



Managed Care Services

Buyer: April Battle Buyer 22

Solicitation No: CRFQ 0511 BMS 1600000002

Bid Opening Date: March 10, 2016

Bid Opening Time: 1:30 PM EST

Fax Number: (304)558-3970

03/08/16 15:34:34
MU Purchasing Division

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

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

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

DEFINITIONS:

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

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

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

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

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: The Health Plan of the Upper Ohio Valley, Inc. (DBA: The Health Plan)

Authorized Signature: [Signature] Date: 3/7/16

State of West Virginia

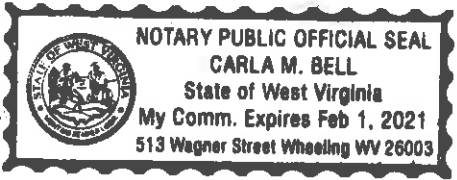
County of Ohio, to-wit:

Taken, subscribed, and sworn to before me this 7 day of March, 2016

My Commission expires FEBRUARY 1, 2021.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]



INSTRUCTIONS TO VENDORS SUBMITTING BIDS

1. REVIEW DOCUMENTS THOROUGHLY: The attached documents contain a solicitation for bids. Please read these instructions and all documents attached in their entirety. These instructions provide critical information about requirements that if overlooked could lead to disqualification of a Vendor's bid. All bids must be submitted in accordance with the provisions contained in these instructions and the Solicitation. Failure to do so may result in disqualification of Vendor's bid.

2. MANDATORY TERMS: The Solicitation may contain mandatory provisions identified by the use of the words "must," "will," and "shall." Failure to comply with a mandatory term in the Solicitation will result in bid disqualification.

3. PREBID MEETING: The item identified below shall apply to this Solicitation.

A pre-bid meeting will not be held prior to bid opening

A NON-MANDATORY PRE-BID meeting will be held at the following place and time:

A MANDATORY PRE-BID meeting will be held at the following place and time:

All Vendors submitting a bid must attend the mandatory pre-bid meeting. Failure to attend the mandatory pre-bid meeting shall result in disqualification of the Vendor's bid. No one person attending the pre-bid meeting may represent more than one Vendor.

An attendance sheet provided at the pre-bid meeting shall serve as the official document verifying attendance. The State will not accept any other form of proof or documentation to verify attendance. Any person attending the pre-bid meeting on behalf of a Vendor must list on the attendance sheet his or her name and the name of the Vendor he or she is representing.

Additionally, the person attending the pre-bid meeting should include the Vendor's E-Mail address, phone number, and Fax number on the attendance sheet. It is the Vendor's responsibility

to locate the attendance sheet and provide the required information. Failure to complete the attendance sheet as required may result in disqualification of Vendor's bid.

All Vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in, but are charged with knowing all matters discussed at the pre-bid.

Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the Solicitation prior to bid opening.

4. VENDOR QUESTION DEADLINE: Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are nonbinding.

Submitted e-mails should have solicitation number in the subject line.

Question Submission Deadline: February 16, 2016, at 3:00 PM EST

Submit Questions to: April Battle, Buyer 22
2019 Washington Street, East
Charleston, WV 25305
Fax: (304) 558-4115 (Vendors should not use this fax number for bid submission)
Email: april.e.battle@wv.gov

5. VERBAL COMMUNICATION: Any verbal communication between the Vendor and any State personnel is not binding, including verbal communication at the mandatory pre-bid conference. Only information issued in writing and added to the Solicitation by an official written addendum by the Purchasing Division is binding.

6. BID SUBMISSION: All bids must be submitted electronically through wvOASIS or signed and delivered by the Vendor to the Purchasing Division at the address listed below on or before the date and time of the bid opening. Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be returned for any reason. The Purchasing Division will not accept bids, modification of bids, or addendum acknowledgment forms via e-mail. Acceptable delivery methods include electronic submission via wvOASIS, hand delivery, delivery by courier, or facsimile.

The bid delivery address is:
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

A bid that is not submitted electronically through wvOASIS should contain the information listed below on the face of the envelope or the bid may be rejected by the Purchasing Division.:

SEALED BID: Managed Care Services
BUYER: April Battle, Buyer 22
SOLICITATION NO.: CRFQ 0511 BMS160000002
BID OPENING DATE: March 3, 2016
BID OPENING TIME: 1:30 PM EST
FAX NUMBER: (304) 558-3970

In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus _____ convenience copies of each to the Purchasing Division at the address shown above. Submission of a response to a request for proposal is not permitted in wvOASIS. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: (This only applies to CRFP)
 Technical
 Cost

7. BID OPENING: Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when confirmation of delivery is provided by wvOASIS (in the case of electronic submission) or when the bid is time stamped by the official Purchasing Division time clock (in the case of hand delivery).

Bid Opening Date and Time: March 3, 2016, at 1:30 PM EST

Bid Opening Location: Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

8. ADDENDUM ACKNOWLEDGEMENT: Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, 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.

9. BID FORMATTING: Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

10. ALTERNATES: Any model, brand, or specification listed in this Solicitation establishes the acceptable level of quality only and is not intended to reflect a preference for, or in any way favor, a particular brand or vendor. Vendors may bid alternates to a listed model or brand provided that the alternate is at least equal to the model or brand and complies with the required specifications. The equality of any alternate being bid shall be determined by the State at its sole discretion. Any Vendor bidding an alternate model or brand should clearly identify the alternate items in its bid and should include manufacturer's specifications, industry literature, and/or any other relevant documentation demonstrating the equality of the alternate items. Failure to provide information for alternate items may be grounds for rejection of a Vendor's bid.

11. EXCEPTIONS AND CLARIFICATIONS: The Solicitation contains the specifications that shall form the basis of a contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in bid disqualification.

12. COMMUNICATION LIMITATIONS: In accordance with West Virginia Code of State Rules §148-1-6.6, communication with the State of West Virginia or any of its employees regarding this Solicitation during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited without prior Purchasing Division approval. Purchasing Division approval for such communication is implied for all agency delegated and exempt purchases.

13. REGISTRATION: Prior to Contract award, the apparent successful Vendor must be properly registered with the West Virginia Purchasing Division and must have paid the \$125 fee, if applicable.

14. UNIT PRICE: Unit prices shall prevail in cases of a discrepancy in the Vendor's bid.

15. PREFERENCE: Vendor Preference may only be granted upon written request and only in accordance with the West Virginia Code § 5A-3-37 and the West Virginia Code of State Rules. A Vendor Preference Certificate form has been attached hereto to allow Vendor to apply for the preference. Vendor's failure to submit the Vendor Preference Certificate form with its bid will result in denial of Vendor Preference. Vendor Preference does not apply to construction projects.

16. SMALL, WOMEN-OWNED, OR MINORITY-OWNED BUSINESSES: For any solicitations publicly advertised for bid, in accordance with West Virginia Code §5A-3-37(a)(7) and W. Va. CSR § 148-22-9, any non-resident vendor certified as a small, women-owned, or minority-owned business under W. Va. CSR § 148-22-9 shall be provided the same preference made available to any resident vendor. Any non-resident small, women-owned, or minority-owned business must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W. Va. CSR § 148-22-9 prior to contract award to receive the preferences made available to resident vendors. Preference for a non-resident small, women-owned, or minority owned business shall be applied in accordance with W. Va. CSR § 148-22-9.

17. WAIVER OF MINOR IRREGULARITIES: The Director reserves the right to waive minor irregularities in bids or specifications in accordance with West Virginia Code of State Rules § 148-1-4.6.

18. ELECTRONIC FILE ACCESS RESTRICTIONS: Vendor must ensure that its submission in wvOASIS can be accessed by the Purchasing Division staff immediately upon bid opening. The Purchasing Division will consider any file that cannot be immediately opened and/or viewed at the time of the bid opening (such as, encrypted files, password protected files, or incompatible files) to be blank or incomplete as context requires, and are therefore unacceptable. A vendor will not be permitted to unencrypt files, remove password protections, or resubmit documents after bid opening if those documents are required with the bid.

19. NON-RESPONSIBLE: The Purchasing Division Director reserves the right to reject the bid of any vendor as Non-Responsible in accordance with W. Va. Code of State Rules § 148-1-5.3, when the Director determines that the vendor submitting the bid does not have the capability to fully perform, or lacks the integrity and reliability to assure good-faith performance.”

20. ACCEPTANCE/REJECTION: The State may accept or reject any bid in whole, or in part in accordance with W. Va. Code of State Rules § 148-1-4.5. and § 148-1-6.4.b.”

21. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor’s entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled “confidential,” “proprietary,” “trade secret,” “private,” or labeled with any other claim against public disclosure of the documents, to

include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

GENERAL TERMS AND CONDITIONS:

- 1. CONTRACTUAL AGREEMENT:** Issuance of a Award Document signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.
- 2. DEFINITIONS:** As used in this Solicitation/Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation/Contract.
 - 2.1. "Agency" or "Agencies"** means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.
 - 2.2. "Bid" or "Proposal"** means the vendors submitted response to this solicitation.
 - 2.3. "Contract"** means the binding agreement that is entered into between the State and the Vendor to provide the goods or services requested in the Solicitation.
 - 2.4. "Director"** means the Director of the West Virginia Department of Administration, Purchasing Division.
 - 2.5. "Purchasing Division"** means the West Virginia Department of Administration, Purchasing Division.
 - 2.6. "Award Document"** means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the contract holder.
 - 2.7. "Solicitation"** means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.
 - 2.8. "State"** means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.
 - 2.9. "Vendor" or "Vendors"** means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

3. CONTRACT TERM; RENEWAL; EXTENSION: The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

Term Contract

Initial Contract Term: This Contract becomes effective on award and extends for a period of one (1) year(s).

Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal should be submitted to the Purchasing Division thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Renewal of this Contract is limited to three (3) successive one (1) year periods or multiple renewal periods of less than one year, provided that the multiple renewal periods do not exceed thirty-six (36) months in total. Automatic renewal of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases. Attorney General approval may be required for vendor terms and conditions.

Delivery Order Limitations: In the event that this contract permits delivery orders, a delivery order may only be issued during the time this Contract is in effect. Any delivery order issued within one year of the expiration of this Contract shall be effective for one year from the date the delivery order is issued. No delivery order may be extended beyond one year after this Contract has expired.

Fixed Period Contract: This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within _____ days.

Fixed Period Contract with Renewals: This Contract becomes effective upon Vendor's receipt of the notice to proceed and part of the Contract more fully described in the attached specifications must be completed within _____ days.

Upon completion, the vendor agrees that maintenance, monitoring, or warranty services will be provided for one year thereafter with an additional _____ successive one year renewal periods or multiple renewal periods of less than one year provided that the multiple renewal periods do not exceed _____ months in total. Automatic renewal of this Contract is prohibited.

One Time Purchase: The term of this Contract shall run from the issuance of the Award Document until all of the goods contracted for have been delivered, but in no event will this Contract extend for more than one fiscal year.

Other: See attached.

4. NOTICE TO PROCEED: Vendor shall begin performance of this Contract immediately upon receiving notice to proceed unless otherwise instructed by the Agency. Unless otherwise specified, the fully executed Award Document will be considered notice to proceed.

5. QUANTITIES: The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.

Open End Contract: Quantities listed in this Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.

Service: The scope of the service to be provided will be more clearly defined in the specifications included herewith.

Combined Service and Goods: The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.

One Time Purchase: This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.

6. PRICING: The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.

7. EMERGENCY PURCHASES: The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute a breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One Time Purchase contract.

8. REQUIRED DOCUMENTS: All of the items checked below must be provided to the Purchasing Division by the Vendor as specified below.

BID BOND: All Vendors shall furnish a bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. The bid bond must be submitted with the bid.

PERFORMANCE BOND: The apparent successful Vendor shall provide a performance bond in the amount of _____. The performance bond must be received by the Purchasing Division prior to Contract award. On construction contracts, the performance bond must be 100% of the Contract value.

LABOR/MATERIAL PAYMENT BOND: The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be delivered to the Purchasing Division prior to Contract award.

In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under \$100,000. Personal or business checks are not acceptable.

MAINTENANCE BOND: The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

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

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

Builders Risk Insurance: In an amount equal to 100% of the amount of the Contract.

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

The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether or not that insurance requirement is listed above.

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

Certificate of Authority

National Committee for Quality Assurance

The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications prior to Contract award regardless of whether or not that requirement is listed above.

9. WORKERS' COMPENSATION INSURANCE: The apparent successful Vendor shall comply with laws relating to workers compensation, shall maintain workers' compensation insurance when required, and shall furnish proof of workers' compensation insurance upon request.

10. LITIGATION BOND: The Director reserves the right to require any Vendor that files a protest of an award to submit a litigation bond in the amount equal to one percent of the lowest bid submitted or \$5,000, whichever is greater. The entire amount of the bond shall be forfeited if the hearing officer determines that the protest was filed for frivolous or improper purpose, including but not limited to, the purpose of harassing, causing unnecessary delay, or needless expense for the Agency. All litigation bonds shall be made payable to the Purchasing Division. In lieu of a bond, the protester may submit a cashier's check or certified check payable to the Purchasing Division. Cashier's or certified checks will be deposited with and held by the State Treasurer's office. If it is determined that the protest has not been filed for frivolous or improper purpose, the bond or deposit shall be returned in its entirety.

11. LIQUIDATED DAMAGES: Vendor shall pay liquidated damages in the amount of

see Exhibit D Service Level Agreements

for failure to meet service level agreements as specified

This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.

12. ACCEPTANCE: Vendor's signature on its bid, or on the certification and signature page, constitutes an offer to the State that cannot be unilaterally withdrawn, signifies that the product or service proposed by vendor meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the Solicitation unless otherwise indicated.

13. FUNDING: This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available.

14. PAYMENT: Payment in advance is prohibited under this Contract. Payment may only be made after the delivery and acceptance of goods or services. The Vendor shall submit invoices, in arrears.

15. TAXES: The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.

16. CANCELLATION: The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may also cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules §§ 148-1-6.1.e.

17. TIME: Time is of the essence with regard to all matters of time and performance in this Contract.

18. APPLICABLE LAW: This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code or West Virginia Code of State Rules is void and of no effect.

19. COMPLIANCE: Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendor acknowledges that it has reviewed, understands, and will comply with all applicable laws, regulations, and ordinances.

20. PREVAILING WAGE: Vendor shall be responsible for ensuring compliance with prevailing wage requirements and determining when prevailing wage requirements are applicable.

21. ARBITRATION: Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.

22. MODIFICATIONS: This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any change to existing contracts that adds work or changes contract cost, and were not included in the original contract, must be approved by the Purchasing Division and the Attorney General's Office (as to form) prior to the implementation of the change or commencement of work affected by the change.

23. WAIVER: The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.

24. SUBSEQUENT FORMS: The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.

25. ASSIGNMENT: Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments. Notwithstanding the foregoing, Purchasing Division approval may or may not be required on certain agency delegated or exempt purchases.

26. WARRANTY: The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.

27. STATE EMPLOYEES: State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.

28. BANKRUPTCY: In the event the Vendor files for bankruptcy protection, the State of West Virginia may deem this Contract null and void, and terminate this Contract without notice.

29. PRIVACY, SECURITY, AND CONFIDENTIALITY: The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/default.html>.

30. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

31. LICENSING: In accordance with West Virginia Code of State Rules § 148-1-6.1.e, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

32. ANTITRUST: In submitting a bid to, signing a contract with, or accepting a Award Document from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to Vendor.

33. VENDOR CERTIFICATIONS: By signing its bid or entering into this Contract, Vendor certifies (1) that its bid or offer was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid or offer for the same material, supplies, equipment or services; (2) that its bid or offer is in all respects fair and without collusion or fraud; (3) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that it has reviewed this Solicitation in its entirety; understands the requirements, terms and conditions, and other information contained herein.

Vendor's signature on its bid or offer also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency. The individual signing this bid or offer on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or offer or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

34. PURCHASING CARD ACCEPTANCE: The State of West Virginia currently utilizes a Purchasing Card program, administered under contract by a banking institution, to process payment for goods and services. The Vendor must accept the State of West Virginia's Purchasing Card for payment of all orders under this Contract unless the box below is checked.

Vendor is not required to accept the State of West Virginia's Purchasing Card as payment for all goods and services.

35. VENDOR RELATIONSHIP: The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting, supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, etc. and the filing of all necessary documents, forms, and returns pertinent to all of the foregoing.

Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

36. INDEMNIFICATION: The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

37. PURCHASING AFFIDAVIT: In accordance with West Virginia Code § 5A-3-10a, all Vendors are required to sign, notarize, and submit the Purchasing Affidavit stating that neither the Vendor nor a related party owe a debt to the State in excess of \$1,000. The affidavit must be submitted prior to award, but should be submitted with the Vendor's bid. A copy of the Purchasing Affidavit is included herewith.

38. ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE: This Contract may be utilized by other agencies, spending units, and political subdivisions of the State of West Virginia; county, municipal, and other local government bodies; and school districts ("Other Government Entities"). Any extension of this Contract to the aforementioned Other Government Entities must be on the same prices, terms, and conditions as those offered and agreed to in this Contract, provided that such extension is in compliance with the applicable laws, rules, and ordinances of the Other Government Entity. If the Vendor does not wish to extend the prices, terms, and conditions of its bid and subsequent contract to the Other Government Entities, the Vendor must clearly indicate such refusal in its bid. A refusal to extend this Contract to the Other Government Entities shall not impact or influence the award of this Contract in any manner.

39. CONFLICT OF INTEREST: Vendor, its officers or members or employees, shall not presently have or acquire an interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.

40. REPORTS: Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:

Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.

Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.requisitions@wv.gov.

41. BACKGROUND CHECK: In accordance with W. Va. Code § 15-2D-3, the Director of the Division of Protective Services shall require any service provider whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information to submit to a fingerprint-based state and federal background inquiry through the state repository. The service provider is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

After the contract for such services has been approved, but before any such employees are permitted to be on the grounds or in the buildings of the Capitol complex or have access to sensitive or critical information, the service provider shall submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision. The State reserves the right to prohibit a service provider's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check.

Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

42. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS: Except when authorized by the Director of the Purchasing Division pursuant to W. Va. Code § 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant to W. Va. Code § 5A-3-56. As used in this section:

- a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.
- b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open hearth, basic oxygen, electric furnace, Bessemer or other steel making process. The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:
- c. The cost for each contract item used does not exceed one tenth of one percent (.1%) of the total contract cost or two thousand five hundred dollars (\$2,500.00), whichever is greater. For the purposes of this section, the cost is the value of the steel product as delivered to the project; or
- d. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

43. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL: In Accordance with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars (\$50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a "substantial labor surplus area", as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products. This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

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.

The Health Plan
(Company)


(Authorized Signature) (Representative Name, Title)

740/695-3585 Fax: 740/695-8103 3/7/16
(Phone Number) (Fax Number) (Date)

REQUEST FOR QUOTATION
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SPECIFICATIONS

1. **PURPOSE AND SCOPE:** The West Virginia Department of Administration, Purchasing Division (hereinafter referred to as the “Purchasing Division”) is soliciting bids pursuant to **West Virginia Code §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.

Exhibit B: Service Provider Agreement Model (hereinafter referred as “SPA”), has been attached to provide overall guidance in responding to this Request for Quotation. The contractual terms and/or rates outlined in this Agreement are subject to change based upon state or federal mandates and regulations, waiver modifications, or State Plan modifications. The State Fiscal Year (SFY) 2017 contract, July 1, 2016 – June 30, 2017 will be issued to winning vendors for signature upon completion of the best and final offer (BAFO) process, under Sec. 5A-3-11b of the State Purchasing Code. Vendors will be expected to participate in good faith. The State will be adding the SSI population and personal care benefit under the SFY2017 contract. Rate information on this addition will be available as part of the BAFO process.

The best and final offers must be received in the manner specified by the DOA Purchasing Division. If a best and final offer is not submitted, the previous submittal will be construed as the best and final offer and may be subject to disqualification if not within the actuarially sound rate ranges. BAFO solicitations must be prepared in the same number of copies and packaged and submitted according to the same instructions that apply to the initial bid submission. Final ranking of responses and award of the contracts will be made after the DHHR reviews all bids.

This solicitation may be funded in whole or in part with federal funds and thus this solicitation and its resulting awarded contract are subject to the requirements of Attachment 1: Provisions Required for Federally Funded Procurements.

2. **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.

2.1 **DHHR:** Department of Health and Human Resources

2.2 **BMS:** Bureau for Medical Services

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2.3 FFS: Fee-for-Service

2.4 MCO: Managed Care Organization; entity responsible for management of Medicaid individuals not under Fee-For-Service Medicaid

2.5 MHT: Mountain Health Trust; the name of the Managed Care Program in WV

2.6 NCQA: National Committee for Quality Assurance

2.7 PMPM: Per Member Per Month

2.8 HEDIS: Healthcare Effectiveness Data and Information Set

2.9 SSI: Supplemental Security Income

Additional definitions that relate to the WV Medicaid Managed Care Program are outlined in Exhibit B.

- 3. QUALIFICATIONS:** Vendor, or Vendor's staff if requirements are inherently limited to individuals rather than corporate entities, shall have the following minimum qualifications:

3.1 At a minimum, the vendor shall meet the staffing requirements as outlined in the MHT Application, Exhibit D.

THP Response:

The Health Plan agrees and will comply with this requirement

3.2 The vendor shall inform the State agency in writing within seven (7) calendar days of staffing changes in any key positions. The vendor shall fill vacancies in any key position identified within Exhibit D within ninety (90) calendar days of the departure of the former staff. The agency shall have the right to participate in the selection process and approve or disapprove the assignment of any key staff positions.

THP Response:

The Health Plan agrees and will comply with this requirement

3.3 At least one key staff member shall be available during BMS hours of operation (8am to 5pm EST/EDT Monday-Friday) and available for in-person or video conferencing meetings upon request.

THP Response:

The Health Plan agrees and will comply with this requirement

- 4. MANDATORY REQUIREMENTS:** The mandatory requirements set forth below must be met by the vendor to be a qualifying applicant for this solicitation. Failure on the part of the vendor to meet any of the mandatory specifications shall result in the disqualification of the

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bid. Any exceptions, which shall result in disqualification shall be expressly stated in the vendor's bid. By signing their bid the vendor affirms that it will:

4.1 Comply with all applicable requirements outlined in the Service Provider Agreement and any modifications pursuant to changes to State policy, state or federal laws and regulations, waiver amendments, or State Plan amendments.

THP Response:

The Health Plan agrees and will comply with this requirement

4.2 Be in compliance with 42 CFR 455.104, Disclosure by Medicaid Providers and Fiscal Agents: Information on Ownership and Control.

THP Response:

The Health Plan agrees and will comply with this requirement

4.3 Have met the Certificate of Authority (COA) requirements as outlined by the WV Offices of the Insurance Commissioner and be in good standing in the State of WV. The vendor shall provide a copy of its COA prior to award.

THP Response:

The Health Plan agrees and will comply with this requirement

4.4 Be responsible for the care/case management of the Medicaid SSI population upon integration during the SFY 2017 contract period, including meeting any revised network standards required.

THP Response:

The Health Plan agrees and will comply with this requirement

4.5 Meet all reporting requirements as defined by the WV Bureau for Medical Services and outlined in the Service Provider Agreement.

THP Response:

The Health Plan agrees and will comply with this requirement

4.6 Cover all counties in which network adequacy standards are met. Vendors shall be required to bid on all regions in Exhibit A, but are not subject to participate in all counties dependent upon network.

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THP Response:

The Health Plan agrees and will comply with this requirement

4.7 Be a National Committee for Quality Assurance (NCQA)-accredited entity and remain so for the duration of the contract or be in the process of becoming an NCQA-accredited entity within the timeframes outlined in Service Provider Agreement, Exhibit B.

THP Response:

The Health Plan agrees and will comply with this requirement

4.8 Prior to award, provide an organizational chart outlining its internal organizational structure for this project, as well as any subcontractors.

THP Response:

The Health Plan agrees and will comply with this requirement

4.9 Complete, if not already on file, the MHT MCO Application prior to contract award. The issuance of a contract shall be dependent upon the receipt of the MHT MCO Application by the Department of Administration, Purchasing Division, upon review and approval by the WV Bureau for Medical Services. See Exhibit D. Completed MHT MCO Application should be submitted with vendor bid, but will be required prior to award.

THP Response:

The Health Plan agrees and will comply with this requirement

4.10 Agree to provide the covered services as outlined in Exhibit B, the Service Provider Agreement.

THP Response:

The Health Plan agrees and will comply with this requirement

4.11 Agree to performance evaluations and agency implemented corrective action plans as necessary and defined by the agency, and agree to the contractual Service Levels developed by the agency, outlined in Exhibit E.

THP Response:

The Health Plan agrees and will comply with this requirement

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4.12 Honor any pre-established prior authorization obtained under Fee-For-Service (FFS) Medicaid or by another MCO until the end of the authorization period or until medical necessity has been met, and ensure continuity of care is not disrupted.

THP Response:

The Health Plan agrees and will comply with this requirement

4.13 Establish provider networks that are capable of the full array of services as outlined in the Service Provider Agreement.

THP Response:

The Health Plan agrees and will comply with this requirement

4.14 Assign a Primary Care Provider (PCP) to each member in the event an individual does not already have an established provider relationship.

THP Response:

The Health Plan agrees and will comply with this requirement

4.15 Agree to the marketing regulations as outlined in Exhibit B, the Service Provider Agreement, and submit all materials to BMS for review prior to issuance of the marketing materials.

THP Response:

The Health Plan agrees and will comply with this requirement

4.16 Maintain a Provider Services Department and operate a toll-free provider phone line from 8am to 5pm EST/EDT, Monday – Friday, minimum. Vendor is permitted to be closed on New Year’s Day, Independence Day, Thanksgiving Day, and Christmas Day, and may request alternate hours for other holidays to be reviewed by BMS for authorization.

THP Response:

The Health Plan agrees and will comply with this requirement

4.17 Be responsible for reimbursing providers the full amount of directed payment dollars provided by the Bureau upon calculation using the Bureau’s directed payment methodology. This amount will be added to the contracted rate and administered as a pass-through payment to the appropriate medical facility.

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THP Response:

The Health Plan agrees and will comply with this requirement

4.18 Maintain a Member Services Department to assist members in obtaining Medicaid-covered services, and operate a toll-free number from 8am to 5pm EST/EDT, Monday – Friday, minimum. Vendor is permitted to be closed on New Year’s Day, Independence Day, Thanksgiving Day, and Christmas Day, and may request alternate hours for other holidays to be reviewed by BMS for authorization.

THP Response:

The Health Plan agrees and will comply with this requirement

4.19 Develop member ID cards, a member handbook, provider handbook, provider directory and website, as well as any other materials as requested by the Bureau as outlined in Exhibit B, the Service Provider Agreement.

THP Response:

The Health Plan agrees and will comply with this requirement

4.20 Be responsible for submitting complete and accurate encounter data for all services rendered that fall within the defined benefit package to the State’s Medicaid Management Information System. Complete and accurate encounter data must be submitted monthly and no later than 30 calendar days after the end of the period in which the service was paid. Encounter data must follow the format and data elements as required by the Health Insurance Portability and Accountability Act (HIPAA)-compliant 837 transaction for medical and dental claims, and D.0 transaction for pharmacy claims. The vendor shall sign the Business Associate Agreement, Exhibit F, prior to contract award.

THP Response:

The Health Plan agrees and will comply with this requirement

4.21 Develop and implement written policies for an ongoing quality assessment and performance improvement program (QAPI) for services rendered.

THP Response:

The Health Plan agrees and will comply with this requirement

4.22 Be subject to Service Levels as outlined in Exhibit E for failure to perform. The liquated damages, once assessed, cannot be recovered by the vendor.

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THP Response:

The Health Plan agrees and will comply with this requirement

5. CONTRACT AWARD:

5.1 Contract Award: The Contract is intended to provide the Department of Health and Human Resources, and the Bureau for Medical Services, with a purchase price for Managed Care Services. The Contract shall be awarded to a maximum of six responsible vendors meeting requirements for the lowest overall total cost as shown on the Pricing Pages.

The State will conduct discussions with, and obtain best and final offers (BAFO) from, responsive and responsible bidders who submit quotations determined to be reasonably susceptible of being selected for award for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements in accordance with West Virginia Code Sec. 5A-3-11b.

Exhibit B: Service Provider Agreement Model (hereinafter referred as "SPA"), has been attached to provide overall guidance in responding to this Request for Quotation. The contractual terms and/or rates outlined in this Agreement are subject to change based upon state or federal mandates and regulations, waiver modifications, or State Plan modifications. The State Fiscal Year (SFY) 2017 contract, July 1, 2016 – June 30, 2017 will be issued to winning vendors for signature upon completion of the best and final offer (BAFO) process, under Sec. 5A-3-11b of the State Purchasing Code. Vendors will be expected to participate in good faith. The State will be adding the SSI population and personal care benefit under the SFY2017 contract. Rate information on this addition will be available as part of the BAFO process.

The State will adjust both price and contractual terms for State Fiscal Year 2017 (July 1, 2016-June 30, 2017) based upon updated information that will be available to the State in the first quarter of calendar year 2016. Rates will be developed based upon actuarial review, as defined under 42 CFR 438.6.

For future year contract renewal periods, the amount bid for each population cohort shall remain the same unless falling outside of the actuarially developed rate range for the new fiscal year. In the event the rate is no longer within the rate range, the Department shall adjust rates to the lowest actuarially sound rate per rate cell, as deemed by independent actuarial review, pursuant to applicable policies pertaining to 5% retainage.

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Additionally, rates shall be subject to an annual directed payment adjustment. The adjustment will be an add-on to the contracted rate and will serve as a pass-through to participating directed payment entities. The MCO shall not retain any amount provided as directed payment. The Department reserves the right to adjust rates based on directed payment percentage changes.

5.2 Pricing Page: Vendor should complete the Pricing Page by completing Exhibit A. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified. Final pricing as established through this solicitation will be included as Appendix B of the Service Provider Agreement.

The vendor shall provide a proposed rate for each population cohort in the highlighted rate cells of Exhibit A. The annual total for each population cohort will auto-calculate based on the number of members months multiplied by the proposed rate. Vendors are required to provide a proposed rate for each highlighted cell. The total SFY 2017 amount will auto-calculate based on the sum of all annual totals. Vendors shall use Exhibit C to help complete the Pricing Page.

Participant population (member months) were developed based on historical program participation. Vendors will be paid a capitated rate on a per member per month basis in accordance with the vendor's price bid as set forth in Exhibit A, which shall be firm and fixed for the period of the contract, subject to any rate adjustments warranted for modifications to State or Federal regulation, waiver amendments, State Plan amendments, etc. Payment will be based on actual monthly participation. The final payment will be made upon determination by BMS that all contractual requirements have been completed. Payments related to retainage will be processed after the contract termination date due to timing of information availability.

Vendor should type or electronically enter the information into the Pricing Pages through wvOASIS, if available, or as an electronic document. In most cases, the Vendor can request an electronic copy of the Pricing Pages for bid purposes by sending an email request to the following address:

April Battle, Senior Buyer
304-558-0067
Email: April.E.Battle@wv.gov

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- 6. PERFORMANCE:** Vendor and Agency shall agree to provide the services outlined in the Service Provider Agreement, including all necessary reporting and other requirements as outlined. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract. Vendor will be subject to the Service Level language under Exhibit E.
- 7. PAYMENT:** Agency shall pay a capitated rate on a per member per month basis, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.

Five (5) percent of payment shall be withheld on a PMPM basis for retainage and provided back to each vendor based on performance of 10 select HEDIS quality measures, using the following methodology:

Percentage of Total Capitation Payment Earned Back per Measure	Target/Goal
0.00 of 5%	Under the targeted benchmark
0.25 of 5%	Equal to the targeted benchmark
0.30 of 5%	Greater than or equal to 1 percentage point above the targeted benchmark
0.35 of 5%	Greater than or equal to 2 percentage points above the targeted benchmark
0.40 of 5%	Greater than or equal to 3 percentage points above the targeted benchmark
0.45 of 5%	Greater than or equal to 4 percentage points above the targeted benchmark
0.50 of 5%	Greater than or equal to 5 percentage points above the targeted benchmark

Example: If an MCO equals the targeted benchmark of two (2) measures and is 5 percentage points higher than the benchmark on one (1) measure, while being under the benchmark for the remaining seven (7) measures, the MCO would earn back 20% of the withheld 5.0% of capitation (1 point [.25+.25+.5] of 5 points).

Retainage of capitation will not be applied to the SSI population under the SFY2017 contract, but may be modified in future years. Withhold payments will be made as a one-time, lump sum annual payment upon certification of quality scores.

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

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9. FACILITIES ACCESS: Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

- 9.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
- 9.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
- 9.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
- 9.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
- 9.5. Vendor shall inform all staff of Agency's security protocol and procedures.

10. MISCELLANEOUS:

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

**Contract Manager: Christy Donohue
Telephone Number: 304-720-4923 or 304-395-3938
Fax Number: 304-347-3640
Email Address: cdonohue@healthplan.org**

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Exhibit A – Pricing Page

Please refer to Exhibit C, SFY2016 Rate Development Document, to assist with completion of the Pricing Page, as well as the instructions outlined within Exhibit A.

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Exhibit B – Service Provider Agreement

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Exhibit C – SFY2016 Rate Development Document

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Exhibit D – MHT MCO Application

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Exhibit E – Service Levels

Each vendor shall be subject to the following liquated damages. If Service Levels are not met, the liquated damages specified below will be enacted. The liquated damage penalty cannot be recovered by the vendor. These are also outlined within the Service Provider Agreement.

#	Program Non-Performance	Measurement Period	Liquated Damages
1	Failure to submit required reports, documentation, ad hoc reports, data certification forms, or any other data required within the timeframes provided by this contract or by the Department. The MCO may have a one business day grace period following the due date of the data, report, or form. Article II, 4.12, unless otherwise specified in this Exhibit.	Ongoing	\$250 per calendar day per each item that is overdue until the satisfactory submission of the required report, documentation, ad hoc report, data certification form, or data required to meet any State or federal reporting requirements After three (3) instances of non-performance during the contract period, the amount is increased by \$1,000 per calendar day per each item that is overdue.

**REQUEST FOR QUOTATION
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Managed Care Services**

#	Program Non-Performance	Measurement Period	Liquidated Damages
2	Failure to comply with encounter data submission requirements including the failure to address or resolve problems with encounter records in a timely manner as required by Article III, 5.11.	Monthly	\$1,000 per single encounter file per reporting period.
3	Failure to resolve at least 98% of member appeals within 45 calendar days from the date the appeal is filed with the MCO, unless an enrollee requests an extension or the MCO shows that a delay is necessary and in the interest of the enrollee. Article III, 3.8.	Quarterly	\$1,000 for each percentage point below 98% if the MCO fails to meet the standard.
4	Failure to respond to the State drug rebate disputes within 60 days as described in Article III, 9.13.	Ongoing	\$35 per single NDC drug code submitted in each claim.
5	Failure to notify affected members of program or service site changes, at least fourteen calendar days before the intended effective date of the change. Article III, 3.4.	Ongoing	\$250 per each incident per affected member.
6	Failure to report timely to BMS significant network changes as described in Article III, 2.1, Network Changes.	Ongoing	\$500 per incident of non-compliance.
7	Failure to meet provider credentialing requirements, including background screening requirements, specified in Article III, 2.1, Provider Qualification and Selection.	Ongoing	\$500 per incident of non-compliance.
8	Failure to comply with the marketing requirements, or engagement in prohibited marketing practices. Article III, 3.1 and Appendix D.	Ongoing	\$1,000 per each incident of non-compliance.

**REQUEST FOR QUOTATION
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#	Program Non-Performance	Measurement Period	Liquidated Damages
9	Failure to pay 7% annual interest on the same date as an in-network clean claim that remained unpaid beyond the 30-day claims payment deadline. Article III, 2.7, Timely Payment Requirement.	Quarterly	\$500 per each in-network clean claim for which the interest remained unpaid on the same date as a claim's payment.
10	Failure to provide timely MCO covered service as described in the Appendix A of this Contract when, in the determination of BMS, such failure results in actual harm to a member or places a member at risk of imminent harm.	Ongoing	\$7,500 per day for each incident of non-compliance.
11	Failure to provide timely service authorization (prior authorization) as described in Article III, Section 5.4 or a failure to honor service authorization as described in Article III, Section 5.4, Continuity of Care.	Ongoing	\$5,000 per incident of noncompliance.
12	Failure to reimburse a pharmacy for providing a 72-hour emergency supply of prescription drug as outlined in Article III, 9.6 or failure to make a prior authorization determination within 24 hours of the request without providing sufficient amount of the emergency medication supply as outlined in Article III, Section 9.3.	Ongoing	\$5,000 per incident of noncompliance.
13	The MCO shall spend at least 85% of total capitation revenue on health care and health care-related expenses, including quality improvement activities.	Annual	The dollar value related to the percentage difference between 85% of capitation revenue and percentage of revenue actually spent on medical and quality services.

**REQUEST FOR QUOTATION
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Exhibit F: Business Associate Addendum

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

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

1. Application is made for 2.5% vendor preference for the reason checked:

Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**

Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**

Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

2. Application is made for 2.5% vendor preference for the reason checked:

Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

3. Application is made for 2.5% vendor preference for the reason checked:

Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

4. Application is made for 5% vendor preference for the reason checked:

Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

5. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

6. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.

Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

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

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

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

Bidder: The Health Plan

Signed: James M. Long

Date: 3-7-2016

Title: President and CEO

Instructions: Please provide a proposed rate for each population cohort below in the proposed rate cells. The annual The SFY2017 Total Amount that is highlighted in cells E33 and F33 will be the sum of all annual totals and will auto-ca					
Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	<1 yr				
Traditional	\$ 434.15	\$ 434.20	55,000	\$ 434.15	\$ 23,878,250.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 434.15	\$ 434.20	200	\$ 434.15	\$ 86,830.00
CSHCN	\$ 2,688.44	\$ 2,688.49	500	\$ 2,688.44	\$ 1,344,220.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	<1 yr				
Traditional	\$ 426.64	\$ 426.69	55,000	\$ 426.64	\$ 23,465,200.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 426.64	\$ 426.69	200	\$ 426.64	\$ 85,328.00
CSHCN	\$ 2,641.88	\$ 2,641.93	500	\$ 2,641.88	\$ 1,320,940.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	<1 yr				
Traditional	\$ 490.19	\$ 490.24	55,000	\$ 490.19	\$ 26,960,450.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 490.19	\$ 490.24	200	\$ 490.19	\$ 98,038.00
CSHCN	\$ 3,035.41	\$ 3,035.46	500	\$ 3,035.41	\$ 1,517,705.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

total for each cohort will auto-calculate based on the number of members months * the proposed rate.					
calculate.					
Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	1 yr				
Traditional	\$ 136.95	\$ 137.00	45,000	\$ 136.95	\$ 6,162,750.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 144.44	\$ 144.49	200	\$ 144.44	\$ 28,888.00
CSHCN	\$ 848.03	\$ 848.08	500	\$ 848.03	\$ 424,015.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	1 yr				
Traditional	\$ 134.58	\$ 134.63	45,000	\$ 134.58	\$ 6,056,100.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 141.94	\$ 141.99	200	\$ 141.94	\$ 28,388.00
CSHCN	\$ 833.34	\$ 833.39	500	\$ 833.34	\$ 416,670.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	1 yr				
Traditional	\$ 154.62	\$ 154.67	45,000	\$ 154.62	\$ 6,957,900.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 163.09	\$ 163.14	200	\$ 163.09	\$ 32,618.00
CSHCN	\$ 957.47	\$ 957.52	500	\$ 957.47	\$ 478,735.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	2-14 yr				
Traditional	\$ 137.25	\$ 137.30	450,000	\$ 137.25	\$ 61,762,500.00
Pregnant Women	\$ 354.97	\$ 355.02	100	\$ 354.97	\$ 35,497.00
Med Needy	\$ 145.47	\$ 145.52	200	\$ 145.47	\$ 29,094.00
CSHCN	\$ 849.90	\$ 849.95	700	\$ 849.90	\$ 594,930.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	2-14 yr				
Traditional	\$ 134.87	\$ 134.92	450,000	\$ 134.87	\$ 60,691,500.00
Pregnant Women	\$ 348.82	\$ 348.87	100	\$ 348.82	\$ 34,882.00
Med Needy	\$ 142.95	\$ 143.00	200	\$ 142.95	\$ 28,590.00
CSHCN	\$ 835.18	\$ 835.23	700	\$ 835.18	\$ 584,626.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	2-14 yr				
Traditional	\$ 154.96	\$ 155.01	450,000	\$ 154.96	\$ 69,732,000.00
Pregnant Women	\$ 400.78	\$ 400.83	100	\$ 400.78	\$ 40,078.00
Med Needy	\$ 164.25	\$ 164.30	200	\$ 164.25	\$ 32,850.00
CSHCN	\$ 959.59	\$ 959.64	700	\$ 959.59	\$ 671,713.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -

Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 F				
Traditional	\$ 215.98	\$ 216.03	50,000	\$ 215.98	\$ 10,799,000.00
Pregnant Women	\$ 354.97	\$ 355.02	5,000	\$ 354.97	\$ 1,774,850.00
Med Needy	\$ 228.72	\$ 228.77	500	\$ 228.72	\$ 114,360.00
CSHCN	\$ 1,337.45	\$ 1,337.50	200	\$ 1,337.45	\$ 267,490.00
ACA Expansion	\$ 198.98	\$ 199.03	10,000	\$ 198.98	\$ 1,989,800.00
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 F				
Traditional	\$ 212.24	\$ 212.29	50,000	\$ 212.24	\$ 10,612,000.00
Pregnant Women	\$ 348.82	\$ 348.87	5,000	\$ 348.82	\$ 1,744,100.00
Med Needy	\$ 224.76	\$ 224.81	500	\$ 224.76	\$ 112,380.00
CSHCN	\$ 1,314.29	\$ 1,314.34	200	\$ 1,314.29	\$ 262,858.00
ACA Expansion	\$ 190.55	\$ 190.60	10,000	\$ 190.55	\$ 1,905,500.00
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 F				
Traditional	\$ 243.86	\$ 243.91	50,000	\$ 243.86	\$ 12,193,000.00
Pregnant Women	\$ 400.78	\$ 400.83	5,000	\$ 400.78	\$ 2,003,900.00
Med Needy	\$ 258.24	\$ 258.29	500	\$ 258.24	\$ 129,120.00
CSHCN	\$ 1,510.06	\$ 1,510.11	200	\$ 1,510.06	\$ 302,012.00
ACA Expansion	\$ 206.73	\$ 206.78	10,000	\$ 206.73	\$ 2,067,300.00

Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 M				
Traditional	\$ 156.67	\$ 156.72	47,000	\$ 156.67	\$ 7,363,490.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 166.16	\$ 166.21	500	\$ 166.16	\$ 83,080.00
CSHCN	\$ 970.17	\$ 970.22	200	\$ 970.17	\$ 194,034.00
ACA Expansion	\$ 138.09	\$ 138.14	10,000	\$ 138.09	\$ 1,380,900.00
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 M				
Traditional	\$ 153.96	\$ 154.01	47,000	\$ 153.96	\$ 7,236,120.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 163.29	\$ 163.34	500	\$ 163.29	\$ 81,645.00
CSHCN	\$ 953.37	\$ 953.42	200	\$ 953.37	\$ 190,674.00
ACA Expansion	\$ 132.24	\$ 132.29	10,000	\$ 132.24	\$ 1,322,400.00
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	15-19 M				
Traditional	\$ 176.89	\$ 176.94	47,000	\$ 176.89	\$ 8,313,830.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 187.61	\$ 187.66	500	\$ 187.61	\$ 93,805.00
CSHCN	\$ 1,095.38	\$ 1,095.43	200	\$ 1,095.38	\$ 219,076.00
ACA Expansion	\$ 143.47	\$ 143.52	10,000	\$ 143.47	\$ 1,434,700.00

The 2025 Plan

Region 1					
Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	20-29 F				
Traditional	\$ 292.10	\$ 292.15	36,000	\$ 292.10	\$ 10,515,600.00
Pregnant Women	\$ 354.97	\$ 355.02	20,000	\$ 354.97	\$ 7,099,400.00
Med Needy	\$ 306.43	\$ 306.48	3,000	\$ 306.43	\$ 919,290.00
CSHCN	\$ 292.10	\$ 292.15	100	\$ 292.10	\$ 29,210.00
ACA Expansion	\$ 231.13	\$ 231.18	80,000	\$ 231.13	\$ 18,490,400.00
Region 2					
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	20-29 F				
Traditional	\$ 287.04	\$ 287.09	36,000	\$ 287.04	\$ 10,333,440.00
Pregnant Women	\$ 348.82	\$ 348.87	20,000	\$ 348.82	\$ 6,976,400.00
Med Needy	\$ 301.12	\$ 301.17	3,000	\$ 301.12	\$ 903,360.00
CSHCN	\$ 287.04	\$ 287.09	100	\$ 287.04	\$ 28,704.00
ACA Expansion	\$ 221.34	\$ 221.39	80,000	\$ 221.34	\$ 17,707,200.00
Region 3					
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	20-29 F				
Traditional	\$ 329.80	\$ 329.85	36,000	\$ 329.80	\$ 11,872,800.00
Pregnant Women	\$ 400.78	\$ 400.83	20,000	\$ 400.78	\$ 8,015,600.00
Med Needy	\$ 345.97	\$ 346.02	3,000	\$ 345.97	\$ 1,037,910.00
CSHCN	\$ 329.80	\$ 329.85	100	\$ 329.80	\$ 32,980.00
ACA Expansion	\$ 240.13	\$ 240.18	80,000	\$ 240.13	\$ 19,210,400.00

Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	20-29 M				
Traditional	\$ 200.37	\$ 200.42	7,000	\$ 200.37	\$ 1,402,590.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 210.65	\$ 210.70	3,000	\$ 210.65	\$ 631,950.00
CSHCN	\$ 200.37	\$ 200.42	100	\$ 200.37	\$ 20,037.00
ACA Expansion	\$ 191.77	\$ 191.82	70,000	\$ 191.77	\$ 13,423,900.00
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	20-29 M				
Traditional	\$ 196.90	\$ 196.95	7,000	\$ 196.90	\$ 1,378,300.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 207.00	\$ 207.05	3,000	\$ 207.00	\$ 621,000.00
CSHCN	\$ 196.90	\$ 196.95	100	\$ 196.90	\$ 19,690.00
ACA Expansion	\$ 183.65	\$ 183.70	70,000	\$ 183.65	\$ 12,855,500.00
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	20-29 M				
Traditional	\$ 226.22	\$ 226.27	7,000	\$ 226.22	\$ 1,583,540.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 237.83	\$ 237.88	3,000	\$ 237.83	\$ 713,490.00
CSHCN	\$ 226.22	\$ 226.27	100	\$ 226.22	\$ 22,622.00
ACA Expansion	\$ 199.24	\$ 199.29	70,000	\$ 199.24	\$ 13,946,800.00

The 10th Plan

Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	30-39 F				
Traditional	\$ 411.55	\$ 411.60	30,000	\$ 411.55	\$ 12,346,500.00
Pregnant Women	\$ 354.97	\$ 355.02	10,000	\$ 354.97	\$ 3,549,700.00
Med Needy	\$ 432.87	\$ 432.92	5,000	\$ 432.87	\$ 2,164,350.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 288.04	\$ 288.09	80,000	\$ 288.04	\$ 23,043,200.00
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	30-39 F				
Traditional	\$ 404.43	\$ 404.48	30,000	\$ 404.43	\$ 12,132,900.00
Pregnant Women	\$ 348.82	\$ 348.87	10,000	\$ 348.82	\$ 3,488,200.00
Med Needy	\$ 425.38	\$ 425.43	5,000	\$ 425.38	\$ 2,126,900.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 275.84	\$ 275.89	80,000	\$ 275.84	\$ 22,067,200.00
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	30-39 F				
Traditional	\$ 464.67	\$ 464.72	30,000	\$ 464.67	\$ 13,940,100.00
Pregnant Women	\$ 400.78	\$ 400.83	10,000	\$ 400.78	\$ 4,007,800.00
Med Needy	\$ 488.74	\$ 488.79	5,000	\$ 488.74	\$ 2,443,700.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 299.26	\$ 299.31	80,000	\$ 299.26	\$ 23,940,800.00

Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	30-39 M				
Traditional	\$ 345.20	\$ 345.25	11,000	\$ 345.20	\$ 3,797,200.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 363.26	\$ 363.31	5,000	\$ 363.26	\$ 1,816,300.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 282.32	\$ 282.37	75,000	\$ 282.32	\$ 21,174,000.00
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	30-39 M				
Traditional	\$ 339.23	\$ 339.28	11,000	\$ 339.23	\$ 3,731,530.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 356.97	\$ 357.02	5,000	\$ 356.97	\$ 1,784,850.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 270.36	\$ 270.41	75,000	\$ 270.36	\$ 20,277,000.00
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	30-39 M				
Traditional	\$ 389.75	\$ 389.80	11,000	\$ 389.75	\$ 4,287,250.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 410.15	\$ 410.20	5,000	\$ 410.15	\$ 2,050,750.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 293.32	\$ 293.37	75,000	\$ 293.32	\$ 21,999,000.00

Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	40+				
Traditional	\$ 477.46	\$ 477.51	20,000	\$ 477.46	\$ 9,549,200.00
Pregnant Women	\$ 354.97	\$ 355.02	2,500	\$ 354.97	\$ 887,425.00
Med Needy	\$ 502.17	\$ 502.22	5,000	\$ 502.17	\$ 2,510,850.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 430.93	\$ 430.98	250,000	\$ 430.93	\$ 107,732,500.00
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	40+				
Traditional	\$ 469.19	\$ 469.24	20,000	\$ 469.19	\$ 9,383,800.00
Pregnant Women	\$ 348.82	\$ 348.87	2,500	\$ 348.82	\$ 872,050.00
Med Needy	\$ 493.48	\$ 493.53	5,000	\$ 493.48	\$ 2,467,400.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 412.67	\$ 412.72	250,000	\$ 412.67	\$ 103,167,500.00
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	40+				
Traditional	\$ 539.08	\$ 539.13	20,000	\$ 539.08	\$ 10,781,600.00
Pregnant Women	\$ 400.78	\$ 400.83	2,500	\$ 400.78	\$ 1,001,950.00
Med Needy	\$ 566.98	\$ 567.03	5,000	\$ 566.98	\$ 2,834,900.00
CSHCN	\$ -	\$ -	-	\$ -	\$ -
ACA Expansion	\$ 447.71	\$ 447.76	250,000	\$ 447.71	\$ 111,927,500.00

The ... th Plan

Region 1					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	Delivery				
Traditional	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
Pregnant Women	\$ 4,586.01	\$ 4,586.06	4,000	\$ 4,586.01	\$ 18,344,040.00
Med Needy	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
CSHCN	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
ACA Expansion	\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
Region 2					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	Delivery				
Traditional	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
Pregnant Women	\$ 4,611.97	\$ 4,612.02	4,000	\$ 4,611.97	\$ 18,447,880.00
Med Needy	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
CSHCN	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
ACA Expansion	\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
Region 3					
	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Population	Delivery				
Traditional	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
Pregnant Women	\$ 4,470.13	\$ 4,470.18	4,000	\$ 4,470.13	\$ 17,880,520.00
Med Needy	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
CSHCN	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
ACA Expansion	\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -

West Virginia Offices of the Insurance Commissioner



Certificate of Authority

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

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

HEALTH MAINTENANCE ORGANIZATION - ARTICLE 25A

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

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

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

Michael D. Riley
Insurance Commissioner

NAIC # 95677

WV File # D030



National Committee for Quality Assurance

has awarded

The Health Plan of the Upper Ohio Valley, Inc. dba The Health Plan

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

November 12, 2015

DATE GRANTED

November 12, 2018

EXPIRATION DATE

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. 111th 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 and,

unless otherwise directed by the Agency in writing, the Office of Technology at 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: The Health Plan

Signature: _____

Signature: *James M. Taylor*

Title: _____

Title: President and CEO

Date: _____

Date: 3-9-2016

Form - WVBA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jan 20 13
Patrick Morrissey
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.

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.: BMS160000002

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

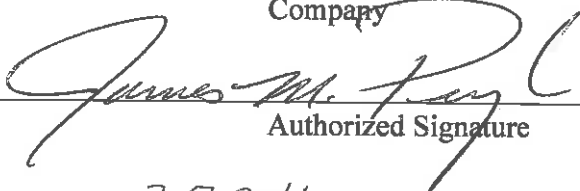
Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

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

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

The Health Plan
Company

Authorized Signature
3-7-2016
Date

NOTE: This addendum acknowledgement 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.: BMS160000002

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

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

Addendum Numbers Received:

(Check the box next to each addendum received)

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

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

The Health Plan
Company

Authorized Signature
3-7-2016
Date

NOTE: This addendum acknowledgement 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.

ATTACHMENT A

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS160000002

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

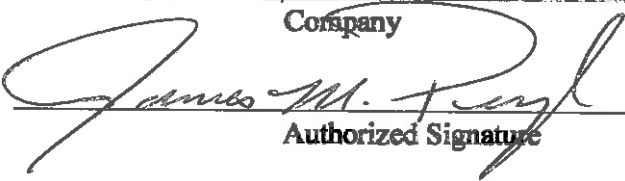
Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

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

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

The Health Plan
Company

Authorized Signature
3-7-2016
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.: BMS160000002

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

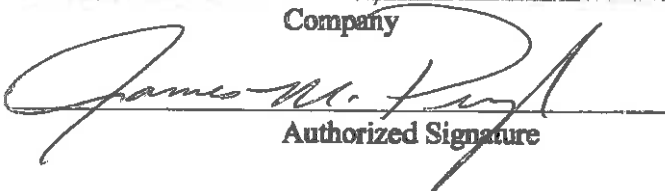
Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

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

The Health Plan
Company

Authorized Signature
3-7-2016
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.: BMS160000002

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


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

Addendum Numbers Received:

(Check the box next to each addendum received)

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

The Health Plan
Company

Authorized Signature
3-7-2016
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.

The Health Plan
Company

Authorized Signature
3-7-2016
Date

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

Revised 6/8/2012

SOLICITATION NUMBER: CRFQ 0511 BMS160000002

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.