



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  
**BMS80643**

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	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
<b>03/09/2008</b>				

BID OPENING DATE: **03/19/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<b>ADDENDUM NO. 2</b>  <b>CHANGE THE BID OPENING DATE FROM 3/11/08 TO 3/19/08</b>  <b>TO REPLACE APPENDIX A INCLUDED IN ADDENDUM NO. 1 WITH THE REVISED ATTACHED APPENDIX A. THE NUMBER OF SYSTEM INTERFACES IS REDUCED.</b>  <b>*****NO OTHER CHANGES*****</b>						

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 may be deemed null and void, and 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



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 Department of Administration  
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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		948-74		
RFP TO PROVIDE AUTOMATED PRIOR AUTHORIZATION SERVICE						
***** THIS IS THE END OF RFQ BMS80643 ***** TOTAL:						

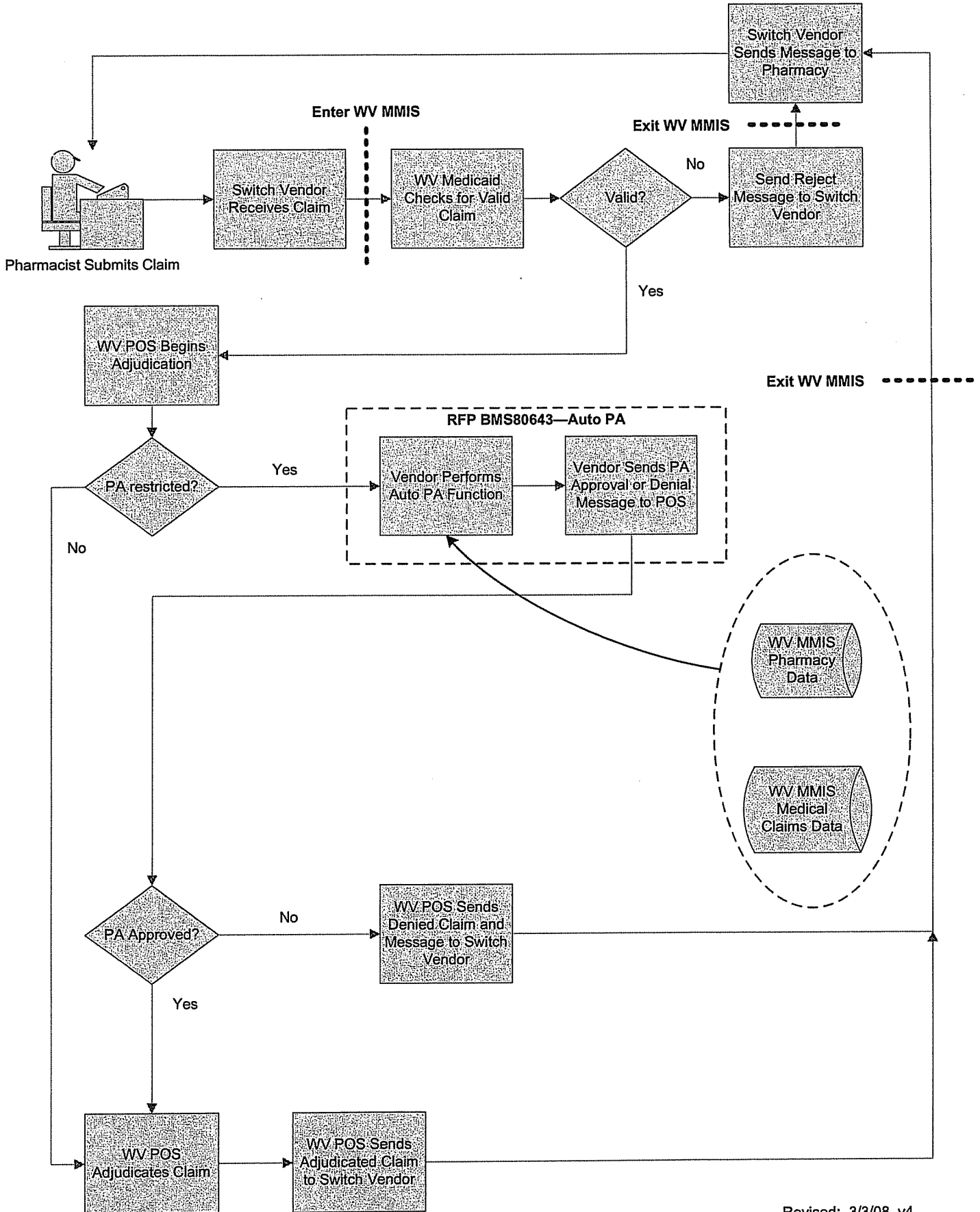
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# Appendix A

## WV MMIS Pharmacy POS Workflow With Automated Prior Authorization System



Request for Proposal Number  
BMS80643

Please Print

Page 1 of 2  
Date: February 7, 2008 at 10:30 AM

**SIGN IN SHEET**

\* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD.  
FIRM & REPRESENTATIVE NAME MAILING ADDRESS

TELEPHONE & FAX NUMBERS

Company: <u>West Virginia Medical Trust.</u>	<u>3001 Chestnutfield Place</u>	PHONE <u>304.346.9864</u> vt.027
Rep: <u>John Marks</u>	<u>Charles town WV 25314</u>	TOLL FREE <u>800.642.8686</u>
Email Address: <u>jmarks@wvmt.org</u>		FAX <u>304.342.9863</u>
Company: <u>GHS Data Management</u>	<u>45 Commerce Dr. Sikes</u>	PHONE <u>207-622-7153</u>
Rep: <u>Eliza Mathias</u>	<u>Augusta, ME 04330</u>	TOLL FREE <u>800-832-9672</u>
Email Address: <u>emathias@ghsinc.com</u>		FAX <u>207-623-5125</u>
Company: <u>HEALTH INFORMATION DESIGNS, LLC</u>	<u>391 INDUSTRIAL DRIVE</u>	PHONE <u>334-466-3096</u>
Rep: <u>JIM WALLACE FOR JIM COLSON</u>	<u>AVRUM, AL 36832</u>	TOLL FREE <u>866-758</u>
Email Address: <u>jim.golson@hiding.com</u>		FAX <u>866-758-9752</u>
Company: _____		PHONE _____
Rep: _____		TOLL FREE _____
Email Address: _____		FAX _____
Company: _____		PHONE _____
Rep: _____		TOLL FREE _____
Email Address: _____		FAX _____

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FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: Ed Dammari Rep: WV BMS Email Address:		PHONE TOLL FREE FAX
Company: ACS Rep: David Deal Email Address: david.deal@acs-inc.com	2810 N. Parkway Pl. Suite 210 Richmond, VA 23294	PHONE 804-965-8288 TOLL FREE FAX
Company: CDI IT SOLUTIONS Rep: HOWIE SWINLEY Email Address: HOWIE.SWINLEY@CDICORP.COM	3200 KANAWHA TURNPIKE, DOWNSIDE S CHARLESTON, WV 25303	PHONE (304) 746-8242 TOLL FREE FAX (304) 746-8271
Company: Rep: Email Address:		PHONE TOLL FREE FAX
Company: Rep: Email Address:		PHONE TOLL FREE FAX