



**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT dba
MARICOPA INTEGRATED HEALTH SYSTEM**

2611 E Pierce Street, 2nd Floor, Phoenix, Arizona 85008

**MARICOPA
INTEGRATED
HEALTH SYSTEM**

Count on us to care.

Request for Quotations

Interpreter Services and Devices

PURPOSE: Maricopa County Special Health Care District dba: Maricopa Integrated Health System (MIHS) hereby solicits sealed quotes from qualified Proposers to provide Interpreter Services and Devices with the intent to provide services at all locations including the Maricopa Medical Center, Comprehensive Healthcare Clinic, Desert Vista and 11 Family Healthcare Centers. Devices will be used to translate medically related information between staff and patients/family members. Services must be available 24 hours a day, 7 days a week, and 365 days per year. Services will include American Sign Language over the Internet.

HOW TO RESPOND TO THIS RFQ: To respond to this Request for Quotations, the Offeror must:

- Submit a quote with a supporting proposal describing how you would perform and provide Interpreter Services and Devices on behalf of Maricopa Integrated Health System. The quote must contain sufficient detail in response to the requirements below to allow MIHS to make an informed and realistic evaluation of the Offeror's services.
- Submit with your quotation the following:
 1. License, certification(s), vehicle registrations, etc.
 2. Certificates of insurance for:
 - A. Commercial general liability.
 - B. Vehicle liability.
 - C. Worker's compensation.
 3. Completion of Attachment A: Authorization to Submit Proposal and Required Certifications.
 4. Three professional references by using the reference forms in Attachment B: Professional References.
 5. Completion of pricing quotation in Attachment C: Pricing.
 6. Response to Attachment D: Response to Work Statement Requirements.
 7. Response to Attachment E: Exceptions to Work Statement Requirements and/or General Contract Provisions.
 8. Completion of Attachment F: Proposer's Checklist.

CODE: The MIHS Procurement Code governs this procurement and is incorporated by this reference (<http://www.mihs.org/docs/DistrictProcurementCodeEff06-25-2008.pdf>). Pricing on written quotations is to remain confidential until the transaction is complete, i.e., the purchase order is issued. The respondent understands that the successful respondent is to be an Independent Contractor in the performance of work and the provision of services under any contract issued and is not to be considered an officer, employee, or agent of MIHS.

EVALUATION CRITERIA AND PROCESS:

Evaluation criteria to be utilized in determining the successful Proposer are listed below. The order of appearance does not signify relative importance. Although price will be a factor in quote evaluation, it

may be a consideration of lesser importance to other items identified in the quote. MIHS reserves the right to accept other than the lowest priced quote.

- Response to RFQ Requirements.
This will include a thorough and detailed review of the responses to the Work Statement and Functional Requirements specifications, the quality, completeness, accuracy and level of detail of the response, the demonstration of the Proposer's understanding of the concepts and requirements of the system, and Oral Presentations.
- Pricing.
This will include a thorough and detailed review of the Proposer's pricing. Although price will be a factor in quote evaluation, it is specifically a consideration of lesser importance to other items identified in the quote. MIHS reserves the right to accept other than the lowest priced quote.
- Organizational Experience.
This will include a thorough and detailed review of the submitted Organizational Information and follow-up of Proposer's References including customer responsiveness.
- Respondent Exceptions to Specifications and Contract Provisions.

A committee composed of various representatives from MIHS departments will evaluate responsive quotes. The Committee may request additional information from Proposers through oral presentations or correspondence. The Committee will prepare an objective ranking of the quotes. MIHS may, at its sole discretion, reject any or all quotes submitted in response to the Request for Quotes.

INQUIRIES: Direct all inquiries to Thomas Kealy at: (602) 344-1494 or e-mail at: thomas.kealy@mihs.org or by mail to:

Maricopa Integrated Health System
Contracts Management Department
ATTN: Thomas Kealy
2611 E Pierce Street
Phoenix, AZ 85008-6092

DEADLINE FOR RESPONSE: Quotes must be received at the above address no later than Tuesday, June 23, 2009 at 2:00PM Arizona Time. Quotes may be e-mailed (see above e-mail address) or faxed to Thomas Kealy at (602) 344-1813.

ATTACHMENT A: AUTHORIZATION TO SUBMIT PROPOSAL AND REQUIRED CERTIFICATIONS

By signing below, the Proposer hereby certifies that:

- * They have read, understand, and agree that acceptance by MIHS of the Proposer's offer by the issuance of a purchase order or contract will create a binding contract;
- * They agree to fully comply with all terms and conditions as set forth in the MIHS Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;
- * They are in compliance with A.R.S. § 35-397 and A.R.S. § 35-391 and do not have scrutinized operations in Iran or the Sudan and are not in violation of the Export Administration Act.

The person signing the Proposal certifies that he/she is the person in the Proposer's organization responsible for, or authorized to make, decisions regarding the prices quoted.

The Proposer is a corporation or other legal entity.

No attempt has been made or will be made by the Proposer to induce any other firm or person to submit or not to submit a Proposal in response to this RFQ.

- All amendments to this RFQ issued by MIHS have been received by the person/organization below. All amendments are signed and returned with the Proposal.
- No amendments have been received.

The price and terms and conditions in this Proposal are valid for 120 days from the date of submission.

FIRM SUBMITTING BID

ADDRESS

TELEPHONE

CITY

STATE

ZIP CODE

FAX

FEDERAL TAX ID NUMBER

EMAIL

AUTHORIZED SIGNATURE

DATE

PRINTED NAME AND TITLE

MINORITY BUSINESS/WOMEN BUSINESS/SMALL BUSINESS/DISADVANTAGED BUSINESS
(check appropriate item):

- Minority Business Enterprise (MBE)
- Women Business Enterprise (WBE)
- Small Business Enterprise (SBE)
- Disadvantaged Business Enterprise (DBE)

ATTACHMENT B: PROFESSIONAL REFERENCES

Enter the information requested below for at least three professional references. These references should be current or recent clients for whom the Proposer has provided Interpreter Services and Devices similar to those solicited under this RFQ:

REFERENCE #

Organization Name: _____

Address: _____

City/State/Zip: _____

Contact Person: _____ Title: _____

Contact Person Phone Number: _____

Please provide a description of the services provided. Clearly identify the similarities and dissimilarities to the services being proposed in response to this RFQ.

Description for Reference:

ATTACHMENT C: PRICING

The document is to be used by the Proposer to specify proposed rates for Interpreter Services and Devices. Rate quotes are to be provided for the initial contract term of September 1, 2009 to August 31, 2011.

- Monthly Lease per Device: \$ _____
- Installation per Device: \$ _____
- Setup Fees per Device: \$ _____
- Device Maintenance: \$ _____
- Device Upgrades: \$ _____
- Signage: \$ _____
- Training of MIHS Staff: \$ _____
- Travel Expenses: \$ _____
- Purchase Price of Device (If Necessary): \$ _____

Interpreter Services per Minute

<u>Total Monthly Minutes</u>	<u>Price \$</u>
6,500	\$ _____
7,500	\$ _____
8,500	\$ _____
9,500	\$ _____
10,500	\$ _____
11,500	\$ _____
12,500	\$ _____
Over 12,500	\$ _____

Upon successful negotiations with Proposer(s), pricing information will be inserted into Section IV, Compensation, Paragraph 2, Pricing.

The price and terms and conditions in this Proposal are valid for 180 days from the date of submission.

I hereby certify that I acknowledge acceptance of the rates for the initial contract period of September 1, 2009 to August 31, 2011.

Signature of Authorized Individual

Printed Name of Authorized Individual

Name of Submitting Organization

Date

ATTACHMENT D: RESPONSE TO WORK STATEMENT REQUIREMENTS

The Proposer must explain how they will meet all the requirements of the Work Statement. The Proposer shall insert appropriate text to indicate specifically how it will satisfy each requirement. The Proposer should use as much detail as necessary to clearly convey how they will ensure provision of these services. Proposers should not simply restate the requirements, but describe how each task will be accomplished.

Nothing prohibits the addition of supplemental services, not identified in this solicitation and deemed necessary by MIHS and agreed to by the selected Contractor(s).

Services associated with this procurement and the resulting contract(s) may be added or deleted by the District, as needed.

WORK STATEMENT

1. SERVICE GOAL

The Contract will provide Interpreter Services and Devices to MIHS to include all locations referenced in Section I, General Provisions, Paragraph 2, Definitions. Devices will be used to translate medically related information between staff and patients/family members. Services must be available 24 hours a day, 7 days a week, and 365 days per year. Services will include American Sign Language over the Internet.

2. UNIT OF SERVICE

- A. One unit of service for Interpreter Services equals one minute.
- B. One unit of service for Device equals purchase price or cost of monthly rental.

3. NEW EQUIPMENT

- A. All equipment, materials, parts and other components shall be new, of the latest model and of the most suitable grade for the purpose intended. Any and all work under this contract shall be performed in a skilled and workmanlike manner.
- B. Device must be able to operate in a health care setting without interference or disruption to medical equipment.
- C. Device must be FCC approved.
- D. Device must have the follow features:
 - 1. Battery back-up capability.
 - 2. Volume control.
 - 3. Intercom capability.
 - 4. Cordless/Portable.
 - 5. 2.4GHz or better Digital Spread Spectrum.

4. INSTALLATION AND REPAIRS

- A. The Contractor shall be responsible for performing all tasks necessary to install and test the equipment to ensure the equipment is performing according to its manufacturer's product specifications at no cost to MIHS. MIHS will ensure that the appropriate phone line is installed prior to Device installation.

- B. Initial start up for a using department requesting new service will be coordinated through the MIHS Community Relations Director.
- C. Delivery of device shall be made within seven (7) to ten (10) days of receipt of new request provided MIHS has operable phone lines in place.
- D. Service shall include overnight replacement of any parts requiring repair or batteries.
- E. Using department may call Contractor directly for service of equipment only.
- F. Contractor shall notify using department and/or MIHS Community Relations Director of backorders and shall provide assistance in obtaining substitutes for backorders, when available, and/or expediting orders.
- G. Contractor will deduct the monthly cost of a device that remains inoperable for at least 3 business weeks during any given month.

5. DEFECTIVE PRODUCTS

All defective products and devices shall be replaced or exchanged by the Contractor at no additional cost to MIHS. All replacement products must be received by MIHS within seven (7) days of initial notification by using department or MIHS Community Relations Director.

6. LOANER EQUIPMENT

The Contractor shall provide loaner equipment until repairs or replacements are completed. Contractor must also provide pickup, delivery and installation of the loaner equipment at no additional charge to MIHS.

7. TRAINING

The Contractor shall provide quarterly training to MIHS personnel that will assure proper operation and utilization of the equipment supplied. All manuals necessary for the training shall be furnished by the Contractor with each equipment order.

8. MANUALS/USE OF PRINTED MATERIALS

- A. Contractor shall supply user with at least one copy of the Operations Manual and documentation.
- B. All documentation and printed materials provided by the Contractor may be reproduced by MIHS, provided that such reproduction is made solely for the internal use of MIHS employees and no charge is made to anyone for such reproductions.
- C. Contractor shall provide educational/informational materials to assist users in availing themselves of the Interpreter Services, e.g., language identification cards, posters, etc.
- D. Contractor shall respond in a timely manner to questions and concerns and provide updated information to using departments and the MIHS Community Relations Director.

9. INTERPRETER SERVICES

- A. Interpreter must be trained and certified in medical terminology and in the requested language. Contractor must provide such evidence to MIHS when requested.
- B. Interpreter must be available within 5 minutes of initial request. If interpreter cannot be located, Contractor will reimburse MIHS for the cost of using another source, provided MIHS supplies Contractor with a log which includes the date, time, MIHS employee, Contractor contact, language requested and the time the alternate source was called. If MIHS cannot produce the log, Contractor is not responsible for the said reimbursement.
- C. Contractor's staff and/or interpreter will not discuss any patient information with a third party unless instructed by MIHS to do so.
- D. Contractor must be equipped to provide interpretation in to include, but not be limited to, the following languages:

Albanian	Arabic	Armenian	Azerbaijan
Bosnian	Burmese	Cambodian	Cantonese
Chinese	Creole	Croatian	Czech
Danish	Ethiopian	Farsi	Filipino
French	German	Greek	Haitian
Hebrew	Hindi	Hungarian	Italian
Japanese	Khmer	Korean	Kurdish
Laotian	Mandarin	Maay Maay	Navajo
Nigerian	Nuer	Pakistani	Persian
Polish	Portuguese	Punjabi	Russian
Serbian	Somali	Spanish	Swahili
Tagalog	Taiwanese	Turkish	Ukrainian
Urdu	Vietnamese		

- E. Interpreters must be trained in and possess a current certificate in medical terminology and the specific language(s) they interpret. Contractor shall provide a current training course curriculum and a current list of staff trained and certified. MIHS shall be provided with updates of this information as it changes.

10. LANGUAGE TESTING SERVICES

- A. The Contractor will test MIHS staff to ensure their ability to communicate effectively and accurately with MIHS patients and their families.
- B. Language Tests will be conducted over the phone at a time and place specified by MIHS.
- C. Language Tests will be performed in accordance with MIHS Policy 01750-S.
- D. MIHS will provide the test material to the Contractor.
- E. Contractor will consider MIHS test materials proprietary and confidential and will not disclose the test to unauthorized MIHS employees or third party.
- F. Test scores will be on a sliding numeric scale from 1 through 5 with 5 being the highest competency level.
- G. Contractor will send test scores, via e-mail, to the MIHS Community Relations Director.

H. MIHS will provide 24 hours notice to the Contractor prior to the need to test an employee.

11. VIDEO REMOTE INTERPRETING SYSTEM TECHNICAL REQUIREMENTS

- A. Suitable Video Conferencing equipment shall be provided by MIHS.
- B. MIHS shall ensure a sufficiently fast broadband Internet connection is required to use the service. Ideally, this connection will be a T1 or greater. The system requires 384kbps in both directions while operating. Upload speeds should be verified with the Internet service provider before installation.
- C. MIHS shall ensure that any firewalls or routers on the network will be configured to allow the video traffic to pass through them. The video conferencing shall be standard H.323, and many firewalls performing stateful packet inspection shall automatically allow traffic to pass as needed.
- D. MIHS shall ensure that port 1720 will be opened regardless for outbound traffic. The other two ranges are dynamic ports and negotiated by the two endpoints as described below:

Port Range	In/Out	TCP/UDP	Purpose
1720	Out	TCP	Initiates outgoing call to servers
1024-65535	Out	UDP	Video Data
1024-65535	Out	TCP	H.245

- E. The Network Administrator should be consulted prior to installation to determine if this may be a problem.

ATTACHMENT E: EXCEPTIONS TO WORK STATEMENT REQUIREMENTS AND/OR GENERAL CONTRACT PROVISIONS

Proposers must use this section to state any exceptions to the RFQ requirements and/or any requested language changes to the **MIHS General Provisions**. Proposer(s) may inspect the General Provisions at: <http://www.mihs.org/docs/GeneralProvisions-May52008.doc>. This is the only time proposers may contest these issues. Requests for changes after the date proposals are due will not be considered and could subject the proposer to non-award on grounds of non-responsiveness.

Please sign and include this statement with your proposal.

I have read MIHS' General Provisions and:

- I accept them
- I have stated my exceptions and have included them in this proposal.

Signature of Authorized Individual

Printed Name of Authorized Individual

Name of Submitting Organization

Date

ATTACHMENT F: PROPOSER'S CHECKLIST

- _____ Authorization to Submit Proposal
- _____ Professional References
- _____ Pricing
- _____ Response to Work Statement Requirements
- _____ Exceptions to Work Statement Requirements and/or General Contract Provisions
- _____ Proposer's Checklist

All items must be included in the Proposer's submission in order to be considered responsive to this RFQ.