



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

List View

General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 91021

Procurement Type: Central Master Agreement

Vendor ID: 000000114524



Legal Name: PROVIDIGM LLC

Alias/DBA:

Total Bid: \$247,500.00

Response Date: 07/06/2015



Response Time: 13:35

SO Doc Code: CRFQ

SO Dept: 0506

SO Doc ID: FLC1500000002

Published Date: 6/11/15

Close Date: 7/8/15

Close Time: 13:30

Status: Closed

Solicitation Description: Quality Indicator Process Surveys



Total of Header Attachments: 0

Total of All Attachments: 0

State of West Virginia Solicitation Response

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2015-07-08 13:30:00	SR 0506 ESR07061500000000106	1

VENDOR

000000114524
PROVIDIGM LLC

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick
(304) 558-0067
robert.p.kilpatrick@wv.gov

DATE _____

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	Quality Indicator Survey (QIS)	15.00000	EA	\$16,500.00	\$247,500.00

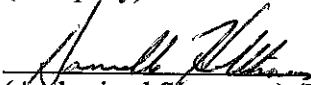
Comm Code	Manufacturer	Specification	Model #
81141500			

Extended Description :	<p>Federal Quality Indicator Survey (QIS) processes for Medicare and/or Medicaid certified nursing facilities based on federal regulations, per Section 3.1.4 of the Specifications.</p> <p>All-inclusive, lump sum cost per QIS.</p>
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CERTIFICATION AND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid, offer or proposal for review and consideration; 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.

PROVIDIGM, LLC
(Company)

 DANIELLE HOLTHAUS, SR VP
(Authorized Signature) (Representative Name, Title)

720-240-9915 720-240-9915 7-6-15
(Phone Number) (Fax Number) (Date)

REQUEST FOR QUOTATION
CRFQ 0506 FLC1500000002
Quality Indicator Process Surveys

6.1.3 Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

6.1.4 Failure to remedy deficient performance upon request.

6.2 The following remedies shall be available to Agency upon default.

6.2.1 Immediate cancellation of the Contract.

6.2.2 Immediate cancellation of one or more release orders issued under this Contract.

6.2.3 Any other remedies available in law or equity.

7. MISCELLANEOUS:

7.1 **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.

7.2 **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: DANIELLE HOLTHAUS
Telephone Number: 720-240-9915
Fax Number: 720-240-9915
Email Address: DHOLTHAUS@PROVIDICA.COM



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

State of West Virginia
Request for Quotation
10 - Consulting

Proc Folder: 91021

Doc Description: Quality Indicator Process Surveys

Proc Type: Central Master Agreement

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2015-06-11	2015-07-08 13:30:00	CRFQ 0506 FLC1500000002	1

BID PROVIDING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV

25305

US

Vendor:

Vendor Name, Address and Telephone Number:

PROVIDIGM, LLC
8055 E. TUFTS AVENUE
SUITE 1200
DENVER, CO 80237
720-240-9915

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick

(304) 558-0067

robert.p.kilpatrick@wv.gov

Signature X

FEIN # 20-8471320

DATE 7-6-15

All offers subject to all terms and conditions contained in this solicitation

STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:Vendor's Name: PROVIDENT, LLCAuthorized Signature: [Signature] Date: 7-6-15State of ColoradoCounty of Denver, to-wit:Taken, subscribed, and sworn to before me this 6 day of July, 2015.My Commission expires December 10, 2016.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

Purchasing Affidavit (Revised 07/01/2012)

