



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: 03-03-2025

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 0506 2825 FLC1021949A 5	Procurement Folder:	1034568
Document Name:	INDEPENDENT INFORMAL DISPUTE RESOLUTION PROCESS	Reason for Modification:	CHANGE ORDER 3
Document Description:	ORIGINAL PROCUREMENT FOLDER 1021949	To renew document	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-05-15
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-05-14

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000181854 MICHIGAN PEER REVIEW ORGANIZATION 625 KENMOOR AVENUE SE GRAND RAPIDS MI 49546 2395 US Vendor Contact Phone: 2484657363 Extension: Discount Details: <table><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: Christopher G Nelson Requestor Phone: (304) 558-1970 Requestor Email: christopher.g.nelson@wv.gov 2025 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OIG - OHFLAC 408 LEON SULLIVAN WAY CHARLESTON WV 25301-1713 US	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES OIG - OHFLAC 408 LEON SULLIVAN WAY CHARLESTON WV 25301-1713 US

3/5/25 60

Purchasing Division's File Copy

Total Order Amount:

Open End

PURCHASING DIVISION AUTHORIZATION

DATE: *Tarah* 3/5/25
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM

DATE: *[Signature]*
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: *[Signature]* 3-7-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Change Order

Change Order No. 03 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 05/15/2025 through 05/14/2026

Renewal Years Remaining: Zero

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	80122001			EA	400.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Informal Dispute Resolution Review Severity LVL 1 LTC

Extended Description:

Informal Dispute Resolution review for long-term care facilities cited at Severity Level I or potential for no more than minimal harm, as defined by CMS.

Priority Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	80122001			EA	500.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Informal Dispute Resolution Review Severity LVL 2 LTC

Extended Description:

Informal Dispute Resolution review for long-term care facilities cited at Severity Level II or potential for more than minimal harm, but no actual harm, substandard quality of care, or immediate jeopardy, as defined by CMS.

Priority Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	80122001			EA	600.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Informal Dispute Resolution Review Severity LVL 2 Sub. Care

Extended Description:

Informal Dispute Resolution review for long-term care facilities cited at Severity Level II with a finding of substandard quality of care, as defined by CMS.

Priority Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	80122001			EA	700.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Independent dispute mediation or arbitration service

Extended Description:

Informal Dispute Resolution review for long-term care facilities cited at Severity Level III or actual harm, as defined by CMS.

Priority Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	80122001			EA	800.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Informal Dispute Resolution Review-Immediate Jeopardy

Extended Description:

Informal Dispute Resolution review for ALL facilities cited as IMMEDIATE JEOPARDY, as defined by CMS or State Regulations for programs regulated by OHFLAC.

Priority Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	80122001			EA	600.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Informal Dispute Resolution Review-Condition LVL Deficiency

Extended Description:

Informal Dispute Resolution review for a Condition Level Deficiency as defined by CMS. (Not an Immediate Jeopardy)

Priority Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	80122001			EA	450.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Informal Dispute Resolution Review-Not Invoking Penalties

Extended Description:

Informal Dispute Resolution review for a Standard Level Deficiency as defined by CMS or State Regulations for programs regulated by OHFLAC and not invoking state penalties.

Priority Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	80122001			EA	600.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Informal Dispute Resolution Review-Invoking Penalties

Extended Description:

Informal Dispute Resolution review for a Standard Level as defined State Regulations for programs regulated by OHFLAC and invoking state penalties

Priority Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	80122001			EA	200.000000
	Service From	Service To	Service Contract Amount		
			0.00		

Commodity Line Description: Additional Fee-Telephonic Review

Extended Description:

Additional fee for telephonic review, versus desk review, per deficiency. Note: All travel costs must be assumed by the requesting facility.

Priority Level 1

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
10	80122001			EA	200.000000
Service From		Service To		Service Contract Amount	
				0.00	

Commodity Line Description: Additional Fee- Face to Face Review

Extended Description:
Additional fee for face to face review, versus desk and/or telephone review, per deficiency. Additional fees for face to face will be assumed by requesting facility. The independent Review Organization shall enter a separate agreement with the facility. Note: All travel costs must be assumed by the requesting facility.

Priority Level 1



625 Kenmoor Ave SE, Suite 350
PMB 47995
Grand Rapids, MI 49546-2395
248-465-7300 | www.improve.health

February 26, 2025,

Sandra Bailey, Administrative Services Assistant
State of West Virginia
Office of Health Facility Licensure and Certification
408 Leon Sullivan Way
Charleston, WV 25301

Subject: Renewal for Contract CMA 0506 2825 FLC1021949A – Independent Informal
Dispute Review

Dear Sandra Bailey,

This letter is to confirm that iMPROve Health is agreeable to CMA 0506 2825 FLC1021949A under the same terms and conditions as the original contract with the effective dates as 05/15/2025 through 05/14/2026.

If you have any questions or need any additional information, please feel free to contact me. We look forward to continuing to provide these services to your State Agency in West Virginia.

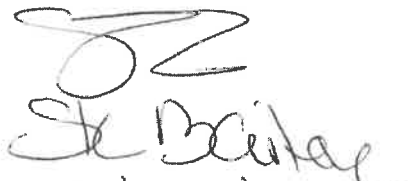
Best regards,


Leland A. Babitch, MD MBA
President & CEO

cc: Bailey Brokmeyer,
Director IDR/IIDR Services

Agreed


Heather White



St Bailey
2/27/25



MEMORANDUM

Date: February 28, 2025

To: Heather White
Office of Shared Administration

From: S.K. Bailey 
Office of Health Facility Licensure and Certification, ASA-I

Subject: Renewal of Contract – CMA 0506 2825 FLC1021949A

Please accept this memorandum as justification for the renewal of CMA 0506 2825 FLC1021949A. The Independent Informal Dispute Resolution (IIDR) process is a statutory requirement for facilities licensed under our long-term care program, intermediate care facilities for individuals with intellectual disabilities, behavioral health centers, and home health agencies. The IIDR process also satisfies the statutory requirement for an informal means to contest a citation for other programs regulated by OHFLAC.

The IIDR process is used for facilities regulated by OHFLAC to contest a deficient practice for which they have been cited pursuant, but not limited to, W.Va Code §§ 16B-4-12a and 27-1A-7, or pursuant to federal law, as being contrary to the law or unwarranted by the facts or both.

The following West Virginia statutes require the contractual services of an IIDR contractor:

1. W. Va. Code §16B-4-12a – Independent Informal Dispute Resolution (Nursing Homes)

(b) The director shall contract with up to three independent review organizations to conduct an independent informal dispute resolution process for facilities. The independent review organization shall be accredited by the Utilization Review Accreditation Commission.

2. W. Va. Code §27-1A-12 – Independent Informal Dispute Resolution

(a) A behavioral health provider licensed by the Office of Health Facility Licensure and Certification adversely affected by an order or citation of a deficient practice issued

Letter Title
Date
Page #

pursuant to this article or pursuant to federal law may request to use the independent informal dispute resolution process established by this section. A licensee may contest a cited deficiency as contrary to rule, regulation or law or unwarranted by the facts, or any combination thereof.

(c)(3) The Secretary of the West Virginia Department of Health (hereinafter "secretary") shall approve and establish a panel of at least three independent review providers: Provided, That in lieu of establishing a panel, the secretary may use an existing panel of approved independent review providers. The secretary shall contract with the independent review providers to conduct the independent informal dispute resolution processes. Each independent review provider shall be accredited by the Utilization Review Accreditation Commission. When a licensee requests an independent informal dispute resolution process, the secretary shall choose one independent review provider from the approved panel to conduct the process.

Thank you for your time and consideration of this renewal. Should you have any questions, please contact me at 304/352-0812 or via email at Sandra.K.Bailey@wv.gov.



Lyle, Tara L <tara.l.lyle@wv.gov>

Re: CMA FLC1021949A - CO#3

1 message

White, Heather M <heather.m.white@wv.gov>

Wed, Mar 5, 2025 at 9:29 AM

To: "Lyle, Tara L" <tara.l.lyle@wv.gov>

Cc: Crystal G Hustead <crystal.g.hustead@wv.gov>

We do not currently think usage will be enough to need Governor's Approval.

On Wed, Mar 5, 2025 at 9:28 AM Lyle, Tara L <tara.l.lyle@wv.gov> wrote:

Heather,

Just asking about the Governor's Office approval for this renewal change order. I see the total spend on this particular contract is less than \$27,000. The estimated bid came in at \$80,500.00.

Do you anticipate going over the \$100,000 and ask for Governor's Office approval?

Thanks,

Tara

Tara Lyle

Buyer Supervisor, Purchasing Division

304-558-2544 • Tara.L.Lyle@wv.gov



- ☐ Any Words ⓘ
- ☐ All Words ⓘ
- ☐ Exact Phrase ⓘ

e.g. 123456789, Smith Corp

"michigan peer" x

Classification

Excluded Individual

Excluded Entity

Federal Organizations

Exclusion Type

Exclusion Program

Location

Dates

Reset ↺



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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.

MICHIGAN PEER REVIEW ORGANIZATION

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	9/23/2011		9/23/2011	Foreign	Non-Profit			

Organization Information			
Business Purpose	9231 - Public Administration - Administration of Human Resource Programs - Administration of Human Resource Programs (educational, public health, HR, Veteran's Affairs)		
Capital Stock			
Charter County	Kanawha	Control Number	99R56
Charter State	MI	Excess Acres	
At Will Term		Member Managed	
At Will Term Years		Par Value	
Authorized Shares	0	Young Entrepreneur	Not Specified

Addresses

Type	Address
Mailing Address	625 KENMOOR AVE SE PMB 47995 SUITE 350 GRAND RAPIDS, MI, 49546 USA
Notice of Process Address	Corporation Service Company 808 Greenbrier Street Charleston, WV, 25311
Principal Office Address	625 KENMOOR AVE SE PMB 47995 SUITE 350 GRAND RAPIDS, MI, 49546 USA
Type	Address

Officers

Type	Name/Address
Director	DAVID T. BROOKS 625 KENMOOR AVE SE, PMB 47995 SUITE 350 GRAND RAPIDS, MI, 49546
President	LELAND A. BABITCH, M.D., MBA 625 KENMOOR AVE SE, PMB 47995 SUITE 350 GRAND RAPIDS, MI, 49546
Secretary	DOUG DIETZMAN 625 KENMOOR AVE SE PMB 47995 SUITE 350 GRAND RAPIDS, MI, 49546
Treasurer	KATE KOHN-PARROT 625 KENMOOR AVE SE PMB 47995 SUITE 350 GRAND RAPIDS, MI, 49546
Type	Name/Address

DBA

DBA Name	Description	Effective Date	Termination Date
IMPROVE HEALTH	TRADENAME	7/22/2022	
MICHIGAN PEER REVIEW ORGANIZATION, INC.	FORCED DBA	9/23/2011	
DBA Name	Description	Effective Date	Termination Date

Annual Reports**Filed For**

2024

2023

2022

2021

2020

2019

2018

2017x

2017

2016

2015

2014

2013

Date filed[File Your Current Year Annual Report Online Here](#)

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

Thursday, February 13, 2025 — 1:38 PM

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>3/4/25</u> Solicitation No. <u>CMA FLC1021949A</u>	Agency: WV Department of Health <hr/> Procurement Officer Submitting Requisition: Heather White <hr/> Requisition No. CMA FLC1021949A <hr/> PF No.: 1034568
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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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: _____

Crystal Hustead