



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
CHP86030

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
**KRISTA FERRELL
 304-558-2596**

PURCHASER

**RFQ COPY
 TYPE NAME/ADDRESS HERE**

SHIP TO

**WEST VIRGINIA CHILDRENS HEALTH
 INSURANCE PROGRAM
 SUITE 209
 1018 KANAWHA BOULEVARD, EAST
 CHARLESTON, WV
 25301 304-558-6655**

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
04/16/2008				

BID OPENING DATE: **05/20/2008** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		915-58		
<p>HELP LINE AND MAILING SERVICES</p> <p>REQUEST FOR QUOTATION OPEN END CONTRACT</p> <p>THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM, IS SOLICITING BIDS TO PROVIDE THE AGENCY WITH TELEPHONE HELP LINE SERVICES AND MAILING OF PROGRAM MATERIALS TO APPLICANTS AND CLIENTS OF THE WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM PER THE ATTACHED SPECIFICATIONS.</p> <p>A MANDATORY PRE-BID MEETING WILL BE HELD ON WEDNESDAY, APRIL, 30, 2008 AT 02:45 PM IN BUILDING #15 LOCATED AT 2019 WASHINGTON STREET IN CHARLESTON, WEST VIRGINIA. ALL VENDORS WISHING TO SUBMIT A BID FOR THIS PROJECT ARE REQUIRED TO ATTEND THIS MEETING. ANY VENDOR FAILING TO ATTEND WILL BE DISQUALIFIED FROM BIDDING ON THIS PROJECT. NO ONE PERSON MAY REPRESENT MORE THAN ONE VENDOR.</p> <p>TECHNICAL QUESTIONS CONCERNING THIS PROJECT MUST BE SUBMITTED IN WRITING TO KRISTA FERRELL IN THE WEST VIRGINIA PURCHASING DIVISION VIA MAIL AT THE ADDRESS SHOWN IN THE BODY OF THIS RFQ, VIA FAX AT 304-558-4115, OR VIA EMAIL AT KRISTA.S.FERRELL@WV.GOV. TECHNICAL QUESTIONS MAY ALSO BE SUBMITTED DURING THE MANDATORY PRE-BID MEETING. TECHNICAL QUESTION INCLUDE, BUT ARE NOT LIMITED TO: SCOPE OF WORK, SERVICES REQUIRED,</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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**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.

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
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<p>MATERIALS, ETC. DEADLINE FOR ALL TECHNICAL QUESTIONS IS MAY 05, 2008 AT THE CLOSE OF BUSINESS. ALL TECHNICAL QUESTIONS RECEIVED, IF ANY, WILL BE ANSWERED BY ADDENDUM AFTER THE DEADLINE. QUESTIONS CONCERNING THE ACTUAL PROCESS BY WHICH A VENDOR MAY SUBMIT A BID TO THE STATE OF WEST VIRGINIA ARE NOT CONSIDERED TO TECHNICAL QUESTIONS AND MAY BE SUBMITTED AT ANY TIME PRIOR TO THE BID OPENING AND IN ANY FORMAT.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN</p>						

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<p>NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED</p>						

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<p>DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 04/11/2001</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>EXHIBIT 10</p> <p style="text-align: right;">REQUISITION NO.:</p> <p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO.'S:</p> <p>NO. 1</p> <p>NO. 2</p> <p>NO. 3</p> <p>NO. 4</p> <p>NO. 5</p>						

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<p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <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>VENDOR PREFERENCE CERTIFICATE</p> <p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p>						

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<p>() BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A CORPORATION NONRESIDENT VENDOR WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID; OR () BIDDER IS A NONRESIDENT VENDOR EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM</p>						

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7

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<p>OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL.</p> <p>UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p>						

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<p>BIDDER: -----</p> <p>DATE: -----</p> <p>SIGNED: -----</p> <p>TITLE: -----</p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p>						

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RFQ. NO.:				CHP86030		
BID OPENING DATE:				MAY 20, 2008		
BID OPENING TIME:				1:30 PM		
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						

CONTACT PERSON (PLEASE PRINT CLEARLY):						

***** THIS IS THE END OF RFQ CHP86030 ***** TOTAL:						_____

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WEST VIRGINIA CHILDREN'S HEALTH INSURANCE AGENCY
REQUEST FOR QUOTATION

BACKGROUND

The West Virginia Children's Health Agency (the Agency) administers a publicly funded insurance program that provides health care coverage for about 40,000 children of working families each year through the West Virginia Children's Health Insurance Program (WVCHIP). WVCHIP has a projected enrollment of 39,000 for the 2008 calendar year. Monthly enrollment approx. 25,000 with an average of 1,000 new enrollees and 900 disenrollees per month. The WVCHIP program provides helpline services and mailing of program materials to applicants and clients through a service provider. The Agency is seeking one vendor to handle all its customer service needs between the hours of 8:00 am and 8:00 pm Mondays through Fridays, and an 8 hour shift on Saturdays.

CALL AND MAILING DATA

Total calls to the helpline service were 24,329 for the months of December 2006 through December 2007 for an average of 1,871 per month during the period. Total applications mailed from this service center were 5,875, for an average of 451 per month for this period. Summary Plan Descriptions mailed for the months of December 2006 through December 2007 were 384 for the year, for an average of 30 per month for the period.

SCOPE OF WORK

1. Operating Schedule

The contractor will provide an operator assistance toll-free telephone line with hours of operation from 8:00am to 8:00pm Mondays through Fridays, and a 6 hour shift on Saturdays, scheduled within an 8:00am to 5pm time frame. The contractor will operate after hours messaging services for all non-operator service hours including weekends and holidays.

2. Incoming Calls and Periodic Outgoing/Informational Calls

All incoming call data is reported monthly to the Agency (see Exhibit 1). The vendor is also expected to make outgoing calls for the following purposes:

- **To encourage members to complete the form to select a medical home.**
 - **An average of 480 calls per month which would be completed using a "simple message broadcast methodology" to reduce cost.**
- **To make brief surveys of members or providers at the Agency's request (not more than once or twice a year).**

3. Operator Training on Agency Information and Referral

While it is the responsibility of the vendor to provide operator training, the Agency will provide at least twelve hours of onsite training within the first 30 days of the contract period and 4 to 8 hours hereafter annually. The vendor must assure its operators are: 1) trained in the following areas of program information; 2) know how to check information in certain Agency related databases needed in order answer customer questions; and 3) make referrals to assist customers with services provided in other partner agencies or community agencies.

Operators must be familiar with the contents of these documents: the application form and application guide; the benefits booklet known as the Summary Plan Description, and documents found at the Agency's website www.wvchip.org.

Also operators must know how to:

- A. Check whether or not the applicant's eligibility status is entered within the RAPIDS system.
- B. Ask customers calling for applications about internet access and encourage those who can to apply online at www.wvinroads.org by explaining its benefits.
- C. Explain basic program information found in the Application, Summary Plan Description, and Provider Guide.
- D. Refer billing questions about medical and dental claims to the customer service section of the Agency's third party administrator (TPA).
- E. Refer billing questions about pharmacy claims payments to the Agency's pharmacy benefits manager (PBM); also, order duplicate cards from the PBM.
- F. Assist customers in meeting other service needs not covered by WVCHIP by referral to public health service networks operated by the Office of Maternal Child and Family Health, or through the statewide 2-1-1 information number for all kinds of human and social services.
- G. Know how to provide for translation services and hearing impaired (TDD) services.
- H. Provide information or explanation of health campaigns or current events for which the Agency has provided written or posted information.
- I. Provide the same information and service above to any referrals or calls from the 1-877 National Insure Kids Now website: www.insurekidsnow.gov
- J. Complete an online application for the customer at www.wvinroads.org, particularly if they are having difficulties with the process or are struggling to meet enrollment/reenrollment deadline.
- K. Refer back any questions to Agency personnel for questions beyond the scope of information contained in program materials. Such referrals will be made by e-mail to a designated Agency representative explaining the nature of the inquiry. Only in emergency cases should calls be referred back to the Agency.

4. Performance Standards

The vendor will assure telephone lines and operators to meet these performance standards:

- A. The line abandonment rate shall not exceed 3%
- B. The line busy rate shall not exceed 5%
- C. 98% of all calls will be answered by the third ring
- D. 90% of the time, the call hold rate shall not be longer than two minutes
- E. All messages taken during after hours and pended calls requiring a callback will receive a response within 24 hours Monday through Friday and within 72 Hours on weekends and holidays
- F. Request for applications and renewal applications will be filled & mailed on same day requested

5. Mailings

- A. The vendor will be responsible for the daily mailings and distribution of the CHIP Summary Plan Description (SPD) to new enrollees, applications (new and renewal), medical home forms, and additional program information.
- B. The vendor will establish a postage permit # account with a local post office that will be directly funded by the Agency.
- C. The vendor may be asked to mail materials related to special campaigns or events once or twice a year. This will be a pass through cost and the vendor will attach U.S. Postal receipts with invoices submitted monthly.
- D. The vendor will be responsible for the mailing of medical home forms as members request them.

6. Electronic Data Systems Access

The vendor will be required to establish and maintain connectivity using a T-1 line with the following electronic systems necessary for use by operators under this contract:

A. **RAPIDS** (Recipient Automated Payment and Individual Data System) – This is the eligibility determination system operated by West Virginia Department of Health and Human Resources (WVDHHR). The vendor must assure all operators complete a RAPIDS access form to the Agency for approval and a Criminal Background Investigation check at the vendor's cost. Specific documentation and instructions for CIB check will be provided to the successful bidder. In the state of WV, CIB checks by the state police cost \$20.00 each.

B. **InROADS** – This is an online application system operated by the WVDHHR. Operators will complete application information for callers upon request. Access to this system requires vendor to sign an agreement as a “community partner” and also agreements

are required for individual users.

C. WVCHIP Eligibility Database (also referred to as “Crystal” database) – Information on all enrolled participants in the program. This database allows the operator to find the level of CHIP plan the member is enrolled in since the level of copayment changes with the level of plan. All operators will have inquiry ability.

D. The Pharmacy Benefits Manager (PBM) Enrollment Data – This is used to order duplicate cards and also to upload or correct member information when appropriate. The contractor will designate a few employees with clearance to make changes and updates. All operators will have inquiry ability.

E. PEIA FTP (File Transfer Protocol) site – New member files will be accessed here daily by the Contractor. Summary Plan Descriptions will be mailed to each new member. The contractor will designate 2 to 3 employees to access the FTP site.

7. Other Provisions

A. The ownership of the Toll Free WVCHIP Hotline **1-877-WVA-CHIP (1-877-982-2447)** remains with the WVCHIP Program, but as the listed operator of the line the vendor will be responsible for monthly payments of the bill. WVCHIP is to be listed as an alternate contact with full access to the account.

B. The successful vendor must have a fully functional disaster recovery plan prior to award and provide the Agency with a summary of the plan that includes: a description of system back-up procedures, how often tested, and when was the date of last test, how the vendor will transfer access WVCHIP call systems in an emergency. The vendor must have a written description of the above procedure and process.

C. On prior notice from the Agency, the contractor must be able to provide additional resources to augment customer line services at peak times, for example: a major media promotion or a scheduled re-enrollment period. This is not expected to be needed more than once or twice a year.

Mandatory Products for this Contract

- A. The contractor will monitor all performance standards under Scope of Work, Item #4 on a weekly basis and provide the Agency with a report with weekly breakouts for each month.
- B. The contractor will produce special reports or analyses as requested.
- C. Senior contractor staff will meet with Agency staff on an as needed basis, but not more than quarterly with any travel at the vendor’s expense. The Agency will also make annual site visits to contractor’s place of operations to assure contract performance. The Agency will make two site visits in the 1st quarter of initiating the contract, one of which will be for training purposes. Other site visits will be one per year thereafter for the life of the contract.
- D. The contractor will not disseminate any materials or information that has not been

reviewed and approved by the Agency.

- E. The contractor will have the capability to send automated phone broadcast messages for Medical Home selection reminders and quote this service per call separately.

Pricing Schedule for the Contract

- A. With the exception of the pass through cost items listed below, the bidders will quote a **Per Call Price** which is all inclusive and will be invoiced monthly.
- B. Pass Through Costs will include:
- 1) Necessary postage for agency mailings at lowest U. S. Postal Service available rates. Postal receipts will be attached with the monthly invoices.
 - 2) Extraordinary supplies associated with any special outreach projects requested by the Agency. Copies of manufacturer's or supplier's invoices will need to be attached to the monthly invoices when requesting reimbursement.
 - 3) Outgoing calls for brief member surveys as requested by the Agency. These calls will be paid at the "all inclusive rate".
 - 4) Automated phone broadcast calls completed during the month. These will be priced at mass broadcast rate totally different from the "all inclusive rate"

Reporting

A. Monthly Summary Report and Invoice:

These are due by the 15th of each month for the proceeding month. The summary report should be submitted electronically in Excel format along with the monthly invoice to:

Stacey.L.Shamblin@wv.gov

Brenda.K.Jones@wv.gov

Sharon.L.Carte@wv.gov

Hank.H.Woodson@wv.gov

Wanda.F.Casto@wv.gov

See attached example: Exhibit 1

The monthly report summarizes call statistics and is formatted into four sections. Data are reported by week, and the first date of the week is used to label the columns across the top of the page. The last two columns of the report are used to list monthly averages, and averages maintained since the start of the contract period.

B. Monthly Inventory Report:

The Contractor will also be required to send a monthly inventory report to:

Stacey.L.Shamblin@wv.gov

Hank.H.Woodson@wv.gov

Wanda.F.Casto@wv.gov

See attached example: Exhibit 2

Monthly Report Line Definitions:

Section One: Call Statistics:

1. Number of Calls - the total number of calls received by the Helpline. This measure will include all answered calls as well as calls that were either lost or abandoned.
2. Average Queue Time - the average amount of time that calls are in queue waiting to speak with an operator.
3. Average Length of Call - the average amount of time it takes to complete each call and includes time the call is in queue.
4. Busiest Time of Day - these are the three one hour periods in a 24 hour period, displayed highest to lowest, in which most calls are received. Times should be reported in EST.
5. Lost Call Rate - this is the number of calls which were abandoned before contact with a live operator and identification of the caller.

Section Two: Application Assistance and Mailings:

1. InROADS Submittals – The number of applications completed and submitted by the Call Center through InROADS and the signature page printed and mailed to the caller so the caller can submit the page along with appropriate documentation to DHHR.
2. InROADS Mailed - the number of applications filled out for families and then mailed to the family so the family may submit the application themselves.
3. Assist with Application - number of calls to which Call Center provided assistance to caller for filling out an application or the application process.
4. Online Referrals - number of calls that were referred to WVCHIP

website to obtain a copy of the CHIP application and application guide so the family may complete and submit the application themselves, or referred to www.wvinroads.org.

5. Applications Mailed - the number of applications mailed to families so they may complete and submit the applications themselves. Note: Applications mailed are also reported under the Mailings section of the report.

Section Three: Referrals

1. Wells Fargo, TPA -The number of calls referred to Wells Fargo, TPA.
Calls will be referred to Wells Fargo for medical or dental claims, payment questions or appeals, pre-certification or prior authorizations for services.
2. DHHR - The number of calls referred to DHHR for questions regarding eligibility or the application process, or questions about enrollment in other programs, for example Food Stamps, TANF, or Medicaid.
3. Change Center - The number of calls referred to DHHR-Change Centers for address or phone number changes, or to report changes in income or family size, or birth of a newborn.
4. CHIP Office - The number of calls referred to WVCHIP offices for issues that cannot be resolved through referrals to other agencies.
5. Express Scripts - The number of calls referred to Express Scripts, Inc. These calls should include questions about prescription drug benefits or claims.
6. Maternal Child and Family Health - The number of calls referred to Maternal Child and Family Health for issues related to pregnancy, family planning, pharmacy, and primary care, particularly in rural areas.
7. Primary Care Clinics/County Health Department - Number of calls referred to clinics or county health departments for medical care.

Section Four: Types of Inquiries:

1. Application Status - The number of calls requesting CHIP application status. The application status is determined by checking RAPIDS.

2. Benefit Questions - The number of inquiries about CHIP benefits. This should also include any calls referred to Wells Fargo, Express Scripts, or the CHIP office with questions about benefits.
3. Co-pay Status – Three different levels of co pays exist for three income levels of premium payment.
4. CHIP Premium - The number of inquiries received regarding co-pay status. Co-pay status is confirmed by checking the CHIP database.(Crystal)
5. Eligibility - Number of inquiries about CHIP eligibility.
6. Express Scripts Update - Number of inquiries requiring Call Center to update ESI's Online Eligibility system (OLE) with enrollment information by confirming eligibility in RAPIDS and the CHIP database.
7. General CHIP Information - Number of inquiries about general CHIP information, such as application process, program offices, or anything that is not covered under another heading.
8. Has Other Coverage - Number of inquiries related to the other insurance coverage issues.
9. Income Guidelines - Number of inquiries requesting the specific Income Limits used in determining CHIP eligibility and how to calculate income as explained in the Application Guide accompanying the hard copy of the application.
10. Eligibility Verification for Provider: Number of calls requiring verification of CHIP eligibility for providers. Eligibility is verified by checking RAPIDS and the CHIP database.
11. Promotional/Printed Outreach Materials: The number of calls requesting CHIP promotional or printed materials for outreach activities.

Note: Sections Two, Three, and Four categorize the total calls summarized in Section One. Many calls will fall into more than one category, but calls should be included in only one category for this report. The first question the caller asks should determine the category that includes the call for this report.

Section Five: Mailings

1. Total mailings - the number of packages mailed on behalf of CHIP.
2. Mailed applications with Guides - include number mailed with postage

rate for each.

3. Mailed renewal application - include number mailed with postage rate for each.
4. Summary Plan Description (SPD)-Include number mailed with postage rate for each.
5. Provider Guides - include number mailed with postage rate for each.
6. Outreach materials for community groups - include a summary of the number mailed by package size as well as the applicable postage rate for each. Also include detail of individual mailings.
7. Other mailings - other types of mailings not specified above with the applicable postage rate for each.
8. Please note that postage rates are listed in the row headings of the monthly report for each type of mailing. The monthly report should balance to the number of calls and postage on the monthly invoice submitted by the Call Center.

Exhibit 2***Inventory List as of October 31, 2007***

<i>Summary Plan</i>	1,312
<i>Descriptions</i>	
<i>Renewal Applications</i>	1,132
<i>Applications</i>	2,903

SAMPLE

PRICE SHEET

All vendors should complete the below pricing table. It is strongly preferred that this table be used in lieu of separate quote.

Description	Estimated Quantity	Unit Cost	Extended Cost
Call Services:			
Calls Received by Helpline	24,329	\$	\$
Outgoing Calls to Members	1,000	\$	\$
Automated Phone Broadcast Calls	5,760	\$	\$
Mailings:			
Applications with Guides	3,000	\$	\$
Renewal Applications	3,000	\$	\$
Summary Plan Descriptions	7,500	\$	\$
Outreach Materials	250	\$	\$
		Grand Total:	\$

****The above quantities are estimated for bid evaluation purposes only. Actual quantities ordered may differ.**

RFQ No. _____

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: 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 the debt owed is an amount greater than one thousand dollars in the aggregate

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.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "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 exceed five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this 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.

LICENSING: Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agencies or political subdivision. Furthermore, the vendor must provide all necessary releases to obtain information to enable the Director or spending unit to verify that the vendor is licensed and in good standing with the above entities.

CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name: _____

Authorized Signature: _____ Date: _____