



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

State of West Virginia
Master Agreement

Order Date: 08-27-2024

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:	CMA 0511 2672 BMS2300000001 3	Procurement Folder:	999526
Document Name:	PDL/PPL/HCPADL/SMAC SERVICES	Reason for Modification:	Change Order 2 To Renew Contract
Document Description:	PDL/PPL/HCPADL/SMAC SERVICES		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2023-01-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-12-31

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:	Requestor Name: Lakendra R Burdette Requestor Phone: (304) 558-0251 Requestor Email: lakendra.burdette@wv.gov																				
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			<h1>2025</h1> <p>FILE LOCATION _____</p>
	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

8/29/24 bc

Purchasing Division's File Copy

Total Order Amount:	Open End
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CH 8/28/24
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara Hester*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John S. Gray*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *[Signature]*
 ELECTRONIC SIGNATURE ON FILE

9/16/2024

Extended Description:

Change Order No. 2 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders.

Effective date of renewal 01/01/2025 through 12/31/2025

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85131701				0.000000
	Service From	Service To		Service Contract Amount	
	2023-01-01	2023-02-28		0.00	

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		Service Contract Amount	
	2023-03-01	2023-12-31		512357.53	

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		Service Contract Amount	
	2023-03-01	2023-12-31		0.00	

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	85131701				0.000000
	Service From	Service To		Service Contract Amount	
	2024-01-01	2024-12-31		537728.25	

Commodity Line Description: Annual Not To Exceed Costs-Year 2

Extended Description:

Annual Not To Exceed Costs-Year 2 (Optional Renewal Year 1) (12 Months)

Service Period: 01/01/2024-12/31/2024.

Cost not to exceed \$537,728.25.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	85131701				0.000000
	Service From	Service To		Service Contract Amount	
	2024-01-01	2024-12-31		0.00	

Commodity Line Description: Additional Services Hourly Rate-Year 2

Extended Description:

Additional Services Year 2 (Optional Renewal Year 1) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).

Hourly rate \$180.1726

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	85131701				0.000000
	Service From	Service To		Service Contract Amount	
	2025-01-01	2025-12-31		553560.10	

Commodity Line Description: Annual Not To Exceed Costs-Year 3

Extended Description:

Annual Not To Exceed Costs-Year 3 (Optional Renewal Year 2) (12 Months)

Service Period: 01/01/2025-12/31/2025

Cost not to exceed \$553,560.10.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	85131701				0.000000
	Service From	Service To		Service Contract Amount	
	2025-01-01	2025-12-31		0.00	

Commodity Line Description: Additional Services Hourly Rate-Year 3

Extended Description:

Additional Services Year 3 (Optional Renewal Year 2) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).

Hourly rate \$185.58

Vicki Cunningham
Director of Pharmacy Services
Bureau of Medical Services
350 Capitol Street
Charleston, WV 25301

Dear Ms. Cunningham,

I am writing to notify the West Virginia Department of Human Services that Change Healthcare Pharmacy Solutions, Inc. agrees to renew the current West Virginia PDL/PPL/SMAC contract (CMA BMS23*01) according to all terms, conditions, prices and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal: 01/01/2025 through 12/31/2025

Remaining renewals: One

All provision of the original contract and subsequent change orders not modified herein shall remain in full force and effect.

Please contact me if you have any questions or need additional information.

Change Healthcare Pharmacy Solutions, Inc.



Authorizing Signature

August, 26, 2024

Date

Dan Hardin, SVP & GM

Change Healthcare Pharmacy Solutions

C: 630.300.4407

E: dhardin@optum.com

Agree to Renew



Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Additional Services Year 2 (Optional Renewal Year 1) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).
 Service Period: 01/01/2024-12/31/2024

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
* 6	Annual Not To Exceed Costs-Year 3				553560.10

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Annual Not To Exceed Costs-Year 3 (Optional Renewal Year 2) (12 Months)
 Service Period: 01/01/2025-12/31/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
* 7	Additional Services Hourly Rate-Year 3				18557.78

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Additional Services Year 3 (Optional Renewal Year 2) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).
 Service Period: 01/01/2025-12/31/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Annual Not To Exceed Costs-Year 4				569866.91

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Annual Not To Exceed Costs-Year 4 (Optional Renewal Year 3) (12 Months)
 Service Period: 01/01/2026-12/31/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Additional Services Hourly Rate-Year 4				19114.52

Comm Code	Manufacturer	Specification	Model #
85131701			

Commodity Line Comments:

Extended Description:

Additional Services Year 4 (Optional Renewal Year 3) (all inclusive hourly rate) X 100 (Estimated) (See Section 4.1.26).
 Service Period: 01/01/2026-12/31/2026

Ok
 Althea Greenhowe

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>8/28/24</u> Solicitation No. <u>CMA BMS23*01</u>	Agency: DoHS-BMS Procurement Officer Submitting Requisition: Althea Greenhowe Requisition No. CRFQ BMS 22*02 CMA BMS 23*01 PF No.: 999526
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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 www.state.wv.us/admin/purchase/TCP.pdf	<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
10	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"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

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

Christine Husted



STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
OFFICE OF TECHNOLOGY
State Capitol
Charleston, West Virginia 25305

Mark D. Scott
Cabinet
Secretary

Heather D. Abbott
Chief Information
Officer

**TO: Stephanie Pettry, Procurement Specialist
Department of Human Services**

**FROM: Heather D. Abbott, Chief Information Officer
Office of Technology**

**SUBJECT: INFORMATION TECHNOLOGY PROCUREMENT
HR005029 PF999526, CMA BMS23*01 IS&C NUMBER: 2024-8281**

DATE: February 7, 2024

West Virginia Code §5A-6-4(a) permits the Chief Information Officer to review and approve technology purchases for suitability to ensure such purchases comport with the State of West Virginia's overall strategic information technology goals.

West Virginia Code §5A-6-4c requires the Chief Information Officer to review and approve "technology projects."

West Virginia Code §5A-6-5 requires that "any state spending unit that pursues an information technology purchase that does not meet the definition of a 'technology project' and that is required to submit a request for proposal to the State Purchasing Division prior to purchasing goods or services shall obtain the approval of the Chief Information Officer, in writing, of any proposed purchase of goods or services related to its information technology and telecommunication systems.

After conducting a review of your request for PF999526, CMA BMS23*01-Change Order 1-Blanket Contract Renewal for All Optional Years, the Office of Technology has determined:

That your request is approved.

That your request is not subject to the review and approval provisions contained in Chapter 5A, Article 6 of the Code, therefore, it does not need approval by the Office of Technology.

This memorandum constitutes this office's official review and a copy should be attached to your purchase order and any other correspondence related to this request.

If you have questions, or need additional information, please contact Consulting Services at Consulting.Services@wv.gov.

- Any Words (i)
- All Words (i)
- Exact Phrase (i)

e.g. 123456789, Smith Corp

"CHANGE HEALTHCARE PHARMACY SOLUTIONS INC" x

Classification v

Excluded Individual v

Excluded Entity v

Federal Organizations v

Exclusion Type ^

- Ineligible (Proceedings Pending)
- Ineligible (Proceedings Complete)
- Prohibition/Restriction
- Voluntary Exclusion

Exclusion Program v

Location v

Dates v

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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.

CHANGE HEALTHCARE PHARMACY SOLUTIONS, INC.

**see Attached*

Organization Information									
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason	
C Corporation	10/2/2007		10/2/2007	Foreign	Profit				

Organization Information		
Business Purpose	5415 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Computer Systems Design and Related Services (design, programming, facilities mgmt)	
Capital Stock		
Charter County	Control Number	97263
Charter State	ME	Excess Acres
At Will Term	Member Managed	
At Will Term Years	Par Value	
Authorized Shares	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Mailing Address	424 CHURCH STREET, SUITE 1400 NASHVILLE, TN, 37219 USA
Notice of Process Address	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
Principal Office Address	424 CHURCH STREET, SUITE 1400 NASHVILLE, TN, 37219 USA
Type	Address

Officers	
Type	Name/Address
Director	ROGER GERARD CONNOR 424 CHURCH STREET, SUITE 1400 NASHVILLE, TN, 37219
President	ROGER GERARD CONNOR 424 CHURCH STREET, SUITE 1400 NASHVILLE, TN, 37219
Secretary	ELIZABETH ANN SODERBERG 424 CHURCH STREET, SUITE 1400 NASHVILLE, TN, 37219
Treasurer	PETER MARSHALL GILL 424 CHURCH STREET, SUITE 1400 NASHVILLE, TN, 37219
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
GHS DATA MANAGEMENT	TRADENAME	10/2/2007	
GOOLD HEALTH SYSTEMS, INC.	FORCED DBA	10/2/2007	9/6/2018
DBA Name	Description	Effective Date	Termination Date

Name Changes	
Date	Old Name

9/6/2018	GOOLD HEALTH SYSTEMS
Date	Old Name

9/6/2018	NAME CHANGE: FROM GOOLD HEALTH SYSTEMS
Date	Amendment

Annual Reports
Filed For
2024
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2012
2011
2010
2009
Date filed

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

Tuesday, August 27, 2024 — 2:27 PM

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Speak with customer support.

866-371-9066

Notice/mailing address

As of January 1, 2021, Change Healthcare is changing our notice/mailing address to:

Change Healthcare
424 Church Street
Suite 1400
Nashville, TN 37219

D&B Business Directory

Change Healthcare Pharmacy Solutions, Inc.

 myD&B Mobile

Always know where to find your D-U-N-S & business scores



Let us help you find what you're looking for

We have several Credit Reports and Business Credit information options you might like.



Address: 45 Commerce Dr Ste 5 Augusta, ME, 04330-7889 United States

Phone:

Employees (this site): ⓘ Modelled

Employees (all sites): ⓘ Modelled

Revenue: ⓘ Modelled

Year Started: | **Incorporated:**

ESG ranking:

ESG industry average:

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Contacts

Get in Touch with 5 Principals* and 19 Contacts