

Order Number:	CDO 0511 2673 BMS2400000024 1	Procurement Folder: 1370174
Document Name:	Opt Services Special Incident Case Mngt	Reason for Modification:
Document Description:	Opt Services Special Incident Case Mngt	
Procurement Type:	Central Delivery Order	
Buyer Name:	Crystal G Hustead	
Telephone:	(304) 558-2402	
Email:	crystal.g.hustead@wv.gov	
Shipping Method:	Best Way	Master Agreement Number: CMA 0511 BMS2300000007 1
Eres en Beard:	FOR Dest, Freight Prepaid	

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A 1/4		VENDOR				DEPARTMENT CONTACT	
KEYS	or Customer Code: STONE PEER REVIEW CHURCH STREET	00000012508 ORGANIZATION			Requestor Name: Requestor Phone: Requestor Email:	Lakendra R Burdette 3043524319 lakendra.burdette@wv.gov	
NASI	HVILLE		TN	37219			
	or Contact Phone:	717-265-7038	Extension	ı: _		21	
	Discount Allowed	Discount Perc	entage	Discount Days			
#1	No	0.0000		0	_	FILE LOCATION	
#2	No				_		
#3	No						
#4	No						

INVOI	CE TO		SHIP TO			
PROCUREMENT OFFICER: 304-352-42 HEALTH AND HUMAN RESOURCES	86	PROCUREMENT OFFICER: 304-3 HEALTH AND HUMAN RESOURC				
BUREAU FOR MEDICAL SERVICES		BUREAU FOR MEDICAL SERVICE	BUREAU FOR MEDICAL SERVICES			
350 CAPITOL ST, RM 251		350 CAPITOL ST, RM 251				
CHARLESTON	WV 25301-3709	CHÁRLESTON	WV 25301-3709			
US		US				

PURCHA DATE: ELECTR

Date Printed: Feb 7, 2024 Order Number: CDO 0511 2673 BMS2400000024 1 FORM ID: WV-PRC-CDO-002 2020/05

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Purchasing 2019 Washi Post Office	Division ington Street East Box 50130 , WV 25305-0130	of West Virginia ivery Order Date: 02-01-2024	CORRECT ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, AND SHIPPING PAPERS. QUESTIONS CONCERNING THIS ORDER SHOULD BE DIRECTED TO THE DEPARTMENT CONTACT.
lumber:	CDO 0511 2673 BMS2400000024 1		Procurement Folder: 1370174
ent Name:	Opt Services Special Incident Case Mngt		Reason for Modification:
ent Description:	Opt Services Special Incident Case Mngt		
ement Type:	Central Delivery Order		
lame:	Crystal G Hustead		
one:	(304) 558-2402		
	crystal.g.hustead@wv.gov		014 0544 BM0020000007 4
g Method:	Best Way		Master Agreement Number: CMA 0511 BMS2300000007 1
Board:	FOB Dest, Freight Prepaid		
	VENDOR		DEPARTMENT CONTACT
Customer Code:	000000125086	Requestor Nam	e: Lakendra R Burdette
ONE PEER REVIEW		Requestor Phor	
URCH STREET		Requestor Ema	I: lakendra.burdette@wv.gov
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Contact Phone:	717-265-7038 Extension:		
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ESTON	WV 25301-3709	CHARLESTON	WV 25301-3709
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			Total Order Amount: \$644,650.56
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	ON FILE		DATE: DATE: ON EILE
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Extended Description:

Optional Services Special Incident Case Management for BMS Optional Services-Base Year One-Online Case Management Services and BMS Optional Services-Base Year One-Online Case Management Services.

Implementation service period 02/15/2024 - 05/14/2024 total cost \$446,662.06

Operations service period 05/15/2024 - 07/31/2024 2.5 months at \$79,195.40 = \$197,988.50

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	80000000	2.50000	EA	\$79,195.4000	\$197,988.50
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-05-15	2024-07-31	KEPRO			

Commodity Line Description:

BMS Optional Services-Base Year One-Online Case Management S

Extended Description:

Utilization Management and Prior Authorization Services

BMS Optional Services-Base Year One-Online Case Management Service

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	80000000	1.00000	EA	\$446,662.0600	\$446,662.06
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-02-15	2024-05-14	KEPRO			

BMS Optional Services-Base Year One-Online Case Management S

Extended Description:

Commodity Line Description:

Utilization Management and Prior Authorization Services

BMS Optional Services-Base Year One-Online Case Management Service

Date Printed: Feb 7, 2024 Order Number: CD0 0511 2873 BMS2400000024 1 Page: 2 FORM ID: WV-PRC-CD0-002 202005

VENDOR CUSTOMER CODE	SUPPLIER PART NUMBER	SUPPLIER NAME	MANUFACTURER NAME	MANUFACTURER PART NUMBER	COMMODITY CODE	ITEM DESCRIPTION	UNIT OF MEASURE	LIST PRICE	DELIVERY DAYS
Row 57	an exa	cel sp	read she	vet			THE ST PRODUCT	LIST PAICE	DELLYCKT DAYS
000000125086	56A	KEPRO	KEPRO	56	80000000	BMS Optional Services-Base Year One-Online Case Management System with Integrated Incident Reporting/Management (IMS) for Home and Community-Based Services (HCBS)	EA	79195.4	1
Row 58	on exi	cel s	spreads	heet		BMS Optional Services-Base Year One-Online Case Management System with integrated			
000000125086	67A	KEPRO	KEPRO	57	00000008	Incident Reporting/Management (IMS) for Home and Community-Based Services (HCBS) Start up	FΔ	446660.00	

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STATE OF WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D. Cabinet Secretary

Cynthia Beane Commissioner

DATE:

January 31, 2024

TO:

Crystal Hustead

Senior Buyer

State of West Virginia Purchasing Division

FROM:

Althea Greenhowe

Procurement Specialist, Senior

Office of Shared Administration/Purchasing

RE:

PF1370174, CDO BMS24*24

Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced CDO for the utilization of Optional Services Special Incident Case Management.

The service period for Implementation is 02/15/2024 through 05/14/2024 for a total cost of \$446,662.06. The service period for Operation Services is 05/15/2024 through 07/31/2024 for a quantity/unit of 2.5 at \$79,195.40 cost per quantity/unit for a total cost of \$197,988.50.

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-3924 or althea.m.greenhowe@wv.gov. Thank you for your time and consideration in this matter.





STATE OF WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D. Cabinet Secretary

Cynthia Beane Commissioner

DATE:

February 1, 2024

TO:

Office of Shared Administration/Finance

FROM:

Lakendra Burdette

Procurement Specialist

RE:

PF1370174, CDO BMS24*24

Dept 0511

The West Virginia Bureau for Medical Services (BMS) is submitting this funding memo related to the above-referenced delivery order anticipates making payments for months 1-6 in SFY 25. The implementation will not be invoiced until the implementation period is complete, and all payments are expected to process in SFY25.

Contract service period: 02/15/2024 – 07/31/2024. Funding allocation table below: CDO BMS24*24
Optional Services Special Incident Case
Management

02/15/2024 - 07/31/2024

Implementation

Operations

PR07 SYF25 02/15/24-05/14/24

PR07 SFY25 05/15/24-07/31/24

Total Cost: \$446,662.06

2.5 Months @ \$79,195.40 = \$197,988.50

Total: \$446,662.06

Total: \$197,988.50

Grand Total: \$644,650.56

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-4319 or lakendra.burdette@wv.gov. Thank you for your time and consideration in this matter.



Pundig memo



Greenhowe, Althea M <althea.m.greenhowe@wv.gov>

CMA BMS23*07

Dowden, Jimmy K <jimmy.k,dowden@wv.gov> Mon, Jan 22, 2024 at 5:47 PM To: "Price, Robert L" <robert.l.price@wv.gov>, Bryan Rosen

Spryan,d.rosen@wv.gov>, "Greenhowe, Althea M" <althea,m.greenhowe@wv.gov>

Please see response from the Director

Jimmy Dowden, WVPBC
Administrative Services Manager II:
Director, Office of Procurement Services
Bureau for Medical Services
West Virginia Department of Human Services
350:Capitol Street, Rm 251:
Charleston, WV 25301
M: 304,558.1700
D: 304.352.4286 | dhhr.wv.gov
Email: Jimmy.K.Dowden@wv.gov

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From, Hill, Randall K < randall k.hill@wv.gov>
Date: Mon, Jan 22, 2024, 4:56 PM
Subject: Re: CMA BMS23*07
To: Dowden, Jimmy K < jimmy k.dowden@wv.gov>

We need a parallel period so that providers can continue submitting incidents in the existing system while we're configuring and testing the new system, creating the providers user accounts, and training them on the new system before it goes live.

Regarding the ramifications if there were an incident, if he's asking what would happen if providers are unable to submit incidents on or before the date the existing system is shut down, we'd have to inform CMS and assure them that we have a workaround in place that allows us to continue receiving and monitoring incidents. This would probably be a paper incident reporting form that would be emailed to us. We'd have to manually enter the incident data into a spreadsheet so that we can perform the required follow-up, tracking and reporting. Then, once the new system is live, we may be able to upload the data from the spreadsheet but there's a good chance we'd have to manually enter it in the new system.

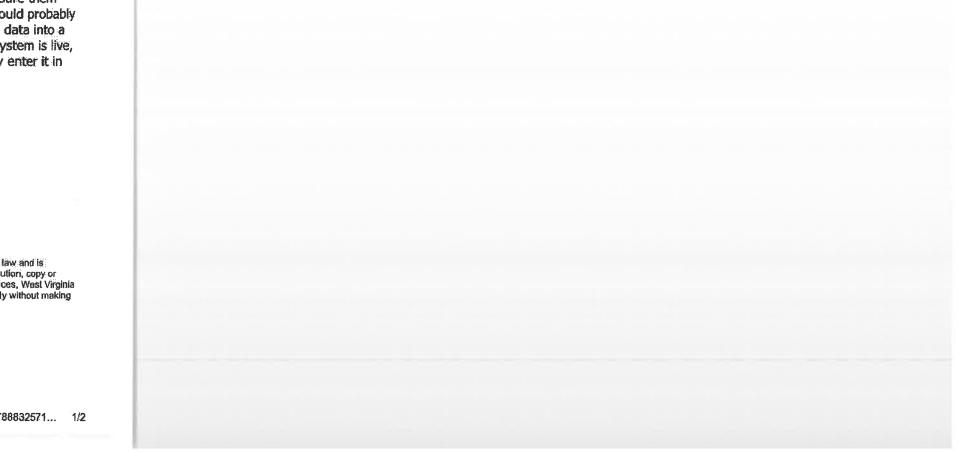
On Thu, Jan 18, 2024 at 5:43 PM Dowden, Jimmy K <jimmy k dowden@wv.gov> wrote:

Jimmy Dowden, WVPBC
Administrative Services Manager II
Director, Office of Procurement Services
Bureau for Medical Services
West Virginia Department of Human Services
350 Capitol Street, Rm 251
Charleston, WV 25301
M: 304.558.1700
D: 304.352.4286 | dhhr.wv.gov.
Email: Jimmy.K.Dowden@wv.gov

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Form: Price, Robert L.
From: Price, Rob

https://mail.google.com/mail/u/0/?ik=b212530e92&view=pt&search=all&permmsgid=msg-f:1788832571656429488&dsqt=1&simpl=msg-f:1788832571... 1/2



What is the rationale for a parallel period? What would be the ramifications if there were an incident?







Robert Price, CPPO, CPPB, NIGP-CPP

Administrative Services Manager II

Office of Shared Administration

West Virginia Departments of Health, Health Facilities, and Human Services

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On Thu, Jan 18, 2024 at 3:35 PM Dowden, Jimmy K Simmy k.dowden@wvi.gov> wrote:

Bobby,

BMS is wenting to utilize the optional service with Kepro (CMA BMS23*07) for the following:

BMS Optional Services-Base Year One-Online Case Management System with integrated Incident Reporting/Management (IMS) for Home and Community-Based Services (HCBS)

BMS Optional Services-Base Year One-Online Case Management System with integrated incident Reporting/Management (IMS) for Home and Community-Based Services (HCBS) Start up

The existing contract with Wellsky (CMA BMS22*03) expires 6/14/24,

I need some guidance on how to use the optional service with Kepro. The pricing page included a 3 month startup period, which BMS is wanting ASAP. The year one base contract period was a 3 month implementation with 9 months of operations. However, as we did not take the optional service at the onset of the Kepro contract, what would we need to do to make this work? The program manager told me today that he would like to have a 1 month parallel testing period if at all possible.

Thanks in advance for your input,



Jimmy Dowden, WVPBC
Director, Procurement Scivices
Bureau for Medical Services
West Virginia Department of Human Scivices
350 Capitol Street, Rm 251
Charleston, WV 2530.1
M: 304.358, ITIN
D: 304.352, 4286 | dhh.rwv.gov
Email: Jimmy K.Dowden@wv.gov

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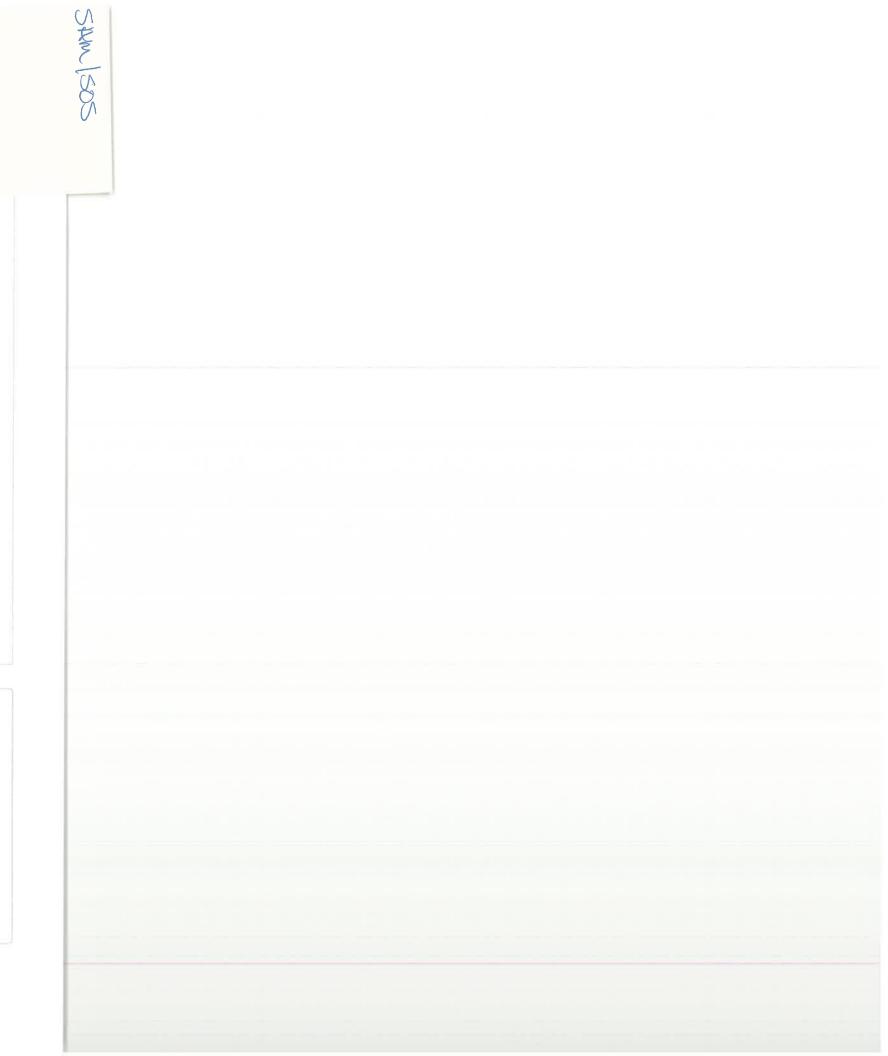
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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

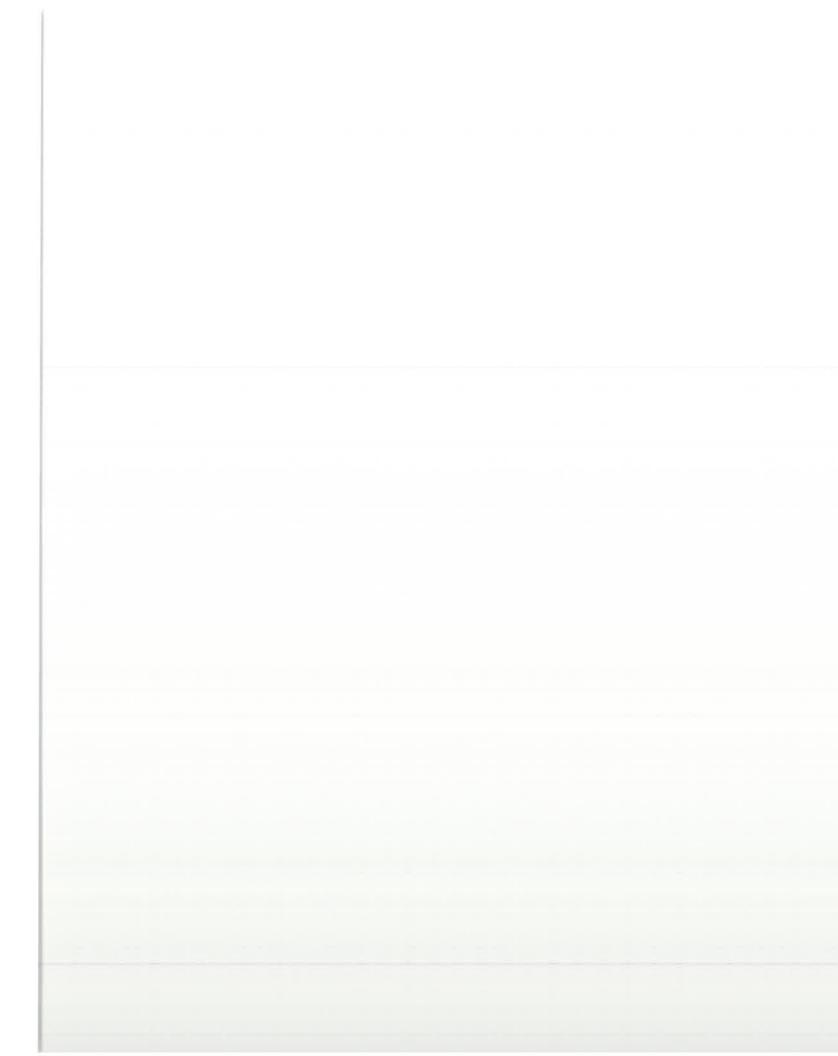
Business Organization Detail

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KEYSTONE PEER REVIEW ORGANIZATION, LLC

							* See	A-Hached >
Organization	Information	1						
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability	1/17/2023		1/17/2023	Foreign	Profit			

Business Purpose		Capital Stock	
Charter County		Control Number	9B3T8
Charter State	PA	Excess Acres	
At Will Term	A	Member Managed	MBR
At Will Term Years		Par Value	
Authorized Shares		Young Entrepreneur	Not Specified



Addresses	
Туре	Address
Designated Office Address	1007 BULLITT ST. SUITE 200 CHARLESTON, WV, 25301 USA
Mailing Address	777 EAST PARK DRIVE HARRISBURG, PA, 25301 USA
Notice of Process Address	CORPORATION SERVICE COMPANY 209 WEST WASHINGTON STREET CHARLESTON, WV, 25302 USA
Principal Office Address	1007 BULLITT ST. SUITE 200 CHARLESTON, WV, 25301 USA
Туре	Address

Officers	
Туре	Name/Address
Member	KEYSTONE PEER REVIEW ORGANIZATION HOLDINGS, LLC 777 EAST PARK DRIVE HARRISBURG, PA, 17111 USA
Туре	Name/Address

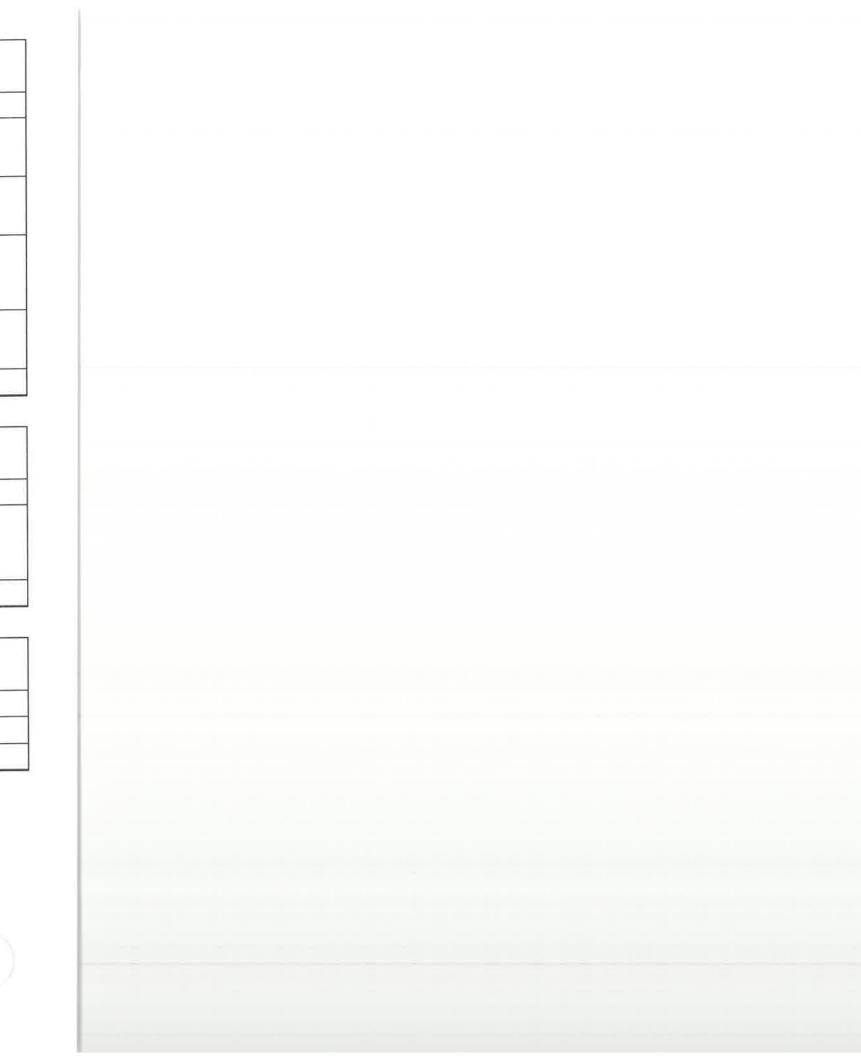
DBA			
DBA Name	Description	Effective Date	Termination Date
ACENTRA HEALTH	TRADENAME	8/8/2023	
DBA Name	Description	Effective Date	Termination Date

File Your Current Year Annual Report Online Here

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

Wednesday, February 7, 2024 — 1:26 PM

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Vendor/Customer

Address

✓ Ordering 424 CHURCH STREET NASHVILLE TN 37219 Payment 777 EAST PARK DR HARRISBURG PA 171112754 Mark Ero Ordering 777 EAST PARK DR HARRISBURG PA 171112754 Jill Hawthome First Prev Next Last Save Undo Dolete Insert Conx Paste ♦ ♦ Vendor/Customer: 000000125086 KEYSTONE PEER REVIEW ORGANIZATION LLC Address Type: Ordering ✓ Default Record: Mail Returned: Additional Address Info: Prevent New Spending: Default Currency: USD - US Dollar ✓ Address In formation Address ID: Ab000001 Street 1: 424 CHURCH STREET Street 2: SUITE 2200 City: NASHVILLE State/Province: Th. Country Phone Code: 1 Street 1: 424 CHURCH STREET Street 2: SUITE 2200 City: NASHVILLE State/Province: Th. Country Phone Code: 1 Zip/Postal Code: 37219 DUNS: Extended DUNS: Unique Entity Identifie: CAGE Code: Default Record: Mail Returned: Active Address: Yes Country Phone 216-392-2833 Phone Extension: Country: US Country: US Unique Entity Identifie: CAGE Code: Default Record: Mail Returned: Active Address: Yes Country: US Country: US State/Province: Th. Country: US DUNS: Extended DUNS: Unique Entity Identifie: CAGE Code: Default Record: Mail Returned: Default Record: Mail Returned: Active Address: Yes Country Phone Code: 1 Phone: 216-392-2833 Phone Extension: Country: US Country: US Country: US Default Record: Mail Returned: Active Address: Yes Country Phone Code: 1 Phone: 216-392-2833 Phone Extension: Country: US Country: US Default Record: Mail Returned: Active To: Mail Returned: Active To: Mail Returned: Active Address: Yes Country Phone Code: 1 Phone: 216-392-2833 Phone Extension: Country: US Country Phone Code: 1 Phone: 216-392-2833 Phone Extension: Country: US Country Phone Code: 1 Phone: 216-392-2833 Phone Extension: Country: US Country Phone Code: 1 Phone: 216-392-2833 Phone Extension: Country: US Country Phone Code: 1 Phone: 216-392-2833 Phone Extension: Country: US Country Phone Code: 1 Phone: 216-392-2833 Phone Extension: Country: US Country: US Country Phone: US Active To: Mail Returned: Active To:	Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact			
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