



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at wvOASIS.gov. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at WVPurchasing.gov with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 1

[List View](#)

General Information

[Contact](#)[Default Values](#)[Discount](#)[Document Information](#)[Clarification Request](#)

Procurement Folder: 1361033

Procurement Type: Central Master Agreement

Vendor ID: 000000162265

Legal Name: MAXIMUS US SERVICES INC

Alias/DBA:

Total Bid: \$21,519,518.00

Response Date: 03/12/2024

Response Time: 10:35

Responded By User ID: MAXHthSvc

First Name: Anastasia

Last Name: Navarro

Email: rfpinfo@maximus.com

Phone: 703-251-8500

SO Doc Code: CRFQ

SO Dept: 0511

SO Doc ID: BMS2400000003

Published Date: 3/6/24

Close Date: 3/12/24

Close Time: 13:30

Status: Closed

Solicitation Description: MANAGED CARE ENROLLMENT BROKERAGE SERVICES

Total of Header Attachments: 1

Total of All Attachments: 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Implementation-BMS				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Implementation Costs-BMS: Staffing, Computer (including software), Facilities, Consulting Services, and Other Costs
 Implementation: 9/3/2024 - 12/2/2024

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Base Year One- 1-450,000 Members				1189890.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 450,000 members X 9 Months
 Dates of service 12/3/2024 - 9/2/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Base Year One- 450,001 -600,000 Members				1507140.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 600,000 members X 9 Months
 Dates of service 12/3/2024 - 9/2/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Base Year One- 600,001 or More Members				1431542.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X600,001 members X 9 Months
 Dates of service 12/3/2024 - 9/2/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Optional Renewal Year One -1-450,000 Members				1586520.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 450,000 members X 12 Months
Dates of service 9/03/2025-9/02/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Optional Renewal Year One - 450,001 -600,000 Members				2009520.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 600,000 members X 12 Months
Dates of service 9/03/2025-9/02/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Optional Renewal Year One - 600,001 or More Members				1908723.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 600,001 members X 12 Months
Dates of service 9/03/2025-9/02/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Optional Renewal Year Two - 1-450,000 Members				1586520.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 450,000 members X 12 Months
Dates of service 9/03/2026- 9/02/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Optional Renewal Year Two- 450,001 -600,000 Members				2009520.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 600,000 members X 12 Months
Dates of service 9/03/2026- 9/02/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Optional Renewal Year Two - 600,001 or More Members				1908723.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 600,001 members X 12 Months
 Dates of service 9/03/2026- 9/02/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Optional Renewal Year Three-1-450,000 Members				1586520.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 450,000 members X 12 Months
 Dates of service 9/03/2027-9/02/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Optional Renewal Year Three - 450,001 -600,000 Members				2009520.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 600,000 members X 12 Months
 Dates of service 9/03/2027-9/02/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Optional Renewal Year Three - 600,001 or More Members				1908723.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 600,001 members X 12 Months
 Dates of service 9/03/2027-9/02/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	Base Year One-Ad Hoc Hourly Rate Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One Ad Hoc Hourly Rate Information Technology

Estimated 5000 hours X hourly rate

Dates of service 12/3/2024 - 9/2/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	Opt. Renewal Yr 1-Ad Hoc Hourly Rate Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:**Extended Description:**

Optional Renewal Year One Ad Hoc Hourly Rate Information Technology

Estimated 5000 hours X hourly rate

Dates of service 12/03/2024-9/02/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	Opt. Renewal Yr 2-Ad Hoc Hourly Rate Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:**Extended Description:**

Optional Renewal Year Two Ad Hoc Hourly Rate Information Technology

Estimated 5000 hours X hourly rate

Dates of service 9/03/2026-9/02/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	Opt. Renewal Yr 3-Ad Hoc Hourly Rate Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:**Extended Description:**

Optional Renewal Year Three Ad Hoc Hourly Rate Information Technology

Estimated 5000 hours X hourly rate

Dates of service 9/03/2027-9/02/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	Base Year One-Ad Hoc Hourly Rate Non- Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:**Extended Description:**

Base Year One Ad Hoc Hourly Rate Non- Information Technology

Estimated 5000 hours X hourly rate

Dates of service 12/3/2024 - 9/2/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
19	Opt.Renew.Yr1 -Ad Hoc Hrly Rate Non-Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Non- Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2025-9/02/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
20	Opt. Renewal Yr 2-Ad Hoc Hourly Rate Non-Information Tech				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Non-Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2026-9/02/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
21	Opt. Renewal Yr 3-Ad Hoc Hourly Rate Non-Information Tech				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Non-Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2027-9/02/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
22	Implementation-WVCHIP Implementation Costs				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Implementation Costs-WVCHIP: Staffing, Computer (including software), Facilities, Consulting Services, and Other Costs
 Implementation: 9/3/2024 - 12/2/2024

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
23	WVCHIP: Base Year One- 1 - 20,000 Members				52884.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Base Year One-PMPM rate X 20,000 members X 9 Months
 Dates of service 12/03/2024 -9/02/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
24	WVCHIP: Base Year One-20,001-25,000 members				62798.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Base Year One-PMPM rate X 25,000 members X 9 Months
 Dates of service 12/03/2024 -9/02/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
25	WVCHIP: Base Year One- 25,001 Or More members				59650.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Base Year One-PMPM rate X 25,001 members X 9 Months
 Dates of service 12/03/2024 -9/02/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
26	WVCHIP: Optional Renewal Y1 - 1 to 20,000 Members				70512.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year One-PMPM rate X 20,000 members X 12 Months
 Dates of service 9/03/2025 - 9/2/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
27	WVCHIP: Optional Renewal Year One-20,001-25,000 members				83730.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year One-PMPM rate X 25,000 members X 12 Months
 Dates of service 9/03/2025 - 9/2/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
28	WVCHIP: Optional Renewal Year One-25,001 Or More members				79533.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year One-PMPM rate X 25,001 members X 12 Months
 Dates of service 9/03/2025 - 9/2/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
29	WVCHIP: Optional Renewal Year Two-1-20,000 members				70512.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Two-PMPM rate X 20,000 members X 12 Months
 Dates of service 9/3/2026 - 9/2/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
30	WVCHIP: Optional Renewal Year Two-20,001-25,000 members				83730.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Two-PMPM rate X 25,000 members X 12 Months
 Dates of service 9/3/2026 - 9/2/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
31	WVCHIP: Optional Renewal Year Two-25,001 or More members				79533.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Two-PMPM rate X 25,001 members X 12 Months
 Dates of service 9/3/2026 - 9/2/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
32	WVCHIP: Optional Renewal Year Three-1-20,000 members				70512.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Three-PMPM rate X 20,000 members X 12 Months
Dates of service 9/3/2027 - 9/2/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
33	WVCHIP: Optional Renewal Year Three-20,001-25,000 members				83730.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Three-PMPM rate X 25,000 members X 12 Months
Dates of service 9/3/2027 - 9/2/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
34	WVCHIP: Optional Renewal Year Three-25,001 or More members				79533.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Three-PMPM rate X 25,001 members X 12 Months
Dates of service 9/3/2027 - 9/2/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
35	WVCHIP: Base YR 1-Ad Hoc Hourly Rate Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Base Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate
Dates of service 12/3/2024- 9/2/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
36	WVCHIP: Opt. Renew. Yr 1-Ad Hoc Hourly Rate Information Tech				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate
Dates of service 9/03/2025-9/02/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
37	WVCHIP: Opt. Renew. Yr 2-Ad Hoc Hourly Rate Information Tech				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Two Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2026-9/02/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
38	WVCHIP: Opt. Renew. Yr 3-Ad Hoc Hourly Rate Information Tech				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Three Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2027-9/02/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
39	WVCHIP: Base Yr 1-Ad Hoc Hourly Rate Non- Information Tech.				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Base Year One Ad Hoc Hourly Rate Non-Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 12/03/2024 - 9/02/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
40	WVCHIP:Opt.Renew.Yr1 -Ad Hoc Hrly Rate Non- Information Tech				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year One Ad Hoc Hourly Rate Non- Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2025-9/02/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
41	WVCHIP:Opt.Renew.Yr2 -Ad Hoc Hrly Rate Non- Information Tech				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Two Ad Hoc Hourly Rate Non- Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2026-9/02/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
42	WVCHIP:Opt.Renew.Yr3 -Ad Hoc Hrly Rate Non- Information Tech				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

WVCHIP Optional Renewal Year Three Ad Hoc Hourly Rate Non- Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2027-9/02/2028



maximus



QUOTE TO PROVIDE:

Managed Care Enrollment Brokerage Services



PREPARED FOR:

**West Virginia Department of Human Services
Bureau for Medical Services
CRFQ#: BMS2400000003**

DUE DATE:

March 12, 2024 | 1:30 pm ET



March 12, 2024

Crystal G. Husted, Buyer
West Virginia Department of Administration
Division of Purchasing
2019 Washington St., E
Charleston, WV 25305

Subject: Response to Centralized Request for Quote (CRFQ) for Managed Care Enrollment Broker Services, CRFQ #BMS2400000003

Dear Ms. Husted,

Maximus US Services, Inc. (Maximus) is pleased to submit our quote in response to the Department of Administration's above-referenced CRFQ. Our quote complies with CRFQ instructions, our company exceeds West Virginia's specialized experience and qualification requirements for Medicaid enrollment broker services, and we certify that we meet the Department of Human Services (WVDoHS; formerly the Department of Health and Human Resources), Bureau of Medical Services' (BMS') specifications for the Mountain Health Trust (MHT) program.

Importantly, Maximus also maintains strict independence from any direct or indirect financial or contractual relationship with organizations that offer medical services in the State of West Virginia and throughout the United States, meeting the stringent requirements of 42 C.F.R. § 438.810 (b)(1).

As West Virginia's current provider of Managed Care Enrollment Broker Services, we present our competitive and best-value quote to West Virginia. As allowed by the CRFQ, as well as the State's Attachment A of Addendum 1, Response to Vendor Questions, we also present the following:

- Documentation demonstrating that Maximus and our proposed key staff in *Section 3.0: Qualifications* exceed those specified in the CRFQ.
- Our request to negotiate several terms in *Section 5.0: Exceptions and Clarifications*. We also provide assumptions and clarifications in this section.

Since 2015, enrollees and potential enrollees have experienced a conflict-free, person-centered customer service experience that offers education and choice counseling focused on their unique needs. We are proud to serve as the first contact for West Virginia's residents seeking information and support on a variety of issues, including Medicaid and Children's Health Insurance Program eligibility, covered services, health risk assessments, and primary care provider selection. We are equally proud to play an important role in West Virginia's human services programs as a partner to BMS. We appreciate the opportunity to advance our

partnership and continue the work we have done to improve access to affordable healthcare and, ultimately, the health outcomes of West Virginia's residents. Our solution brings a low-risk transition to the next contract term with the requisite tools, established processes, and experienced staff already in place.

We look forward to continuing our collaboration with the BMS and the MHT program. Should you have any questions about our quote, please contact:

Beth Saalman, Sr. Proposal Manager
1600 Tysons Blvd, Suite 1400, McLean, VA 22102
Tel: 941.374.3573
Email: USProposals@maximus.com

Sincerely,

A handwritten signature in black ink, appearing to read "Kyle A. Gregory". The signature is stylized with a large initial "K" and "G".

Kyle A. Gregory
Counsel - Contracts



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1.0 CENTRALIZED REQUEST FOR QUOTE FORM

Instructions #14: Unit Price

Unit prices shall prevail in cases of a discrepancy in the Vendor's bid.

Exhibit "A" Instructions for Pricing

Maximus US Services, Inc. (Maximus) provides our completed and signed Centralized Request for Quote (CRFQ) form on the following pages. All unit prices are provided in compliance with the CRFQ's Exhibit A, Instructions for Pricing.



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


State of West Virginia
 Centralized Request for Quote
 Service - Misc

Proc Folder: 1361033			Reason for Modification:
Doc Description: MANAGED CARE ENROLLMENT BROKERAGE SERVICES			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-02-07	2024-03-12 13:30	CRFQ 0511 BMS2400000003	1

BID RECEIVING LOCATION	
BID CLERK DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON ST E CHARLESTON WV 25305 US	

VENDOR	
Vendor Customer Code:	
Vendor Name : Maximus US Services, Inc.	
Address : 1600 Tysons Blvd., Suite 1400	
Street :	
City : McLean	
State : VA	Country : U.S.
	Zip : 22102
Principal Contact : Rosemary Ajoku, MHP CHIE, Managing Director	
Vendor Contact Phone: 412.760.0442	Extension: N/A

FOR INFORMATION CONTACT THE BUYER	
Crystal G Hustead	
(304) 558-2402	
crystal.g.hustead@wv.gov	

 Digitally signed by Kyle A. Gregory Date: 2024.03.11 10:42:16 -04'00'	Vendor Signature X Kyle A. Gregory, Counsel - Contracts FEIN# 26-0307682	DATE March 12, 2024
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All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES (BMS), WHICH INCLUDES THE WEST VIRGINIA MEDICAID PROGRAM AND THE WEST VIRGINIA CHILDREN'S HEALTH INSURANCE PROGRAM (WVCHIP), IS SOLICITING BIDS TO ESTABLISH A CONTRACT TO PROVIDE ENROLLMENT BROKER SERVICES FOR THE MOUNTAIN HEALTH TRUST (MHT) PROGRAM PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Implementation-BMS			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Implementation Costs-BMS: Staffing, Computer (including software), Facilities, Consulting Services, and Other Costs
Implementation: 9/3/2024 - 12/2/2024

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Base Year One- 1-450,000 Members			\$0.2938	\$1,189,890

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 450,000 members X 9 Months
Dates of service 12/3/2024 - 9/2/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Base Year One- 450,001 -600,000 Members			\$0.2791	\$1,507,140

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 600,000 members X 9 Months
 Dates of service 12/3/2024 - 9/2/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Base Year One- 600,001 or More Members			\$0.2651	\$1,431,542

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X600,001 members X 9 Months
 Dates of service 12/3/2024 - 9/2/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Optional Renewal Year One -1-450,000 Members			\$0.2938	\$1,586,520

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One-PMPM rate X 450,000 members X 12 Months
 Dates of service 9/03/2025-9/02/2026

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Optional Renewal Year One - 450,001 -600,000 Members			\$0.2791	\$2,009,520

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One-PMPM rate X 600,000 members X 12 Months
 Dates of service 9/03/2025-9/02/2026

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Optional Renewal Year One - 600,001 or More Members			\$0.2651	\$1,908,723

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One-PMPM rate X 600,001 members X 12 Months
 Dates of service 9/03/2025-9/02/2026

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Optional Renewal Year Two - 1-450,000 Members			\$0.2938	\$1,586,520

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two-PMPM rate X 450,000 members X 12 Months
 Dates of service 9/03/2026- 9/02/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Optional Renewal Year Two- 450,001 -600,000 Members			\$0.2791	\$2,009,520

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two-PMPM rate X 600,000 members X 12 Months
 Dates of service 9/03/2026- 9/02/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Optional Renewal Year Two - 600,001 or More Members			\$0.2651	\$1,908,723

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two-PMPM rate X 600,001 members X 12 Months
 Dates of service 9/03/2026- 9/02/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Optional Renewal Year Three-1-450,000 Members			\$0.2938	\$1,586,520

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three-PMPM rate X 450,000 members X 12 Months
 Dates of service 9/03/2027-9/02/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Optional Renewal Year Three - 450,001 -600,000 Members			\$0.2791	\$2,009,520

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three-PMPM rate X 600,000 members X 12 Months
 Dates of service 9/03/2027-9/02/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
13	Optional Renewal Year Three - 600,001 or More Members			\$0.2651	\$1,908,723

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three-PMPM rate X 600,001 members X 12 Months
 Dates of service 9/03/2027-9/02/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
14	Base Year One-Ad Hoc Hourly Rate Information Technology			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 12/3/2024 - 9/2/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
15	Opt. Renewal Yr 1-Ad Hoc Hourly Rate Information Technology			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 12/03/2024-9/02/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
16	Opt. Renewal Yr 2-Ad Hoc Hourly Rate Information Technology			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2026-9/02/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
17	Opt. Renewal Yr 3-Ad Hoc Hourly Rate Information Technology			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2027-9/02/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
18	Base Year One-Ad Hoc Hourly Rate Non-Information Technology			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One Ad Hoc Hourly Rate Non- Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 12/3/2024 - 9/2/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
19	Opt.Renew.Yr1 -Ad Hoc Hrly Rate Non-Information Technology			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Non- Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2025-9/02/2026

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
20	Opt. Renewal Yr 2-Ad Hoc Hourly Rate Non-Information Tech			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Non-Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2026-9/02/2027

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
21	Opt. Renewal Yr 3-Ad Hoc Hourly Rate Non-Information Tech			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Non-Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2027-9/02/2028

INVOICE TO			SHIP TO		
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US			HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
22	Implementation-WVCHIP Implementation Costs			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Implementation Costs-WVCHIP: Staffing, Computer (including software), Facilities, Consulting Services, and Other Costs
 Implementation: 9/3/2024 - 12/2/2024

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
23	WVCHIP: Base Year One- 1 - 20,000 Members			\$0.2938	\$52,884

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Base Year One-PMPM rate X 20,000 members X 9 Months
 Dates of service 12/03/2024 -9/02/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
24	WVCHIP: Base Year One-20,001-25,000 members			\$0.2791	\$62,798

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Base Year One-PMPM rate X 25,000 members X 9 Months
 Dates of service 12/03/2024 -9/02/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
25	WVCHIP: Base Year One- 25,001 Or More members			\$0.2651	\$59,650

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Base Year One-PMPM rate X 25,001 members X 9 Months
 Dates of service 12/03/2024 -9/02/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
26	WVCHIP: Optional Renewal Y1 - 1 to 20,000 Members			\$0.2938	\$70,512

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year One-PMPM rate X 20,000 members X 12 Months
 Dates of service 9/03/2025 - 9/2/2026

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
27	WVCHIP: Optional Renewal Year One-20,001-25,000 members			\$0.2791	\$83,730

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year One-PMPM rate X 25,000 members X 12 Months
 Dates of service 9/03/2025 - 9/2/2026

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
28	WVCHIP: Optional Renewal Year One-25,001 Or More members			\$0.2651	\$79,533

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year One-PMPM rate X 25,001 members X 12 Months
 Dates of service 9/03/2025 - 9/2/2026

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
29	WVCHIP: Optional Renewal Year Two-1-20,000 members			\$0.2938	\$70,512

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Two-PMPM rate X 20,000 members X 12 Months
 Dates of service 9/3/2026 - 9/2/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
30	WVCHIP: Optional Renewal Year Two-20,001-25,000 members			\$0.2791	\$83,730

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Two-PMPM rate X 25,000 members X 12 Months
 Dates of service 9/3/2026 - 9/2/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
31	WVCHIP: Optional Renewal Year Two-25,001 or More members			\$0.2651	\$79,533

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Two-PMPM rate X 25,001 members X 12 Months
 Dates of service 9/3/2026 - 9/2/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
32	WVCHIP: Optional Renewal Year Three-1-20,000 members			\$0.2938	\$70,512

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Three-PMPM rate X 20,000 members X 12 Months
 Dates of service 9/3/2027 - 9/2/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
33	WVCHIP: Optional Renewal Year Three-20,001-25,000 members			\$0.2791	\$83,730

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Three-PMPM rate X 25,000 members X 12 Months
 Dates of service 9/3/2027 - 9/2/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
34	WVCHIP: Optional Renewal Year Three-25,001 or More members			\$0.2651	\$79,533

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Three-PMPM rate X 25,001 members X 12 Months
 Dates of service 9/3/2027 - 9/2/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
35	WVCHIP: Base YR 1-Ad Hoc Hourly Rate Information Technology			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Base Year One Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 12/3/2024- 9/2/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
36	WVCHIP: Opt. Renew. Yr 1-Ad Hoc Hourly Rate Information Tech			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year One Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2025-9/02/2026

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
37	WVCHIP: Opt. Renew. Yr 2-Ad Hoc Hourly Rate Information Tech			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Two Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2026-9/02/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
38	WVCHIP: Opt. Renew. Yr 3-Ad Hoc Hourly Rate Information Tech			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Three Ad Hoc Hourly Rate Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2027-9/02/2028

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
39	WVCHIP: Base Yr 1-Ad Hoc Hourly Rate Non-Information Tech.			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Base Year One Ad Hoc Hourly Rate Non-Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 12/03/2024 - 9/02/2025

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
40	WVCHIP:Opt.Renew.Yr1 -Ad Hoc Hrly Rate Non- Information Tech			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year One Ad Hoc Hourly Rate Non- Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2025-9/02/2026

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
41	WVCHIP:Opt.Renew.Yr2 -Ad Hoc Hrly Rate Non- Information Tech			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Two Ad Hoc Hourly Rate Non- Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2026-9/02/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US		HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
42	WVCHIP:Opt.Renew.Yr3 -Ad Hoc Hrly Rate Non- Information Tech			\$0.00	\$0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

WVCHIP Optional Renewal Year Three Ad Hoc Hourly Rate Non- Information Technology
 Estimated 5000 hours X hourly rate
 Dates of service 9/03/2027-9/02/2028

SCHEDULE OF EVENTS

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2024-02-14

	Document Phase	Document Description	Page 23
BMS240000003	Final	MANAGED CARE ENROLLMENT BROKERAGE SERVICES	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2400000003

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Maximus US Services, Inc.

Company
Digitally signed by Kyle A. Gregory
Date: 2024.03.08 20:19:30 -05'00'



Authorized Signature

March 12, 2024

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

Revised 6/8/2012

3.0 QUALIFICATIONS

Specifications 3.0: Qualifications

Vendor, or Vendor's staff if requirements are inherently limited to individuals rather than corporate entities, must have the following minimum qualifications:

Maximus partners with the West Virginia Department of Human Services (WVDoHS; formerly the Department of Health and Human Resources, DHHR) Bureau for Medical Services (BMS, or "the Agency") daily to provide high-quality services through the West Virginia Managed Care Enrollment Broker Services project (the Project). Together, we understand the Agency's needs and are poised to continue supporting Project operations, delivering member-focused services, and supporting future program evolutions.

At the heart of our solution is our dedicated project leadership team that, when combined, brings more than 50 years of West Virginia, WVDoHS, managed care, and Medicaid expertise. Our team's cumulative history encompasses our nationwide and West Virginia-specific enrollment broker experience and in-depth quality oversight and management.



EXCEEDS

We **exceed** the minimum vendor qualifications and will continue to staff the Project with individuals who meet and exceed the minimum staff qualification requirements in Centralized Request for Quotation (CRFQ) Section 3.0: Qualifications.



West Virginia Enrollment Broker Project Client Satisfaction Numbers

To measure client satisfaction with our services, we use the Net Promoter Score® (NPS) metric. The Agency has evaluated their satisfaction with the Maximus West Virginia Project Team (Project Team) over the last four years:

- 2020: NPS 10/10
- 2021: NPS 10/10
- 2022: NPS 10/10
- 2023: NPS 9/10

In the new contract period, the Agency will continue to benefit from the high-quality customer service and best practices Maximus brings from operating this project.

3.1 West Virginia Project Team

Specifications 3.1

The Vendor must agree to secure and retain professional staff assigned to the West Virginia contract to meet contract requirements. The Vendor's response must provide personnel comprised of staff dedicated full-time to the MHT program. At a minimum, the Vendor must provide the following key staff:

(Note: Documentation to demonstrate qualifications and experience should be provided with bid response but must be provided within three (3) business days of request.)

Maximus will continue to secure and retain professional staff for the Project to meet contract requirements. The Project Team will include staff who are dedicated full-time to the Mountain Health Trust (MHT) program. Our leadership team, supported by our skilled key staff, offers consistency and stability — something no other contractor can provide. In the following subsections, we detail the qualifications and experience of the Project Team. Resumes for the Project Team can be found in *Section 3.1.2: Resumes*.

The stability, flexibility, and successful performance of the Project begins with the organizational structure we use to support its ongoing operations — a structure that includes continued

oversight from trusted project leaders. Our Project organizational structure is shown in *Exhibit 3.1-1: Maximus West Virginia Enrollment Broker Project Organization*. Our key staff will be 100% dedicated to the Project.

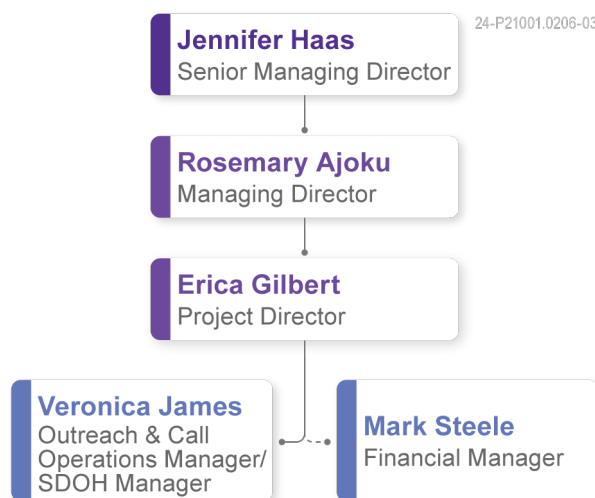


Exhibit 3.1-1: Maximus West Virginia Enrollment Broker Project Organization. *The Agency will experience an easy transition to the new contract through your dedicated relationships with our established key leaders, with no requirement to establish new communication and activity processes.*

The Agency will benefit from:

- Our West Virginia-based customer service staff and key staff who already are invested in, dedicated to, and passionate about delivering exceptional customer service and supporting the continued success of the Project
- A full team of knowledgeable staff already in place, which reduces the risk of disrupting services for West Virginians as we enter the new contract period
- Corporate experts and resources to support our Project leadership as needed to achieve contract service level agreements (SLAs) and support the Agency’s goal of making healthcare accessible for West Virginia’s vulnerable populations

Our **Executive Oversight and Leadership Team** includes **Rosemary Ajoku** and **Jennifer Haas**. Rosemary has provided executive oversight of the Project for three years. Her broad approach to analysis and problem solving helps the Project Team translate industry best practices and apply them to West Virginia’s Medicaid population. She also regularly meets with other enrollment broker leaders to share knowledge and experiences from enrollment broker projects across the country.

**Rosemary Ajoku,
Managing Director,
Executive Oversight and
Leadership**

Rosemary has **30 years of experience in healthcare and Medicaid operations** including program experience in enrollment, eligibility, and call center operations.

In her tenure at Maximus, Jennifer has overseen six eligibility and enrollment broker projects and served on the executive management team of one of our largest enrollment broker projects, Texas Enrollment Broker. From this experience, the best practices and skills Jennifer bring to the Project include strategy setting, team mentorship, and the ability to connect across Maximus for additional enrollment broker expertise.



**Jennifer Haas, Senior
Managing Director,
Executive Oversight and
Leadership**

Jennifer started with Maximus in 2000 and has over **20 years of experience in health and human services, with specific expertise in Medicaid enrollment, eligibility, and provider credentialing.**

3.1.1 Key Staff Availability

Specifications 3.1.1

All Key staff must be available Mon-Fri (8:30 AM-4:30 PM), excluding State holidays, which can be found at: <https://personnel.wv.gov/employees/benefits/pages/holidays.aspx>.

In addition, all key staff must be available to meet on-site with the Agency within five (5) business days of request, unless requested earlier by the Agency.

Key staff will be available during the project operational hours from Monday through Friday, 8:30 a.m. to 4:30 p.m., excluding state holidays. Our key staff will be available to meet on-site within five days or sooner at the request of the Agency. Having local staff means that we can respond quickly to on-site needs, problems, or emergencies that arise. For example, even when the Project transitioned to a work-from-home model during the COVID-19 Public Health Emergency (PHE), our key staff were available for meetings with the Agency at short notice.

Across our West Virginia contracts, past and present, we recruit locally and maintain teams that represent the communities we serve. In this new contract, we will continue to bring a local team to the Project. The Maximus customer service staff, financial manager, and outreach and call operations manager live in West Virginia. They bring first-hand knowledge of the unique needs and challenges of Medicaid and West Virginia Children's Health Insurance Program (WVCHIP) participants.

3.1.2 Project Director

Specifications 3.1.2: Project Director

The Vendor must have (1) full-time Project Director during the term of this contract. The Project Director must serve as the key accountable lead and the primary point of contact for all program activities. This key staff member must have the authority to manage all key staff identified in this contract, and make decisions, be responsible for directing operations throughout the life of the contract and attend all requested meetings as requested by the Agency. The Project Director must meet the following qualifications and experience:

3.1.2.1. Have a minimum of three (3) years of experience with managed enrollment and Medicaid programs.

3.1.2.2. Have a minimum of three (3) years of experience managed projects of similar size and scope.

3.1.2.3. Provide executive direction for completion of required deliverables.

3.1.2.4. Have authority to make decisions and be responsible for directing operations throughout the term of the contract.

3.1.2.5. Have authority for staffing and operations decisions, with the Agency' approval.

3.1.2.6. Ensures the Project Team staff fulfill the following:

3.1.2.6.1. Provide regular status reports to the Project Director and the Agency or its designee.

3.1.2.6.2. Report any issues causing delays and/or problems on the project.

3.1.2.6.3. Resolve issues reported by the Agency with the timeframe designated by the Agency at the time that the issue is reported.

3.1.2.6.4. Escalate critical issues to the Agency for resolution within one (1) business day from the notification of the issue.



Our Project Director, Erica Gilbert, exceeds the qualification and experience requirements in the CRFQ.

Erica joined the Project Team in 2024 as project director. She has 20 years of experience leading large and diverse project teams, including 9 years of experience managing complex enrollment and Medicaid projects. Her experience also includes developing and managing a team for the New Hampshire Department of Health and Human Services Division during the COVID-19 PHE.

Since joining the Project Team, Erica has used her expertise in directing cross-functional teams and strategic planning to maintain an environment of continuous improvement in Project performance for West Virginia.

Erica has also made it her priority to foster trust from the Project Team and the Agency and connect with the populations she serves. She communicates with the call operations and outreach manager daily as well as attends monthly call center meetings. She meets with the Outreach team to understand their processes and daily routines for reaching out to and working with community-based organizations (CBOs), managed care organizations (MCOs), and the Agency. She also reviews metrics with the team.

She will make weeklong trips to Charleston at least quarterly to meet in person with her team, review successes and challenges, and review processes for possible efficiencies. She will also meet with the Agency regularly during this time and at the Agency's request to review overall project performance.

As the full-time primary point of contact for program activities, Erica is accountable and responsible for managing key staff, making program decisions, and directing operations throughout the contract term. She will also attend meetings requested by the Agency.

Exhibit 3.1.2-1: Project Director Qualifications and Responsibilities Requirements demonstrates how Erica meets and exceeds the minimum requirements set forth in the CRFQ. Erica has the experience and capability to provide strategic direction, engage internal and external project



Erica Gilbert, Project Director

- 26+ years' experience with Medicaid programs
- 20 years' experience managing large diverse teams
- 20 years' experience leading call center staff within a healthcare setting specializing in home health, eligibility, benefit verification, provider services, and specialty pharmacy operations
- 9 years' experience overseeing projects similar in size and scope to the Project



I like the idea of **making a difference** in the quality of life for the community I am serving.

-Erica Gilbert, Project Director, West Virginia Managed Care Enrollment Broker Services



stakeholders, and motivate project teams. This means the Agency and West Virginians will continue to experience the highest level of Medicaid enrollment service.

Exhibit 3.1.2-1: Project Director Qualifications and Responsibilities Requirements.

RFQ Minimum Qualification Requirements	Relevant Experience and Number of Years	Meets Requirements	Exceeds Requirements
Have a minimum of three (3) years of experience with managed care enrollment and Medicaid programs	<ul style="list-style-type: none"> 20+ years' experience with managed care across multiple workstreams, including eligibility, benefits verification, and billing 		✓
Have a minimum of three (3) years of experience managed projects of similar size and scope	<ul style="list-style-type: none"> 9 years managing a team encompassing 200 leaders, supervisors, subject matter experts, and specialists 		✓
Provide executive direction for completion of required deliverables	<ul style="list-style-type: none"> 18+ years providing oversight and direction for completion of deliverables across teams and programs 		✓
Have authority to make decisions and be responsible for directing operations throughout the term of the contract	<ul style="list-style-type: none"> 10 years in a position of authority responsible for operations, including for the Project 		✓
Have authority for staffing and operations decisions, with the Agency's approval	<ul style="list-style-type: none"> Makes decisions about staffing as well as direct overall project operations under the Agency's approval 	✓	
Ensures the Project Team staff fulfill the following: <ul style="list-style-type: none"> Provide regular status reports to the Project Director and the Agency or its designee 	<ul style="list-style-type: none"> Provides project reports to the Agency by the 15th of each month Gathers additional input from call center and outreach manager, financial manager, and managing director during 1st week of the month Follows up on report deliverables with project team 	✓	
<ul style="list-style-type: none"> Report any issues causing delays and/or problems on the project 	<ul style="list-style-type: none"> Has 20 years of experience managing large diverse teams including managers, supervisors, and specialists; fostering collaboration; and maintaining operational efficiency across key departments Reaches out to the Agency to offer a synopsis of project performance, advise on critical issues, and provide guidance on planned resolution and resolution timeframe 		✓
<ul style="list-style-type: none"> Resolve issues reported by the Agency with the timeframe designated by the Agency at the time that the issue is reported 	<ul style="list-style-type: none"> Works with operations team to resolve issues reported by the Agency at the time the issue is reported 	✓	
<ul style="list-style-type: none"> Escalate critical issues to the Agency for resolution within one (1) business day from the notification of the issue 	<ul style="list-style-type: none"> Escalates critical issues to the Agency for resolution within one business day 	✓	

3.1.3 Outreach and Call Operations Manager

Specifications 3.1.3: Outreach and Call Operations Manager

The Outreach and Call Operations Manager will be responsible for managing the Vendor's call center, and therefore, must have a bachelor's degree or equivalent combination of education, technical training or work experience considered in lieu of degree. This person must have a minimum of three (3) years of management experience or 5 years of related experience.

The Outreach and Call Operations Manager must have three (3) years of experience in developing and implementing comprehensive communications plans and outreach materials with Medicaid populations, including the use of websites as well as electronic and social media. The Outreach and Call Operations Manager must have a minimum of three (3) years of experience with enrollment and reporting operations management. This person will also be the liaison with the contracted MCOs to obtain required information to help enrollees make informed MCO selections. This person will be responsible for monitoring and oversight, including development and review of reports to identify trends and concerns that need to be addressed. This person must be capable of working as a team member as well as independently demonstrating the ability to manage a large Call Center for a health care related or Medicaid program.

As the Outreach and Call Operations Manager, Veronica James exceeds the qualification and experience requirements in the CRFQ.



EXCEEDS

Veronica has worked with WVDoHS, managed care eligibility and enrollment programs, and West Virginians for 25 years. Of those 25

years, more than 23 were spent managing teams in the managed care, healthcare, and medical insurance fields. She has supported operations teams to deliver staff optimization, adherence to business processes, and compliance with key performance requirements.

Having worked on the Project since 2015, Veronica has seen the program evolve and brings historical knowledge that will shape the future of the Project. Her knowledge benefits customers by providing a consistent and knowledgeable source of accurate information for customer service representatives (CSRs), MCOs, and the Agency. Veronica has an intimate understanding of the West Virginia communities served by the Project and maintains relationships within the community, MCOs, CBOs, and other state agencies and contractors.

Veronica's connections to CBOs and MCOs are especially unparalleled. She will continue to network and coordinate with local WVDoHS offices, social services offices, CBOs, and MCOs to display and distribute outreach resources. She will also work with them to schedule discussions, personal meetings, and presentations.

Our team is already preparing for the onboarding of a new MCO, and Veronica's experience with MCOs as well as member education and outreach will be instrumental in supporting the onboarding of the new MCO in 2024. Her team will be making sure members will be notified of the new MCO. An essential part of this onboarding process includes updating materials, the website, and CSR scripts. Veronica will continue assisting members and enrollees by



Veronica James, Outreach and Call Operations Manager

- 25 years supporting WVDoHS programs
- 23 years providing call center support to MHT
- 9 years as call operations manager for the Project
- 7 years as outreach manager for the Project
- 3+ years managing CSRs who conduct Social Determinants of Health (SDOH) assessments during the enrollment process

coordinating education and outreach materials as well as updating training materials for call center staff to assist with MCO selections.

Furthermore, Veronica has been analyzing and reporting call center and managed care plan enrollment data for almost 20 years, including call volume trends and CSR key performance metrics. She will continue to develop and review reports required for the operation of the Project call center and outreach operations. She works across the Operations team to use reporting, compliance, training, workforce management, and operations analysis information to enhance the customer experience and continually meet or exceed SLAs. Her dedication results in accurate and on-time enrollments and outstanding member satisfaction.

Exhibit 3.1.3-1: Outreach and Call Operations Manager Requirements and Qualifications demonstrates how Veronica’s in-depth project experience meets and exceeds the requirements set forth in the CRFQ for this position. She understands where the Project has been and where it is going and works hard to instill a culture of service excellence throughout the organization.

Exhibit 3.1.3-1: Outreach and Call Operations Manager Requirements and Qualifications.

RFQ Key Staff Minimum Qualification Requirements	Relevant Experience and Number of Years	Meets Requirements	Exceeds Requirements
Bachelor's degree or equivalent combination of education, technical training or work experience considered in lieu of degree	<ul style="list-style-type: none"> 25 years' work experience and technical training 		✓
Minimum of three years of management experience or five years of related experience	<ul style="list-style-type: none"> 9 years of call center management for the Project 7 years of outreach management for the Project Leads operations for the Project and provides operational excellence gleaned from her experience in call centers and business process organizations, delivering high quality and customer satisfaction 		✓
Three years of experience in developing and implementing comprehensive communications plans and outreach materials with Medicaid populations, including the use of websites as well as electronic and social media	<ul style="list-style-type: none"> 7 years developing and managing communications, education, and outreach plans and materials for West Virginia Medicaid populations 16 years of experience developing training curricula Experience delivering staff training Experience initiating employee development and mentorship programs 		✓
Minimum of three years of experience with enrollment and reporting operations management.	<ul style="list-style-type: none"> 18 years of experience as part of key leadership team including call center, management, and operations experience 		✓

RFQ Key Staff Responsibility Requirements	Relevant Experience and Number of Years	Meets Requirements	Exceeds Requirements
Capability to work as a team member as well as independently demonstrate the ability to manage a large call center for a health care related or Medicaid program.	<ul style="list-style-type: none"> 10 years' experience as a team member supporting the day-to-day data coding, research, trending, and process improvement Nearly 10 years' experience managing the West Virginia Enrollment Broker Services' call center 		✓

RFQ Key Staff Responsibility Requirements	Relevant Experience and Number of Years	Meets Requirements	Exceeds Requirements
Liaise with the contracted MCOs to obtain required information to help enrollees make informed MCO selections	<ul style="list-style-type: none"> Manages operational aspects of the West Virginia Enrollment Broker Services call center 25+ years' experience working with West Virginia MCOs Almost three decades working in the state's healthcare delivery programs, especially Medicaid History of fostering positive relationships with the Agency, community, and plan stakeholders Unmatched understanding of and empathy with members from different populations and backgrounds 		✓
Responsible for monitoring and oversight, including development and review of reports to identify trends and concerns that need to be addressed	<ul style="list-style-type: none"> Experience monitoring performance metrics to improve efficiency and provide superior customer service to clients 	✓	

3.1.4 Financial Manager

Specifications 3.1.4: Financial Manager


The Financial Manager will be responsible for managing all financial aspects of the contract, and therefore, must have a bachelor's degree and a minimum of 5 years' experience demonstrating the ability to manage all financial aspects of the contract.

Essential duties for this position include but are not limited to: Prepare financial budgeting, forecasting and all required financial reporting on a monthly, quarterly, and annual basis. Develop and maintain monthly financial dashboard for Executive Management. Ensure effectiveness of accuracy and timeliness of forecasting, reporting, accruals, and other financial related processes and systems on a weekly and monthly basis.

Provide direct financial leadership and support for assessing service allocation rates, composition of cost pools and for new allocations.

Work with Group and project finance teams to develop, administer, and implement process improvements, methodologies, and cost allocation expectations for utilizing the Shared Services Platform.

Our Financial Manager, Mark Steele, exceeds the qualification and experience requirements in the CRFQ.

 **EXCEEDS** Mark has an unmatched depth of understanding of West Virginia's managed care and human services programs. His experience includes being the Project's financial manager since 2015 and the chief financial officer of WVDoHS' Bureau for Families and Children prior to joining Maximus. This combined experience gives him the insight to anticipate and support project changes, which helps keep the Project on track.



Mark Steele, Financial Manager

- 24+ years in accounting
- 13 years managing finances for WVDoHS programs
- Nearly 9 years' experience as financial manager for the Project

As financial manager, he assesses resource allocation and identifies opportunities for improvement. He then works with the project director to implement identified improvements and

track and report on their impact on the project. For example, at the beginning of the COVID-19 PHE, Mark helped transition our staff to a work-from-home model. He quickly assessed staffing and call centers across multiple projects, including West Virginia. He was able to get our Charleston project staff operational without compromising program performance. In addition, Mark was able to help prepare the team when call volumes began to spike during the COVID-19 PHE.

Exhibit 3.1.4-1: Financial Manager Requirements and Qualifications outlines Mark’s experience including serving as the Project’s current financial manager and previous engagement with the state’s WVDoHS, and how he exceeds the CRFQ requirements. Every day, Mark demonstrates financial acumen and understanding of state and federal healthcare policies and landscape and applies them to the Project with precision and insight.

Exhibit 3.1.4-1: Financial Manager Requirements and Qualifications.

RFQ Key Staff Minimum Qualification Requirement	Relevant Experience and Number of Years	Meets Requirement	Exceeds Requirement
Bachelor’s degree and a minimum of five years’ experience demonstrating the ability to manage all financial aspects of the contract	<ul style="list-style-type: none"> ■ Bachelor’s degree ■ Nearly 9 years’ experience as Maximus’ financial manager for the West Virginia Enrollment Broker Services project 		✓

RFQ Key Staff Responsibility Requirements	Relevant Experience and Number of Years	Meets Requirements	Exceeds Requirements
Prepare financial budgeting, forecasting and all required financial reporting on a monthly, quarterly, and annual basis	<ul style="list-style-type: none"> ■ 14+ years of financial management experience, almost 9 of which have been with the West Virginia Enrolment Broker Services project, including the preparation of financial budgeting, forecasting, and required financial reporting on a monthly, quarterly, and annual basis ■ Served as Maximus’ financial manager for the West Virginia In-person Assister Services and Oversight project ■ Provided financial management and oversight of a WVDoHS agency budget of \$530 million ■ Experience administering public healthcare programs ■ Expert in state and federal financial reporting and audit requirements 		✓
Provide direct financial leadership and support for assessing service allocation rates, composition of cost pools and for new allocations	<ul style="list-style-type: none"> ■ Nearly 9 years’ experience in financial leadership in the West Virginia Enrollment Services project ■ 7 years’ experience in direct financial management and oversight of a WVDoHS agency budget of \$530 million ■ Experience administering managed care including Medicare and Medicaid programs ■ Expert in West Virginia state and federal financial reporting and audit requirements with 17+ years’ experience 		✓

RFQ Key Staff Responsibility Requirements	Relevant Experience and Number of Years	Meets Requirements	Exceeds Requirements
Develop and maintain monthly financial dashboard for Executive Management	<ul style="list-style-type: none"> Develops monthly financial reports including Per Member Per Month reports and accruals and delivers to executive management 	✓	
Ensure effectiveness of accuracy and timeliness of forecasting, reporting, accruals, and other financial related processes and systems on a weekly and monthly basis	<ul style="list-style-type: none"> Reviews financial reporting data processes weekly and monthly, and updates executive management on the necessity of process improvements 	✓	
Work with Group and project finance teams to develop, administer, and implement process improvements, methodologies, and cost allocation expectations for utilizing the Shared Services Platform	<ul style="list-style-type: none"> Collaborates with project teams and corporate services teams across internal shared services platform 	✓	

3.1.5 Social Determinants of Health (SDOH) Manager

Specifications 3.1.5: SDOH Manager

The Social Determinants of Health (SDOH) Manager will be responsible for managing all SDOH aspects of the contract, and therefore, must have a minimum of two (2) years of experience developing and managing complex project plans demonstrating the ability to manage all SDOH aspects of the contract involving organization and/or community change. The candidate must have three (3) years' experience with data management, analysis, auditing, and reporting. Two (2) years' experience with health insurance and/or government operations preferred. Essential duties for this position include but are not limited to: Establish and maintain the network of community resources that underpins the effort of addressing Medicaid member needs as well as think strategically about expanding the network to help expand the SDOH program. This position will drive the recruitment and training of community resources and develop strong relationships with those resources to drive positive outcomes for members. This role serves as a primary contact for internal and external stakeholders regarding community resource management. This position will juggle visions of multiple stakeholders including the health system, community resources, government leadership, and local program management while focusing on ensuring success of the SDOH program.

Veronica James, our Outreach and Call Operations Manager, will be responsible for managing the Social Determinants of Health (SDOH) aspects of the contract as a component of her outreach responsibilities. She will lead the Project's efforts in addressing the critical factors that influence health outcomes within the communities across West Virginia. Specifically, Veronica will have responsibility of fulfilling the CRFQ's specifications for the SDOH as stated in Specifications Section 4, Mandatory Requirements, items 4.1.34 through 4.1.37:

- Conduct member assessments as part of the enrollment process to determine any social determinants of health and health risks impacting the member's healthcare and quality of life as discussed in 42 CFR § 438.208(c)(1) (<https://www.ecfr.gov/current/title-42/chapterIV/subchapter-C/part-438/subpart-D/section-438.208>)
- Obtain Agency approval of the member assessment prior to implementation
- Share the SDOH assessment data with the enrollee's MCO
- Conduct outreach and engagement to members needing SDOH assistance and inform them of community supports to help address their needs

- Provide monthly reporting updates on the SDOH program in an Agency approved template by the fifteenth (15th) of the subsequent month

Veronica will collaborate with her Call Operations and Outreach teams and with the Agency, WVDoHS, MCOs, and CBOs to develop and implement initiatives aimed at reducing health disparities and increasing access to care. Her existing connections across the state, combined with the ability to reach new community organizations and resources through our outreach team, positions Veronica to support the success of the SDOH program.

Exhibit 3.1.5-1: SDOH Manager Requirements and Qualifications demonstrates Veronica’s ability to meet and exceed the CRFQ requirements. Furthermore, Veronica is a leader in developing partnerships and collaborations with CBOs through her seven years as the manager of the Project’s Outreach team.

Exhibit 3.1.5-1: SDOH Manager Requirements and Qualifications.

RFQ Key Staff Minimum Requirements	Relevant Experience and Number of Years	Meets Requirements	Exceeds Requirements
A minimum of two (2) years of experience developing and managing complex project plans	<ul style="list-style-type: none"> ■ 7 years’ experience coordinating and managing project plans for outreach and education as part of the West Virginia Enrollment Broker Services project 		✓
Ability to manage all SDOH aspects of the contract involving organization and/or community change	<ul style="list-style-type: none"> ■ Currently coordinates education and outreach with community organizations involved in meeting the needs of West Virginians ■ Manages and oversees a team of CSRs who conduct SDOH assessments during the enrollment process ■ Understands SDOH needs specific to West Virginia Medicaid populations 	✓	
Three (3) years’ experience with data management, analysis, auditing, and reporting	<ul style="list-style-type: none"> ■ 20 years’ experience analyzing and collecting data related to managed care projects ■ 9 years’ experience managing, analyzing, auditing, and reporting data for the Project 		✓
Two (2) years’ experience with health insurance and/or government operations preferred	<ul style="list-style-type: none"> ■ 25 years’ experience working with health insurance and government operations in West Virginia and for WVDoHS 		✓

RFQ Key Staff Responsibility Requirements	Relevant Experience and Number of Years	Meets Requirements	Exceeds Requirements
Establish and maintain the network of community resources that underpins the effort of addressing Medicaid member needs as well as think strategically about expanding the network to help expand the SDOH program	<ul style="list-style-type: none"> ■ Currently coordinates education and outreach with community organizations involved in meeting the needs of West Virginians ■ Established and expanded networks in support of project outreach efforts 	✓	

RFQ Key Staff Responsibility Requirements	Relevant Experience and Number of Years	Meets Requirements	Exceeds Requirements
Drive the recruitment and training of community resources and develop strong relationships with those resources to drive positive outcomes for members	<ul style="list-style-type: none"> ■ 7 years' experience developing and managing communications, education, and outreach plans and materials for West Virginia Medicaid populations ■ 16 years' experience developing training curricula ■ Experience delivering training 		✓

3.1.6 Key Staff Resumes

Specifications 3.1

The Vendor must agree to secure and retain professional staff assigned to the West Virginia contract to meet contract requirements. The Vendor's response must provide personnel comprised of staff dedicated full-time to the MHT program. At a minimum, the Vendor must provide the following key staff:

(Note: Documentation to demonstrate qualifications and experience should be provided with bid response but must be provided within three (3) business days of request.)

Our key staff possess an unmatched set of project management skills and Medicaid managed care enrollment expertise. This enables Maximus to continue the smooth and effective operations of the Project for the Agency. The following personnel, whose resumes are included on the following pages, will be dedicated full time to the MHT program:

- Erica Gilbert, Project Director
- Veronica James, Outreach and Call Operations Manager
- Mark Steele, Financial Manager
- Veronica James, Social Determinants of Health Manager



ERICA GILBERT

Project Director

Summary

Erica Gilbert is a seasoned healthcare professional with more than 26 years of experience in healthcare operations and team management. Prior to joining the West Virginia Managed Care Enrollment Broker Services project, she spent nearly two decades coordinating clinical, state, and corporate partners to improve health strategies and outcomes for targeted populations. In combining her passion for managing complex healthcare projects with her expertise in directing cross-functional teams and strategic planning, she will continue to lead the Project to meet its performance targets.

Qualifications and Skills

- Project Director of the West Virginia Enrollment Broker project since Jan. 2024
- 20+ years of experience managing large, diverse teams
- 26+ years of overall experience in the healthcare landscape
- Strong strategic planning and project management skills

Experience

Maximus | West Virginia Enrollment Broker Services *Project Director* *Jan 2024 – Present*

- Manages key staff and directs the West Virginia Managed Care Enrollment Broker Services project operations and decisions
- Serves as the primary point of contact for the Project and attends meetings as requested
- Provides stakeholders with detailed data analysis reports, offering insights into enrollee needs and operational performance
- Streamlines member enrollment in Medicaid managed care enrollment programs while maintaining strict compliance through careful attention to detail
- Ensures critical issues are escalated promptly, enabling swift resolution and decision making within tight deadlines
- Manages cross-functional teams to maintain operational efficiency and promote collaboration across departments
- Facilitates daily integrated care delivery for a substantial patient population

Maxim Healthcare Services | New Hampshire Department of Health and Human Services *Case Coordination/Management Unit Leader* *July 2020 – Jan 2024*

- Led a team of 15 staff members, delegating tasks, resolving conflicts, and assigning the resources necessary to maintain high productivity and efficiency for the New Hampshire Department of Health and Human Services project

- Performed regular evaluations on individual staff performance and provided coaching to foster professional growth and job satisfaction
- Evaluated infectious disease program policies, procedures, and regulations to provide crucial technical and medical guidance
- Scrutinized medical records from health entities to pinpoint infectious disease cases and determined the need for further investigation
- Developed training materials and procedures to optimize workflow processes
- Conducted in-depth training for team members post new hire orientation
- Managed document organization, including scanning, to keep records updated and orderly
- Handled work schedules, payroll, and timecard management

Clear Choice MD Urgent Care

Practice Manager

Sept 2021 – Mar 2023

- Supervised a team of 20+ clinical and administrative personnel in a high-traffic healthcare setting, promoting optimal workflow and superior patient service
- Carried out frequent coaching sessions, performance assessments, and conflict mediation, nurturing a unified and dedicated team
- Oversaw inventory control management, ensuring adequate stock and timely procurement of necessary supplies
- Conducted budget planning and financial analysis, optimizing resource allocation and financial health
- Managed an average daily patient load of 75, demonstrating exceptional leadership during peak periods while accommodating as many as 135 patients daily

CareCentrix | Staffing Home Health Care Department

Senior Operations Manager

Oct 2018 – Jan 2020

- Managed a multifaceted team composed of leadership professionals, supervisors, subject matter experts, and associates, thereby enhancing efficiency across numerous nationwide and remote locations
- Facilitated the daily healthcare service scheduling for 1,300 patients, collaborating with various stakeholders including health plans, hospitals, and home healthcare providers
- Launched two operational sites in two different cities, overseeing volume forecasting, trend analysis, and workstream management
- Implemented cross-functional team roles across departments, fostering improved efficiency and collaboration

Operations Manager

Nov 2015 – Sept 2018

- Introduced strategic coaching and professional development programs to improve team competencies and performance
- Supervised human resources functions and recruitment processes alongside managing daily office operations to maintain productivity and efficiency
- Developed a resource hotline to help and resolve escalated job tasks in a single interaction

Caremark and CVS Health | Specialty Pharmacy Division, Autoimmune Team

Call Center Production Supervisor

Jan 2008 – Jun 2015

- Supervised and nurtured a high-performing team of 50 representatives, promoting a culture of progression and productivity
- Regulated the organization and dispatch of nearly 3,000 daily medication orders, guaranteeing punctual delivery and patient compliance
- Led interviews and streamlined the recruitment process for staff and managerial roles
- Monitored call center metrics including average handle time, after-call work, average speed of answer, abandonment rate, and inbound and outbound call volume, effectively forecasting trends and volumes based on a day/week/month and year-over-year patterns

Education

- Nationally Certified Pharmacy Technician, Pharmacy Technician Certification Board
- Coursework, Brown Mackie College, Olathe, Kansas



VERONICA JAMES

*Outreach and Call Operations Manager &
Social Determinants of Health Manager*

Summary

Veronica James possesses over 25 years of call center customer service and Medicaid and managed care experience. Since 2015, she has applied her skills to the West Virginia Managed Care Enrollment Broker Services project, overseeing outreach and call center operations. After working with and supporting DHHR (WVDoHS) and West Virginians for more than two decades, she has an unparalleled understanding of the populations we serve and the systems that support them. In the next contract period, she will continue to manage outreach and call center operations and will network with community organizations and social services offices to distribute outreach materials. Veronica brings excellent customer service and member satisfaction, timely and informed enrollments, and knowledgeable and accurate information about MHT for MCOs.

Qualifications and Skills

- 25+ years of experience in call center customer service
- 9+ years of experience as the Project's outreach and call operations manager
- Expert understanding of West Virginia's systems and tools
- Skilled in developing and implementing communications plans and outreach materials with Medicaid populations
- Strong, in-place relationships with MCOs
- Deep understanding of West Virginia's populations and their enrollment needs

Experience

Maximus | West Virginia Enrollment Broker Services

Outreach and Call Operations Manager

Apr 2015 – Present

- Provides leadership and management for the West Virginia Enrollment Broker Services project's call center
- Develops and executes comprehensive communications plans and outreach materials for Medicaid populations, using print and digital means (including websites and social media)
- Liaises with contracted MCOs to obtain the information enrollees need to make informed MCO selections
- Oversees Medicaid-related customer inquiries, enrollment inquiries, and incomplete application calls received through the call center and inbound mail
- Partners with Reporting and Quality Assurance to implement processes that improve the efficiency of call center and document management functions
- Designs and implements engaging and supportive onboarding training for CSRs and mail room staff designed to increase retention

- Participates in management meetings, communicating with members of project management and sharing information with subordinates as appropriate
- Communicates issues and concerns to the project director and other parties as appropriate
- Resolves operational issues in coordination with the Outreach and Education teams and the project director
- Submits weekly, monthly, and yearly management reports to the project director for review
- Reviews reports and performance data to identify trends and concerns
- Monitors the performance of CSRs and the Outreach team, including compliance with SLAs, and provides feedback, re-training, and education to staff for performance improvement
- Assists with establishment of performance goals and measurements for CSRs
- Streamlines call center operations for increased efficiency through optimizing scheduling, staffing, and performance tracking processes
- Assists with the development and implementation of policies and procedures pertinent to the effective and efficient operation of the call center
- Improves customer satisfaction ratings by implementing effective call center strategies and employee training programs
- Reduces average handling time through the development of agent scripts and troubleshooting guides
- Implements quality assurance measures to monitor agent performance
- Collaborates with other departments to develop solutions for resolving recurring customer issues, improving overall customer and client satisfaction levels
- Boosts first-call resolution rates by equipping agents with comprehensive product knowledge and troubleshooting skills through ongoing training workshops
- Conducts performance reviews for staff members, which leads to reduced resolution times and improved customer satisfaction ratings

Automated Health Systems, Inc.

Senior Helpline Information Specialist

Sept 2005 – Apr 2015

- Assisted the project manager in providing oversight and monitoring of the day-to-day operations of the helpline
- Monitored and supervised data coding activities of the helpline information specialists
- Investigated discrepancies in data; researched and evaluated possible solutions
- Identified ongoing trends in helpline information specialist performance
- Streamlined data retrieval process for faster response times

Education

- Word/Data Processing Certificate, Ben Franklin Career and Technical Education Center, Dunbar, West Virginia



MARK STEELE

Financial Manager

Summary

Since joining Maximus in 2013, Mark Steele has served as financial manager for three state enrollment broker services projects, including West Virginia's since 2015. Previously, he worked for the DHHR (WVDoHS) Bureau for Families and Children for five years in a variety of roles, including chief financial officer. His experience with both DHHR and the Agency gives him unmatched insight into the financial needs, requirements, and processes of West Virginia. As financial manager for the Project, he prepares budgets and forecasts and tracks the Project's expenditures and financial projections. He also maintains the monthly financial dashboard used to update executive management of project progress.

Qualifications and Skills

- 24+ years' experience in accounting
- 9 years' experience as financial manager for the West Virginia Enrollment Broker Services project
- Subject matter expert in West Virginia state payment processes/requirements across health and human resource programs
- Skilled in financial forecasting and project budgeting
- Uses monthly, quarterly, and annual reports to track project progress and make financial recommendations to project leadership
- Serves as financial manager on three enrollment broker services projects

Experience

Maximus | West Virginia Enrollment Broker Services

Financial Manager

Sept 2013 – Present

- Develops and maintains project financial records and budgets for the West Virginia Enrollment Broker Services Project, *Mountain Health Trust* (June 2015 – present)
- Prepares financial budgets, forecasts, and other reports necessary to track the Project's expenditures on a monthly, quarterly, and annual basis
- Develops and maintains monthly financial dashboard for executive management
- Provides direct financial leadership and support for assessing service allocation rates, composition of cost pools, and new allocations
- Works with group and project finance teams to develop, administer, and implement process improvements, methodologies, and cost allocation expectations for using the Shared Services Platform
- Submits invoices based on contractual payment model
- Oversees project-level financial tracking, including accounts payable and accounts receivable

- Performs ad hoc financial analysis as needed
- Ensures security and privacy of financial information
- Acted as financial manager for the following past projects:
 - West Virginia In-person Assistance Services and Oversight Project (Sept. 2013 – Aug. 2015)
 - Missouri Eligibility Verification Services Project (Feb. 2019 – June 2020)

West Virginia DHHR Bureau for Children and Families

Chief Financial Officer

Aug 2012 – Sept 2013

- Managed a \$530 million budget, which included state general revenue and federal funding sources (TANF, Title IV-E, Low Income Emergency Assistance Program, Child Abuse Prevention and Treatment Act, Children’s Justice Act, Social Service Block Grant)
- Oversaw the Bureau’s three financial units: Division of Accounting and Reporting, Division of Payments and Vendor Maintenance, and Title IV-E Resource Unity
- Ensured payments were processed in accordance with West Virginia state code

Director of Accounting and Reporting

Sept 2011 – Aug 2012

- Forecasted, prepared, and monitored Bureau’s administrative, social service, and family assistance program budgets
- Coordinated statewide single audit process and legislative fiscal note process
- Reviewed program payments for proper application to state and federal funding sources
- Prepared regularly scheduled and ad hoc report to assist with management decisions

Accountant/Auditor IV

Aug 2008 – Sept 2011

- Forecasted, prepared, and monitored Bureau’s administrative budgets and prepared monthly management reports

Johnson, Summers & Lopez, PLLC

Accountant

Sept 2000 – Aug 2008

- Reconciled and disbursed loan proceeds on real estate closings; balanced and managed escrow accounts
- Handled IRS 1099 reporting and notary and preparation of recording documents

Education

- Bachelor of Science, Business Administration (Finance/Accounting), West Virginia State University, Institute, West Virginia

4.0 COMPLIANCE WITH SPECIFICATIONS

We reflect on our accomplishments with the Bureau of Medical Services (BMS, or “the Agency”) and Mountain Health Trust (MHT) with both pride and an open mind for always seeking better ways to improve member services. We see the new contract as an opportunity to build on those accomplishments as your trusted partner to continue to help strengthen West Virginia’s essential public healthcare programs.

Experience-Driven Solution: Methodologies and Approaches to Fulfill the Contract Requirements and Deliverables

As detailed throughout this proposal, and as illustrated in *Exhibit 4-1: West Virginia Enrollment Broker Services Approach to Scope of Work*, the components of our member-focused solution work seamlessly together to:

- Make it easy for members to get answers to their questions and select a managed care organization (MCO) and plan that best meets their needs
- Promote informed and active choice in the member’s preferred communication channel
- Deliver member customer service and achieve first-call resolution
- Achieve the Agency’s goals and objectives

Exhibit 4-1: West Virginia Enrollment Broker Services Approach to Scope of Work.

Solution Category	Solution Components/Elements
People	<ul style="list-style-type: none"> ■ In-place, skilled team with unmatched West Virginia enrollment broker knowledge and experience ■ Established relationships with program stakeholders ■ Corporate commitment, dedicated executive leaders, and shared service teams to support project staff ■ The Maximus West Virginia Outreach team to support the development of Project Member, MCO, and potential enrollee materials
Processes	<ul style="list-style-type: none"> ■ Established member-centered enrollment processes with decades of experience meeting and exceeding performance standards ■ Proven workforce management and staff forecasting ■ Performance management ■ Shared best practices across 18 enrollment broker projects
Technology and Data	<ul style="list-style-type: none"> ■ In-place, reliable enrollment broker technology solution ■ Cloud-based telephony platform ■ User-friendly enrollment broker Website and portal ■ Sophisticated reporting and analytics platform
Benefits to West Virginians and the Agency	<ul style="list-style-type: none"> ■ Expert guidance ■ Outstanding Agency and member satisfaction ■ Consistent messaging ■ Accurate enrollments ■ Continuous improvement ■ Ability to change quickly ■ Informed and active choice ■ No-risk transition

We offer the lowest-risk solution and eliminate the need to invest in a labor-intensive and risky transition to a new contractor. As the Agency's current provider of Managed Care Enrollment Broker Services, Maximus has direct, hands-on experience complying with the Agency's program requirements. We operate a toll-free line providing unbiased choice counseling, telephone enrollment, outreach, and general inquiry support.

The Agency will continue to benefit from:

- Consistency brought by the Maximus West Virginia Project Team that has delivered high-performing operations over the past nine years
- Flexibility of a nimble yet robust shared resources infrastructure that allows us to quickly implement turnkey services
- A substantial community footprint that only Maximus can bring with key staff that has decades of creating and maintaining partnerships and connections in West Virginia
- Experience of a "go-to team" who are well known as the first stop for members, potential enrollees, MCOs, the Agency, and West Virginia Department of Human Services (WVDoHS) (formerly the Department of Health and Human Resources)

At-A-Glance

In 2023, we provided the following services for the Project:

- **Number of calls handled:** 23,686
- **Number of enrollments processed:** 34,379
- **Enrollments by phone:** 10,453
- **Enrollments by mail:** 12,627
- **Enrollments by web:** 7,411
- **State-facilitated enrollments:** 87,170
- **Auto-assigned:** 49,610

Maximus will continue to provide high-quality, reliable solutions and services throughout the next contract term.

Maximus meets the mandatory requirements, qualifications, experience, and approach requirements outlined in RFQ Section 4: Mandatory Requirements, detailed in our response, *Section 4.1: Mandatory Requirements*.

4.1 Mandatory Requirements

4. MANDATORY REQUIREMENTS

4.1 Mandatory Contract Services Requirements and Deliverables: Contract Services must meet or exceed the mandatory requirements listed below.

Maximus is committed to continuing to meet and often exceed West Virginia's mandatory requirements for managed care enrollment broker services as defined in the Specifications Section 4, Mandatory Requirements, of the CRFQ. As your current provider of these services, the necessary systems, people, and processes are in place to enable a seamless transition to the Agency's next contract term.

To demonstrate our compliance with the Agency's mandatory requirements, we confirm below our compliance to each requirement in *Exhibit 4.1-1: Maximus Compliance with Mandatory Requirements*.

Exhibit 4.1-1: Maximus Compliance with Mandatory Requirements.

RFP Req. Number	Requirement	Maximus Response
4.1.1	The Vendor must attest to freedom of conflict of interest as set forth in 42 CFR § 438.810 (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-J/section-438.810).	Maximus attests to its freedom from conflicts of interest. Please see <i>Section 4.2.1</i> of our Response.
4.1.2	The Vendor must obtain Agency approval for outreach and educational materials in any medium thirty (30) calendar days prior to production and distribution. Production, reproduction, updates, and distribution of materials must be at the Vendor's expense. The Agency reserves the right to edit all or portions of materials prior to distribution. Upon Agency approval, the Vendor must print all written materials, maintaining an adequate stock of distribution materials needed at the Vendor's expense. The Vendor is responsible for supplying and distributing any pamphlets and other mailing material, in addition to Agency approved materials, supplied by the MCOs and the Agency	Maximus will continue to comply with this requirement to: <ul style="list-style-type: none"> Obtain approval for outreach and educational materials Produce, reproduce, update, and distribute the materials at our expense Print and maintain an adequate stock of distribution materials at our expense Supply and distribute any pamphlets, other mailing material, and Agency-approved materials supplied by the MCOs and the Agency
4.1.3	The Vendor must agree to provide choice counseling to, and enroll eligible participants into, an approved MCO. All enrollment tasks detailed in this section apply to both new enrollments and changes in MCOs and must comply with 42 CFR 438.6 (https://www.ecfr.gov/cgi-bin/text-idx?SID=a099885d325cee4c78f1534e82eeaeac&mc=true&node=se42.4.438_16&rgn=div8).	Maximus agrees to continue to provide choice counseling for new enrollments to and enroll eligible participants into an approved MCO, and for change in MCOs. Maximus will continue to comply with 42 CFR 48.6
4.1.4	The Vendor must agree to assist the State with enrollment in each of the fifty- five (55) counties, addressing the unique enrollment needs of each county. Such circumstances may include, but not be limited to, rural/urban location, the number of enrollees, and the number of providers	Maximus agrees to continue to assist the State with enrollment in each of the 55 counties, addressing the unique enrollment needs of each county
4.1.5	The Vendor must perform choice counseling and enrollment services in accordance with 42 CFR 438.71 (https://www.ecfr.gov/cgi-bin/retrieveECFR?qr=1&SID=b28b3c87bd54fab4ebaac64dfdd20351&h=L&mc=true&n+pt42.4.438&r=PART&ty=HTML#se42.4.438_171), 42 CFR § 438.54 (https://ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a099885d325cee4c78f1534e82eeaeac&mc=true&n=pt42.4.438&r=PART&ty=HTML#se42.4.438_154), and 42 CFR § 457.1210 (http://www.ecfr.gov/cgi-bin/text-idx?SID=a099885d325cee4c78f1534e82eeaeac&mc=true&node=se42.4.457_11210&rgn=div8).	Maximus will continue to perform choice counseling and enrollment services in accordance with: <ul style="list-style-type: none"> 42 CFR 438.71 42 CFR 438.54 42 CFR 457.1210

RFP Req. Number	Requirement	Maximus Response
4.1.6	<p>The Vendor must, working with the Agency, identify the prevalent non- English languages spoken by enrollees and potential enrollees throughout the State in accordance with 42 CFR §438.10 (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.10). The Vendor must make all information available in each prevalent non-English language (if the Agency and the Vendor determine a prevalent language other than English is present) to the same extent as the information available in English at no additional cost to the Agency. The Vendor must ensure that all information for enrollees or potential enrollees is at or below a sixth-grade reading level. The Vendor must provide oral interpretation services free of charge to enrollees and potential enrollees as stated in 42 CFR §438.10(d)(4), 42 CFR §438.10(d)(5)(i), and 42 CFR §438.10(d)(5)(iii)</p>	<p>Maximus agrees to continue to work with the Agency to:</p> <ul style="list-style-type: none"> ■ Identify the prevalent non- English languages spoken by enrollees and potential enrollees throughout the state in accordance with 42 CFR §438.10 ■ Make information available in each prevalent non-English language (if the Agency and Maximus determine a prevalent language other than English is present) to the same extent as the information available in English at no additional cost to the Agency ■ Make information for enrollees or potential enrollees at or below a sixth-grade reading level ■ Provide oral interpretation services free of charge to enrollees and potential enrollees as stated in 42 CFR §438.10(d)(4), 42 CFR §438.10(d)(5)(i), and 42 CFR §438.10(d)(5)(iii)
4.1.7	<p>The Vendor must agree to develop sample enrollment forms and phone scripts for potential enrollees that comply with the requirements of 42 CFR §438.10 (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.10). A sample enrollment form must be provided to the Agency for approval within thirty (30) calendar days of award of this contract</p>	<p>Maximus agrees to continue to provide enrollment forms and phone scripts for potential enrollees that comply with the requirements of 42 CFR 438.10. Maximus will provide a sample enrollment form to the Agency for approval within 30 calendar days of award of the contract resulting from this procurement</p>
4.1.7.1	<p>The enrollment form and scripts must ask potential enrollees to indicate: his or her choice of MCO; the name of his or her existing provider(s); and his or her race, ethnicity, primary language spoken and health status as stated in 42 CFR § 438.54(b)(3) (https://www.ecfr.gov/current/title-42/chapter-N/subchapter-C/part-438/subpart-B/section-438.54). The form must specify that information on race, ethnicity, primary language, and health status is not mandatory for enrollment</p>	<p>Maximus will continue to provide enrollment forms and scripts that ask potential enrollees to indicate their choice of MCO, the name of their existing provider(s), and, as an option, their race, ethnicity, primary language spoken, and health status, as stated in 42 CFR § 438.54(b)(3) for enrollment</p>
4.1.8	<p>The Vendor must agree to provide a plan, within fifteen (15) calendar days of award of this contract, describing the process for mailing the enrollment form and accompanying enrollment materials to potential enrollees within two (2) business days of receiving the eligibility file from the fiscal agent</p>	<p>Maximus agrees to provide a plan, within 15 calendar days of award of this contract, describing the process for mailing the enrollment form and accompanying enrollment materials to potential enrollees within two business days of receiving the eligibility file from the fiscal agent</p>
4.1.9	<p>The Vendor must agree to provide a plan, within fifteen (15) calendar days of award of this contract, that includes the development of materials to notify members of the expectation to select an MCO or provider within forty-five (45) calendar days or be assigned to one (1) by the State. The plan must also include a process for accommodating passive enrollment as needed as described in 42 CFR 438.54 (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-B/section-438.54).</p>	<p>Maximus agrees to provide a plan within 15 calendar days of award of this contract that includes the development of materials to notify members of the expectation to select an MCO or provider within 45 calendar days or be assigned to one by the State. The plan will include a process for accommodating passive enrollment as described in 42 CFR 438.54</p>

RFP Req. Number	Requirement	Maximus Response
4.1.10	The Vendor must agree to mail additional materials, including those created by the Agency and/or the MCOs, to help enrollees in making their choice (e.g., network provider listings, any Agency -approved marketing materials, question and answer sheets, letters related to the managed care programs) at no additional cost to the Agency	Maximus agrees to continue to mail additional materials, including those created by the Agency and/or the MCOs, to help enrollees in making their choice (e.g., network provider listings, any Agency -approved marketing materials, question and answer sheets, letters related to the managed care programs) at no additional cost to the Agency
4.1.11	The Vendor must submit sample educational materials, including a general informational (i.e., MCO availability, PCP options, etc.) pamphlet and letters to enrollees for approval by the Agency prior to distribution	Maximus will submit sample educational materials, including a general informational pamphlet and letters (MCO availability, primary care provider [PCP] options, and so on) to enrollees for approval by the Agency prior to distribution
4.1.12	The Vendor must offer multiple approaches for members to enroll, including but not limited to, mail, telephone, text, web-based applications, and other innovative and unique vehicles. The Vendor must agree to provide a plan, within thirty (30) calendar days of award of this contract, to address its approach for receiving enrollment forms via mail, telephone, and Internet. The Vendor must not exceed 24 hours for processing enrollment forms and for returning forms received from eligible participants that cannot be processed due to incomplete or illegible information	Maximus will offer multiple approaches for members to enroll, including but not limited to mail, telephone, web-based applications, and other innovative and unique vehicles. Because text messaging for enrollment presents certain privacy and security concerns, we offer a mobile-optimized website that can be accessed by consumers using their mobile phones or other mobile devices to complete their enrollment. When consumers submit an enrollment using their mobile phone, the enrollment follows the same process and enrollment path as transactions submitted over the enrollment website. Maximus agrees to provide a plan within 30 calendar days of award of this contract to address our approach for receiving enrollment forms via mail, telephone, and internet. Maximus agrees to not exceed 24 hours for processing enrollment forms and for returning forms received from eligible participants that cannot be processed due to incomplete or illegible information
4.1.13	The Vendor must send potential enrollees "welcome packets" providing information and enrollment forms as stated in 42 CFR § 438.10(g)(l) (https://www.ecfr.gov/current/title-42/chapter-N/subchapter-C/part-438/subpart-A/section-438.10). The Vendor must report the actions concerning the processing of the enrollment forms to the Agency on a monthly basis	Maximus will continue to send "welcome packets" to potential enrollees, providing information and enrollment forms as stated in 42 CFR § 438.10(g)(l). We will also report the actions concerning the processing of the enrollment forms to the Agency on a monthly basis
4.1.14	The Vendor must agree to provide a plan, within fifteen (15) calendar days of award of this contract, describing a process for following up on returned mail within seven (7) calendar days of receipt. This plan must also address the process of identifying address discrepancies in the State's systems	Maximus agrees to provide a plan within 15 calendar days of award of this contract describing a process for following up on returned mail within 7 calendar days of receipt. The plan will include the process of identifying address discrepancies in the State's systems
4.1.15	The Vendor must agree to provide, within fifteen (15) calendar days upon award of this contract, a comprehensive, statewide outreach and education strategy, which includes, but is not limited to: 4.1.15.1 The development of materials, 4.1.15.2 An approach for engaging stakeholders, and 4.1.15.3 A staffing model to conduct both in-person and electronic education activities	Maximus agrees to provide, within 15 calendar days of award of this contract, a comprehensive, statewide outreach and education strategy that includes but is not limited to: <ul style="list-style-type: none"> ■ The development of materials ■ An approach for engaging stakeholders ■ A staffing model to conduct both in-person and electronic education activities

RFP Req. Number	Requirement	Maximus Response
4.1.16	<p>The Vendor must agree to develop written and visual materials for use in outreach and educational efforts to educate MHT members, advocates, providers, community agencies, caseworkers and WVDoHS employees about any changes in delivery systems</p> <p>4.1.16.1 These materials must include, but not be limited to: enrollment forms, notices, letters, pamphlets, presentations, videos, internet websites and other information</p> <p>4.1.16.2 Each document submitted for approval must be accompanied by a concise memo indicating the purpose, expected use, target audience and printing specifications.</p> <p>4.1.16.3 The Agency reserves the right to edit all or portions of materials prior to distribution</p>	<p>Maximus has developed and agrees to maintain, and update as necessary, written and visual materials for use in outreach and educational efforts They will be used to educate MHT members, advocates, providers, community agencies, caseworkers, and WVDoHS employees about changes in delivery systems. We agree that:</p> <ul style="list-style-type: none"> ■ These materials will include but will not be limited to enrollment forms, notices, letters, pamphlets, presentations, videos, internet websites, and other information ■ Each document submitted for approval will be accompanied by a concise memo indicating the purpose, expected use, target audience, and printing specifications ■ The Agency reserves the right to edit all or portions of materials prior to distribution
4.1.17	<p>Upon Agency approval, the Vendor must print all written materials, maintaining a sufficient stock of materials and distributing materials as needed at the Vendor's expense.</p> <p>4.1.17.1 The Vendor is responsible for supplying and distributing any pamphlets and other mailing material in addition to WVDoHS approved materials supplied by the MCOs and WVDoHS</p>	<p>Upon Agency approval, Maximus will continue to print written materials, maintain a sufficient stock of materials, and distribute materials as needed at our expense. Maximus will continue to supply and distribute any pamphlets and other mailing material in addition to WVDoHS-approved materials supplied by the MCOs and WVDoHS</p>
4.1.18	<p>The Vendor must agree to notify all WVDoHS county offices of any changes in the managed care programs or processes for enrollment</p>	<p>Maximus agrees to continue to notify all WVDoHS county offices of any changes in the managed care programs or processes for enrollment</p>
4.1.19	<p>The Vendor must agree to perform outreach to members who have challenges to enrollment, which include but are not limited to: housing circumstances, cultural differences, or inability or unwillingness to access information through WVDoHS county offices or community hosted information program</p>	<p>Maximus agrees to perform outreach to members who have challenges to enrollment, which include but are not limited to:</p> <ul style="list-style-type: none"> ■ Housing circumstances ■ Cultural differences ■ Inability or unwillingness to access information through WVDoHS county offices or community-hosted information program
4.1.20	<p>The Vendor must design and maintain an enrollment assistance website available to MHT enrollees.</p> <p>4.1.20.1 The Vendor must agree to provide, upon award of this contract, the type of web accessibility software, the types of information available to enrollees, languages supported on the website, frequency of updates to the website, search capabilities, user- friendly provider directories and interactive functionality to facilitate the secure submission of member plan and PCP changes</p>	<p>Maximus has designed and implemented and will continue to maintain an enrollment assistance website available to MHT enrollees</p> <p>Maximus agrees to provide, upon award of this contract, the type of web accessibility software, the types of information available to enrollees, languages supported on the website, frequency of updates to the website, search capabilities, user-friendly provider directories, and interactive functionality to facilitate the secure submission of member plan and PCP changes</p>
4.1.21	<p>The Vendor must agree to educate and engage enrollees in high quality health homes and patient centered medical homes</p>	<p>Maximus agrees to continue to educate and engage enrollees in high-quality health homes and patient-centered medical homes</p>

RFP Req. Number	Requirement	Maximus Response
4.1.22	<p>The Vendor must inform enrollees and potential enrollees on the freedom of choice among network providers as stated in 42 CFR§ 438.10(g)(2)(iv) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.10)</p>	<p>Maximus will continue to inform enrollees and potential enrollees on the freedom of choice among network providers as stated in 42 CFR§ 438.10(g)(2)(iv).</p>
4.1.23	<p>The Vendor must assist enrollees and potential enrollees in selection of PCP upon request at initial and change of enrollment as stated in 42 CFR § 438.52(d) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-B/section-438.52)</p>	<p>Maximus will continue to assist enrollees and potential enrollees in the selection of PCPs upon request at initial and change of enrollment, as stated in 42 CFR § 438.52(d)</p>
4.1.24	<p>The Vendor must inform enrollees and potential enrollees of their right to be treated with respect and with due consideration for their dignity and privacy as discussed in 42 CFR 438.100(b)(2)(ii) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-C/section-438.100)</p>	<p>Maximus will continue to inform enrollees and potential enrollees of their right to be treated with respect and with due consideration for their dignity and privacy, as discussed in 42 CFR 438.100(b)(2)(ii)</p>
4.1.25	<p>The Vendor must agree to provide special services necessary to accommodate enrollees. Special services may include, but not be limited to teletypewriter (TTY) line translation services, assistance for the blind/literacy challenged, and program fact sheets in different languages for prevalent non-English members as defined in 42 CFR 438.10 (c) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.10.)</p>	<p>Maximus agrees to continue to provide special services necessary to accommodate enrollees, which may include but are not limited to teletypewriter (TTY) line translation services, assistance for the blind/literacy challenged, and program fact sheets in different languages for prevalent non-English members, as defined in 42 CFR 438.10 (c)</p>
4.1.26	<p>The Vendor must agree to provide, within fifteen (15) calendar days of award of this contract, a Quality Assurance Plan subject to Agency approval</p>	<p>Maximus agrees to provide, within 15 calendar days of award of this contract, a Quality Assurance Plan subject to Agency approval</p>
4.1.27	<p>The Vendor must agree to ongoing communication with the Agency and the MCOs. These duties include, but are not limited to:</p> <p>4.1.27.1 Maintaining direct, ongoing communication with the Agency regarding the Vendor's activities and working closely to assure accomplishment of the enrollment goals and objectives</p> <p>4.1.27.2 Meeting with the MCOs upon contract award and on an ongoing basis, as necessary, to obtain detailed information about each individual operation</p> <p>4.1.27.3 On a case-by-case basis, notifying the Agency, of any discrepancies found on the enrollment form such as, but not limited to, name spelling, date of birth, number of family members in the home, returned mail which indicates the member has moved, etc., for resolution. Any discrepancy found on the enrollment form must be tracked and reported within five (5) business days</p>	<p>Maximus agrees to ongoing communication with the Agency and the MCOs, including but not limited to:</p> <ul style="list-style-type: none"> ■ Maintaining direct, ongoing communication with the Agency regarding our activities and working closely to confirm accomplishment of the enrollment goals and objectives ■ Meeting with the MCOs upon contract award and on an ongoing basis, as necessary, to obtain detailed information about each individual operation ■ On a case-by-case basis, notifying the Agency, of any discrepancies found on the enrollment form, such as but not limited to the spelling of name, date of birth, number of family members in the home, returned mail that indicates the member has moved, and so on for resolution. We will track and report on any discrepancy found on the enrollment form within five business days

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4.1.27	<p>4.1.27.4 For discrepancies identified, the Vendor must work with the Agency to reconcile the monthly list of enrollees for each MCO, which may require extensive research. The Vendor must monitor reports from the fiscal agent and alert the Agency regarding any discrepancies within five (5) business days</p> <p>4.1.27.5 The Vendor must be alert to possible discrepancies between approved documents and actual MCO distribution practices as may be reported by enrollees. Any discrepancies discovered must be documented and forwarded to the Agency for disposition within five (5) business days</p>	<ul style="list-style-type: none"> ■ For discrepancies identified, working with the Agency to reconcile the monthly list of enrollees for each MCO, which may require extensive research, monitoring reports from the fiscal agent, and alerting the Agency regarding any discrepancies within five business days ■ Being alert to possible discrepancies between approved documents and actual MCO distribution practices as may be reported by enrollees. Any discrepancies discovered must be documented and forwarded to the Agency for disposition within five business days
4.1.28	<p>The Vendor's must agree to provide, within fifteen (15) calendar days of award of this contract, its approach for implementing and performing the systems development tasks listed below:</p> <p>4.1.28.1 Establish and maintain databases and systems to support the enrollment operation</p> <p>4.1.28.2 Work with the Agency to learn the data entry screens within the MMIS which allows enrollees to be enrolled in an MCO and develop linkage to the State's benefit eligibility system to facilitate research</p> <p>4.1.28.3 Work with the Agency and the fiscal agent to identify any modifications needed</p> <p>4.1.28.4 Work with the Agency employees in refining the default auto- assignment algorithm and responding to county-specific algorithm needs as appropriate (e.g., mandatory MCO enrollment, voluntary MCO enrollment)</p> <p>4.1.28.5 Work with the Agency in supporting any additional auto- assignment strategies which could include passive enrollment and pay-for-performance (P4P) approaches. The Agency reserves the right to modify the methodology for assigning enrollees at any time</p>	<p>Maximus' solution is in place and supports West Virginia's project today. Nonetheless, Maximus agrees to provide, within 15 calendar days of contract award, our approach for implementing the new contract term, including any additional systems development tasks required by the RFP. Maximus will continue to:</p> <ul style="list-style-type: none"> ■ Maintain databases and systems to support the enrollment operation ■ Work with the Agency to learn any new or revised data entry screens within the MMIS that allow enrollees to be enrolled in an MCO and maintain linkage to the State's benefit eligibility system to facilitate research ■ Work with the Agency and the fiscal agent to identify any modifications needed ■ Work with the Agency employees in refining the default auto- assignment algorithm and responding to county-specific algorithm needs as appropriate, such as mandatory MCO enrollment, voluntary MCO enrollment ■ Work with the Agency in supporting any additional auto- assignment strategies that could include passive enrollment and pay-for-performance approaches. We understand the Agency reserves the right to modify the methodology for assigning enrollees at any time
4.1.29	<p>By the 15th of the subsequent month, the Vendor must provide the Agency with a monthly snapshot of key activities, which include a comparison of the current month's report with previous periods, as appropriate</p> <p>4.1.29.1 The Vendor must also agree to identify trends in enrollment, any issues encountered and recommendations for improvements, policy changes or procedural improvements. Reports must include charts and graphs to illustrate program performance</p> <p>4.1.29.2 The Vendor must agree to propose indicators to include in the monthly report. Final format and indicators are subject to Agency approval</p>	<p>Maximus will continue to provide the Agency with a monthly snapshot of key activities, which include a comparison of the current month's report with previous periods, as appropriate, by the 15th of the subsequent month. Maximus agrees to continue to:</p> <ul style="list-style-type: none"> ■ Identify trends in enrollment, any issues encountered, and recommendations for improvements, policy changes, or procedural improvements ■ Provide reports, including charts and graphs to illustrate program performance

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4.1.29		<ul style="list-style-type: none"> Propose indicators to include in the monthly report, with final format and indicators subject to Agency approval
4.1.30	The Vendor must agree to provide a sample report to the Agency within fifteen (15) calendar days of award of this contract. The Vendor must respond to the Agency requests for additional detail on activities within ten (10) business days	Maximus agrees to provide a sample report to the Agency within 15 calendar days of contract award and to respond to Agency requests for additional detail on activities within 10 business days
4.1.31	Within fifteen (15) calendar days of award of the contract, the Vendor must provide a functional organizational chart indicating the proposed project structure as part of its response to this RFQ. The Vendor must indicate on the chart, or separately, the name of each proposed staff member and the percentage of time each proposed employee will be dedicated to this project, expressed in a full-time equivalent (FTE) percent. This chart is subject to Agency approval	Maximus has provided, in <i>Section 4.1</i> of our response, a functional organizational chart indicating the proposed project structure, the name of each proposed staff member, and the percentage of time each proposed employee will be dedicated to this project, expressed in a full-time equivalent (FTE) percentage
4.1.32	If the Vendor proposes to subcontract with organizations or individuals, it must agree to provide a copy of the subcontract/agreement and a summary of the subcontractor's size, resources, location, and responsibilities under the contract. The primary contractor must assume responsibility for all subcontracted work	Maximus agrees to provide a copy of any subcontract/agreement and a summary of the subcontractor's size, resources, location, and responsibilities under the contract should we engage subcontractors. Maximus will assume responsibility for all subcontracted work
4.1.33	Within fifteen (15) calendar days of award of this contract, the Vendor must agree to provide its detailed staffing contingency plan for handling sudden and unexpected increases in enrollment, MCO transfers, and call volumes with a description on how the plan will be implemented and coordinated with the Agency. This plan is subject to Agency approval	Maximus agrees to provide, within 15 calendar days of contract award, our detailed staffing contingency plan for handling sudden and unexpected increases in enrollment, MCO transfers, and call volumes, with a description of how we will continue to coordinate with the Agency
4.1.34	<p>The Vendor shall conduct member assessments as part of the enrollment process to determine any social determinants of health (SDOH) and health risks impacting the member's healthcare and quality of life as discussed in 42 CFR § 438.208(c)(I) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-D/section-438.208)</p> <p>4.1.34.1 The member assessment shall be approved by the Agency prior to implementation</p>	Maximus will continue to conduct member assessments, using the Agency-approved member assessment, as part of the enrollment process to determine any social determinants of health (SDOH) and health risks affecting the member's healthcare and quality of life, as discussed in 42 CFR § 438.208(c)(I)
4.1.35	The Vendor must share the SDOH assessment data with the enrollee's managed care organization	Maximus will continue to share the SDOH assessment data with the enrollee's MCO
4.1.36	The Vendor shall conduct outreach and engagement to members needing SDOH assistance and inform them of community supports to help address their needs	Maximus will conduct outreach and engagement to members needing SDOH assistance and inform them of community supports to help address their needs
4.1.37	Due by the fifteenth (15th) of the subsequent month, the Vendor shall provide monthly reporting updates on their SDOH program in an Agency approved template	Maximus will continue to provide monthly reporting updates on the SDOH program in an Agency-approved template by the 15th of the subsequent month

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4.1.38	Within fifteen (15) calendar days of award of this contract, the Vendor must provide a business continuity plan that will be enacted in the case of a state/national disaster/emergency for seamless transfer of business operations	Maximus has developed and will continue to maintain a business continuity plan that will be enacted in the case of a state/national disaster/emergency for seamless transfer of business operations
4.1.39	The Vendor shall maintain hours of operation during standard business hours, 8:30 AM-4:30 PM, Monday through Friday excluding State holidays, which can be found at: https://personnel.wv.gov/employees/benefits/pages/holidays.aspx .	Maximus will maintain hours of operation during standard business hours, 8:30 a.m. - 4:30 p.m., Monday through Friday excluding state holidays
4.1.40	Within fifteen (15) calendar days of award of this contract, the Vendor must agree to provide a single lead point of contact that will serve as project manager and be immediately available by telephone and email, at a minimum, during business hours of Monday through Friday, global 8:30am to 4:30pm Eastern Standard Time, excluding state holidays. This person will be responsible for overseeing Vendor performance and act as a liaison between the Vendor, the Agency, WVCHIP and the MCOs	Maximus identifies, in <i>Section 4.1</i> of our response, the single lead point of contact who we propose will continue to serve as project manager and is available immediately by telephone and email, at a minimum, during business hours of Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern Standard Time, excluding state holidays. This person will continue to be responsible for overseeing Maximus performance and acting as a liaison between Maximus, the Agency, WVCHIP, and the MCOs
4.1.41	The Vendor must prepare and submit a draft implementation plan to be approved by the Agency within fifteen (15) calendar days of the contract award. The Vendor must agree to submit any revisions to its implementation plan for review and approval by the Agency within fifteen (15) calendar days of request from the Agency. In addition, the vendor must agree to complete implementation activities within the timeframe allotted in the implementation plan and no more than three (3) months following the contract award	Maximus will prepare and submit a draft implementation plan to be approved by the Agency within 15 calendar days of the contract award. We agree to: <ul style="list-style-type: none"> ■ Submit any revisions to the implementation plan for review and approval by the Agency within 15 calendar days of request from the Agency ■ Complete implementation activities within the time frame allotted in the implementation plan and no more than 3 months following the contract award
4.1.42	In accordance with 42 CFR §438.810(b) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-J/section-438.810), expenditures for enrollment broker services, the Vendor must attest in writing that it nor its subcontractors have no corporate connections or financial interest in any of West Virginia's MCOs	Maximus attests that neither Maximus nor our subcontractors have corporate connections or financial interest in any of West Virginia's MCOs, in accordance with 42 CFR 438.810(b). See <i>Section 4.2.1</i> of our response
4.1.43	The vendor must provide telephone, toll free numbers, fax service, paper supplies, postage machines, furniture, etc. for its work force at no additional cost to the Agency. This involves purchasing capital equipment including equipment that will be necessary to carry out the responsibilities of the contract.	Maximus will continue to provide telephone, toll-free numbers, fax service, paper supplies, postage machines, furniture, and so on for our workforce at no additional cost to the Agency. This involves purchasing capital equipment including those necessary to carry out the responsibilities of the contract
4.1.44	All hardware, software and communications components must be compatible with the most current West Virginia Office of Technology (WVOT) currently supported versions of Microsoft Office Suite or equal https://technology.wv.gov/ot-policies as well as, current technologies for data interchange	Maximus will continue to provide all hardware, software, and communications components that are compatible with the most current West Virginia Office of Technology (WVOT)-supported versions of Microsoft Office Suite or equal, per https://technology.wv.gov/ot-policies , as well as current technologies for data interchange

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4.1.45	The Vendor must comply with all current and future security policies and procedures of the Department and the WVOT, which can be found at the following links: http://www.wvWVDHHR.org/mis/policies.asp ; http://www.state.wv.us/admin/purchase/privacy/	Maximus will endeavor to comply with current and future security policies and procedures of the Department and the WVOT
4.1.46	The Vendor must agree to continue outreach activities in each county and initiate intensive outreach activities at least forty-five (45) calendar days prior to any change of choice or process in that county.	Maximus agrees to continue outreach activities in each county and initiate intensive outreach activities at least 45 calendar days prior to any change of choice or process in that county
4.1.47	The Vendor must implement and oversee the enrollee (beneficiary) support system as required under 42 CFR § 438.10(g)(2)(vii), 42 CFR § 438.10(f)(2)(ii, iii, ix), 42 CFR § 438.10 (e)(2)(v)(A), 42 CFR § 438.10(e)(2)(vii), 42 CFR § 438.10 (e)(2)(iv), 42 CFR § 438.10 (e)(2)(vi), 42 CFR § 438.10(e)(2)(v)(B), and 42 CFR § 438.10(e)(2)(v)(C) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.10). The Vendor must perform all minimum functions of the enrollee (beneficiary) support system defined and as modified in the RFQ. In the event there are changes to any applicable law, rule, or regulation, the Vendor must work with the Agency to make the necessary modification(s) to meet all changes and requirements at no additional cost to the Agency	Maximus has implemented and will continue to oversee the enrollee support system as required under: <ul style="list-style-type: none"> ■ 42 CFR § 438.10(g)(2)(vii) ■ 42 CFR § 438.10(f)(2)(ii, iii, ix) ■ 42 CFR § 438.10 (e)(2)(v)(A) ■ 42 CFR § 438.10(e)(2)(vii) ■ 42 CFR § 438.10 (e)(2)(iv) ■ 42 CFR § 438.10 (e)(2)(vi) ■ 42 CFR § 438.10(e)(2)(v)(B) ■ 42 CFR § 438.10(e)(2)(v)(C) Maximus will continue to perform minimum functions of the enrollee support system defined and as modified in the RFQ. In the event of changes to any applicable law, rule, or regulation, we will work with the Agency to make the necessary modification(s) to meet changes and requirements at no additional cost to the Agency
4.1.48	Vendor must agree to work with Agency to develop the algorithm that will be used to assign members to an MCO	Maximus agrees to work with the Agency to continue using the algorithm used to assign members to an MCO.
4.1.49	Within fifteen (15) calendar days of award of this contract, the Vendor must submit a plan in the event a new MCO entering into the MHT program and explain the plan to enrollees and potential enrollees in written documentation in accordance with 42 CFR § 438.10(f)(l) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.10) and 42 CFR § 438.56(b) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-B/section-438.56). Agency reserves the right to modify any aspect of such plan as it deems necessary	Maximus will, within 15 calendar days of award, submit a plan in the event of a new MCO entering the MHT program and explain the plan to enrollees and potential enrollees in written documentation in accordance with 42 CFR § 438.10(f)(l), and 42 CFR § 438.56(b). We understand the Agency reserves the right to modify any aspect of such plan as it deems necessary
4.1.50	Within fifteen (15) calendar days of award of this contract, the Vendor must submit a plan in the event of an MCO contract termination and explain the plan to enrollees and potential enrollees in written documentation in accordance with 42 CFR § 438.10(f)(l) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.10) and 42 CFR § 438.56(b) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-B/section-438.56). Agency reserves the right to modify any aspect of such plan as it deems necessary	Maximus will, within 15 calendar days of award, submit a plan in the event of an MCO contract termination and explain the plan to enrollees and potential enrollees in written documentation in accordance with 42 CFR § 438.10(f)(l) and 42 CFR § 438.56(b). We understand the Agency reserves the right to modify any aspect of such plan as it deems necessary

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4.1.51	Vendor must agree to all applicable requirements of an enrollment broker under 42 CFR 438.58 (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/-part-438/subpart-B/section-438.58) and SSA 1932(d)(3) (https://www.ssa.gov/OPHome/ssact/title9/1932.htm)	Maximus agrees to all applicable requirements of an enrollment broker under 42 CFR 438.58 (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/-part-438/subpart-B/section-438.58) and SSA 1932(d)(3).
4.1.52	Vendor must agree to put safeguards in place at least equal to Federal safeguards per Section 1932(d)(3) of the Social Security Act (https://www.ssa.gov/OPHome/ssact/title19/1932.htm) addressing the default enrollment process under the managed care programs	Maximus agrees to continue to maintain safeguards in place that are at least equal to federal safeguards per Section 1932(d)(3) of the Social Security Act addressing the default enrollment process under the managed care programs
4.1.53	Vendor must agree that the contract must be governed by the laws of the State of West Virginia. Vendor further agrees to comply with the Civil Rights Act of 1964 (https://www.eeoc.gov/statutes/title-vii-civil-rights-act-1964), Title IX of the Education Amendments of 1972 (https://www.justice.gov/crt/title-ix-education-amendments-1972) (regarding education programs and activities), The Age Discrimination Act of 1975 (https://www.dol.gov/agencies/oasam/regulatory/statutes/age-discrimination-act), The Rehabilitation Act of 1973 (https://www.eeoc.gov/statutes/rehabilitation-act-1973), The Americans with Disabilities Act (https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm) and (https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.htm), and all other applicable laws (Federal, State or Local Government) regulations	Maximus agrees that the contract will be governed by the laws of the State of West Virginia and agrees to comply with: <ul style="list-style-type: none"> ■ The Civil Rights Act of 1964 ■ Title IX of the Education Amendments of 1972 (regarding education programs and activities) ■ The Age Discrimination Act of 1975 ■ The Rehabilitation Act of 1973 ■ The Americans with Disabilities Act ■ Other applicable laws (federal, State or local government) regulations
4.1.54	Vendor must agree to be bound by the Service Level Agreements as outlined within Appendix A	Maximus agrees to be bound by the service level agreements as outlined within Appendix A.
4.1.55	Upon contract award, Vendor must agree to meet with Agency monthly to discuss any Service Level Agreements that may be applied to Vendor. The meeting will be scheduled at a time agreed upon by both Agency and Vendor	Maximus agrees to continue to meet with the Agency monthly to discuss any service level agreements that may be applied to Maximus. The meeting will be scheduled at a mutually agreed-upon time
4.1.56	The amount of any penalties will be deducted from Vendor's monthly invoices for services submitted any time after Vendor's receipt of the notice of penalties.	Maximus understands and agrees that the amount of any penalties will be deducted from monthly invoices for services submitted any time after Maximus' receipt of the notice of penalties
4.1.57	Vendor must implement and maintain a process to validate that enrollments are appropriate. Vendor must perform regular and ad hoc queries using all available eligibility and enrollment data to identify inappropriate MCO enrollments such as, but not limited to, overlapping MCO enrollment, incorrect MCO enrollment from the enrollee's choice, and incorrect newborn MCO enrollment. Vendor must notify Agency of any findings in writing within three (3) business days or through standing reports. Vendor must correct enrollment within thirty (30) calendar days and system logics and/or processes within sixty (60) calendar days of identification. Agency reserves the right to request regular and/or ad hoc queries	Maximus has implemented and will continue to maintain a process to validate that enrollments are appropriate. We will perform regular and ad hoc queries using all available eligibility and enrollment data to identify inappropriate MCO enrollments such as, but not limited to, overlapping MCO enrollment, incorrect MCO enrollment from the enrollee's choice, and incorrect newborn MCO enrollment. Maximus will notify the Agency of any findings in writing within 3 business days or through standing reports and will correct enrollment within 30 calendar days and system logics and/or processes within 60 calendar days of identification. We understand the Agency reserves the right to request regular and/or ad hoc queries

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4.1.58	Vendor shall provide to Agency, within thirty (30) calendar days of request, a Turnover and Closeout Management Plan detailing the approach to transitioning systems and operational responsibilities to a successor. Agency shall give final approval to the plan	Maximus will provide to the Agency, within 30 calendar days of request, a Turnover and Closeout Management Plan detailing the approach to transitioning systems and operational responsibilities to a successor. We understand the Agency shall give final approval to the plan
4.1.59	Vendor must agree to price individual tiers for each separate contract year with no more than a 5% variance between the individual tiers	Maximus agrees to price individual tiers for each separate contract year, with no more than a 5% variance between the individual tiers
4.1.60	The Vendor must agree to provide a plan describing how quality and timeliness of the work done off-site and/or through subcontractor(s) within fifteen (15) calendar days of contract award	Maximus agrees to provide a plan describing quality and timeliness of the work done off-site and/or through subcontractor(s) within 15 calendar days of contract award.
4.1.61	<p>The Vendor must agree to employ adequate staff and utilize appropriate resources to achieve contractual compliance throughout the life of the contract, including all optional renewal periods</p> <p>4.1.61.1 The Vendor's resource allocation must be adequate to achieve outcomes in all functional areas with the organization. Adequacy will be evaluated based on outcomes and compliance with contractual and Agency policy requirements, including the requirement for providing culturally competent services to all enrollees and potential enrollees, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity</p> <p>4.1.61.2 If the Vendor does not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action will be employed by the Agency, including but not limited to requiring the Vendor to hire additional staff and application of service level agreement penalties as provided in Appendix A of this RFQ</p> <p>4.1.61.3 The Vendor must agree to remove or reassign any employee or subcontractor employee deemed unacceptable by the Agency within ten (10) calendar days of written request from the Agency</p> <p>4.1.61.4 The Vendor's key staff must not be removed or reassigned without the prior approval of the Agency. The Agency will not withhold the approval unreasonably, upon the submission a proposed suitable candidate</p>	<p>Maximus agrees to continue to employ adequate staff and utilize appropriate resources to achieve contractual compliance throughout the life of the contract, including all optional renewal periods. We agree that:</p> <ul style="list-style-type: none"> ■ Resource allocation will be adequate to achieve outcomes in all functional areas within the organization. Adequacy will be evaluated based on outcomes and compliance with contractual and Agency policy requirements, including the requirement for providing culturally competent services to all enrollees and potential enrollees, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity ■ If desired outcomes are not achieved or we do not maintain compliance with contractual obligations, additional monitoring and regulatory action will be employed by the Agency. This includes but is not limited to requiring Maximus to hire additional staff and application of service level agreement penalties as provided in Appendix A of this RFQ ■ Removal or reassignment will be done for any employee or subcontractor employee deemed unacceptable by the Agency within 10 calendar days of written request from the Agency ■ Maximus' key staff will not be removed or reassigned without the prior approval of the Agency, and the Agency will not withhold the approval unreasonably upon the submission of a proposed suitable candidate

RFP Req. Number	Requirement	Maximus Response
4.1.62	<p>The Vendor must agree to notify the Agency in writing within seven (7) calendar days of the resignation or termination of any key staff positions. Staff assignments must be fully covered at all times, and the name of the interim contact person must be included in the notification. The vacancy must be filled within thirty (30) calendar days with a person of equivalent experience, knowledge, and talent. The name and resume of the replacement key staff must be submitted to the Agency for approval within seven (7) calendar days of selection. The Vendor must submit to the Agency a revised organizational chart complete with key staff time allocation within five (5) days of Agency approval</p>	<p>Maximus agrees to notify the Agency in writing within 7 calendar days of the resignation or termination of any key staff positions. We understand that:</p> <ul style="list-style-type: none"> ■ Staff assignments must be fully covered and the name of the interim contact person must be included in the notification ■ The vacancy must be filled within 30 calendar days with a person of equivalent experience, knowledge, and talent ■ The name and resume of the replacement key staff must be submitted to the Agency for approval within seven calendar days of selection ■ A revised organizational chart complete with key staff time allocation must be submitted to the Agency within five days of Agency approval
4.1.63	<p>If any of the organizational or key staff information changes between the response to the RFQ and the contract award, the Vendor must submit updated personnel information to the Agency no later than the contract execution date. The same is applicable for any subcontractor information</p>	<p>Maximus will submit updated personnel information to the Agency no later than the contract execution date if any of the organizational or key staff information changes between the response to the RFQ and the contract award. The same is applicable for any subcontractor information</p>
4.1.64	<p>The Vendor must provide the appropriate staff representation for attendance and participation in meetings and/or events scheduled by the Agency. All meetings must be considered mandatory unless otherwise indicated</p>	<p>Maximus will continue to provide the appropriate staff representation for attendance and participation in meetings and/or events scheduled by the Agency. All meetings will be considered mandatory unless otherwise indicated</p>
4.1.65	<p>The Vendor must agree to provide, within fifteen (15) calendar days of contract award, a detailed staffing contingency plan for handling sudden and unexpected increases in enrollment, MCO transfers, and call volumes with a description on how the plan will be implemented and coordinated with the Agency</p>	<p>Maximus agrees to provide, within 15 calendar days of contract award, a detailed staffing contingency plan for handling sudden and unexpected increases in enrollment, MCO transfers, and call volumes, with a description on how the plan will be implemented and coordinated with the Agency</p>
4.1.66	<p>The Vendor must agree to create and operate a call center within the Continental United States. Such responsibilities of the call center include, but are not limited to, completing the enrollment of members into the MCO of their choice; answering enrollment questions regarding the MHT program; settle complaints when possible; provide information on covered services; and complete research as requested by the Agency</p>	<p>Maximus agrees to continue to operate a call center within the continental United States. We understand such responsibilities of the call center include but are not limited to:</p> <ul style="list-style-type: none"> ■ Completing the enrollment of members into the MCO of their choice ■ Answering enrollment questions regarding the MHT program ■ Settling complaints when possible ■ Providing information on covered services ■ Completing research as requested by the Agency
4.1.67	<p>The Vendor must agree to have a call center with the capacity to ensure that ninety-five (95) percent of the received calls do not exceed the following wait times:</p> <p>4.1.67.1 Five (5) minutes for the first three (3) months of operations</p> <p>4.1.67.2 Two (2) minutes after the first three (3) months of operations</p>	<p>Maximus agrees to continue to operate a call center with the capacity to ensure that 95% of the received calls do not exceed the following wait times:</p> <ul style="list-style-type: none"> ■ Five minutes for the first three months of operations ■ Two minutes after the first three months of operations

RFP Req. Number	Requirement	Maximus Response
4.1.68	The Vendor shall ensure that call center abandonment rates do not exceed five (5) percent on a monthly basis.	Maximus agrees to continue to provide call center services so that call center abandonment rates do not exceed five percent on a monthly basis.
4.1.69	The Vendor must agree to provide overflow call center staff with no change in call handling quality or service levels, as described in § 4.1.66, in the event call handling capacity is exceeded at the primary call center. Such events may include, but are not limited to: 4.1.69.1 An MCO withdrawal/termination, 4.1.69.2 A significant adverse change in an MCO network (e.g., loss of a large clinical or hospital system), or 4.1.69.3 The transition of a new population into managed care	Maximus agrees to continue to provide overflow call center staff with no change in call handling quality or service levels, as described in CRFQ Section 4.1.66, in the event call handling capacity is exceeded at the primary call center. We understand such events may include but are not limited to: <ul style="list-style-type: none"> ■ An MCO withdrawal/termination ■ A significant adverse change in an MCO network, such as loss of a large clinical or hospital system ■ The transition of a new population into managed care
4.1.70	The Vendor must agree to use the overflow call center staff when the primary call center is not able to answer calls within four (4) rings and to prevent enrollee hold times of beyond two (2) minutes	Maximus agrees to continue to use the overflow call center staff when the primary call center is not able to answer calls within four rings and to prevent enrollee hold times of beyond two minutes
4.1.71	The Vendor must have a minimum of three (3) years' experience in analysis, collections, reporting, and storage of data	With nearly 30 years' experience in analysis, collections, reporting, and storage of data in projects of similar scope to the Agency's, Maximus far exceeds the minimum requirement of three years' experience. See <i>Section 4.2.2</i> of our response for additional details.
4.1.72	The Vendor must agree to automatically reenroll an enrollee who has been disenrolled due to the loss of Medicaid eligibility within a 12 month period as discussed in 42 CFR § 438.56 (g) (https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-B/section-438.56)	Maximus agrees to continue to automatically reenroll an enrollee who has been disenrolled due to the loss of Medicaid eligibility within a 12-month period, as discussed in 42 CFR § 438.56 (g)

4.2 Optional Requirements

4.2 Optional Contract Services and Deliverables: Contract Services for which the Agency reserves the right to implement during the life of this contract award.

Should the Agency decide to exercise its right to implement optional contract services and deliverables during the life of the contract as a result of this procurement, Maximus agrees to work with the Agency to implement and maintain such services. We confirm our commitment to implement these optional services below in *Exhibit 4.2-1: Maximus Compliance with Optional Contract Services*.

Exhibit 4.2-1: Maximus Compliance with Optional Contract Services.

RFP Requirement Number	Requirement	Maximus Will Comply
4.2.1	<p>The Vendor shall, at the Agencies request, implement a day-one enrollment process, whereby the member is auto-assigned on their first day of eligibility, with a choice enrollment period following the assignment for potential enrollees in accordance with 42 CFR § 438.54 as part of its response to this RFQ. (https://www.ecfr.gov/cgi-bin/textidx?SID=54456f1c514a85798272299161c6el15&mc=true&node=pt42.4.438&rgn=div5#se42.4.438_154)</p> <p>4.2.1.1 The Vendor must agree to an implementation period of three (3) months upon written notification from the Agency</p>	<p>Maximus will work with the Agency, should it exercise its right to implement optional contract services, to implement and maintain a Day One enrollment process whereby the member is auto-assigned on their first day of eligibility, with a choice enrollment period following the assignment for potential enrollees, in accordance with 42 CFR § 438.54</p>
4.2.2	<p>The Vendor, shall at the Agencies request, implement a lock-in process of member enrollment as is described in 42 CFR 438.56(c) (https://www.ecfr.gov/cgi-bin/textidx?SID=1642a3a55651ac5236ed97e65a579d25&mc=true&node=pt42.4.438&rgn=div5#se42.4.438_156)</p> <p>4.2.2.1 The Vendor must agree to an implementation period of three (3) months upon written notification from the Agency</p>	<p>Maximus will work with the Agency, should it exercise its right to implement optional contract services, to implement and support a lock-in process for member enrollment, as described in 42 CFR 438.56(c)</p>

5.0 EXCEPTIONS AND CLARIFICATIONS

Instructions #11 Exceptions and Clarifications

The Solicitation contains the specifications that shall form the basis of a contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in bid disqualification.

Maximus US Services, Inc. (“Maximus” or “Vendor”) is pleased to submit our response to the West Virginia Department of Human Services (WVDoHS; formerly the Department of Health and Human Resources, DHHR) Bureau for Medical Services (“BMS”, or “the Agency”) in response to CRFQ #BMS240000003, for Managed Care Enrollment Brokerage Services, (the “CRFQ”).

In accordance with CRFQ Instructions to Vendors Submitting Bids, Section 11, Maximus notes the following exceptions, assumptions, and clarifications to the CRFQ terms and conditions and draft contract. Maximus does not condition BMS’s acceptance of its response on agreement to these exceptions, assumptions and clarifications. Maximus only requests the opportunity to negotiate mutually acceptable final terms. Maximus understands and accepts that the final contract language must be acceptable to BMS and comply with applicable laws and regulations.

In the proposed modifications below, the blue underlined text represents added language, and the ~~red strikethrough~~ text represents a deletion of language.

GENERAL TERMS AND CONDITIONS

Maximus requests exceptions to certain provisions of the General Terms and Conditions of the CRFQ as described herein. For ease of reference and consideration, we provide our requested changes in redline format with our rationale for the request.

I. Equitable Adjustment

Section 13, Pricing, of the General Terms and Conditions provides that pricing set forth herein is firm for the life of the Contract unless otherwise specified and there is no equitable adjustment clause in the CRFQ. Maximus requests that an equitable adjustment clause be added to the General Terms and Conditions to allow for fair price adjustments in instances where the basic assumptions under which the contract was executed and/or the response was submitted in response to the CRFQ have materially changed or have proven to be inaccurate:

47. **EQUITABLE ADJUSTMENT:** In the event that (a) the basic assumptions under which (i) the Contract was executed and/or (ii) the proposal was submitted in response to the CRFQ have materially changed or have proven to be inaccurate, or (b) a party wishes to make a change to the scope of the services, or (c) there has been a change to State or federal law, rules regulations, or policies (including, but not limited to laws, rules, regulations or policies affecting taxes, wage requirements, or data and information security), or (d) or there has been an incorrect wage determination, and, as a result of one or more of the forgoing there is a financial impact on Vendor, either party may issue a change request and the parties shall negotiate an amendment to the contract detailing the nature of the change and impact on the performance requirements and liabilities as well as an appropriate equitable adjustment to Vendor’s price.

II. Limitation of Liability

Placing a reasonable cap on our liability is a prudent business practice that we work with all of our clients to achieve in our contracts. It does not speak to our ability to, or confidence in, completing the services successfully. Further, bidding firms with a higher net worth are at a disadvantage and undertake higher risk than those firms of lower net worth. Limiting liability proportionally to the contract value does not create unreasonable risk for the BMS given Maximus' extensive experience and success in providing these services and its solid financial standing. Accordingly, Maximus requests the addition of a new Limitation of Liability clause to the General Terms and Conditions:

48. LIMITATION OF LIABILITY: To the extent allowed by law, in no event will Vendor's aggregate liability to the State under this Contract, regardless of the form of action, whether in contract, tort, negligence, strict liability or by statute or otherwise, for any claim related to or arising under this Contract, exceed the total contract value. Vendor will not be liable, regardless of the form of action, whether in contract, tort, negligence, strict liability or by statute or otherwise, for any claim related to or arising under this Contract for consequential, incidental, indirect, or special damages.

III. Force Majeure

A Vendor's performance should be excused in the event of unforeseeable circumstances that prevent performance. Accordingly, Maximus requests the addition of a Force Majeure clause, as follows:

49. FORCE MAJEURE: Neither party shall be liable by reason of any failure or delay in the performance of its obligations on account of strikes, shortages, riots, insurrection, fires, flood, storm, explosions, earthquakes, acts of God, war, governmental action, labor conditions, material shortages or any other cause that is beyond the reasonable control of such party.

IV. Indemnification

Placing a reasonable limitation on indemnification is a prudent business practice that we work with all of our clients to achieve in our contracts. Accordingly, Maximus requests the following changes to Section 36. Indemnification:

36. INDEMNIFICATION: The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any third-party claims or losses proven direct damages arising from ~~for services rendered by the negligence or willful misconduct of~~ any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses proven direct damages arising from the negligence or willful misconduct resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

CRFQ SPECIFICATIONS

Appendix A: Service Level Agreements (SLAs)

Vendors should not be penalized for performance failures caused by circumstances outside of the Vendor's control. Accordingly, we request the following language be added to the bottom of Appendix A: Service Level Agreements (SLAs):

Financial penalties will not be assessed to the extent that, as determined by the State, Vendor's delay or failure to perform its obligations was caused by factors beyond the control of Vendor, including but not limited to acts of the State, other State vendors, and MCOs, and without any negligence of Vendor.

ASSUMPTIONS AND CLARIFICATIONS

- I. Maximus has relied on the information provided in the CRFQ. Incorrect or incomplete information may require equitable adjustment.
- II. Maximus proposal assumes that the services required for the SDOH program are outlined in Specification Sections 4.1.34-37 and that the SDOH Manager job description at Section 3.1.5. outlines skills the manager must have rather than specific service requirements.
- III. Maximus assumes that so long as the staff member fulfilling the SDOH Manager role is dedicated full-time to the MHT program it is acceptable for that staff member to have a dual role on the program, including as another key staff role. Specifically, we propose having the Outreach and Call Operations Manager also fill the SDOH Manager role and fulfill the responsibilities as outlined in Section 3.1.5 of the CRFQ's Specifications. As required for the SDOH position, our Outreach and Call Operations Manager has over seven (7) years' experience coordinating and managing project plans for outreach and education, currently coordinates and outreaches to community organizations, has over twenty years analyzing and collecting data and over twenty-five years of experience in the health insurance and government operations sectors. Her extensive experience with the West Virginia population in her current Enrollment Broker Services role will enable her to easily undertake the responsibilities of the SDOH manager.
- IV. Over the tenure of our Enrollment Broker Services partnership with BMS, Maximus has never used more than 200 Ad Hoc hours annually. Given this history, we have added 250% more hours annually in our PMPM rates that we believe more than covers Maximus if additional in scope work is needed. If the requested in scope hours exceed 500, Maximus realizes that we would be responsible for providing that service as agreed.
- V. Maximus proposal assumes that the Ad Hoc service hours provided for in the CRFQ are available for use only by BMS for work directly related to the specifications contained in the Contract such as updates to materials and existing service offerings. We further assume that major programmatic changes or additions to the scope of work in the specifications will be handled by an amendment to the agreement with a corresponding adjustment to pricing. For the avoidance of doubt, Maximus assumes the purpose of the Ad Hoc hours is not to be a vehicle to add unlimited scope to the Contract at the Ad Hoc rates.