



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

# State of West Virginia Master Agreement

Order Date: 08-27-2024

CORRECT ORDER NUMBER MUST  
 APPEAR ON ALL PACKAGES, INVOICES,  
 AND SHIPPING PAPERS. QUESTIONS  
 CONCERNING THIS ORDER SHOULD BE  
 DIRECTED TO THE DEPARTMENT  
 CONTACT.

<b>Order Number:</b>	CMA 0506 2936 BPH2400000001 2	<b>Procurement Folder:</b>	1295981
<b>Document Name:</b>	Medical Supplies for WVDHHR/BPH Offices	<b>Reason for Modification:</b>	
<b>Document Description:</b>	Medical Supplies for WVDHHR/BPH Offices	Change Order No. 1 To change ending date of service to 05/02/2025 to align with the expiration date of MMCAP Infuse Agreement MMS2200736.	
<b>Procurement Type:</b>	Central Master Agreement		
<b>Buyer Name:</b>			
<b>Telephone:</b>			
<b>Email:</b>			
<b>Shipping Method:</b>	Best Way	<b>Effective Start Date:</b>	2023-09-01
<b>Free on Board:</b>	FOB Dest, Freight Prepaid	<b>Effective End Date:</b>	2025-05-02

VENDOR		DEPARTMENT CONTACT																					
<b>Vendor Customer Code:</b>	000000110771	<b>Requestor Name:</b>	Jodie F Miller																				
MCKESSON MEDICAL SURGICAL GOVERNMENT SOLUTIONS LLC 9954 MAYLAND DR STE 5176		<b>Requestor Phone:</b>	(304) 356-4057																				
HENRICO VA 23233 US		<b>Requestor Email:</b>	jodie.f.miller@wv.gov																				
<b>Vendor Contact Phone:</b>	999-999-9999 Extension:	<div style="font-size: 48px; font-weight: bold;">2025</div> <div style="font-size: 24px; font-weight: bold;">FILE LOCATION</div>																					
<b>Discount Details:</b>																							
	<table border="1"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>				Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No		
	Discount Allowed			Discount Percentage	Discount Days																		
#1	No			0.0000	0																		
#2	No																						
#3	No																						
#4	No																						

INVOICE TO	SHIP TO
VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER	VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER
No City WV 99999	No City WV 99999
US	US

8/29/24 01

Purchasing Division's File Copy

<b>Total Order Amount:</b>	Open End
----------------------------	----------

CA 8/28/24  
**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *Tanya 8/28/24*  
 ELECTRONIC SIGNATURE ON FILE

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
 DATE: *John S. Gray*  
 ELECTRONIC SIGNATURE ON FILE

**ENCUMBRANCE CERTIFICATION**  
 DATE: *[Signature]*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order No. 1

To change ending date of service to 05/02/2025 to align with the expiration date of MMCAP Infuse Agreement MMS2200736.

No other changes.

All provisions of the original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	42000000			EA	0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
				0.00	

**Commodity Line Description:** Medical Equipment and Accessories and Supplies

**Extended Description:**

Pursuant to the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Agreement of Understanding, the West Virginia Department of Health and Human Resources is contracting with McKesson to provide medical supplies at various department locations as ordered for the period of September 1, 2023 through August 31, 2024.

Accurate as of June 23, 2023

The most current version  
**AGREEMENT FOR MMCAP INFUSE NO. MMS2200736**  
<https://members.infuse-mn.gov/contract-documents>.

THIS Agreement ("Agreement") is entered into as of the Effective Date by and between the State of Minnesota acting through its Commissioner of Administration ("Minnesota") on behalf of MMCAP Infuse ("MMCAP Infuse") and McKesson Medical-Surgical Government Solutions LLC, a limited liability company located at 9954 Mayland Drive, Suite 5176, Henrico, VA 23233 ("Vendor" or "MMSGs").

**Agreement Term:**

1. **Effective Date:** May 2, 2023 or the date MMCAP Infuse obtains all required signatures as required under Minnesota Statute, whichever is later.
2. **Expiration Date:** May 2, 2025.
3. The Agreement Term may be extended upon mutual agreement of MMCAP Infuse and Vendor in accordance with Minn. Stat. § 16C.06, Subd. 3b.

*Robert Price*  
Agree

**AGREEMENT COMPONENTS**

The following components are the Agreement; all referenced Prefix and Attachments, are attached and incorporated into this Agreement.

1. **Prefix A: Definitions**
2. **Attachment A: Products and Pricing**
  - **A-1: Core**
  - **A-2: Discounts and other Cost Saving Opportunities**
  - **A-3: MMCAP Infuse Loaded Product Categories, Vendors, and Mark-Ups**
  - **A-4: Vendor Exclusive Brands**
  - **A-5: Additional Exceptions to Prohibited Products**
3. **Attachment B: Alternative Product Categories**
4. **Attachment C: Services**
5. **Attachment D: Member Onboarding Forms**
6. **Attachment E: Reporting Requirements**
7. **Attachment F: MN Statutory Language**
8. **Attachment G: Return Goods Policy**

**ARTICLE I**  
**PRODUCTS**

- 1.1 **Product Categories.** The four to eight (4-8) digit United Nations Standard Products and Services Code (**UNSPSC**) for a Product will establish the default classifications. The parties may establish alternative classifications or provide clarifications in **Attachment B**.
- 1.2 **Core.** These are Products that are specifically identified on a "line-item" basis on **Attachment A-1**.
  - A. **Package Size:** All package size offerings for that Product will be considered part of the Core list.
  - B. **"Annual Refresh":** Annually, at a minimum, it is expected that the top fifty percent (50%) (in both unit and dollar volume) of collective Core and Non-Core Products from the previous year will be classified as Core for the applicable upcoming year. MMCAP Infuse will provide Vendor a proposed Core list sixty (60) days in advance. The Vendor may review and appeal items on the list, however the Vendor must provide (i) written justification and supporting evidence; and (ii) alternative product to replace the item on the Core list. MMCAP Infuse will then review and consider the appeal. A final Core list must be approved by both parties within the sixty (60) days, otherwise the previous year's Core list will automatically renew for another year or until the parties agree to an updated Core list.
    - i. **Historical Sale History.** If the Vendor has a historical sale history with MMCAP Infuse and/or the Membership, that will be used to create the initial Core list.
  - C. **Product Additions/Removals:** The Vendor may add Products to the Core list at any time with three (3) days' written notice to MMCAP Infuse, however, removals can only occur on an annual basis. Once a change has occurred, the Vendor must wait six (6) months from each change date to make further adjustments.
  - D. **MMCAP Infuse Products:** Unless stated on **Attachment A-5**, the Vendor will be prohibited from selling MMCAP Infuse Products and competing equivalent items under the Core category.
  - E. **Vendor Exclusive Brands:** [Intentionally Omitted]
- 1.3 **Non-Core.** These are all other Products in the Vendor's catalog sold to the Membership that are not prohibited by **Paragraph 1.5**. These offerings will receive a discount off the disclosed catalog price at the time of the Member's purchase in accordance with **Attachment A-2**. The Vendor may fluctuate the Pricing and Product offerings as displayed in the Vendor's catalog without notice to MMCAP Infuse.
  - A. **MMCAP Infuse Products:** The Vendor may compete with the MMCAP Infuse Products by offering competing items under Non-Core but must still make MMCAP Infuse Products visible



Sherri A. Young, D.O., MBA, FAAFP  
DH Cabinet Secretary



West Virginia  
DEPARTMENT OF  
Health Facilities

Michael J. Caruso  
DHF Cabinet Secretary



Cynthia A. Persily, Ph.D.  
DoHS Cabinet Secretary

STATE OF WEST VIRGINIA  
DEPARTMENTS OF HEALTH, HEALTH FACILITIES, AND HUMAN SERVICES  
OFFICE OF SHARED ADMINISTRATION

Date: August 27, 2024

To: Crystal Husted, CPPB  
Senior Buyer, West Virginia Purchasing Division

From: Robert Price, CPPO, CPPB, NIGP-CPP *Robert Price*  
Administrative Services Manager II, OFFICE OF SHARED ADMINISTRATION

RE: CMA 0506 2936 BPH2400000001

The Office of Shared Administration respectfully requests a change order be processed to revise the expiration date for the above referenced document.

The expiration date was incorrectly entered by the agency as 08/31/2024. MMS2200736 has an expiration date of 05/02/2025. A change order is being submitted to allow the department to continue using this cooperative agreement until the scheduled expiration date of MMS2200736.

Thank you in advance for your consideration of this request. If you have any questions, please do not hesitate to contact me at your earliest convenience.

*Verified original contract term  
The*



# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Hushead</u> Date: <u>8/28/24</u>  Solicitation No. <u>CMA BP24*01</u>	Agency: Office of Shared Administration/DH  Procurement Officer Submitting Requisition: Robert Price  Requisition No. N/A  PF No.: 1295981
--	--

This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

### FOR ALL SOLICITATION TYPES:

#	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions ( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
<b>10</b>	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR CHANGE ORDERS/RENEWALS:**

<b>1</b>	Two-party agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b>	Standard change order language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b>	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b>	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*\*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

*For Purchasing Division Use Only:*

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.


Signature: Christal Hustead

## Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search

Search Editor

Any Words 

All Words 

Exact Phrase 

e.g. 123456789, Smith Corp

"mckesson medical surgical government solutions llc" 

Entity 

Location 

Status 

Active

Inactive

Reset 



## No matches found

Your search did not return any results for active records.

Would you like to include inactive records in your search results?

Search inactive

Go back

You are viewing this page over a secure connection. Click here for more information.

## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

*NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.*

### MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	2/17/2014		2/17/2014	Foreign	Profit			

Organization Information			
<b>Business Purpose</b>	5511 - Management of Companies and Enterprises - Management of Companies and Enterprises - Management of Companies and Enterprises Including Offices of Bank Holding Companies and Other Holding Companies		
<b>Charter County</b>		<b>Control Number</b>	9A4AJ
<b>Charter State</b>	DE	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>		<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified





**Addresses**

Type	Address
<b>Mailing Address</b>	6535 STATE HIGHWAY 161 IRVING, TX, 75039 USA
<b>Notice of Process Address</b>	CORPORATION SERVICE COMPANY 209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
<b>Principal Office Address</b>	9954 MAYLAND DRIVE SUITE 5176 HENRICO, VA, 23233 USA
Type	Address

**Officers**

Type	Name/Address
<b>Member</b>	MCKESSON MEDICAL-SURGICAL INC. 9954 MAYLAND DRIVE SUITE 4000 RICHMOND, VA, 23233
Type	Name/Address

**Name Changes**

Date	Old Name
<b>4/4/2019</b>	MOORE MEDICAL LLC
Date	Old Name

Date	Amendment
<b>4/4/2019</b>	NAME CHANGE: FROM MOORE MEDICAL LLC
Date	Amendment

**Annual Reports**

Filed For

2024
2023
2022
2021
2020
2019
2018
2017
2016
2015
<b>Date filed</b>

For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, August 27, 2024 — 2:52 PM

© 2024 State of West Virginia