



CoventryCares® of West Virginia
An Aetna Product

Response to:
West Virginia Department of Administration
Purchasing Division

Managed Care Services
CRFQ 0511 BMS1600000002

March 15, 2016 at 1:30 PM EST

Book One

03/14/16 16:12:24
WV Purchasing Division

CRFQ 0511 BMS 1600000002

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Coventry Health Care of West Virginia, Inc.

Mandatory Requirements Attestation

By executing the Certification and Signature Page found behind the tab titled "Certification and Signature Page," we certify, affirm, and attest that we will comply with all mandatory requirements contained throughout the RFQ documents, including, but not limited to, those in Section 4 of the Specifications.

Instructions: Please provide a proposed rate for each population cohort below in the proposed rate cells. The annual total for each cohort will auto-calculate based on the number of members months * the proposed rate.

The SFY2017 Total Amount that is highlighted in cells E33 and F33 will be the sum of all annual totals and will auto-calculate.

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	<1 yr				
Traditional	\$ 434.15	\$ 434.20	55,000	\$ 434.15	\$ 23,878,250.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 434.15	\$ 434.20	200	\$ 434.15	\$ 86,830.00
CSHCN	\$ 2,688.44	\$ 2,688.49	500	\$ 2,688.44	\$ 1,344,220.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	<1 yr				
Traditional	\$ 426.64	\$ 426.69	55,000	\$ 426.64	\$ 23,465,200.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 426.64	\$ 426.69	200	\$ 426.64	\$ 85,328.00
CSHCN	\$ 2,641.88	\$ 2,641.93	500	\$ 2,641.88	\$ 1,320,940.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	<1 yr				
Traditional	\$ 490.19	\$ 490.24	55,000	\$ 490.19	\$ 26,960,450.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 490.19	\$ 490.24	200	\$ 490.19	\$ 98,038.00
CSHCN	\$ 3,035.41	\$ 3,035.46	500	\$ 3,035.41	\$ 1,517,705.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

SFY 2017 Total Amount				\$	1,151,523,167.00
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	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	1 yr				
Traditional	\$ 136.95	\$ 137.00	45,000	\$ 136.95	\$ 6,162,750.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 144.44	\$ 144.49	200	\$ 144.44	\$ 28,888.00
CSHCN	\$ 848.03	\$ 848.08	500	\$ 848.03	\$ 424,015.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	1 yr				
Traditional	\$ 134.58	\$ 134.63	45,000	\$ 134.58	\$ 6,056,100.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 141.94	\$ 141.99	200	\$ 141.94	\$ 28,388.00
CSHCN	\$ 833.34	\$ 833.39	500	\$ 833.34	\$ 416,670.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	1 yr				
Traditional	\$ 154.62	\$ 154.67	45,000	\$ 154.62	\$ 6,957,900.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 163.09	\$ 163.14	200	\$ 163.09	\$ 32,618.00
CSHCN	\$ 957.47	\$ 957.52	500	\$ 957.47	\$ 478,735.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	2-14 yr				
Traditional	\$ 137.25	\$ 137.30	450,000	\$ 137.25	\$ 61,762,500.00
Pregnant Women	\$ 354.97	\$ 355.02	100	\$ 354.97	\$ 35,497.00
Med Needy	\$ 145.47	\$ 145.52	200	\$ 145.47	\$ 29,094.00
CSHCN	\$ 849.90	\$ 849.95	700	\$ 849.90	\$ 594,930.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	2-14 yr				
Traditional	\$ 134.87	\$ 134.92	450,000	\$ 134.87	\$ 60,691,500.00
Pregnant Women	\$ 348.82	\$ 348.87	100	\$ 348.82	\$ 34,882.00
Med Needy	\$ 142.95	\$ 143.00	200	\$ 142.95	\$ 28,590.00
CSHCN	\$ 835.18	\$ 835.23	700	\$ 835.18	\$ 584,626.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	2-14 yr				
Traditional	\$ 154.96	\$ 155.01	450,000	\$ 154.96	\$ 69,732,000.00
Pregnant Women	\$ 400.78	\$ 400.83	100	\$ 400.78	\$ 40,078.00
Med Needy	\$ 164.25	\$ 164.30	200	\$ 164.25	\$ 32,850.00
CSHCN	\$ 959.59	\$ 959.64	700	\$ 959.59	\$ 671,713.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 F				
Traditional	\$ 215.98	\$ 216.03	50,000	\$ 215.98	\$ 10,799,000.00
Pregnant Women	\$ 354.97	\$ 355.02	5,000	\$ 354.97	\$ 1,774,850.00
Med Needy	\$ 228.72	\$ 228.77	500	\$ 228.72	\$ 114,360.00
CSHCN	\$ 1,337.45	\$ 1,337.50	200	\$ 1,337.45	\$ 267,490.00
ACA Expansion	\$ 198.98	\$ 199.03	10,000	\$ 198.98	\$ 1,989,800.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 F				
Traditional	\$ 212.24	\$ 212.29	50,000	\$ 212.24	\$ 10,612,000.00
Pregnant Women	\$ 348.82	\$ 348.87	5,000	\$ 348.82	\$ 1,744,100.00
Med Needy	\$ 224.76	\$ 224.81	500	\$ 224.76	\$ 112,380.00
CSHCN	\$ 1,314.29	\$ 1,314.34	200	\$ 1,314.29	\$ 262,858.00
ACA Expansion	\$ 190.55	\$ 190.60	10,000	\$ 190.55	\$ 1,905,500.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 F				
Traditional	\$ 243.86	\$ 243.91	50,000	\$ 243.86	\$ 12,193,000.00
Pregnant Women	\$ 400.78	\$ 400.83	5,000	\$ 400.78	\$ 2,003,900.00
Med Needy	\$ 258.24	\$ 258.29	500	\$ 258.24	\$ 129,120.00
CSHCN	\$ 1,510.06	\$ 1,510.11	200	\$ 1,510.06	\$ 302,012.00
ACA Expansion	\$ 206.73	\$ 206.78	10,000	\$ 206.73	\$ 2,067,300.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 M				
Traditional	\$ 156.67	\$ 156.72	47,000	\$ 156.67	\$ 7,363,490.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 166.16	\$ 166.21	500	\$ 166.16	\$ 83,080.00
CSHCN	\$ 970.17	\$ 970.22	200	\$ 970.17	\$ 194,034.00
ACA Expansion	\$ 138.09	\$ 138.14	10,000	\$ 138.09	\$ 1,380,900.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 M				
Traditional	\$ 153.96	\$ 154.01	47,000	\$ 153.96	\$ 7,236,120.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 163.29	\$ 163.34	500	\$ 163.29	\$ 81,645.00
CSHCN	\$ 953.37	\$ 953.42	200	\$ 953.37	\$ 190,674.00
ACA Expansion	\$ 132.24	\$ 132.29	10,000	\$ 132.24	\$ 1,322,400.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	18-19 M				
Traditional	\$ 176.89	\$ 176.94	47,000	\$ 176.89	\$ 8,313,830.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 187.61	\$ 187.66	500	\$ 187.61	\$ 93,805.00
CSHCN	\$ 1,095.38	\$ 1,095.43	200	\$ 1,095.38	\$ 219,076.00
ACA Expansion	\$ 143.47	\$ 143.52	10,000	\$ 143.47	\$ 1,434,700.00

Region 1						
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	
Population	20-29 F					
Traditional	\$ 292.10	\$ 292.15	36,000	\$ 292.10	\$ 10,515,600.00	
Pregnant Women	\$ 354.97	\$ 355.02	20,000	\$ 354.97	\$ 7,099,400.00	
Med Needy	\$ 306.43	\$ 306.48	3,000	\$ 306.43	\$ 919,290.00	
CSHCN	\$ 292.10	\$ 292.15	100	\$ 292.10	\$ 29,210.00	
ACA Expansion	\$ 231.13	\$ 231.18	80,000	\$ 231.13	\$ 18,490,400.00	

Region 2						
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	
Population	20-29 F					
Traditional	\$ 287.04	\$ 287.09	36,000	\$ 287.04	\$ 10,333,440.00	
Pregnant Women	\$ 348.82	\$ 348.87	20,000	\$ 348.82	\$ 6,976,400.00	
Med Needy	\$ 301.12	\$ 301.17	3,000	\$ 301.12	\$ 903,360.00	
CSHCN	\$ 287.04	\$ 287.09	100	\$ 287.04	\$ 28,704.00	
ACA Expansion	\$ 221.34	\$ 221.39	80,000	\$ 221.34	\$ 17,707,200.00	

Region 3						
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	
Population	20-29 F					
Traditional	\$ 329.80	\$ 329.85	36,000	\$ 329.80	\$ 11,872,800.00	
Pregnant Women	\$ 400.78	\$ 400.83	20,000	\$ 400.78	\$ 8,015,600.00	
Med Needy	\$ 345.97	\$ 346.02	3,000	\$ 345.97	\$ 1,037,910.00	
CSHCN	\$ 329.80	\$ 329.85	100	\$ 329.80	\$ 32,980.00	
ACA Expansion	\$ 240.13	\$ 240.18	80,000	\$ 240.13	\$ 19,210,400.00	

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	20-29 M				
Traditional	\$ 200.37	\$ 200.42	7,000	\$ 200.37	\$ 1,402,590.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 210.65	\$ 210.70	3,000	\$ 210.65	\$ 631,950.00
CSHCN	\$ 200.37	\$ 200.42	100	\$ 200.37	\$ 20,037.00
ACA Expansion	\$ 191.77	\$ 191.82	70,000	\$ 191.77	\$ 13,423,900.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	20-29 M				
Traditional	\$ 196.90	\$ 196.95	7,000	\$ 196.90	\$ 1,378,300.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 207.00	\$ 207.05	3,000	\$ 207.00	\$ 621,000.00
CSHCN	\$ 196.90	\$ 196.95	100	\$ 196.90	\$ 19,690.00
ACA Expansion	\$ 183.65	\$ 183.70	70,000	\$ 183.65	\$ 12,855,500.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	20-29 M				
Traditional	\$ 226.22	\$ 226.27	7,000	\$ 226.22	\$ 1,583,540.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 237.83	\$ 237.88	3,000	\$ 237.83	\$ 713,490.00
CSHCN	\$ 226.22	\$ 226.27	100	\$ 226.22	\$ 22,622.00
ACA Expansion	\$ 199.24	\$ 199.29	70,000	\$ 199.24	\$ 13,946,800.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	30-39 F				
Traditional	\$ 411.55	\$ 411.60	30,000	\$ 411.55	\$ 12,346,500.00
Pregnant Women	\$ 354.97	\$ 355.02	10,000	\$ 354.97	\$ 3,549,700.00
Med Needy	\$ 432.87	\$ 432.92	5,000	\$ 432.87	\$ 2,164,350.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 288.04	\$ 288.09	80,000	\$ 288.04	\$ 23,043,200.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	30-39 F				
Traditional	\$ 404.43	\$ 404.48	30,000	\$ 404.43	\$ 12,132,900.00
Pregnant Women	\$ 348.82	\$ 348.87	10,000	\$ 348.82	\$ 3,488,200.00
Med Needy	\$ 425.38	\$ 425.43	5,000	\$ 425.38	\$ 2,126,900.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 275.84	\$ 275.89	80,000	\$ 275.84	\$ 22,067,200.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	30-39 F				
Traditional	\$ 464.67	\$ 464.72	30,000	\$ 464.67	\$ 13,940,100.00
Pregnant Women	\$ 400.78	\$ 400.83	10,000	\$ 400.78	\$ 4,007,800.00
Med Needy	\$ 488.74	\$ 488.79	5,000	\$ 488.74	\$ 2,443,700.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 299.26	\$ 299.31	80,000	\$ 299.26	\$ 23,940,800.00

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
30-39 M					
Traditional	\$ 345.20	\$ 345.25	11,000	\$ 345.20	\$ 3,797,200.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 363.26	\$ 363.31	5,000	\$ 363.26	\$ 1,816,300.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 282.32	\$ 282.37	75,000	\$ 282.32	\$ 21,174,000.00

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
30-39 M					
Traditional	\$ 339.23	\$ 339.28	11,000	\$ 339.23	\$ 3,731,530.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 356.97	\$ 357.02	5,000	\$ 356.97	\$ 1,784,850.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 270.36	\$ 270.41	75,000	\$ 270.36	\$ 20,277,000.00

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
30-39 M					
Traditional	\$ 389.75	\$ 389.80	11,000	\$ 389.75	\$ 4,287,250.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 410.15	\$ 410.20	5,000	\$ 410.15	\$ 2,050,750.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 293.32	\$ 293.37	75,000	\$ 293.32	\$ 21,999,000.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	40+				
Traditional	\$ 477.46	\$ 477.51	20,000	\$ 477.46	\$ 9,549,200.00
Pregnant Women	\$ 354.97	\$ 355.02	2,500	\$ 354.97	\$ 887,425.00
Med Needy	\$ 502.17	\$ 502.22	5,000	\$ 502.17	\$ 2,510,850.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 430.93	\$ 430.98	250,000	\$ 430.93	\$ 107,732,500.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	40+				
Traditional	\$ 469.19	\$ 469.24	20,000	\$ 469.19	\$ 9,383,800.00
Pregnant Women	\$ 348.82	\$ 348.87	2,500	\$ 348.82	\$ 872,050.00
Med Needy	\$ 493.48	\$ 493.53	5,000	\$ 493.48	\$ 2,467,400.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 412.67	\$ 412.72	250,000	\$ 412.67	\$ 103,167,500.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	40+				
Traditional	\$ 539.08	\$ 539.13	20,000	\$ 539.08	\$ 10,781,600.00
Pregnant Women	\$ 400.78	\$ 400.83	2,500	\$ 400.78	\$ 1,001,950.00
Med Needy	\$ 566.98	\$ 567.03	5,000	\$ 566.98	\$ 2,834,900.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 447.71	\$ 447.76	250,000	\$ 447.71	\$ 111,927,500.00

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	Delivery				
Traditional	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
Pregnant Women	\$ 4,586.01	\$ 4,586.06	4,000	\$ 4,586.01	\$ 18,344,040.00
Med Needy	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
CSHCN	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
ACA Expansion	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	Delivery				
Traditional	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
Pregnant Women	\$ 4,611.97	\$ 4,612.02	4,000	\$ 4,611.97	\$ 18,447,880.00
Med Needy	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
CSHCN	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
ACA Expansion	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	Delivery				
Traditional	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
Pregnant Women	\$ 4,470.13	\$ 4,470.18	4,000	\$ 4,470.13	\$ 17,880,520.00
Med Needy	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
CSHCN	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
ACA Expansion	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -

10. MISCELLANEOUS:

10.1. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Todd White

Telephone Number: 304-348-2041

Fax Number: 855-426-2635

Email Address: TWhite@aetna.com

With respect to the Vendor Preference Certificate that follows, please note the following:

Bidder has selected subdivision four (4), which includes the preferences in both subdivisions one (1) and two (2). In making this selection, we interpret the word "employees" as used in subdivision two (2) to be consistent with the language of 110 CSR 12C-4.2 & 5.2 ("Rules") and to allow employees of a Bidder's affiliate(s) to be used to satisfy the 75% threshold. In the Bidder's case, while the individuals meeting the 75% threshold required by this preference are located in West Virginia and are dedicated to the support and management of the West Virginia Medicaid project, they are technically employed by one or more different legal entities within Aetna that are affiliates of the Bidder, rather than by the Bidder itself. To the extent the Purchasing Division disagrees with our interpretation of the term "employees" as used in the Certificate or the Rules, and instead requires the 75% threshold to be met only by employees of the Bidder, as opposed to employees of Bidder's affiliates, we respectfully request the withdrawal of the preference application with respect to subdivision two (2) only and would ask that our remaining application related to subdivision (1) be applied.

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with **West Virginia Code, §5A-3-37**. (Does not apply to construction contracts). **West Virginia Code, §5A-3-37**, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**
2. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**
3. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**
4. **Application is made for 5% vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**
5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**
6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Coventry Health Care of West Virginia, Inc.

Signed: _____

Date: March 4, 2016

Title: President, Aetna Medicaid

CERTIFICATION AND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Coventry Health Care of West Virginia, Inc.

(Company)

Pamela Sedmak,

President, Aetna Medicaid

(Authorized Signature) (Representative Name, Title)

(602) 659-1160 p, (602) 659-1543 f, March 4, 2016

(Phone Number) (Fax Number) (Date)

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 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.

Coventry Health Care of West Virginia, Inc.

Company



Authorized Signature

March 4, 2016

Date

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

Revised 6/8/2012

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS160000002

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Coventry Health Care of West Virginia, Inc.

Company

Authorized Signature

March 4, 2016

Date

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Revised 6/8/2012

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Coventry Health Care of West Virginia, Inc.

Company

Authorized Signature

March 4, 2016

Date

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Revised 6/8/2012

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS1600000002

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Coventry Health Care of West Virginia, Inc.

Company



Authorized Signature

March 4, 2016

Date

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Revised 6/8/2012

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Revised 6/8/2012

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Coventry Health Care of West Virginia, Inc.

Company

Authorized Signature

March 4, 2016

Date

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Revised 6/8/2012

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS1600000002

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Coventry Health Care of West Virginia, Inc.

Company

Authorized Signature

March 10, 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 Request for Quotation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-02-01	2016-03-03 13:30:00	CRFQ 0511 BMS1600000002	1

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:
 Coventry Health Care of West Virginia, Inc.
 500 Virginia Street, East; Suite 400
 Charleston, WV 25301
 (602) 659-1160

FOR INFORMATION CONTACT THE BUYER

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



Signature X

FEIN # 55-0712129

DATE March 4, 2016

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



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 To provide a revised pricing page.

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-02-02	2016-03-03 13:30:00	CRFQ 0511 BMS1600000002	2

BID RECEIVING LOCATION

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

VENDOR

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 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
2016-02-17	2016-03-10 13:30:00	CRFQ 0511 BMS160000002	3

BID RECEIVING LOCATION

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

VENDOR

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Purchasing Division
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 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
2016-02-29	2016-03-10 13:30:00	CRFQ 0511 BMS1600000002	4

BID RECEIVING LOCATION

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

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Signature X

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 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 #4 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-01	2016-03-10 13:30:00	CRFQ 0511 BMS1600000002	5

BID RECEIVING LOCATION

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

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Signature X

FEIN # 55-0712129

DATE March 4, 2016

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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 #5 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-02	2016-03-10 13:30:00	CRFQ 0511 BMS1600000002	6

BID RECEIVING LOCATION

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

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Signature X

FEIN # 55-0712129

DATE March 4, 2016

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 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 #6 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-04	2016-03-10 13:30:00	CRFQ 0511 BMS1600000002	7

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:
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 (602) 659-1160

FOR INFORMATION CONTACT THE BUYER

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 april.e.battle@wv.gov

Signature X

FEIN # 55-0712129

DATE March 4, 2016

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Purchasing Division
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 Post Office Box 50130
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State of West Virginia
 Request for Quotation
 34 — Service - Prof

Proc Folder: 185743

Doc Description: Addendum #7 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-09	2016-03-15 13:30:00	CRFQ 0511 BMS1600000002	8

BID RECEIVING LOCATION

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

VENDOR

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 (602) 659-1160

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 april.e.battle@wv.gov



Signature X

FEIN # 55-0712129

DATE March 10, 2016

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

Certificate of Insurance

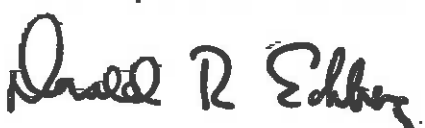
DATE
February 17, 2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGES, TERMS AND CONDITIONS AFFORDED BY THE POLICIES BELOW.

PRODUCER	INSURERS AFFORDING COVERAGE
Marsh USA Inc. 20 Church Street Hartford, CT 06103	Insurer A: ACE AMERICAN INSURANCE COMPANY
	Insurer B:
	Insurer C:
	Insurer D:
	Insurer E:
INSURED	DESCRIPTION
Aetna Inc. and its Affiliated Companies including Coventry Health Care of West Virginia Inc. 151 Farmington Avenue Hartford, CT 06156	Evidence of Aetna's General Liability insurance coverage.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

COM LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIABILITY LIMITS	
A	COMMERCIAL GENERAL LIABILITY	HDO G27392246	04/01/15	04/01/16	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMPREHENSIVE				PRODUCTS-COMP/OP AGG.	\$2,000,000
	<input checked="" type="checkbox"/> PREMISES-OPERATIONS				PERSONAL & ADV. INJURY	\$1,000,000
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> CONTRACTUAL				FIRE DAMAGE (Any one fire)	\$500,000
	<input type="checkbox"/> OTHER				MED.EXP. (Any one person)	\$10,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (PER ACCIDENT) (PER PERSON)	
	<input type="checkbox"/> ANY AUTO				MED PAY	
	<input type="checkbox"/> AUTO MEDICAL PAYMENTS					
	EXCESS LIABILITY (UMBRELLA)				EACH OCCURRENCE	
	<input type="checkbox"/>				AGGREGATE	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					
	<input type="checkbox"/>				EL EACH ACCIDENT	
	<input type="checkbox"/>				EL DISEASE-POLICY LIMIT	
	<input type="checkbox"/>				EL DISEASE-EACH EMPLOYEE	
OTHER (Describe)						

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Authorized Representative of Marsh USA Inc. 
	Donald R. Eckberg



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/18/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Willis of Connecticut, LLC c/o 28 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: Willis Towers Watson Certificate Center		
	PHONE (A/C, No, Ext): (877) 945-7378	FAX (A/C, No): (888) 467-2378	
	E-MAIL ADDRESS: certificates@willis.com		
INSURED Aetna Inc and its Subsidiary Coventry Health Care of West Virginia Inc. 151 Farmington Avenue, RE2T Hartford, CT 06156	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Ironshore Specialty Insurance Company		25445
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE OTH-ER E.I. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Managed Care Prof			001934002	03/01/2016	03/01/2017	Per Claim/Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Evidence of Insurance	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

West Virginia Offices of the Insurance Commissioner



Certificate of Authority

Whereas, **COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.**, a HMO of **WEST VIRGINIA**, has complied with all the necessary requirements of the laws of this State so as to entitle it to transact its appropriate business in **Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marion, Marshall, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming** counties, in the State of West Virginia.

Therefore, I the undersigned, Insurance Commissioner of the State of West Virginia, pursuant to the authority vested in me by the laws of this State, do hereby authorize it to operate in the aforementioned counties in the State of West Virginia as defined in Chapter 33

HEALTH MAINTENANCE ORGANIZATION - ARTICLE 25A

of the 1931 Code of West Virginia as amended, in the State of West Virginia in accordance with the laws thereof until midnight on the 31st day of May, 2016, unless this license may be sooner suspended or revoked.

In Testimony Whereof, I have hereunto set my hand and affixed my seal of office at the City of Charleston this 1st day of June, 2015.

Michael D. Riley

Michael D. Riley
Insurance Commissioner

NAIC # 95408
WV File # D003



November 6, 2013

David Fields
Chief Executive Officer
Coventry Health Care of West Virginia, Inc.
500 Virginia Street East Suite 400
Charleston, WV 25301

Dear Mr. Fields:

We are pleased to inform you that based on the information gathered during your recent HP survey, the National Committee for Quality Assurance (NCQA) Review Oversight Committee has awarded Coventry Health Care of West Virginia, Inc. the accreditation status(es) listed below. The final assessment report, which incorporates relevant changes made in response to your organization's earlier comments, is now ready for your review. You may now access the final report and results online by visiting <https://iss.ncqa.org> and looking under the section entitled Survey and Results.

Product Line/ Product	Accreditation Status	Effective Date	Expiration Date
Commercial-HMO/POS Combined	Accredited	October 28, 2013	October 28, 2016
Medicaid-HMO	Accredited	October 28, 2013	October 28, 2016
Exchange-HMO	Accredited	October 28, 2013	October 28, 2016

The NCQA Health Plan Report Card will be updated to reflect this status by no later than the 15th of November. A certificate reflecting your accreditation status(es) is enclosed in recognition of your achievement. Also, for your convenience, you may download the NCQA accreditation seal by visiting our Web site at www.ncqa.org. Please refer to the 'Guidelines for Advertising NCQA HPA Survey Accreditation,' enclosed.

If you have reason to believe that the compliance scoring of any standard or standards does not accurately reflect your organization's compliance with the standards, you have the opportunity to request a reconsideration of compliance designations and/or accreditation outcome by the NCQA Reconsideration Committee. To proceed with reconsideration, NCQA must receive within the next 30 days a written request for reconsideration that addresses at least one of the grounds for appeal identified in the Reconsideration section of the "Administrative Policies and Procedures" of the 2013 *Standards and Guidelines for the Accreditation of Health Plans*. This request must not exceed five pages in length and must include a listing of the standards for which reconsideration is being requested. A fee, as specified in the Agreement for HP Accreditation Survey, "Pricing Methodology and Cancellation Policy" (Exhibit A), is charged for reconsideration. The fee must be paid at the time reconsideration is requested.

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In order to maintain your accreditation status(es), Coventry Health Care of West Virginia, Inc. will need to participate in a survey approximately three months prior to the expiration date. Your next survey will be conducted in two stages using NCQA's Interactive Survey System (ISS) and standards in effect at the time of the survey. The first, or offsite, stage will begin immediately upon submission of your organization's completed Survey Tool. During this stage, NCQA reviews the organization against most of the standards and elements, thus reducing the duration of the second, or onsite, stage which will be scheduled to begin seven weeks after your Survey Tool is submitted to NCQA.

We have tentatively reserved August 2, 2016, as the submission date of the completed Survey Tool to NCQA. NCQA has tentatively set September 19 - 20, 2016 for your two-day onsite survey. If the proposed dates present a problem for you or if you have any questions regarding these dates, please contact Cindy Francis, Program Manager, Accreditation, at (202) 955-5147 or e-mail francis@ncqa.org.

If you have questions about the ISS, please contact NCQA Customer Support at (888) 275-7585 or e-mail customersupport@ncqa.org. You can also visit www.ncqa.org for additional information.

While it is our understanding that the results of this accreditation survey may satisfy a state regulatory requirement, NCQA assumes no responsibility for transmitting copies of this report to relevant state agencies.

We wish to acknowledge your quality improvement efforts, which were evident throughout the survey process. NCQA looks forward to working with you and your staff again in the future.

Sincerely,

A handwritten signature in black ink that reads "Dayna S. McKnight". The signature is written in a cursive, flowing style.

Dayna McKnight, MBA, MS
Assistant Vice President, Accreditation

Enclosures

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Sincerely,



Dayna McKnight, MBA, MS
Assistant Vice President, Accreditation

Enclosures



National Committee for Quality Assurance

has awarded

Coventry Health Care of West Virginia, Inc.

Medicaid-HMO

an accreditation status of

ACCREDITED



for service and clinical quality that meet or exceed
NCQA's rigorous requirements for consumer
protection and quality improvement.

CHAIR BOARD OF DIRECTORS

PRESIDENT

CHAIR, REVIEW OVERSIGHT COMMITTEE

October 28, 2013

DATE GRANTED

October 28, 2016

EXPIRATION DATE

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

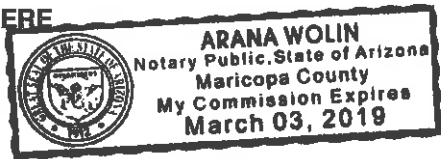
WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Coventry Health Care of West Virginia, Inc.
Authorized Signature: [Signature] Date: March 4, 2016

State of Arizona
County of Maricopa, to-wit:

Taken, subscribed, and sworn to before me this 4th day of March, 2016.
My Commission expires March 3, 2019.

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]

Purchasing Affidavit (Revised 08/01/2015)