



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 2

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1368793

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0506

Vendor ID: 000000200474

SO Doc ID: MIS2400000001

Legal Name: WV HOSPITAL ASSOC

Published Date: 2/5/24

Alias/DBA:

Close Date: 2/27/24

Total Bid: \$1,448,264.00

Close Time: 13:30

Response Date: 02/26/2024

Status: Closed

Response Time: 13:32

Solicitation Description: HOSPITAL INPATIENT DATA SYSTEM (HIDS)

Responded By User ID: hmorgan321

Total of Header Attachments: 2

First Name: Hallie

Total of All Attachments: 2

Last Name: Morgan

Email: hmorgan@wvha.org

Phone: 5186985861



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

**State of West Virginia
 Solicitation Response**

Proc Folder: 1368793
Solicitation Description: HOSPITAL INPATIENT DATA SYSTEM (HIDS)
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2024-02-27 13:30	SR 0506 ESR02262400000004336	1

VENDOR
 000000200474
 WV HOSPITAL ASSOC

Solicitation Number: CRFQ 0506 MIS2400000001
Total Bid: 1448264 **Response Date:** 2024-02-26 **Response Time:** 13:32:39
Comments: We look forward to the continued opportunity of working with the State on this important program. Thank you.

FOR INFORMATION CONTACT THE BUYER
 Crystal G Husted
 (304) 558-2402
 crystal.g.husted@wv.gov

Vendor Signature X	FEIN#	DATE
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All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Base System- HUBDS	4.00000	QTR	65497.000000	261988.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:

Extended Description:

Base System- Hospital UB Data System (HUBDS)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Additional Optional System Module	4.00000	QTR	20500.000000	82000.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:

Extended Description:

Additional Optional System Module (3.1.3.2.11)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Optional Services	500.00000	HOUR	2.000000	1000.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:

Extended Description:

Optional Services (3.1.8)
 Hourly Rate for all optional services
 Estimated hours are 500 hours

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Optional Renewal Year 1- Base System- HUBDS	4.00000	QTR	67453.000000	269812.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:

Extended Description:

Optional Renewal Year 1- Base System- Hospital UB Data System (HUBDS)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Optional Renewal Year 1- Additional Optional System Module	4.00000	QTR	21320.000000	85280.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:

Extended Description:

Optional Renewal Year 1-Additional Optional System Module (3.1.3.2.11)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Opitonal Renewal Year 1-Optional Services	500.00000	HOUR	2.000000	1000.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:**Extended Description:**

Optional Renewal Year 1-Optional Services (3.1.8)
 Hourly Rate for all optional services
 Estimated hours are 500 hours

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Optional Renewal Year 2- Base System- HUBDS	4.00000	QTR	69480.000000	277920.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:**Extended Description:**

Optional Renewal Year 2- Base System- Hospital UB Data System (HUBDS)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Optional Renewal Year 2- Additional Optional System Module	4.00000	QTR	22173.000000	88692.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:**Extended Description:**

Optional Renewal Year 2-Additional Optional System Module (3.1.3.2.11)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Opitonal Renewal Year 2-Optional Services	500.00000	HOUR	2.000000	1000.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:**Extended Description:**

Optional Renewal Year 2-Optional Services (3.1.8)
 Hourly Rate for all optional services
 Estimated hours are 500 hours

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Optional Renewal Year 3- Base System- HUBDS	4.00000	QTR	71583.000000	286332.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:

Extended Description:

Optional Renewal Year 3- Base System- Hospital UB Data System (HUBDS)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Optional Renewal Year 3- Additional Optional System Module	4.00000	QTR	23060.000000	92240.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:

Extended Description:

Optional Renewal Year 3-Additional Optional System Module (3.1.3.2.11)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Optional Renewal Year 3-Optional Services	500.00000	HOUR	2.000000	1000.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Commodity Line Comments:

Extended Description:

Optional Renewal Year 3-Optional Services (3.1.8)
 Hourly Rate for all optional services
 Estimated hours are 500 hours

**West Virginia Hospital Association
CRFQ-0506-MIS240000001-1**

Exhibit A

Vendor's quotation MUST include all costs associated with providing the systems and services described in the RFQ. Costs for travel and webinars must be incorporated into the vendor's fees. No travel or webinar expenses will be reimbursed by the State and are the sole responsibility of the vendor.

Base System Pricing SHALL be a quarterly price and must include all systems and services required to meet the mandatory requirements in Section 3.1 of the RFQ with the exception of Additional Optional System Modules in 3.1.3.2.11 and Optional Services in 3.1.8.

3.1.3.2.11 Additional Optional System Module Pricing SHALL be a quarterly price and must include all systems and services required to expand the scope of the systems to include this optional module. Expansion to include the optional system module is entirely at the discretion of the Agency. If the Agency requests and implements the Optional Systems Module at a time other than the beginning of a billing quarter, the first quarter billing will be prorated to pay for the fraction of the quarter the module is in operation

Optional Services pricing SHALL be an hourly rate that will apply to any of the optional services enumerated in 3.1.8. The decision to utilize optional services is entirely at the discretion of DHHR. 500 hours is a non-binding estimate of the services that might be requested via issuance of an approved delivery order.

BASE SYSTEM	Quarterly Price	Quarters	Annual Price
HOSPITAL UB DATA SYSTEM (HUBDS)	\$65,497.00	4	\$261,988.00
ADDITIONAL OPTIONAL SYSTEM MODULE (3.1.3.2.11)			
OPTIONAL SYSTEM MODULE	\$20,500.00	4	\$82,000.00
OPTIONAL SERVICES (3.1.8)	Hourly Rate	Est. Hours	Annual Price
Hourly Rate for all optional services	\$2.00	500	\$1,000.00
Total Initial Year			\$344,988.00

Optional Renewal Year 1			
HOSPITAL UB DATA SYSTEM (HUBDS)	\$67,453.00	4	\$269,812.00
ADDITIONAL OPTIONAL SYSTEM MODULES (3.1.3.2.11)			
OPTIONAL SYSTEM MODULE	\$21,320.00	4	\$85,280.00
OPTIONAL SERVICES (3.1.8)	Hourly Rate	Est. Hours	Annual Price
Hourly Rates for all optional services	\$2.00	500	\$1,000.00
Total Optional Renewal Year 1			\$356,092.00

Optional Renewal Year 2			
HOSPITAL UB DATA SYSTEM (HUBDS)	\$69,480.00	4	\$277,920.00
ADDITIONAL OPTIONAL SYSTEM MODULES (3.1.3.2.11)			
OPTIONAL SYSTEM MODULE	\$22,173.00	4	\$88,692.00
OPTIONAL SERVICES (3.1.8)	Hourly Rate	Est. Hours	Annual Price
Hourly Rates for all optional services	\$2.00	500	\$1,000.00
Total Optional Year 2			\$367,612.00

Optional Renewal Year 3			
HOSPITAL UB DATA SYSTEM (HUBDS)	\$71,583.00	4	\$286,332.00
ADDITIONAL OPTIONAL SYSTEM MODULES (3.1.3.2.11)			
OPTIONAL SYSTEM MODULE	\$23,060.00	4	\$92,240.00
OPTIONAL SERVICES (3.1.8)	Hourly Rate	Est. Hours	Annual Price
Hourly Rates for all optional services	\$2.00	500	\$1,000.00
Total Optional Year 3			\$379,572.00

TOTAL BID-sum of the base year and optional renewal years combined	Total for Entire Contract		\$1,448,264.00
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DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Hallie Morgan, VP Quality and Data Services
(Address) West Virginia Hospital Association
(Phone Number) / (Fax Number) 100 Association Drive Charleston WV 25311
(304) 353-9714 / (304) 414-0210
(email address) hmorgan@wvha.org

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62 which automatically voids certain contract clauses that violate State law and that pursuant to W. Va. Code 5A-3-63 the entity entering into this contract is prohibited from engaging in a boycott against Israel.

WEST VIRGINIA HOSPITAL ASSOCIATION
(Company)
M. James Kaufman
(Signature of Authorized Representative)
M. JAMES KAUFMAN PRESIDENT - CEO, 2/23/24
(Printed Name and Title of Authorized Representative) (Date)
304-353-9716 / FAX 304-414-0210
(Phone Number) (Fax Number)
MKAUFMAN@WVHA.ORG
(Email Address)

The Hospital Industry Data Institute (HIDI) is the West Virginia Hospital Association's data partner in administering the Discharge Data Program. This not-for-profit organization was founded by the Missouri Hospital Association and continues to serve hospitals' increasing needs for high-quality data resources through its data collection, analysis, and dissemination to more than 1,400 hospitals nationwide.

Hospital Industry Data Institute
4712 Country Club Drive
Jefferson City, MO 65109-4541
573-893-3700



REQUEST FOR QUOTATION
CRFQ MIS240000001
Hospital Uniform Billing Data System (HUBDS)

10. MISCELLANEOUS:

- 10.1 No Substitutions:** Vendor shall supply only Contract Items submitted in response to the Solicitation unless a contract modification is approved in accordance with the provisions contained in this Contract.
- 10.2 Vendor Supply:** Vendor must carry sufficient inventory of the Contract Items being offered to fulfill its obligations under this Contract. By signing its bid, Vendor certifies that it can supply the Contract Items contained in its bid response.
- 10.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract. **Vendor shall refer to Section 3 for reporting requirement timelines.**
- 10.4 Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Hallie Morgan
Telephone Number: (304) 353-9714
Fax Number: (304) 414-0210
Email Address: hmorgan@wvha.org

State of West Virginia

Vendor Name:

By: _____

By: Mr. J. Kaufman

Printed Name: _____

Printed Name: M. JAMES KAUFMAN

Title: _____

Title: PRESIDENT & CEO

Date: _____

Date: 2/23/24

APPENDIX B

**INFORMATION SECURITY AND PRIVACY POLICY
ACKNOWLEDGMENT AFFIDAVIT**

I Hallie Morgan hereby affirm and acknowledge that I have read and understand the West Virginia Health Care Authority's Information Security and Privacy Policy.

I hereby affirm and acknowledge that I accept and will abide by this policy. Additionally, I understand that any violation of this policy may result in some form of disciplinary action, up to and including dismissal. No statement or representation, either oral or written, can supplement or modify this guide without the express written consent of the Executive Director or Board Chairperson.

Should circumstances arise where the interpretation of this policy is required, the Legal Department shall be solely authorized to provide such interpretation.

Acknowledged and Accepted

Hallie Morgan
Signature

2/23/24
Date

Exhibit A
CRFQ-0506-MIS240000001-1

West Virginia Hospital Association

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