



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 4


[List View](#)

General Information

[Contact](#)[Default Values](#)[Discount](#)[Document Information](#)

Procurement Folder: 609429

Procurement Type: Central Master Agreement

Vendor ID: 00000200474 

Legal Name: WV HOSPITAL ASSOC

Alias/DBA:

Total Bid: \$1,327,901.73

Response Date: 10/01/2019 

Response Time: 9:25

SO Doc Code: CRFQ

SO Dept: 0511


SO Doc ID: HHR200000001

Published Date: 9/27/19

Close Date: 10/4/19

Close Time: 13:30

Status: Closed

Solicitation Description: Addendum #6- Hospital Inpatient Data System (HIDS) 

Total of Header Attachments: 4

Total of All Attachments: 4



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

**State of West Virginia
Solicitation Response**

Proc Folder : 609429

Solicitation Description : Addendum #6- Hospital Inpatient Data System (HIDS)

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2019-10-04 13:30:00	SR 0511 ESR09051900000001428	1

VENDOR

000000200474
WV HOSPITAL ASSOC

Solicitation Number: CRFQ 0511 HHR2000000001

Total Bid : \$1,327,901.73 **Response Date:** 2019-10-01 **Response Time:** 09:25:27

Comments: We look forward to the opportunity of working with the State on this important program. We also appreciate the seminars you all do to help people understand how the state bidding process works. The presentation in Fairmont was great. Thank you.

FOR INFORMATION CONTACT THE BUYER

April E Battle
(304) 558-0067
april.e.battle@wv.gov

Signature on File

FEIN #

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	Hospital In-Patient UB Data System and Emergency Department	4.00000	QTR	\$63,678.750000	\$254,715.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description :	Hospital In-Patient UB Data System and Emergency Department
-------------------------------	---

Comments: Includes One time setup fee for Emergency Department only

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Outpatient Surgery	3.00000	QTR	\$1,571.670000	\$4,715.01

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description :	Outpatient Surgery
-------------------------------	--------------------

Comments: One time setup fee only

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Outpatient Observation stays	3.00000	QTR	\$1,571.670000	\$4,715.01

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description :	Outpatient Observation stays
-------------------------------	------------------------------

Comments: One time setup fee only

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Outpatient Diagnostic and Therapeutic Hospital	3.00000	QTR	\$1,571.670000	\$4,715.01

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description :	Outpatient Diagnostic and Therapeutic Hospital
-------------------------------	--

Comments: One time setup fee only

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Outpatient Physician Office visits	3.00000	QTR	\$1,571.670000	\$4,715.01

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description :	Outpatient Physician Office visits
-------------------------------	------------------------------------

Comments: One time setup fee only

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Other hospital outpatient services	3.00000	QTR	\$1,571.670000	\$4,715.01

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description :	Other hospital outpatient services
-------------------------------	------------------------------------

Comments: One time setup fee only

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Hourly rate for all optional services	500.00000	HOUR	\$195.550000	\$97,775.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Hourly rate for all optional services

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Optional Renewal Year 1-Hospital In patient UB data system	4.00000	QTR	\$62,500.000000	\$250,000.00

Comm Code	Manufacturer	Specification	Model #
81112201			

Extended Description : Optional Renewal Year 1-Hospital In patient UB data system

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Optional Renewal Year 1-Outpatient Surgery	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 1-Outpatient Surgery

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Optional Renewal Year 1-Outpatient Observation stays	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 1-Outpatient Observation stays

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Opt. Renewal Yr 1 Outpatient Diagnostic & Therapeutic Hospit	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 1-Outpatient Diagnostic and Therapeutic Hospital

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Optional Renewal Year 1-Outpatient Physician Office visits	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 1-Outpatient Physician Office visits

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Optional Renewal Year 1-Other hospital outpatient services	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 1-Other hospital outpatient services

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	Optional Renewal Year 1-Hourly rate for all optional service	500.00000	HOUR	\$195.550000	\$97,775.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 1-Hourly rate for all optional service

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	Optional Renewal Year 2-Outpatient Surgery	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 2-Outpatient Surgery

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	Optional Renewal Year 2-Outpatient Observation stays	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 2-Outpatient Observation stays

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	Opt. Renewal Yr 2 Outpatient Diagnostic & Therapeutic Hospit	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 2-Outpatient Diagnostic and Therapeutic Hospital

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	Optional Renewal Year 2-Outpatient Physician Office visits	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 2-Outpatient Physician Office visits

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
19	Optional Renewal Year 2-Other hospital outpatient services	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 2-Other hospital outpatient services

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
20	Optional Year 2-Hourly rate for all optional services	500.00000	HOUR	\$195.550000	\$97,775.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Year 2-Hourly rate for all optional services

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
21	Optional Renewal Year 3-Outpatient Surgery	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 3-Outpatient Surgery

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
22	Optional Renewal Year 3-Outpatient Observation stays	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 3-Outpatient Observation stays

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
23	Opt. Renewal Yr 3 Outpatient Diagnostic & Therapeutic Hospit	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 3-Outpatient Diagnostic and Therapeutic Hospital

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
24	Optional Renewal Year 3-Outpatient Physician Office visits	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 3-Outpatient Physician Office visits

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
25	Optional Renewal Year 3-Other hospital outpatient services	4.00000	QTR	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 3-Other hospital outpatient services

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
26	Optional Renewal Year 3-Hourly rate for all optional service	4.00000	QTR	\$1,571.670000	\$6,286.68

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 3-Hourly rate for all optional service

Comments: One time setup fee only

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
27	Optional Renewal Year 2-Hospital Data System	4.00000	QTR	\$62,500.000000	\$250,000.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 2-Hospital Data System

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
28	Optional Renewal Year 3-Hospital Data System	4.00000	QTR	\$62,500.000000	\$250,000.00

Comm Code	Manufacturer	Specification	Model #
81111503			

Extended Description : Optional Renewal Year 3-Hospital Data System

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0511 HHR2000000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input checked="" type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input checked="" type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

West Virginia Hospital Association

Company



Authorized Signature

10/1/2019

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0511 HHR200000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

West Virginia Hospital Association

	Company
	Authorized Signature
9/18/2019	Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0511 HHR2000000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:


(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

West Virginia Hospital Association

Company


Authorized Signature

9/4/19

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

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.

Jim Kranz, VP Quality & Data Services

(Name, Title)

(Printed Name and Title)

100 Association Dr. Charleston, WV 25311

(Address)

304-353-9712 / 304-414-0210

(Phone Number) / (Fax Number)

jkranz@wvha.org

(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 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 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.

West Virginia Hospital Association

(Company)

 (Authorized Signature) (Representative Name, Title)

Joseph M. Letnaunchyn, President and CEO

(Printed Name and Title of Authorized Representative)

9/4/2019

(Date)

304-344-9744 / 304-414-0210

(Phone Number) (Fax Number)

STATE OF WEST VIRGINIA
Purchasing Division
PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: West Virginia Hospital Association

Authorized Signature: *[Signature]* Date: 9/4/19

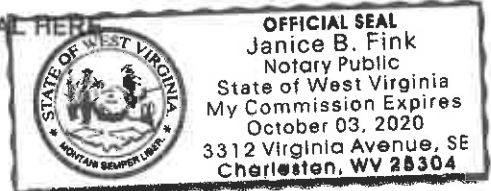
State of West Virginia

County of Kanawha, to-wit:

Taken, subscribed, and sworn to before me this 4 day of September, 2019.

My Commission expires October 3, 2020, 20 .

AFFIX SEAL HERE



NOTARY PUBLIC *[Signature]*



100 Association Drive
Charleston, WV 25311-1571
Phone (304)344-9744
www.wvha.org

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

