



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: 05-13-2024

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

<b>Order Number:</b>	CDO 0511 3839 MIS2400000001 6	<b>Procurement Folder:</b>	1309661
<b>Document Name:</b>	RAPIDS Medicaid Ex Parte Renewal	<b>Reason for Modification:</b>	
<b>Document Description:</b>	Change Order # 1-Cancellation of remaining balance to CL 1	Change order # 1 is used to reduce the unused balance on Commodity Line 1 per the attached documentation.	
<b>Procurement Type:</b>	Central Delivery Order		
<b>Buyer Name:</b>	Crystal G Hustead		
<b>Telephone:</b>	(304) 558-2402		
<b>Email:</b>	crystal.g.hustead@wv.gov		
<b>Shipping Method:</b>	Best Way	<b>Master Agreement Number:</b> CMA 0511 HHR1800000007 6	
<b>Free on Board:</b>	FOB Dest, Freight Prepaid		

VENDOR				DEPARTMENT CONTACT			
<b>Vendor Customer Code:</b>	000000184667	<b>Requestor Name:</b>	Kimberly A Beckett				
OPTUMINSIGHT INC 11000 OPTUM CIR		<b>Requestor Phone:</b>	(304) 558-5906				
EDEN PRAIRIE MN 55344		<b>Requestor Email:</b>	kimberly.a.beckett@wv.gov				
US		<div style="font-size: 48pt; font-weight: bold;">24</div> <div style="font-weight: bold;">FILE LOCATION _____</div>					
<b>Vendor Contact Phone:</b>	612-642-7749					<b>Extension:</b>	
<b>Discount Details:</b>							
	<b>Discount Allowed</b>					<b>Discount Percentage</b>	<b>Discount Days</b>
#1	No	0.0000	0				
#2	No						
#3	No						
#4	No						

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES MANAGEMENT INFORMATION SERVICE ONE DAVIS SQUARE, RM 211 CHARLESTON WV 25301 US	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES MANAGEMENT INFORMATION SERVICE 321 CAPITOL ST, STE 200 CHARLESTON WV 25301 US

<b>Total Order Amount:</b>	\$979,220.00
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Purchasing Division's File Copy

CH 5/16/24

<b>PURCHASING DIVISION AUTHORIZATION</b> DATE: <i>Tami 6/3/24</i> ELECTRONIC SIGNATURE ON FILE
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<b>ENCUMBRANCE CERTIFICATION</b> DATE: <i>5/16/24</i> ELECTRONIC SIGNATURE ON FILE
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**Extended Description:**

Change order No. 1 is issued to reduce the unused balance on delivery order Commodity Line 1 from \$186,000.00 to \$19,220.00 per attached document.

Original Contract Total: \$186,000.00  
Change Order #1 Decrease: \$166,780.00  
New Contract Total: \$979,220.00

No other changes.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	81111511	0.00000		\$0.0000	\$19,220.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-10-15	2023-11-16			2024-05-30	

**Commodity Line Description:** Modifications and Enhancements Year 6 Hourly Rate

**Extended Description:**

To cancel the remaining quantity balance to bring the dollar amount to zero per the attached vendor cancellation letter indicating the vendor has no more invoices against this PO.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	81111511	0.00000		\$0.0000	\$960,000.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-11-17	2024-11-16			2024-05-30	

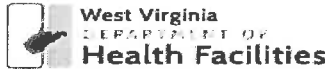
**Commodity Line Description:** Modifications and Enhancements Year 7 Hourly Rate

**Extended Description:**

Modifications and Enhancements Year 7 Hourly Rate 7500 hours at \$128.00 per hour



Sherri A. Young, D.O., MBA,  
FAAFP  
DH Cabinet Secretary



Michael J. Caruso  
DHF Cabinet Secretary



Cynthia A. Persily, Ph.D.  
DoHS Cabinet Secretary

STATE OF WEST VIRGINIA  
DEPARTMENTS OF HEALTH, HEALTH FACILITIES, AND HUMAN SERVICES  
Office of Management Information Services | Shaun Charles, Chief Information Officer

Date: May 6, 2024  
From: Kimberly Beckett, Procurement Specialist *KB*  
OSA Management Information Services  
To: OPTUM INSIGHT  
RE: CDO MIS24\*01 Commodity Line (CL) 1

Please be advised there is an unused balance on CDO MIS24\*01 CL1. This CL expired on Nov. 16, 2023. The original encumbrance was \$186,000.00. The amount that is closed is \$19,220.00, leaving a balance of \$166,780.00.

If you agree that all work has been invoiced and that there is indeed a remaining unused balance of \$166,780.00, please sign and date below, then return to [osamispurchasing@wv.gov](mailto:osamispurchasing@wv.gov) and we will proceed with the balance close out. If you dispute the amount, please email us to discuss. If no response is received from OPTUM INSIGHT by June 6, 2024, The Office of Management Information Services will proceed and close out the remaining balance of \$166,780.00.

Thank you for your time and consideration!

Signature *W.M. [Signature]*

Agreed

*Heather White*

Date May 6, 2024





## Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search

Search Editor

Any Words 

All Words 

Exact Phrase 

e.g. 123456789, Smith Corp

"optuminsight inc" 

Entity 

Location 

Status 

Active

Inactive

Reset 



## No matches found

Your search did not return any results for active records.

Would you like to include inactive records in your search results?

Search inactive

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

*NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.*

#### OPTUMINSIGHT, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	12/2/1998		12/2/1998	Foreign	Profit			

Organization Information			
<b>Business Purpose</b>	6214 - Health Care and Social Assistance - Ambulatory Health Care Services - Outpatient Care Centers (family planning, mental health, substance abuse, HMO, kidney dialysis, freestanding ambulatory surgical & emergency centers)		<b>Capital Stock</b> 0.0000
<b>Charter County</b>		<b>Control Number</b>	0
<b>Charter State</b>	DE	<b>Excess Acres</b>	0
<b>At Will Term</b>		<b>Member Managed</b>	
<b>At Will Term Years</b>		<b>Par Value</b>	0.000000
<b>Authorized Shares</b>	0	<b>Young Entrepreneur</b>	Not Specified

<b>Addresses</b>	
<b>Type</b>	<b>Address</b>
<b>Mailing Address</b>	11000 OPTUM CIRCLE EDEN PRAIRIE, MN, 55344 USA
<b>Notice of Process Address</b>	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
<b>Principal Office Address</b>	11000 OPTUM CIRCLE EDEN PRAIRIE, MN, 55344 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Director</b>	NEIL EDMUND DE CRESCENZO 100 AIRPARK CENTER EAST NASHVILLE, TN, 37217
<b>President</b>	NEIL EDMUND DE CRESCENZO 100 AIRPARK CENTER EAST NASHVILLE, TN, 37217
<b>Secretary</b>	ELIZABETH ANN SODERBERG 11000 OPTUM CIRCLE EDEN PRAIRIE, MN, 55344
<b>Treasurer</b>	PETER MARSHALL GILL 9900 BREN ROAD EAST MINNETONKA, MN, 55343
<b>Type</b>	<b>Name/Address</b>

<b>DBA</b>			
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>
INGENIX	TRADENAME	1/4/2012	5/11/2022
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>

<b>Name Changes</b>	
<b>Date</b>	<b>Old Name</b>
<b>1/4/2012</b>	INGENIX, INC.

Date	Old Name
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## Mergers

Merger Date	Merged	Merged State	Survived	Survived State
7/21/2008	GEOACCESS, INC.	KS	INGENIX, INC.	DE
7/21/2008	HWT, INC.	DE	INGENIX, INC.	DE
1/23/2009	INGENIX HEALTH INTELLIGENCE, INC.	DE	INGENIX, INC.	DE
4/8/2010	J.W. HUTTON, INC.	IA	INGENIX, INC.	DE
5/10/2010	INGENIX MERGERCO, INC.	DE	INGENIX, INC.	DE
6/3/2010	GLOBAL WORKS SYSTEMS, INC.	CA	INGENIX, INC.	DE
Merger Date	Merged	Merged State	Survived	Survived State

Date	Amendment
1/4/2012	NAME CHANGE: FROM INGENIX, INC.
6/3/2010	MERGER: MERGING GLOBAL WORKS SYSTEMS, INC., A QUALIFIED CA CORPORATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
5/10/2010	MERGER: MERGING INGENIX MERGERCO, INC., A QUALIFIED DE CORPORATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
4/8/2010	MERGER: MERGING J.W. HUTTON, INC., A NON-QUALIFIED IA ORGANIZATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
1/23/2009	MERGER: MERGING INGENIX HEALTH INTELLIGENCE, INC., A NON-QUALIFIED DE ORGANIZATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
7/21/2008	MERGER: MERGING GEOACCESS, INC., A NON-QUALIFIED KS ORGANIZATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
7/21/2008	MERGER: MERGING HWT, INC., A QUALIFIED DE CORPORATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
Date	Amendment

## Annual Reports

Filed For
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2023
2022
2021
2020
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For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, May 7, 2024 — 9:57 AM

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>5/16/24</u>  Solicitation No. <u>CPO MIS24*01</u>	Agency: WV Department of Health & Human Resources  Procurement Officer Submitting Requisition: Heather White  Requisition No. CDO MIS24*1 CO1  PF No.: 1309661
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

## FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions ( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
<b>10</b>	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR CHANGE ORDERS/RENEWALS:**

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

*\*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

*For Purchasing Division Use Only:*

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: \_\_\_\_\_

*Crystal Haslead*