



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

BMS70641

PAGE

1

ADDRESS CORRESPONDENCE TO ATTENTION OF

ROBERTA WAGNER  
304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

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

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/13/2007				

BID OPENING DATE:

03/01/2007

BID OPENING TIME

01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
*****ADDENDUM #1*****						
1. TO CHANGE THE BID OPENING DATE:						
CHANGE FROM: 02/20/2007						
CHANGE TO: 03/01/2007						
2. TO RESPOND TO VENDOR QUESTIONS RECEIVED AT THE PREBID CONFERENCE ON JANUARY 30, 2007. PLEASE SEE THE ATTACHED QUESTIONS AND ANSWERS.						
3. "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."						
*****END OF ADDENDUM #1*****						

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.

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**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

RFP Page #	RFP Section	Question
NA	NA	<b>Question:</b> According to the CMS website, the Bureau was successful on several Medicaid Transformation Grant Proposals. One of the applications on the website described solutions that complement the services requested in this RFQ. Would the State be able to acquire some of the services described in the Transformation Grant Proposals as value added options within this procurement?
NA	NA	<b>Answer:</b> We are investigating the best process for administration of the grant awards and cannot answer the question at this time.  Our purchasing rules strongly discourage any change order in excess of 10 percent of the original contract amount. The Purchasing Director, at his discretion, may grant a change in any amount if unforeseen circumstances have occurred and such change is in the best interest of the State of West Virginia. Therefore, I cannot state that if contract expansion would accommodate the cost of the enhancements for the Pharmacy Programs described in the Transformation Grant Proposal or if the Purchasing Director would allow any increase and/or change to the contract.
NA	NA	<b>Question:</b> Can Bureau for Medical Services share the list of pre-bid conference attendees?
NA	NA	<b>Answer:</b> The attendees were: Sandra Burch _____ Health Information Designs David Deal _____ ACS Heritage John Marks _____ West Virginia Medical Institute Ruth Ann Panepinto _____ CNS Comprehensive NeuroScience Provider Synergies _____ Steve Liles

## PURCHASING CONTINUATION SHEET

Buyer: RW-22	Page	Req or P O No : BMS70641
Spending Unit:		

Vendor

003

Requisition No.: BMS70641

## 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) may be cause for rejection of bids.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Company\_\_\_\_\_  
Date

## SIGN IN SHEET

Page \_\_\_\_ of \_\_\_\_

Date: 1/30/07

Request for Proposal No. BMS70641

PLEASE PRINT

\* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD.

004

TELEPHONE & FAX  
NUMBERS

FIRM &amp; REPRESENTATIVE NAME MAILING ADDRESS

Company: <u>Health Information Design, Inc.</u>	<u>300 Kanawha Blvd. E.</u>	PHONE <u>304-340-3816</u>
Rep: <u>Sandra Burch</u>	<u>Charleston WV 25301</u>	TOLL FREE
Email Address: <u>Sburch@spilmanlaw.com</u>		FAX <u>304-340-3801</u>
Company: <u>Acs Heritage</u>	<u>2810 N. Parham Rd.</u>	PHONE <u>804-965-8288</u>
Rep: <u>David Deal</u>	<u>Suite 210</u>	TOLL FREE
Email Address: <u>david.deal@acs-inc.com</u>	<u>Richmond, VA 73294</u>	FAX <u>804-644-0644</u>
Company: <u>West Virginia Medical Institute</u>	<u>3001 Chesterfield Pl</u>	PHONE <u>304-346-9864</u>
Rep: <u>John Marks</u>	<u>Charleston WV 25314</u>	TOLL FREE
Email Address: <u>jmarks@wvmi.org</u>		FAX <u>304-343-9863</u>
Company: <u>CMS Comprehensive Neuroscience</u>	<u>2303 Circle Drive</u>	PHONE <u>304-296-3852</u>
Rep: <u>Ruth Ann Ramepinto</u>	<u>Morgantown, WV 26505</u>	TOLL FREE
Email Address: <u>rramepinto@comcast.net</u>		FAX <u>304-296-7344</u>
Company: <u>Provider Synergies</u>	<u>5181 Natorp Blvd</u>	PHONE <u>513-774-8500</u>
Rep: <u>Steve Liles</u>	<u>Mason, OH 45040</u>	TOLL FREE
Email Address: <u>steveliles@cuty.com</u>		FAX <u>513-697-8762</u>

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