**STATE OF MAINE**

**Department of Health and Human Services**

*Office for Family Independence*



**RFP#** **202407128**

**Medical Transcription Services**

|  |  |  |
| --- | --- | --- |
| **RFP Coordinator** | **NAME:** | Stacy Martin |
| **TITLE:** | Procurement Manager |
| **EMAIL:** | stacy.martin@maine.gov |
| *All communication regarding the RFP must be made through the RFP Coordinator.* |
| **Submitted Questions Due Date** | September 9, 2024, no later than 11:59 p.m., local time |
| *All questions must be received by the RFP Coordinator by the date and time listed above.*  |
| **Proposal Submission Deadline** | **DATE:** | October 9, 2024, no later than 11:59 p.m., local time. |
| **TO:** | Proposals@maine.gov |
| *Proposals must be received electronically by the Office of State Procurement Services by the date and time listed above.* |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202407128**

**Medical Transcription Services**

The State of Maine is seeking proposals for Medical Transcription Services for Disability Determination Services (DDS).

A copy of the RFP and all related documents can be obtained at: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps>

Proposals must be submitted to the Office of State Procurement Services, via e-mail, at: Proposals@maine.gov. Proposal submissions must be received no later than 11:59 p.m., local time, on October 9, 2024. Proposals will be opened the following business day.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

The following terms and acronyms, as referenced in the RFP, have the meanings indicated below:

| **Term/Acronym** | **Definition** |
| --- | --- |
| **Claim** | An application for Social Security Disability (SSD). |
| **Claimant** | An individual who files a Claim. |
| **Confidentiality** | Preserving authorized restrictions on information access and disclosure, including means for protecting confidential or sensitive information. A loss of Confidentiality is the unauthorized disclosure of information. |
| **Department** | Department of Health and Human Services |
| **Dictation (Dictate)** | The action of saying words aloud to be typed, written down, or recorded digitally. |
| **Dictation System** | The system set up by the awarded Bidder for Health Professionals to Dictate reports. |
| **Disability Determination Services (DDS)** | The Department’s Office for Family Independence agency contracted by the Social Security Administration (SSA) to review SSD applications. |
| [**Electronic Record Express (ERE) Website**](https://secure.ssa.gov/acu/iresear/login) | A secure internet site established and maintained by the SSA for medical transcribers to submit Transcriptions. |
| **Health Professional(s)** | Medical provider(s) including, but not limited to: Medical Doctor, Doctor of Osteopathic Medicine, Psychologist, Psychiatrist Psychiatric Mental Health Nurse Practitioner, and Certified Family Nurse Practitioner, who conduct consultative examinations for DDS. |
| **HIPAA** | [Health Insurance Portability and Accountability Act](https://www.hhs.gov/hipaa/index.html) |
| **Lines** | The actual sentences (by margin-line) within the Health Professional’s report that is transcribed into the Transcription. |
| **S22** | The SSA Site Code for DDS Augusta.  |
| **Medical Transcription** | The process of typing voice-recorded medical reports that are Dictated by Health Professionals.  |
| **MaineIT** | Maine’s Office of Information Technology |
| **Personally Identifiable Information (PII)** | Data maintained by an agency that could potentially identify a specific individual and needs to be protected in accordance with state and/or federal law, including:* any information that 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; and
* any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.
 |
| **Recovery Point Objective (RPO)** | The point-in-time to which an application must be restored subsequent to a disaster or disruption. |
| **Recovery Time Objective (RTO)**  | The duration-of-time within which an application must be restored subsequent to a disaster or disruption. |
| **RFP** | Request for Proposals |
| **Social Security Administration (SSA)** | An independent agency of the Federal government that administers social security benefits. |
| **Social Security Disability (SSD)** | Assists individuals with disabilities and is administered by SSA. Only individuals who have a disability and meet medical criteria may qualify for SSD benefits.  |
| **State** | State of Maine |
| **State Data** | Any information originating with the State, regardless of form or medium of disclosure (e.g., verbal, observed, hard copy, or electronic) or source of information. State Data includes any information: * Concerning the State’s information technology infrastructure, systems and software and procedures; and
* Originating with the State in the course of using and configuring the services provided.

State Data includes any sensitive information held by the State that may be protected from disclosure pursuant to a federal or State statutory or regulatory scheme intended to protect that information, or pursuant to an order, resolution or determination of a court or administrative board or other administrative body.  |
| **Transcriptions** | Transcribed Health Professional reports sent to DDS. |

**State of Maine - Department of Health and Human Services**

*Office for Family Independence*

**RFP# 202407128**

**Medical Transcription Services**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking Medical Transcription Services as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the awarded Bidder will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine Residents. The Department’s Office for Family Independence, Disability Determination Services (DDS), assists Maine residents with eligibility Claims and brings approximately ninety three million dollars ($93,000,000) in benefits to eligible Claimants, monthly. DDS determines if a Claimant meets the criteria for Social Security Disability (SSD) benefits for the Social Security Administration (SSA). In order for a Claimant to be eligible for SSD benefits, DDS must receive medical, physical, and psychological reports from the Claimant’s treating Health Professional(s). In addition, DDS schedules consultative examinations with independent Health Professionals, as needed.

The services provided as a result of this RFP will ensure Health Professionals have access to Medical Transcription services in order for the necessary reports to be Dictated for the Claimant’s SSD benefits to be determined. DDS generates approximately sixty-three thousand three hundred and fifty-eight (63,358) Lines per month using sixty-five (65) character Line calculation.

1. **General Provisions**
	1. From the time the RFP is issued until award notification is made, all contact with the State regarding the RFP must be made through the RFP Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFP. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
	2. Issuance of the RFP does not commit the Department to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to the RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
	3. All proposals must adhere to the instructions and format requirements outlined in the RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements” section of the RFP.
	4. Bidders will take careful note that in evaluating a proposal submitted in response to the RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Bidder (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder’s experience and capabilities.
	5. The proposal must be signed by a person authorized to legally bind the Bidder and must contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.
	6. The RFP and the awarded Bidder’s proposal, including all appendices or attachments, will be the basis for the final contract, as determined by the Department.
	7. Following announcement of an award decision, all submissions in response to this RFP will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. § 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.).
	8. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to the RFP.
	9. All applicable laws, whether or not herein contained, are included by this reference. It is the Bidder’s responsibility to determine the applicability and requirements of any such laws and to abide by them.
2. **Contract Term**

The Department is seeking cost-efficient proposals to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. The dates below are estimated and may be adjusted, as necessary, in order to comply with all procedural requirements associated with the RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the initial term of the contract, the Department may opt to renew the contract for two (2) renewal periods, as shown in the table below, and subject to continued availability of funding and satisfactory performance.

The term of the anticipated contract, resulting from the RFP, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 1/1/2025 | 12/31/2026 |
| Renewal Period #1 | 1/1/2027 | 12/31/2028 |
| Renewal Period #2 | 1/1/2029 | 12/31/2029 |

1. **Number of Awards**

The Department anticipates making one (1) award as a result of this RFP process.

**PART II SCOPE OF SERVICES TO BE PROVIDED**

**Specific instructions for the Bidder to provide a narrative response to the Scope of Services may be found in Part IV, Section III, Services to be Provided.**

1. **General Requirements**
2. Provide a Dictation System for Department-referred Health Professionals to Dictate reports into.
	1. Ensure ongoing upgrade of technology to meet Disability Determination System (DDS) Dictation needs.
	2. Provide all maintenance associated with the hardware and software used in the performance of Medical Transcription services.
3. Provide a list of staff who will be providing Medical Transcription services to the Department and Health Professionals within two (2) weeks of the start of the Initial Period of Performance.
	1. Update the staffing list as needed and provide updates to the Department and Health Professionals within one (1) business day.
4. **Dictation System Requirements**
	* + 1. Ensure the Dictation System capabilities have at minimum:
				1. Automated recorded answer message identifying the DDS Dictation System and prompting the Health Professional through the necessary identifying information including, but not limited to:

Name and address of the Health Professional;

Claimant’s name and date of birth;

Claim number

Serial number of the document; and

Site location (S22).

* + - * 1. Simultaneous access by up to twenty (20) Health Professionals, 24/7/365.
				2. Ability for Health Professionals to playback, edit, and stop/start their Dictations.
				3. Automatic routing of Dictation to another Transcription facility or some other alternative Transcription capacity and a full emergency back-up plan in the event of a disaster/failure.
			1. Provide all maintenance associated with the hardware and software used in the performance of services.
			2. Provide two (2) dedicated toll-free telephone lines for Health Professionals to Dictate medical reports directly into the Dictation System.
			3. Provide a safeguard plan which includes at minimum:
				1. Backup Dictation number.
				2. Redundant phone server that either carrier (primary or back-up) can be routed to.
				3. Recovery within twenty-four (24) hours after a disaster or failures.
1. **Medical Transcription Requirements**
	* + 1. Provide accurate Medical Transcriptions for all Dictations submitted by the Health Professionals, including but not limited to:
				1. Ensuring Medical Transcriptions are delivered to the Health Professionals as identified in Table 1:

|  |
| --- |
| **Table 1 – Routine Medical Transcription Services** |
| **Day the Report is Dictated** | **Timeframe to complete Medical Transcription services** | **Timeframe to return Medical Transcriptions to the Department** |
| Monday, Tuesday, Wednesday, Thursday, and Sunday  | Within twenty-four (24) hours of Dictation | Within twenty-four (24) hours of Dictation |
| Friday and Saturday | Within twenty-four (24) hours of Dictation | Following Monday by 7:00 a.m. (EST)  |

* + - * 1. Correcting all identified Medical Transcription errors and return to the Health Professionals and/or the Department, at no charge, within twenty-four (24) hours of the error notification, which may include but not be limited to:

Use of incorrect template;

Missing/incorrect Claimant identification;

Header/footer error;

Incorrect Health Professional name and/or spelling;

Medical error;

Omitted text;

Incorrect text added;

Spelling, medical terminology and/or non-medical; and/or

Punctuation, grammar, and/or syntax error.

* + - 1. Perform Medical Transcription utilizing a word processing software with grammar and spell check resources.
			2. Maintain and update all Medical Transcription templates, refer to **Appendix J**, ensuring accuracy of formatting as requested by the Department.
				1. Updated templates must receive written approval by the Department prior to utilization.
			3. Maintain electronic Medical Transcription documents for a minimum of one (1) year and provide access to the Department upon request.
				1. Electronic Dictation files shall be maintained at least five (5) business days post Medical Transcription.
			4. Ensure each Transcription contains:
				1. Name and address of the Dictating Health Professional;
				2. Name, date of birth, and Claim number of the Claimant;
				3. Site location (S22);
				4. Initials of the Transcriptionist; and
				5. Date the report was Dictated and the date transcribed.
1. Ensure Transcriptions are:
	1. Typed;
	2. Single-spaced;
	3. Utilize one-inch (1) margins;
	4. In Arial font; and
	5. Size twelve (12) font (or the equivalent thereof).
2. Ensure Transcriptions are in an approved electronic format (.wpd .doc .txt .pdf .xls .jpg .bmp .tiff .tif .docx .rtf .mdi .xlsx) and submitted via the [Electronic Record Express (ERE) Website](https://secure.ssa.gov/acu/iresear/login).
3. **Technical Requirements**
	* + 1. Collaborate with the Department’s DDS/SSA/ERE to create a secure electronic interface with the SSAs ERE system to deliver Medical Transcription.
4. Ensure all Transcription documents are transmitted using secure encrypted to AES-256 strength electronic transmission via an interface between the awarded Bidder’s software and the Department’s DDS/SSA/ERE software and are available 24/7/365.
5. Fax all Transcriptions to the Department or send via a Department written pre-approved alternative method, at no additional cost, when the ERE Website is not operational for more than twenty-four (24) hours.
6. Meet all requirements as set forth in the ERE Website policy and procedures (according to the [ERE Website](https://secure.ssa.gov/acu/iresear/login)), including submitting to an audit by the Department and/or SSA for all individuals utilizing the ERE Website.
7. Access the [ERE Website](https://secure.ssa.gov/acu/iresear/login) via an SSA/ERE approved internet browser, such as:

Microsoft Edge for Windows;

Firefox for Windows and Mac;

Safari for Windows and Mac; or

Chrome for Windows and Mac.

1. Register for a Personal Identification Number (PIN) and password for the [ERE Website](https://secure.ssa.gov/acu/iresear/login);
2. Ensure all access to the [ERE Website](https://secure.ssa.gov/acu/iresear/login) is submitted in “html” (hypertext markup language) format.
3. Comply with Dictation, Transcription, and documentation delivery process, including:
4. Sending Transcribed report to the Health Professional via the [ERE Website](https://secure.ssa.gov/acu/iresear/login) for editing.
5. Submitting the final Transcriptions to the [ERE Website](https://secure.ssa.gov/acu/iresear/login) along with a detailed log sheet that includes verification of the number of Lines Transcribed and transmitted and routed to the awarded Bidder’s secure site for retention.
6. Notifying the Health Professional electronically of pending Transcriptions ensuring access of the Transcription on the [ERE Website](https://secure.ssa.gov/acu/iresear/login) once completed to edit and/or sign.
7. Ensure all Medical Transcriptions are performed within the Continental United States.
8. Ensure the computer systems include security at a minimum in compliance with [FIPS PUB 200, Minimum Security Requirements for Federal Information and Information Systems](https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.200.pdf).
9. Ensure the proposed solution achieves the [NIST 800-53 Rev 5](https://csrc.nist.gov/publications/detail/sp/800-53/rev-5/final) for the remaining security and privacy control families to a security baseline appropriate to the impact level of the data as determined by the Department, including:
10. Physical and Environmental Protection;
11. Awareness and Training;
12. Planning;
13. Audit and Accountability;
14. Assessment, Authorization, and Monitoring;
15. Personnel Security;
16. PII Processing and Transparency;
17. Contingency Planning;
18. Identification and Authentication;
19. Incident Response;
20. System and Communications Protection;
21. Maintenance;
22. Media Protection; and
23. Supply Chain Risk Management to a security baseline appropriate to the impact level of the data as determined by the Department.
24. Store all data within the Continental United States.
25. Ensure the capability to restore data completely to its status at the time of the last backup, with a minimum required Recovery Point Objective of twenty-four (24) hours (i.e., maximum data loss cannot exceed twenty-four (24) hours).
26. Ensure a Recovery Time Objective of twenty-four (24) hours (i.e., maximum time to recover the system cannot exceed twenty-four (24) hours).
27. Limit the number of planned outages (system availability) during the business week to one (1) time per month. Downtime for routine maintenance must be pre-approved by the Department in writing.
28. Maintain an availability metric of ninety-nine point five percent (99.5%) of uptime in a calendar month, as measured by the number of actual hours available as a percentage of total hours.
29. Work with the current vendor to:
	1. Ensure a smooth transition such that there is no (or negligible) interruption in service; and
	2. Transfer seven (7) years of all data collected by the current vendor into the new system, as applicable.
30. **Training**

Provide annual training on and comply with HIPAA regulations.

Provide Health Professionals utilizing the Dictation System with training on the use and features of the Dictation System:

Provide each Health Professional with substantive instructions for reference after the training.

Provide training to all Health Professionals on the Department’s approved list within five (5) business days of the start of the Initial Period of Performance.

* + - * 1. Provide training to newly-added Health Professionals within forty-eight (48) hours of notification by the Department.
	1. Provide repeated training as requested by Health Professionals and/or the Department.
1. **Performance Measures**
2. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 2**.
	1. Submit data to support the performance measure utilizing **Appendix I** (Performance Measure Report Template) as indicated within the performance measure data source column of **Table 2**.

|  |
| --- |
| **Table 2****Mandatory Performance Measures** |
|
| **Performance Measure** | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| **a.** | One hundred percent (100%) of reports are returned to the Departments’ DDS within a twenty-four (24) hour period as outlined in Table 1. | Quarterly | Performance Measures Report.  |
| **b.** | One hundred percent (100%) of reports that have errors/omissions are corrected within twenty-four (24) hours. | Quarterly | Performance Measures Report.  |

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports listed in **Table 3**:

|  |
| --- |
| **Table 3 – Required Reports** |
| **Name of Report**  | **Appendix #** |
| **a.** | Performance Measures Report | **Appendix I** |

# Submit all the required reports to the Department in accordance with the timelines established in **Table 4**:

|  |
| --- |
| **Table 4 – Required Reports Timelines** |
| **Name of Report**  | **Period Captured by Report**  | **Due Date**  |
| **a.** | Performance Measures Report | Each quarter | Thirty (30) days after the end of each quarter |

**PART III KEY RFP EVENTS**

1. **Questions**
	1. **General Instructions:** It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
		1. Bidders and other interested parties should use **Appendix K** (Submitted Questions Form) for submission of questions. If used, the form is to be submitted as a WORD document.
		2. Questions must be submitted, by e-mail, and received by the RFP Coordinator identified on the cover page of the RFP as soon as possible but no later than the date and time specified on the RFP cover page.
		3. The RFP Number and Title must be included in the subject line of the e-mail containing the submitted questions. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.
	2. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the following website no later than seven (7) calendar days prior to the proposal due date: [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.
2. **Amendments**

All amendments released in regard to the RFP will also be posted on the following website: [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

1. **Proposal Submission**
	1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
		1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
	2. **Delivery Instructions:** E-mail proposal submissions must be submitted to the Office of State Procurement Services at Proposals@maine.gov.
		1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
			1. Proposal submission e-mails that are successfully received by the proposals@maine.gov inbox will receive an automatic reply stating as such.
		2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
		3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Bidders should with their Information Technology team to ensure that the proposal submission will not be encrypted due to any security settings.
		4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
	3. **Submission Format:**
		1. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202407128 Proposal Submission – [Bidder’s Name]”**
		2. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:
* **File 1 [Bidder’s Name] – Preliminary Information:**

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

**Appendix B** (Responsible Bidder Certification)

All required information and attachments stated in PART IV, Section I.

* **File 2 [Bidder’s Name] – Organization Qualifications and Experience:**

*PDF format preferred*

**Appendix C** (Organization Qualifications and Experience Form)

**Appendix D** (Subcontractor Form), if applicable

**Appendix E** (Litigation Form)

All required information and attachments stated in PART IV, Section II.

* **File 3 [Bidder’s Name] – Proposed Services:**

*PDF format preferred*

**Appendix F** (Response to Proposed Services)

All required information and attachments stated in PART IV, Section III.

* **File 4 [Bidder’s Name] – Cost Proposal:**

*PDF format preferred*

**Appendix G** (Cost Proposal)

All required information and attachments stated in PART IV, Section IV.

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

This section contains instructions for Bidders to use in preparing their proposals. The Department seeks detailed yet succinct responses that demonstrate the Bidder’s qualifications, experience, and ability to perform the requirements specified throughout the RFP.

Bidder proposals must follow the outline used below, including the numbering, section, and sub-section headings. Failure to use the outline specified in PART IV, or failure to respond to all questions and instructions throughout the RFP, may result in the proposal being disqualified as non-responsive or receiving a reduced score. The Department, and its evaluation team, has sole discretion to determine whether a variance from the RFP specifications will result either in disqualification or reduction in scoring of a proposal. Rephrasing of the content provided in the RFP will, at best, be considered minimally responsive.

Bidders are not to provide additional attachments beyond those specified in the RFP for the purpose of extending their response. Additional materials not requested will not be considered part of the proposal and will not be evaluated. Bidders must include any forms provided in the submission package or reproduce those forms as closely as possible. All information must be presented in the same order and format as described in the RFP.

**Proposal Format and Contents**

**Section I Preliminary Information** (File #1)

* 1. **Proposal Cover Page**

Bidders must complete **Appendix A** (Proposal Cover Page). It is critical that the cover page show the specific information requested, including Bidder address(es) and other details listed. The Proposal Cover Page must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

* 1. **Debarment, Performance and Non-Collusion Certification**

Bidders must complete **Appendix B** (Responsible Bidder Certification). The Responsible Bidder Certification must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

**Section II Organization Qualifications and Experience** (File #2)

* 1. **Overview of the Organization**

Bidders must complete **Appendix C** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. Bidders must include three (3) examples of projects within the last five (5) years, which demonstrate their experience and expertise in performing these services, as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractor**

If subcontractors are to be used, including consultants, Bidders must complete **Appendix D** (Subcontractor Form) by providing a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.

* 1. **Organizational Chart**

Bidders must provide an enterprise-wide organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. This chart must indicate to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of **Appendix F** (Response to Proposed Services).

* 1. **Litigation**

Bidders must complete **Appendix E** (Litigation Form) providing a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on **Appendix E** (Litigation Form).

* 1. **Financial Viability**

Bidders must provide the following information for each of the past three (3) tax years:

* + 1. Balance Sheets
		2. Income (Profit/Loss) Statements
	1. **Certificate of Insurance**

Bidders must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

The awarded Bidders certificate of insurance shall include applicable liability to support compliance of the Department’s IT Service Contract (IT-SC).

|  |
| --- |
| **Required Attachments Related to Organization Qualifications and Experience**  |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form  |
| Two (2) | Subcontractors Form |
| Three (3) | Organizational Chart |
| Four (4) | Litigation |
| Five (5) | Financial Viability  |
| Six (6) | Certificate of Insurance |

Attachments 1 – 6, must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 6 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

**Section III Proposed Services** (File #3)

Bidder must complete **Appendix F** (Response to Proposed Services Form) by providing a detailed response to the requirements outlined in this RFP.

|  |
| --- |
| **Required Attachments Related to Proposed Services** |
| **Attachment #:** | **Attachment Name:** |
| Seven (7) | Job Descriptions |
| Eight (8) | Staffing Plan |
| Nine (9) | Implementation - Work Plan |

Attachments 7 – 9, must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 9 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

**Section IV Cost Proposal** (File #4)

* 1. **General Instructions**
		1. Bidders must submit a cost proposal that covers the period starting 1/1/2025 and ending on 12/31/2026.
		2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
		3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
	2. **Cost Proposal Form Instructions**

Bidders must fill out **Appendix G** (Cost Proposal Form), following the instructions detailed here and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in disqualification and reduction in scoring of the cost proposal, at the discretion of the Department.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

1. **Evaluation Process – General Information**
	1. An evaluation team, composed of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP.
	2. Officials responsible for making decisions on the award selection will ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder whose proposal provides the best value to the State of Maine.
	3. The Department reserves the right to communicate and/or schedule interviews/presentations with Bidders, if needed, to obtain clarification of information contained in the proposals received. The Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations.
	4. Changes to proposals, including updating or adding information, will not be permitted during any interview/presentation process and, therefore, Bidders must submit proposals that present their rates and other requested information as clearly and completely as possible.
2. **Scoring Weights and Process**
	1. **Scoring Weights:** Proposal scores will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria.

|  |  |  |
| --- | --- | --- |
| **Section I.** | **Preliminary Information**Proposal materials to be evaluated in this section: all elements addressed in Part IV, Section I of the RFP. | **No Points** |
| **Section II.** | **Organization Qualifications and Experience** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section II of the RFP. | **30 points** |
| **Section III.** | **Proposed Services**Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section III of the RFP. | **40 points** |
| **Section IV.** | **Cost Proposal** Proposal materials to be evaluated in this section:all elements addressed above in Part IV, Section IV of the RFP.* 1. Rate Per Line (15 points)
	2. Rate for Minimum System/Service Access Charge (15 Points)
 | **30 points**  |

* 1. **Scoring Process:** The evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
	2. **Scoring the Cost Proposal:** The Rate Per Line (based on sixty-five (65) characters) and Rate for Minimum System/Service Access Charge proposed for conducting all the functions specified in this RFP will be assigned a score according to a mathematical formula. The lowest Rate Per Line (based on sixty-five (65) characters) will be awarded fifteen (15) points, while the lowest Rate for Minimum System/Service Access Charge will be awarded fifteen (15) points. Proposals with higher Rate Per Line (based on sixty-five (65) characters) and Rate for Minimum System/Service Access Charge values will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted Rate Per Line (based on sixty-five (65) characters) / Rate Per Line (based on sixty-five (65) characters) of proposal being scored) x 15 = pro-rated score

(Lowest submitted Rate for Minimum System/Service Access Charge / Rate for Minimum System/Service Access Charge of proposal being scored) x 15 = pro-rated score

No Best and Final Offers: The State of Maine will not seek or accept a best and final offer (BAFO) from any Bidder in this procurement process.  All Bidders are expected to provide their best value pricing with the submission of their proposal.

* 1. **Negotiations:** The Department reserves the right to negotiate with the awarded Bidder to finalize a contract. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposal to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with an awarded Bidder who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.
1. **Selection and Award**
	1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
	2. Notification of conditional award selection or non-selection will be made in writing by the Department.
	3. Issuance of the RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to the RFP, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
	4. The Department reserves the right to reject any and all proposals or to make multiple awards.
2. **Appeal of Contract Awards**

Any person aggrieved by the award decision that results from the RFP may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in [5 M.R.S.A. § 1825-E](http://www.mainelegislature.org/legis/statutes/5/title5sec1825-E.html) and [18-554 Code of Maine Rules Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of conditional contract award.

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

1. **Contract Document**
	1. The awarded Bidder will be required to execute a State of Maine [IT Service Contract (IT-SC)](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template_1.12.24_0.pdf%22%20%5Co%20%22IT%20Service%20Contract%20%28IT-SC%29%20) with appropriate riders as determined by the issuing department.

*All exceptions will be negotiated between the awarded Bidder(s) and the State. The State will not accept any proposed exceptions as part of this RFP process. The State is not obligated to accept, negotiate, or compromise of any proposed exceptions.*

*The final contract will be contingent upon the Department and/or MaineIT vetting the awarded Bidder’s proposed product's Cybersecurity and Digital Accessibility postures:*

1. *Cybersecurity, acceptable reports include the SOC 2 Type II report, subject to all five (5) Trust Services Principles, or the ISO/IEC 27001, or the FedRAMP certification appropriate to the data impact.*
2. *Digital Accessibility, it is acceptable to submit a Voluntary Product Accessibility Template.*

*All such reports must pertain to the current product being implemented by the awarded Bidder and must be date-stamped within the last twelve (12) months.*

The complete set of standard State of Maine Service Contract documents, along with other forms and contract documents commonly used by the State, may be found on the Division of Procurement Services’ website at the following link: [Office of State Procurement Services](https://www.maine.gov/dafs/bbm/procurementservices/forms) website.

Forms and contract documents commonly used by the Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

The awarded Bidder will be required to execute the Confidentiality and Non-Disclosure Agreement (**Appendix H**) as part of the final contract resulting from this RFP.

* 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, [Chapter 110, § 3(B)(i)](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-110).)

This provision means that a contract cannot be effective until at least 14 calendar days after award notification.

* 1. The State recognizes that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Procurement Review Committee. Any appeals to the Department’s award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date listed in the RFP may need to be adjusted, if necessary, to comply with mandated requirements.
	2. In providing services and performing under the contract, the awarded Bidder must act as an independent contractor and not as an agent of the State of Maine.
1. **Standard State Contract Provisions**
	1. Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Bidder in the finalization of the contract.

* 1. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net 30 payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from the RFP.

**PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

**Appendix A** – Proposal Cover Page

**Appendix B** – Responsible Bidder Certification

**Appendix C** – Qualifications and Experience Form

**Appendix D** – Subcontractor Form

**Appendix E** – Litigation Form

**Appendix F** – Response to Proposed Services

**Appendix G** – Cost Proposal

**Appendix H** – Confidentiality and Non-Disclosure Agreement

**Appendix I** – Performance Measure Report Template

**Appendix J** – Evaluation Template

**Appendix K** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

**PROPOSAL COVER PAGE**

**RFP# 202407128**

**Medical Transcription Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Vendor Customer Code** (for current State of Maine vendors)**:** | VC |
| **Chief Executive - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Headquarters Street Address:** |  |
| **Headquarters City/State/Zip:** |  |
| ***(Provide information requested below if different from above)*** |
| **Lead Point of Contact for Proposal - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Street Address:** |  |
| **City/State/Zip:** |  |

* This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder’s proposal.
* No attempt has been made, or will be made, by the Bidder to induce any other person or firm to submit or not to submit a proposal.
* The above-named organization is the legal entity entering into the resulting contract with the Department if they are awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

**RESPONSIBLE BIDDER CERTIFICATION**

**RFP# 202407128**

**Medical Transcription Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
	1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.*
	2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.*
3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification.*
4. *Have not within a three (3) year period preceding this proposal had one or more federal, state, or local government transactions terminated for cause or default*.
5. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*
6. *Is not a foreign adversary business entity (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*).*
7. *Is not on the list of prohibited companies (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*) or does not obtain or purchase any information or communications technology or services included on the list of prohibited information and communications technology and services* [*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies) *(Title 5 §2030-B).*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202407128**

**Medical Transcription Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Present a brief statement of qualifications and describe the history of the Bidder’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |

|  |
| --- |
| **Provide a description of three (3) projects that occurred within the past five (5) years which reflect experience and expertise needed in performing the functions described in Part II – Scope of Services to be Provided of the RFP. Contract history with the State of Maine, whether positive or negative, may be considered in evaluating proposals even if not provided by the Bidder.** |

|  |
| --- |
| **Project One** |
| **Business Reference Name:** |  |
| **Reference Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Description of Project** |
| **Project Start Date** |  | **Project End Date** |  |
|  |

|  |
| --- |
| **Project Two** |
| **Business Reference Name:** |  |
| **Reference Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Description of Project** |
| **Project Start Date** |  | **Project End Date** |  |
|  |

|  |
| --- |
| **Project Three** |
| **Business Reference Name:** |  |
| **Reference Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Description of Project** |
| **Project Start Date** |  | **Project End Date** |  |
|  |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

## SUBCONTRACTOR FORM

**RFP# 202407128**

**Medical Transcription Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **If subcontractors, including consultants, are to be used, provide each individual subcontractor’s business or consultant’s name, contact person, address, phone number, and a brief description of the subcontractor’s organizational or consultant’s capacity and qualifications. Bidders may add additional Subcontractors/Consultants as needed.** |

|  |
| --- |
| **Subcontractor/Consultant** |
| **Subcontractor Business or Consultant’s Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor/consultant organizational capacity and qualifications** |
|  |

|  |
| --- |
| **Subcontractor/Consultant** |
| **Subcontractor Business or Consultant’s Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor/consultant organizational capacity and qualifications** |
|  |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

## LITIGATION FORM

**RFP# 202407128**

**Medical Transcription Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Provide a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none.”**  |

|  |
| --- |
|  |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 202407128**

**Medical Transcription Services**

**The response to proposed services form may be obtained in a Word (.docx) format by double clicking on the document icon below.**

****

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

**COST PROPOSAL FORM**

**RFP# 202407128**

**Medical Transcription Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Rate Per Line (based on 65 characters):** | **$**  |
| **Minimum System/Service Access Charge:** | **$**  |

Bidders must submit a cost proposal that includes the cost necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements. The proposed cost must be presented as a Rate Per Line (based on 65 characters) and Minimum System/Service Access Charge.

The Rate Per Line (based on 65 characters) and Minimum System/Service Access Charge will be used to score the cost proposal as defined in Part V, B.3. of the RFP.

1. **Rate Per Line (based on 65 characters) shall:**
	* + - 1. Count spaces as one (1) character;
				2. Not count key commands such as bolds and underlines;
				3. No be charge for correction of errors made by the awarded Bidder;
				4. Include the use of the awarded Bidder’s toll-free Dictation Lines and customer support Lines; and
				5. Include management and production reports, as requested by the Department, at no additional charge.
				6. **Minimum System/Service Access Charge shall:**
				7. Only be assessed for weeks when the Dictation System was utilized for the services outlined in this RFP, but the total Line charge for this usage is less than the minimum System/Service Access Charge.
				8. Be coded as Minimum System/Service Access Charges and equal the difference between the actual Line charges and the contracted Minimum System/Service Access Charge.
				9. Not apply to any/all weeks where no system/services access has occurred.

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

**CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT**

**RFP# 202407128**

**Medical Transcription Services**

**The Confidentiality and Non-Disclosure Agreement may be obtained in a Word (.docx) format by double clicking on the document icon below.**

****

**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202407128**

**Medical Transcription Services**

**The performance measure report template may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**



**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

**EVALUATION TEMPLATE**

**RFP# 202407128**

**Medical Transcription Services**

|  |  |
| --- | --- |
| **Physical Evaluation** | **Psychological Evaluation** |
| Dictating Professional | Dictating Professional |
| Claimant | Claimant |
| Date of Birth | Date of Birth |
| Claim Number | Claim Number |
| Date of Exam | Date of Exam |
| Time Exam Began | Time Exam Began |
| Time Exam Ended | Time Exam Ended |
| Exam Site | Exam Site |
| Disability Claims Examiner | Disability Claims Examiner |
| Identification Data | Statement of Confidentiality |
| Reason for Disability | General Observations |
| Current Medical History | History of Present Illness |
| Past Medical History | Past History |
| Past Surgical History | Mental Status |
| Current Medication | Testing Results |
| Allergies | Diagnosis |
| Review of Symptoms | Prognosis |
| Social History | Capability Development |
| Family History | Medical Source Statement |
| Physical Examination |  |
| Imaging Testing (ex. X-Ray) and Other Laboratory Tests |
| Diagnosis or Assessment |
| Medical Source Statement |

**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

**SUBMITTED QUESTIONS FORM**

**RFP# 202407128**

**Medical Transcription Services**

This form should be used by Bidders when submitting written questions to the RFP Coordinator as defined in Part III of the RFP.

If a question is not related to any section of the RFP, enter “N/A” under the RFP Section & Page Number. Add additional rows as necessary.

|  |  |
| --- | --- |
| **Organization Name:** |  |

|  |  |
| --- | --- |
| **RFP Section & Page Number** | **Question** |
|  |  |
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