

VENDOR

RFQ COPY

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

RFQ NUMBER	( A ( )
EHP11008	

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304-558-0067

ADDRE	SS CORRESPON	DENCE TO ATTENTIO	N OF:
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HEALTH AND HUMAN RESOURCES BPH - EPIDEMIOLOGY AND HEALTH PROMOTION VARIOUS LOCALES AS INDICATED

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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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
- 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, 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.
- 5. Payment may only be made after the delivery and acceptance of goods or services.
- 6. Interest may be paid for late payment in accordance with the West Virginia Code.
- 7. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
- 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 12. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 13. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
- 14. 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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf.
- 15. 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, and the West Virginia Insurance Commission. 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.
- 16. ANTITRUST: In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

#### **INSTRUCTIONS TO BIDDERS**

- 1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
- 2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
- 4. 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: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
- 5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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

## Request for Quotation

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ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER 304-558-0067

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HEALTH AND HUMAN RESOURCES
BPH - EPIDEMIOLOGY AND
HEALTH PROMOTION
VARIOUS LOCALES AS INDICATED

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TERMS OF SALE

### Request for Quotation

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ROBERTA WAGNER 304-558-0067

F.O.B.

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BPH - EPIDEMIOLOGY AND
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Addendum #1 EHP11008 July 27, 2010

1. Question: Can you share your FY2009 annual budget for the quit line?

Answer: October 2008- through September 2009 expenditures were \$988,240.

2. Question: Can you share your FY2010 annual budget for the quit line?

Answer: October 2009 through June 2010 expenditures were \$790,757.

3. Question: Can you specify any specific customer service issues with the current vendor that you are hoping can be resolved with a new vendor?

Answer: None at this time.

4. Question: What historically have been your quit rates?

Answer: 26-30%

5. Question: Based on prior data, can you provide the total number of all calls, broken down by caller type as defined by the MDS (health care providers, proxy, participants, etc.) to the quitline? Also, can you provide the percent of total callers who subsequently register for the program?

Answer: In 2008 and the first six months of 2009(most current data available) the Quitline received 39,602 calls and enrolled 8,077 West Virginians which is approximately 20%. We are in negotiations at the present time to obtain transparency on all MDS data information.j

6. Question: Can you elaborate on both the frequency and scope you anticipate requiring for research support?

Answer: See Section 2.2A. On an as needed basis.

7. Question: Are you willing to share your RFP scoring criteria?

Answer: This is not a Request for Proposal (RFP) but is a Request for Quote (RFQ) which requires that all requested specifications must be met. Low bid meeting specifications, will be awarded the bid.

8. Question: Within the cost model, there is not a line item for ad hoc calls. Are these reimbursable or should anticipated costs for these call types be accounted for within the given line item costs?

Answer: All required calls are outlined on the cost sheet. Any costs for additional calls not specifically listed would be included as part of Extended Phone Coach Service (#2 on the Revised Cost Sheet).

9. Question: Do you have any specific requirements for the website services that you could provide to prospective bidders?

Answer: See Section 2.1G

10. Question: Is there preference given to vendors who provide services from within the State of West Virginia? If so, can you describe?

Answer: See page 23 of the RFQ.

11. Question: How should a Corporation go about completing the Federal Program Participation, Acknowledgement, Authorization, Consent and Release Form on PG 25 of the RFQ? Would be simply sub our EIN for the SS# and leave off the DOB, and Drivers License Number Info?

Answer: The "owner" of the corporation bears the burden of certifying that he nor anyone at his corporation or anyone he does business with has been debarred or sanctioned. The information provided should be his information as related to his corporation.

12. Question: Is there a limit to number of pages for this response to WV?

Answer: No

13. Question: Is there a limit to number of attachments to this response to WV?

Answer: No

14. Question: Is there a specified hour prior to the 1:30PM deadline on 8/10/10 when the bid package should be delivered to Washington St., East?

Answer: The bid package should be delivered and stamped in any time prior to 1:30 PM on 8/10/10. Office hours are 8 AM to 5 PM.

15. Question: PG 8 states that the purpose of this project is to offer free services to WV residents who are uninsured as well as fall into specific special population groups. What about potential callers who may not fit into any of these groups?

Answer: All West Virginian's are covered for Quitline services. The second paragraph of Section 1.1 is modified to read: The mission or purpose of the project is to provide tobacco cessation Quitline services to all West Virginians including those who are uninsured, as well as some targeted, special populations (I.E. – pregnant smokers and their immediate household family members who smoke, active and reserve military personnel and their immediate family members, all youth under age 24, all senior residents over age 65, etc.)

16. Question: PG 25 requests a background check requiring personal information including a Social Security number. How should a Corporation go about completing this form?

Answer: See answer to Question #11.

17. Question: Is the Estimated Volume as outlined for each line item on PG 21 is for a 1 year period.

Answer: Yes, see revised attached Cost Proposal now changed to read Estimated Annual Volume.

18. Question: PG 21, 3. Nicotine Replacement Therapy item 1: Nicotine Patch 28mg. Is this meant to be 21mg?

Answer: Yes, See revised cost proposal attached.

19. Question: PG 21, 3. Nicotine Replacement Therapy: Does WV wish to see estimated total costs under column heading "Division of Tobacco Prevention" per line item? If so what estimated volumes should be used?

Answer: Yes, See revised cost proposal attached.

Please note: Page 10, Section 2.1 E has been removed from the RFQ.

#### **REVISED COST PROPOSAL**

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Description of Service	Pricing of Service	Unit of Measure	Estimated Annual Volume	Division of Tobacco Prevention
A. Division of Tobacco Pre	vention Service	es		
Eligibility Verification:		Per enrolled person	4,000	
Extended Phone Coach costs for up to 4 calls per			lucational ma	aterials, phone
First Telephone Call		Per Call	4,000	
Second Telephone Call		Per Call	3,800	
Third Telephone Call		Per Call	3,600	
Fourth Telephone Call		Per Call	3,000	
3. Nicotine Replacement	Therapy (4 wee	ks supply)		
Nicotine Patch 21 mg		Per Shipment*	2,000	
Nicotine Patch 7mg & 14mg		Per Shipment*	2,000	de disconsistence de la constanta de la consta
Nicotine Gum 2mg		Per Shipment*	1,500	
Nicotine Gum 4mg		Per Shipment*	1,500	
Nicotine Lozenge		Per Shipment*	1,000	
4. Website Maintenance		Per month	12	
<ol> <li>Evaluation: evaluation vendor's cost. Special F DTP when deemed app</li> </ol>	Project Research	cted by an <i>indepe</i> ch is to be conduct	<i>ndent</i> sub-veed on an as	endor, at the needed basis for
Evaluation		Per month	12	
Research		Per month	12	
		To	tal for DTP	

\*Per shipment defined as one four week supply of NRT delivered to enrollee after eligibility verified, and a second four week supply delivered only when requested by the enrollee. Cost shall include shipment fees. This system has been used successfully in the past to decrease non-compliancy of enrollees.

Cost per shipment of NRT to include mailing fees.

Signature of Authorized Representative

sþ	ecifications.
1.	Designated Project Administrator.
2.	In written response to this RFQ, the vendor must meet all requirements within the specification. By signing the bid, the vendor is agreeing to meet these requirements.

Date

The award will be made to the vendor with the lowest overall cost who meets

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# SIGN IN SHEET

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Request for Quote No. EHP11008

PLEASE PRINT

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

TELEPHONE & FAX

PHONE 34-345-6800 ext330 PHONE (304) 424-5001 ext132. 3921 PHONE 617-756-933 FAX (17-128-3535 PHONE 304.558-8584 FAX 304-345-3009 NUMBERS PHONE 304-558-8581 1. Ogusude Omail, WVU. edg GOgwude, WVFSRS Egmail COMFAX (364) 424-FREE TOLL FREE FREE FREE FRE FÆ FAX 350 Capital Sy RMSIR Charleston, WV 2530 PARKERS BUKG, WIV 26101 WV 2530 WV FAMILY SUPPORT & REHABSUCS 521 MARKETST. #3 are spoketang with P ts MAILING ADDRESS ンこたの 350 Capital St-Room 519 Charleston WV 2530 Boston MA har beston 0 Email Address: Janna, locak II(0) has Hhuxuys. Cow Email Address: Dong.L. Mc(orn) + @ wygov Company: Healthways ChitNot LLC Email Address: Nilu. Wynng Debetter.net FIRM & REPRESENTATIVE NAME Email Address: Curl. 9, godby C WY. 90V Company: Dong, Mc Cornick Purchesing Janua Lacalel TONY JACK Mile home Email Address: Dimmanue **Furchasing** Company: be Better company: (Vrt Godby 15PH E Co Company: Rep: Rep: Rep: Rep: Rep: