



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  
 BMS80644

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
02/22/2008				

BID OPENING DATE: 03/11/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1 1. TO MOVE BID OPENING DATE OUT FROM 3/4/2008 TO 3/11/2008. 2. QUESTIONS AND ANSWERS ARE ATTACHED. 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.  EXHIBIT 10  REQUISITION NO.: BMS80644  ADDENDUM ACKNOWLEDGEMENT  I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, 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.						

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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02/22/2008				

BID OPENING DATE: 03/11/2008 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>VENDOR MUST CLEARLY UNDERSTAND 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.</p> <p>.....            SIGNATURE</p> <p>.....            COMPANY</p> <p>.....            DATE</p> <p>REV. 11/96</p> <p>END OF ADDENDUM NO. 1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	YR		962-47		
REQUEST FOR PROPOSAL						
***** THIS IS THE END OF RFQ BMS80644 ***** TOTAL:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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**RFP#BMS80644**  
**Coordination of Care**  
**Answers to Questions**

#	RFP Section(s)	Page	Questions & Answers
1.	General		<p><b>Q: After reading the RFP and attending the pre-bid conference it is difficult to envision the system flow as it relates to the proposed system interfaces with the Host MMIS, the Web Portal describe in BMS80645. Is it conceivable that a diagram of the existing system/s and the proposed project as describe be made available. It is difficult to understand the interface requirements.</b></p> <p><i>A: Some of the interfaces may be defined by a vendor's solution; therefore, to define in detail a project "solution" may not take into account a feasible solution. We will provide a general diagram that displays a possible method for connectivity. See Appendix A. Note that the diagram in Appendix A only displays how the requirements in this and the two other related RFPs (BMS80643 and BMS80645) interact within the MMIS POS work flow. The diagram does not include the work flow for all of the requirements represented in the scope of work for this and the other two RFPs.</i></p>
2.	General		<p><b>Q: How does BMS propose the roll out of the proposed system after the testing phase?</b></p> <p><i>A: With the mandatory requirements of an experienced vendor for this project, we would expect a proposed plan from the vendor to include this phase.</i></p>
3.	General		<p><b>Q: Does BMS have a preferred testing plan or does BMS require the vendor to develop the testing plan?</b></p> <p><i>A: With the mandatory requirements of an experienced vendor for this project, we would expect a proposed plan from the vendor to include this phase.</i></p>
4.	General		<p><b>Q: Is a system demo required of the proposed solution and what are the criteria for the demo?</b></p> <p><i>A: A system demonstration is not required for the initial responses to this RFP. Upon evaluation of the proposals, BMS may ask the top one or two vendors to provide demonstrations of their proposed system. Criteria and evaluation scoring will be presented at the time of the request for a demonstration.</i></p>
5.	General		<p><b>Q: What is the anticipated contract signing date for RFP BMS80644 - Enhanced POS Care Coordination System?</b></p> <p><i>A: We estimate this date to be May 31<sup>st</sup>.</i></p>
6.	General		<p><b>Q: Please explain how the Agency envisions the relationship between the three requested solutions in RFPs BMS80643, BMS80644, and BMS80645.</b></p>

#	RFP Section(s)	Page	Questions & Answers
			<i>A: We answer this question with the caveat that the relationship between the three RFPs would depend upon the proposed and selected solutions. There are opportunities for interconnectedness between all three of the applications sought, depending upon vendor capabilities and proposals.</i>
7.	General		<p><b>Q: There appears to be a high degree of interdependence in the requirements of BMS80644 and BMS80645.</b></p> <p><b>Please clarify and/or expound on the intended relationship between the two requested solutions.</b></p> <p><i>A The clinical web portal application must provide a way for pharmacists to bill for cognitive services provided through the POS Coordination of Care application. It must also provide a way for other pharmacists to see if the intervention proposed has already been provided, in order to prevent duplicate messages to medical providers and duplications of cognitive services from pharmacists.</i></p>
8.	General		<p><b>Q: There are clinical and economic synergies gained by integrating the three solutions requested in RFPs BMS80643, BMS80644, and BMS80645.</b></p> <p><b>How should vendors, that are bidding on more than one of the above mentioned RFPs, convey the cost advantages and operational efficiencies to the State by leveraging the vendor's tools across multiple RFPs.</b></p> <p><i>A: Proposals may reference how their solutions could be used in combination with their solutions to the other RFPs, but each proposal will be judged upon its own merits.</i></p>
9.	3.2, 3.2, 3.2.1		<p><b>Q: When a therapy gap or treatment standard deficiency is identified, will the POS claim be denied pending outcome of the pharmacist intervention?</b></p> <p><i>A: Participation in the Coordination of Care program will be voluntary and pharmacists should be warned or alerted to the need to intervene on the member's behalf. Claims will not be denied if the pharmacists do not act on the intervention alert.</i></p>
10.	3.2.2		<p><b>Q: Regarding the provision of algorithms for Agency review and approval, would you please describe the process of approval and the persons or entities to be involved in the approval of the algorithms and/or criteria?</b></p> <p><i>A: BMS may wish to include any number of clinical staff and/or drug utilization review committee members to assist in their review of the proposed solutions.</i></p>
11.	3.2.5		<p><b>Q: Will credentialing require coordination with the State Pharmacy Board?</b></p> <p><i>A: No, unless WV state law or regulations require credentialing at some future time.</i></p>

#	RFP Section(s)	Page	Questions & Answers
12.	3.2.5, 3.2.6		<p><b>Q: Regarding on-site credentialing for pharmacists, would the Agency be open to a web-based process for both initial credentialing and annual re-certification?</b></p> <p><i>A: This could be considered if it is determined that this mode of training is agreeable with participating pharmacists or if demand for training exceeds what is reasonable to present on-site.</i></p>
13.	3.2.7	17	<p><b>Q: Regarding the RFP statement "Vendor to provide ... technical information regarding the website."</b></p> <p><b>Please clarify to what website this requirement is referring?</b></p> <p><i>A: This would be the BMS website or on the vendor's website with a link to BMS's website.</i></p>
14.	3.2.8	17	<p><b>Q: Please provide examples of when the Medicaid member enrollee would call the call center.</b></p> <p><i>A: We would anticipate the member having questions regarding educational/intervention materials they may receive, or questions regarding new prescription medications that may be prescribed for them when gaps in therapy are recognized.</i></p>
15.	General		<p><b>Q. Is this a new purchase? If not, what is the name of the incumbent contractor?</b></p> <p><i>A. This is a new contact.</i></p>
16.	General		<p><b>Q. What is the estimated total value of the contract to be awarded? Will this be a firm-fixed price?</b></p> <p><i>A. Because we use the method of best value purchasing for bid evaluations, an estimated value of a contract is not disclosed to potential bidders. It will be a firm-fixed price contract.</i></p>
17.	General		<p><b>Q. What is the contact information for the Program Manager or Technical Lead for the contract?</b></p> <p><i>A. The program manager is Peggy King, Director of Pharmacy Services and the Technical Lead for the project is Vicki Cunningham, Drug Utilization Review Coordinator.</i></p>



**RFP#BMS80644**  
**Addendum**

**1.9.3** Add the following text: Please provide an electronic copy of the technical proposal in Word format

**1.16 Schedule of Events**

Add the following text: A demonstration of the Vendor's product may be requested during the bid evaluation process.

**Part 3 Procurement Specifications**

**3.1 General Requirements**

Replace all of the text in Sentence 2 with the following text:-This information is to be sent to the pharmacist via an NCPDP transaction and followed with a detailed fax or other electronic method.

**3.1.1 Mandatory Requirements**

Replace all of the text in subsection A and B with the following text:

- A. It is strongly desired that the Vendor provide at least three (3) references from similar projects that the vendor has performed within the past five (5) years. Each referenced project should include at least one key staff member involved in that project.
- B. Vendor's enhanced POS care coordination system must perform the desired activity in an agreed upon time limit, so as not to significantly affect the performance of the POS system.

Add the following subsection with the following text:

- C. The Coordination of Care System should have the same availability requirements as the claims processing system.

**3.2 Scope of Work**

**3.2.1** Replace all of the text in the last sentence in paragraph with the following text: This system will also communicate such findings and recommendations to pharmacy providers via NCPDP transactions, faxes or other electronic methods.

**3.2.2** Replace all of the text in section 3.2.2 with the following text: Vendor is to provide algorithms for BMS review and approval, based on evidence-based standards of care, used to perform searches and identify gaps in therapy for the agreed upon chronic diseases or conditions

**3.2.4** Replace all of the text in section 3.2.4 with the following text: Vendor's system is to utilize the existing pharmacy POS processes, or any upgrades that may be



implemented, and must ensure that the application will not affect the performance of the claims process system established by the POS vendor in an adverse manner. The enhanced POS care coordination system must not cause significant increase in claim processing time or timeouts to occur in the POS system

- 3.2.5** Replace all of the text in section 3.2.5 with the following text: Vendor is to recruit and train pharmacists to participate in the enhanced POS care coordination program and provide on-site credentialing, as agreed upon by the Bureau and the Vendor
- 3.2.6** Replace all of the text in section 3.2.6 with the following text: Vendor is to provide a training manual for each pharmacy provider and access to a website (either the Vendor's or a link to the Vendor's from the BMS website) with technical information, documents, systems information and billing information for pharmacy providers.
- 3.2.12** Replace all of the text in section 3.2.12 with the following text: Vendor is to provide written educational material to Medicaid members (written on an appropriate level) including, but not limited to, a program introduction letter, ongoing intervention handouts, reinforcement materials and a post-intervention letter. Vendor will pay the postage.
- 3.2.13** Add the following text: Survey is to be performed annually.
- 3.2.14** Add the following text: Reports are also to include the processing time it took to complete the Coordination of Care review and return a message to the POS.
- 3.2.16** Replace all of the text in section 3.2.16 with the following text: Vendor is to assist the Bureau in preparing a State Plan Amendment (SPA) and financial impact statement, if required, in order to reimburse pharmacy providers for professional services rendered through the POS care coordination program.

#### **Part 4 Proposal Format**

##### **Section II Vendor Experience and Qualifications**

The Vendor should discuss its experience and capability related to the following tasks:

Add the following bullet point and text:

- Demonstration of proposed or similar software solution to be provided.

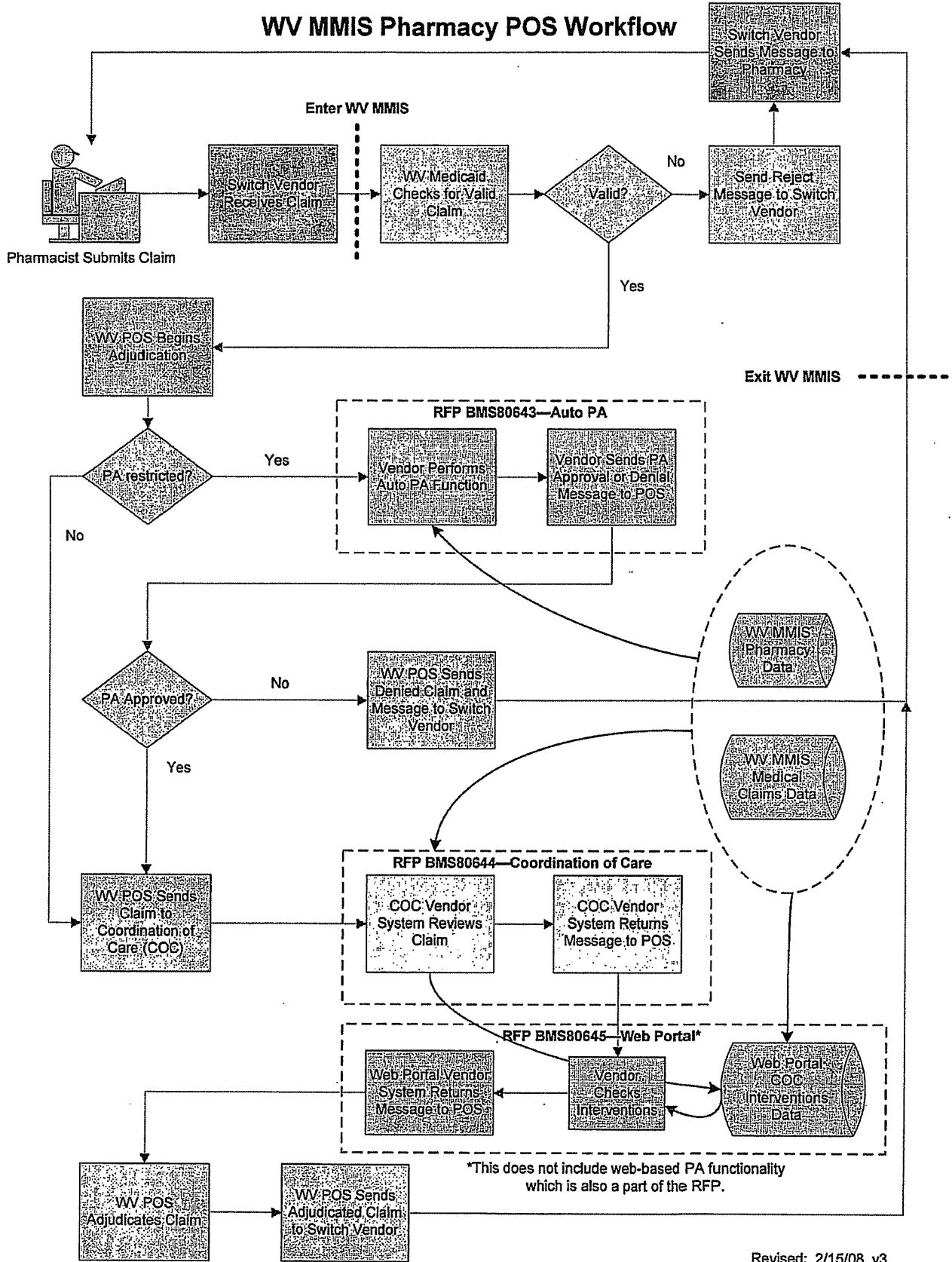
**Section IV-Project Work Plan**

Replace all of the text in sentence 1 with the following text: Vendor shall provide a proposed work plan, by task, discussing its approach to providing a *POS coordination of care system*.

**Purchasing Affidavit**—An updated version is provided separately.

**Appendix A**

**WV MMIS Pharmacy POS Workflow**



Request for Proposal Number  
BMS80644

**SIGN IN SHEET**  
Please Print

Page 1 of 1  
Date: February 8, 2008 at 1:50 PM

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

Company: <u>CDI IT SOLUTIONS</u>	<u>3300 FAULTER TRL</u> <u>WILSON, VA 24185</u>	PHONE <u>(304) 746-8243</u>
Rep: <u>HORNER SWEENEY</u>		TOLL FREE
Email Address: <u>horner.sweeney@cszcorp.com</u>		FAX <u>(304) 746-8271</u>
Company: <u>HEALTH INFORMATION DESIGNS, INC.</u>	<u>391 INDUSTRIAL DRIVE</u> <u>AUBURN, AL 36832</u>	PHONE <u>334-466-3046</u>
Rep: <u>JIM WAHCE FOR JIM GILSON</u>		TOLL FREE
Email Address: <u>jim.gilson@hidinc.com</u>		FAX <u>866-758-9752</u>
Company: <u>AOS MORTGAGE</u>	<u>2810 N. PARKWAY RD.</u> <u>SUITE 210</u> <u>RICHMOND, VA 23294</u>	PHONE <u>804-965-8288</u>
Rep: <u>DAVID DEAL</u>		TOLL FREE
Email Address: <u>David.deal@acs-inc.com</u>		FAX <u>804-694-0644</u>
Company:		PHONE
Rep:		TOLL FREE
Email Address:		FAX
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Email Address:		FAX

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STATE OF W. VA.

Mandatory Vendor Prebid Conference for BMS80644