



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: 08-18-2025

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:	CDO 0511 2914 BSS2600000001 1	Change Order No:	0	Procurement Folder:	1730905
Document Name:	Specialized Managed Care for Children and Youth	Reason for Modification:			
Document Description:	Specialized Managed Care for Children and Youth				
Procurement Type:	Central Delivery Order				
Buyer Name:	Crystal G Hustead				
Telephone:	(304) 558-2402				
Email:	crystal.g.hustead@wv.gov				
Shipping Method:	Best Way	Master Agreement Number: CMA 0511 BMS2300000003 1			
Free on Board:	FOB Dest, Freight Prepaid				

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: VS0000010164 COVENTRY HEALTH CARE OF WEST VIRGINIA INC 500 Virginia St E Charleston WV 25301-2135 US Vendor Contact Phone: 304-348-2041 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: Anthony J Walizer Requestor Phone: (304) 356-2915 Requestor Email: anthony.j.walizer@wv.gov 2026 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BSS - COMMISSIONER'S OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV 25301-3711 US	ADMINISTRATIVE SERVICES ASSISTANT - 304-356-4528 HEALTH AND HUMAN RESOURCES BSS - COMMISSIONERS OFFICE 350 CAPITOL ST, RM 730 CHARLESTON WV 25301-3711 US

Purchasing Division's File Copy

Total Order Amount: \$1,127,161.08

CH 8/21/25
PURCHASING DIVISION AUTHORIZATION
DATE: 8/22/2025
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 8-25-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:
Administrative Services(SNS)
Year 3
For July 1, 2025 to June 30, 2026

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	84131602	0.00000		\$0.0000	\$1,127,161.08
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-07-01	2026-06-30				

Commodity Line Description: Vendor's Bid Amount for Administrative Services(SNS) Year 3

Extended Description:
Vendor's Bid Amount for Administrative Services (SNS) - per attached Cost Proposal - Year 3
\$1,127,161.08 fixed cost for year, 12 monthly payments of \$93,930.09.



Attachment A: Cost Proposal

West Virginia Department of Health and Human Resources - Mountain Health Promise (MHP) Request for Proposal (RFP)			
Instructions:			
Vendor: Aetna Better Health of			
Vendors will be paid an actuarially sound/certified capitated per member per month (PMPM) rate set by the State for Managed Care Organization (MCO) physical and behavioral health services, which shall be firm and fixed for the period of the contract, subject to any adjustments warranted for modifications including, but not limited to, State or federal regulation, waiver amendments, required actuarial adjustments, and State Plan amendments. Therefore, vendors will only be scored on administrative costs relative to Socially Needed Services (SNS) under the cost proposal.			
Vendors will be paid a fixed monthly amount for Administrative Services Organization (ASO) administration of SNS, which shall be firm and fixed for each contract year, subject to any adjustments warranted for modifications including, but not limited to, State or federal regulation, waiver amendments, and State Plan amendments. The vendor shall submit a desired, fixed monthly cost for SNS administration in rows 7 through 10. Rows 7 through 10 will automatically be multiplied by 12 and the total cost for each year will be displayed in cells D7-D10. Cell D11 will be automatically added to display a Total Cost Proposal			
NOTE: The Vendor's bid amount entered into for the ASO SNS Services cost should not include any services costs for the SNS services themselves, and should not include any direct costs for medical expense. The bid amount is for ASO SNS administration costs only . Reimbursement for the SNS services provided to members will be reimbursed directly to the provider on a fee for service basis from Title IV funds. Reimbursement for MHP medical costs (physical/behavioral health) will be based on a actuarially sound/certified capitated rate basis, and those expenses/costs are not to be considered here as part of the SNS administrative costs.			
Table 1: Costs by Contract Item			
Contract Item	Bid Amount	Contract Months	Total Administrative Services Cost
Vendor's Bid Amount for Administrative Services (SNS) - Year 1	\$ 89,117.52	12	\$ 1,069,410.24
Vendor's Bid Amount for Administrative Services (SNS) - Optional Year 1	\$ 91,628.99	12	\$ 1,099,547.88
Vendor's Bid Amount for Administrative Services (SNS) - Optional Year 2	\$ 93,930.09	12	\$ 1,127,161.08
Vendor's Bid Amount for Administrative Services (SNS) - Optional Year 3	\$ 96,290.25	12	\$ 1,155,483.00
Total Cost Proposal:			\$ 4,451,602.20

RFP Table 1: Estimated Number of Individuals Who Access SNS	
Population	Estimated Enrollment
Eligible Youth (Calendar Year 2021)	12,736



STATE OF WEST VIRGINIA DEPARTMENT
OF HUMAN SERVICES
BUREAU FOR SOCIAL SERVICES

Alex J. Mayer
Cabinet Secretary

DATE: August 18, 2025
TO: OSA Purchasing
FROM: Tony Walizer
SUBJECT: Late Justification CDO BSS26*1 PF1730905

Please accept this memo as late justification for our CDO BSS26*1 PF1730905. We had to wait for the Bureau for Medical Services (BMS) to renew their master agreement contract CMA BMS23*3 PF1052601. BMS renewed this contract today on 08/18/2025, and we immediately processed and submitted this CDO.

Thank You
Tony

A handwritten signature in black ink, appearing to read "Tony Walizer".



Subject: Governor's Office Approval of contracts over \$100,000



Rosen, Bryan D <bryan.d.rosen@wv.gov>

Thu, Jan 23,

to Wagner, Roberta A, Price, Robert L

I spoke with Curtis early today. He relayed the following information for how we will process these through his office.

1. He would like a synopsis of the purchase. I would suggest in most cases we can pull the extended description populate that in the email to him.
2. Please note if there is a specific timeframe in the request.
3. Contracts will be reviewed at the Master Agreement level meaning that he will not be approving DOs.
4. Renewals for contracts over \$100,000 must be approved.

This process is going to be fluid and will likely morph as we move forward but this is the best information that I have today.

Bryan

8/18/25, 3:14 PM

SAM.gov | Search

e.g. 1606N020Q02

"COVENTRY HEALTH CARE"

x

Federal Organizations

Enter Code or Name



Status



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Inactive

Reset

All Domains

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Federal Assistance

Entity Information

Federal Hierarchy

Wage Determinations

No matches found

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Business Organization Detail

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COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	8/16/1991		8/16/1991	Domestic	Profit			

Organization Information			
Business Purpose	5242 - Finance and Insurance - Insurance Carriers and Related Activities - Agencies, Brokerages and Other Insurance Related Activities (claims adjusting, third-party administration)	Capital Stock	1000000.0000
Charter County		Control Number	0
Charter State	WV	Excess Acres	0
At Will Term		Member Managed	
At Will Term Years		Par Value	1000.000000
Authorized Shares	1000	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	500 VIRGINIA STREET EAST SUITE 400 CHARLESTON, WV, 25301
Mailing Address	151 FARMINGTON AVENUE RW61 HARTFORD, CT, 06156 USA
Notice of Process Address	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
Principal Office Address	500 VIRGINIA STREET EAST SUITE 400 CHARLESTON, WV, 25301 USA
Type	Address

Officers	
Type	Name/Address
Director	TODD R. WHITE 500 VIRGINIA STREET E. SUITE 400 CHARLESTON, WV, 25301
Director	***SEE ATTACHED LIST***
President	TODD R. WHITE 500 VIRGINIA STREET E. SUITE 400 CHARLESTON, WV, 25301
Secretary	THORNE WASHBURN CLARK 500 VIRGINIA STREET E. SUITE 400 CHARLESTON, WV, 25301
Treasurer	TRACY L. SMITH 500 VIRGINIA STREET E. SUITE 400 CHARLESTON, WV, 25301
Vice-President	AARON J. IGDALSKY 500 VIRGINIA STREET E. SUITE 400 CHARLESTON, WV, 25301
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination

AE'TNA BETTER HEALTH OF WEST VIRGINIA	TRADENAME	12/11/2015	
CARELINK	TRADENAME	5/8/1996	
CARELINK HEALTH LINE	TRADENAME	5/8/1996	
CARELINK HEALTH PLANS	TRADENAME	5/8/1996	
COVENTRY HEALTH CARE	TRADENAME	11/19/2007	
DBA Name	Description	Effective Date	Termination Date

Name Changes

Date	Old Name
9/4/2012	CARELINK HEALTH PLANS, INC.
Date	Old Name

Mergers

Merger Date	Merged	Merged State	Survived	Survived State
2/10/2000	PRIMEONE, INC.	WV	CARELINK HEALTH PLANS, INC.	WV
Merger Date	Merged	Merged State	Survived	Survived State

Date	Amendment
4/10/2019	AMENDED & RESTATED ARTICLES OF INCORPORATION
9/4/2012	NAME CHANGE: FROM CARELINK HEALTH PLANS, INC.
2/16/2000	CHANGE -AMENDMENT & RESTATED ART FILED; UPDATED THE AGENT
2/16/2000	DECREASE IN SHARES FROM 400,000 SHARES AT NO PAR VALUE TO 1,000 SHARES AT \$1,000.00 PAR WHICH MAKES THE AUTH CAP \$1,000,000.00
2/10/2000	MERGER: MERGING PRIMEONE, INC., A QUALIFIED WV CORPORATION WITH AND INTO CARELINK HEALTH PLANS, INC. A QUALIFIED WV CORPORATION, THE SURVIVOR
10/1/1999	MERGER; MERGING COVENTRY HEALTH PLAN OF WEST VIRGINIA, INC., A QUAL WV CORP WITH & INTO CARELINK HEALTH PLANS, INC., A QUAL WV CORP, THE SURVIVOR.
9/16/1999	CHANGE - REDUCTION IN STATED CAPITAL
5/19/1999	INCREASE IN SHARES FROM 200,000 AT NO PAR VALUE TO 400,000 AT NO PAR VALUE.

9/5/1997	CHANGE OF NAME FROM CHARLESTON AREA HEALTH PLAN, INC. TO CARELINK HEALTH PLANS, INC.
10/5/1995	CHANGE IN PAR VALUE FROM 200,000 SHARES AT \$100.00 WITH AUTH CAP. BEING \$20,000,000.00 TO 200,000 SHARES AT NO PAR VALUE; ALSO UPDATED PRES.
8/11/1994	CHANGE - RESTATED ART. OF INC.-INCREASE IN AUTH. CAP. STK FROM \$2,000.00 WITH 200,000 SHARES AT \$0.01 PAR TO \$20,000,000.00 AUTH. CAP WITH 200,000 SHARES AT \$100.00 PAR VALUE.
5/27/1994	CHANGE-RESTATED ART OF INC-INCREASE IN AUTH CAP STKFROM \$100.00 & 10,000 SHARES AT \$.01 PAR VALUE TO \$2,000 AUTH. CAP. WITH 200,000 SHARES AT \$.01 PAR VALUE & ALSO CHANGED PRIN OFF,AGENT & ADDED DIR. & OFF.
3/29/1994	CHANGE IN PRIN. OFF., AGENTS ADD. AND UPDATED DIR.
Date	Amendment

Annual Reports

Filed For

2025
2024
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For more information, please contact the Secretary of State's Office at 304-558-8000.

Thursday, August 21, 2025 — 9:04 AM

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