



Managed Care Services

Buyer: April Battle, Buyer 22

Solicitation NO: BAFO 0511 BMS 1600000002

Bid Opening: June 17, 2016

Bid Opening Time: 1:30 PM EST

Fax Number: 304-558-3970

06/17/16 09:39:21
WV Purchasing Division

Please provide an amount in each bid amount cell (columns D, J, 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.

| TANF | | | | | | | | | | | | | | | |
|---------|----------|----------|------------|---------|------------------|----------|----------|------------|---------|------------------|----------|----------|------------|---------|------------------|
| Cohort | 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 | \$408.83 | 55,000 | \$22,485,650.00 | \$416.56 | \$416.61 | \$416.61 | 55,000 | \$22,913,550.00 | \$441.94 | \$441.99 | \$441.99 | 55,000 | \$24,309,450.00 |
| 1 yr | \$141.27 | \$141.32 | \$141.32 | 45,000 | \$6,359,400.00 | \$143.96 | \$144.01 | \$144.01 | 45,000 | \$6,480,450.00 | \$152.73 | \$152.78 | \$152.78 | 45,000 | \$6,875,100.00 |
| 2-14 yr | \$147.59 | \$147.64 | \$147.64 | 450,000 | \$66,438,000.00 | \$150.40 | \$150.45 | \$150.45 | 450,000 | \$67,702,500.00 | \$159.56 | \$159.61 | \$159.61 | 450,000 | \$71,824,500.00 |
| 15-19 F | \$220.27 | \$220.32 | \$220.32 | 50,000 | \$11,016,000.00 | \$224.46 | \$224.51 | \$224.51 | 50,000 | \$11,225,500.00 | \$238.14 | \$238.19 | \$238.19 | 50,000 | \$11,909,500.00 |
| 15-19 M | \$181.66 | \$181.71 | \$181.71 | 50,000 | \$9,085,500.00 | \$185.11 | \$185.16 | \$185.16 | 50,000 | \$9,258,000.00 | \$196.39 | \$196.44 | \$196.44 | 50,000 | \$9,822,000.00 |
| 20-29 F | \$258.51 | \$258.56 | \$258.56 | 36,000 | \$9,308,160.00 | \$263.43 | \$263.48 | \$263.48 | 36,000 | \$9,485,280.00 | \$279.48 | \$279.53 | \$279.53 | 36,000 | \$10,063,080.00 |
| 20-29 M | \$181.12 | \$181.17 | \$181.17 | 7,500 | \$1,358,775.00 | \$184.57 | \$184.62 | \$184.62 | 7,500 | \$1,384,650.00 | \$195.82 | \$195.87 | \$195.87 | 7,500 | \$1,469,025.00 |
| 30-39 F | \$377.42 | \$377.47 | \$377.47 | 30,000 | \$11,324,100.00 | \$384.60 | \$384.65 | \$384.65 | 30,000 | \$11,539,500.00 | \$408.04 | \$408.09 | \$408.09 | 30,000 | \$12,242,700.00 |
| 30-39 M | \$284.45 | \$284.50 | \$284.50 | 10,000 | \$2,845,000.00 | \$289.86 | \$289.91 | \$289.91 | 10,000 | \$2,899,100.00 | \$307.53 | \$307.58 | \$307.58 | 10,000 | \$3,075,800.00 |
| 40+ | \$451.73 | \$451.78 | \$451.78 | 20,000 | \$9,035,600.00 | \$460.33 | \$460.38 | \$460.38 | 20,000 | \$9,207,600.00 | \$488.38 | \$488.43 | \$488.43 | 20,000 | \$9,768,600.00 |
| | | | | | \$149,256,185.00 | | | | | \$152,096,130.00 | | | | | \$161,359,755.00 |

| CSHCN TANF | | | | | | | | | | | | | | | |
|------------|------------|------------|------------|---------|----------------|------------|------------|------------|---------|----------------|------------|------------|------------|---------|----------------|
| Cohort | North | | | | | East | | | | | South | | | | |
| | Low | High | Bid Amount | Members | Total | Low | High | Bid Amount | Members | Total | Low | High | Bid Amount | Members | Total |
| <1 yr | \$2,399.11 | \$2,399.16 | \$2,399.16 | 500 | \$1,199,580.00 | \$2,444.78 | \$2,444.83 | \$2,444.83 | 500 | \$1,222,415.00 | \$2,593.74 | \$2,593.79 | \$2,593.79 | 500 | \$1,296,895.00 |
| 1 yr | \$829.08 | \$829.13 | \$829.13 | 500 | \$414,565.00 | \$844.87 | \$844.92 | \$844.92 | 500 | \$422,460.00 | \$896.34 | \$896.39 | \$896.39 | 500 | \$448,195.00 |
| 2-14 yr | \$866.19 | \$866.24 | \$866.24 | 700 | \$606,368.00 | \$882.68 | \$882.73 | \$882.73 | 700 | \$617,911.00 | \$936.45 | \$936.51 | \$936.51 | 700 | \$655,557.00 |
| 15-19 F | \$1,292.76 | \$1,292.81 | \$1,292.81 | 200 | \$258,562.00 | \$1,317.36 | \$1,317.41 | \$1,317.41 | 200 | \$263,482.00 | \$1,397.63 | \$1,397.68 | \$1,397.68 | 200 | \$279,536.00 |
| 15-19 M | \$1,066.13 | \$1,066.18 | \$1,066.18 | 200 | \$213,236.00 | \$1,086.42 | \$1,086.47 | \$1,086.47 | 200 | \$217,294.00 | \$1,152.62 | \$1,152.67 | \$1,152.67 | 200 | \$230,534.00 |
| 20-29 F | \$258.51 | \$258.56 | \$258.56 | 100 | \$25,856.00 | \$263.43 | \$263.48 | \$263.48 | 100 | \$26,348.00 | \$279.48 | \$279.53 | \$279.53 | 100 | \$27,953.00 |
| 20-29 M | \$181.12 | \$181.17 | \$181.17 | 100 | \$18,117.00 | \$184.57 | \$184.62 | \$184.62 | 100 | \$18,462.00 | \$195.82 | \$195.87 | \$195.87 | 100 | \$19,587.00 |
| 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 |
| | | | | | \$2,736,284.00 | | | | | \$2,788,372.00 | | | | | \$2,958,257.00 |

| Pregnancy | | | | | | | | | | | | | | | |
|-----------|----------|----------|------------|---------|-----------------|----------|----------|------------|---------|-----------------|----------|----------|------------|---------|-----------------|
| Cohort | 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 | \$337.11 | 0 | \$0.00 | \$343.48 | \$343.53 | \$343.53 | 0 | \$0.00 | \$364.41 | \$364.46 | \$364.46 | 0 | \$0.00 |
| 1 yr | \$337.06 | \$337.11 | \$337.11 | 0 | \$0.00 | \$343.48 | \$343.53 | \$343.53 | 0 | \$0.00 | \$364.41 | \$364.46 | \$364.46 | 0 | \$0.00 |
| 2-14 yr | \$337.06 | \$337.11 | \$337.11 | 100 | \$33,711.00 | \$343.48 | \$343.53 | \$343.53 | 100 | \$34,353.00 | \$364.41 | \$364.46 | \$364.46 | 100 | \$36,446.00 |
| 15-19 F | \$337.06 | \$337.11 | \$337.11 | 5,000 | \$1,685,550.00 | \$343.48 | \$343.53 | \$343.53 | 5,000 | \$1,717,650.00 | \$364.41 | \$364.46 | \$364.46 | 5,000 | \$1,822,300.00 |
| 15-19 M | \$337.06 | \$337.11 | \$337.11 | 0 | \$0.00 | \$343.48 | \$343.53 | \$343.53 | 0 | \$0.00 | \$364.41 | \$364.46 | \$364.46 | 0 | \$0.00 |
| 20-29 F | \$337.06 | \$337.11 | \$337.11 | 20,000 | \$6,742,200.00 | \$343.48 | \$343.53 | \$343.53 | 20,000 | \$6,870,600.00 | \$364.41 | \$364.46 | \$364.46 | 20,000 | \$7,289,200.00 |
| 20-29 M | \$337.06 | \$337.11 | \$337.11 | 0 | \$0.00 | \$343.48 | \$343.53 | \$343.53 | 0 | \$0.00 | \$364.41 | \$364.46 | \$364.46 | 0 | \$0.00 |
| 30-39 F | \$337.06 | \$337.11 | \$337.11 | 10,000 | \$3,371,100.00 | \$343.48 | \$343.53 | \$343.53 | 10,000 | \$3,435,300.00 | \$364.41 | \$364.46 | \$364.46 | 10,000 | \$3,644,600.00 |
| 30-39 M | \$337.06 | \$337.11 | \$337.11 | 0 | \$0.00 | \$343.48 | \$343.53 | \$343.53 | 0 | \$0.00 | \$364.41 | \$364.46 | \$364.46 | 0 | \$0.00 |
| 40+ | \$337.06 | \$337.11 | \$337.11 | 2,500 | \$842,775.00 | \$343.48 | \$343.53 | \$343.53 | 2,500 | \$858,825.00 | \$364.41 | \$364.46 | \$364.46 | 2,500 | \$911,150.00 |
| | | | | | \$12,675,336.00 | | | | | \$12,916,728.00 | | | | | \$13,703,696.00 |

| Expansion | | | | | | | | | | | | | | | |
|-----------|----------|----------|------------|---------|------------------|----------|----------|------------|---------|------------------|----------|----------|------------|---------|------------------|
| Cohort | 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 | \$205.24 | 10,000 | \$2,052,400.00 | \$196.79 | \$196.84 | \$196.84 | 10,000 | \$1,968,400.00 | \$210.26 | \$210.31 | \$210.31 | 10,000 | \$2,103,100.00 |
| 15-19 M | \$131.43 | \$131.48 | \$131.48 | 10,000 | \$1,314,800.00 | \$126.05 | \$126.10 | \$126.10 | 10,000 | \$1,261,000.00 | \$134.67 | \$134.72 | \$134.72 | 10,000 | \$1,347,200.00 |
| 20-29 F | \$237.05 | \$237.10 | \$237.10 | 80,000 | \$18,968,000.00 | \$227.34 | \$227.39 | \$227.39 | 80,000 | \$18,191,200.00 | \$242.91 | \$242.96 | \$242.96 | 80,000 | \$19,436,800.00 |
| 20-29 M | \$194.40 | \$194.45 | \$194.45 | 80,000 | \$15,556,000.00 | \$186.44 | \$186.49 | \$186.49 | 80,000 | \$14,919,200.00 | \$199.20 | \$199.25 | \$199.25 | 80,000 | \$15,940,000.00 |
| 30-39 F | \$305.30 | \$305.35 | \$305.35 | 80,000 | \$24,428,000.00 | \$292.81 | \$292.86 | \$292.86 | 80,000 | \$23,428,800.00 | \$312.85 | \$312.90 | \$312.90 | 80,000 | \$25,032,000.00 |
| 30-39 M | \$288.24 | \$288.29 | \$288.29 | 75,000 | \$21,621,750.00 | \$276.44 | \$276.49 | \$276.49 | 75,000 | \$20,736,750.00 | \$295.36 | \$295.41 | \$295.41 | 75,000 | \$22,155,750.00 |
| 40+ | \$461.76 | \$461.81 | \$461.81 | 250,000 | \$115,452,500.00 | \$442.86 | \$442.91 | \$442.91 | 250,000 | \$110,727,500.00 | \$473.17 | \$473.22 | \$473.22 | 250,000 | \$118,305,000.00 |
| | | | | | \$199,393,450.00 | | | | | \$191,232,850.00 | | | | | \$204,319,850.00 |

| SSI | | | | | | | | | | | | | | | |
|---------|------------|------------|------------|---------|------------------|------------|------------|------------|---------|------------------|------------|------------|------------|---------|------------------|
| 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 | \$2,715.58 | 1,000 | \$2,715,580.00 | \$2,767.22 | \$2,767.27 | \$2,767.27 | 1,000 | \$2,767,270.00 | \$2,935.83 | \$2,935.88 | \$2,935.88 | 1,000 | \$2,935,880.00 |
| 1 yr | \$863.22 | \$863.27 | \$863.27 | 10,000 | \$8,632,700.00 | \$879.65 | \$879.70 | \$879.70 | 10,000 | \$8,797,000.00 | \$933.25 | \$933.30 | \$933.30 | 10,000 | \$9,333,000.00 |
| 2-14 yr | \$497.39 | \$497.44 | \$497.44 | 10,000 | \$4,974,400.00 | \$506.86 | \$506.91 | \$506.91 | 10,000 | \$5,069,100.00 | \$537.74 | \$537.79 | \$537.79 | 10,000 | \$5,377,900.00 |
| 15-19 F | \$471.55 | \$471.60 | \$471.60 | 10,000 | \$4,716,000.00 | \$480.52 | \$480.57 | \$480.57 | 10,000 | \$4,805,700.00 | \$509.80 | \$509.85 | \$509.85 | 10,000 | \$5,098,500.00 |
| 15-19 M | \$427.25 | \$427.30 | \$427.30 | 10,000 | \$4,273,000.00 | \$435.38 | \$435.43 | \$435.43 | 10,000 | \$4,354,300.00 | \$461.91 | \$461.96 | \$461.96 | 10,000 | \$4,619,600.00 |
| 20-29 F | \$617.15 | \$617.20 | \$617.20 | 25,000 | \$15,430,000.00 | \$628.90 | \$628.95 | \$628.95 | 25,000 | \$15,723,750.00 | \$667.22 | \$667.27 | \$667.27 | 25,000 | \$16,681,750.00 |
| 20-29 M | \$519.19 | \$519.24 | \$519.24 | 25,000 | \$12,981,000.00 | \$529.07 | \$529.12 | \$529.12 | 25,000 | \$13,228,000.00 | \$561.31 | \$561.36 | \$561.36 | 25,000 | \$14,034,000.00 |
| 30-39 F | \$746.20 | \$746.25 | \$746.25 | 25,000 | \$18,656,250.00 | \$760.41 | \$760.46 | \$760.46 | 25,000 | \$19,011,500.00 | \$806.74 | \$806.79 | \$806.79 | 25,000 | \$20,169,750.00 |
| 30-39 M | \$578.77 | \$578.82 | \$578.82 | 25,000 | \$14,470,500.00 | \$589.79 | \$589.84 | \$589.84 | 25,000 | \$14,746,000.00 | \$625.72 | \$625.77 | \$625.77 | 25,000 | \$15,644,250.00 |
| 40+ | \$1,000.16 | \$1,000.21 | \$1,000.21 | 100,000 | \$100,021,000.00 | \$1,019.19 | \$1,019.24 | \$1,019.24 | 100,000 | \$101,924,000.00 | \$1,081.29 | \$1,081.34 | \$1,081.34 | 100,000 | \$108,134,000.00 |
| | | | | | \$186,870,430.00 | | | | | \$190,426,620.00 | | | | | \$202,028,630.00 |

| Delivery | | | | | |
|--------------|------------|------------|------------|---------|-----------------|
| Region | Low | High | Bid Amount | Members | Total |
| North Region | \$4,751.31 | \$4,751.36 | \$4,751.36 | 4,000 | \$19,005,440.00 |
| East Region | \$4,774.39 | \$4,774.44 | \$4,774.44 | 4,000 | \$19,097,760.00 |
| South Region | \$4,628.95 | \$4,629.00 | \$4,629.00 | 4,000 | \$18,516,000.00 |
| | | | | | \$56,619,200.00 |

| Total Contract Dollar Value | |
|-----------------------------|--------------------|
| | \$1,741,381,773.00 |

FOOTNOTE: Please see attached addendum

submitted by: The Health Plan

SIGNED:

James M. Pennington
 James Pennington, CEO

The Health Plan

Bid Addendum

Submitted as footnote to BAFO 0511 BMS16000001 Managed Care Services

The Health Plan has submitted our bid consistent with the bid requirements and the range provided in the bid package. In so doing, we are also formally requesting that a further review of the rating methodology be conducted and the rate bands reevaluated. The Health Plan does not believe that the rate bands provided in the contract for the Health Bridge population, are sufficient based on our actuarial review of the information provided in through the bid process.

During the bid process we posed a number of questions regarding the methodology and data utilized to establish the 2017 rates. We also recently submitted a letter outlining our concerns with the rates that were established for 2016. Based on The Health Plan audited financials, TANF rates were insufficient by approximately 8% and Health Bridge rates were insufficient by approximately 40%. Accordingly, we submitted a formal request with Secretary Bowling on June 3, 2016, requesting that these rates be reevaluated and a consideration be given to adjust those rates retrospectively. The information submitted in our June 3, 2016 request is hereby formally incorporated by reference into this bid. The Health Plan would request that if relief is granted in respect of such request (or if DHHR and/or CMS provide any other relief in terms of rates to proposing bidders or contract awardees in connection with this RFP), such relief be incorporated into The Health Plan's new contract effective July 1, 2016 if and in the event The Health Plan is awarded a contract under this RFQ.

We understand that according to Section 438.4 and 438.5 of the Federal Register (Medicaid Managed Care), "capitation rates for MCOs, PIHPs, and PAHPs must be reviewed and approved by CMS as actuarially sound."

Although we made a number of requests through the BAFO process, we were not presented with sufficient information for our actuaries to concur that the established rates met CMS requirements. Specifically, we offer the following concerns for consideration:

1. The Medicaid fee-for-service data used to develop capitation rates for the Health Bridge population is no longer in compliance with Actuarial Standard of Practice 23, Section 3.2. In particular, the pharmacy data used in the rate development:
 - a. Is not sufficiently current,
 - b. Has a material limitation in that the data does not include a sufficient amount of pent-up demand for prescriptions,
 - c. Requires significant adjustments for pent-up demand and managed care while more recent MCO data was readily available.
2. The rates for the Health Bridge population are not actuarially sound in accordance with Actuarial Standard of Practice 49, Section 2.1 for the following reasons:
 - a. The Managed Care adjustment for pharmacy does not account for the impact of MCOs managing medical conditions using prescription drugs, which would result in an increase in costs, not a decrease.

- b. An adjustment to the fee-for-service Behavioral Health data for provider access issues was not considered or addressed.
 - c. Rate relationships between ACA expansion populations compared to TANF populations in other states were not considered or addressed.
 - d. The Actuarial Certification was unsigned in Appendix B, dated May 16, 2016.
3. A complete and adequate review of the rates was not possible in accordance with Actuarial Standard of Practice 41. The report dated May 16, 2016 did not include sufficient detail on the methods, procedures, assumptions, and data used by the actuary with sufficient clarity that another actuary qualified in the same practice area could make an objective appraisal of the reasonableness of the actuary's work as presented in the report.
4. Base data should have included validated encounter data, FFS data and audited financial reports that demonstrate experience for the most recent three years prior to the rating period. The data utilized, to our knowledge, did not include the financial results that were being experienced by the MCOs for the 2016 contract period and the data was limited to only eighteen months of data; even though data through December 31, 2016 could have been considered in the process.
5. Each trend factor must be adequately described with enough detail so CMS or an actuary applying generally accepted actuarial principles and practices can understand and evaluate the trend calculations. Also, trend must be reasonable and developed in accordance with generally accepted actuarial principles and practices. Trend must be developed primarily from actual experience of the Medicaid population or from a similar population. We believe the rate setting process did not appropriately account for the trend that was presented in the expansion population specifically with regard to the pharmacy utilization in 2015. Pharmacy data is pretty much real time and should have been available during the rate setting; however, the rate development was based on "stable TANF Medicaid trends" rather than on the expansion population.
6. An additional concern we have with the rate is the adult age banding. Younger populations are banded with a ten year spread by sex; however, the population age 40 and older is combined into one cohort and not segmented by sex. While this might be appropriate for a TANF population, it can create significant reimbursement issues with an adult based population such as the expansion population.

We hereby, formally request, an immediate evaluation of the rate corridors that were established for the BAFO process.



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 BMS160000001 | 2 |

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

Vendor Name, Address and Telephone Number:

THE HEALTH PLAN
 52160 National Road East
 St. Clairsville, OH 43950

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 55-0585592

DATE 6/16/16

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

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.

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

| | |
|--|---|
| 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

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

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

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

SOLICITATION NUMBER: BAFO 0511 BMS160000001
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- | Modify bid opening date and time
- | Modify specifications of product or service being sought
- | Attachment of vendor questions and responses
- | Attachment of pre-bid sign-in sheet
- | Correction of error
- | Other

Description of Modification to Solicitation:

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

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

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS1600000001

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.

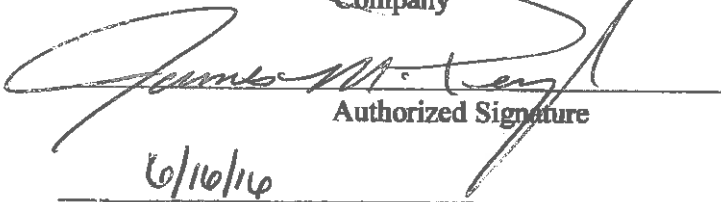
Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

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 type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input 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.

The Health Plan
Company

Authorized Signature
6/16/14
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: 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 CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

Vendor Name, Address and Telephone Number:

THE HEALTH PLAN
 52160 National Road East
 St. Clairsville, OH 43950

FOR INFORMATION CONTACT THE BUYER

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

Signature:

FEIN # 55-0585592

DATE 6/16/16

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

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.

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

| | |
|--|---|
| 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

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

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

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

SOLICITATION NUMBER: BAFO 0511 BMS1600000001

Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1) To correct a typographically 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.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS1600000002

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.

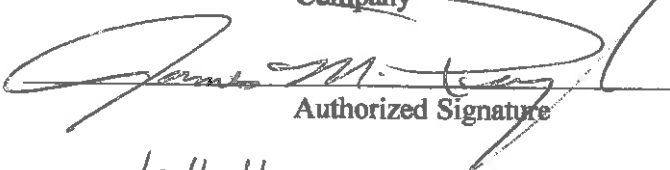
Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input 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 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.

The Health Plan
Company

Authorized Signature
6/16/16
Date

NOTE: This addendum acknowledgement 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: 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 BMS1600000001 | 4 |

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:

THE HEALTH PLAN
 52160 National Road East
 St. Clairsville, OH 43950

FOR INFORMATION CONTACT THE BUYER

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

Signature X *James M. Perry*

FEIN # 55-0585592

DATE 6/16/14

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.

| NO | DESCRIPTION | QUANTITY | UNIT | PRICE | TOTAL |
|----|---|----------|------|-------|-------|
| | 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 |

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

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

SOLICITATION NUMBER: BAFO 0511 BMS160000001

Addendum Number: 3

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

- 1) To provide responses to questions submitted by 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.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS160000002

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 type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input 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.

The Haul Plan
Company
James M. Perry
Authorized Signature
6-16-16
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
Revised 6/8/2012