



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

State of West Virginia Master Agreement

Order Date: 04-29-2025

CORRECT ORDER NUMBER MUST
APPEAR ON ALL PACKAGES, INVOICES,
AND SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CMA 0506 2936 BPH2400000001 3	Procurement Folder:	1295981
Document Name:	Medical Supplies for WVDHHR/BPH Offices	Reason for Modification:	
Document Description:	Medical Supplies for WVDHHR/BPH Offices	Change Order 2 To Renew Contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-09-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-05-02

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000110771 MCKESSON MEDICAL SURGICAL GOVERNMENT SOLUTIONS LLC 9954 MAYLAND DR STE 5176 HENRICO VA 23233 US Vendor Contact Phone: 999-999-9999 Extension: Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Jodie F Miller Requestor Phone: (304) 356-4057 Requestor Email: jodie.f.miller@wv.gov 2025 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER No City WV 99999 US	VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER No City WV 99999 US

4/30/25 GC

Total Order Amount:

Open End

Purchasing Division's File Copy

CH 4/29/25

PURCHASING DIVISION AUTHORIZATION
DATE: 4/29/25
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: 5/6/2025
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 5-6-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:**Change Order**

Change Order No. 2 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 05/03/2025 through 05/02/2026.

Renewal Months Remaining: Eight (8)

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	42000000			EA	0.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Medical Equipment and Accessories and Supplies

Extended Description:

Pursuant to the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Agreement of Understanding, the West Virginia Department of Health and Human Resources is contracting with McKesson to provide medical supplies at various department locations as ordered for the period of September 1, 2023 through May 2, 2026.

McKESSON

April 25, 2024

Via email

Robert Price
Administrative Services Manager II
West Virginia Departments of Health, Health Facilities, and Human Services
One Davis Square
Charleston, WV 25301

RE: Request to renew contract CMA 0506 2936 BPH2400000001 between BPH and McKesson Medical-Surgical Government Solutions LLC.

Dear Mr. Price:

McKesson Medical-Surgical Government Solutions LLC (MMSGs) agrees to renew contract CMA 0506 2936 BPH2400000001 between MMSGs and the West Virginia Department of Administration, Purchasing Division for a term of one year beginning May 3, 2025, and ending May 2, 2026.

Contract CMA 0506 2936 BPH2400000001 shall continue to be governed by the MMCAP Infuse Agreement MMS2200736 effective on May 2, 2023, and the Member Requested Participation Addendum (MPA) executed on September 29, 2023, between MMCAP Infuse, MMSGs, and the West Virginia Department of Human Resources and shall not include any additional terms beyond those of the Master Agreement and the MPA.

If we can answer any questions that you may have, please feel free to contact us. Thank you for this opportunity and we look forward to continuing doing business with you.

Sincerely,

Signed by:

C3FF3C774FB04EB...

Craig Malozzi
Director, Customer Programs - Government Solutions
9954 Mayland Drive, Suite 5176
Henrico, VA 23233-1484
Craig.malozzi@mckesson.com


Agree

Accurate as of March 11, 2025

The most current version

MMS2200736

Amendment #9

Tendered: November 13, 2024

<https://members.infuse-mn.gov/contract-documents>**AMENDMENT NO. 9 TO MMCAP INFUSE AGREEMENT NO. MMS2200736**

THIS AMENDMENT NO. 9 ("**Amendment**") to MMS2200736 and its amendments ("**Agreement**") is entered into on the date all required signatures are obtained for this document and is by and between the State of Minnesota acting through its Commissioner of Administration ("**Minnesota**") on behalf of MMCAP Infuse ("**MMCAP Infuse**") and McKesson Medical-Surgical Government Solutions LLC, a limited liability company with an address of 9954 Mayland Drive, Suite 5176, Henrico, VA 23233 ("**Vendor**").

RECITALS

WHEREAS, MMCAP Infuse and Vendor have agreed to certain changes in the terms and conditions set forth in the Agreement and have agreed to amend the Agreement to reflect said changes;

WHEREAS, besides the terms and conditions of the Agreement amended in this Amendment, the Agreement remains in full force and effect; and

NOW, THEREFORE, the parties acknowledge and hereby agree that the Agreement shall be amended as follows:

Capitalized Terms; Definitions; Conditions. The Agreement and Amendments shall be read together as one document. Any capitalized terms used in the Amendment that are defined in the Agreement will have the same meaning(s) when used herein, unless the context clearly requires otherwise. To the extent there shall exist a conflict between the Agreement and this Amendment, the terms of this Amendment will control. Unless otherwise clearly altered, modified, deleted, or amended otherwise, the terms of the Agreement will continue in their entirety and govern the contractual relationship between Vendor and MMCAP Infuse.

In this Amendment, changes to pre-existing Agreement language will use ~~strike through~~ for deletions and underlining for insertions.

Modifications

Revision 1: Line 2 of the *Agreement Term* in the Agreement will be revised as follows:

2. **Expiration Date:** ~~May 2, 2025~~ December 31, 2026

VENDOR: McKesson Medical-Surgical Government Solutions LLC

The Vendor certified that the appropriate person(s) have executed this Amendment on behalf of the Vendor as required and by applicable articles, bylaws, resolutions, or ordinances.

Name: Deborah Haywood
Signature: Deborah Haywood
Title: Vice President of Government Solutions
Date: 11/17/2024

STATE OF MINNESOTA FOR MMCAP INFUSE

In accordance with Minn. Stat. § 16C.03, subd. 3

Name: Nalee Xiong
Signature: Nalee Xiong
Date: 11/18/2024

COMMISSIONER OF ADMINISTRATION

In accordance with Minn. Stat. § 16C.05, subd. 2

Name: Christina Fox
Signature: Christina Fox
Date: 11/18/2024

To: All State Agencies Under Purchasing Division
From: Samantha Willis, Director & General Counsel
WV Purchasing *SLW*
Date: January 23, 2025
Re: \$100,000 Spending Requests

MEMORANDUM

Pursuant to Executive Order 4-25, signed into effect by Governor Morrissey on January 14th, 2025, all expenditures over \$100,000 must be reviewed by the Governor's Office in advance. Any solicitations, purchase orders, or other contracts currently in the possession of the Purchasing Division, which are estimated to cost over \$100,000 are being placed on hold for review. Our Division is providing documentation of those to the Governor's Office for review.

Any new requisitions valued over \$100,000 that are received by the Purchasing Division, must have a copy of this memorandum and accompanying signatures to process as usual. If there is no evidence of Governor's Office review or approval, your requisition will be returned to seek that approval.


Thank you all for your hard work, and please feel free to reach out with any questions on our end; if you have questions about the procedure for seeking the necessary approvals internally, I would recommend reaching out to your Cabinet Secretaries and/or your Department's Governor's Office liaison.

CMA 0506 2936 BPH2400000001 Medical Supplies

The Accompanying Request has been reviewed and approved by the following:


Agency Head

4/28/25
Date


Cabinet Secretary/Department Head

4/29/25
Date

N/A
Governor's Office Representative

Date

Filter By

Keyword Search

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Simple Search

Search Editor

- ☐ Any Words ⓘ
- ☐ All Words ⓘ
- ☐ Exact Phrase ⓘ

e.g. 123456789, Smith Corp

"mckesson medical surgical goverment solutions llc" x

Entity ▼

Location ▼

Status ^

☒ Active

☐ Inactive

Reset ↺

Entity Information ^



All Entity Information

Entities

Disaster Response Registry

Responsibility / Q...



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Business Organization Detail

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MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	2/17/2014		2/17/2014	Foreign	Profit			

Organization Information			
Business Purpose	5511 - Management of Companies and Enterprises - Management of Companies and Enterprises - Management of Companies and Enterprises Including Offices of Bank Holding Companies and Other Holding Companies		
Charter County	Control Number		9A4AJ
Charter State	DE	Excess Acres	
At Will Term	A	Member Managed	MBR
At Will Term Years	Par Value		
Authorized Shares	Young Entrepreneur	Not Specified	



Addresses

Type	Address
Mailing Address	6535 STATE HIGHWAY 161 IRVING, TX, 75039 USA
Notice of Process Address	Corporation Service Company 808 Greenbrier Street Charleston, WV, 25311
Principal Office Address	9954 MAYLAND DRIVE SUITE 5176 HENRICO, VA, 23233 USA
Type	Address

Officers

Type	Name/Address
Member	MCKESSON MEDICAL-SURGICAL INC. 9954 MAYLAND DRIVE SUITE 4000 RICHMOND, VA, 23233
Type	Name/Address

Name Changes

Date	Old Name
4/4/2019	MOORE MEDICAL LLC
Date	Old Name

Date	Amendment
4/4/2019	NAME CHANGE: FROM MOORE MEDICAL LLC
Date	Amendment

Annual Reports**Filed For**

2024
2023
2022
2021
2020
2019
2018
2017
2016
2015
Date filed

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For more information, please contact the Secretary of State's Office at 304-558-8000.

Wednesday, April 23, 2025 — 4:58 PM

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Hustead</u> Date: <u>4/29/25</u> Solicitation No. <u>CMA BPH/24*01</u>	Agency: DH BPH Procurement Officer Submitting Requisition: Robert Price Requisition No. N/A PF No.: 1295981
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: _____

Cynthia Hustead