



A Response To Request For Quotation For Managed Care Services
For The Mountain Health Trust Program For The West Virginia
Department Of Health And Human Resources

Submitted by UniCare Health Plan of West Virginia
CRFQ 0511 BMS1600000002

March 10, 2016

03/14/16 15:31:46
WV Purchasing Division

SOLICITATION NO.: CRFQ 0511 BMS1600000002
BUYER: April Battle, Buyer 22
RESPONSE OPENING DATE: March 10, 2016
RESPONSE OPENING TIME: 1:30PM EST



March 10, 2016

Ms. April Battle
Buyer 22
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

RE: Response to Request for Quotation (CRFQ) # 0511 BMS160000002 issued February 1, 2016

Dear Ms. Battle:

UniCare Health Plan of West Virginia, Inc. (UniCare) is pleased to submit our response to the above referenced CRFQ for the Mountain Health Trust (MHT) program. We are proud to say that as an incumbent for the MHT program, we are fully compliant with all mandatory requirements and meet all prerequisites detailed in the CRFQ. We greatly appreciate the opportunity to participate in the procurement process and look forward to continuing our long-term partnership with the Department of Health and Human Resources (DHHR) to improve the lives of West Virginia's most vulnerable populations.

As a wholly owned subsidiary of Anthem, Inc., UniCare is part of an organization that is the nation's leading provider of health care solutions for state-sponsored programs. We have strong relationships with families, communities, providers, State agencies, and other stakeholders in West Virginia. UniCare has served Medicaid members in West Virginia since 2003, and we are the largest Medicaid Managed Care Organization in the State, currently serving 127,000 members. Our long-term local presence gives us the opportunity to have first-hand, meaningful interactions with the people we serve – we know West Virginians and their challenges to achieving their wellness goals. We will continue to draw from our knowledge and expertise and work collaboratively with DHHR to provide quality care to members, as well as the SSI population beginning in State Fiscal Year (SFY) 2017.

A Local Partner that Cares: Supporting West Virginians and the Community

For more than 13 years, UniCare has partnered with DHHR to provide meaningful health care solutions for West Virginia's Medicaid members. Our regional familiarity and expertise have proven invaluable in delivery of care in West Virginia. We have worked with DHHR to address the health care concerns that impact West Virginians the most, including obesity, substance abuse, tobacco use, and maternity care.

UniCare's compassionate employees understand the concerns and difficulties facing West Virginians. Many of our staff members are employed in West Virginia and are deeply involved in the communities they serve. Our leadership team has over 250 years of combined health care, government relations, and professional experience, and sit on local boards and committees, such as the West Virginia Perinatal Partnership Committee, the West Virginia Chamber of Commerce Health Committee, Mountain Mission, and Rea of Hope. UniCare has formed many public and private partnerships, and we are proud that the West Virginia senate recognized us for contributions made to Mercer County High Schools for student CPR training kits.

200 Association Drive, Suite 200
Charleston, WV 25311
(888) 611-9958

www.unicare.com



We are passionate about supporting the community and improving the overall well-being of West Virginians. We have created programs that center on the needs of members, such as hosting baby showers that include maternal and child development education presented by health experts and Community Based Organizations. In 2015, we helped the American Lung Association implement a smoking cessation program for expecting mothers, and hosted an *Employment Empowerment* seminar in partnership with West Virginia State University for the West Virginia Disability Mentoring Day.

UniCare supports many local and national charitable organizations such as the Children's Home Society, County Family Resource Networks, Mountaineer Food Bank, the American Cancer Society, American Red Cross, Boys and Girls Clubs, and United Way of America. Our employees volunteer at West Virginia food pantries, soup kitchens, food distributions, back-to-school events, and health fairs. In 2015, we participated in more than 2,000 local events, and raised more than \$313,600 through foundation grants, community activities, our employee giving program, and Dollars for Doers, our employee volunteer program. Our philanthropic organization, the UniCare Foundation, focuses its funding on strategic initiatives that provide innovative solutions to health care challenges in West Virginia.

Innovative Care Solutions to Meet Members' Needs

Our knowledge of West Virginia's intricate health care landscape and provider community gives us a unique understanding of the barriers to timely, effective care that our members face. Some of the ways we address these obstacles are contracting with providers in bordering states, offering 24/7 Nurse HelpLine® services, and expanding our networks to include after-hours clinics and Urgent Care Centers, as well as Physician Assistants and Nurse Practitioners. We look forward to further enhancing our care solutions for our members.

Member-Centric Model of Care

The hallmark of our model of care is understanding our members' needs. Our approach is member-centric with a fully integrated physical and behavioral health program that delivers coordinated care. We coordinate the care for the whole person locally through our care coordination model. Our model places members in the center of their care, encouraging participation in all aspects of their care plan to meet their specific health goals. Our local care managers have physical, behavioral, and maternal/child expertise and work directly with the member to identify their specific needs and facilitate integrated connections in their community. Care managers coordinate and communicate between providers, hospitals, and other community supports and stakeholders to decrease re-admissions and recurring, unnecessary hospital, and emergency room visits, while increasing the quality and completeness of care.

Delivering Holistic, Integrated Care to Members

UniCare seamlessly integrates the care management process for members with co-occurring medical and behavioral health support needs. In the brief time since the carve-in of behavioral health services, UniCare's integrated model improved care coordination to effectively connect them to the most appropriate care. Care managers work within the community and work side-by-side with other team members and support organizations to provide comprehensive, coordinated care management for members with complex needs. A member with a primary behavioral health diagnosis receives care management from a licensed behavioral health clinician. A member with chronic or high-risk medical needs as well as a behavioral health condition is assigned to a nurse care manager, who consults with an assigned licensed behavioral health clinician. Our approach is tailored to the member's specific needs so that they receive the right care at the right time, in the most appropriate setting.

Provider Network: A Local Approach to Member Care and Provider Support

To serve West Virginians, our robust provider network includes 70 hospitals, nearly 2,000 PCPs, and more than 5,800 specialists in West Virginia and bordering states. Our knowledgeable provider network



staff has 70 years of combined experience, and works with providers to improve the quality of care our members receive. In 2015, we conducted more than 500 face-to-face visits with providers. Our experience, hands on approach, and relationships within the community helped us to recruit nearly 400 behavioral health providers in advance of implementation. Our goal is to provide access to the most appropriate resources, and we will continue to use this approach to provide quality care to SSI members beginning in SFY2017.

Commitment to Quality

UniCare's quality management program is customized to the needs of West Virginians, and drives improvement in areas that are important to our members, such as obesity and its associated chronic diseases, maternity care, substance abuse, and behavioral health. Our programs offer quality-driven, cost-effective, culturally appropriate, and person- and family-centered services targeted to improve our members' quality of life. Our overall goal is to improve the quality and safety of clinical care and services. In 2015, *UniCare scored a 49.97 out of a possible 50 points on NCQA's review of our standards.*

Successful Program Results

We have successfully administered the West Virginia MHT program to meet and exceed targeted results. Our approach includes a wide array of innovative programs that increase member and provider engagement, reduce the cost of health care, and improve quality. Our commitment is demonstrated in the positive outcomes our programs have achieved. Between 2012 and 2015, UniCare more than doubled the rate of members receiving BMI screening and counseling, and nearly doubled the number of adolescents receiving immunizations. In 2015, we exceeded the 75th percentile of national performance for HEDIS® in asthma medication management. Last year, UniCare hosted a unique contest among school-based health centers for well-child visits, which resulted in check-ups for more than 1,200 members, many of whom had not seen a provider in several years.

These are just a few examples of the positive results of our programs. We are committed to our members and leverage industry best practices to improve performance. Our model for delivering high quality health care is structured to improve health outcomes, address the needs of a variety of populations, and promote campaigns that encourage well-being.

Since 2003, we have collaborated with DHHR to build strong public and private relationships. Together we have improved the lives of West Virginians, while containing costs. We are passionate about achieving program goals, are deeply rooted within the community, and we fully understand and care about West Virginia members. Our solutions are member-centric and we have worked to develop a network of quality health care providers, facilities and resources for our members. We look forward to building on our long-term partnership, and will diligently continue to manage innovative care programs that address the diverse and specialized health care needs of West Virginians.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Collins", is written over the typed name and title.

John M. Collins
Plan President
UniCare Health Plan of West Virginia, Inc.



staff has 70 years of combined experience, and works with providers to improve the quality of care our members receive. In 2015, we conducted more than 500 face-to-face visits with providers. Our experience, hands on approach, and relationships within the community helped us to recruit nearly 400 behavioral health providers in advance of implementation. Our goal is to provide access to the most appropriate resources, and we will continue to use this approach to provide quality care to SSI members beginning in SFY2017.

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Sincerely,

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John M. Collins
Plan President
UniCare Health Plan of West Virginia, Inc.



Addendum 7 Acknowledgement

UniCare Health Plan of West Virginia, Inc. (UniCare) wishes to supplement our bid with the revised Addendum Acknowledgement Form per guidance received from April Battle, Buyer 22, in the included email dated March 11, 2016. The revised acknowledgement form indicates our receipt of Addendum 7 released on March 9, 2016. We have also included a signed copy of Central Master Agreement 8, which was released with Addendum 7.

From: Battle, April E <April.E.Battle@wv.gov>
Sent: Friday, March 11, 2016 7:56 AM
To: Carino, Joseph C.
Subject: RE: Question Re: Solicitation #CRFQ 0511 BMS160000002 ADDENDUM NO. 7 - do not encrypt

We only need the signed addendum acknowledgement form. Make sure your company name is on the outside of the envelope as well as the Solicitation Number, Solicitation Name, Bid Opening Date and Time. It will then be put with the bid you previously submitted.

From: Carino, Joseph C. [mailto:Joseph.Carino@amerigroup.com]
Sent: Thursday, March 10, 2016 10:17 AM
To: Battle, April E
Cc: Collins, Mitch
Subject: Question Re: Solicitation #CRFQ 0511 BMS160000002 ADDENDUM NO. 7 - do not encrypt
Importance: High

Dear Ms. Battle:

UniCare Health Plan of West Virginia, Inc. (UniCare), submitted a response to Solicitation #CRFQ 0511 BMS160000002 on Wednesday, March 9. After we submitted our response, the State issued Addendum Number 7.

Please confirm that for bidders that submitted their response prior to the release of Addendum Number 7, the State will accept a separate submission supplementing our original response that includes the following:

- **a signed Addendum Acknowledgement Form that confirms we have received Addendum Number 7**
- **a signed corresponding Central Master Agreement Form.**

If this is not acceptable, please advise on how we and other bidders in the same situation should proceed. If you could please provide guidance at your earliest convenience, it would be greatly appreciated. Thank you.

Best Regards,
Joe Carino | Director, Medicaid Proposal Development
Business Development | Medicaid Business Unit | Anthem
4433 Corporation Lane | Virginia Beach, VA 23462 | (757) 769-7853

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or may otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message and any attachment thereto.



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

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

Proc Folder: 185743

Doc Description: Addendum #7 Managed Care Services

Proc Type: Central Master Agreement

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

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER


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

Signature X

FEIN # 84-1620480

DATE March 13, 2016

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

	Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	State of West Virginia Request for Quotation 34 — Service - Prof

Proc Folder: 185743 Doc Description: Adiantum #7 Managed Care Services Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-09	2016-03-16 13:30:00	CRFQ 0511 BMS160000002	8

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

VENDOR
Vendor Name, Address and Telephone Number: UniCare Health Plan of West Virginia, Inc. 200 Association Drive, Suite 200 Charleston, WV 25311 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER		
April Battle (304) 558-0067 april.battle@wv.gov		
Signature: 	ID# 51-1620460	DATE: March 13, 2016
All offers subject to all terms and conditions contained in this solicitation		

ADDITIONAL INFORMATION

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

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052		PROCUREMENT OFFICER - 304-356-5052	
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN RESOURCES	
BUREAU FOR MEDICAL SERVICES		BUREAU FOR MEDICAL SERVICES	
350 CAPITOL ST, RM 251		350 CAPITOL ST, RM 251	
CHARLESTON	WV25301-3709	CHARLESTON	WV 25301-3709
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :
See Exhibit A Pricing Page

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions	2016-02-16

	Document Phase	Document Description	Page 3
BMS160000002	Final	Addendum #7 Managed Care Services	of 3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS1600000002

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

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

Addendum Numbers Received:

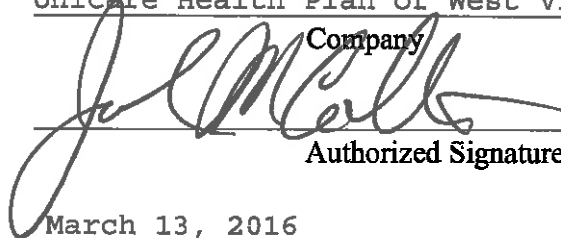
(Check the box next to each addendum received)

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

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.

UniCare Health Plan of West Virginia, Inc.

Company



Authorized Signature

March 13, 2016

Date

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

Revised 6/8/2012

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.

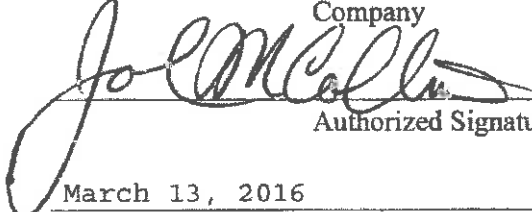
Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input checked="" type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input checked="" type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
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UniCare Health Plan of West Virginia, Inc.

Company



Authorized Signature

March 13, 2016

Date

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Revised 6/8/2012

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

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

Proc Folder: 185743

Doc Description: Managed Care Services Request for Quotation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-02-01	2016-03-03 13:30:00	CRFQ 0511 BMS160000002	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:
 UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 84-1620480

DATE March 8, 2016

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

ADDITIONAL INFORMATION:

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

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :
 See Exhibit A Pricing Page

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Managed Care Services Request for Quotation	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

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

Proc Folder: 185743

Doc Description: Addendum #1 To provide a revised pricing page.

Proc Type: Central Master Agreement

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

BID RECEIVING LOCATION

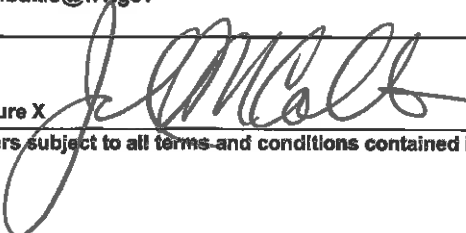
BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:
 UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER

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

Signature X 

FEIN # 84-1620480

DATE March 8, 2016

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ADDITIONAL INFORMATION:

Addendum #1 - To provide a revised pricing page.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :

See Exhibit A Pricing Page

SCHEDULE OF EVENTS

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

	Document Phase	Document Description	Page 3 of 3
BMS160000002	Final	Addendum: #1 To provide a revised pricing page.	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

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

Proc Folder: 185743

Doc Description: Addendum #2 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-02-17	2016-03-10 13:30:00	CRFQ 0511 BMS160000002	3

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:
 UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 84-1620480

DATE March 8, 2016

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

ADDITIONAL INFORMATION:

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

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :
 See Exhibit A Pricing Page

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #2 Managed Care Services	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

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

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

Proc Folder: 185743

Doc Description: Addendum #3 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-02-29	2016-03-10 13:30:00	CRFQ 0511 BMS160000002	4

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:
 UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER


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

Signature X

FEIN # 84-1620480

DATE March 8, 2016

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

	Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	State of West Virginia Request for Quotation 34 - Service - Prof

Proc Folder: 185743			
Doc Description: Addendum #3 Managed Care Services			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2016-02-29	2016-03-10 13:30:00	CRFQ 0511 BMS160000002	4

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

VENDOR
Vendor Name, Address and Telephone Number: UniCare Health Plan of West Virginia, Inc. 200 Association Drive, Suite 200 Charleston, WV 25311 (888) 611-8988

FOR INFORMATION CONTACT THE BUYER	
April Battle (304) 558-0067 april.a.battle@wv.gov	
Signature X 	FEIN# 64-1620430 DATE MARCH 8, 2016
All offers subject to the terms and conditions contained in this solicitation.	

ADDITIONAL INFORMATION:

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

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :
See Exhibit A Pricing Page

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions	2016-02-16

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

See attached document(s) for additional Terms and Conditions



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

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

Proc Folder: 185743

Doc Description: Addendum #4 Managed Care Services

Proc Type: Central Master Agreement

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

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:
 UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER


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

Signature X

FEIN # 84-1620480

DATE March 8, 2016

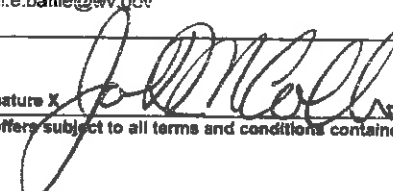
All offers subject to all terms and conditions contained in this solicitation

	Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	State of West Virginia Request for Quotation 34 - Service - Prof

Proc Folder: 185743			
Doc Description: Addendum #4 Managed Care Services			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-01	2016-03-10 13:30:00	CRFQ 0511 BMS160000002	5

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

VENDOR
Vendor Name, Address and Telephone Number: UniCare Health Plan of West Virginia, Inc. 200 Association Drive, Suite 200 Charleston, WV 25311 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER		
April Battle (304) 558-0067 april.e.battle@wv.gov		
Signature X 	FEIN # 84-1620480	DATE March 8, 2016
All offers subject to all terms and conditions contained in this solicitation		

ADDITIONAL INFORMATION:

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

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :
See Exhibit A Pricing Page

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #4 Managed Care Services	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

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

Proc Folder: 185743

Doc Description: Addendum #5 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-02	2016-03-10 13:30:00	CRFQ 0511 BMS160000002	6

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

VENDOR

Vendor Name, Address and Telephone Number:

UniCare Health Plan of West Virginia, Inc.

200 Association Drive, Suite 200

Charleston, WV 25311

(888) 611-9958

FOR INFORMATION CONTACT THE BUYER

April Battle

(304) 558-0067

april.e.battle@wv.gov

Signature X

FEIN # 84-1620480

DATE March 8, 2016

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

ADDITIONAL INFORMATION:

Addendum #5 - To provide a revised pricing page.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :
 See Exhibit A Pricing Page

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions	2016-02-16

BMS160000002	Document Phase Final	Document Description Addendum #5 Managed Care Services	Page 3 of 3
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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

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

Proc Folder: 185743

Doc Description: Addendum #6 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-04	2016-03-10 13:30:00	CRFQ 0511 BMS160000002	7

BID RECEIVING LOCATION

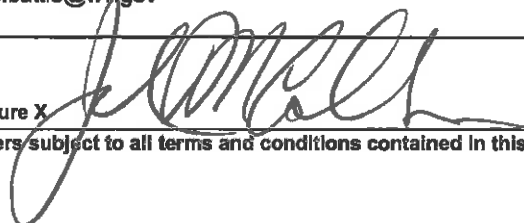
BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:
 UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-9958

FOR INFORMATION CONTACT THE BUYER


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

Signature X 

FEIN # 84-1620480

DATE March 8, 2016

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

	Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	State of West Virginia Request for Quotation 34 -- Service - Prof
	Proc Folder: 185743 Doc Description: Addendum #3 Managed Care Services Proc Type: Central Master Agreement	

Date Issued	Solicitation Closes	Solicitation No	Version
2016-03-04	2016-03-10 13:30:00	CRFQ 0511 BMS160000002	7

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:
 UniCare Health Plan of West Virginia, Inc.
 200 Association Drive, Suite 200
 Charleston, WV 25311
 (888) 611-0058

FOR INFORMATION CONTACT THE BUYER

April Balle
 (204) 555-0087
 april.a.balle@unw.gov

Signature:  PEN # 83-1630486 DATE: March 3, 2016

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

ADDITIONAL INFORMATION:

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

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-5052		PROCUREMENT OFFICER - 304-356-5052	
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN RESOURCES	
BUREAU FOR MEDICAL SERVICES		BUREAU FOR MEDICAL SERVICES	
350 CAPITOL ST, RM 251		350 CAPITOL ST, RM 251	
CHARLESTON	WV25301-3709	CHARLESTON	WV 25301-3709
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Health or hospitalization insurance	0.00000	EA		

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :
See Exhibit A Pricing Page

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions	2016-02-16

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

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



5.2 Pricing Page

UniCare Health Plan of West Virginia, Inc. (UniCare) is pleased to submit our Pricing Page, Exhibit A. We have also submitted our Pricing Page electronically with our complete RFQ response on the accompanying flash drive.

Instructions: Please provide a proposed rate for each population cohort below in the proposed rate cells. The annual total for each cohort will auto-calculate based on the number of members months * the proposed rate. The SFY2017 Total Amount that is highlighted in cells E33 and F33 will be the sum of all annual totals and will auto-calculate.

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 434.15	\$ 434.20	55,000	\$ 434.15	\$ 23,878,250.00	\$ 136.95	\$ 137.00	45,000	\$ 136.95	\$ 6,162,750.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 434.15	\$ 434.20	200	\$ 434.15	\$ 86,830.00	\$ 144.44	\$ 144.49	200	\$ 144.44	\$ 28,888.00
CSHCN	\$ 2,688.44	\$ 2,688.49	500	\$ 2,688.44	\$ 1,344,220.00	\$ 848.03	\$ 848.08	500	\$ 848.03	\$ 424,015.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 426.64	\$ 426.69	55,000	\$ 426.64	\$ 23,465,200.00	\$ 134.58	\$ 134.63	45,000	\$ 134.58	\$ 6,056,100.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 426.64	\$ 426.69	200	\$ 426.64	\$ 85,328.00	\$ 141.94	\$ 141.99	200	\$ 141.94	\$ 28,388.00
CSHCN	\$ 2,641.88	\$ 2,641.93	500	\$ 2,641.88	\$ 1,320,940.00	\$ 833.34	\$ 833.39	500	\$ 833.34	\$ 416,670.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

Population	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Traditional	\$ 490.19	\$ 490.24	55,000	\$ 490.19	\$ 26,960,450.00	\$ 154.62	\$ 154.67	45,000	\$ 154.62	\$ 6,957,900.00
Pregnant Women	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Med Needy	\$ 490.19	\$ 490.24	200	\$ 490.19	\$ 98,038.00	\$ 163.09	\$ 163.14	200	\$ 163.09	\$ 32,618.00
CSHCN	\$ 3,035.41	\$ 3,035.46	500	\$ 3,035.41	\$ 1,517,705.00	\$ 957.47	\$ 957.52	500	\$ 957.47	\$ 478,735.00
ACA Expansion	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -

SFY 2017 Total Amount	\$ 1,151,523,167.00
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Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
2-14 yr					15-18 F				
\$ 137.25	\$ 137.30	450,000	\$ 137.25	\$ 61,762,500.00	\$ 215.98	\$ 216.03	50,000	\$ 215.98	\$ 10,799,000.00
\$ 354.97	\$ 355.02	100	\$ 354.97	\$ 35,497.00	\$ 354.97	\$ 355.02	5,000	\$ 354.97	\$ 1,774,850.00
\$ 145.47	\$ 145.52	200	\$ 145.47	\$ 29,094.00	\$ 228.72	\$ 228.77	500	\$ 228.72	\$ 114,360.00
\$ 849.90	\$ 849.95	700	\$ 849.90	\$ 594,930.00	\$ 1,337.45	\$ 1,337.50	200	\$ 1,337.45	\$ 267,490.00
\$ -	\$ -	-	\$ -	\$ -	\$ 198.98	\$ 199.03	10,000	\$ 198.98	\$ 1,989,800.00

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
2-14 yr					15-18 F				
\$ 134.87	\$ 134.92	450,000	\$ 134.87	\$ 60,691,500.00	\$ 212.24	\$ 212.29	50,000	\$ 212.24	\$ 10,612,000.00
\$ 348.82	\$ 348.87	100	\$ 348.82	\$ 34,882.00	\$ 348.82	\$ 348.87	5,000	\$ 348.82	\$ 1,744,100.00
\$ 142.95	\$ 143.00	200	\$ 142.95	\$ 28,590.00	\$ 224.76	\$ 224.81	500	\$ 224.76	\$ 112,380.00
\$ 835.18	\$ 835.23	700	\$ 835.18	\$ 584,626.00	\$ 1,314.29	\$ 1,314.34	200	\$ 1,314.29	\$ 262,858.00
\$ -	\$ -	-	\$ -	\$ -	\$ 190.55	\$ 190.60	10,000	\$ 190.55	\$ 1,905,500.00

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
3-14 yr					15-18 F				
\$ 154.96	\$ 155.01	450,000	\$ 154.96	\$ 69,732,000.00	\$ 243.86	\$ 243.91	50,000	\$ 243.86	\$ 12,193,000.00
\$ 400.78	\$ 400.83	100	\$ 400.78	\$ 40,078.00	\$ 400.78	\$ 400.83	5,000	\$ 400.78	\$ 2,003,900.00
\$ 164.25	\$ 164.30	200	\$ 164.25	\$ 32,850.00	\$ 258.24	\$ 258.29	500	\$ 258.24	\$ 129,120.00
\$ 959.59	\$ 959.64	700	\$ 959.59	\$ 671,713.00	\$ 1,510.06	\$ 1,510.11	200	\$ 1,510.06	\$ 302,012.00
\$ -	\$ -	-	\$ -	\$ -	\$ 206.73	\$ 206.78	10,000	\$ 206.73	\$ 2,067,900.00

Region 1									
Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
\$ 156.67	\$ 156.72	47,000	\$ 156.67	\$ 7,363,490.00	\$ 292.10	\$ 292.15	36,000	\$ 292.10	\$ 10,515,600.00
\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	20,000	\$ 354.97	\$ 7,099,400.00
\$ 166.16	\$ 166.21	500	\$ 166.16	\$ 83,080.00	\$ 306.43	\$ 306.48	3,000	\$ 306.43	\$ 919,290.00
\$ 970.17	\$ 970.22	200	\$ 970.17	\$ 194,034.00	\$ 292.10	\$ 292.15	100	\$ 292.10	\$ 29,210.00
\$ 138.09	\$ 138.14	10,000	\$ 138.09	\$ 1,380,900.00	\$ 231.13	\$ 231.18	80,000	\$ 231.13	\$ 18,490,400.00

Region 2									
Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
\$ 153.96	\$ 154.01	47,000	\$ 153.96	\$ 7,236,120.00	\$ 287.04	\$ 287.09	36,000	\$ 287.04	\$ 10,333,440.00
\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	20,000	\$ 348.82	\$ 6,976,400.00
\$ 163.29	\$ 163.34	500	\$ 163.29	\$ 81,645.00	\$ 301.12	\$ 301.17	3,000	\$ 301.12	\$ 903,360.00
\$ 953.37	\$ 953.42	200	\$ 953.37	\$ 190,674.00	\$ 287.04	\$ 287.09	100	\$ 287.04	\$ 28,704.00
\$ 132.24	\$ 132.29	10,000	\$ 132.24	\$ 1,322,400.00	\$ 221.34	\$ 221.39	80,000	\$ 221.34	\$ 17,707,200.00

Region 3									
Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
\$ 176.89	\$ 176.94	47,000	\$ 176.89	\$ 8,313,830.00	\$ 329.80	\$ 329.85	36,000	\$ 329.80	\$ 11,872,800.00
\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	20,000	\$ 400.78	\$ 8,015,600.00
\$ 187.61	\$ 187.66	500	\$ 187.61	\$ 93,805.00	\$ 345.97	\$ 346.02	3,000	\$ 345.97	\$ 1,037,910.00
\$ 1,095.38	\$ 1,095.43	200	\$ 1,095.38	\$ 219,076.00	\$ 329.80	\$ 329.85	100	\$ 329.80	\$ 32,980.00
\$ 143.47	\$ 143.52	10,000	\$ 143.47	\$ 1,434,700.00	\$ 240.13	\$ 240.18	80,000	\$ 240.13	\$ 19,210,400.00

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
26-28 M					30-30 F				
\$ 200.37	\$ 200.42	7,000	\$ 200.37	\$ 1,402,590.00	\$ 411.55	\$ 411.60	30,000	\$ 411.55	\$ 12,346,500.00
\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	10,000	\$ 354.97	\$ 3,549,700.00
\$ 210.65	\$ 210.70	3,000	\$ 210.65	\$ 631,950.00	\$ 432.87	\$ 432.92	5,000	\$ 432.87	\$ 2,164,350.00
\$ 200.37	\$ 200.42	100	\$ 200.37	\$ 20,037.00	\$ -	\$ -	-	\$ -	\$ -
\$ 191.77	\$ 191.82	70,000	\$ 191.77	\$ 13,423,900.00	\$ 288.04	\$ 288.09	80,000	\$ 288.04	\$ 23,043,200.00

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
30-70 M					30-30 F				
\$ 196.90	\$ 196.95	7,000	\$ 196.90	\$ 1,378,300.00	\$ 404.43	\$ 404.48	30,000	\$ 404.43	\$ 12,132,900.00
\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	10,000	\$ 348.82	\$ 3,488,200.00
\$ 207.00	\$ 207.05	3,000	\$ 207.00	\$ 621,000.00	\$ 425.38	\$ 425.43	5,000	\$ 425.38	\$ 2,126,900.00
\$ 196.90	\$ 196.95	100	\$ 196.90	\$ 19,690.00	\$ -	\$ -	-	\$ -	\$ -
\$ 183.65	\$ 183.70	70,000	\$ 183.65	\$ 12,855,500.00	\$ 275.84	\$ 275.89	80,000	\$ 275.84	\$ 22,067,200.00

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
27-29 M					30-30 F				
\$ 226.22	\$ 226.27	7,000	\$ 226.22	\$ 1,583,540.00	\$ 464.67	\$ 464.72	30,000	\$ 464.67	\$ 13,940,100.00
\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	10,000	\$ 400.78	\$ 4,007,800.00
\$ 237.83	\$ 237.88	3,000	\$ 237.83	\$ 713,490.00	\$ 488.74	\$ 488.79	5,000	\$ 488.74	\$ 2,443,700.00
\$ 226.22	\$ 226.27	100	\$ 226.22	\$ 22,622.00	\$ -	\$ -	-	\$ -	\$ -
\$ 199.24	\$ 199.29	70,000	\$ 199.24	\$ 13,946,800.00	\$ 299.26	\$ 299.31	80,000	\$ 299.26	\$ 23,940,800.00

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
\$ 345.20	\$ 345.25	11,000	\$ 345.20	\$ 3,797,200.00	\$ 477.46	\$ 477.51	20,000	\$ 477.46	\$ 9,549,200.00
\$ -	\$ -	-	\$ -	\$ -	\$ 354.97	\$ 355.02	2,500	\$ 354.97	\$ 887,425.00
\$ 363.26	\$ 363.31	5,000	\$ 363.26	\$ 1,816,300.00	\$ 502.17	\$ 502.22	5,000	\$ 502.17	\$ 2,510,850.00
\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
\$ 282.32	\$ 282.37	75,000	\$ 282.32	\$ 21,174,000.00	\$ 430.98	\$ 430.98	250,000	\$ 430.93	\$ 107,732,500.00

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
\$ 339.23	\$ 339.28	11,000	\$ 339.23	\$ 3,751,530.00	\$ 469.19	\$ 469.24	20,000	\$ 469.19	\$ 9,383,800.00
\$ -	\$ -	-	\$ -	\$ -	\$ 348.82	\$ 348.87	2,500	\$ 348.82	\$ 872,050.00
\$ 356.97	\$ 357.02	5,000	\$ 356.97	\$ 1,784,850.00	\$ 493.48	\$ 493.53	5,000	\$ 493.48	\$ 2,467,400.00
\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
\$ 270.36	\$ 270.41	75,000	\$ 270.36	\$ 20,277,000.00	\$ 412.67	\$ 412.72	250,000	\$ 412.67	\$ 103,167,500.00

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
\$ 389.75	\$ 389.80	11,000	\$ 389.75	\$ 4,287,250.00	\$ 539.08	\$ 539.13	20,000	\$ 539.08	\$ 10,781,600.00
\$ -	\$ -	-	\$ -	\$ -	\$ 400.78	\$ 400.83	2,500	\$ 400.78	\$ 1,001,950.00
\$ 410.15	\$ 410.20	5,000	\$ 410.15	\$ 2,050,750.00	\$ 566.98	\$ 567.03	5,000	\$ 566.98	\$ 2,834,900.00
\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
\$ 293.32	\$ 293.37	75,000	\$ 293.32	\$ 21,999,000.00	\$ 447.71	\$ 447.76	250,000	\$ 447.71	\$ 111,927,500.00

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Delivery				
\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
\$ 4,586.01	\$ 4,586.06	4,000	\$ 4,586.01	\$ 18,344,040.00
\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -
\$ 4,586.01	\$ 4,586.06	-	\$ -	\$ -

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Delivery				
\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
\$ 4,611.97	\$ 4,612.02	4,000	\$ 4,611.97	\$ 18,447,880.00
\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -
\$ 4,611.97	\$ 4,612.02	-	\$ -	\$ -

Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
Delivery				
\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
\$ 4,470.13	\$ 4,470.18	4,000	\$ 4,470.13	\$ 17,880,520.00
\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -
\$ 4,470.13	\$ 4,470.18	-	\$ -	\$ -



10.1 Contract Manager

Contract Manager: John M. Collins

Telephone Number: 1-888-611-9958

Fax Number: 1-888-338-1320

Email Address: mitch.collins@anthem.com

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:

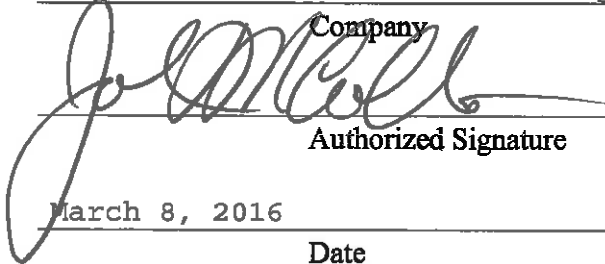
(Check the box next to each addendum received)

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

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

UniCare Health Plan of West Virginia, Inc.

Company



Authorized Signature

March 8, 2016

Date

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

Revised 6/8/2012

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS1600000002

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

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

Addendum Numbers Received:

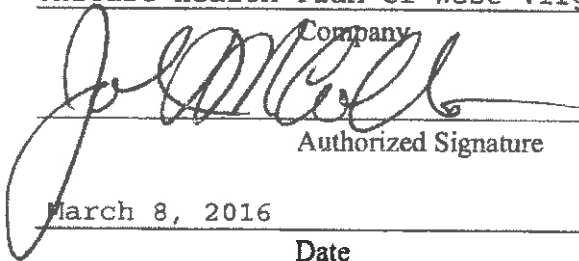
(Check the box next to each addendum received)

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

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

UniCare Health Plan of West Virginia, Inc.

Company



 Authorized Signature

March 8, 2016

 Date

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

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: UniCare Health Plan of West Virginia, Inc.

Signed: 

Date: March 8, 2016

Title: John M. Collins, Plan President

WV-10
Approved / Revised
08/01/15

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.

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 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:**
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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,
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 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.
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Bidder: UniCare Health Plan of West Virginia, Inc.

Signed: 

Date: March 8, 2016

Title: John M. Collins, Plan President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/12/2016

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

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

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of California, Inc. License #0726293 505 N. Brand Boulevard, Suite 600 Glendale CA 91203-3944		CONTACT NAME: Robin Johnston PHONE (A/C, No, Ext): 818-539-1354 FAX (A/C, No): 818-539-1654 E-MAIL ADDRESS: Robin_Johnston@ajg.com	
INSURED ANTHINC-02 Anthem, Inc. And Its Subsidiaries 2015 Staples Mill Road Mail Drop VA2001-N350 Richmond VA 23230		INSURER(S) AFFORDING COVERAGE INSURER A : ACE American Insurance Company	NAIC # 22667
INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :			

COVERAGES **CERTIFICATE NUMBER: 1241133311** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HDO G27394097	5/1/2015	5/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$25,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Subject to policy terms, conditions and exclusions.
 RFP number: CRFQ 0511 BMS160000002

CERTIFICATE HOLDER State of West Virginia Department of Health and Human Resources Bureau for Medical Services 350 Capitol Street Charleston WV 25301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

POLICY NUMBER: HDO G27394097

Endorsement Number: 36

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
 - 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



WELLINC-03 BRITTONMA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/12/2016

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

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

PRODUCER Willis of Virginia, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C, No, Ext): (877) 945-7378 FAX (A/C, No): (888) 467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : ACE American insurance Company 22667 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED UNICARE Health Plan of West Virginia, Inc. Subsidiary of WellPoint, Inc. 120 Monument Circle Indianapolis, IN 46204		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Managed Care E&O		MSP G21816097 010	01/31/2016	01/31/2017	Limits \$ 20,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RFP number: CRFQ 0511 BMS160000002

Managed Care E&O Retentions
\$10,000,000 SIR - Each Claim
\$50,000,000 SIR - Class Action

CERTIFICATE HOLDER

CANCELLATION

State of West Virginia Department of Health and Human Resources,
Bureau for Medical Services
350 Capitol Street
Charleston, WV 25301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Melody H. Meyer

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West Virginia Offices of the Insurance Commissioner



Certificate of Authority

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

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

HEALTH MAINTENANCE ORGANIZATION - ARTICLE 25A

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

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

Handwritten signature of Michael D. Riley in cursive.

Michael D. Riley
Insurance Commissioner

NAIC # 11610
WV File # D038



September 8, 2015

Tadd Haynes
Chief Executive Officer
UNICARE Health Plan of West Virginia
1207 Quarrier Street, Suite 100
Charleston, WV 25301

Dear Mr. Haynes:

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

Product Line/ Product	Accreditation Status	Effective Date	Expiration Date
Medicaid-HMO	Accredited	September 3, 2015	September 3, 2018

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

If you have reason to believe that the compliance scoring of any standard or standards does not accurately reflect your organization’s compliance with the standards, you have the opportunity to request a reconsideration of compliance designations and/or accreditation outcome by the NCQA Reconsideration Committee. To proceed with reconsideration, NCQA must receive within the next 30 days a written request for reconsideration that addresses at least one of the grounds for appeal identified in the Reconsideration section of the “Administrative Policies and Procedures” of the 2014 *Standards and Guidelines for the Accreditation of Health Plans*. This request must not exceed five pages in length and must include a listing of the standards for which reconsideration is being requested. A fee, as specified in the Agreement for HP Accreditation Survey, “Pricing Methodology and Cancellation Policy” (Exhibit A), is charged for reconsideration. The fee must be paid at the time reconsideration is requested.

September 8, 2015
Page 2

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

We have tentatively reserved June 12, 2018, as the submission date of the completed Survey Tool to NCQA. NCQA has tentatively set July 30 - 31, 2018 for your two-day onsite survey. If the proposed dates present a problem for you or if you have any questions regarding these dates, please contact Cindy Francis, Program Manager, Accreditation, at (202) 955-5147 or e-mail francis@ncqa.org.

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

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

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

Sincerely,



Dayna Bell, MBA, MS
Assistant Vice President, Accreditation

Enclosures



National Committee for Quality Assurance
has awarded

UNICARE Health Plan of West Virginia

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.

David Choi, MD

CHAIR, BOARD OF DIRECTORS

Margaret Seif

PRESIDENT

Vanessa Williams

CHAIR, REVIEW OVERSIGHT COMMITTEE

September 3, 2015

DATE GRANTED

September 3, 2018

EXPIRATION DATE

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

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

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

DEFINITIONS:

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

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

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

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

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: UniCare Health Plan of West Virginia, Inc.

Authorized Signature: [Signature] Date: February 19, 2016

State of West Virginia

County of Kanawha, to-wit:

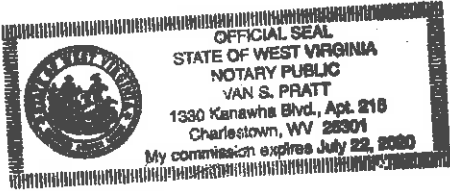
Taken, subscribed, and sworn to before me this 19 day of February, 2016

My Commission expires July 22, 2020

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature]



STATE OF WEST VIRGINIA
Purchasing Division
PURCHASING AFFIDAVIT

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WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: UniCare Health Plan of West Virginia, Inc.

Authorized Signature: [Signature] Date: February 19, 2016

State of West Virginia

County of Lincoln to-wit:

Taken, subscribed, and sworn to before me this 19 day of February, 2016

My Commission expires July 22, 2020

AFFIX SEAL HERE

NOTARY PUBLIC



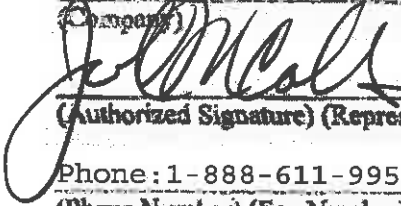
Purchasing Affidavit (Revised 08/01/2015)

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.

UniCare Health Plan of West Virginia, Inc.

(Company)



John M. Collins, Plan President

(Authorized Signature) (Representative Name, Title)

Phone: 1-888-611-9958, Fax: 1-888-338-1320, March 8, 2016

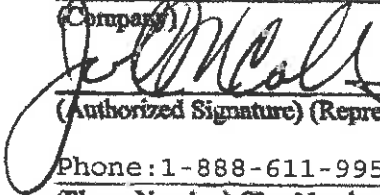
(Phone Number) (Fax Number) (Date)

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(Company)



John M. Collins, Plan President

(Authorized Signature) (Representative Name, Title)

Phone: 1-888-611-9958, Fax: 1-888-338-1320, March 8, 2016

(Phone Number) (Fax Number) (Date)

Revised 10/27/2015

