




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: 03-16-2026

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

Order Number:	CMA 0506 2820 MIS2400000002 3	Procurement Folder:	1368793
Document Name:	HOSPITAL INPATIENT DATA SYSTEM (HIDS)	Reason for Modification:	Change Order 2 To renew contract.
Document Description:	HOSPITAL INPATIENT DATA SYSTEM (HIDS)		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2024-04-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-03-31

VENDOR				DEPARTMENT CONTACT	
Vendor Customer Code:	00000200474			Requestor Name:	Kimberly A Beckett
WEST VIRGINIA HOSPITAL ASSOCIATION 100 ASSOCIATION DR				Requestor Phone:	(304) 558-5906
CHARLESTON WV 25311-1571				Requestor Email:	kimberly.a.beckett@wv.gov
US					
Vendor Contact Phone:	304-353-9724	Extension:			
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO	SHIP TO
PROCUREMENT OFFICER HEALTH CARE AUTHORITY 100 DEE DR CHARLESTON WV 25311-1692 US	HEALTH INFORMATION NETWORK CFO HEALTH CARE AUTHORITY / HEALTH INFORMATION NETWORK 100 DEE DR CHARLESTON WV 25311-1692 US

CR 3-17-26

Total Order Amount: _____ **Open End**

Purchasing Division's File Copy

CH 3/17/26

PURCHASING DIVISION AUTHORIZATION
 DATE: *Tina Hefner 3/17/26*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John S. Gray 3/19/2026*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
Cathy Keane
 DATE: *3-20-26*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 2 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal: April 1, 2026, through March 31, 2027.
Amount of remaining renewal: 1 year

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	81111503			QTR	65497.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Base System- HUBDS

Extended Description:

Base System- Hospital UB Data System (HUBDS)

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	81111503			QTR	20500.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Additional Optional System Module

Extended Description:

Additional Optional System Module (3.1.3.2.11)

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	81111503			HOURL	2.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Optional Services

Extended Description:

Optional Services (3.1.8)
Hourly Rate for all optional services

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	81111503			QTR	67453.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Base System- HUBDS-Year 1 renewal

Extended Description:

Base System- Hospital UB Data System (HUBDS)

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	81111503			QTR	21320.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Additional Optional System Module- Year 1 renewal

Extended Description:

Additional Optional System Module (3.1.3.2.11)

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	81111503			HOUR	2.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Optional Service- Year 1 renewal

Extended Description:

Optional Services (3.1.8)
Hourly Rate for all optional services

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	81111503			QTR	69480.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Optional Renewal Year 2 Base System HUBDS

Extended Description:

Contract Year 2 Renewal
Base System- Hospital UB Data System (HUBDS)

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	81111503			QTR	22173.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Optional Renewal Year 2 Additional Optional System Module

Extended Description:

Contract Renewal Year 2
Additional Optional System Module (3.1.3.2.11)

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	81111503			HOUR	2.000000
	Service From	Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Optional Renewal Year 2 Optional Service

Extended Description:

Contract Renewal Year 2
Optional Services (3.1.8)
Hourly Rate for all optional services



MARCH 11, 2026

TO: OFFICE OF SHARED SERVICES, WEST VIRGINIA DEPARTMENTS OF HEALTH, HEALTH FACILITIES, AND HUMAN SERVICES

FROM: HALLIE MORGAN, VP QUALITY AND DATA SERVICES, WEST VIRGINIA HOSPITAL ASSOCIATION

SUBJECT: CONTRACT RENEWAL – CMA_0506_MIS24*02_1 – HOSPITAL INPATIENT DATA SYSTEM (HIDS)

This serves as documentation that the West Virginia Hospital Association (WVHA) would like to renew the CMA_0506_MIS24*02_1 Hospital Inpatient Data System (HIDS) contract for renewal year 2: 4/1/2026 – 3/31/2027.

The quarterly cost of the base system for renewal year 2 is \$69,480.00

Please contact me at 304-353-9714 or hmorgan@wvha.org or Liz Tate at 304-353-9710 or ltate@wvha.org with additional questions or more information.

Printed Name: Hallie Morgan

Signature: Hallie Morgan

Date: 3/11/2024

Agreed

Heather White

Exhibit A

West Virginia Hospital Association

CRFQ-0506-MIS2400000001-1

Vendor's quotation MUST include all costs associated with providing the systems and services described in the RFQ. Costs for travel and webinars must be incorporated into the vendor's fees. No travel or webinar expenses will be reimbursed by the State and are the sole responsibility of the vendor.

Base System Pricing SHALL be a quarterly price and must include all systems and services required to meet the mandatory requirements in Section 3.1 of the RFQ with the exception of Additional Optional System Modules in 3.1.3.2.11 and Optional Services in 3.1.8.

3.1.3.2.11 Additional Optional System Module Pricing SHALL be a quarterly price and must include all systems and services required to expand the scope of the systems to include this optional module. Expansion to include the optional system module is entirely at the discretion of the Agency. If the Agency requests and implements the Optional Systems Module at a time other than the beginning of a billing quarter, the first quarter billing will be prorated to pay for the fraction of the quarter the module is in operation

Optional Services pricing SHALL be an hourly rate that will apply to any of the optional services enumerated in 3.1.8. The decision to utilize optional services is entirely at the discretion of DHHR. 500 hours is a non-binding estimate of the services that might be requested via issuance of an approved delivery order.

BASE SYSTEM	Quarterly Price
HOSPITAL UB DATA SYSTEM (HUBDS)	\$65,497.00
ADDITIONAL OPTIONAL SYSTEM MODULE (3.1.3.2.11)	
OPTIONAL SYSTEM MODULE	\$20,500.00
OPTIONAL SERVICES (3.1.8)	Hourly Rate
Hourly Rate for all optional services	\$2.00

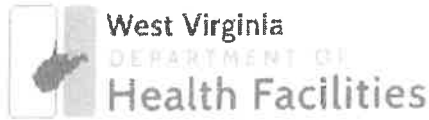
Optional Renewal Year 1	
HOSPITAL UB DATA SYSTEM (HUBDS)	\$67,453.00
ADDITIONAL OPTIONAL SYSTEM MODULES (3.1.3.2.11)	
OPTIONAL SYSTEM MODULE	\$21,320.00
OPTIONAL SERVICES (3.1.8)	Hourly Rate
Hourly Rates for all optional services	\$2.00

Optional Renewal Year 2	
HOSPITAL UB DATA SYSTEM (HUBDS)	\$69,480.00
ADDITIONAL OPTIONAL SYSTEM MODULES (3.1.3.2.11)	
OPTIONAL SYSTEM MODULE	\$22,173.00
OPTIONAL SERVICES (3.1.8)	Hourly Rate
Hourly Rates for all optional services	\$2.00

Optional Renewal Year 3	
HOSPITAL UB DATA SYSTEM (HUBDS)	\$71,583.00
ADDITIONAL OPTIONAL SYSTEM MODULES (3.1.3.2.11)	
OPTIONAL SYSTEM MODULE	\$23,060.00
OPTIONAL SERVICES (3.1.8)	Hourly Rate
Hourly Rates for all optional services	\$2.00



Arvin Singh, EdD, MBA, MPH, MS,
FACHE




Michael Caruso
Cabinet Secretary



Alex J. Mayer, PhD, MS, PMP
Cabinet Secretary

Date: 2/09/2026
To: Office of Shared Administration
From: Health Care Authority
Re: Contract Renewal 2
CMA MIS24000002 w/ West Virginia Hospital Association

Please renew the above referenced contract on behalf of the WV Health Care Authority. The services provided within the contract are primarily for data collection and sharing with MIS for public dissemination, as required by state code.

Signature:  Date: 3/9/26





STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
OFFICE OF TECHNOLOGY

Eric L. Householder
Cabinet Secretary

State Capitol
Charleston, West Virginia 25305

Heather D. Abbott
Chief Information Officer

TO: Ashley Huffman, Information Services Consultant 1
DHHR, Office of Shared Administration

FROM: Heather D. Abbott, Chief Information Officer
Office of Technology *Heather D. Abbott*

SUBJECT: INFORMATION TECHNOLOGY PROCUREMENT
WVOT Number 2026-0521

DATE: March 11, 2026

West Virginia Code §5A-6-4(a) permits the Chief Information Officer to review and approve technology purchases for suitability to ensure such purchases comport with the State of West Virginia's overall strategic information technology goals.

West Virginia Code §5A-6-4c requires the Chief Information Officer to review and approve "technology projects."

West Virginia Code §5A-6-5 requires that "any state spending unit that pursues an information technology purchase that does not meet the definition of a 'technology project' and that is required to submit a request for proposal to the State Purchasing Division prior to purchasing goods or services shall obtain the approval of the Chief Information Officer, in writing, of any proposed purchase of goods or services related to its information technology and telecommunication systems.

A review has been conducted of your request for approval to purchase the Hospital Inpatient Data Systems (HIDS) for a 1 year renewal under contract: CMA MIS240000002, the Office of Technology has determined:

Your request is approved.

That your request is not subject to the review and approval provisions contained in Chapter 5A, Article 6 of the Code, therefore, it does not need approval by the Office of Technology.

This memorandum constitutes this office's official review and a copy should be attached to your purchase order and any other correspondence related to this request. If you have questions, or need additional information, please contact Consulting Services at Consulting.Services@wv.gov.



Contract Awards Scheduled Maintenance [Show Details](#)
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Revolutionary FAR Overhaul Impacts to SAM.gov [Show Details](#)
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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.

WEST VIRGINIA HOSPITAL ASSOCIATION

Organization Information									
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason	
C Corporation	10/30/1953		10/30/1953	Domestic	Non-Profit				

Organization Information			
Business Purpose	8139 - Other Services (except Public Administration) - Religious/Grantmaking/Prof/Like Organizations - Business, Professional, Labor, Political and Similar Organizations		Capital Stock 0.0000
Charter County	Kanawha	Control Number	0
Charter State	WV	Excess Acres	0
At Will Term		Member Managed	
At Will Term Years		Par Value	0.000000
Authorized Shares	0	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Designated Office Address	100 ASSOCIATION DRIVE CHARLESTON, WV, 25311
Notice of Process Address	M. JAMES KAUFMAN 100 ASSOCIATION DRIVE CHARLESTON, WV, 25311
Principal Office Address	100 ASSOCIATION DRIVE CHARLESTON, WV, 25311 USA
Principal Office Mailing Address	100 ASSOCIATION DRIVE CHARLESTON, WV, 25311
Type	Address

Officers	
Type	Name/Address

President	M. JAMES KAUFMAN 100 ASSOCIATION DRIVE CHARLESTON, WV, 25311
Secretary	M. JAMES KAUFMAN 100 ASSOCIATION DRIVE CHARLESTON, WV, 25311
Type	Name/Address

Annual Reports
Filed For
2025
2024
2023
2022
2021
2020
2019
2018
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2017
2016
2015
2014
2013
2012
2011
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For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, March 17, 2026 — 8:37 AM

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>3/17/26</u> Solicitation No. <u>CMA MIS24*02</u> <div style="text-align: center; color: blue; font-size: 1.2em;"> COH ? Renewal </div>	Agency: Mangement Information Services Procurement Officer Submitting Requisition: Kimberly Beckett Requisition No. CMA MIS24*02 PF No.: 1368793
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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 (www.state.wv.us/admin/purchase/TCP.pdf)	<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
10	Insurance requirements				
	<i>Commercial General Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Automobile Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Workers' Compensation/Employer's Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Cyber Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Builder's Risk/Installation Floater</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Professional Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Other (specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

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

Stephan Hurst