



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

Request for Quotation

RFQ NUMBER
BMS70640

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BUREAU FOR MEDICAL SERVICES
 ROOM 251
 350 CAPITOL STREET
 CHARLESTON, WV
 25301-3709 304-558-1737

DATE PRINTED 12/15/2006	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 01/03/2007		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>*****ADDENDUM NO. 1*****</p> <p>1. QUESTIONS AND ANSWERS ATTACHED.</p> <p>2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p>*****END OF ADDENDUM NO. 1*****</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
-----------	-----------	------

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
-------	------	-----------------------------------

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

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

West Virginia Health Benefits Manager
RFP# BMS70640
Response to Questions

Page 13 – Section 3.2.5.1

1. Does entering health needs assessment as well as race and ethnicity data into MMIS satisfy this requirement? If not, please clarify how DHHR would like to see this handled.

Answer: This section refers to developing the enrollment forms in accordance with the federal regulations. This is not in reference to entering information into MMIS.

Page 28 – Section 3.2.27 Optional Services

2. Recipients wishing to participate in the enhanced benefit plan can choose from a list of conditions of which they want to improve. Recipients will be able to obtain treatment and services outside of the Medicaid billing process such as the smoking cessation program in the Health Department, etc. Additionally, PCPs can make referrals to nontraditional treatment sources. How will the successfully bidder obtain information from these non-Medicaid treatment sources to adequately track the utilization of services by the recipients participating in the enhanced benefits program?

Answer: This section refers to tracking the agreement signed by the member and the plan of care submitted by the PCP. All services in the member's care plan that are being tracked may be billed by the provider rendering the service; therefore the services rendered and the care plan can be compared.

Page 29 – Section 3.2.28 Optional Services

3. Currently RAPIDS prints the monthly Medicaid card and mails it to each consumer. Is it DHHR's intention to have this process completed each month by the successful bidder?

Answer: This is no longer a requirement.

Page 32 – Section IV Project Work Plan

4. The last sentence of this section indicates that Section IV of the proposal should cover items in Part 3.2 of the RFP. However, in looking at page 11, Section 3.2, it seems that the first item requiring a response should actually be 3.2.3. (That is, sections 3.2.1 and 3.2.2 are covered elsewhere in 3.2.3-3.2.28.) Is this correct? If not, please provide clarification.

Answer: All sections need to be addressed.

Page 33 – Section 4.3 Evaluation Criteria

5. The RFP indicates that the cost proposal will be scored based upon the price proposed and its relationship to the lowest price of all proposals, but it does not indicate

which price will be used in the calculation. Please specify whether the evaluation process will include the optional services cost or if it will include only the required services cost.

Answer: The evaluation process will include the pricing of all services.

Page 11 – Section 3.2

6. In looking at the RFP, it appears as though sections 3.2.1 through 3.2.3 are included to directly present and outline the major responsibilities of the contractor and do not require a response. Is this correct? If a response is required, please clarify what should be included in those sections as no direction is given in the RFP.

Answer: Please respond by explaining how each of the tasks listed in 3.2.1 through 3.2.3 would be completed by the HBM.

Page 24 – Section 3.2.18

7. Currently, the health plans bear the postage costs associated with their portion of the materials. Should the bidder assume that this practice will continue?

Answer: Yes

Vendor:	Spending Unit:
---------	----------------

Requisition No.: BMS70640

ADDENDUM ACKNOWLEDGEMENT

I hereby acknowledge receipt of the following checked addendum(s) and have made the necessary revisions to my proposal, plans and/or specifications, etc.

Addendum No.'s:

No. 1 _____

No. 2 _____

No. 3 _____

No. 4 _____

No. 5 _____

I understand that failure to confirm the receipt of the addendum(s) is cause for rejection of bids.

Signature

Company

Date

Exhibit 10
Rev. 11/96