

MARCH 2016

# Medicaid Request for Quotation

CRFQ 0511 BMS1600000002



03/08/16 13:55:47  
WV Purchasing Division



## West Virginia Family Health

Ms. April Battle, Buyer 22 (april.e.battle@wv.gov)  
2019 Washington Street, East  
Charleston, WV 25305

RE: CRFQ 0511 BMS1600000002

Dear Ms. Battle,

West Virginia Family Health Plan, Inc. (WVFH) delivered the sealed bid submission for CRFQ 0511 BMS1600000002 to the Department of Administration, Purchasing Department on Tuesday, March 8, 2016 around 1 pm. Per the Terms and Conditions, all bids were required to be delivered to the Purchasing Department on or before the date and time of the bid opening (which at the time of submission was March 10, 2016 1:30 PM EST). On March 9, 2016, Addendum #7 was released with the following description:

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. The vendor must possess a valid WV COA as of the date of the bid opening. The vendor should provide the WV COA with their bid but must provide the WV COA prior to award.

Therefore, WVFH is required to now sign Form WV-PRC-CRFQ-001 and the Addendum Acknowledgement before the revised bid opening date of March 15, 2016. Please accept the attached documents as supplemental information for our bid submission already on file with the Purchasing Department. By submitting the supplemental documents, WVFH will insure it has submitted this bid according to all rules outlined in the CRFQ 0511 BMS1600000002 process, including the subsequent clarifications provided by the state.

Thank you for the opportunity to submit a response to the CRFQ 0511 BMS1600000002. Should you have questions, please reach out to me.

Sincerely,

J. Fred Earley, II  
President, West Virginia Family Health Plan, Inc.

**Attachments:**

Addendum Acknowledgement Form (#7)  
Related Form WV-PRC-CRFQ-001  
Updated Table of Contents

03/15/16 12:29:07  
Purchasing Division



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:

West Virginia Family Health Plan, Inc.

614 Market Street

Parkersburg, West Virginia 26101

(304) 424-7661

**FOR INFORMATION CONTACT THE BUYER**

April Battle

(304) 558-0067

april.e.battle@wv.gov

Signature X

FEIN #

45-2763165

DATE

3-14-16

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

<b>BMS1600000002</b>	<b>Document Phase</b> Final	<b>Document Description</b> Addendum #7 Managed Care Services	<b>Page 3</b> <b>of 3</b>
----------------------	--------------------------------	--	------------------------------

### **ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions

**SOLICITATION NUMBER: CRFQ 0511 BMS1600000002**

**Addendum Number: 7**

---

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

**Applicable Addendum Category:**

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

**Description of Modification to Solicitation:**

- 1) To extend the bid opening date from March 10, 2016, at 1:30 PM EST to March 15, 2016, at 1:30 PM EST.
- 2) To change information provided in Addendum #3 related to the COA as follows:
  - The vendor must possess a valid WV COA as of the date of the bid opening. The vendor should provide the WV COA with their bid, but must provide the WV COA prior to award.

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

**Terms and Conditions:**

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

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS1600000002**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

<input type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input type="checkbox"/> Addendum No. 2	<input checked="" 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.

West Virginia Family Health Plan, Inc.  
Company

  
Authorized Signature

3-14-16  
Date

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

# Table of Contents

## Cover Letter

## Pricing Page (Exhibit A) – Legal and letter size format

## Attachments

1. Certification and Signature Page
2. Purchasing Affidavit (Notarized)
3. Addendum Acknowledgement Form (#1-6)
  - a. 02/01/2016 Managed Care Services Request for Quotation
  - b. 02/02/2016 Addendum # 1 - To provide a revised pricing page
  - c. 02/17/2016 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
  - d. 02/29/2016 Addendum #3 – To provide an updated pricing page, change log and the responses to questions submitted by vendor.
  - e. 03/01/2016 Addendum #4 - To provide pages inadvertently left out of Addendum #3
  - f. 03/02/2016 Addendum #5 - To provide a revised pricing page
  - g. 03/04/2016 Addendum #6 – To clarify that solicitation documents cannot be submitted online. Hard copies must be submitted as indicated in the Instructions to Vendors.
  - h. **3/9/2016 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.**
4. Related Form WV-PRC-CRFQ-001
  - a. Addendum #1 – To provide a revised pricing page
  - b. 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
  - c. Addendum #3 – To provide an updated pricing page; to provide a change log; to provide the responses to questions submitted to vendors
  - d. Addendum #4 - To provide pages inadvertently left out of Addendum #3
  - e. Addendum #5 - To provide a revised pricing page
  - f. Addendum #6 - To clarify that solicitation documents cannot be submitted online. Hard copies must be submitted as indicated in the Instructions to Vendors.
  - g. **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. The vendor must possess a valid WV COA as of the date of the bid opening. The vendor should provide the WV COA with their bid but must provide the WV COA prior to award.**
5. HIPPA Business Associate Addendum
6. Vendor Preference Certificate and Supplemental Information
7. Office of Insurance Commissioner – Certificate of Authority
8. NCQA Certificate
9. Certificates of Insurance
10. Contract Manager (Specification 10.1)

## Additional Documents and Materials

### Business Cards

J. Fred Earley, President

Jason Landers, Executive Director

Donna Sands, Director of Operations/Controller

Electronic Version of Pricing Page



**Deliver Solicitation To:**

Department of Administration, Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305-0130  
RE: Solicitation No: BMS1600000002

**Outside of Envelope:**

SEALED BID: Managed Care Services  
BUYER: Buyer 22  
SOLICITATION NO: CRFQ 0511 BMS1600000002  
BID OPENING DATE: March 3, 2016 (Amended to March 10, 2016, and subsequently to March 15, 2016)  
BID OPENING TIME: 1:30 PM EST  
FAX NUMBER: (304) 558-3970

**Primary Contract Manager:**

Contract Manager: Jason Landers, Executive Director WVFH  
Telephone Number: (304) 424-7738  
Fax Number: (304) 424-0331  
Email Address: jason.landiers@highmark.com

**Secondary Contact:**

Contact: Donna Sands, Director of Operations WVFH  
Telephone Number: (304) 424-7661  
Fax Number: (304) 424-0331  
Email Address: donna.sands@highmark.com



Ms. April Battle, Buyer 22 (april.e.battle@wv.gov)  
2019 Washington Street, East  
Charleston, WV 25305

RE: CRFQ 0511 BMS1600000002

Dear Ms. Battle,

Attached please find the bid submission for CRFQ 0511 BMS1600000002 from West Virginia Family Health Plan, Inc. (WVFH). Our bid to provide Managed Care Services is intended to supply the WV Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) with information to allow for the provision of statewide managed care services for the Mountain Health Trust (MHT) program effective with the contract for State Fiscal Year (SFY) 2017 contract, July 1, 2016 – June 30, 2017. These services include, but are not limited to, administering the following benefits: physical and behavioral health services; pharmacy services; establishing and managing a credentialed provider network; utilization management; quality management; member services; financial management; claims management; and maintaining information systems. In addition, it is our understanding the State will be adding the SSI population and personal care benefit under the SFY 2017 contract.

WVFH is currently a Provider Sponsored Network (PSN) designated entity in the State of West Virginia, performing the full service requirements for Managed Medicaid enrollees in all 55 counties in West Virginia under the Service Provider Agreement with DHHR/BMS in the SFY 2016 contract, July 1, 2015 to June 30, 2016 for TANF and Bridge enrollees aligned with WVFH. The PSN status comes from legislation passed in 2012 that permitted health care providers to create a health plan specifically to provide care to the Medicaid population. As a PSN, the majority owners of WVFH are WV FQHCs who have traditionally been the safety net providers in West Virginia.

WVFH holds a current Certificate of Authority issued by the State of West Virginia, Office of the Insurance Commissioner (NAIC # 15020, WV File #D046). In addition, WVFH received accredited status from NCQA effective August 4, 2015 (expiring August 4, 2018). Upon WVFH's entrance as a Medicaid Managed Care Organization (with initial member enrollment September 1, 2014), WVFH completed the MHT MCO Application, as well as the BMS and CMS readiness review in the summer of 2014 which is on file with BMS.

WVFH has submitted this bid according to all rules outlined in the CRFQ 0511 BMS1600000002 process, including the subsequent clarifications provided by the state. The request for quote includes a provision for a Best and Final Offer (BAFO) process that will follow additional rating information to be provided by the State in the first quarter of calendar year 2016. The WVFH RFQ submission will, during the BAFO process, be adjusted to account for changes in the claims history and updated information that will ensure the submitted rates are actuarially sound (as developed based on actuarial review as defined under 42 CFR 438.6). This information will be used, in conjunction with potential savings opportunities identified by WVFH, to create our Best and Final Offer.

Thank you for the opportunity to submit a response to the CRFQ 0511 BMS1600000002. Should you have questions, please reach out to me.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Fred Earley, II".

J. Fred Earley, II  
President, West Virginia Family Health Plan, Inc.

# Table of Contents

## Cover Letter

## Pricing Page (Exhibit A) – Legal and letter size format

## Attachments

1. Certification and Signature Page
2. Purchasing Affidavit (Notarized)
3. Addendum Acknowledgement Form (#1-6)
  - a. 02/01/2016 Managed Care Services Request for Quotation
  - b. 02/02/2016 Addendum # 1 - To provide a revised pricing page
  - c. 02/17/2016 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
  - d. 02/29/2016 Addendum #3 – To provide an updated pricing page, change log and the responses to questions submitted by vendor.
  - e. 03/01/2016 Addendum #4 - To provide pages inadvertently left out of Addendum #3
  - f. 03/02/2016 Addendum #5 - To provide a revised pricing page
  - g. 03/04/2016 Addendum #6 – To clarify that solicitation documents cannot be submitted online. Hard copies must be submitted as indicated in the Instructions to Vendors.
4. Related Form WV-PRC-CRFQ-001
  - a. Addendum #1 – To provide a revised pricing page
  - b. 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
  - c. Addendum #3 – To provide an updated pricing page; to provide a change log; to provide the responses to questions submitted to vendors
  - d. Addendum #4 - To provide pages inadvertently left out of Addendum #3
  - e. Addendum #5 - To provide a revised pricing page
  - f. Addendum #6 - To clarify that solicitation documents cannot be submitted online. Hard copies must be submitted as indicated in the Instructions to Vendors.
5. HIPPA Business Associate Addendum
6. Vendor Reference Certificate and Supplemental Information
7. Office of Insurance Commissioner – Certificate of Authority
8. NCQA Certificate
9. Certificate of Insurance
10. Contract (Specification 10.1)

## Additional Documents/Attachments

Business Card  
J. Freese, President  
Jason Freese, Executive Director  
Donna Freese, Director of Operations/Controller  
Electronic Version of Pricing Page

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.  
 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	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 434.15	\$ 434.20	55,000	\$ 434.20	\$ 23,881,000.00	\$ 136.95	\$ 137.00	45,000	\$ 137.00	\$ 6,165,000.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 434.15	\$ 434.20	200	\$ 434.20	\$ 86,840.00	\$ 144.44	\$ 144.49	200	\$ 144.49	\$ 28,898.00
CSHCN	\$ 2,688.44	\$ 2,688.49	500	\$ 2,688.49	\$ 1,344,245.00	\$ 848.03	\$ 848.08	500	\$ 848.08	\$ 424,040.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 426.64	\$ 426.69	55,000	\$ 426.69	\$ 23,467,950.00	\$ 134.58	\$ 134.63	45,000	\$ 134.63	\$ 6,058,350.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 426.64	\$ 426.69	200	\$ 426.69	\$ 85,338.00	\$ 141.94	\$ 141.99	200	\$ 141.99	\$ 28,398.00
CSHCN	\$ 2,641.88	\$ 2,641.93	500	\$ 2,641.93	\$ 1,320,965.00	\$ 833.34	\$ 833.39	500	\$ 833.39	\$ 416,695.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 490.19	\$ 490.24	55,000	\$ 490.24	\$ 26,963,200.00	\$ 154.62	\$ 154.67	45,000	\$ 154.67	\$ 6,960,150.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 490.19	\$ 490.24	200	\$ 490.24	\$ 98,048.00	\$ 163.09	\$ 163.14	200	\$ 163.14	\$ 32,628.00
CSHCN	\$ 3,035.41	\$ 3,035.46	500	\$ 3,035.46	\$ 1,517,730.00	\$ 957.47	\$ 957.52	500	\$ 957.52	\$ 478,760.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

SFY 2017 Total Amount	\$ 1,151,732,042.00
-----------------------	---------------------

West Virginia Family He

Population	2-14 yr					15-18 F				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 137.25	\$ 137.30	450,000	\$ 137.30	\$ 61,785,000.00	\$ 215.98	\$ 216.03	50,000	\$ 216.03	\$ 10,801,500.00
Pregnant Women	\$ 354.97	\$ 355.02	100	\$ 355.02	\$ 35,502.00	\$ 354.97	\$ 355.02	5,000	\$ 355.02	\$ 1,775,100.00
Med Needy	\$ 145.47	\$ 145.52	200	\$ 145.52	\$ 29,104.00	\$ 228.72	\$ 228.77	500	\$ 228.77	\$ 114,385.00
CSHCN	\$ 849.90	\$ 849.95	700	\$ 849.95	\$ 594,965.00	\$ 1,337.45	\$ 1,337.50	200	\$ 1,337.50	\$ 267,500.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ 198.98	\$ 199.03	10,000	\$ 199.03	\$ 1,990,300.00

Population	2-14 yr					15-18 F				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 134.87	\$ 134.92	450,000	\$ 134.92	\$ 60,714,000.00	\$ 212.24	\$ 212.29	50,000	\$ 212.29	\$ 10,614,500.00
Pregnant Women	\$ 348.82	\$ 348.87	100	\$ 348.87	\$ 34,887.00	\$ 348.82	\$ 348.87	5,000	\$ 348.87	\$ 1,744,350.00
Med Needy	\$ 142.95	\$ 143.00	200	\$ 143.00	\$ 28,600.00	\$ 224.76	\$ 224.81	500	\$ 224.81	\$ 112,405.00
CSHCN	\$ 835.18	\$ 835.23	700	\$ 835.23	\$ 584,661.00	\$ 1,314.29	\$ 1,314.34	200	\$ 1,314.34	\$ 262,868.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ 190.55	\$ 190.60	10,000	\$ 190.60	\$ 1,906,000.00

Population	2-14 yr					15-18 F				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 154.96	\$ 155.01	450,000	\$ 155.01	\$ 69,754,500.00	\$ 243.86	\$ 243.91	50,000	\$ 243.91	\$ 12,195,500.00
Pregnant Women	\$ 400.78	\$ 400.83	100	\$ 400.83	\$ 40,083.00	\$ 400.78	\$ 400.83	5,000	\$ 400.83	\$ 2,004,150.00
Med Needy	\$ 164.25	\$ 164.30	200	\$ 164.30	\$ 32,860.00	\$ 258.24	\$ 258.29	500	\$ 258.29	\$ 129,145.00
CSHCN	\$ 959.59	\$ 959.64	700	\$ 959.64	\$ 671,748.00	\$ 1,510.06	\$ 1,510.11	200	\$ 1,510.11	\$ 302,022.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ 206.73	\$ 206.78	10,000	\$ 206.78	\$ 2,067,800.00

West Virginia Family He

Region 1										
Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	18-19 M					20-29 F				
Traditional	\$ 156.67	\$ 156.72	47,000	\$ 156.72	\$ 7,365,840.00	\$ 292.10	\$ 292.15	36,000	\$ 292.15	\$ 10,517,400.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	20,000	\$ 355.02	\$ 7,100,400.00
Med Needy	\$ 166.16	\$ 166.21	500	\$ 166.21	\$ 83,105.00	\$ 306.43	\$ 306.48	3,000	\$ 306.48	\$ 919,440.00
CSHCN	\$ 970.17	\$ 970.22	200	\$ 970.22	\$ 194,044.00	\$ 292.10	\$ 292.15	100	\$ 292.15	\$ 29,215.00
ACA Expansion	\$ 138.09	\$ 138.14	10,000	\$ 138.14	\$ 1,381,400.00	\$ 231.13	\$ 231.18	80,000	\$ 231.18	\$ 18,494,400.00

Region 2										
Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	18-19 M					20-29 F				
Traditional	\$ 153.96	\$ 154.01	47,000	\$ 154.01	\$ 7,238,470.00	\$ 287.04	\$ 287.09	36,000	\$ 287.09	\$ 10,335,240.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	20,000	\$ 348.87	\$ 6,977,400.00
Med Needy	\$ 163.29	\$ 163.34	500	\$ 163.34	\$ 81,670.00	\$ 301.12	\$ 301.17	3,000	\$ 301.17	\$ 903,510.00
CSHCN	\$ 953.37	\$ 953.42	200	\$ 953.42	\$ 190,684.00	\$ 287.04	\$ 287.09	100	\$ 287.09	\$ 28,709.00
ACA Expansion	\$ 132.24	\$ 132.29	10,000	\$ 132.29	\$ 1,322,900.00	\$ 221.34	\$ 221.39	80,000	\$ 221.39	\$ 17,711,200.00

Region 3										
Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	18-19 M					20-29 F				
Traditional	\$ 176.89	\$ 176.94	47,000	\$ 176.94	\$ 8,316,180.00	\$ 329.80	\$ 329.85	36,000	\$ 329.85	\$ 11,874,600.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	20,000	\$ 400.83	\$ 8,016,600.00
Med Needy	\$ 187.61	\$ 187.66	500	\$ 187.66	\$ 93,830.00	\$ 345.97	\$ 346.02	3,000	\$ 346.02	\$ 1,038,060.00
CSHCN	\$ 1,095.38	\$ 1,095.43	200	\$ 1,095.43	\$ 219,086.00	\$ 329.80	\$ 329.85	100	\$ 329.85	\$ 32,985.00
ACA Expansion	\$ 143.47	\$ 143.52	10,000	\$ 143.52	\$ 1,435,200.00	\$ 240.13	\$ 240.18	80,000	\$ 240.18	\$ 19,214,400.00

West Virginia Family He

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
<b>Population</b>	<b>20-25 M</b>					<b>30-35 F</b>				
Traditional	\$ 200.37	\$ 200.42	7,000	\$ 200.42	\$ 1,402,940.00	\$ 411.55	\$ 411.60	30,000	\$ 411.60	\$ 12,348,000.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	10,000	\$ 355.02	\$ 3,550,200.00
Med Needy	\$ 210.65	\$ 210.70	3,000	\$ 210.70	\$ 632,100.00	\$ 432.87	\$ 432.92	5,000	\$ 432.92	\$ 2,164,600.00
CSHCN	\$ 200.37	\$ 200.42	100	\$ 200.42	\$ 20,042.00	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 191.77	\$ 191.82	70,000	\$ 191.82	\$ 13,427,400.00	\$ 288.04	\$ 288.09	80,000	\$ 288.09	\$ 23,047,200.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
<b>Population</b>	<b>20-25 M</b>					<b>30-35 F</b>				
Traditional	\$ 196.90	\$ 196.95	7,000	\$ 196.95	\$ 1,378,650.00	\$ 404.43	\$ 404.48	30,000	\$ 404.48	\$ 12,134,400.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	10,000	\$ 348.87	\$ 3,488,700.00
Med Needy	\$ 207.00	\$ 207.05	3,000	\$ 207.05	\$ 621,150.00	\$ 425.38	\$ 425.43	5,000	\$ 425.43	\$ 2,127,150.00
CSHCN	\$ 196.90	\$ 196.95	100	\$ 196.95	\$ 19,695.00	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 183.65	\$ 183.70	70,000	\$ 183.70	\$ 12,859,000.00	\$ 275.84	\$ 275.89	80,000	\$ 275.89	\$ 22,071,200.00

	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
<b>Population</b>	<b>20-25 M</b>					<b>30-35 F</b>				
Traditional	\$ 226.22	\$ 226.27	7,000	\$ 226.27	\$ 1,583,890.00	\$ 464.67	\$ 464.72	30,000	\$ 464.72	\$ 13,941,600.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	10,000	\$ 400.83	\$ 4,008,300.00
Med Needy	\$ 237.83	\$ 237.88	3,000	\$ 237.88	\$ 713,640.00	\$ 488.74	\$ 488.79	5,000	\$ 488.79	\$ 2,443,950.00
CSHCN	\$ 226.22	\$ 226.27	100	\$ 226.27	\$ 22,627.00	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 199.24	\$ 199.29	70,000	\$ 199.29	\$ 13,950,300.00	\$ 299.26	\$ 299.31	80,000	\$ 299.31	\$ 23,944,800.00

West Virginia Family He

Population	30-39 M					40+				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 345.20	\$ 345.25	11,000	\$ 345.25	\$ 3,797,750.00	\$ 477.46	\$ 477.51	20,000	\$ 477.51	\$ 9,550,200.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	2,500	\$ 355.02	\$ 887,550.00
Med Needy	\$ 363.26	\$ 363.31	5,000	\$ 363.31	\$ 1,816,550.00	\$ 502.17	\$ 502.22	5,000	\$ 502.22	\$ 2,511,100.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 282.32	\$ 282.37	75,000	\$ 282.37	\$ 21,177,750.00	\$ 430.93	\$ 430.98	250,000	\$ 430.98	\$ 107,745,000.00

Population	30-39 M					40+				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 339.23	\$ 339.28	11,000	\$ 339.28	\$ 3,732,080.00	\$ 469.19	\$ 469.24	20,000	\$ 469.24	\$ 9,384,800.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	2,500	\$ 348.87	\$ 872,175.00
Med Needy	\$ 356.97	\$ 357.02	5,000	\$ 357.02	\$ 1,785,100.00	\$ 493.48	\$ 493.53	5,000	\$ 493.53	\$ 2,467,650.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 270.36	\$ 270.41	75,000	\$ 270.41	\$ 20,280,750.00	\$ 412.67	\$ 412.72	250,000	\$ 412.72	\$ 103,180,000.00

Population	30-39 M					40+				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 389.75	\$ 389.80	11,000	\$ 389.80	\$ 4,287,800.00	\$ 539.08	\$ 539.13	20,000	\$ 539.13	\$ 10,782,600.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	2,500	\$ 400.83	\$ 1,002,075.00
Med Needy	\$ 410.15	\$ 410.20	5,000	\$ 410.20	\$ 2,051,000.00	\$ 566.98	\$ 567.03	5,000	\$ 567.03	\$ 2,835,150.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 293.32	\$ 293.37	75,000	\$ 293.37	\$ 22,002,750.00	\$ 447.71	\$ 447.76	250,000	\$ 447.76	\$ 111,940,000.00



West Virginia Family He

	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	\$ 4,586.06	\$ 18,344,240.00
Med Needy	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
CSHCN	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
ACA Expansion	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -

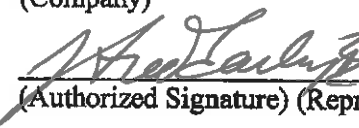
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	Delivery				
Traditional	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
Pregnant Women	\$ 4,611.97	\$ 4,612.02	4,000	\$ 4,612.02	\$ 18,448,080.00
Med Needy	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
CSHCN	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
ACA 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	\$ 4,470.18	\$ 17,880,720.00
Med Needy	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
CSHCN	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
ACA Expansion	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -

## 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.

West Virginia Family Health Plan, Inc.  
(Company)

 J. Fred Earley, II President  
(Authorized Signature) (Representative Name, Title)

Phone: (304) 424-7738    Fax: (304) 424-0331    March 3, 2016  
(Phone Number) (Fax Number) (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: West Virginia Family Health Plan, Inc. d/b/a West Virginia Family Health

Authorized Signature: [Signature] Date: 2-22-16

State of West Virginia

County of Wood, to-wit:

Taken, subscribed, and sworn to before me this 22<sup>nd</sup> day of February, 2016.

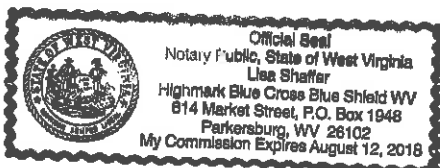
My Commission expires August 12, 2018.

**AFFIX SEAL HERE**

**NOTARY PUBLIC**

[Signature: Lisa Shaffer]

*Purchasing Affidavit (Revised 08/01/2015)*





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 CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

Vendor Name, Address and Telephone Number:

West Virginia Family Health Plan, Inc.

614 Market Street

Parkersburg, West Virginia 26101

(304) 424-7661

FOR INFORMATION CONTACT THE BUYER

April Battle

(304) 558-0067

april.e.battle@wv.gov

Signature X

FEIN # 45-2763165

DATE

2.22.16

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

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.

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

<u>Event</u>	<u>Event Date</u>
Technical Questions	2016-02-16

<b>BMS1600000002</b>	<b>Document Phase</b> Final	<b>Document Description</b> Managed Care Services Request for Quotation	<b>Page 3</b> <b>of 3</b>
----------------------	--------------------------------	---	------------------------------

# **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:

West Virginia Family Health Plan, Inc.

614 Market Street

Parkersburg, West Virginia 26101

(304) 424-7661

**FOR INFORMATION CONTACT THE BUYER**

April Battle

(304) 558-0067

april.e.battle@wv.gov

nature X

FEIN #

45-2763165

DATE 2-22-16

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

**ADDITIONAL INFORMATION:**

Addendum #1 - To provide a revised pricing page.

VOICE 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



<b>BMS1600000002</b>	<b>Document Phase</b> Final	<b>Document Description</b> Addendum #1 To provide a revised pricing page.	<b>Page 3 of 3</b>
----------------------	--------------------------------	---	------------------------

# **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:

West Virginia Family Health Plan, Inc.

614 Market Street

Parkersburg, West Virginia 26101

(304) 424-7661

**FOR INFORMATION CONTACT THE BUYER**

April Battle

(304) 558-0067

april.e.battle@wv.gov

☒ I agree X

FEIN # 45-2763165

DATE

2-22-16

... 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.

/VOICE 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

BMS1600000002	<b>Document Phase</b> Final	<b>Document Description</b> Addendum #2 Managed Care Services	<b>Page 3</b> <b>of 3</b>
---------------	--------------------------------	--	------------------------------

# **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:

West Virginia Family Health Plan, Inc.  
614 Market Street  
Parkersburg, West Virginia 26101  
(304) 424-7661

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

FEIN # 45-2763165

DATE

3-7-16

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.

VOICE 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

BMS1600000002	<b>Document Phase</b> <b>Final</b>	<b>Document Description</b> Addendum #3 Managed Care Services	<b>Page 3</b> <b>of 3</b>
---------------	---------------------------------------	--	------------------------------

### 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:

West Virginia Family Health Plan, Inc.

614 Market Street

Parkersburg, West Virginia 26101

(304) 424-7661

**FOR INFORMATION CONTACT THE BUYER**

April Battle

(304) 558-0067

april.e.battle@wv.gov

nature X

FEIN #

45-2763165

DATE

3-2-16

offers subject to all terms and conditions contained in this solicitation



**ADDITIONAL INFORMATION:**

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

VOICE 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

BMS1600000002	<b>Document Phase</b> Final	<b>Document Description</b> Addendum #4 Managed Care Services	<b>Page 3</b> of 3
---------------	--------------------------------	--	-----------------------

### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

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

Proc Folder: 185743

Doc Description: Addendum #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  
US

WV 25305

VENDOR

Vendor Name, Address and Telephone Number:

West Virginia Family Health, Plan, Inc.  
614 Market Street  
Parkersburg, West Virginia 26101  
(304) 424-7661

FOR INFORMATION CONTACT THE BUYER

April Battle  
(304) 558-0  
april.e.battle

Signature X

All offers shall be in accordance with the terms and conditions contained in this solicitation

FEIN # 45-2763165

DATE March 8, 2016

**ADDITIONAL INFORMATION:**

Amendment #5 - To provide a revised pricing page.

VOICE 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

BMS1600000002	<b>Document Phase</b> Final	<b>Document Description</b> Addendum #5 Managed Care Services	<b>Page 3</b> of 3
---------------	--------------------------------	--	-----------------------

### ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

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

Proc Folder: 185743

Doc Description: Addendum #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:

West Virginia Family Health Plan, Inc.  
614 Market Street  
Parkersburg, West Virginia 26101  
(304) 424-7661

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

FEIN #

45-2763165

DATE

3-7-16

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

<b>BMS1600000002</b>	<b>Document Phase</b> <b>Final</b>	<b>Document Description</b> Addendum #6 Managed Care Services	<b>Page 3</b> <b>of 3</b>
----------------------	---------------------------------------	--	------------------------------

### **ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



**SOLICITATION NUMBER: CRFQ 0511 BMS1600000002**  
**Addendum Number: 1**

---

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

**Applicable Addendum Category:**

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

**Description of Modification to Solicitation:**

To provide a revised pricing page.

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

**Terms and Conditions:**

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

## ATTACHMENT A

**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 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.

West Virginia Family Health Plan, Inc.

Company



Authorized Signature

2-22-16

Date

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

**SOLICITATION NUMBER: CRFQ 0511 BMS1600000002**

**Addendum Number: 2**

---

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

**Applicable Addendum Category:**

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

**Description of Modification to Solicitation:**

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

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

**Terms and Conditions:**

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

# ATTACHMENT A

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS1600000002**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

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

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

\_\_\_\_\_  
West Virginia Family Health Plan, Inc.

Company

\_\_\_\_\_  
*[Signature]*  
Authorized Signature

\_\_\_\_\_  
2-22-16  
Date

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

Revised 6/8/2012

**SOLICITATION NUMBER: CRFQ 0511 BMS1600000002**

**Addendum Number: 3**

---

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

**Applicable Addendum Category:**

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

**Description of Modification to Solicitation:**

- 1) To provide an updated pricing page
- 2) To provide a change log.
- 3) To provide the responses to questions submitted to vendors.

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

**Terms and Conditions:**

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

**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



## ATTACHMENT A

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS1600000002**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

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

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

West Virginia Family Health Plan, Inc.

Company



Authorized Signature

3-2-16

Date

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

Revised 6/8/2012

**SOLICITATION NUMBER: CRFQ 0511 BMS1600000002**

**Addendum Number: 4**

---

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

**Applicable Addendum Category:**

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

**Description of Modification to Solicitation:**

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

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

**Terms and Conditions:**

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

## ATTACHMENT A

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS1600000002**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

<input type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input 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 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.

West Virginia Family Health Plan, Inc.

Company

  
Authorized Signature

3-2-16

Date

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

Revised 6/8/2012

**SOLICITATION NUMBER:** CRFQ 0511 BMS1600000002

**Addendum Number: 5**

---

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

**Applicable Addendum Category:**

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

**Description of Modification to Solicitation:**

- 1) To provide a revised pricing page.

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

**Terms and Conditions:**

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

# ATTACHMENT A

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS1600000002**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

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

West Virginia Family Health Plan, Inc.

Company



Authorized Signature

3-2-16

Date

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



**SOLICITATION NUMBER: CRFQ 0511 BMS1600000002**

**Addendum Number: 6**

---

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

**Applicable Addendum Category:**

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

**Description of Modification to Solicitation:**

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

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

**Terms and Conditions:**

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

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS1600000002**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

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

West Virginia Family Health Plan, Inc.  
Company

  
Authorized Signature

3-7-16  
Date

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

## WV STATE GOVERNMENT

### HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

- a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: <http://www.state.wv.us/admin/purchase/vrc/agencyli.html>.
- b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
- c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
- d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
- e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111<sup>th</sup> Congress (2009).

- f. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.
- g. **Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.
- h. **Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.
- i. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.
- j. **Subcontractor** means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

## 2. Permitted Uses and Disclosures.

- a. **PHI Described.** This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.
- b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.
- c. **Further Uses and Disclosures.** Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

### 3. Obligations of Associate.

- a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.
- b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.
- c. **Safeguards.** The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:
  - i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;
  - ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;
  - iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;
  - iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
- e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

f. **Support of Individual Rights.**

- i. **Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.
- ii. **Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.
- iii. **Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:
  - the date of disclosure;
  - the name of the entity or person who received the PHI, and if known, the address of the entity or person;
  - a brief description of the PHI disclosed; and
  - a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
- iv. **Request for Restriction.** Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."
- v. **Immediate Discontinuance of Use or Disclosure.** The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

- g. **Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.
- h. **Agent's, Subcontractor's Compliance.** The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.
- j. **Federal and Agency Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.
- k. **Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.
- l. **Notification of Breach.** During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at [www.state.wv.us/admin/purchase/vrc/agencyli.htm](http://www.state.wv.us/admin/purchase/vrc/agencyli.htm) and,

unless otherwise directed by the Agency in writing, the Office of Technology at [incident@wv.gov](mailto:incident@wv.gov) or <https://apps.wv.gov/ot/ir/Default.aspx>.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

- m. **Assistance In Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

#### 4. Addendum Administration.

- a. **Term.** This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.
- b. **Duties at Termination.** Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents



and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

- c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

#### 5. General Provisions/Ownership of PHI.


- a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

AGREED:

Name of Agency: \_\_\_\_\_

Name of Associate: West Virginia Family Health  
Plan, Inc.

Signature: \_\_\_\_\_

J. Fred Earley, III  
Signature: 


Title: \_\_\_\_\_

Title: President

Date: \_\_\_\_\_

Date: 2-22-16

Form - WVBAA-012004  
Amended 06.26.2013

APPROVED AS TO FORM THIS 21<sup>st</sup>  
DAY OF Jan 20 17  
  
Patrick Morrissey  
Attorney General  
BY \_\_\_\_\_

## Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

All [types of PHI listed on App. A] in paper, electronic, verbal or any other form. Including, but not limited to:  
All information found in a medical file.

# 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,

☐ **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: West Virginia Family Health Plan, Inc. Signed: [Signature]

Date: 2-22-16

Inc.

Title: President



State of West Virginia  
Offices of the Insurance Commissioner

EARL RAY TOMBLIN  
Governor

MICHAEL D. RILEY  
Insurance Commissioner

May 13, 2015

Edward B. Schyberg  
Chief Executive Officer  
West Virginia Family Health Plan, Inc.  
614 Market Street  
Parkersburg, WV 26101

RE: 2015 Certificate of Authority for  
West Virginia Family Health Plan, Inc.  
WV File # D046; NAIC # 15020

Dear Mr. Schyberg:

Please find enclosed the recently issued West Virginia Certificate of Authority for West Virginia Family Health Plan, Inc. effective June 1, 2015 to May 31, 2016.

If you have any questions regarding your Certificate of Authority, please contact this Office at (304) 558-2100.

Sincerely,

Jamie O. Taylor  
Chief Financial Analyst  
Financial Conditions Division

JOT/csd

Enclosure: (1)

# West Virginia Offices of the Insurance Commissioner



## Certificate of Authority

Whereas, **WEST VIRGINIA FAMILY HEALTH PLAN, INC.**, a PROVIDER SPONSORED NETWORK 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

### PROVIDER SPONSORED NETWORK - ARTICLE 25G

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.

A handwritten signature in cursive script that reads "Michael D. Riley".

Michael D. Riley  
Insurance Commissioner

NAIC # 15020  
WV File # D046



August 5, 2015

J Early

President

West Virginia Family Health Plan, Inc. d/b/a West Virginia Family Health (WVFH)

120 Fifth Avenue, Fifth Avenue Place PAP 1601

Pittsburgh, PA 15222

Dear Mr. Early:

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 **West Virginia Family Health Plan, Inc. d/b/a West Virginia Family Health (WVFH)** 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
Medicaid-HMO	Accredited	August 4, 2015	August 4, 2018

The NCQA Health Plan Report Card will be updated to reflect this status by no later than the 15<sup>th</sup> of September. 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](http://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 2014 *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.

August 5, 2015

Page 2

In order to maintain your accreditation status(es), West Virginia Family Health Plan, Inc. d/b/a West Virginia Family Health (WVFH) 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 May 8, 2018, as the submission date of the completed Survey Tool to NCQA. NCQA has tentatively set June 25 - 26, 2018 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](mailto: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](mailto:customersupport@ncqa.org). You can also visit [www.ncqa.org](http://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,



Dayna Bell, MBA, MS  
Assistant Vice President, Accreditation

Enclosures





National Committee for Quality Assurance  
has awarded

***West Virginia Family Health Plan, Inc. d/b/a West Virginia  
Family Health (WVFH)***

***Medicaid HMO***

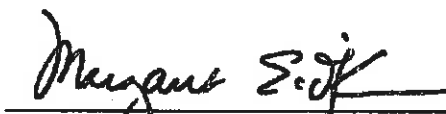
an accreditation status of

**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

August 4, 2015  
DATE GRANTED

August 4, 2018  
EXPIRATION DATE


<b>ACORD</b> <sup>TM</sup>	<b>CERTIFICATE OF LIABILITY INSURANCE</b>	Date (MM/DD/YY) <b>02-12-2016</b>
<b>PRODUCER</b> U.S. Advisors, Inc. 783 Old Hickory Blvd. Suite 310 West Brentwood, TN 37027		This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the Policies below.
		<b>INSURERS AFFORDING COVERAGE</b>
<b>INSURED</b> West Virginia Family Health Plan 614 Market Street Parkersburg, WV 26102		INSURER A: Atlantic Specialty Insurance Company INSURER B: Atlantic Specialty Insurance Company INSURER C: INSURER D: INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	MCR-8054-15	8/1/2015	8/1/2016	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Errors & Omissions Liability				PERSONAL & ADV. INJURY \$
					GENERAL AGGREGATE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				Bodily injury (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				Limit of Insurance
	<input type="checkbox"/> HIRED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				
	RETENTION \$				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	E.L. EACH ACCIDENT \$				
	E.L. DISEASE-EA EMPLOYEE \$				
	E.L. DISEASE - POLICY LIMIT \$				
B	<b>Other: Directors &amp; Officers Liability/Employment Practices Liability</b>	MCM-00969-15	8/1/2015	8/1/2016	Per Claim: \$1,000,000 (D&O-shared with EPL)  Aggregate: \$1,000,000 (D&O-shared with EPL)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Sublimits: \$500,000 each claim/aggregate for Antitrust Activity (D&O)  
 \$50,000 maximum Limit of Liability for Regulatory Claims (D&O)

<b>CERTIFICATE HOLDER</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 

**Deliver Solicitation To:**

Department of Administration, Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305-0130  
RE: Solicitation No: BMS1600000002

**Outside of Envelope:**

SEALED BID: Managed Care Services  
BUYER: Buyer 22  
SOLICITATION NO: CRFQ 0511 BMS1600000002  
BID OPENING DATE: March 3, 2016 (Amended to March 10, 2016)  
BID OPENING TIME: 1:30 PM EST  
FAX NUMBER: (304) 558-3970

**Primary Contract Manager:**

Contract Manager: Jason Landers, Executive Director WVFH  
Telephone Number: (304) 424-7738  
Fax Number: (304) 424-0331  
Email Address: jason.landern@highmark.com

**Secondary Contact:**

Contact: Donna Sands, Director of Operations WVFH  
Telephone Number: (304) 424-7661  
Fax Number: (304) 424-0331  
Email Address: donna.sands@highmark.com

**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.

West Virginia Family Health Plan, Inc. (WVFI)

Population	<1 yr					1 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 434.15	\$ 434.20	55,000	\$ 434.20	\$ 23,881,000.00	\$ 136.95	\$ 137.00	45,000	\$ 137.00	\$ 6,165,000.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 434.15	\$ 434.20	200	\$ 434.20	\$ 86,840.00	\$ 144.44	\$ 144.49	200	\$ 144.49	\$ 28,898.00
CSHCN	\$ 2,688.44	\$ 2,688.49	500	\$ 2,688.49	\$ 1,344,245.00	\$ 848.03	\$ 848.08	500	\$ 848.08	\$ 424,040.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

Population	<1 yr					1 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 426.64	\$ 426.69	55,000	\$ 426.69	\$ 23,467,950.00	\$ 134.58	\$ 134.63	45,000	\$ 134.63	\$ 6,055,350.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 426.64	\$ 426.69	200	\$ 426.69	\$ 85,338.00	\$ 141.94	\$ 141.99	200	\$ 141.99	\$ 28,398.00
CSHCN	\$ 2,641.88	\$ 2,641.93	500	\$ 2,641.93	\$ 1,320,965.00	\$ 833.34	\$ 833.39	500	\$ 833.39	\$ 416,695.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

Population	<1 yr					1 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 490.19	\$ 490.24	55,000	\$ 490.24	\$ 26,963,200.00	\$ 154.62	\$ 154.67	45,000	\$ 154.67	\$ 6,966,150.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 490.19	\$ 490.24	200	\$ 490.24	\$ 98,048.00	\$ 163.09	\$ 163.14	200	\$ 163.14	\$ 32,628.00
CSHCN	\$ 3,035.41	\$ 3,035.46	500	\$ 3,035.46	\$ 1,517,730.00	\$ 957.47	\$ 957.52	500	\$ 957.52	\$ 478,760.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

SFY 2017 Total Amount

\$

1,151,732,042.00

## West Virginia Family He

Population	2-14 yr					15-19 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
Traditional	\$ 137.25	\$ 137.30	450,000	\$ 137.30	\$ 61,785,000.00	\$ 215.98	\$ 216.03	50,000	\$ 216.03	\$ 1
Pregnant Women	\$ 354.97	\$ 355.02	100	\$ 355.02	\$ 35,502.00	\$ 354.97	\$ 355.02	5,000	\$ 355.02	\$
Med Needy	\$ 145.47	\$ 145.52	200	\$ 145.52	\$ 29,104.00	\$ 228.72	\$ 228.77	500	\$ 228.77	\$
CSHCN	\$ 849.90	\$ 849.95	700	\$ 849.95	\$ 594,965.00	\$ 1,337.45	\$ 1,337.50	200	\$ 1,337.50	\$
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ 198.98	\$ 199.03	10,000	\$ 199.03	\$

Population	2-14 yr					15-19 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
Traditional	\$ 134.87	\$ 134.92	450,000	\$ 134.92	\$ 60,714,000.00	\$ 212.24	\$ 212.29	50,000	\$ 212.29	\$ 1
Pregnant Women	\$ 348.82	\$ 348.87	100	\$ 348.87	\$ 34,887.00	\$ 348.82	\$ 348.87	5,000	\$ 348.87	\$
Med Needy	\$ 142.95	\$ 143.00	200	\$ 143.00	\$ 28,600.00	\$ 224.76	\$ 224.81	500	\$ 224.81	\$
CSHCN	\$ 835.18	\$ 835.23	700	\$ 835.23	\$ 584,661.00	\$ 1,314.29	\$ 1,314.34	200	\$ 1,314.34	\$
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ 190.55	\$ 190.60	10,000	\$ 190.60	\$

Population	2-14 yr					15-19 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
Traditional	\$ 154.96	\$ 155.01	450,000	\$ 155.01	\$ 69,754,500.00	\$ 243.86	\$ 243.91	50,000	\$ 243.91	\$ 1
Pregnant Women	\$ 400.78	\$ 400.83	100	\$ 400.83	\$ 40,083.00	\$ 400.78	\$ 400.83	5,000	\$ 400.83	\$
Med Needy	\$ 164.25	\$ 164.30	200	\$ 164.30	\$ 32,860.00	\$ 258.24	\$ 258.29	500	\$ 258.29	\$
CSHCN	\$ 959.59	\$ 959.64	700	\$ 959.64	\$ 671,748.00	\$ 1,510.06	\$ 1,510.11	200	\$ 1,510.11	\$
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ 206.73	\$ 206.78	10,000	\$ 206.78	\$

West Virginia Family He

Population	Region 1									
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
	15-19 M					20-29 F				
Traditional	\$ 156.67	\$ 156.72	47,000	\$ 156.72	\$ 7,365,840.00	\$ 292.10	\$ 292.15	36,000	\$ 292.15	\$ 1
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	20,000	\$ 355.02	\$
Med Needy	\$ 166.16	\$ 166.21	500	\$ 166.21	\$ 83,105.00	\$ 306.43	\$ 306.48	3,000	\$ 306.48	\$
CSHCN	\$ 970.17	\$ 970.22	200	\$ 970.22	\$ 194,044.00	\$ 292.10	\$ 292.15	100	\$ 292.15	\$
ACA Expansion	\$ 138.09	\$ 138.14	10,000	\$ 138.14	\$ 1,381,400.00	\$ 231.13	\$ 231.18	80,000	\$ 231.18	\$ 1

Population	Region 2									
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
	15-19 M					20-29 F				
Traditional	\$ 153.96	\$ 154.01	47,000	\$ 154.01	\$ 7,238,470.00	\$ 287.04	\$ 287.09	36,000	\$ 287.09	\$ 1
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	20,000	\$ 348.87	\$
Med Needy	\$ 163.29	\$ 163.34	500	\$ 163.34	\$ 81,670.00	\$ 301.12	\$ 301.17	3,000	\$ 301.17	\$
CSHCN	\$ 953.37	\$ 953.42	200	\$ 953.42	\$ 190,684.00	\$ 287.04	\$ 287.09	100	\$ 287.09	\$
ACA Expansion	\$ 132.24	\$ 132.29	10,000	\$ 132.29	\$ 1,322,900.00	\$ 221.34	\$ 221.39	80,000	\$ 221.39	\$ 1

Population	Region 3									
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
	15-19 M					20-29 F				
Traditional	\$ 176.89	\$ 176.94	47,000	\$ 176.94	\$ 8,316,180.00	\$ 329.80	\$ 329.85	36,000	\$ 329.85	\$ 1
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	20,000	\$ 400.83	\$
Med Needy	\$ 187.51	\$ 187.66	500	\$ 187.66	\$ 93,830.00	\$ 345.97	\$ 346.02	3,000	\$ 346.02	\$
CSHCN	\$ 1,095.38	\$ 1,095.43	200	\$ 1,095.43	\$ 219,086.00	\$ 329.80	\$ 329.85	100	\$ 329.85	\$
ACA Expansion	\$ 143.47	\$ 143.52	10,000	\$ 143.52	\$ 1,435,200.00	\$ 240.13	\$ 240.18	80,000	\$ 240.18	\$ 1

West Virginia Family He

Population	20-29 M					30-39 F				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
Traditional	\$ 200.37	\$ 200.42	7,000	\$ 200.42	\$ 1,402,940.00	\$ 411.55	\$ 411.60	30,000	\$ 411.60	\$ 1
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	10,000	\$ 355.02	\$
Med Needy	\$ 210.65	\$ 210.70	3,000	\$ 210.70	\$ 632,100.00	\$ 432.87	\$ 432.92	5,000	\$ 432.92	\$
CSHCN	\$ 200.37	\$ 200.42	100	\$ 200.42	\$ 20,042.00	\$ -	\$ -	-	\$ -	\$
ACA Expansion	\$ 191.77	\$ 191.82	70,000	\$ 191.82	\$ 13,427,400.00	\$ 288.04	\$ 288.09	80,000	\$ 288.09	\$ 2

Population	20-29 M					30-39 F				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
Traditional	\$ 196.90	\$ 196.95	7,000	\$ 196.95	\$ 1,378,650.00	\$ 404.43	\$ 404.48	30,000	\$ 404.48	\$ 1
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	10,000	\$ 348.87	\$
Med Needy	\$ 207.00	\$ 207.05	3,000	\$ 207.05	\$ 621,150.00	\$ 425.38	\$ 425.43	5,000	\$ 425.43	\$
CSHCN	\$ 196.90	\$ 196.95	100	\$ 196.95	\$ 19,695.00	\$ -	\$ -	-	\$ -	\$
ACA Expansion	\$ 183.65	\$ 183.70	70,000	\$ 183.70	\$ 12,859,000.00	\$ 275.84	\$ 275.89	80,000	\$ 275.89	\$ 2

Population	20-29 M					30-39 F				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
Traditional	\$ 226.22	\$ 226.27	7,000	\$ 226.27	\$ 1,583,890.00	\$ 464.67	\$ 464.72	30,000	\$ 464.72	\$ 1
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	10,000	\$ 400.83	\$
Med Needy	\$ 237.83	\$ 237.88	3,000	\$ 237.88	\$ 713,640.00	\$ 488.74	\$ 488.79	5,000	\$ 488.79	\$
CSHCN	\$ 226.22	\$ 226.27	100	\$ 226.27	\$ 22,627.00	\$ -	\$ -	-	\$ -	\$
ACA Expansion	\$ 199.24	\$ 199.29	70,000	\$ 199.29	\$ 13,950,300.00	\$ 299.26	\$ 299.31	80,000	\$ 299.31	\$ 2

West Virginia Family He

Population	30-39 M					40+				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
Traditional	\$ 345.20	\$ 345.25	11,000	\$ 345.25	\$ 3,797,750.00	\$ 477.46	\$ 477.51	20,000	\$ 477.51	\$
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	2,500	\$ 355.02	\$
Med Needy	\$ 363.26	\$ 363.31	5,000	\$ 363.31	\$ 1,816,550.00	\$ 502.17	\$ 502.22	5,000	\$ 502.22	\$
CSHCN	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$
ACA Expansion	\$ 282.32	\$ 282.37	75,000	\$ 282.37	\$ 21,177,750.00	\$ 430.93	\$ 430.98	250,000	\$ 430.98	\$ 10

Population	30-39 M					40+				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
Traditional	\$ 339.23	\$ 339.28	11,000	\$ 339.28	\$ 3,732,080.00	\$ 469.19	\$ 469.24	20,000	\$ 469.24	\$
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	2,500	\$ 348.87	\$
Med Needy	\$ 356.97	\$ 357.02	5,000	\$ 357.02	\$ 1,785,100.00	\$ 493.48	\$ 493.53	5,000	\$ 493.53	\$
CSHCN	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$
ACA Expansion	\$ 270.36	\$ 270.41	75,000	\$ 270.41	\$ 20,280,750.00	\$ 412.67	\$ 412.72	250,000	\$ 412.72	\$ 10

Population	30-39 M					40+				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Ann
Traditional	\$ 389.75	\$ 389.80	11,000	\$ 389.80	\$ 4,287,800.00	\$ 539.08	\$ 539.13	20,000	\$ 539.13	\$ 1
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	2,500	\$ 400.83	\$
Med Needy	\$ 410.15	\$ 410.20	5,000	\$ 410.20	\$ 2,051,000.00	\$ 566.98	\$ 567.03	5,000	\$ 567.03	\$
CSHCN	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$
ACA Expansion	\$ 293.32	\$ 293.37	75,000	\$ 293.37	\$ 22,002,750.00	\$ 447.71	\$ 447.76	250,000	\$ 447.76	\$ 11



West Virginia Family He

	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	\$ 4,586.06	\$ 18,344,240.00
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	\$ 4,612.02	\$ 18,448,080.00
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	\$ 4,470.18	\$ 17,880,720.00
Med Needy	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
CSHCN	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
ACA Expansion	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -

**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.

West Virginia Family Health Plan, Inc. (WVFP)

Population	<1 yr					1 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 434.15	\$ 434.20	55,000	\$ 434.20	\$ 23,881,000.00	\$ 136.95	\$ 137.00	45,000	\$ 137.00	\$ 6,165,000.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 434.15	\$ 434.20	200	\$ 434.20	\$ 86,840.00	\$ 144.44	\$ 144.49	200	\$ 144.49	\$ 28,898.00
CSHCN	\$ 2,688.44	\$ 2,688.49	500	\$ 2,688.49	\$ 1,344,245.00	\$ 848.03	\$ 848.08	500	\$ 848.08	\$ 424,040.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

Population	<1 yr					1 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 426.64	\$ 426.69	55,000	\$ 426.69	\$ 23,467,950.00	\$ 134.58	\$ 134.63	45,000	\$ 134.63	\$ 6,054,350.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 426.64	\$ 426.69	200	\$ 426.69	\$ 85,338.00	\$ 141.94	\$ 141.99	200	\$ 141.99	\$ 28,398.00
CSHCN	\$ 2,641.88	\$ 2,641.93	500	\$ 2,641.93	\$ 1,320,965.00	\$ 833.34	\$ 833.39	500	\$ 833.39	\$ 416,695.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

Population	<1 yr					1 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 490.19	\$ 490.24	55,000	\$ 490.24	\$ 26,963,200.00	\$ 154.62	\$ 154.67	45,000	\$ 154.67	\$ 6,957,150.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 490.19	\$ 490.24	200	\$ 490.24	\$ 98,048.00	\$ 163.09	\$ 163.14	200	\$ 163.14	\$ 32,628.00
CSHCN	\$ 3,035.41	\$ 3,035.46	500	\$ 3,035.46	\$ 1,517,730.00	\$ 957.47	\$ 957.52	500	\$ 957.52	\$ 478,760.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

SFY 2017 Total Amount	\$ 1,151,732,042.00
-----------------------	---------------------

West Virginia Family He

Population	2-14 yr					15-19 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 137.25	\$ 137.30	450,000	\$ 137.30	\$ 61,785,000.00	\$ 215.98	\$ 216.03	50,000	\$ 216.03	\$ 10,801,500.00
Pregnant Women	\$ 354.97	\$ 355.02	100	\$ 355.02	\$ 35,502.00	\$ 354.97	\$ 355.02	5,000	\$ 355.02	\$ 1,775,100.00
Med Needy	\$ 145.47	\$ 145.52	200	\$ 145.52	\$ 29,104.00	\$ 228.72	\$ 228.77	500	\$ 228.77	\$ 114,385.00
CSHCN	\$ 849.90	\$ 849.95	700	\$ 849.95	\$ 594,965.00	\$ 1,337.45	\$ 1,337.50	200	\$ 1,337.50	\$ 267,500.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ 198.98	\$ 199.03	10,000	\$ 199.03	\$ 1,990,300.00

Population	2-14 yr					15-19 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 134.87	\$ 134.92	450,000	\$ 134.92	\$ 60,714,000.00	\$ 212.24	\$ 212.29	50,000	\$ 212.29	\$ 10,612,500.00
Pregnant Women	\$ 348.82	\$ 348.87	100	\$ 348.87	\$ 34,887.00	\$ 348.82	\$ 348.87	5,000	\$ 348.87	\$ 1,744,350.00
Med Needy	\$ 142.95	\$ 143.00	200	\$ 143.00	\$ 28,600.00	\$ 224.76	\$ 224.81	500	\$ 224.81	\$ 112,405.00
CSHCN	\$ 835.18	\$ 835.23	700	\$ 835.23	\$ 584,661.00	\$ 1,314.29	\$ 1,314.34	200	\$ 1,314.34	\$ 262,868.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ 190.55	\$ 190.60	10,000	\$ 190.60	\$ 1,906,000.00

Population	2-14 yr					15-19 yr				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 154.96	\$ 155.01	450,000	\$ 155.01	\$ 69,754,500.00	\$ 243.86	\$ 243.91	50,000	\$ 243.91	\$ 12,195,500.00
Pregnant Women	\$ 400.78	\$ 400.83	100	\$ 400.83	\$ 40,083.00	\$ 400.78	\$ 400.83	5,000	\$ 400.83	\$ 2,004,150.00
Med Needy	\$ 164.25	\$ 164.30	200	\$ 164.30	\$ 32,860.00	\$ 258.24	\$ 258.29	500	\$ 258.29	\$ 129,145.00
CSHCN	\$ 959.59	\$ 959.64	700	\$ 959.64	\$ 671,748.00	\$ 1,510.06	\$ 1,510.11	200	\$ 1,510.11	\$ 302,022.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ 206.73	\$ 206.78	10,000	\$ 206.78	\$ 2,067,800.00

## West Virginia Family He

Region 1										
Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	18-19 M					20-29 F				
Traditional	\$ 156.67	\$ 156.72	47,000	\$ 156.72	\$ 7,365,840.00	\$ 292.10	\$ 292.15	36,000	\$ 292.15	\$ 10,537,200.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	20,000	\$ 355.02	\$ 7,100,400.00
Med Needy	\$ 166.16	\$ 166.21	500	\$ 166.21	\$ 83,105.00	\$ 306.43	\$ 306.48	3,000	\$ 306.48	\$ 919,440.00
CSHCN	\$ 970.17	\$ 970.22	200	\$ 970.22	\$ 194,044.00	\$ 292.10	\$ 292.15	100	\$ 292.15	\$ 29,215.00
ACA Expansion	\$ 138.09	\$ 138.14	10,000	\$ 138.14	\$ 1,381,400.00	\$ 231.13	\$ 231.18	80,000	\$ 231.18	\$ 18,494,400.00

Region 2										
Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	18-19 M					20-29 F				
Traditional	\$ 153.96	\$ 154.01	47,000	\$ 154.01	\$ 7,238,470.00	\$ 287.04	\$ 287.09	36,000	\$ 287.09	\$ 10,335,240.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	20,000	\$ 348.87	\$ 6,977,400.00
Med Needy	\$ 163.29	\$ 163.34	500	\$ 163.34	\$ 81,670.00	\$ 301.12	\$ 301.17	3,000	\$ 301.17	\$ 903,510.00
CSHCN	\$ 953.37	\$ 953.42	200	\$ 953.42	\$ 190,684.00	\$ 287.04	\$ 287.09	100	\$ 287.09	\$ 28,709.00
ACA Expansion	\$ 132.24	\$ 132.29	10,000	\$ 132.29	\$ 1,322,900.00	\$ 221.34	\$ 221.39	80,000	\$ 221.39	\$ 17,711,200.00

Region 3										
Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
	18-19 M					20-29 F				
Traditional	\$ 176.89	\$ 176.94	47,000	\$ 176.94	\$ 8,316,180.00	\$ 329.80	\$ 329.85	36,000	\$ 329.85	\$ 11,874,600.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	20,000	\$ 400.83	\$ 8,016,600.00
Med Needy	\$ 187.61	\$ 187.66	500	\$ 187.66	\$ 93,830.00	\$ 345.97	\$ 346.02	3,000	\$ 346.02	\$ 1,038,060.00
CSHCN	\$ 1,095.38	\$ 1,095.43	200	\$ 1,095.43	\$ 219,086.00	\$ 329.80	\$ 329.85	100	\$ 329.85	\$ 32,985.00
ACA Expansion	\$ 143.47	\$ 143.52	10,000	\$ 143.52	\$ 1,435,200.00	\$ 240.13	\$ 240.18	80,000	\$ 240.18	\$ 19,214,400.00

West Virginia Family He

Population	20-29 M					30-39 F				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 200.37	\$ 200.42	7,000	\$ 200.42	\$ 1,402,940.00	\$ 411.55	\$ 411.60	30,000	\$ 411.60	\$ 12,348,000.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	10,000	\$ 355.02	\$ 3,550,200.00
Med Needy	\$ 210.65	\$ 210.70	3,000	\$ 210.70	\$ 632,100.00	\$ 432.87	\$ 432.92	5,000	\$ 432.92	\$ 2,164,600.00
CSHCN	\$ 200.37	\$ 200.42	100	\$ 200.42	\$ 20,042.00	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 191.77	\$ 191.82	70,000	\$ 191.82	\$ 13,427,400.00	\$ 288.04	\$ 288.09	80,000	\$ 288.09	\$ 23,047,200.00

Population	20-29 M					30-39 F				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 196.90	\$ 196.95	7,000	\$ 196.95	\$ 1,378,650.00	\$ 404.43	\$ 404.48	30,000	\$ 404.48	\$ 12,134,400.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	10,000	\$ 348.87	\$ 3,488,700.00
Med Needy	\$ 207.00	\$ 207.05	3,000	\$ 207.05	\$ 621,150.00	\$ 425.38	\$ 425.43	5,000	\$ 425.43	\$ 2,127,150.00
CSHCN	\$ 196.90	\$ 196.95	100	\$ 196.95	\$ 19,695.00	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 183.65	\$ 183.70	70,000	\$ 183.70	\$ 12,859,000.00	\$ 275.84	\$ 275.89	80,000	\$ 275.89	\$ 22,071,200.00

Population	20-29 M					30-39 F				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 226.22	\$ 226.27	7,000	\$ 226.27	\$ 1,583,890.00	\$ 464.67	\$ 464.72	30,000	\$ 464.72	\$ 13,941,600.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	10,000	\$ 400.83	\$ 4,008,300.00
Med Needy	\$ 237.83	\$ 237.88	3,000	\$ 237.88	\$ 713,640.00	\$ 488.74	\$ 488.79	5,000	\$ 488.79	\$ 2,443,950.00
CSHCN	\$ 226.22	\$ 226.27	100	\$ 226.27	\$ 22,627.00	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 199.24	\$ 199.29	70,000	\$ 199.29	\$ 13,950,300.00	\$ 299.26	\$ 299.31	80,000	\$ 299.31	\$ 23,944,800.00

## West Virginia Family He

Population	30-39 M					40+				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 345.20	\$ 345.25	11,000	\$ 345.25	\$ 3,797,750.00	\$ 477.46	\$ 477.51	20,000	\$ 477.51	\$ 9,550,200.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	2,500	\$ 355.02	\$ 887,550.00
Med Needy	\$ 363.26	\$ 363.31	5,000	\$ 363.31	\$ 1,816,550.00	\$ 502.17	\$ 502.22	5,000	\$ 502.22	\$ 2,511,100.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 282.32	\$ 282.37	75,000	\$ 282.37	\$ 21,177,750.00	\$ 430.93	\$ 430.98	250,000	\$ 430.98	\$ 107,745,000.00

Population	30-39 M					40+				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 339.23	\$ 339.28	11,000	\$ 339.28	\$ 3,732,080.00	\$ 469.19	\$ 469.24	20,000	\$ 469.24	\$ 9,384,800.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	2,500	\$ 348.87	\$ 872,175.00
Med Needy	\$ 356.97	\$ 357.02	5,000	\$ 357.02	\$ 1,785,100.00	\$ 493.48	\$ 493.53	5,000	\$ 493.53	\$ 2,467,650.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 270.36	\$ 270.41	75,000	\$ 270.41	\$ 20,280,750.00	\$ 412.67	\$ 412.72	250,000	\$ 412.72	\$ 103,180,000.00

Population	30-39 M					40+				
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 389.75	\$ 389.80	11,000	\$ 389.80	\$ 4,287,800.00	\$ 539.08	\$ 539.13	20,000	\$ 539.13	\$ 10,782,600.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	2,500	\$ 400.83	\$ 1,002,075.00
Med Needy	\$ 410.15	\$ 410.20	5,000	\$ 410.20	\$ 2,051,000.00	\$ 566.98	\$ 567.03	5,000	\$ 567.03	\$ 2,835,150.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 293.32	\$ 293.37	75,000	\$ 293.37	\$ 22,002,750.00	\$ 447.71	\$ 447.76	250,000	\$ 447.76	\$ 111,940,000.00

West Virginia Family He

	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	\$ 4,586.06	\$ 18,344,240.00
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	\$ 4,612.02	\$ 18,448,080.00
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	\$ 4,470.18	\$ 17,880,720.00
Med Needy	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
CSHCN	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
ACA Expansion	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -