



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: 04-27-2026

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 4	<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 3 To Renew Contract	
<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>	2026-12-31

VENDOR			DEPARTMENT CONTACT		
<b>Vendor Customer Code:</b>	000000110771		<b>Requestor Name:</b>	Courtney M Buskirk	
MCKESSON MEDICAL SURGICAL GOVERNMENT SOLUTIONS LLC 9954 MAYLAND DR STE 5176			<b>Requestor Phone:</b>	304-352-4853	
HENRICO VA 23233 US			<b>Requestor Email:</b>	courtney.m.buskirk@wv.gov	
<b>Vendor Contact Phone:</b>	999-999-9999	<b>Extension:</b>			
<b>Discount Details:</b>					
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

**2026**  
 FILE LOCATION \_\_\_\_\_

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

*CR 4-28-26*  
 Purchasing Division's File Copy

**Total Order Amount:** \_\_\_\_\_ **Open End**

**PURCHASING DIVISION AUTHORIZATION**  
*CH 4/28/26*  
**DATE:** *4/28/26*  
**ELECTRONIC SIGNATURE ON FILE**

**ATTORNEY GENERAL APPROVAL AS TO FORM**  
*[Signature]*  
**DATE:** *4/29/2026*  
**ELECTRONIC SIGNATURE ON FILE**

**ENCUMBRANCE CERTIFICATION**  
*[Signature]*  
**DATE:** *4-29-26*  
**ELECTRONIC SIGNATURE ON FILE**

**Extended Description:**

Change Order

Change Order No. 3 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 05/03/2026 through 12/31/2026

Renewal Months Remaining: 0

No other changes.

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 May 2, 2026.

**McKESSON**

April 16, 2026

**Via email**

Robert Price  
Administrative Services Manager II  
West Virginia Departments of Health, Health Facilities, and Human Services  
One Davis Square  
Charleston, WV 25301

**RE: Request to renew contract CMA 0506 2936 BPH2400000001 between BPH and McKesson Medical-Surgical Government Solutions LLC.**

Dear Mr. Price:

McKesson Medical-Surgical Government Solutions LLC (MMSGs) agrees to renew contract CMA 0506 2936 BPH2400000001 between MMSGs and the West Virginia Department of Administration, Purchasing Division beginning May 3, 2026, and ending December 31, 2026.

Contract CMA 0506 2936 BPH2400000001 shall continue to be governed by the MMCAP Infuse Agreement MMS2200736 effective on May 2, 2023, and the Member Requested Participation Addendum (MPA) executed on September 29, 2023, between MMCAP Infuse, MMSGs, and the West Virginia Department of Human Resources and shall not include any additional terms beyond those of the Master Agreement and the MPA.

If we can answer any questions that you may have, please feel free to contact us. Thank you for this opportunity and we look forward to continuing doing business with you.

Sincerely,

Signed by:

  
C3FF3C774FB04EB...

Craig Malozzi  
Director, Customer Programs – Government Solutions  
9954 Maryland Drive, Suite 5176  
Henrico, VA 23233-1484  
[Craig.malozzi@mckesson.com](mailto:Craig.malozzi@mckesson.com)

  
Agree

The most current version

<https://members.infuse-mn.gov/contract-documents>

**AMENDMENT NO. 9 TO MMCAP INFUSE AGREEMENT NO. MMS2200736**

THIS AMENDMENT NO. 9 ("**Amendment**") to MMS2200736 and its amendments ("**Agreement**") is entered into on the date all required signatures are obtained for this document and is 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 with an address of 9954 Mayland Drive, Suite 5176, Henrico, VA 23233 ("**Vendor**").

**RECITALS**

WHEREAS, MMCAP Infuse and Vendor have agreed to certain changes in the terms and conditions set forth in the Agreement and have agreed to amend the Agreement to reflect said changes;

WHEREAS, besides the terms and conditions of the Agreement amended in this Amendment, the Agreement remains in full force and effect; and

NOW, THEREFORE, the parties acknowledge and hereby agree that the Agreement shall be amended as follows:

**Capitalized Terms; Definitions; Conditions.** The Agreement and Amendments shall be read together as one document. Any capitalized terms used in the Amendment that are defined in the Agreement will have the same meaning(s) when used herein, unless the context clearly requires otherwise. To the extent there shall exist a conflict between the Agreement and this Amendment, the terms of this Amendment will control. Unless otherwise clearly altered, modified, deleted, or amended otherwise, the terms of the Agreement will continue in their entirety and govern the contractual relationship between Vendor and MMCAP Infuse.

In this Amendment, changes to pre-existing Agreement language will use ~~strike through~~ for deletions and underlining for insertions.

**Modifications**

**Revision 1:** Line 2 of the *Agreement Term* in the Agreement will be revised as follows:

- 2. **Expiration Date:** ~~May 2, 2025~~ December 31, 2026

**VENDOR: McKesson Medical-Surgical Government Solutions LLC**

The Vendor certified that the appropriate person(s) have executed this Amendment on behalf of the Vendor as required and by applicable articles, bylaws, resolutions, or ordinances.

Name: Deborah Haywood  
 Signature: *Deborah Haywood*  
 Title: Vice President of Government Solutions  
 Date: 11/17/2024

**STATE OF MINNESOTA FOR MMCAP INFUSE**

In accordance with Minn. Stat. § 16C.03, subd. 3

Name: Nalee Xiong  
 Signature: *Nalee Xiong*  
 Date: 11/18/2024

**COMMISSIONER OF ADMINISTRATION**

In accordance with Minn. Stat. § 16C.05, subd. 2

Name: Christina Fox  
 Signature: *Christina Fox*  
 Date: 11/18/2024



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH  
CENTRAL FINANCE OFFICE

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

TO: Whom it May Concern

FROM: Courtney Buskirk  
BPH Purchasing

DATE: April 20, 2026

RE: Renewal of Contract – CMA BPH2400000001

Please accept this justification on behalf of the Bureau for Public Health for the renewal of contract CMA BPH2400000001. The current contract expires on May 2, 2026. This contract is with McKesson Medical Surgical Government Solutions LLC. is for medical supply purchases, it is utilized throughout the Bureau.



**Subcontracting Plan Reporting Contract Retrieval Issue** Show Details  
Apr 17, 2026



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**Contract Awards Scheduled Maintenance** Show Details  
Apr 27, 2026



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e.g. 1606N020Q02

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Search Editor

- Any Words <sup>i</sup>
- All Words <sup>i</sup>
- Exact Phrase <sup>i</sup>

e.g. 123456789, Smith Corp

"mckesson medical surgical government solutions llc" ×

Entity ▼

Location ▼

Status ▲

- Active
- Inactive

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Entity Information ▲



All Entity Information

Entities

Disaster Response Registry

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

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### 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>Capital Stock</b>
<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>Notice of Process Address</b>	CORPORATION SERVICE COMPANY 808 GREENBRIER STREET CHARLESTON, WV, 25311
<b>Principal Office Address</b>	9954 MAYLAND DRIVE SUITE 5176 HENRICO, VA, 23233 USA
<b>Principal Office Mailing Address</b>	6535 STATE HIGHWAY 161 IRVING, TX, 75039 USA
Type	Address

X Close

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### Officers

Type	Name/Address

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

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

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

<b>Annual Reports</b>	
<b>Filed For</b>	
2025	
2024	
2023	
2022	
2021	
2020	
2019	
2018	
2017	
2016	
2015	
<b>Date filed</b>	

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

Tuesday, April 28, 2026 — 11:05 AM

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>4/28/26</u>  Solicitation No. <u>CMA BPH24#01</u>  <div style="text-align: center; font-size: 1.5em; color: blue;">CO#3 Renewal</div>	Agency: DH BPH  Procurement Officer Submitting Requisition: Courtney Buskirk  Requisition No. CMA BPH240000001 CO:3  PF No.: 1295981
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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:** 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"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input 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"/>	<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"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

