



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

State of West Virginia
Delivery Order

Order Date: 03-03-2023

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

| | |
|--|--|
| Order Number: CDO 0511 2672 BMS2300000028 1 | Procurement Folder: 1188928 |
| Document Name: Annual Not To Exceed Costs-Year 1 | Reason for Modification: |
| Document Description: Annual Not To Exceed Costs-Year 1 | |
| Procurement Type: Central Delivery Order | |
| Buyer Name: Crystal G Husted | |
| Telephone: (304) 558-2402 | |
| Email: crystal.g.husted@wv.gov | |
| Shipping Method: Best Way | Master Agreement Number: CMA 0511 BMS2300000001 1 |
| Free on Board: FOB Dest, Freight Prepaid | |

| VENDOR | DEPARTMENT CONTACT | | | | | | | | | | | | | | | | | | | | |
|---|--------------------|---------------------|---------------------|---------------|----|----|--------|---|----|----|--|--|----|----|--|--|----|----|--|--|---|
| Vendor Customer Code: 000000102111 CHANGE HEALTHCARE PHARMACY SOLUTIONS INC 45 COMMERCE DR STE 5 AUGUSTA ME 99999 US Vendor Contact Phone: 999-999-9999 Extension: Discount Details: <table border="1"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table> | | Discount Allowed | Discount Percentage | Discount Days | #1 | No | 0.0000 | 0 | #2 | No | | | #3 | No | | | #4 | No | | | Requestor Name: Lucinda L Carroll Requestor Phone: (304) 352-4235 Requestor Email: lucinda.l.carroll@wv.gov <div style="text-align: center; font-size: 2em; font-weight: bold;">23</div> FILE LOCATION _____ |
| | Discount Allowed | Discount Percentage | Discount Days | | | | | | | | | | | | | | | | | | |
| #1 | No | 0.0000 | 0 | | | | | | | | | | | | | | | | | | |
| #2 | No | | | | | | | | | | | | | | | | | | | | |
| #3 | No | | | | | | | | | | | | | | | | | | | | |
| #4 | No | | | | | | | | | | | | | | | | | | | | |

| INVOICE TO | SHIP TO |
|--|--|
| PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US | PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US |

| | |
|----------------------------|--------------|
| Total Order Amount: | \$512,357.53 |
|----------------------------|--------------|

Purchasing Division's File Copy

ENTERED

CA 3/9/23

| |
|--|
| PURCHASING DIVISION AUTHORIZATION DATE: <i>Tanya [Signature]</i> 3/13/23 ELECTRONIC SIGNATURE ON FILE |
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| |
|---|
| ENCUMBRANCE CERTIFICATION DATE: <i>Beverly Tolson</i> 3-14-23 ELECTRONIC SIGNATURE ON FILE |
|---|

Extended Description:

Annual Not To Exceed Costs - Year 1 (10months)

Service Period: 3/1/23-12/31/23

| Line | Commodity Code | Quantity | Unit | Unit Price | Total Price |
|--------------|----------------|--------------|----------|---------------|--------------|
| 1 | 85131701 | 0.00000 | | \$0.0000 | \$512,357.53 |
| Service From | Service To | Manufacturer | Model No | Delivery Date | |
| 2023-03-01 | 2023-12-31 | | | | |

Commodity Line Description: Annual Not To Exceed Costs-Year 1

Extended Description:

Annual Not To Exceed Costs-Year 1 (10 Months)

Service Period: 03/01/2023-12/31/2023

Total Costs: \$512,357.53

Extended Description:

THE VENDOR, CHANGE HEALTHCARE PHARMACY SOLUTIONS INC, AGREES TO ENTER WITH THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), BUREAU FOR MEDICAL SERVICES (BMS), INTO AN OPEN-END CONTRACT FOR PREFERRED DRUG LIST (PDL), PREFERRED PRODUCT LIST (PPL), HIGH-COST PHYSICIAN-ADMINISTERED DRUGS LIST (HCPADL), AND STATE MAXIMUM ALLOWABLE COST (SMAC) SERVICES FOR THE WEST VIRGINIA MEDICAID PROGRAM PER THE TERMS AND CONDITIONS, SPECIFICATIONS, BID REQUIREMENTS, AND THE VENDOR'S BID DATED 05/18/2022, INCORPORATED HEREIN BY REFERENCE, AND MADE A PART OF HEREOF.

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|------|------------|
| 1 | 85131701 | | | | 0.000000 |
| | Service From | Service To | | | |
| | 2023-01-01 | 2023-02-28 | | | |

Commodity Line Description: PDL/PPL/HCPADL/ SMAC Startup Costs-Year 1

Extended Description:

Lump Sum Cost for Initial Startup Costs
2 Month Startup.

Service Period: 01/01/2023-02/28/2023.

Total Cost: \$0.00

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|------|------------|
| 2 | 85131701 | | | | 0.000000 |
| | Service From | Service To | | | |
| | 2023-03-01 | 2023-12-31 | | | |

Commodity Line Description: Annual Not To Exceed Costs-Year 1

Extended Description:

Annual Not To Exceed Costs-Year 1 (10 Months)

Service Period: 03/01/2023-12/31/2023

Total Costs: \$512,357.53

| Line | Commodity Code | Manufacturer | Model No | Unit | Unit Price |
|------|---------------------|-------------------|----------|------|------------|
| 3 | 85131701 | | | | 0.000000 |
| | Service From | Service To | | | |
| | 2023-03-01 | 2023-12-31 | | | |

Commodity Line Description: Additional Services Hourly Rate-Year 1

Extended Description:

Additional Services (all inclusive hourly rate)
Year One (1) Hourly Rate (10 months):
\$174.9249

Service Period: 03/01/2023-12/31/2023

Robert Price
Agree



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Medical Services

Jeffrey H. Coben, MD
Interim Cabinet Secretary

Cynthia E. Beane
Commissioner

TO: DHHR Finance
FROM: Lucinda Carroll *LC*
Procurement Specialist, BMS Procurement Services
DATE: March 3, 2023
RE: PF1188928, CDO BMS23*28 Funding Memo

The West Virginia Bureau for Medical Services (BMS) respectfully submits this funding memo related to the above-referenced CDO.

The service period will be 03/01/23 through 12/31/23 and we anticipate payment to be split between SFY23 and SFY24 per the table below:

March 2023 through April 2023 on PR05 for \$102,471.51
May 2023 through December 2023 on PR07 for \$409,886.02

Total: \$512,357.53

Thank you for your time and consideration in this matter. If you have questions or need additional information, please feel free to contact me at 304-352-4235 or lucinda.l.carroll@wv.gov.