



**A Response To Request For Quotation For Managed Care Services
For The Mountain Health Trust Program For The West Virginia
Department Of Health And Human Resources**

BEST AND FINAL OFFER (BAFO)

Submitted by UniCare Health Plan of West Virginia
BAFO 0511 BMS1600000002

June 17, 2016

06/17/16 09:03:41
MU Purchasing Division

SOLICITATION NO.: BAFO 0511 BMS1600000002
BUYER: April Battle, Buyer 22
BID OPENING DATE: June 17, 2016
BID OPENING TIME: 1:30PM EST



June 17, 2016

Ms. April Battle
Buyer 22
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

RE: Response to Request for Best and Final Offer: BAFO 0511 BMS1600000001 issued June 3, 2016

Dear Ms. Battle:

UniCare Health Plan of West Virginia, Inc. (UniCare) thanks you for the opportunity to submit our response to the State's Request for BAFO for the Mountain Health Trust (MHT) program released on June 3, 2016. We are honored to have served West Virginians since 2003 and look forward to continuing our long-term partnership with the Department of Health and Human Resources (DHHR) to improve the lives of West Virginia's most vulnerable populations. Our extensive local experience and organizational understanding of the needs of members enrolled in State-sponsored programs uniquely qualifies UniCare to continue to serve as a Managed Care Organization for the MHT program.

With this submission, we are enclosing the Pricing Components of our Proposal; specifically, Exhibit A Pricing Sheet. In calculating our Bid Percentile, Anthem relied upon the completeness and accuracy of the data provided by DHHR through the RFQ and any subsequent corrections or adjustments as referenced in the Q&A. We look forward to future rate discussions as outlined in the Q&A.

Should you have any questions regarding this submission, please contact me by phone at 1-888-611-9958 or via email at Mitch.Collins@anthem.com.

Sincerely,

A handwritten signature in black ink, appearing to read "John M. Collins", is written over a large, stylized flourish that extends to the left and underlines the signature.

John M. Collins
Plan President
UniCare Health Plan of West Virginia, Inc.

200 Association Drive, Suite 200
Charleston, WV 25311
(888) 611-9958

www.unicare.com

TABLE OF CONTENTS**Specifications**

5.2 Pricing Page (Exhibit A)	Page 1
10.1 Contract Manager	Page 5

Addendum Acknowledgement

Addendum Acknowledgement Form	Page 7
-------------------------------------	--------

Central Master Agreement Documents

RFQ CMA Forms (BAFO)	Page 9
----------------------------	--------



5.2 Pricing Page

UniCare Health Plan of West Virginia, Inc. (UniCare) is pleased to submit our Pricing Page (Exhibit A) in response to the State's Request for BAFO for the Mountain Health Trust (MHT) program. We have also included our Pricing Page electronically on the accompanying flash drive.

Please provide an amount in each bid amount cell (columns D, I, and P) that is between the low and high range for each corresponding age cohort and region. The total amount for each age cohort/region will auto-calculate, with the sum of each population type, by region, summing in cell A87 the annual cost amount for evaluation.

Cohort	TANF														
	North					East					South				
	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total
<1 yr	\$408.78	\$408.83	\$408.78	55,000	\$22,482,900.00	\$416.56	\$416.61	\$416.56	55,000	\$22,910,800.00	\$441.94	\$441.99	\$441.94	55,000	\$24,306,700.00
1 yr	\$141.27	\$141.32	\$141.27	45,000	\$6,357,150.00	\$143.96	\$144.01	\$143.96	45,000	\$6,478,200.00	\$152.73	\$152.78	\$152.73	45,000	\$6,872,850.00
2-14 yr	\$147.59	\$147.64	\$147.59	450,000	\$66,415,500.00	\$150.40	\$150.45	\$150.40	450,000	\$67,680,000.00	\$159.56	\$159.61	\$159.56	450,000	\$71,802,000.00
15-19 F	\$220.27	\$220.32	\$220.27	50,000	\$11,013,500.00	\$224.46	\$224.51	\$224.46	50,000	\$11,223,000.00	\$238.14	\$238.19	\$238.14	50,000	\$11,907,000.00
15-19 M	\$181.66	\$181.71	\$181.66	50,000	\$9,083,000.00	\$185.11	\$185.16	\$185.11	50,000	\$9,255,500.00	\$196.39	\$196.44	\$196.39	50,000	\$9,819,500.00
20-29 F	\$258.51	\$258.56	\$258.51	36,000	\$9,306,360.00	\$263.43	\$263.48	\$263.43	36,000	\$9,483,480.00	\$279.48	\$279.53	\$279.48	36,000	\$10,061,280.00
20-29 M	\$181.12	\$181.17	\$181.12	7,500	\$1,358,400.00	\$184.57	\$184.62	\$184.57	7,500	\$1,384,275.00	\$195.82	\$195.87	\$195.82	7,500	\$1,468,650.00
30-39 F	\$377.42	\$377.47	\$377.42	30,000	\$11,322,600.00	\$384.60	\$384.65	\$384.60	30,000	\$11,538,000.00	\$408.04	\$408.09	\$408.04	30,000	\$12,241,200.00
30-39 M	\$284.45	\$284.50	\$284.45	10,000	\$2,844,500.00	\$289.86	\$289.91	\$289.86	10,000	\$2,898,600.00	\$307.53	\$307.58	\$307.53	10,000	\$3,075,300.00
40+	\$451.73	\$451.78	\$451.73	20,000	\$9,034,600.00	\$460.33	\$460.38	\$460.33	20,000	\$9,206,600.00	\$488.38	\$488.43	\$488.38	20,000	\$9,767,600.00
					\$149,218,510.00					\$152,088,485.00					\$161,322,080.00

Cohort	CBHCN TANF														
	North					East					South				
	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total
<1 yr	\$2,399.11	\$2,399.16	\$2,399.11	500	\$1,199,555.00	\$2,444.78	\$2,444.83	\$2,444.78	500	\$1,222,390.00	\$2,593.74	\$2,593.79	\$2,593.74	500	\$1,296,870.00
1 yr	\$829.08	\$829.13	\$829.08	500	\$414,540.00	\$844.87	\$844.92	\$844.87	500	\$422,435.00	\$896.34	\$896.39	\$896.34	500	\$448,170.00
2-14 yr	\$866.19	\$866.24	\$866.19	700	\$606,333.00	\$882.68	\$882.73	\$882.68	700	\$617,876.00	\$936.46	\$936.51	\$936.46	700	\$655,522.00
15-19 F	\$1,292.76	\$1,292.81	\$1,292.76	200	\$258,552.00	\$1,317.36	\$1,317.41	\$1,317.36	200	\$263,472.00	\$1,397.63	\$1,397.68	\$1,397.63	200	\$279,526.00
15-19 M	\$1,066.13	\$1,066.18	\$1,066.13	200	\$213,226.00	\$1,086.42	\$1,086.47	\$1,086.42	200	\$217,284.00	\$1,152.62	\$1,152.67	\$1,152.62	200	\$230,524.00
20-29 F	\$258.51	\$258.56	\$258.51	100	\$25,851.00	\$263.43	\$263.48	\$263.43	100	\$26,343.00	\$279.48	\$279.53	\$279.48	100	\$27,948.00
20-29 M	\$181.12	\$181.17	\$181.12	100	\$18,112.00	\$184.57	\$184.62	\$184.57	100	\$18,457.00	\$195.82	\$195.87	\$195.82	100	\$19,582.00
30-39 F	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
30-39 M	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
40+	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
					\$2,736,169.00					\$2,788,257.00					\$2,968,142.00

Cohort	Pregnancy														
	North					East					South				
	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total
<1 yr	\$337.06	\$337.11	\$337.06	0	\$0.00	\$343.48	\$343.53	\$343.48	0	\$0.00	\$364.41	\$364.46	\$364.41	0	\$0.00
1 yr	\$337.06	\$337.11	\$337.06	0	\$0.00	\$343.48	\$343.53	\$343.48	0	\$0.00	\$364.41	\$364.46	\$364.41	0	\$0.00
2-14 yr	\$337.06	\$337.11	\$337.06	100	\$33,706.00	\$343.48	\$343.53	\$343.48	100	\$34,348.00	\$364.41	\$364.46	\$364.41	100	\$36,441.00
15-19 F	\$337.06	\$337.11	\$337.06	5,000	\$1,685,300.00	\$343.48	\$343.53	\$343.48	5,000	\$1,717,400.00	\$364.41	\$364.46	\$364.41	5,000	\$1,822,050.00
15-19 M	\$337.06	\$337.11	\$337.06	0	\$0.00	\$343.48	\$343.53	\$343.48	0	\$0.00	\$364.41	\$364.46	\$364.41	0	\$0.00
20-29 F	\$337.06	\$337.11	\$337.06	20,000	\$6,741,200.00	\$343.48	\$343.53	\$343.48	20,000	\$6,869,600.00	\$364.41	\$364.46	\$364.41	20,000	\$7,288,200.00
20-29 M	\$337.06	\$337.11	\$337.06	0	\$0.00	\$343.48	\$343.53	\$343.48	0	\$0.00	\$364.41	\$364.46	\$364.41	0	\$0.00
30-39 F	\$337.06	\$337.11	\$337.06	10,000	\$3,370,600.00	\$343.48	\$343.53	\$343.48	10,000	\$3,434,800.00	\$364.41	\$364.46	\$364.41	10,000	\$3,644,100.00
30-39 M	\$337.06	\$337.11	\$337.06	0	\$0.00	\$343.48	\$343.53	\$343.48	0	\$0.00	\$364.41	\$364.46	\$364.41	0	\$0.00
40+	\$337.06	\$337.11	\$337.06	2,500	\$842,650.00	\$343.48	\$343.53	\$343.48	2,500	\$858,700.00	\$364.41	\$364.46	\$364.41	2,500	\$911,025.00
					\$12,673,486.00					\$12,914,848.00					\$13,701,616.00

Cohort	Expansion														
	North					East					South				
	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total
<1 yr	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
1 yr	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
2-14 yr	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
15-19 F	\$205.19	\$205.24	\$205.19	10,000	\$2,051,900.00	\$196.79	\$196.84	\$196.79	10,000	\$1,967,900.00	\$210.26	\$210.31	\$210.26	10,000	\$2,102,600.00
15-19 M	\$131.43	\$131.48	\$131.43	10,000	\$1,314,300.00	\$126.05	\$126.10	\$126.05	10,000	\$1,260,500.00	\$134.67	\$134.72	\$134.67	10,000	\$1,346,700.00
20-29 F	\$237.05	\$237.10	\$237.05	80,000	\$18,964,000.00	\$227.34	\$227.39	\$227.34	80,000	\$18,187,200.00	\$242.91	\$242.96	\$242.91	80,000	\$19,432,800.00
20-29 M	\$194.40	\$194.45	\$194.40	80,000	\$15,552,000.00	\$186.44	\$186.49	\$186.44	80,000	\$14,915,200.00	\$199.20	\$199.25	\$199.20	80,000	\$15,936,000.00
30-39 F	\$305.30	\$305.35	\$305.30	80,000	\$24,424,000.00	\$292.81	\$292.86	\$292.81	80,000	\$23,424,000.00	\$312.85	\$312.90	\$312.85	80,000	\$25,028,000.00
30-39 M	\$288.24	\$288.29	\$288.24	75,000	\$21,618,000.00	\$276.44	\$276.49	\$276.44	75,000	\$20,723,000.00	\$293.36	\$293.41	\$293.36	75,000	\$22,152,000.00
40+	\$461.76	\$461.81	\$461.76	250,000	\$115,440,000.00	\$442.86	\$442.91	\$442.86	250,000	\$110,715,000.00	\$473.17	\$473.22	\$473.17	250,000	\$118,292,500.00
					\$199,364,200.00					\$191,203,600.00					\$204,290,600.00

Cohort	North					East					South				
	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total
<1 yr	\$2,715.53	\$2,715.58	\$2,715.53	1,000	\$2,715,330.00	\$2,767.22	\$2,767.27	\$2,767.22	1,000	\$2,767,220.00	\$2,935.83	\$2,935.88	\$2,935.83	1,000	\$2,935,830.00
1 yr	\$863.22	\$863.27	\$863.22	10,000	\$8,632,200.00	\$879.65	\$879.70	\$879.65	10,000	\$8,796,500.00	\$933.25	\$933.30	\$933.25	10,000	\$9,332,500.00
2-14 yr	\$497.39	\$497.44	\$497.39	10,000	\$4,973,900.00	\$506.86	\$506.91	\$506.86	10,000	\$5,068,600.00	\$537.74	\$537.79	\$537.74	10,000	\$5,377,400.00
15-19 F	\$471.55	\$471.60	\$471.55	10,000	\$4,715,500.00	\$480.52	\$480.57	\$480.52	10,000	\$4,805,200.00	\$509.80	\$509.85	\$509.80	10,000	\$5,098,000.00
15-19 M	\$427.25	\$427.30	\$427.25	10,000	\$4,272,500.00	\$435.38	\$435.43	\$435.38	10,000	\$4,353,800.00	\$461.91	\$461.96	\$461.91	10,000	\$4,619,100.00
20-29 F	\$617.15	\$617.20	\$617.15	25,000	\$15,428,750.00	\$628.90	\$628.95	\$628.90	25,000	\$15,722,500.00	\$667.22	\$667.27	\$667.22	25,000	\$16,680,500.00
20-29 M	\$519.19	\$519.24	\$519.19	25,000	\$12,979,750.00	\$529.07	\$529.12	\$529.07	25,000	\$13,226,750.00	\$561.31	\$561.36	\$561.31	25,000	\$14,032,750.00
30-39 F	\$746.20	\$746.25	\$746.20	25,000	\$18,655,000.00	\$760.41	\$760.46	\$760.41	25,000	\$19,010,250.00	\$806.74	\$806.79	\$806.74	25,000	\$20,168,500.00
30-39 M	\$578.77	\$578.82	\$578.77	25,000	\$14,469,250.00	\$589.79	\$589.84	\$589.79	25,000	\$14,744,750.00	\$625.72	\$625.77	\$625.72	25,000	\$15,643,000.00
40+	\$1,000.16	\$1,000.21	\$1,000.16	100,000	\$100,016,000.00	\$1,019.19	\$1,019.24	\$1,019.19	100,000	\$101,919,000.00	\$1,081.29	\$1,081.34	\$1,081.29	100,000	\$108,129,000.00
					\$186,858,380.00					\$190,414,570.00					\$202,016,580.00

Delivery					
Region	Low	High	Bid Amount	Members	Total
North Region	\$4,751.31	\$4,751.36	\$4,751.31	4,000	\$19,005,240.00
East Region	\$4,774.39	\$4,774.44	\$4,774.39	4,000	\$19,097,560.00
South Region	\$4,628.95	\$4,629.00	\$4,628.95	4,000	\$18,515,800.00
					\$56,618,600.00

Total Contract Dollar Value	
	\$1,741,138,283.00

Company: UniCare Health Plan of West Virginia, Inc.

Phone Number: Ph: (888) 661-9958 Fx: (888) 338-1320

Authorized Signature: 

Representative Name, Title: John M. Collins, Plan President

Date: June 17, 2016



10.1 Contract Manager

Contract Manager: John M. Collins

Telephone Number: (888) 611-9958

Fax Number: (888) 338-1320

Email Address: mitch.collins@anthem.com

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS160000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

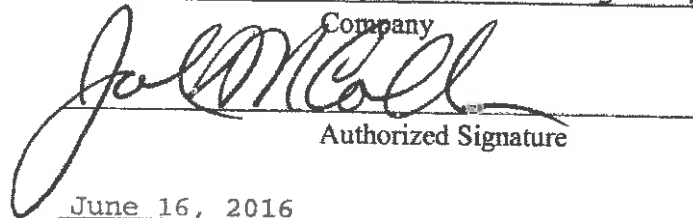
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

UniCare Health Plan of West Virginia, Inc.

Company


Authorized Signature

June 16, 2016

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

Revised 6/8/2012



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

State of West Virginia
 Request for Quotation
 34 - Service - Prof

Proc Folder: 185743

Doc Description: Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-06	2016-06-14 13:30:00	BAFO 0511 BMS1600000001	1

RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER

April Battle
 (304) 558-0067
 april.e.battle@wy.gov

Signature X

FEIN # 84-1620480

DATE June 16, 2016

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION:

The State of West Virginia is soliciting Best and Final Offers (BAFO) from those vendors who are determined to be reasonably susceptible of being selected for award for Managed Care Services.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :
See Exhibit A Pricing Page

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Questions Due	2016-06-08
2	Responses Issued	2016-06-10

	Document Phase	Document Description	Page 3
BMS160000001	Final	Managed Care Services	of 3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

State of West Virginia
 Request for Quotation
 34 -- Service - Prof

Proc Folder: 185743

Doc Description: Addendum #1 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-10	2016-06-17 13:30:00	BAFO 0511 BMS1600000001	2

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:
 UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER

April Battle
 (304) 558-0067
 april.e.battle@wy.gov

Signature X

FEIN # 84-1620480

DATE June 16, 2016

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION:

Addendum #1 - To extend the bid opening date from June 14, 2016, at 1:30 PM EST to June 17, 2016, at 1:30 PM EST.

A subsequent addenda will be issued in the future to address vendor questions.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :

See Exhibit A Pricing Page

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Questions Due	2016-06-08
2	Responses Issued	2016-06-10

	Document Phase	Document Description	Page 3
BMS160000001	Final	Addendum #1 Managed Care Services	of 3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

State of West Virginia
 Request for Quotation
 34 - Service - Prof

Proc Folder: 185743

Doc Description: Addendum #2 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-10	2016-06-17 13:30:00	BAFO 0511 BMS1600000001	3

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER

April Battle
 (304) 558-0067
 april.e.battle@wv.gov

Signature X

FEIN # 84-1620480

DATE June 16, 2016

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION:

Addendum #2 - To correct a typographical error on the attachments of Addendum #1. The bid opening date on the face of the Addendum is correct, and remains June 17, 2016, at 1:30 PM EST.

A subsequent addenda will be issued in the future to address vendor questions.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861		PROCUREMENT OFFICER - 304-356-4861	
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN RESOURCES	
BUREAU FOR MEDICAL SERVICES		BUREAU FOR MEDICAL SERVICES	
350 CAPITOL ST, RM 251		350 CAPITOL ST, RM 251	
CHARLESTON	WV25301-3709	CHARLESTON	WV 25301-3709
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :

See Exhibit A Pricing Page

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Questions Due	2016-06-08
2	Responses Issued	2016-06-10

	Document Phase	Document Description	Page 3
BMS160000001	Final	Addendum #2 Managed Care Services	of 3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

State of West Virginia
 Request for Quotation
 34 - Service - Prof

Proc Folder: 185743

Doc Description: Addendum #3 Managed Care Services

Proc Type: Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
2016-06-14	2016-06-17 13:30:00	BAFO 0511 BMS160000001	4

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

Vendor Name, Address and Telephone Number:

UniCare Health Plan of West Virginia, Inc.

200 Association Drive, Suite 200

Charleston, WV 25311

(888) 611-9958

FOR INFORMATION CONTACT THE BUYER

April Battle

(304) 558-0067

april.e.battle@wv.gov

Signature X

FEIN # 84-1620480

DATE June 16, 2016

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION:**Addendum #3**

- 1) To provide responses to questions submitted to vendors.
- 2) To provide the correct documents which were inadvertently left out of the original BAFO documents entitled "Procurement of Managed Care Organization Services".
- 3) To provide the revised Service Provider Agreement.

Note: Only electronic versions of this documentation will be provided and can be downloaded on our www.wvOASIS.gov website.

INVOICE TO:		BILL TO:	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

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BMS160000001	Document Phase Final	Document Description Addendum #3 Managed Care Services	Page 3 of 3
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