



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: 10-27-2025

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 0511 2672 BMS2200000002 5	Procurement Folder:	998412
Document Name:	RETROSPECTIVE DRUG UTILIZATION REVIEW SERVICES	Reason for Modification:	
Document Description:	RETROSPECTIVE DRUG UTILIZATION REVIEW SERVICES	Change Order 04 To Renew Contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-11-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-10-31

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000125086 KEYSTONE PEER REVIEW ORGANIZATION LLC 1600 TYSONS BLVD STE 1000  MCLEAN VA 22102 US Vendor Contact Phone: 571-221-5988 Extension:	Requestor Name: Amy D Null Requestor Phone: 304-352-4312 Requestor Email: amy.d.null@wv.gov																				
Discount Details:	<b>2026</b> FILE LOCATION																				
<table><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr><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></table>			Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No		
		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

CR 10-30-23

Total Order Amount:

Open End

Purchasing Division's File Copy

CH 10/27/25

PURCHASING DIVISION AUTHORIZATION
DATE: 10/29/25
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: 10/31/25
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 10-31-25
ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Change Order 4

Change Order No. 4 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 11/01/2025 through 10/31/2026

Renewal Years Remaining: Zero (0)

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	85111617				0.000000
<b>Service From</b>		<b>Service To</b>	<b>Service Contract Amount</b>		
	2022-11-01	2022-12-31		47760.00	

**Commodity Line Description:** Start Up Costs

**Extended Description:**

Year 1-Start Up Costs-2 Months

Total Amount: \$47,760.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85111617				0.000000
<b>Service From</b>		<b>Service To</b>	<b>Service Contract Amount</b>		
	2023-01-01	2023-10-31		201240.00	

**Commodity Line Description:** Annual Not to Exceed Costs (All Services)-Year 1

**Extended Description:**

Annual Not to Exceed Costs (All Services)-Year 1 (10 Months)

Total Cost: \$201,240.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	85111617				0.000000
<b>Service From</b>		<b>Service To</b>	<b>Service Contract Amount</b>		
	2023-01-01	2023-10-31		0.00	

**Commodity Line Description:** Additional Services (All Inclusive Hourly Rate)-Year 1

**Extended Description:**

Additional Services (All Inclusive Hourly Rate) -Year 1 (10 Months)

Hourly Rate: \$156.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	85111617				0.000000
<b>Service From</b>		<b>Service To</b>	<b>Service Contract Amount</b>		
	2023-11-01	2024-10-31		252370.00	

**Commodity Line Description:** Annual Not to Exceed Costs (All Services)-Opt Ren Year 1

**Extended Description:**

Annual Not to Exceed Costs (All Services)-Optional Renewal Year 1

Total Cost: \$252,370.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	85111617				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2023-11-01	2024-10-31		0.00	

**Commodity Line Description:** Additional Services (All Inclusive Hourly Rate)-Opt RenYear1

**Extended Description:**

Additional Services (All Inclusive Hourly Rate) -Optional Renewal Year 1  
Hourly Rate: \$158.34

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	85111617				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2024-11-01	2025-10-31		256156.00	

**Commodity Line Description:** Annual Not to Exceed Costs (All Services)-Opt Ren Year 2

**Extended Description:**

Annual Not to Exceed Costs (All Services)-Optional Renewal Year 2  
Total Cost: \$256,156.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	85111617				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2024-11-01	2025-10-31		0.00	

**Commodity Line Description:** Additional Services (All Inclusive Hourly Rate)-Opt Ren Yr 2

**Extended Description:**

Additional Services (All Inclusive Hourly Rate) X 100 Hours (Estimated)-Optional Renewal Year 2  
Hourly Rate: \$160.72

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	85111617				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2025-11-01	2026-10-31		259998.00	

**Commodity Line Description:** Annual Not to Exceed Costs (All Services)-Opt Ren Year 3

**Extended Description:**

Annual Not to Exceed Costs (All Services)-Optional Renewal Year 3  
Total Cost: \$259,998.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	85111617				0.000000
	<b>Service From</b>	<b>Service To</b>		<b>Service Contract Amount</b>	
	2025-11-01	2026-10-31		0.00	

**Commodity Line Description:** Additional Services (All Inclusive Hourly Rate)-Opt Ren Yr 3

**Extended Description:**

Additional Services (All Inclusive Hourly Rate) X 100 Hours (Estimated)-Optional Renewal Year 3  
Hourly Rate: \$163.13



Accelerating Better Outcomes

VIA EMAIL: [jimmy.k.dowden@wv.gov](mailto:jimmy.k.dowden@wv.gov)

July 23, 2025

West Virginia Department of Administration  
Purchasing Division  
Attn: Jimmy Dowden  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 23505-0130

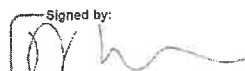
Dear Mr. Dowden,

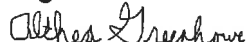
Please accept this letter as formal notice of Keystone Peer Review Organization, LLC dba Acentra Health's agreement to renew Master Agreement CMA BMS2200000002 with the State of West Virginia for Retrospective Drug Utilization Review (RDUR) services. This renewal is in accordance with all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

The renewal term will be effective from November 1, 2025, through October 31, 2026. Zero (0) renewal options remain.

We look forward to receiving the corresponding amendment to the Agreement.

Sincerely,

Signed by:  
  
7BCF0EC2F83F4F3  
Meghan Harris  
President and Chief Operations Officer

Agree to Renew  


cc: Susan Baker, SVP, Operations  
Chip Shook, Senior Program Director, Care Management

# RFQ BMS19\*01 Cost Comparison

Keystone (Kepro)

OK  
Walter D. Dunder

CL1	Startup	\$47,760.00			
CL2	Annual Not to exceed Costs-Y1	\$201,240.00	Year 1 Total	\$264,600.00	
CL3	Additional Services Y1	\$15,600.00	Year 1 Service Period	11/1/22-10/31/23	
CL4	Annual Not to exceed Costs-RY1	\$252,370.00	Renewal year 1 Total	\$268,204.00	
CL5	Additional Services RY1	\$15,834.00	Renewal year 1 Service Period:	11/1/23-10/31/24	
CL6	Annual Not to exceed Costs-RY2	\$256,156.00	Renewal year 2 Total	\$272,228.00	
CL7	Additional Services RY2	\$16,072.00	Renewal year 2 Service Period:	11/1/24-10/31/25	
* CL8	Annual Not to exceed Costs-RY3	259,998.00	Renewal year 3 Total	\$276,311.00	*
* CL9	Additional Services RY2	16,313.00	Renewal year 3 Service Period:	11/1/25-10/31/26	*
Grand Total		\$1,081,343.00			




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

Mark D. Scott  
Cabinet Secretary

Joshua D. Spence  
Chief Information Officer

**MEMORANDUM**

**TO:** Bonnie Brady, Procurement Associate  
Department of Health and Human Resources

**FROM:** Joshua D. Spence, Chief Information Officer  
Office of Technology 

**SUBJECT:** INFORMATION TECHNOLOGY PROCUREMENT  
HR002850 CRFQ BMS22\*01 IS&C NUMBER: 2022-9048

**DATE:** April 7, 2022

West Virginia Code §5A-6-4(a)(3) permits the Chief Technology Officer to "evaluate the economic justification, system design and suitability of information equipment and related services, and review and make recommendations on the purchase, lease or acquisition of information equipment and contracts for related services by the state spending units."

West Virginia Code §5A-6-4c requires that the Chief Technology Officer review and approve "a major information technology project."

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 'major 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 Technology 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 2022-9048 Retrospective Drug Utilization Review Services for blanket contract award and optional renewal years for CRFQ BMS22\*01(RetroDUR RFQ) (HR002850), 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](mailto:Consulting.Services@wv.gov).



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

Alex J. Mayer  
Cabinet Secretary

Cynthia Beane, MSW, LCSW  
Commissioner

DATE: October 7, 2025

TO: Crystal Hustead  
Senior Buyer  
State of West Virginia Purchasing Division

FROM: Althea Greenhowe *Althea Greenhowe*  
Procurement Specialist, Senior  
Office of Shared Administration/Purchasing

RE: PF998412, CMA BMS22\*02 – Change Order 4  
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced change order with Keystone Peer Review Organization LLC for Retrospective Drug Utilization Review Services.

Change Order No. 4 is being issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders. The service period will be 11/01/2025-10/31/2026 with zero (0) renewal years remaining.

The original contract, including all terms, conditions, prices, specifications, and change order contained therein remain in full force and effect.

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 304-352-3924 or [althea.m.greenhowe@wv.gov](mailto:althea.m.greenhowe@wv.gov).





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Classification Excluded Individual Excluded Entity Federal Organizations Exclusion Type 

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

Exclusion Program 

Location

Dates

Reset 

Entity Information ^



Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions



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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.*

#### KEYSTONE PEER REVIEW ORGANIZATION, LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	1/17/2023		1/17/2023	Foreign	Profit			

Organization Information			
<b>Business Purpose</b>	5416 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Management, Scientific and Tech Consulting Services (administrative, general, HR, marketing, process, physical distribution, logistics, environmental)		
<b>Charter County</b>	Kanawha	<b>Control Number</b>	9B3T8
<b>Charter State</b>	PA	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>		<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified

Addresses	
Type	Address

<b>Designated Office Address</b>	1007 BULLITT ST. SUITE 200 CHARLESTON, WV, 25301 USA
<b>Mailing Address</b>	1600 TYSONS BLVD SUITE 1000 MCLEAN, VA, 22102 USA
<b>Notice of Process Address</b>	CORPORATION SERVICE COMPANY 808 GREENBRIER STREET CHARLESTON, WV, 25311
<b>Principal Office Address</b>	1600 TYSONS BLVD SUITE 1000 MCLEAN, VA, 22102 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Member</b>	KEYSTONE PEER REVIEW ORGANIZATION HOLDINGS, LLC 1600 TYSONS BLVD SUITE 1000 MCLEAN, VA, 22102
<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>
ACENTRA HEALTH	TRADENAME	8/8/2023	
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>

<b>Annual Reports</b>	
<b>Filed For</b>	
2025	
2024	
<b>Date filed</b>	

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

Tuesday, October 7, 2025 — 3:37 PM

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>10/27/25</u>  Solicitation No. <u>CMA BMS22*02</u>	Agency: DoHS-BMS <hr/> Procurement Officer Submitting Requisition: Althea Greenhowe <hr/> Requisition No. CMA BMS22*02 CRQM BMS 22*02 <hr/> PF No.: 998412
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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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b>	Justification for price increases/backdating/other	<input checked="" 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 Head*