



Request for Quotation
CRFQ 0511 BMS1600000002
Managed Care Services

03/09/16 16:09:28
WV Purchasing Division



RFQ Transmittal Letter

March 9, 2016

April Battle, Procurement Officer
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130



Dear Ms. Battle,

CareSource West Virginia Co. is pleased to submit this response to the State of West Virginia's Managed Care Services Request for Quotation (RFQ) CRFQ 0511 BMS1600000002.

CareSource West Virginia Co. (hereafter referred to as CareSource) is organized as a West Virginia non-profit corporation, incorporated in January, 2015. We have a current Certificate of Authority to operate as a health maintenance organization (HMO) with business in 10 counties in West Virginia, and we are proud to be only the second issuer to offer Marketplace plans to West Virginians. We are actively adding additional counties and lines of business to expand our footprint and bring value to the State.

CareSource West Virginia Co. is part of the CareSource Family of Companies. Collectively, we provide healthcare to over 1.5 million members in Ohio, Kentucky, Indiana, and West Virginia through Medicaid, Medicare Advantage, Health Insurance Marketplace, and Medicaid and Medicare Dual Eligible Demonstration programs.

We are eager to bring our years' of experience, proven best practices, and strong history of community collaboration to support and assist the Bureau of Medicaid Services (BMS) as it serves West Virginia's Medicaid population. Through member-centered care management and active community partnerships, CareSource seeks to improve health care coordination across multiple settings and empower members to participate in their own care.

The questions and responses related to the RFQ allow the bidders to submit the application at a later date. In addition, the same documents indicate that the State will be focusing on the rate submissions in preparation for the awards. Instead of submitting the application as part of the RFQ process, we will take the additional

time to refine our application in hopes of shortening the review process should we be awarded an agreement. Therefore, we are targeting submitting the completed application on or before March 24, 2016.

We look forward to partnering with BMS, West Virginia providers, and local advocacy organizations to improve access to high quality health care services.

If you have any questions about our RFQ response, please feel free to contact me at 502-213-4710 or steven.swart@caresource.com.

Sincerely,



Steven L. Swart
Executive Director
CareSource West Virginia Co.

Attachment:

Managed Care Services Request for Quotation CRFQ 0511 BMS160000002
Response

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS1800000002

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

03/10/16 10:50:02
WV Purchasing Division

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.

CareSource West Virginia Co
Company

Authorized Signature
3/10/2016
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 #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

Vendor Name, Address and Telephone Number:

FOR INFORMATION CONTACT THE BUYER

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

Signature

FEIN # 47-3028244

DATE 3/10/2016

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

ADDITIONAL INFORMATION:

Addendum #7 - To extend the bid opening date from March 10, 2016, at 1:30 PM EST to March 15, 2016, at 1:30 PM EST; and to change information provided in Addendum #3 related to the COA.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 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	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #7 Managed Care Services	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

Instructions: Please provide a proposed rate for each population cohort below in the proposed rate cells. The annual The SFY2017 Total Amount that is highlighted in cells E33 and F33 will be the sum of all annual totals and will auto-cal

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	<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	\$ -	\$ -	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	<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	\$ -	\$ -	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	<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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Total for each cohort will auto-calculate based on the number of members months * the proposed rate.
 culate.

	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	\$ -	\$ -	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
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

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
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

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
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	15-19 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					
Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
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					
Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
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					
Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
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

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	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

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	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

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	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

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	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	-	\$ -	\$ -

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	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	-	\$ -	\$ -

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	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	-	\$ -	\$ -



Required Documents Table of Contents

- **Final CRFQ Forms**
Versions 1 - 7
- **Contract Manager Information**
- **Insurance:**
Commercial General Liability Insurance
Professional Liability
- **License(s)/Certifications/Permits**
Certificate of Authority
National Committee for Quality Assurance
- **Certification and Signature Page**
- **Addendum Acknowledgement Form**
- **Exhibit B Service Provider Agreement MCO Signature Page**
- **Exhibit F HIPAA**
- **Purchasing Affidavit**
- **Vendor Preference Form**
- **wvOASIS Registration Form**



Final CRFQ Forms

Please see the following pages for the seven (7) signed CRFQ forms.



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:
 CareSource West Virginia Co.
 230 N. Main Street
 Dayton OH 45402
 502-213-4710

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 47-3028244

DATE

3.9.2016

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

ADDITIONAL INFORMATION:

The West Virginia Department of Administration, Purchasing Division (hereinafter referred to as the "Purchasing Division") is soliciting bids pursuant to West Virginia Code Subsection 5A-3-10 for the WV Department of Health and Human Resources, Bureau for Medical Services (hereinafter referred to as the "Agency") to provide contracts to a maximum of the six lowest, responsible vendors meeting requirements for the provision of statewide managed care services for the Mountain Health Trust program. These services include, but are not limited to, administering the following benefits: physical and behavioral health services; establishing and managing a credentialed provider network; utilization management, quality management; member services; financial management; claims management; and maintaining sufficient information systems.

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-5052 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	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Managed Care Services Request for Quotation	Page 3 of 3
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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 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

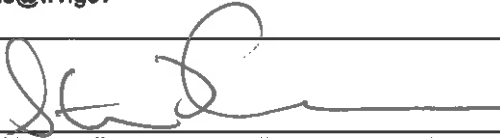
VENDOR

Vendor Name, Address and Telephone Number:

CareSource West Virginia Co.
 230 N. Main Street
 Dayton OH 45402
 502-213-4710

FOR INFORMATION CONTACT THE BUYER

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

Signature X  FEIN # 47-3028244 DATE 3.9.2010

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

ADDITIONAL INFORMATION:

Addendum #1 - To provide a revised pricing page.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 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	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #1 To provide a revised pricing page.	Page 3 of 3
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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
2016-02-17	2016-03-10 13:30:00	CRFQ 0511 BMS1600000002	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:
 CareSource West Virginia Co.
 230 N. Main Street
 Dayton OH 45402
 502-213-4710

FOR INFORMATION CONTACT THE BUYER

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

Signature X  FEIN # 47-3028244 DATE 3-9-2018

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

ADDITIONAL INFORMATION:

Addendum #2 - To extend the bid opening date from March 3, 2016, at 1:30 PM EST to March 10, 2016, at 1:30 PM EST.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 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	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #2 Managed Care Services	Page 3 of 3
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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
2016-02-29	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

VENDOR

Vendor Name, Address and Telephone Number:

CareSource West Virginia Co.
 230 N. Main Street
 Dayton OH 45402
 502-213-4710

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 47-3028244

DATE

3.9.2016

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

ADDITIONAL INFORMATION:

Addendum #3 - To provide an updated pricing page, change log and the responses to questions submitted by vendors.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 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	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #3 Managed Care Services	Page 3 of 3
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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 #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

VENDOR

Vendor Name, Address and Telephone Number:

CareSource West Virginia Co.
 230 N. Main Street
 Dayton OH 45402
 502-213-4710

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 47-3028244

DATE 3.9.2016

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

ADDITIONAL INFORMATION

Addendum #4 - To provide pages inadvertently left out of Addendum #3.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 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	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #4 Managed Care Services	Page 3 of 3
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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 #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 BMS160000002	6

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:
 CareSource West Virginia Co.
 230 N. Main Street
 Dayton OH 45402
 502-213-4710

FOR INFORMATION CONTACT THE BUYER

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

Signature X  FEIN # 47-3028244

DATE 3.9.2016

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

ADDITIONAL INFORMATION.

Addendum #5 - To provide a revised pricing page.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 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	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #5 Managed Care Services	Page 3 of 3
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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 #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:
 CareSource West Virginia Co.
 230 N. Main Street
 Dayton OH 45402
 502-213-4710

FOR INFORMATION CONTACT THE BUYER

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

Signature X  FEIN # 47-3028244 DATE 3.9.2016

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

ADDITIONAL INFORMATION:

Addendum #6 - To clarify that solicitation documents cannot be submitted online. Hard copies must be submitted as indicated in the Instructions to Vendors.

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-5052 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	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #6 Managed Care Services	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



Contract Manager

Please see the following page for the completed Contract Manager information requested in Specifications Section 10.1.

**REQUEST FOR QUOTATION
CRFQ 0511 BMS160000002
Managed Care Services**

1. **TRAVEL:** Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.

2. **FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:
 - 2.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
 - 2.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
 - 2.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
 - 2.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
 - 2.5. Vendor shall inform all staff of Agency's security protocol and procedures.

3. **MISCELLANEOUS:**
 - 3.1. **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: Steve Swart
Telephone Number: 502-213-4710
Fax Number: 937-487-1679
Email Address: Steven.Swart@CareSource.com



Insurance

The apparent successful Vendor shall furnish proof of the following insurance prior to Contract award and shall list the state as a certificate holder:

Commercial General Liability Insurance: In the amount of \$1,000,000.00 or more.

Professional Liability \$1,000,000.00 or more per occurrence.

Prior to Contract award, CareSource West Virginia Co. shall furnish proof listing "The West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS)", or its designee, as a certificate holder on its Commercial General Liability Insurance in the amount of \$1,000,000, and also on its Professional Liability Insurance in the amount of at least \$1,000,000 per occurrence.

Please see the following pages for proof of our Commercial General Liability Insurance and our Professional Liability Insurance.

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 Marsh & McLennan Agency LLC 409 E. Monument Avenue Suite 400 Dayton, OH 45402	CONTACT NAME: Michelle Grim PHONE (A/C, No, Ext): 937 285-8019 E-MAIL ADDRESS: mgrim@browerinsurance.com	FAX (A/C, No):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Great Northern Insurance Co.</td> <td>20303</td> </tr> <tr> <td>INSURER B: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER C: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great Northern Insurance Co.	20303	INSURER B: Federal Insurance Company	20281	INSURER C: Cincinnati Insurance Company	10677	INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Great Northern Insurance Co.	20303														
INSURER B: Federal Insurance Company	20281														
INSURER C: Cincinnati Insurance Company	10677														
INSURER D:															
INSURER E:															
INSURER F:															
INSURED CareSource Management Group 230 N. Main Street Dayton, OH 45402															

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			000035896009	07/01/2015	08/01/2016	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
							MED EXP (Any one person)	\$10,000	
							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	\$2,000,000	
							PRODUCTS - COMP/OP AGG	\$2,000,000	
							Emp. Ben.	\$1,000,000	
A	AUTOMOBILE LIABILITY			000073553708	07/01/2015	08/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Comp \$1,000	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll \$1,000						BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
									\$
B	UMBRELLA LIAB			000079843214	07/01/2015	08/01/2016	EACH OCCURRENCE	\$10,000,000	
	EXCESS LIAB						AGGREGATE	\$10,000,000	
							DED	RETENTION \$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			0071701823	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT	\$1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$1,000,000	
C	Excess Liability			EXS0027740	07/01/2015	08/01/2016	\$10,000,000		
A	Property			000035896009	07/01/2015	08/01/2016	\$84,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CareSource West Virginia Co. is included as a named insured.

CERTIFICATE HOLDER Insurance Commissioner Office of Insurance Commissioner P.O. Box 50540 Charleston, WV 25305-0540	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 <i>Nicholas J. Bestler</i>
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/2/2015

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 Commercial Lines - (614) 228-5565 Wells Fargo Insurance Services USA, Inc. 580 North 4th Street, Suite 400 Columbus, OH 43215-2153	CONTACT NAME: Ginny Peters PHONE (A/C, No, Ext): 614-324-2845 FAX (A/C, No): 866-918-5226 E-MAIL ADDRESS: giny.peters@wellsfargo.com														
INSURED CareSource Management Group Co. 230 N. Main Street Dayton OH 45402	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Allied World Assurance Co (US)</td> <td>19489</td> </tr> <tr> <td>INSURER B : Ironshore Specialty Insurance Company</td> <td>25445</td> </tr> <tr> <td>INSURER C : Illinois National Insurance Company</td> <td>23817</td> </tr> <tr> <td>INSURER D : National Union Fire Ins. Co. of Pittsburgh, PA</td> <td>19445</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Allied World Assurance Co (US)	19489	INSURER B : Ironshore Specialty Insurance Company	25445	INSURER C : Illinois National Insurance Company	23817	INSURER D : National Union Fire Ins. Co. of Pittsburgh, PA	19445	INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Allied World Assurance Co (US)	19489														
INSURER B : Ironshore Specialty Insurance Company	25445														
INSURER C : Illinois National Insurance Company	23817														
INSURER D : National Union Fire Ins. Co. of Pittsburgh, PA	19445														
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER: 9844709** **REVISION NUMBER: See below**

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B C	Managed Care E&O			03033016	12/01/2015	12/01/2016	\$40,000,000 Per Claim/Aggregate \$1,000,000 Retention

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

Additional Named Insured: CareSource West Virginia Co.

CERTIFICATE HOLDER Insurance Commissioner Office of Insurance Commissioner PO Box 50540 Charleston, WV 25305-0540	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
--	--

Certificate of Insurance (Con't)

OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
D	Fiduciary			027785570	12/01/2015	12/01/2016	\$10,000,000
D	Crime			027785570	12/01/2015	12/01/2016	\$10,000,000
A	Privacy & Network Liab			03071528	12/01/2015	12/01/2016	\$10,000,000
	Retention Each Claim						\$250,000
D	Directors & Officers/EPLI			027785570	12/01/2015	12/01/2016	\$20,000,000



License(s) / Certifications / Permits

In addition to anything required under the Section entitled Licensing, of the General Terms and Conditions, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits prior to Contract award, in a form acceptable to the Purchasing Division.

Certificate of Authority

CareSource West Virginia Co. has been issued a Certificate of Authority to transact appropriate business in Brooke, Cabell, Hancock, Kanawha, Lincoln, Marshall, Mason, Ohio, Putnam and Wayne counties, the State of West Virginia.

National Committee for Quality Assurance

The following represents the current NCQA accreditation status for all CareSource plans and products.



- CareSource Kentucky Co. Marketplace HMO (Interim Health Plan Evaluation) September 2015 – March 2017
- CareSource Indiana Inc. Marketplace HMO (Interim Health Plan Evaluation) September 2015 – March 2017
- CareSource Ohio Medicaid HMO (Accredited Status) September 2015
- CareSource Ohio Marketplace HMO (Accredited Status) September 2015

CareSource West Virginia Co. will be accredited for our Medicaid line of business by NCQA within two years of our operational state date in West Virginia. For example, if we are awarded a contract by spring 2016, we will begin the accreditation process in summer and would anticipate accreditation by mid-2018.

After initial certification, we will maintain our NCQA accreditation by the beginning of each contract year. We will provide BMS with the accreditation status reports indicating the evaluation option, evaluation measures, evaluation results, and evaluation length. We will submit the accreditation reports upon completion of each accreditation survey.

Please see the following pages for our Certificate of Authority and NCQA accreditation certificates.

**West Virginia
Offices of the Insurance Commissioner**



Certificate of Authority

Whereas, CARESOURCE WEST VIRGINIA CO., 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 Brooke, Cabell, Hancock, Kanawha, Lincoln, Marshall, Mason, Ohio, Putnam, Wayne 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 3rd day of August, 2015.

Michael D. Riley

Michael D. Riley
Insurance Commissioner

NAIC # 15728
WV File # D048



National Committee for Quality Assurance
has awarded

CareSource Kentucky Co.



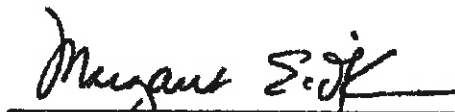
Marketplace HMO

Interim Health Plan Evaluation

*for basic structure and processes in place to meet expectations for
consumer protection and quality improvement.*



CHAIR, BOARD OF DIRECTORS



PRESIDENT



CHAIR, REVIEW OVERSIGHT COMMITTEE

September 22, 2015
DATE GRANTED

March 22, 2017
EXPIRATION DATE



National Committee for Quality Assurance
has awarded

CareSource Indiana, Inc.

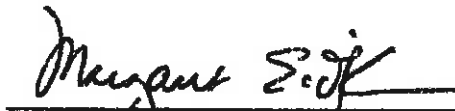


Marketplace HMO

Interim Health Plan Evaluation

*for basic structure and processes in place to meet expectations for
consumer protection and quality improvement.*


CHAIR, BOARD OF DIRECTORS


PRESIDENT


CHAIR, REVIEW OVERSIGHT COMMITTEE

September 22, 2015
DATE GRANTED

March 22, 2017
EXPIRATION DATE



National Committee for Quality Assurance

has awarded

CareSource

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

September 22, 2015

DATE GRANTED

September 22, 2018

EXPIRATION DATE



National Committee for Quality Assurance

has awarded

CareSource

Marketplace 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

September 22, 2015

DATE GRANTED

September 22, 2018

EXPIRATION DATE



Certification and Signature Page

Please see the following page for our signed Certification and Signature Page from the Terms and Conditions section of the RFQ.



Addendum Acknowledgement Form

Please see the following page for our signed Addendum Acknowledgment Form acknowledging receipt of all addenda issued with this solicitation.

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 checked="" type="checkbox"/> Addendum No. 1 | <input checked="" 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 checked="" type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input checked="" 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.

CareSource West Virginia Co.

Company


Authorized Signature

Date

3.9.2016

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



Exhibit B – Service Provider Agreement MCO Signature Page

Please see the following page for our signed Signature Page, Section 8 of Article II of the Service Provider Agreement.

8. SIGNATURES

Each party accepts the Agreement's terms as formally acknowledged below:

West Virginia Department of Health and Human Resources

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Managed Care Organization

Signature:  _____

Printed Name: Steven Swart

Title: Executive Director West Virginia

Date: 3.2.2016



Exhibit F - HIPAA

Please see the following page for the signature page for Exhibit F – HIPAA Business Associate Addendum.

AGREED:

Name of Agency: _____

Name of Associate: CareSource West Virginia Co.

Signature: _____

Signature: 


Title: _____

Title: Executive Director West Virginia

Date: _____

Date: 3.9.2010

Form - WVBA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jan 20 11

Patrick Morrisey
Attorney General



Purchasing Affidavit

Please see the following page for the completed Purchasing Affidavit.

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 exceed 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: CareSource West Virginia Co.

Authorized Signature: [Signature] Date: 3.2.2016

State of Ohio

County of Montgomery, to-wit:

Taken, subscribed, and sworn to before me this 2nd day of March, 2016

My Commission expires _____, 20__.

AFFIX SEAL HERE



BRENDA L. POTEET, Notary Public
in and for the State of Ohio
My Commission Expires Aug. 29, 2020

[Signature]



Vendor Preference Form

Please see the following page for the Vendor Preference Form.

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: CareSource West Virginia Co.

Signed: 

Date: 3.9.2016

Title: Executive Director West Virginia



wvOASIS Registration

Please see the following pages for proof of CareSource's registration with the West Virginia Purchasing Division.

Bertolo, Jessica M

From: NOTIFICATIONS@WVOASIS.GOV
Sent: Thursday, February 25, 2016 11:00 AM
To: Bertolo, Jessica M
Subject: ADVMAIL: WELCOME TO WVOASIS VSS

Jessica Bertolo:

Congratulations, you are now a certified user of wvoASIS Vendor Self Service (VSS).

Here are some details about your VSS account:

Your User ID (case sensitive) is: jessica.bertolo

Your Headquarters Account Legal Name is: CareSource West Virginia Co.

Your Headquarters Account Code is: VS0000008717

Your Vendor/Customer is: VS0000008717

Your Location Name is:

The following comments from the approving party were included detailing additional information about your account:

If you have questions, please contact the wvoASIS Help Desk at toll free 855-666-8823 or local at 304-558-6708.

Bertolo, Jessica M

From: NOTIFICATIONS@WVOASIS.GOV
Sent: Friday, February 26, 2016 8:06 AM
To: Bertolo, Jessica M
Subject: ADVMAIL: CONFIRMATION OF REGISTRATION RENEWALVS0000008717

This email is to notify you that your Vendor Registration has been renewed.

David Wilkerson:

This correspondence is to notify you that the payment for your Vendor Registration Renewals has been received. Your Vendor Registration will expire on 02-19-2017.

If you have any questions, please contact the wvOASIS Help Desk at toll free 855-666-8823 or local at 304-558-6708.



P.O. Box 8738 | Dayton, OH 45401-8738 | CARESOURCE.COM

**CareSource**[™]
Health Care with Heart