Y	With Bid	L	Location of the Performance of Services Disclosure (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-L-PerformanceofServicesDisclosure.pdf)
Y	5 Business Days after recommended award	M	Sample Contract (included in this IFB)
Y	5 Business Days after recommended award	N	Contract Affidavit (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-N-ContractAffidavit.pdf)
N	5 Business Days after recommended award	O	DHS Hiring Agreement (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-O-DHSHiringAgreement.pdf)
Y	With Bid	P	Delineation For Clinical Privileges: Physician’s Assistant
Y	With Bid	Q	Delineation Of Clinical Privileges – Specialty Somatic Medicine – Urology
Y	With Bid	R	Delineation Of Clinical Privileges – Specialty Somatic Medicine – General Surgery
Y	With Bid	S	Delineated Clinical Privileges – General Somatic Medicine
Y	With Bid	T	Delineation Of Clinical – Specialty Somatic Medicine – GYN
Y	With Bid	U	Delineation Of Clinical Privileges – Specialty Somatic Medicine – Ophthalmology
Y	With Bid	V	Delineation Of Clinical Privileges – Specialty Somatic Medicine- Orthopedic Surgery
Y	With Bid	W	Delineation Of Clinical Privileges – Specialty Somatic Medicine – Primary Care
Y	With Bid	X	Delineation Of Clinical Privileges – Specialty Somatic Medicine – Podiatry

Applies?	When to Submit	Label	Attachment Name
Y	With Bid	Y	Delineation Of Clinical Privileges – Specialty Somatic Medicine – Mobile Radiology
Y	With Bid	Z	Delineation Of Clinical Privileges – Specialty Somatic Medicine – Cardiology
Y	With Bid	aa	Position Description – Primary Care Physician
Y	With Bid	bb	Position Description – On Duty Physician
Y	With Bid	cc	Position Description – Physician Assistant
Y	With Bid	dd	Position Description – Specialty Physician
Y	With Bid	ee	Maryland Hospital Credentialing Application
Appendices			
Applies?	When to Submit	Label	Attachment Name
Y	n/a	1	Abbreviations and Definitions (included in this IFB)
Y	With Bid	2	Bidder Information Sheet (see link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Appendix2-Bidder_OffereeInformationSheet.pdf)
Y	Before Bid, as directed in the IFB.	3	Non-Disclosure Agreement (Bidder) (see link at http://dbm.maryland.gov/Documents/Appendix%203%20-%20Non-Disclosure%20Agreement%20(Offeree)%20(1).dot)
Additional Submissions			
Applies?	When to Submit	Label	Document Name
Y	5 Business Days after recommended award		Evidence of meeting insurance requirements (see Section 3.6); 1 copy
Y	10 Business Days after recommended award		PEP; 1 copy
Y	With deliverables	--	Deliverable Product Acceptance Form (DPAF) (see online at http://doit.maryland.gov/contracts/Documents/_pro)

Applies?	When to Submit	Label	Attachment Name
			curementForms/DeliverableProductAcceptanceForm-DPAFsample.pdf

Attachment A. Pre-Bid Conference Response Form

Solicitation Number OCMP 22-00011

eMMA # BPM029087

SOMATIC SERVICES SPRING GROVE HOSPITAL CENTER (SGHC)

A Pre-Bid conference will be held on April 19, 2022, at 11:00 am, at via Teleconference.

Please return this form by April 18, 2022, advising whether or not your firm plans to attend. The completed form should be returned via e-mail or fax to the Procurement Officer at the contact information below:

Dorothy Maurice
SGHC
E-mail: Dorothy.maurice@maryland.gov

Please indicate:

- _____ Yes, the following representatives will be in attendance.
Attendees (Include Full Name, Name of Organization, Phone Number, Email Address,
MBE Yes or No):
- 1.
 - 2.
 - 3.
- _____ No, we will not be in attendance.

Please specify whether any reasonable accommodations are requested (see IFB § 4.1 “Pre-Bid conference”):

Bidder: _____
Bidder Name (please print or type)

By: _____
Signature/Seal

Printed Name: _____
Printed Name

Title: _____
Title

Date: _____
Date

Attachment B. Bid Instructions & Form

B-1 Bid Instructions

In order to assist each Bidder in the preparation of its Bid and to comply with the requirements of this solicitation, Bid Instructions and a Bid Form have been prepared. Each Bidder shall submit its Bid on the Bid Form in accordance with the instructions on the Bid Form and as specified herein. Do not alter the Bid Form or the Bid may be determined to be not responsive. The Bid Form is to be signed and dated, where requested, by an individual who is authorized to bind the Bidder to the prices entered on the Bid Form.

The Bid Form is used to calculate the Bidder's TOTAL BID PRICE. Follow these instructions carefully when completing your Bid Form:

- A) All Unit and Extended Prices must be clearly entered in dollars and cents, e.g., \$24.15. Make your decimal points clear and distinct.
- B) All Unit Prices must be the actual price per unit the State will pay for the specific item or service identified in this IFB and may not be contingent on any other factor or condition in any manner.
- C) All calculations shall be rounded to the nearest cent, e.g., .344 shall be .34 and .345 shall be .35.
- D) Any goods or services required through this IFB and proposed by the vendor at **No Cost to the State** must be clearly entered in the Unit Price, if appropriate, and Extended Price with **\$0.00**.
- E) Every blank in every Bid Form shall be filled in. Any changes or corrections made to the Bid Form by the Bidder prior to submission shall be initialed and dated.
- F) Except as instructed on the Bid Form, nothing shall be entered on or attached to the Bid Form that alters or proposes conditions or contingencies on the prices. Alterations and/or conditions may render the Bid not responsive.
- G) It is imperative that the prices included on the Bid Form have been entered correctly and calculated accurately by the Bidder and that the respective total prices agree with the entries on the Bid Form. Any incorrect entries or inaccurate calculations by the Bidder will be treated as provided in COMAR 21.05.02.12, and may cause the Bid to be rejected.
- H) If option years are included, Bidders must submit pricing for each option year. Any option to renew will be exercised at the sole discretion of the State and comply with all terms and conditions in force at the time the option is exercised. If exercised, the option period shall be for a period identified in the IFB at the prices entered in the Bid Form.
- I) All Bid prices entered below are to be fully loaded prices that include all costs/expenses associated with the provision of services as required by the IFB. The Bid price shall include, but is not limited to, all: labor, profit/overhead, general operating, administrative, and all other expenses and costs necessary to perform the work set forth in the solicitation. No other amounts will be paid to the Contractor. If labor rates are requested, those amounts shall be fully loaded rates; no overtime amounts will be paid.
- J) Unless indicated elsewhere in the IFB, sample amounts used for calculations on the Bid Form are typically estimates for evaluation purposes only. Unless stated otherwise in the IFB, the Department does not guarantee a minimum or maximum number of units or usage in the performance of the Contract.
- K) Failure to adhere to any of these instructions may result in the Bid being determined not responsive.

B-1 Bid Form

The Bid Form shall contain all price information in the format specified on these pages. Complete the Bid Form only as provided in the Bid Instructions. Do not amend, alter or leave blank any items on the Bid Form. If option years are included, Bidders must submit pricing for each option year. Failure to adhere to any of these instructions may result in the Bid being determined not responsive.

See separate Excel Bid Form labeled **OCMP 22-00011 Somatic Services SGHC B-1 BID FORM for entering the bid prices**

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK

Attachment C. Bid/Proposal Affidavit

See link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/AttachmentC-Bid_Proposal-Affidavit.pdf.

Attachment D. Minority Business Enterprise (MBE) Forms

This solicitation does not include a Minority Business Enterprise (MBE) subcontractor participation goal.

**Attachment E. Veteran-Owned Small Business Enterprise (VSBE)
Forms**

This solicitation does not include a Veteran-Owned Small Business Enterprise goal.

**Attachment F. Maryland Living Wage Affidavit of Agreement for
Service Contracts**

See link at <http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/AttachmentF-LivingWageAffidavit.pdf> to complete the Affidavit.

- A. This contract is subject to the Living Wage requirements under Md. Code Ann., State Finance and Procurement Article, Title 18, and the regulations proposed by the Commissioner of Labor and Industry (Commissioner). The Living Wage generally applies to a Contractor or subcontractor who performs work on a State contract for services that is valued at \$100,000 or more. An employee is subject to the Living Wage if he/she is at least 18 years old or will turn 18 during the duration of the contract; works at least 13 consecutive weeks on the State Contract and spends at least one-half of the employee's time during any work week on the State Contract.
- B. The Living Wage Law does not apply to:
 - (1) A Contractor who:
 - (a) Has a State contract for services valued at less than \$100,000, or
 - (b) Employs 10 or fewer employees and has a State contract for services valued at less than \$500,000.
 - (2) A subcontractor who:
 - (a) Performs work on a State contract for services valued at less than \$100,000,
 - (b) Employs 10 or fewer employees and performs work on a State contract for services valued at less than \$500,000, or
 - (c) Performs work for a Contractor not covered by the Living Wage Law as defined in B(1)(b) above, or B (3) or C below.
 - (3) Service contracts for the following:
 - (a) Services with a Public Service Company;
 - (b) Services with a nonprofit organization;
 - (c) Services with an officer or other entity that is in the Executive Branch of the State government and is authorized by law to enter into a procurement ("Unit"); or
 - (d) Services between a Unit and a County or Baltimore City.
- C. If the Unit responsible for the State contract for services determines that application of the Living Wage would conflict with any applicable Federal program, the Living Wage does not apply to the contract or program.
- D. A Contractor must not split or subdivide a State contract for services, pay an employee through a third party, or treat an employee as an independent Contractor or assign work to employees to avoid the imposition of any of the requirements of Md. Code Ann., State Finance and Procurement Article, Title 18.
- E. Each Contractor/subcontractor, subject to the Living Wage Law, shall post in a prominent and easily accessible place at the work site(s) of covered employees a notice of the Living Wage Rates, employee rights under the law, and the name, address, and telephone number of the Commissioner.

- F. The Commissioner shall adjust the wage rates by the annual average increase or decrease, if any, in the Consumer Price Index for all urban consumers for the Washington/Baltimore metropolitan area, or any successor index, for the previous calendar year, not later than 90 days after the start of each fiscal year. The Commissioner shall publish any adjustments to the wage rates on the Division of Labor and Industry's website. An employer subject to the Living Wage Law must comply with the rate requirements during the initial term of the contract and all subsequent renewal periods, including any increases in the wage rate, required by the Commissioner, automatically upon the effective date of the revised wage rate.
- G. A Contractor/subcontractor who reduces the wages paid to an employee based on the employer's share of the health insurance premium, as provided in Md. Code Ann., State Finance and Procurement Article, §18-103(c), shall not lower an employee's wage rate below the minimum wage as set in Md. Code Ann., Labor and Employment Article, §3-413. A Contractor/subcontractor who reduces the wages paid to an employee based on the employer's share of health insurance premium shall comply with any record reporting requirements established by the Commissioner.
- H. A Contractor/subcontractor may reduce the wage rates paid under Md. Code Ann., State Finance and Procurement Article, §18-103(a), by no more than 50 cents of the hourly cost of the employer's contribution to an employee's deferred compensation plan. A Contractor/subcontractor who reduces the wages paid to an employee based on the employer's contribution to an employee's deferred compensation plan shall not lower the employee's wage rate below the minimum wage as set in Md. Code Ann., Labor and Employment Article, §3-413.
- I. Under Md. Code Ann., State Finance and Procurement Article, Title 18, if the Commissioner determines that the Contractor/subcontractor violated a provision of this title or regulations of the Commissioner, the Contractor/subcontractor shall pay restitution to each affected employee, and the State may assess liquidated damages of \$20 per day for each employee paid less than the Living Wage.
- J. Information pertaining to reporting obligations may be found by going to the Division of Labor and Industry website <http://www.dllr.state.md.us/labor/prev/livingwage.shmtl> and clicking on Living Wage for State Service Contracts.

Attachment G. Federal Funds Attachments

This solicitation does not include a Federal Funds Attachment.

Attachment H. Conflict of Interest Affidavit and Disclosure

See link at <https://procurement.maryland.gov/wp-content/uploads/sites/12/2018/05/AttachmentH-Conflict-of-InterestAffidavit.pdf>.

Attachment I. Non-Disclosure Agreement (Contractor)

See link at <http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-I-Non-DisclosureAgreementContractor.pdf>.

Attachment J. HIPAA Business Associate Agreement

See link at <http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-J-HIPAABusinessAssociateAgreement.pdf>.

Attachment K. Mercury Affidavit

See link at <http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-K-MercuryAffidavit.pdf>.

Attachment L. Location of the Performance of Services Disclosure

See link at <http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-L-PerformanceofServicesDisclosure.pdf>.

Attachment M. Contract

MARYLAND DEPARTMENT OF HEALTH (MDH)

“SOMATIC SERVICES SPRING GROVE HOSPITAL CENTER (SGHC)”

OCMP 22-00011

THIS CONTRACT (the “Contract”) is made this ___ day of _____, 20__ by and between _____ (the “Contractor”) [and Parental Guarantor, if applicable] and the STATE OF MARYLAND, acting through the MARYLAND DEPARTMENT OF HEALTH (“MDH” or the “Department”).

In consideration of the promises and the covenants herein contained, the adequacy and sufficiency of which are hereby acknowledged by the parties, the parties agree as follows:

1. Definitions

In this Contract, the following words have the meanings indicated:

- 1.1 “Bid” means the Contractor’s Bid dated _____ (Bid date).
- 1.2 “COMAR” means Code of Maryland Regulations.
- 1.3 “Contractor” means the entity first named above whose principal business address is (Contractor’s primary address) and whose principal office in Maryland is (Contractor’s local address), whose Federal Employer Identification Number or Social Security Number is (Contractor’s FEIN), and whose eMaryland Marketplace Advantage vendor ID number is BPM029057.
- 1.4 “IFB” means the Invitation for Bids for SOMATIC SERVICES SPRING GROVE HOSPITAL CENTER (SGHC), Solicitation # OCMP 22-00011, and any amendments, addenda, and attachments thereto issued in writing by the State.
- 1.5 Minority Business Enterprise (MBE) – Any legal entity certified as defined at COMAR 21.01.02.01B (54) which is certified by the Maryland Department of Transportation under COMAR 21.11.03.
- 1.6 “State” means the State of Maryland.
- 1.7 “Veteran-owned Small Business Enterprise” (VSBE) means A business that is verified by the Center for Verification and Evaluation (CVE) of the United States Department of Veterans Affairs as a veteran-owned small business. See Code of Maryland Regulations (COMAR) 21.11.13.
- 1.8 Capitalized terms not defined herein shall be ascribed the meaning given to them in the IFB.

2. Scope of Contract

- 2.1 The Contractor shall perform in accordance with this Contract and Exhibits A-D, which are listed below and incorporated herein by reference. If there is any conflict between this Contract and the Exhibits, the terms of the Contract shall control. If there is any conflict among the Exhibits, the following order of precedence shall determine the prevailing provision:

Exhibit A – The IFB

Exhibit B – The Contract Affidavit, executed by the Contractor and dated (date of Attachment C)

Exhibit C – The Bid

- 2.2 The Procurement Officer may, at any time, by written order, make unilateral changes in the work within the general scope of the Contract. No other order, statement, or conduct of the Procurement Officer or any other person shall be treated as a change or entitle the Contractor to an equitable adjustment under this section. Except as otherwise provided in this Contract, if any change under this section causes an increase or decrease in the Contractor's cost of, or the time required for, the performance of any part of the work, whether or not changed by the order, an equitable adjustment in the Contract price shall be made and the Contract modified in writing accordingly. The Contractor must assert in writing its right to an adjustment under this section within thirty (30) days of receipt of written change order and shall include a written statement setting forth the nature and cost of such claim. No claim by the Contractor shall be allowed if asserted after final payment under this Contract. Failure to agree to an adjustment under this section shall be a dispute under the Disputes clause. Nothing in this section shall excuse the Contractor from proceeding with the Contract as changed.
- 2.3 Without limiting the rights of the Procurement Officer under Section 2.2 above, the Contract may be modified by mutual agreement of the parties, provided: (a) the modification is made in writing; (b) all parties sign the modification; and (c) all approvals by the required agencies as described in COMAR Title 21, are obtained.

3. Period of Performance

- 3.1 The term of this Contract begins on the date the Contract is signed by the Department following any required prior approvals, including approval by the Board of Public Works, if such approval is required (the "Effective Date") and shall continue until five years ("Initial Term").
- 3.2 The Contractor's performance under the Contract shall commence as of the date provided in a written NTP.
- 3.4 The Contractor's obligation to pay invoices to subcontractors providing products/services in connection with this Contract, as well as the audit; confidentiality; document retention; patents, copyrights & intellectual property; warranty; indemnification obligations; and limitations of liability under this Contract; and any other obligations specifically identified, shall survive expiration or termination of the Contract.

4. Consideration and Payment

- 4.1 In consideration of the satisfactory performance of the work set forth in this Contract, the Department shall pay the Contractor in accordance with the terms of this Contract and at the prices quoted in the Bid. Unless properly modified (see above Section 2), payment to the Contractor pursuant to this Contract, including the Initial Term and any Renewal Term, shall not exceed the Contracted amount.

The total payment under a fixed price Contract or the fixed price element of a combined fixed price – time and materials Contract shall be the firm fixed price submitted by the Contractor in its Bid.

Contractor shall notify the Contract Manager, in writing, at least sixty (60) days before payments reach the NTE Amount. After notification by the Contractor, if the State fails to increase the Contract amount, the Contractor shall have no obligation to perform under this Contract after payments reach the stated amount; provided, however, that, prior to the stated amount being reached, the Contractor shall: (a) promptly consult and work in good faith with the Department to establish a plan of action to assure that every reasonable effort is undertaken by the Contractor to complete State-defined critical work in progress prior to the date the NTE Amount will be reached; and (b) when applicable secure databases, systems, platforms, and applications on which the Contractor is working in an industry standard manner so as to prevent damage or vulnerabilities to any of the same due to the existence of any such unfinished work.

- 4.2 Unless a payment is unauthorized, deferred, delayed, or set-off under COMAR 21.02.07, payments to the Contractor pursuant to this Contract shall be made no later than 30 days after the Department's receipt of a proper invoice from the Contractor as required by IFB section 3.3.

The Contractor may be eligible to receive late payment interest at the rate of 9% per annum if:

- (1) The Contractor submits an invoice for the late payment interest within thirty days after the date of the State's payment of the amount on which the interest accrued; and
- (2) A contract claim has not been filed under State Finance and Procurement Article, Title 15, Subtitle 2, Annotated Code of Maryland.

The State is not liable for interest:

- (1) Accruing more than one year after the 31st day after the agency receives the proper invoice; or
- (2) On any amount representing unpaid interest. Charges for late payment of invoices are authorized only as prescribed by Title 15, Subtitle 1, of the State Finance and Procurement Article, Annotated Code of Maryland, or by the Public Service Commission of Maryland with respect to regulated public utilities, as applicable.

Final payment under this Contract will not be made until after certification is received from the Comptroller of the State that all taxes have been paid.

Electronic funds transfer shall be used by the State to pay Contractor pursuant to this Contract and any other State payments due Contractor unless the State Comptroller's Office grants Contractor an exemption.

- 4.3 In addition to any other available remedies, if, in the opinion of the Procurement Officer, the Contractor fails to perform in a satisfactory and timely manner, the Procurement Officer may refuse or limit approval of any invoice for payment and may cause payments to the Contractor to be reduced or withheld until such time as the Contractor meets performance standards as established by the Procurement Officer.
- 4.4 Payment of an invoice by the Department is not evidence that services were rendered as required under this Contract.

5. Rights to Records

- 5.1 The Contractor agrees that all documents and materials including, but not limited to, software, reports, drawings, studies, specifications, estimates, tests, maps, photographs, designs, graphics, mechanical, artwork, computations, and data prepared by the Contractor for purposes of this Contract shall be the sole property of the State and shall be available to the State at any time. The State shall have the right to use the same without restriction and without compensation to the Contractor other than that specifically provided by this Contract.
- 5.2 The Contractor agrees that at all times during the term of this Contract and thereafter, works created as a Deliverable under this Contract (as defined in **Section 7.2**), and services performed under this Contract shall be "works made for hire" as that term is interpreted under U.S. copyright law. To the extent that any products created as a Deliverable under this Contract are not works made for hire for the State, the Contractor hereby relinquishes, transfers, and assigns to the State all of its rights, title, and interest (including all intellectual property rights) to all such products created under this

Contract, and will cooperate reasonably with the State in effectuating and registering any necessary assignments.

- 5.3 The Contractor shall report to the Contract Monitor, promptly and in written detail, each notice or claim of copyright infringement received by the Contractor with respect to all data delivered under this Contract.
- 5.4 The Contractor shall not affix any restrictive markings upon any data, documentation, or other materials provided to the State hereunder and if such markings are affixed, the State shall have the right at any time to modify, remove, obliterate, or ignore such warnings.
- 5.5 Upon termination or expiration of the Contract, the Contractor, at its own expense, shall deliver any equipment, software or other property provided by the State to the place designated by the Procurement Officer.

6. Exclusive Use

- 6.1 The State shall have the exclusive right to use, duplicate, and disclose any data, information, documents, records, or results, in whole or in part, in any manner for any purpose whatsoever, that may be created or generated by the Contractor in connection with this Contract. If any material, including software, is capable of being copyrighted, the State shall be the copyright owner and Contractor may copyright material connected with this project only with the express written approval of the State.
- 6.2 Except as may otherwise be set forth in this Contract, Contractor shall not use, sell, sub-lease, assign, give, or otherwise transfer to any third party any other information or material provided to Contractor by the Department or developed by Contractor relating to the Contract, except as provided for in **Section 8. Confidential or Proprietary Information and Documentation**.

7. Patents, Copyrights, and Intellectual Property

- 7.1. All copyrights, patents, trademarks, trade secrets, and any other intellectual property rights existing prior to the Effective Date of this Contract shall belong to the party that owned such rights immediately prior to the Effective Date (“Pre-Existing Intellectual Property”). If any design, device, material, process, or other item provided by Contractor is covered by a patent or copyright or which is proprietary to or a trade secret of another, the Contractor shall obtain the necessary permission or license to permit the State to use such item or items pursuant to its rights granted under the Contract.
- 7.2 Except for (1) information created or otherwise owned by the Department or licensed by the Department from third parties, including all information provided by the Department to Contractor; (2) materials created by Contractor or its subcontractor(s) specifically for the State under the Contract (“Deliverables”), except for any Contractor Pre-Existing Intellectual Property included therein; and (3) the license rights granted to the State, all right, title, and interest in the intellectual property embodied in the solution, including the know-how and methods by which the solution is provided and the processes that make up the solution, will belong solely and exclusively to Contractor and its licensors, and the Department will have no rights to the same except as expressly granted in this Contract. Any SaaS Software developed by Contractor during the performance of the Contract will belong solely and exclusively to Contractor and its licensors. For all Software provided by the Contractor under the Contract, Contractor hereby grants to the State a nonexclusive, irrevocable, unlimited, perpetual, non-cancelable, and non-terminable right to use and make copies of the Software and any modifications to the Software. For all Contractor Pre-Existing Intellectual Property embedded in any Deliverables, Contractor grants to the State a license to use such Contractor Pre-Existing Intellectual Property in connection with its permitted use of such Deliverable. During the period between delivery of a Deliverable by Contractor and the date of

- payment therefor by the State in accordance with this Contract (including throughout the duration of any payment dispute discussions), subject to the terms and conditions contained herein, Contractor grants the State a royalty-free, non-exclusive, limited license to use such Deliverable and to use any Contractor Materials contained therein in accordance with this Contract.
- 7.3. Subject to the terms of **Section 10**, Contractor shall defend, indemnify and hold harmless the State and its agents and employees, from and against any and all claims, costs, losses, damages, liabilities, judgments and expenses (including without limitation reasonable attorneys' fees) arising out of or in connection with any third-party claim that the Contractor-provided products/services infringe, misappropriate or otherwise violate any third party intellectual property rights. Contractor shall not enter into any settlement involving third party claims that contains any admission of or stipulation to any guilt, fault, liability or wrongdoing by the State or that adversely affects the State's rights or interests, without the State's prior written consent.
- 7.4 Without limiting Contractor's obligations under Section 5.3, if an infringement claim occurs, or if the State or the Contractor believes such a claim is likely to occur, Contractor (after consultation with the State and at no cost to the State): (a) shall procure for the State the right to continue using the allegedly infringing component or service in accordance with its rights under this Contract; or (b) replace or modify the allegedly infringing component or service so that it becomes non-infringing and remains compliant with all applicable specifications.
- 7.5 Except as otherwise provided herein, Contractor shall not acquire any right, title or interest (including any intellectual property rights subsisting therein) in or to any goods, Software, technical information, specifications, drawings, records, documentation, data or any other materials (including any derivative works thereof) provided by the State to the Contractor. Notwithstanding anything to the contrary herein, the State may, in its sole and absolute discretion, grant the Contractor a license to such materials, subject to the terms of a separate writing executed by the Contractor and an authorized representative of the State as well as all required State approvals.
- 7.6 Without limiting the generality of the foregoing, neither Contractor nor any of its subcontractors shall use any Software or technology in a manner that will cause any patents, copyrights or other intellectual property which are owned or controlled by the State or any of its affiliates (or for which the State or any of its subcontractors has received license rights) to become subject to any encumbrance or terms and conditions of any third party or open source license (including, without limitation, any open source license listed on <http://www.opensource.org/licenses/alphabetical>) (each an "Open Source License"). These restrictions, limitations, exclusions and conditions shall apply even if the State or any of its subcontractors becomes aware of or fails to act in a manner to address any violation or failure to comply therewith. No act by the State or any of its subcontractors that is undertaken under this Contract as to any Software or technology shall be construed as intending to cause any patents, copyrights or other intellectual property that are owned or controlled by the State (or for which the State has received license rights) to become subject to any encumbrance or terms and conditions of any open source license.
- 7.7 The Contractor shall report to the Department, promptly and in written detail, each notice or claim of copyright infringement received by the Contractor with respect to all Deliverables delivered under this Contract.
- 7.8 The Contractor shall not affix (or permit any third party to affix), without the Department's consent, any restrictive markings upon any Deliverables that are owned by the State, and if such markings are affixed, the Department shall have the right at any time to modify, remove, obliterate, or ignore such warnings.

8. Confidential or Proprietary Information and Documentation

- 8.1 Subject to the Maryland Public Information Act and any other applicable laws including, without limitation, HIPAA, the HI-TECH Act, and the Maryland Medical Records Act and regulations promulgated pursuant thereto, all confidential or proprietary information and documentation relating to either party (including without limitation, any information or data stored within the Contractor's computer systems or cloud infrastructure, if applicable) shall be held in confidence by the other party. Each party shall, however, be permitted to disclose, as provided by and consistent with applicable law, relevant confidential information to its officers, agents, and Contractor Personnel to the extent that such disclosure is necessary for the performance of their duties under this Contract. Each officer, agent, and Contractor Personnel to whom any of the State's confidential information is to be disclosed shall be advised by Contractor provided that each officer, agent, and Contractor Personnel to whom any of the State's confidential information is to be disclosed shall be advised by Contractor of the obligations hereunder, and bound by, confidentiality at least as restrictive as those of set forth in this Contract.
- 8.2 The provisions of this section shall not apply to information that: (a) is lawfully in the public domain; (b) has been independently developed by the other party without violation of this Contract; (c) was already rightfully in the possession of such party; (d) was supplied to such party by a third party lawfully in possession thereof and legally permitted to further disclose the information; or (e) which such party is required to disclose by law.

9. Loss of Data

- 9.1 In the event of loss of any State data or records where such loss is due to the act or omission of the Contractor or any of its subcontractors or agents, the Contractor shall be responsible for restoring or recreating, as applicable, such lost data in the manner and on the schedule set by the Contract Monitor. The Contractor shall ensure that all data is backed up and recoverable by the Contractor. At no time shall any Contractor actions (or any failures to act when Contractor has a duty to act) damage or create any vulnerabilities in data bases, systems, platforms, and applications with which the Contractor is working hereunder.
- 9.2 In accordance with prevailing federal or state law or regulations, the Contractor shall report the loss of non-public data as directed in **IFB Section 3.7**.
- 9.3 Protection of data and personal privacy (as further described and defined in IFB Section 3.8) shall be an integral part of the business activities of the Contractor to ensure there is no inappropriate or unauthorized use of State information at any time. To this end, the Contractor shall safeguard the confidentiality, integrity and availability of State information and comply with the conditions identified in **IFB Section 3.7**.

10. Indemnification and Notification of Legal Requests

- 10.1. At its sole cost and expense, Contractor shall (i) indemnify and hold the State, its employees and agents harmless from and against any and all claims, demands, actions, suits, damages, liabilities, losses, settlements, judgments, costs and expenses (including but not limited to attorneys' fees and costs), whether or not involving a third party claim, which arise out of or relate to the Contractor's, or any of its subcontractors', performance of this Contract and (ii) cooperate, assist, and consult with the State in the defense or investigation of any such claim, demand, action or suit. Contractor shall not enter into any settlement involving third party claims that contains any admission of or stipulation to any guilt, fault, liability or wrongdoing by the State or that adversely affects the State's rights or interests, without the State's prior written consent.
- 10.2. The State has no obligation: (i) to provide legal counsel or defense to the Contractor or its subcontractors in the event that a suit, claim or action of any character is brought against the Contractor or its subcontractors as a result of or relating to the Contractor's obligations or

performance under this Contract, or (ii) to pay any judgment or settlement of any such suit, claim or action. Notwithstanding the foregoing, the Contractor shall promptly notify the Procurement Officer of any such claims, demands, actions, or suits.

- 10.3. Notification of Legal Requests. In the event the Contractor receives a subpoena or other validly issued administrative or judicial process, or any discovery request in connection with any litigation, requesting State Pre-Existing Intellectual Property, of other information considered to be the property of the State, including but not limited to State data stored with or otherwise accessible by the Contractor, the Contractor shall not respond to such subpoena, process or other legal request without first notifying the State, unless prohibited by law from providing such notice. The Contractor shall promptly notify the State of such receipt providing the State with a reasonable opportunity to intervene in the proceeding before the time that Contractor is required to comply with such subpoena, other process or discovery request. .

11. Non-Hiring of Employees

No official or employee of the State, as defined under Md. Code Ann., General Provisions Article, § 5-101, whose duties as such official or employee include matters relating to or affecting the subject matter of this Contract, shall, during the pendency and term of this Contract and while serving as an official or employee of the State, become or be an employee of the Contractor or any entity that is a subcontractor on this Contract.

12. Disputes

This Contract shall be subject to the provisions of Md. Code Ann., State Finance and Procurement Article, Title 15, Subtitle 2, and COMAR 21.10 (Administrative and Civil Remedies). Pending resolution of a claim, the Contractor shall proceed diligently with the performance of the Contract in accordance with the Procurement Officer's decision. Unless a lesser period is provided by applicable statute, regulation, or the Contract, the Contractor must file a written notice of claim with the Procurement Officer within thirty (30) days after the basis for the claim is known or should have been known, whichever is earlier. Contemporaneously with or within thirty (30) days of the filing of a notice of claim, but no later than the date of final payment under the Contract, the Contractor must submit to the Procurement Officer its written claim containing the information specified in COMAR 21.10.04.02.

13. Maryland Law Prevails

- 13.1 This Contract shall be construed, interpreted, and enforced according to the laws of the State of Maryland.
- 13.2 The Maryland Uniform Computer Information Transactions Act (Commercial Law Article, Title 22 of the Annotated Code of Maryland) does not apply to this Contract or any purchase order, task order, or Notice to Proceed issued thereunder, or any software, or any software license acquired hereunder.
- 13.3 Any and all references to the Maryland Code, annotated and contained in this Contract shall be construed to refer to such Code sections as are from time to time amended.

14. Nondiscrimination in Employment

The Contractor agrees: (a) not to discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, sexual orientation, gender identification, marital status, national origin, ancestry, genetic information, or any otherwise unlawful use of characteristics, or disability of a qualified individual with a disability unrelated in nature and extent so as to reasonably preclude the performance of the employment, or the individual's refusal to submit to a genetic test or make available the results of a genetic test; (b) to

include a provision similar to that contained in subsection (a), above, in any underlying subcontract except a subcontract for standard commercial supplies or raw materials; and (c) to post and to cause subcontractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause.

15. Contingent Fee Prohibition

The Contractor warrants that it has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee or agent working for the Contractor to solicit or secure the Contract, and that the Contractor has not paid or agreed to pay any person, partnership, corporation, or other entity, other than a bona fide employee or agent, any fee or any other consideration contingent on the making of this Contract.

16. Non-Availability of Funding

If the General Assembly fails to appropriate funds or if funds are not otherwise made available for continued performance for any fiscal period of this Contract succeeding the first fiscal period, this Contract shall be canceled automatically as of the beginning of the fiscal year for which funds were not appropriated or otherwise made available; provided, however, that this will not affect either the State's or the Contractor's rights under any termination clause in this Contract. The effect of termination of the Contract hereunder will be to discharge both the Contractor and the State from future performance of the Contract, but not from their rights and obligations existing at the time of termination. The Contractor shall be reimbursed for the reasonable value of any nonrecurring costs incurred but not amortized in the price of the Contract. The State shall notify the Contractor as soon as it has knowledge that funds may not be available for the continuation of this Contract for each succeeding fiscal period beyond the first.

17. Termination for Default

If the Contractor fails to fulfill its obligations under this Contract properly and on time, fails to provide any required annual and renewable bond 30 days prior to expiration of the current bond then in effect, or otherwise violates any provision of the Contract, the State may terminate the Contract by written notice to the Contractor. The notice shall specify the acts or omissions relied upon as cause for termination. All finished or unfinished work provided by the Contractor shall, at the State's option, become the State's property. The State shall pay the Contractor fair and equitable compensation for satisfactory performance prior to receipt of notice of termination, less the amount of damages caused by the Contractor's breach. If the damages are more than the compensation payable to the Contractor, the Contractor will remain liable after termination and the State can affirmatively collect damages. Termination hereunder, including the termination of the rights and obligations of the parties, shall be governed by the provisions of COMAR 21.07.01.11B.

18. Termination for Convenience

The performance of work under this Contract may be terminated by the State in accordance with this clause in whole, or from time to time in part, whenever the State shall determine that such termination is in the best interest of the State. The State will pay all reasonable costs associated with this Contract that the Contractor has incurred up to the date of termination, and all reasonable costs associated with termination of the Contract. However, the Contractor shall not be reimbursed for any anticipatory profits that have not been earned up to the date of termination. Termination hereunder, including the determination of the rights and obligations of the parties, shall be governed by the provisions of COMAR 21.07.01.12A (2).

19. Delays and Extensions of Time

- 19.1 The Contractor agrees to prosecute the work continuously and diligently and no charges or claims for damages shall be made by it for any delays or hindrances from any cause whatsoever during the progress of any portion of the work specified in this Contract.
- 19.2 Time extensions will be granted only for excusable delays that arise from unforeseeable causes beyond the control and without the fault or negligence of the Contractor, including but not restricted to, acts of God, acts of the public enemy, acts of the State in either its sovereign or contractual capacity, acts of another Contractor in the performance of a contract with the State, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, or delays of subcontractors or suppliers arising from unforeseeable causes beyond the control and without the fault or negligence of either the Contractor or the subcontractors or suppliers.

20. Suspension of Work

The State unilaterally may order the Contractor in writing to suspend, delay, or interrupt all or any part of its performance for such period of time as the Procurement Officer may determine to be appropriate for the convenience of the State.

21. Pre-Existing Regulations

In accordance with the provisions of Section 11-206 of the State Finance and Procurement Article, Annotated Code of Maryland, the regulations set forth in Title 21 of the Code of Maryland Regulations (COMAR 21) in effect on the date of execution of this Contract are applicable to this Contract.

22. Financial Disclosure

The Contractor shall comply with the provisions of Section 13-221 of the State Finance and Procurement Article of the Annotated Code of Maryland, which requires that every business that enters into contracts, leases, or other agreements with the State or its agencies during a calendar year under which the business is to receive in the aggregate, \$200,000 or more, shall within 30 days of the time when the aggregate value of these contracts, leases or other agreements reaches \$200,000, file with the Secretary of State of Maryland certain specified information to include disclosure of beneficial ownership of the business.

23. Political Contribution Disclosure

The Contractor shall comply with Election Law Article, Title 14, Annotated Code of Maryland, which requires that every person that enters into a procurement contract with the State, a county, or a municipal corporation, or other political subdivision of the State, during a calendar year in which the person receives a contract with a governmental entity in the amount of \$200,000 or more, shall file with the State Board of Elections statements disclosing: (a) any contributions made during the reporting period to a candidate for elective office in any primary or general election; and (b) the name of each candidate to whom one or more contributions in a cumulative amount of \$500 or more were made during the reporting period. The statement shall be filed with the State Board of Elections: (a) before execution of a contract by the State, a county, a municipal corporation, or other political subdivision of the State, and shall cover the 24 months prior to when a contract was awarded; and (b) if the contribution is made after the execution of a contract, then twice a year, throughout the contract term, on or before: (i) May 31, to cover the six (6) month period ending April 30; and (ii) November 30, to cover the six (6) month period ending October 31. Additional information is available on the State Board of Elections website:

http://www.elections.state.md.us/campaign_finance/index.html.

24. Retention of Records

The Contractor and subcontractors shall retain and maintain all records and documents in any way relating to this Contract for (i) three (3) years after final payment by the State hereunder, or (ii) any applicable federal or State retention requirements (such as HIPAA) or condition of award, , whichever is longer, and shall make them available for inspection and audit by authorized representatives of the State, as designated by the Procurement Officer, at all reasonable times. The Contractor shall provide copies of all documents requested by the State, including, but not limited to itemized billing documentation containing the dates, hours spent and work performed by the Contractor and its subcontractors under the Contract. All records related in any way to the Contract are to be retained for the entire time provided under this section.

25. Right to Audit

- 25.1 The State reserves the right, at its sole discretion and at any time, to perform an audit of the Contractor's performance under this Contract. An audit is defined as a planned and documented independent activity performed by qualified personnel, including but not limited to State and federal auditors, to determine by investigation, examination, or evaluation of objective evidence from data, statements, records, operations and performance practices (financial or otherwise) the Contractor's compliance with the Contract, including but not limited to adequacy and compliance with established procedures and internal controls over the services performed pursuant to the Contract.
- 25.2 Upon three (3) Business Days' notice, the State shall be provided reasonable access to Contractor's records to perform any such audits. The Department may conduct these audits with any or all of its own internal resources or by securing the services of a third party accounting or audit firm, solely at the Department's election. The Department may copy any record related to the services performed pursuant to the Contract. The Contractor agrees to fully cooperate and assist in any audit conducted by or on behalf of the State, including, by way of example only, making records and employees available as, where, and to the extent requested by the State and by assisting the auditors in reconciling any audit variances. Contractor shall not be compensated for providing any such cooperation and assistance.
- 25.3 The right to audit shall include any of the Contractor's subcontractors including but not limited to any lower tier subcontractor(s). The Contractor shall ensure the Department has the right to audit such subcontractor(s).

26. Compliance with Laws

The Contractor hereby represents and warrants that:

- a. It is qualified to do business in the State and that it will take such action as, from time to time hereafter, may be necessary to remain so qualified;
- b. It is not in arrears with respect to the payment of any monies due and owing the State, or any department or unit thereof, including but not limited to the payment of taxes and employee benefits, and that it shall not become so in arrears during the Term;
- c. It shall comply with all federal, State and local laws, regulations, and ordinances applicable to its activities and obligations under this Contract; and
- d. It shall obtain, at its expense, all licenses, permits, insurance, and governmental approvals, if any, necessary to the performance of its obligations under this Contract.

27. Cost and Price Certification

- 27.1 The Contractor, by submitting cost or price information certifies that, to the best of its knowledge, the information submitted is accurate, complete, and current as of the date of its Bid.

- 27.2 The price under this Contract and any change order or modification hereunder, including profit or fee, shall be adjusted to exclude any significant price increases occurring because the Contractor furnished cost or price information which, as of the date of its Bid, was inaccurate, incomplete, or not current.

28. Subcontracting; Assignment

The Contractor may not subcontract any of its obligations under this Contract without obtaining the prior written approval of the Procurement Officer, nor may the Contractor assign this Contract or any of its rights or obligations hereunder, without the prior written approval of the Procurement Officer, each at the State's sole and absolute discretion; provided, however, that a Contractor may assign monies receivable under a contract after written notice to the State. Any subcontracts shall include such language as may be required in various clauses contained within this Contract, exhibits, and attachments. The Contract shall not be assigned until all approvals, documents, and affidavits are completed and properly registered. The State shall not be responsible for fulfillment of the Contractor's obligations to its subcontractors.

29. Limitations of Liability

- 29.1 Contractor shall be liable for any loss or damage to the State occasioned by the acts or omissions of Contractor, its subcontractors, agents or employees as follows:
- a) For all other claims, damages, loss, costs, expenses, suits or actions in any way related to this Contract and regardless of the basis on which the claim is made, Contractor's liability shall be unlimited.
- 29.2 Contractor's indemnification obligations for Third party claims arising under Section 10 ("Indemnification") of this Contract are included in this limitation of liability only if the State is immune from liability. Contractor's indemnification liability for third party claims arising under Section 10 of this Contract shall be unlimited if the State is not immune from liability for claims arising under Section 10.
- 29.3. In no event shall the existence of a subcontract operate to release or reduce the liability of Contractor hereunder. For purposes of this Contract, Contractor agrees that all subcontractors are agents of Contractor and Contractor is responsible for performance of the services and compliance with the relevant obligations hereunder by its subcontractors.

30. Commercial Nondiscrimination

- 30.1 As a condition of entering into this Contract, Contractor represents and warrants that it will comply with the State's Commercial Nondiscrimination Policy, as described under Title 19 of the State Finance and Procurement Article of the Annotated Code of Maryland. As part of such compliance, Contractor may not discriminate on the basis of race, color, religion, ancestry, national origin, sex, age, marital status, sexual orientation, sexual identity, genetic information or an individual's refusal to submit to a genetic test or make available the results of a genetic test or on the basis of disability, or otherwise unlawful forms of discrimination in the solicitation, selection, hiring, or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall Contractor retaliate against any person for reporting instances of such discrimination. Contractor shall provide equal opportunity for subcontractors, vendors, and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that this clause does not prohibit or limit lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the marketplace. Contractor understands that a material violation of this clause shall be considered a material breach of this Contract and may result in termination of this Contract, disqualification of Contractor from participating in State contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party.

- 30.3 As a condition of entering into this Contract, upon the request of the Commission on Civil Rights, and only after the filing of a complaint against Contractor under Title 19 of the State Finance and Procurement Article of the Annotated Code of Maryland, as amended from time to time, Contractor agrees to provide within 60 days after the request a complete list of the names of all subcontractors, vendors, and suppliers that Contractor has used in the past four (4) years on any of its contracts that were undertaken within the State of Maryland, including the total dollar amount paid by Contractor on each subcontract or supply contract. Contractor further agrees to cooperate in any investigation conducted by the State pursuant to the State Commercial Nondiscrimination Policy as set forth under Title 19 of the State Finance and Procurement Article of the Annotated Code of Maryland, and to provide any documents relevant to any investigation that are requested by the State. Contractor understands that violation of this clause is a material breach of this Contract and may result in Contract termination, disqualification by the State from participating in State contracts, and other sanctions.
- 30.4 The Contractor shall include the language from 30.1, or similar clause approved in writing by the Department, in all subcontracts.

31. Prompt Pay Requirements

- 31.1 If the Contractor withholds payment of an undisputed amount to its subcontractor, the Department, at its option and in its sole discretion, may take one or more of the following actions:
- (a) Not process further payments to the Contractor until payment to the subcontractor is verified;
 - (b) Suspend all or some of the Contract work without affecting the completion date(s) for the Contract work;
 - (c) Pay or cause payment of the undisputed amount to the subcontractor from monies otherwise due or that may become due to the Contractor;
 - (d) Place a payment for an undisputed amount in an interest-bearing escrow account; or
 - (e) Take other or further actions as appropriate to resolve the withheld payment.
- 31.2 An “undisputed amount” means an amount owed by the Contractor to a subcontractor for which there is no good faith dispute. Such “undisputed amounts” include, without limitation: (a) retainage which had been withheld and is, by the terms of the agreement between the Contractor and subcontractor, due to be distributed to the subcontractor; and (b) an amount withheld because of issues arising out of an agreement or occurrence unrelated to the agreement under which the amount is withheld.
- 31.3 An act, failure to act, or decision of a Procurement Officer or a representative of the Department concerning a withheld payment between the Contractor and a subcontractor under this **section 31**, may not:
- (a) Affect the rights of the contracting parties under any other provision of law;
 - (b) Be used as evidence on the merits of a dispute between the Department and the Contractor in any other proceeding; or
 - (c) Result in liability against or prejudice the rights of the Department.
- 31.4 The remedies enumerated above are in addition to those provided under COMAR 21.11.03.13 with respect to subcontractors that have contracted pursuant to the MBE program.
- 31.5 To ensure compliance with certified MBE subcontract participation goals, the Department may, consistent with COMAR 21.11.03.13, take the following measures:

- (a) Verify that the certified MBEs listed in the MBE participation schedule actually are performing work and receiving compensation as set forth in the MBE participation schedule. This verification may include, as appropriate:
 - i. Inspecting any relevant records of the Contractor;
 - ii. Inspecting the jobsite; and
 - iii. Interviewing subcontractors and workers.Verification shall include a review of:
 - i. The Contractor's monthly report listing unpaid invoices over thirty (30) days old from certified MBE subcontractors and the reason for nonpayment; and
 - ii. The monthly report of each certified MBE subcontractor, which lists payments received from the Contractor in the preceding thirty (30) days and invoices for which the subcontractor has not been paid.
- (b) If the Department determines that the Contractor is not in compliance with certified MBE participation goals, then the Department will notify the Contractor in writing of its findings and will require the Contractor to take appropriate corrective action. Corrective action may include, but is not limited to, requiring the Contractor to compensate the MBE for work performed as set forth in the MBE participation schedule.
- (c) If the Department determines that the Contractor is in material noncompliance with MBE Contract provisions and refuses or fails to take the corrective action that the Department requires, then the Department may:
 - i. Terminate the Contract;
 - ii. Refer the matter to the Office of the Attorney General for appropriate action; or
 - iii. Initiate any other specific remedy identified by the Contract, including the contractual remedies required by any applicable laws, regulations, and directives regarding the payment of undisputed amounts.
- (d) Upon completion of the Contract, but before final payment or release of retainage or both, the Contractor shall submit a final report, in affidavit form under the penalty of perjury, of all payments made to, or withheld from, MBE subcontractors.

32. Living Wage

If a Contractor subject to the Living Wage law fails to submit all records required under COMAR 21.11.10.05 to the Commissioner of Labor and Industry at the Department of Labor, Licensing and Regulation, the Department may withhold payment of any invoice or retainage. The Department may require certification from the Commissioner on a quarterly basis that such records were properly submitted.

33. Use of Estimated Quantities

Unless specifically indicated otherwise in the State's solicitation or other controlling documents related to the Scope of Work, any sample amounts provided are estimates only and the Department does not guarantee a minimum or maximum number of units or usage in the performance of this Contract.

34. Risk of Loss; Transfer of Title

Risk of loss for conforming supplies, equipment, materials and Deliverables furnished to the State hereunder shall remain with the Contractor until such supplies, equipment, materials and Deliverables are received and accepted by the State, following which, title shall pass to the State.

35. Effect of Contractor Bankruptcy

All rights and licenses granted by the Contractor under this Contract are and shall be deemed to be rights and licenses to “intellectual property,” and the subject matter of this Contract, including services, is and shall be deemed to be “embodiments of intellectual property” for purposes of and as such terms are used and interpreted under § 365(n) of the United States Bankruptcy Code (“Code”) (11 U.S.C. § 365(n) (2010)). The State has the right to exercise all rights and elections under the Code and all other applicable bankruptcy, insolvency and similar laws with respect to this Contract (including all executory statement of works). Without limiting the generality of the foregoing, if the Contractor or its estate becomes subject to any bankruptcy or similar proceeding: (a) subject to the State’s rights of election, all rights and licenses granted to the State under this Contract shall continue subject to the respective terms and conditions of this Contract; and (b) the State shall be entitled to a complete duplicate of (or complete access to, as appropriate) all such intellectual property and embodiments of intellectual property, and the same, if not already in the State’s possession, shall be promptly delivered to the State, unless the Contractor elects to and does in fact continue to perform all of its obligations under this Contract.

36. Miscellaneous

- 36.1 Any provision of this Contract which contemplates performance or observance subsequent to any termination or expiration of this Contract shall survive termination or expiration of this Contract and continue in full force and effect.
- 36.2 If any term contained in this Contract is held or finally determined to be invalid, illegal, or unenforceable in any respect, in whole or in part, such term shall be severed from this Contract, and the remaining terms contained herein shall continue in full force and effect, and shall in no way be affected, prejudiced, or disturbed thereby.
- 36.3 The headings of the sections contained in this Contract are for convenience only and shall not be deemed to control or affect the meaning or construction of any provision of this Contract.
- 36.4 This Contract may be executed in any number of counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Signatures provided by facsimile or other electronic means, e.g, and not by way of limitation, in Adobe .PDF sent by electronic mail, shall be deemed to be original signatures.

37. Contract Manager and Procurement Officer

- 37.1 The State representative for this Contract who is primarily responsible for Contract administration functions, including issuing written direction, invoice approval, monitoring this Contract to ensure compliance with the terms and conditions of the Contract, monitoring MBE and VSBE compliance, and achieving completion of the Contract on budget, on time, and within scope. The Contract Monitor may authorize in writing one or more State representatives to act on behalf of the Contract Monitor in the performance of the Contract Monitor’s responsibilities. The Department may change the Contract Monitor at any time by written notice to the Contractor.
- 37.2 The Procurement Officer has responsibilities as detailed in the Contract and is the only State representative who can authorize changes to the Contract. The Department may change the Procurement Officer at any time by written notice to the Contractor.

38. Notices

All notices hereunder shall be in writing and either delivered personally or sent by certified or registered mail, postage prepaid, as follows:

If to the State:

Dr. Marie Rosa Alam
55 Wade Avenue
Catonsville, MD 21228
Phone Number: 410-402-7596
E-Mail: marierose.alam@maryland.gov

With a copy to:

Jim Beauchamp
Maryland Department of Health (MDH)
201 W. Preston Street
Baltimore, MD 21201
Phone Number: 410-767-0974
E-Mail: jim.beauchamp@maryland.gov

If to the Contractor:

(Contractor's Name)
(Contractor's primary address)
Attn: _____

[[Delete the following if a parent company guarantee is inapplicable:]]

Parent Company Guarantor

Contact: _____
Attn: _____

39. Parent Company Guarantee (If applicable)

If a Contractor intends to rely on its Parent Company in some manner while performing on the State Contract, the following clause should be included and completed for the Contractor's Parent Company to guarantee performance of the Contractor. The guarantor/Contractor's Parent Company should be named as a party and signatory to the Contract and should be in good standing with SDAT.

(Corporate name of Contractor's Parent Company) hereby guarantees absolutely the full, prompt, and complete performance by (Contractor) of all the terms, conditions and obligations contained in this Contract, as it may be amended from time to time, including any and all exhibits that are now or may become incorporated hereunto, and other obligations of every nature and kind that now or may in the future arise out of or in connection with this Contract, including any and all financial commitments, obligations, and liabilities. (Corporate name of Contractor's Parent Company) may not transfer this absolute guaranty to any other person or entity without the prior express written approval of the State, which approval the State may grant, withhold, or qualify in its sole and absolute subjective discretion. (Corporate name of Contractor's Parent Company) further agrees that

if the State brings any claim, action, lawsuit or proceeding against **(Contractor)**, **(Corporate name of Contractor's Parent Company)** may be named as a party, in its capacity as Absolute Guarantor.

42. Compliance with federal Health Insurance Portability and Accountability Act (HIPAA) and State Confidentiality Law

42.1 The Contractor acknowledges its duty to become familiar and comply, to the extent applicable, with all requirements of the federal Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. §§ 1320d et seq., and implementing regulations including 45 C.F.R. Parts 160 and 164. The Contractor also agrees to comply with the Maryland Confidentiality of Medical Records Act (MCMRA), Md. Code Ann. Health-General §§ 4-301 et seq. This obligation includes:

- (a) As necessary, adhering to the privacy and security requirements for protected health information and medical records under HIPAA and MCMRA and making the transmission of all electronic information compatible with the HIPAA requirements;
- (b) Providing training and information to employees regarding confidentiality obligations as to health and financial information and securing acknowledgement of these obligations from employees to be involved in the Contract; and
- (c) Otherwise providing good information management practices regarding all health information and medical records.

42.2 If in connection with the procurement or at any time during the Term, the Department determines that functions to be performed in accordance with the scope of work set forth in the solicitation constitute business associate functions as defined in HIPAA, the Contractor acknowledges its obligation to execute a business associate agreement as required by HIPAA regulations at 45 C.F.R. 164.501 and in the form required by the Department.

42.3 "Protected Health Information" as defined in the HIPAA regulations at 45 C.F.R. 160.103 and 164.501, means information transmitted as defined in the regulations, that is: individually identifiable; created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or healthcare clearinghouse; and related to the past, present, or future physical or mental health or condition of an individual, the provision of healthcare to an individual, or the past, present, or future payment for the provision of healthcare to an individual. The definition excludes certain education records as well as employment records held by a covered entity in its role as employer.

43. Hiring Agreement

This section is not applicable to this contract.

44. Limited English Proficiency

The Contractor shall provide equal access to public services to individuals with limited English proficiency in compliance with Md. Code Ann., State Government Article, §§ 10-1101 et seq., and Policy Guidance issued by the Office of Civil Rights, Department of Health and Human Services, and MDH Policy 02.06.07.

45. Maryland's Green Purchasing Reporting Requirements

This section is not applicable to this contract.

SIGNATURES ON NEXT PAGE

IN WITNESS THEREOF, the parties have executed this Contract as of the date hereinabove set forth.

Contractor: <<ContractorName>>	State of Maryland MARYLAND DEPARTMENT OF HEALTH (MDH)
By: <<Contractor Signer>>	By: <<agencyContractSigner>>, <<agencyContractSignerTitle>>
Date:	Date:
Witness/Attest:	Witness/Attest:
PARENT COMPANY (GUARANTOR) (if applicable)	
By:	
Date:	
Witness/Attest:	

Approved for form and legal sufficiency
 this ____ day of _____, 20__.

 Assistant Attorney General

[[If this solicitation requires BPW approval keep the text below, otherwise delete it.]]

APPROVED BY BPW: _____ (Date) _____ (BPW Item #)

Attachment N. Contract Affidavit

See link at <http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Attachment-N-ContractAffidavit.pdf>.

Attachment O. DHS Hiring Agreement

This solicitation does not require a DHS Hiring Agreement.

**Attachment Q – Delineation for Clinical Privileges: Specialty
Somatic Medicine**



Spring Grove Hospital Center

Name:

Delineated Clinical Privileges, and Qualifying Credentials Requirements:

Please Check Requested Privilege(s) in the Space Provided

Specialized Privileges in Somatic Medicine

In order to gain privileges to provide specialized somatic medicine diagnostic and medical management services at Spring Grove Hospital Center, an applicant must have the following additional core skills, training and experience, for all age groups (13 through senescence): Completion of an approved residency program in the specialty (“Board Eligibility”) or Board Certification in the Specialty (except for Podiatry). In the case of privileges in Primary Care Medicine, the applicant must have completed an approved residency in any of the following areas: Internal Medicine, Family Practice, Emergency Medicine; or the applicant must have completed an approved residency in another area, but must have been actively engaged in the practice of primary care (general) medicine for at least three of the past six years.

_____ **Urologist:** Core Privileges: Provide consultation in urology to other members of the medical staff; physical examination of the patient; perform and interpret routine or minimally invasive urological diagnostic procedures and provide treatment interventions of an uncomplicated nature in urology; and urinary catheterization. Qualifications: For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant’s residency training program, if the applicant’s matriculation in the residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.

Attestation: I hereby affirm that this application contains no willful misrepresentations of falsification. I also hereby affirm that I am fully qualified to execute the privilege or privileges that I have requested above. I am aware that misrepresentation or falsification of this application will result in denial of appointment or reappointment to, or in revocation of membership in, the medical staff.

**Attachment S – Delineation for Clinical Privileges: General Somatic
Medicine**



Spring Grove Hospital Center

Name: _____

Delineated Clinical Privileges, and Qualifying Credentials Requirements:

Please Check Requested Privilege(s) in the Space Provided

Somatic Medicine

_____ **Privilege to Admit Patients to the Hospital Center:**

In order to admit a patient to an inpatient or assisted living treatment unit at Spring Grove Hospital Center, an applicant must have the following core skills, training and experience for all age groups (13 through senescence):

- The ability to take an initial psychiatric history and conduct an adequate initial mental status examination, formulate a preliminary multi-axial diagnosis, and create a medically necessary and appropriate initial treatment plan for patients in all ages groups served by the hospital (ages 13 through senescence), pending reassessment within 24-hours by a psychiatrist with privileges to provide a comprehensive psychiatric assessment and to assign a formal psychiatric diagnosis. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Graduation from an accredited U.S. medical school, or graduation from a foreign medical school with ECFMG certification.
- Completion of an internship at a training program accredited by the Accreditation Council for Graduate Medical Education or similar national accrediting body in the U.S.
- Current licensure to practice medicine in the State of Maryland.

_____ **Core Privileges in Somatic Medicine**

Note: Individuals who hold core privileges in somatic medicine at Spring Grove Hospital Center are expected to seek supervision and/or consultation when unusual or complex cases are encountered.

In order to gain privileges to provide diagnostic and medical management services at Spring Grove Hospital Center, an applicant must have the following core skills, training and experience for all age groups (13 through senescence):

- Ability to gather a comprehensive medical history, including a history of present illness and a formal review of systems. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Ability to perform a detailed physical examination of a patient. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Ability to order and, as appropriate, interpret routine diagnostic tests. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Ability to evaluate and treat uncomplicated somatic illnesses and conditions. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Ability to perform routine primary care diagnostic procedures. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Ability to perform EKG reviews, pending subsequent interpretation by a Provider with special privileges in cardiology. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Ability to place ("N.G.") tubes. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Ability to suture uncomplicated wounds. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Ability to place urethral catheters. For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant's internship or residency training program, if the applicant's matriculation in the internship or residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.
- Graduation from an accredited U.S. medical school, or graduation from a foreign medical school with ECFMG certification.
- Completion of an internship at a training program accredited by the Accreditation Council for Graduate Medical Education or similar national accrediting body in the U.S.
- Current license to practice medicine in the State of Maryland.

Attestation: I hereby affirm that this application contains no willful misrepresentations of falsification. I also hereby affirm that I am fully qualified to execute the privilege or privileges that I have requested above. I am aware that misrepresentation or falsification of this application

**Attachment T – Delineation for Clinical Privileges: Specialty
Somatic Medicine**



Spring Grove Hospital Center

Name: _____

Delineated Clinical Privileges, and Qualifying Credentials Requirements:

Please Check Requested Privilege(s) in the Space Provided

Specialized Privileges in Somatic Medicine

In order to gain privileges to provide specialized somatic medicine diagnostic and medical management services at Spring Grove Hospital Center, an applicant must have the following additional core skills, training and experience, for all age groups (13 through senescence): Completion of an approved residency program in the specialty (“Board Eligibility”) or Board Certification in the Specialty (except for Podiatry). In the case of privileges in Primary Care Medicine, the applicant must have completed an approved residency in any of the following areas: Internal Medicine, Family Practice, Emergency Medicine; or the applicant must have completed an approved residency in another area, but must have been actively engaged in the practice of primary care (general) medicine for at least three of the past six years.

_____ **Gynecologist (“GYN”):** Core Privileges: Consultation to non-GYN members of the medical staff; physical examination of the patient; perform and interpret routine or minimally invasive GYN diagnostic procedures and provide treatment interventions of an uncomplicated nature in GYN; Routine gynecologic examinations; PAP smears and cervical examination; Incision and drainage of superficial abscesses; excision of superficial lesions; removal of superficial embedded foreign bodies or foreign bodies in the vagina or rectum. Qualifications: For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant’s residency training program, if the applicant’s matriculation in the residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.

Attestation: I hereby affirm that this application contains no willful misrepresentations of falsification. I also hereby affirm that I am fully qualified to execute the privilege or privileges that I have requested above. I am aware that misrepresentation or falsification of this application

**Attachment U – Delineation for Clinical Privileges: Specialty
Somatic Medicine**



Spring Grove Hospital Center

Name: _____

Delineated Clinical Privileges, and Qualifying Credentials Requirements:

Please Check Requested Privilege(s) in the Space Provided

Specialized Privileges in Somatic Medicine

In order to gain privileges to provide specialized somatic medicine diagnostic and medical management services at Spring Grove Hospital Center, an applicant must have the following additional core skills, training and experience, for all age groups (13 through senescence): Completion of an approved residency program in the specialty (“Board Eligibility”) or Board Certification in the Specialty (except for Podiatry). In the case of privileges in Primary Care Medicine, the applicant must have completed an approved residency in any of the following areas: Internal Medicine, Family Practice, Emergency Medicine; or the applicant must have completed an approved residency in another area, but must have been actively engaged in the practice of primary care (general) medicine for at least three of the past six years.

_____ **Ophthalmologist:** Core Privileges: Consultation to non-ophthalmologist members of the medical staff; physical examination of the patient; perform and interpret routine or minimally invasive ophthalmologic diagnostic procedures and provide treatment interventions of an uncomplicated nature in ophthalmology; refractive examinations of the eyes; tonometry; and medical ophthalmology. Qualifications: For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant’s residency training program, if the applicant’s matriculation in the residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.

**Attachment V – Delineation for Clinical Privileges: Specialty
Somatic Medicine**



Spring Grove Hospital Center

Name: _____

Delineated Clinical Privileges, and Qualifying Credentials Requirements:

Please Check Requested Privilege(s) in the Space Provided

Specialized Privileges in Somatic Medicine

In order to gain privileges to provide specialized somatic medicine diagnostic and medical management services at Spring Grove Hospital Center, an applicant must have the following additional core skills, training and experience, for all age groups (13 through senescence): Completion of an approved residency program in the specialty (“Board Eligibility”) or Board Certification in the Specialty (except for Podiatry). In the case of privileges in Primary Care Medicine, the applicant must have completed an approved residency in any of the following areas: Internal Medicine, Family Practice, Emergency Medicine; or the applicant must have completed an approved residency in another area, but must have been actively engaged in the practice of primary care (general) medicine for at least three of the past six years.

_____ **Orthopedic Surgeon:** Core Privileges: Consultation to non-orthopedic surgeon members of the medical staff; physical examination of the patient; perform and interpret routine or minimally invasive orthopedic surgery diagnostic procedures and provide treatment interventions of an uncomplicated nature in orthopedic surgery; arthrocentesis; suture/closure of simple lacerations; removal of superficial foreign bodies; splint/cast of simple fractures; soft tissue injection; excision of superficial lesions; debridement of superficial wounds; and incision and drainage of superficial abscesses. Qualifications: For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant’s residency training program, if the applicant’s matriculation in the residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.

**Attachment W – Delineation for Clinical Privileges: Specialty
Somatic Medicine**



Spring Grove Hospital Center

Name:

Delineated Clinical Privileges, and Qualifying Credentials Requirements:

Please Check Requested Privilege(s) in the Space Provided

Specialized Privileges in Somatic Medicine

In order to gain privileges to provide specialized somatic medicine diagnostic and medical management services at Spring Grove Hospital Center, an applicant must have the following additional core skills, training and experience, for all age groups (13 through senescence): Completion of an approved residency program in the specialty (“Board Eligibility”) or Board Certification in the Specialty (except for Podiatry). In the case of privileges in Primary Care Medicine, the applicant must have completed an approved residency in any of the following areas: Internal Medicine, Family Practice, Emergency Medicine; or the applicant must have completed an approved residency in another area, but must have been actively engaged in the practice of primary care (general) medicine for at least three of the past six years.

_____ **Primary Care Medicine:** Core Privileges: Provide consultation in primary care medicine to other members of the medical staff; assume primary responsibility for a patient’s primary care somatic services needs and, within this capacity, coordinate as the somatic services case manager all other specialty somatic services that may be required, and serve as a liaison between the specialty somatic providers and the patient’s attending psychiatrist; refer patients for non-emergency off-grounds specialty services by health care providers approved by the medical staff. Qualifications: For initial appointment, the applicant must have completed an approved residency in any of the following areas: Internal Medicine, Family Practice, Emergency Medicine; or the applicant must have completed an approved residency in another area, but must have been actively engaged in the practice of primary care (general) medicine for at least three of the past six years, and must provide attestation of current competence in the core privileges for Primary Care Medicine from at least two peers with current knowledge, based upon personal observation or peer review activities.

**Attachment X– Delineation for Clinical Privileges: Specialty
Somatic Medicine**



Spring Grove Hospital Center

Name: _____

Delineated Clinical Privileges, and Qualifying Credentials Requirements:

Please Check Requested Privilege(s) in the Space Provided

Specialized Privileges in Somatic Medicine

In order to gain privileges to provide specialized somatic medicine diagnostic and medical management services at Spring Grove Hospital Center, an applicant must have the following additional core skills, training and experience, for all age groups (13 through senescence): Completion of an approved residency program in the specialty (“Board Eligibility”) or Board Certification in the Specialty (except for Podiatry). In the case of privileges in Primary Care Medicine, the applicant must have completed an approved residency in any of the following areas: Internal Medicine, Family Practice, Emergency Medicine; or the applicant must have completed an approved residency in another area, but must have been actively engaged in the practice of primary care (general) medicine for at least three of the past six years.

_____ **Podiatrist:** Core Privileges: Provide consultation in podiatry to other members of the medical staff; physical examination of the patient; perform and interpret routine or minimally invasive podiatric diagnostic procedures and provide treatment interventions of an uncomplicated nature in podiatry; arthrocentesis; routine podiatric care, such as management of dystrophic nails, corns and calluses; suture/closure of simple lacerations; removal of superficial foreign bodies; splint/cast of simple fracture; soft tissue injection; excision of superficial lesions; debridement of superficial wounds; and incision and drainage of superficial abscess. Qualifications: For initial appointment, the applicant must provide verified proof of graduation from podiatry school and verified attestation of competency in these areas from the applicant’s residency training program, if the applicant’s matriculation in the residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.

**Attachment Y– Delineation for Clinical Privileges: Specialty
Somatic Medicine**



Spring Grove Hospital Center

Name: _____

Delineated Clinical Privileges, and Qualifying Credentials Requirements:

Please Check Requested Privilege(s) in the Space Provided

Specialized Privileges in Somatic Medicine

In order to gain privileges to provide specialized somatic medicine diagnostic and medical management services at Spring Grove Hospital Center, an applicant must have the following additional core skills, training and experience, for all age groups (13 through senescence): Completion of an approved residency program in the specialty (“Board Eligibility”) or Board Certification in the Specialty (except for Podiatry). In the case of privileges in Primary Care Medicine, the applicant must have completed an approved residency in any of the following areas: Internal Medicine, Family Practice, Emergency Medicine; or the applicant must have completed an approved residency in another area, but must have been actively engaged in the practice of primary care (general) medicine for at least three of the past six years.

_____ **Radiologist:** Core Privileges: Provide consultation in Radiology to other members of the medical staff; physical examination of the patient; perform and interpret routine or minimally invasive radiographic diagnostic procedures and provide treatment interventions of an uncomplicated nature in radiology. Qualifications: For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant’s residency training program, if the applicant’s matriculation in the residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.

**Attachment Z– Delineation for Clinical Privileges: Specialty
Somatic Medicine**



Spring Grove Hospital Center

Name: _____

Delineated Clinical Privileges, and Qualifying Credentials Requirements:

Please Check Requested Privilege(s) in the Space Provided

Specialized Privileges in Somatic Medicine

In order to gain privileges to provide specialized somatic medicine diagnostic and medical management services at Spring Grove Hospital Center, an applicant must have the following additional core skills, training and experience, for all age groups (13 through senescence): Completion of an approved residency program in the specialty (“Board Eligibility”) or Board Certification in the Specialty (except for Podiatry). In the case of privileges in Primary Care Medicine, the applicant must have completed an approved residency in any of the following areas: Internal Medicine, Family Practice, Emergency Medicine; or the applicant must have completed an approved residency in another area, but must have been actively engaged in the practice of primary care (general) medicine for at least three of the past six years.

_____ **Cardiologist:** Core Privileges: Cardiology consultation to non-cardiologists; physical examination of patients; perform and interpret routine or minimally invasive cardiac diagnostic procedures and provide treatment interventions of an uncomplicated nature in cardiology; and EKG interpretation. Qualifications: For initial appointment, the applicant must provide verified attestation of competency in these areas from the applicant’s residency training program, if the applicant’s matriculation in the residency program has occurred within the past five years; or from at least two peers with current knowledge, based upon personal observation or peer review activities. For reappointment, the aggregated peer review data must demonstrate current competency in these areas.

Attachment aa– Position Description – Primary Care Physician

**POSITION DESCRIPTION
PRIMARY CARE PHYSICIAN**

General Description

This physician will provide primary medical services to patients or to other specified individuals at Spring Grove Hospital. This may include providing services to patients on admission, extended care, research, geriatric, domiciliary, or other units as determined by the Clinical Director. These services will be governed by the Provider's specific delineation of privileges in accordance with his/her medical staff credentialing, and will be under the direction of the Chief of Somatic Services. These services are expected to be both competent and cost-effective. Furthermore, these services will be expected to be provided in accordance with the current standards of medical practice in such settings, and in accordance with all requirements or guidelines pertaining to any applicable regulatory agencies, accrediting bodies, or committees within or outside of Spring Grove Hospital.

Primary Clinical Duties

The physician will be expected to perform medical duties including but not limited to the following:

- Perform admission history and physical examinations
- Perform annual or other periodic history and physical examinations
- Provide acute medical and minor surgical care to patients
- Provide chronic long-term medical care to patients
- Refer patients as appropriate to consultant physicians, clinics, hospitals, etc.
- Review and interpret medical tests results
- Make preliminary assessments of radiographs and EKGs
- Develop and implement medical treatment plans
- Order appropriate diagnostic work-ups
- Order medication and non-medication treatments as appropriate
- Implement preventive medical screening procedures/plans
- Provide patient/health education
- Monitor patient progress and response to medical interventions
- Perform basic mental status exams and psychiatric assessments
- Perform emergency medical resuscitation as necessary
- Monitor patient progress at off-site healthcare settings as necessary
- Develop and implement discharge plans and instructions for medical/surgical care
- Perform medical procedures as specified under the delineation of privileges
- Develop and implement emergency care plans
- Maintain close supervision of the clinical performance of physician assistants
- Co-sign physician assistant's orders, progress notes, referrals, etc.
- Participate as required by policy and procedure in disaster response activities

General Clinical Duties

The physician will be expected to perform general medical duties including but not limited to the following:

Document medical information in an orderly, legible, thorough, and timely fashion in accordance with hospital policies, procedures, or guidelines.

Review medical records from within the hospital and from external sources

Consult with other physicians and allied health professionals as necessary

Maintain close contact with external healthcare providers or organizations

Maintain close telecommunications contact with all hospital wards, departments, and areas while on assignment at all times

Prepare medical records/reports as required

Keep abreast of current medical knowledge and technology, and continuing medical education requirements

Maintain professional standards regarding licensure and/or certification as applicable

Provide/obtain information/education to/from families regarding care of patients

Respond to clinical problems/situations in a timely and effective manner

Serve as on-duty physician as assigned when applicable

General/Administrative Responsibilities

Attend meetings as required by the hospital, medical staff, or other committees as applicable

Adhere and participate in medical staff, performance improvement, utilization review, safety committee, infection control, and continuing education activities as required

Adhere to personnel requirements of the hospital or the contracted vendor (as applicable) regarding attendance, time sheets, personal/emergency leave, etc.

Maintain a professional demeanor and readiness to provide direct patient care while on assignment

Display a cooperative and collaborative attitude toward other healthcare professionals.

Provide orientation/supervision to other healthcare professionals as required.

Provide assistance and advice to the Chief of Somatic Services regarding staff performance and assessment

of programs within Somatic Services

Develop and maintain an understanding of hospital policies and procedures

Maintain basic computer skills

Certification/Licensure/Training Experience

This physician will be a graduate of an accredited school of medicine or osteopathy.

This physician will have at least two years of experience, including one year of experience in the practice of general internal medicine, family practice, general practice, or general surgery.

This physician will have a current license to practice medicine in the state of Maryland,

Basic Life Support certification and certification from the Drug Enforcement Agency.

Attachment bb– Position Description – On-Duty Physician

**POSITION DESCRIPTION
ON-DUTY PHYSICIAN**

General Description

This physician will provide primary medical services and preliminary psychiatric assessments of patients at Spring Grove Hospital. This may include providing services to patients on admission, extended care, research, geriatric, domiciliary, or other units as determined by the Clinical Director. These services will be governed by the Provider's specific delineation of privileges in accordance with his/her medical staff credentialing, and under the direction of the Chief of Somatic Services. These services are expected to be both competent and cost-effective. Furthermore, these services will be expected to be provided in accordance with the current standards of medical practice in such settings, and in accordance with all requirements or guidelines pertaining to any regulatory agencies, accrediting bodies, or committees within or outside of Spring Grove Hospital.

Primary Clinical Duties

The Provider will be expected to perform medical duties under the direction of the Chief of Somatic Services and with the guidance and assistance of the Psychiatrist on-call, including but not limited to the following:

- Perform basic mental status exams and psychiatric assessments
- Document psychiatric admission notes
- Perform admission history and physical examinations
- Provide acute medical and minor surgical care to patients
- Refer patients as appropriate to consultant physicians, clinics, hospitals, etc.
- Review and interpret medical tests results
- Make preliminary assessments of radiographs and EKGs
- Document and implement medical treatment plans
- Order appropriate diagnostic work-ups
- Order medication and non-medication treatments as appropriate
- Order preventive medical screening procedures/plans
- Provide patient health education
- Monitor patient responses to medical interventions
- Participate as required by policy and procedure in disaster response activities
- Perform medical procedures as specified under the delineation of privileges
- Document and implement emergency care plans
- Perform emergency medical resuscitation as necessary

General Clinical Duties

The Provider will be expected to perform general medical duties including but not limited to the following:

- Document medical information in an orderly, legible, thorough, and timely fashion in accordance with hospital policies, procedures, or guidelines.
- Review medical records from within the hospital and from external sources
- Consult with physicians and allied health professionals
- Maintain close contact with external healthcare Providers or organizations
- Provide clinical input and assistance to admission staff regarding admission screening
- Maintain close telecommunications contact with all hospital wards, departments, and areas while on assignment at all times
- Prepare medical records/reports as required
- Keep abreast of current medical knowledge and technology, and continuing medical education requirements
- Maintain professional standards regarding licensure and/or certification as applicable
- Provide/obtain information/education to/from families regarding care of patients
- Respond to clinical problems/situations in a timely and effective manner
- Supervise clinical performance of physician assistants as necessary

General/Administrative Responsibilities

- Maintain close communication with the Psychiatrist on-call, the Clinical Director, or the Chief of Somatic Services (as appropriate) in critical emergency situations.
- Ensure continuity of care by direct communication with other on-duty physicians or primary care physicians as necessary.
- Adhere and participate in medical staff, performance improvement, utilization review, safety/disaster planning, infection control, and continuing education activities as required.
- Adhere to personnel requirements of the hospital or the contracted vendor (as applicable) regarding attendance, time sheets, personal/emergency leave, etc.
- Maintain a professional demeanor and readiness to provide direct patient care while on assignment
- Display a cooperative and collaborative attitude toward other healthcare professionals.
- Develop and maintain an understanding of hospital policies and procedures
- Maintain basic computer skills

Certification/Licensure/Training/Experience

- This physician will be a graduate of an accredited school of medicine or osteopathy.
- This physician will have at least two years of experience, including one year of experience in the practice of general internal medicine, family practice, general practice, or general surgery.
- This physician will have a current license to practice medicine in the state of Maryland, Basic Life Support certification and certification from the Drug Enforcement Agency.

Attachment cc– Position Description – Physician Assistant

**POSITION DESCRIPTION
PHYSICIAN ASSISTANT**

7.1

General Description

This Provider will provide primary medical services to patients or to other specified individuals at Spring Grove Hospital. This may include providing services to patients on admission, extended care, research, geriatric, domiciliary or other units as determined by the Clinical Director. These services will be provided under the supervision and guidance of a primary care physician and the Chief of Somatic Services at Spring Grove Hospital. These services will be governed by the Provider=s specific delineation of privileges in accordance with his/her medical staff credentialing and with the approval of the applicable State licensing authority. These services are expected to be both competent and cost-effective. Furthermore, these services will be expected to be provided in accordance with the current standards of medical practice in such settings, and in accordance with all requirements or guidelines pertaining to any applicable regulatory agencies, accrediting bodies, or committees within or outside of Spring Grove Hospital.

Primary Clinical Duties

The Provider will be expected to perform medical duties under the supervision and guidance of a primary care physician including but not limited to the following:

- Perform admission history and physical examinations
- Perform annual or other periodic history and physical examinations
- Provide acute medical and minor surgical care to patients
- Provide chronic long-term medical care to patients
- Refer patients as appropriate to consultant physicians, clinics, hospitals, etc.
- Review and interpret medical tests results
- Document and implement medical treatment plans
- Obtain orders for appropriate diagnostic work-ups
- Obtain orders for medication and non-medication treatments
- Implement preventive medical screening procedures/plans
- Provide patient/health education
- Monitor patient progress to medical and non-medical therapies
- Perform basic mental status exams and psychiatric assessments
- Perform emergency medical resuscitation as necessary
- Document discharge plans and instructions for medical/surgical care
- Perform medical procedures as specified under the delineation of privileges
- Document and implement emergency care plans
- Participate as required by policy and procedure in disaster response activities
- Confer closely and frequently with his/her supervising physician regarding both routine and unusual medical problems

General Clinical Duties

The Provider will be expected to perform general medical duties including but not limited to the following:

Document medical information in an orderly, legible, thorough, and timely fashion in accordance with hospital policies, procedures, or guidelines.

Review medical records from within the hospital and from external sources

Consult with physicians and allied health professionals

Maintain close contact with external healthcare providers or organizations

Maintain close telecommunications contact with all hospital wards, departments, and areas while on assignment at all times

Prepare medical records/reports as required

Keep abreast of current medical knowledge and technology, and continuing medical education requirements

Respond to clinical problems/situations in a timely and effective manner

Maintain professional standards regarding licensure and/or certification as applicable

Provide/obtain information/education to/from families regarding care of patients

General/Administrative Responsibilities

Attend meetings as required by the hospital, medical staff, or other committees as applicable

Adhere and participate in medical staff, performance improvement, utilization review, safety committee, infection control, and continuing education activities as required

Adhere to personnel requirements of the hospital or the vendor contract, as applicable, regarding attendance, time sheets, personal and emergency leave, etc.

Maintain a professional demeanor and readiness to provide direct patient care while on assignment

Display a cooperative and collaborative attitude toward other healthcare professionals.

Provide orientation/supervision to other healthcare professionals as required.

Develop and maintain an understanding of hospital policies and procedures

Maintain basic computer skills

Certification/Licensure/Training/Experience

This Provider will be a graduate of a Physician Assistant training program accredited by the Committee on Allied Health Education and Accreditation. This Provider will have current certification by the National Commission on Certification of Physician Assistants, appropriate State licensure, and Basic Life Support Training certification.

Attachment dd– Position Description – Specialty Physician

POSITION DESCRIPTION
SPECIALTY/CONSULTANT PHYSICIAN

GENERAL DESCRIPTION

This physician will provide specialized medical/surgical services to patients or to other specified individuals at Spring Grove Hospital. This may include providing services to patients on admission, extended care, research, geriatric, domiciliary, or other units as determined by the Clinical Director. These services will be governed by the Provider's specific delineation of privileges in accordance with his/her medical staff credentialing and will be under the direction of the Chief of Somatic Services. These services are expected to be both competent and cost-effective. Furthermore, these services will be expected to be provided in accordance with the current standards of medical practice in such settings, and in accordance with all requirements or guidelines pertaining to any applicable regulatory agencies, accrediting bodies, or committees within or outside of Spring Grove Hospital.

Primary Clinical Duties

The physician will be expected to perform medical duties including but not limited to the following:

- Provide medical/surgical consultations on patients referred from primary care providers
- Provide ongoing medical/surgical care to patients with acute/chronic conditions as appropriate
- Refer patients as necessary to other consultant physicians, clinics, hospitals, etc.
- Review and interpret medical tests results
- Make preliminary assessments of radiographs and EKGs
- Develop and implement medical/surgical treatment plans
- Order appropriate and cost-effective diagnostic work-ups
- Order medication and non-medication treatments as appropriate
- Provide patient/staff health education
- Monitor patient progress and response to medical/surgical interventions
- Monitor and report on patient progress at off-site healthcare settings as necessary
- Develop treatment/discharge plans and instructions for medical/surgical care as necessary
- Perform medical/surgical procedures as specified under the delineation of privileges

General Clinical Duties

The physician will be expected to perform general medical duties including but not limited to the following:

- Document medical information in an orderly, legible, thorough, and timely fashion in accordance with hospital policies, procedures, or guidelines.
- Review medical records from within the hospital and from external sources
- Consult with other physicians and allied health professionals as necessary

Maintain close contact with external healthcare providers or organization
Maintain close telecommunications contact with Spring Grove Hospital as necessary
Prepare medical records/reports as required
Keep abreast of current medical knowledge and technology, and continuing medical education requirements
Maintain professional standards regarding licensure and/or certification as applicable
Provide/obtain information/education to/from families regarding care of patients
Respond to clinical problems/situations in a timely and effective manner

General/Administrative Responsibilities

Attend meetings as required by the hospital, medical staff, or other committees as applicable
Adhere and participate in medical staff, performance improvement, utilization review, safety committee, infection control, and continuing education activities as required
Adhere to personnel requirements of the hospital or the contracted vendor (as applicable) regarding attendance, time sheets, personal/emergency leave, etc.
Maintain a professional demeanor and readiness to provide direct patient care while on assignment
Display a cooperative and collaborative attitude toward other healthcare professionals.
Provide orientation/supervision to other healthcare professionals as required.
Provide assistance and advice to the Chief of Somatic Services regarding clinical effectiveness, cost-effectiveness, and quality of specialty services.
Develop and maintain an understanding of hospital policies and procedures
Maintain basic computer skills

Certification/Licensure/Training/Experience

This physician will be a graduate of an accredited school of medicine or osteopathy.
This physician will have at least two years of experience, including at least one year of experience in the practice of his/her clinical specialty.
The physician will have clinical privileges at a local hospital in his/her clinical specialty.
This physician will have a current license to practice medicine in the state of Maryland, Basic Life Support certification and certification from the Drug Enforcement Agency.

Attachment ee – Maryland Hospital Credentialing Application



NAME:

MARYLAND HOSPITAL CREDENTIALING APPLICATION

*Please type or print.
Incomplete or illegible applications will not be processed.*

I. PERSONAL INFORMATION

Name (Last, First, Middle) _____

List any other names used _____

When was name changed? _____ For what reason? _____

SS# _____ Date of birth (MM/DD/YYYY) _____

Place of birth: City _____ State _____ Country _____

Gender M F U.S. Citizen? Yes No

If not, immigration status & Visa number _____

Country of Citizenship _____

Languages spoken other than English _____

Professional degree(s) _____

Home address _____

City _____ State _____ Zip _____

Home phone number _____ Cell phone _____

E-mail _____

Preferred mailing address (check one): Home Primary office Office 2

Preferred E-mailing address (check one): Home Primary office Office 2

Preferred phone number (check one): Cell Primary office Office 2

II. CURRENT OFFICE INFORMATION

Copy this page as often as necessary to provide information on all office locations for this appointment.

Primary Office

Group or practice name _____

Street address _____

City _____ State _____ Zip code _____

Office phone(s) _____

Office E-mail _____ Office fax _____

Web Site _____

Dates at this practice: From (MM/YYYY) _____ To: Present

Please complete if you have additional offices.

Office 2

Group or practice name _____

Street address _____

City _____ State _____ Zip code _____

Office phone(s) _____

Office E-mail _____ Office fax _____

Web Site _____

Dates at this practice: From (MM/YYYY) _____ To: Present

Office 3

Group or practice name _____

Street address _____

City _____ State _____ Zip code _____

Office phone(s) _____

Office E-mail _____ Office fax _____

Web Site _____

Dates at this practice: From (MM/YYYY) _____ To: Present

III. EDUCATION AND TRAINING

Please copy this page as needed to provide a complete record of all education and training.

A. Professional and/or Medical Education

1. **School name** (if changed, list current name as well as name when you attended)

Degree awarded _____ Date (MM/YYYY) _____ Program type _____

Complete mailing address _____

City _____ State/Country _____

Zip/Postal Code _____ Dates attended: (MM/YYYY) From _____ to _____

Phone no. _____ Fax _____ E-mail _____

2. **School name** (if changed, list current name as well as name when you attended)

Degree awarded _____ Date (MM/YYYY) _____ Program type _____

Complete mailing address _____

City _____ State/Country _____

Zip/Postal Code _____ Dates attended: (MM/YYYY) From _____ to _____

Phone no. _____ Fax _____ E-mail _____

Are you ECFMG certified? Yes No Number: _____ Date _____

B. Graduate or Post Graduate Training

Institution name (if changed, list current name as well as name when you attended)

Specialty _____ Was this program ACGME accredited? [] Yes [] No

Program type (Specify):

<input type="checkbox"/>	Internship	<input type="checkbox"/>	Residency	<input type="checkbox"/>	Fellowship	<input type="checkbox"/>	Specialty Training
<input type="checkbox"/>	Professional program	<input type="checkbox"/>	Clinical	<input type="checkbox"/>	Research	<input type="checkbox"/>	Other:

Complete mailing address _____

City _____ State/Country _____

Zip/Postal Code _____ Dates attended: (MM/YYYY) From _____ to _____

Program director name & title _____

Phone no. _____ Fax _____ E-mail _____

If you did not complete any listed program, please provide full details on a separate sheet of paper.

Institution name (if changed, list current name as well as name when you attended)

Specialty _____ Was this program ACGME accredited? []Yes []No

Program type (Specify):

<input type="checkbox"/>	Internship	<input type="checkbox"/>	Residency	<input type="checkbox"/>	Fellowship	<input type="checkbox"/>	Specialty Training
<input type="checkbox"/>	Professional program	<input type="checkbox"/>	Clinical	<input type="checkbox"/>	Research	<input type="checkbox"/>	Other:

Complete mailing address _____

City _____ State/Country _____

Zip/Postal Code _____ Dates attended: (MM/YYYY) From _____ to _____

Program director name & title _____

Phone no. _____ Fax _____ E-mail _____

Institution name (if changed, list current name as well as name when you attended)

Specialty _____ Was this program ACGME accredited? []Yes []No

Program type (Specify):

<input type="checkbox"/>	Internship	<input type="checkbox"/>	Residency	<input type="checkbox"/>	Fellowship	<input type="checkbox"/>	Specialty Training
<input type="checkbox"/>	Professional program	<input type="checkbox"/>	Clinical	<input type="checkbox"/>	Research	<input type="checkbox"/>	Other:

Complete mailing address _____

City _____ State/Country _____

Zip/Postal Code _____ Dates attended: (MM/YYYY) From _____ to _____

Program director name & title _____

Phone no. _____ Fax _____ E-mail _____

C. Other Professional Program

Institution name (if changed, list current name as well as name when you attended)

Specialty _____ Was this program ACGME accredited? []Yes []No

Program type (Specify):

<input type="checkbox"/>	Internship	<input type="checkbox"/>	Residency	<input type="checkbox"/>	Fellowship	<input type="checkbox"/>	Specialty Training
<input type="checkbox"/>	Professional program	<input type="checkbox"/>	Clinical	<input type="checkbox"/>	Research	<input type="checkbox"/>	Other:

Complete mailing address _____

City _____ State/Country _____

Zip/Postal Code _____ Dates attended: (MM/YYYY) From _____ to _____

Program director name & title _____

Phone no. _____ Fax _____ E-mail _____

If you did not complete any of the programs listed, please provide full details on a separate sheet of paper.

IV. Affiliations, Privileges, and Employment

ACCOUNT FOR ALL TIME PERIODS, IN CHRONOLOGICAL ORDER, SINCE COMPLETION OF YOUR PROFESSIONAL EDUCATION. LIST ALL HEALTHCARE FACILITIES AT WHICH YOU HOLD OR HAVE HELD PRIVILEGES. INCLUDE ANY MOONLIGHTING OR *LOCUM TENENS* WORK.

ATTACHING A RÉSUMÉ OR CV IS NOT A SUBSTITUTE FOR COMPLETING THIS SECTION.
PLEASE COPY THIS PAGE AS NECESSARY FOR ADDITIONAL ENTRIES.

Dates: (MM/YYYY) From _____ To _____
Organization/Facility name (if changed, list current name as well as former name)

Complete address _____

City _____ State/Country _____

Zip/Postal Code _____

Staff category or status of privileges _____ Department _____

Department chair/contact person name & title _____

Phone _____ Fax _____ E-mail _____

Description of duties _____

Reason for leaving _____

Dates: (MM/YYYY) From _____ To _____
Organization/Facility name (if changed, list current name as well as former name)

Complete address _____

City _____ State/Country _____

Zip/Postal Code _____

Staff category or status of privileges _____ Department _____

Department chair/contact person name & title _____

Phone _____ Fax _____ E-mail _____

Description of duties _____

Reason for leaving _____

Dates: (MM/YYYY) From _____ To _____
Organization/Facility name (if changed, list current name as well as former name)

Complete address _____

City _____ State/Country _____

Zip/Postal Code _____

Staff category or status of privileges _____ Department _____

Department chair/contact person name & title _____

Phone _____ Fax _____ E-mail _____

Description of duties _____

Reason for leaving _____

Explain any gaps of one month or more on a separate sheet of paper.

V. PROFESSIONAL LICENSURE/ REGISTRATIONS/ CERTIFICATIONS

List all professional licenses ever held

Licensure/ Registrations/ Certifications	Type	✓ here if N/A	NUMBER	Expiration Date
Professional License				
Maryland License Number				
Additional Professional License				
<i>Name of State/Country</i>				
Additional Professional License				
<i>Name of State/Country</i>				
Additional Professional License				
<i>Name of State/Country</i>				
Other				
<i>Name of State/Country</i>				
Other				
<i>Name of State/Country</i>				
Other				
<i>Name of State/Country</i>				
Federal DEA				
Maryland CDS				
CPR BLS				
ACLS				
PALS				
NRP				
Medicaid Provider Number				
Tax ID Number				
NPI Number				

Attach a copy of each document you maintain.

VI. U.S. MILITARY SERVICE

YES **NO**

Dates: (MM/YYYY) From _____ To _____

Current status: _____

Highest rank: _____

Branch: _____

VII. SPECIALTY/BOARD CERTIFICATION STATUS

N/A

Specialty/subspecialty in which you are certified or recertified:	Year Certified	Year Recertified	Expiration Date
A. If you are not certified:			YES NO
1. Do you intend to apply (or have you applied) for the certification exam?			<input type="checkbox"/> <input type="checkbox"/>
2. Have you ever taken the certification exam?			<input type="checkbox"/> <input type="checkbox"/>
3. Number of times you have taken the exam			
4. Date your eligibility to take the examination expires/expired			
<i>Please explain any "NO" answers to questions A:</i>			
B. Have you been accepted to take the certification examination?			<input type="checkbox"/> <input type="checkbox"/>
If "YES," what date are you scheduled to take the exam?			
<i>(Please attach a copy of the letter from the Board indicating scheduled dates and/or your status in the process)</i>			
C. Please explain why certification does not apply to you:			

VIII. PROFESSIONAL LIABILITY INSURANCE

	YE S	N O
A. Are you presently covered by professional liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you been continuously covered since first obtaining professional liability insurance? Please explain any "NO" answers to questions A & B:	<input type="checkbox"/>	<input type="checkbox"/>
C. Are there any restrictions, limitations, or exclusions to your current professional liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>

D. Has your professional liability coverage (past or present) ever been denied, limited, reduced, interrupted, terminated, or not renewed by action of the insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please explain any "YES" answers to questions C & D:</i>		
E. Have you ever been, or are you currently, the subject of a professional liability suit, including malpractice claims?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have any judgments or settlements ever been paid on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please explain any "YES" answers to questions E & F on page 9</i>		

G. Professional Liability Carrier(s):

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PROFESSIONAL LIABILITY CARRIER YOU HAVE HAD IN THE PAST FIVE YEARS. THE HOSPITAL TO WHICH YOU ARE APPLYING MAY REQUIRE MORE THAN FIVE YEARS OF LIABILITY COVERAGE HISTORY. REFER TO THE HOSPITAL-SPECIFIC INSTRUCTIONS THAT CAME WITH THIS APPLICATION. INCLUDE ANY COVERAGE MAINTAINED DURING TRAINING PROGRAMS IF WITHIN THE PAST FIVE YEARS. IF MORE SPACE IS REQUIRED, PLEASE COPY THIS PAGE. PLEASE EXPLAIN ANY GAPS OR PERIODS WHEN YOU WERE WITHOUT PROFESSIONAL LIABILITY COVERAGE ON A SEPARATE SHEET OF PAPER.

Provide a legible, clear copy of the face sheet from all available professional liability carriers.

Current Carrier:	Name:
	Full Address
	City State Zip
	Phone Number Fax
Policy Number:	
Period of coverage:	From: To:
Limits of coverage:	
Type of coverage:	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Extended Reporting Policy (Tail)

Previous Carrier:	Name:
	Full Address
	City State Zip
	Phone Number Fax
Policy Number:	
Period of coverage:	From: To:
Limits of coverage:	
Type of coverage:	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Extended Reporting Policy (Tail)

Previous Carrier:	Name:
	Full Address
	City State Zip
	Phone Number Fax
Policy Number:	
Period of coverage:	From: To:
Limits of coverage:	
Type of coverage:	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Extended Reporting Policy (Tail)

Previous Carrier:	Name:
-------------------	-------

	Full Address
	City State Zip
	Phone Number Fax
Policy Number:	
Period of coverage:	From: To:
Limits of coverage:	
Type of coverage:	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Extended Reporting Policy (Tail)

Previous Carrier:	Name:
	Full Address
	City State Zip
	Phone Number Fax
Policy Number:	
Period of coverage:	From: To:
Limits of coverage:	
Type of coverage:	<input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Extended Reporting Policy (Tail)

H. Claims history: N/A

COMPLETE THE FOLLOWING INFORMATION AS IT PERTAINS TO YOUR PROFESSIONAL LIABILITY AND CLAIMS HISTORY. PROVIDE INFORMATION ON ANY AND ALL PROFESSIONAL LIABILITY SUITS IN WHICH YOU WERE NAMED, REGARDLESS OF THE OUTCOME. YOU MAY INCLUDE LEGAL DOCUMENTATION. IF MORE SPACE IS REQUIRED, PLEASE COPY THIS PAGE BEFORE COMPLETING.

Date of alleged incident _____

Plaintiff(s) _____ Patient's Name _____
 State/Country in which suit was initiated _____ Date _____
 Health Care Alternative Dispute Resolution or Court case number _____
 Insurance carrier and address _____

You were: Primary defendant Co-defendant

Description of allegation or complaint:

Your professional relationship with patient: Attending Consultant Resident
 Other _____

Describe your clinical care in this case:

4. Have you ever been sanctioned or otherwise disciplined by a professional organization and/or licensing board for a violation of ethical standards?	<input type="checkbox"/>		<input type="checkbox"/>
B. Health Status <small>note: TJC requires confirmation of the applicant's health status</small>			
1. Do you have, or have you ever had, any physical or mental condition (including drug or alcohol abuse) that currently limits or adversely affects your ability to fully participate in the care of your patients?	<input type="checkbox"/>		<input type="checkbox"/>
2. Have you ever been hospitalized, institutionalized, or involved in a treatment program that currently limits your ability to fully participate in the care of your patients?	<input type="checkbox"/>		<input type="checkbox"/>
1&2: If such an impairment exists, please provide a description (on a separate sheet of paper) to include associated limitations and any accommodation(s) that would enable you to perform your duties consistent with accepted standards of practice.			
3. Have you ever been sanctioned, reprimanded or otherwise disciplined in any manner by any state licensing authority or other professional board or peer committee for conduct related to the use of alcohol or the use of drugs?	<input type="checkbox"/>		<input type="checkbox"/>
4. Are you engaged in the illegal use of drugs?	<input type="checkbox"/>		<input type="checkbox"/>
C. Other			
1. Have you ever been named a defendant in any criminal case, other than misdemeanor traffic violation?	<input type="checkbox"/>		<input type="checkbox"/>
2. Have you ever been convicted of, pled guilty to, or pled nolo contendere to, any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse, or a sexual offense or misconduct?	<input type="checkbox"/>		<input type="checkbox"/>
3. Have you ever been disciplined or counseled for engaging in harassment or discrimination on the basis of race, creed, religion, gender, or sexual orientation?	<input type="checkbox"/>		<input type="checkbox"/>
4. Do you, alone or jointly, have ownership in any medical facility, medical services, or equipment to which you might refer patients?	<input type="checkbox"/>		<input type="checkbox"/>
5. Have you ever been convicted of a felony?	<input type="checkbox"/>		<input type="checkbox"/>

X. CONTINUING EDUCATION

The hospital to which you are applying may require detailed information regarding this section. Refer to the hospital-specific instructions that came with this application.

	YES	NO
Have you met the CEU/CME requirements for maintaining your professional license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in CEUs/CMEs pertinent to your specialty?	<input type="checkbox"/>	<input type="checkbox"/>
If "NO" to either of above, please explain: _____		

XI. PROFESSIONAL REFERENCES

LIST ONLY THOSE WHO CAN SPEAK TO YOUR CLINICAL COMPETENCE

Each hospital has its own requirements for this section. Refer to the hospital-specific instructions that came with this application. Please note: TJC requires peer references for all credentialed practitioners.

Peer references must be obtained from a practitioner in your professional discipline as the applicant.

Name: _____
Title: _____ Supervisor Peer
Mailing address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____ E-mail: _____

Name: _____
Title: _____ Supervisor Peer
Mailing address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____ E-mail: _____

Name: _____
Title: _____ Supervisor Peer
Mailing address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____ E-mail: _____

Name: _____
Title: _____ Supervisor Peer
Mailing address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____ E-mail: _____

XII. AFFIRMATION

I hereby attest and affirm that the information contained in this application is current, correct, and complete to the best of my knowledge. I affirm that I have read the hospital bylaws and rules and regulations of the medical staff, and I agree to abide by those guidelines as they presently exist or as periodically amended. I understand that willful falsification or omission of information will be grounds for rejection or termination. I understand that this application is not complete unless a signed hospital-specific attestation is attached.

Name (Print) _____

Signature _____

Date: _____

Note: Sign and date this page within 10 days of submitting application.

XIII. STATISTICAL INFORMATION

The following information is supplied voluntarily and will be used only for statistical and governmental reporting requirements. Information contained in this section will not be used in any way to make decisions about an applicant's qualification for credentialing.

Ethnicity/Race:

(Self-identification)

Ethnicity:

- Hispanic or Latino origin Not Hispanic or Latino origin
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race:

Please Note: Multiracial candidates may select all applicable racial categories.

<input type="checkbox"/>	American Indian or Alaskan native: <i>A person having origins in any of the original peoples of North, Central, or South America who maintains tribal affiliation or community attachment.</i>	<input type="checkbox"/>	Native Hawaiian or other Pacific Islander: <i>A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</i>
<input type="checkbox"/>	Asian: <i>A person having origins in the Far East, Southeast Asia or the Indian sub-continent.</i>	<input type="checkbox"/>	White: <i>A person having origins in any of the original peoples of Europe, North Africa, or the Middle East</i>

<input type="checkbox"/>	Black or African American:		
	<i>A person having origins in any of the original groups of Africa.</i>		

Name: _____

Specialty: _____

Hospital: _____

Membership Status: Full _____

 Courtesy _____

 Honorary _____

 Provisional _____

 Affiliate _____

Requested Privileges: Psychiatry _____

 Dentistry _____

 General Somatic Medicine _____

 Specialty Somatic Medicine _____

 Physician's Assistant _____

 Other (list specialty) _____

The following original documents must be presented for verification when you submit your Maryland Hospital Credentialing Application:

- Maryland Board of Physician License
- DEA registration
- Controlled Dangerous Substance Registration (CDS)
- Government issued photo identification (driver's license or passport)

Copies are needed of the following documents as well:

- CPR certification (front and back of card)
- Proof of Malpractice Insurance (if applicable)
- Certificate of Completion of Residency Training
- Board Certification (if applicable)
- Education Commission for Foreign Medical Graduate Certificate (if applicable)
- State of Maryland Employment Application (if applicable)
- CMS Correspondence issuing your National Provider Identifier number.

SPECIAL NOTE:

- Peer references must be obtained from a practitioner in your professional discipline.
- Page # 6 of the application must be completed in full and must include your Provider numbers for the following: Medicare (UPIN), Medicaid (Medical Assistance) as well as your NIP (National Practitioner Identifier). If the Provider numbers are not listed, the application will be returned to you for completion (causing a delay in the credentialing process). If you do not have assigned Provider numbers please make a note of it on this page so that applications for all three can be processed by SGHC upon your appointment.

Spring Grove Hospital Center Attestation Statement: Also enclosed is a copy of the SGHC Attestation Statement. Please review, sign and date this statement and return with the application.

SPRING GROVE HOSPITAL CENTER

ATTESTATION STATEMENT

I fully understand that any significant misstatements in, or omissions from, this application constitute a case for denial of appointment or cause for summary dismissal from the medical staff. There may be emergency situations, however, which in my best judgment require that I perform a procedure (s) that I have not checked. All information submitted by me in this application is true to my best knowledge and belief.

In making this application for appointment to the medical staff of Spring Grove Hospital Center, I acknowledge that I have received and read the bylaws of the hospital and the bylaws, rule and regulations of the medical staff of this hospital, and that I am familiar with the principles and standards of the Joint Commission on Accreditation of Hospitals and the principles and ethics of the American Medical Association, and I agree to be bound by the terms thereof without regard to whether or not I am granted membership or clinical privileges in all matters relating to the consideration of my application for appointment to the medical staff, and I further agree to abide by such hospital and staff rules and regulations as may be from time to time enacted.

By applying for appointment to the medical staff I hereby signify my willingness to appear for the interviews in regard to my application and authorize the hospital, its medical staff and their representatives to consult with administration or members of the medical staff and hospital and institutions with which I have been associated and with other, including past and present malpractice carriers, review committees (impaired physician committees, etc.) who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the records at other hospitals, its medical staff and its representatives of all records and documents, including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership I hereby release from liability all representatives of the hospital and its medical staff in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of such information.

I hereby further authorize and consent to the release of information by Spring Grove Hospital Center or its medical staff, to other hospitals and medical associations on request regarding any information the hospital and the medical staff may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability this hospital and its staff for so doing. All such correspondence shall be available to me.

I understand and agree that I, as an applicant for medical staff membership, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

I have not requested privileges for any procedure(s) for which I am not qualified. I am familiar with the laws of the State of Maryland governing the practice of medicine and pledge to abide by these laws.

I understand that I am obligated to immediately report to the Hospital Chief of Medical Staff should my liability insurance policy be decreased or cancelled during its terms or is not reviewed at the same limits of coverage.

I further acknowledge that I am of proper physical and mental condition to perform the duties of my profession and the privileges which I have requested.

Signature of Applicant

Date

* If you have a health condition that is reasonably likely to affect your ability to perform professional or medical staff duties appropriately, please provide a full explanation on a separate sheet.

Appendix 1. – Abbreviations and Definitions

For purposes of this IFB, the following abbreviations or terms have the meanings indicated below:

- A. **Basic Psychiatry** – Psychiatric services performed by a physician without residency training in the field of psychiatry.
- B. **Bid** – The Bidder’s Bid.
- C. **Bid Price Form or Bid Form** - The Attachment B Bid Form.
- D. **Bidder** – An entity that submits a Bid in response to this IFB. (Contractor)
- E. **Business Day(s)** – The official working days of the week to include Monday through Friday. Official working days excluding State Holidays (see definition of “Normal State Business Hours” below).
- F. **Centers for Medicare and Medicaid services** - CMS
- G. **Chief Executive Officer (CEO)** – The highest administrative ranking executive.
- H. **Chief Medical Officer (CMO)** – The highest clinical ranking executive.
- I. **Clinic** – Scheduled session during which patients will be evaluated and treated a specialty physician
- J. **COMAR** – Code of Maryland Regulations available on-line at <http://www.dsd.state.md.us/COMAR/ComarHome.html>.
- K. **Contract** – The Contract awarded to the successful Bidder pursuant to this IFB. The Contract will be in the form of **Attachment M**.
- L. **Contract Manager** – The State representative for this Contract who is primarily responsible for Contract administration functions, including issuing written direction, invoice approval, monitoring this Contract to ensure compliance with the terms and conditions of the Contract, and achieving completion of the Contract on budget, on time, and within scope. The Contract Manager may authorize in writing one or more State representatives to act on behalf of the Contract Manager in the performance of the Contract Manager’s responsibilities. The Department may change the Contract Manager at any time by written notice to the Contractor.
- M. **Contractor** – The selected Bidder that is awarded a Contract by the State.
- N. **Contractor Personnel** – Employees and agents and subcontractor employees and agents performing work at the direction of the Contractor under the terms of the Contract awarded from this IFB.
- O. **Data Breach** – The unauthorized acquisition, use, modification or disclosure of State data, or other Sensitive Data.
- P. **eMMA** – eMaryland Marketplace Advantage (see IFB **Section 4.2**).
- Q. **Encounter** – A face to face interaction between the provider and the patient.
- R. **Invitation for Bids (IFB)** – This Invitation for Bids issued by the Maryland Department Of Health, Spring Grove Hospital Center (Department), with the Solicitation Number and date of issuance indicated in the Key Information Summary Sheet, including any amendments thereto.
- S. **Key Personnel** – All Contractor Personnel identified in the solicitation as such that are essential to the work being performed under the Contract. See IFB **Sections 3.10**.

- T. **Local Time** – Time in the Eastern Time Zone as observed by the State of Maryland. Unless otherwise specified, all stated times shall be Local Time, even if not expressly designated as such.
- U. **Maryland Department of Health (MDH)**, Spring Grove Hospital Center (SGHC)
- V. **Medical Staff Executive Committee (MESC)** – The executive governing body for all medical staff.
- W. **Minority Business Enterprise (MBE)** – Any legal entity certified as defined at COMAR 21.01.02.01B (54) which is certified by the Maryland Department of Transportation under COMAR 21.11.03.
- X. **Normal State Business Hours** - Normal State business hours are 8:00 a.m. – 5:00 p.m. Monday through Friday except State Holidays, which can be found at: www.dbm.maryland.gov – keyword: State Holidays.
- Y. **Notice to Proceed (NTP)** – A written notice from the Procurement Officer that work under the Contract, project, Task Order or Work Order (as applicable) is to begin as of a specified date. The NTP Date is the start date of work under the Contract, project, Task Order or Work Order. Additional NTPs may be issued by either the Procurement Officer or the Contract Manager regarding the start date for any service included within this solicitation with a delayed or non-specified implementation date.
- Z. **NTP Date** – The date specified in a NTP for work on Contract, project, Task Order or Work Order to begin.
- AA. **Personally Identifiable Information (PII)** – Any information about an individual maintained by the State, including (1) any information that can be used to distinguish or trace an individual identity, such as name, social security number, date and place of birth, mother’s maiden name, or biometric records; and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.
- BB. **Procurement Officer** – Prior to the award of any Contract, the sole point of contact in the State for purposes of this solicitation. After Contract award, the Procurement Officer has responsibilities as detailed in the Contract (**Attachment M**), and is the only State representative who can authorize changes to the Contract. The Department may change the Procurement Officer at any time by written notice to the Contractor.
- CC. **Protected Health Information (PHI)** – Information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and (i) that identifies the individual; or (ii) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.
- DD. **Provider** – A physician or a physician assistant who provides medical care services.
- EE. **Security Incident** – A violation or imminent threat of violation of computer security policies, Security Measures, acceptable use policies, or standard security practices. “Imminent threat of violation” is a situation in which the organization has a factual basis for believing that a specific incident is about to occur.
- FF. **Security or Security Measures** – The technology, policy and procedures that a) protects and b) controls access to networks, systems, and data. otherwise provided, any reference to the Contract shall be deemed to include reference to a Task Order.

GG. Sensitive Data - Means PII;PHI; other proprietary or confidential data as defined by the State, including but not limited to “personal information” under Md. Code Ann., Commercial Law § 14-3501(e) and Md. Code Ann., St. Govt. § 10-1301(c) and information not subject to disclosure under the Public Information Act, Title 4 of the General Provisions Article; and information about an individual that (1) can be used to distinguish or trace an individual’s identity, such as name, social security number, date and place of birth, mother’s maiden name, or biometric records; or (2) is linked or linkable to an individual, such as medical, educational, financial, and employment information.

HH. Somatic Medicine – Means of or relating to the body

II. State – The State of Maryland.

JJ. Total Bid Price - The Bidder’s bid price or evaluated bid price for goods and services in response to this solicitation, included in **Attachment B** – Bid Form

KK. Veteran-owned Small Business Enterprise (VSBE) – A business that is verified by SGHC for Verification and Evaluation (CVE) of the United States Department of Veterans Affairs as a veteran-owned small business. See Code of Maryland Regulations (COMAR) 21.11.13.

Appendix 2. – Bidder Information Sheet

Appendix 2. Bidder Information Sheet

See link at http://procurement.maryland.gov/wp-content/uploads/sites/12/2018/04/Appendix2-Bidder_OfferorInformationSheet.pdf.