



September 21, 2022

Crystal G. Husted  
Senior Buyer  
West Virginia Department of Administration  
Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305  
crystal.g.husted@wv.gov

9/21/22 10:45:25  
Purchasing Division

Dear Ms. Husted,

Gainwell Technologies LLC (Gainwell) is pleased to submit the attached response to the West Virginia Bureau for Medical Services (BMS) Request for Information (RFI) for a Case Management System/Incident Management System (CMS/IMS) System, CRFI BMS2300000001.

Gainwell has a 19-year relationship working with BMS and 50+ years of Medicaid experience. We are the country's leading Medicaid Enterprise System (MES) vendor and currently provide care management solutions to systems across the United States. For this opportunity we are partnering with AssureCare, an organization with 20+ years of experience delivering care management software solutions and expertise. Because of our years of experience working on West Virginia Medicaid solutions, we are in a unique position to provide our ideas on what BMS might consider when developing specifications for the Home and Community Based Services (HCBS) CMS and IMS modernization proposal.

Thank you for the opportunity to continue our relationship with the State of West Virginia. Should the State require additional information, please contact me or Adam Moyer, Account General Manager, at [amoyer@gainwelltechnologies.com](mailto:amoyer@gainwelltechnologies.com) or 712.308.0598.

Sincerely,

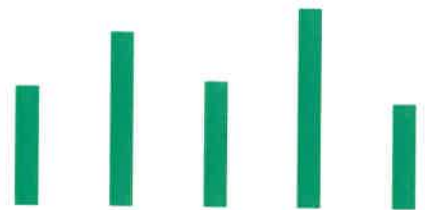
Jeff Jacobs

Southeast Sector General Manager  
Gainwell Technologies LLC



**Gainwell Response to West Virginia  
Bureau for Medical Services  
Request for Information – CMS/IMS  
System, CRFI 0511 BMS2300000001**

September 21, 2022



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## 4.2.1 CMS-IMS Solution Functionality

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4.2.1 Please describe your CMS and/or IMS solution functionality, including:

- a. What modules are available?
- b. What features are standard? What features are available at an additional cost?
- c. Please describe how your solutions facilitate each stage in the HCBS

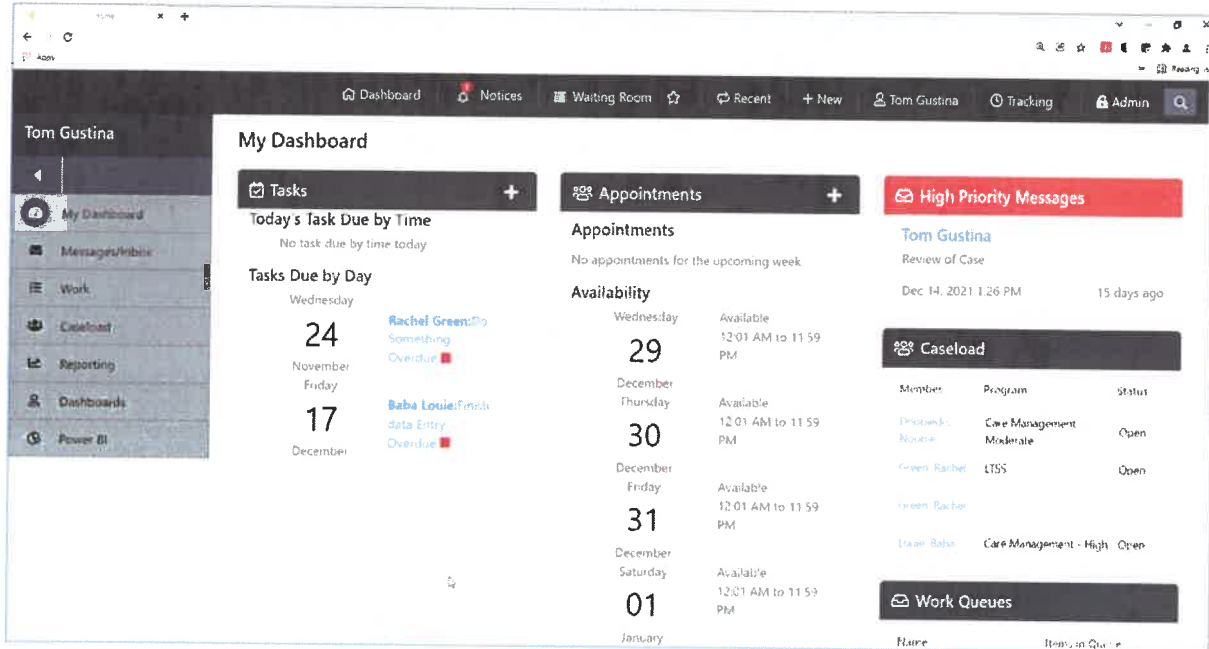
Continuum of Care, including:

- i. Intake
  - ii. Screening
  - iii. Assessment
    - A. What is your approach for supporting assessments, which may vary by populations served under Medicaid HCBS Waivers?
    - B. Does your solution support gathering of assessment information on mobile devices? Please explain.
  - iv. Clinical eligibility determination
  - v. Enrollment
  - vi. Care Planning
  - vii. Service Authorization
  - viii. Service Delivery
  - ix. Billing/Claiming
  - x. Reassessments
  - xi. Re-enrollment
  - xii. Quality Assurance
- d. Please describe your standard reporting features. Can users create their own custom reports? How does your solution support measuring outcomes?
  - e. What type of on-screen user help is included?
  - f. Please provided your support structure (e.g., hours of operation, methodology including email, support, online ticketing system, etc.)

Our Case Management (CM) solution is a client-centric application. Users do not have to search multiple applications for a complete picture of the client situation. Activity related to a member is available in one platform. The CM platform supports the life cycle of each HCBS member from intake, assessment, care planning, service authorization, and delivery to case closure. The platform is architected with an open application programming interface (API) allowing imported data from multiple external applications. Examples of this data include Medicaid eligibility files; diagnoses from claims; medications from the pharmacy benefit manager (PBM); and Admission, Discharge, and Transfer (ADT) feeds from hospitals. Data from the CM platform can also be pushed to myriad external systems.

Below is a sample User Dashboard (Figure 1), which provides system users with easy access to tasks, alerts, member records, and more. The information displayed on the dashboard is unique and specific to each user.

Figure 1. CM Platform Sample User Dashboard



4.2.1 a. The following list of modules are available as part of a standard implementation. Each module can be exposed to users, or “turned off” through security settings. A list of key features has been added under each module to describe the functionality.

### Case Management

1. **Automated workflow.** Reminds users when an assessment or reassessment is due and may also identify correspondence to be sent, or when changes need to be made to the service plan
2. **Programs.** Configurable based on program types including, related to HCBS, allowing for slot allotment; level of care identification; and enrollment of incompatible programs simultaneously
3. **Alternative communication.** Provides channels such as text messaging, email, or tele-visits allow for various communication methods
4. **Screenings and Assessments.** Supports eligibility determination and identifies needs and services to support the planning process. The platform comes with standard assessments and the ability to create custom assessments
5. **Care Planning.** Provides service planning process and identifies needs, goals, and desired outcomes
6. **Referrals.** Sends referrals to providers and community-based organizations
7. **Service Plans.** Provides services and supports (paid and unpaid) that will assist the user to achieve identified services, identifies the services providers of those services, and supports service providers, including natural supports

### **Utilization Management (Prior Authorization, Concurrent Reviews, Retrospective Claim Reviews)**

1. Includes multiple modes of initiating a request such as fax, provider portal, electronic data transfer (EDT)
2. Integrates with industry standard criteria sets is available such as Milliman Care Guidelines (MCG) and InterQual
3. Provides rule-based tasking and alerts to assure timeline compliance
4. Provides rule-driven correspondence that can be sent automatically or tasked to user
5. Supports various payer types
6. Configures rules to generate prior authorization that meet specified criteria

### **Medication Therapy Management**

1. Supports targeted medication reviews and comprehensive medication reviews
2. Integrates with commercial medication applications such as First Data
3. Provides and indicates drug-to-drug interactions
4. Automatically adds identified problems to the care plan
5. Provides rule-driven correspondence

### **Incident Management**

1. Documents both critical and non-critical incidents
2. Schedules and assigns a review and/or investigation using rule-driven workflows
3. Tracks incident investigation
4. Documents and reports outcome of review and investigation
5. Provides standard and custom reports

### **Appeals and Grievances**

1. Supports document appeals
2. Provides ability to view from request through decision
3. Supports ties to utilization management including hyperlinks between related records
4. Provides rule-driven workflow for assignment and turnaround times
5. Manages correspondence

**4.2.1 b.** The features listed in 4.2.1a are standard features/modules included in the cost of the product. InRule process automation is also included in the cost of the product.

**4.2.1 c.** The case management platform facilitates each stage in the HCBS continuum of care as identified in the following.

**i. Intake.** Collection of both demographic and health-related information including addresses, employment history, providers, contacts, diagnoses, medications, and procedures. Intake data may be imported from external sources, and/or entered by end users. Ability to add an intake and/or screening assessment. Outcomes can generate tasks and alerts.

**ii. Screening.** Our CM platform can trigger a required screening through configuration of rules and configuring the tool itself.

**iii. Assessment.** Ability to use standard and or custom assessments.

- Assessments can be visible for one program but not for another. Branching logic may expose additional questions based on previous answers or schedule a second assessment. Ability to score and pull data forward from the member record and/or other completed assessments.
- Case management platform supports completion of assessments of mobile devices and supports offline functionality.

**iv. Clinical Eligibility Determination.** Our CM platform and InRule partner to evaluate eligibility factors such as level of care, service needs, and/or diagnoses by using a combination of assessments and business rules. Clinical eligibility determination is flexible enough to allow for exceptions.

**v. Enrollment.** When a client meets all eligibility factors including financial, InRule can automatically enroll the client or alert the care manager to do so. Enrollment dates for each program are stored (historically) so users can easily review past eligibility. Necessary correspondence may also be rule generated.

**vi: Care Planning.** Care plan problems, goals, and interventions may be entered manually or auto generated from assessment answers or other data in the member record.

**vii. Service Authorization.** Authorizations can be entered manually or automated. Rules can automate additional workflow such as supervisor review and/or override. Exports to external systems may be batched or sent real time.

**viii. Service Delivery.** Gainwell has been a trusted partner and advisor to BMS for 19 years. We will continue to support MES modernization in West Virginia with innovations, automations, and modularity proven successful in other markets. Modularity will support timely data, effective infrastructure, cost-effective projects, timely service delivery, and system speed and agility. We will continue to work closely and cooperatively with BMS and new module vendors as they are added to West Virginia's MES.

**ix. Billing/Claiming.** We will work with BMS to determine the exact methodology and formatting for preparing and submitting accurate, detailed, and timely invoices that fully meet BMS' needs. Invoicing separate categories and payment withholds within a state contract is not new to Gainwell. We know the specific requirements and conditions for contract invoicing must be met before payment. We will adhere to the billing requirements so our invoices will include accurate calculations and necessary supporting documentation.

We bill more than 90% of claims using electronic processes, resulting in improved outcomes. This benefits BMS by providing decreased time to recovery, higher pay rates, and improved posting accuracy.

**x. Reassessments.** Tasks can be sent automatically to a user when a reassessment is due prior to the certification end date. Static data can be pulled forward from a previously completed assessment to minimize time. Users may also review historical assessment data as each instance of an assessment is available in the summary list.

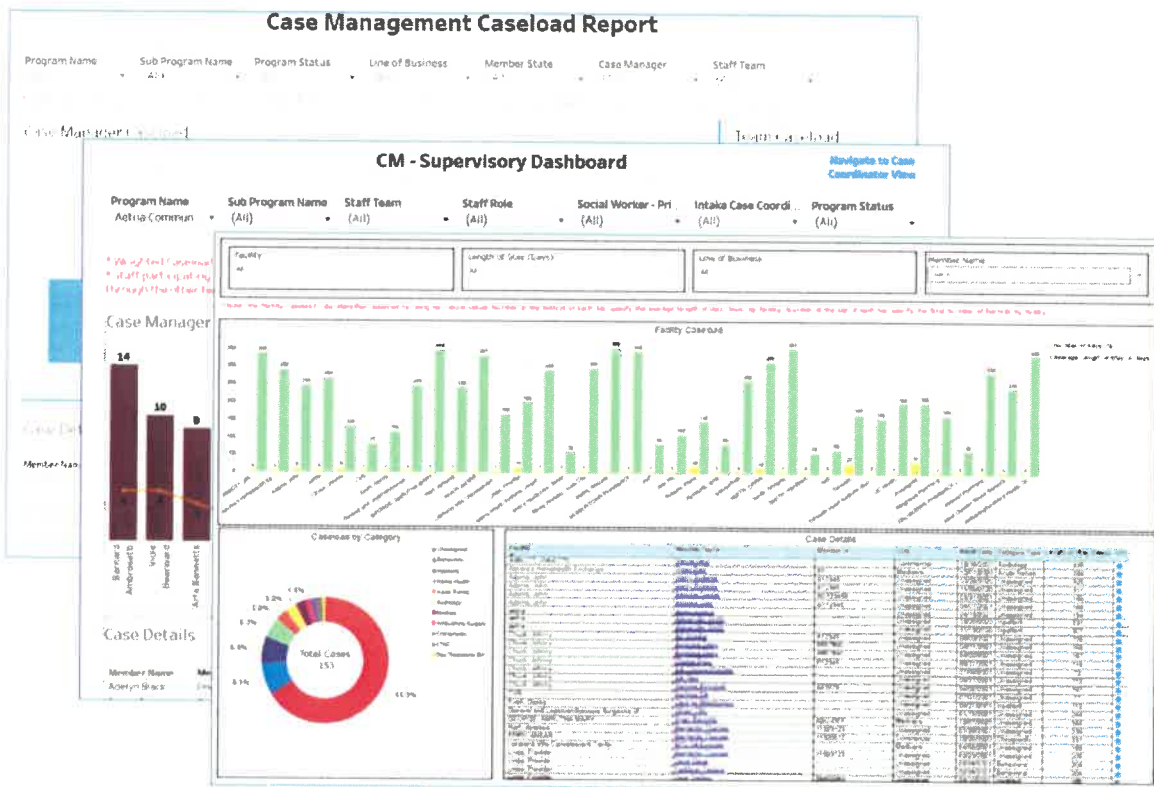
**xi. Re-enrollment.** Eligibility feeds can identify clients who have regained or lost eligibility and need to be re-enrolled. Rules can task the former care manager or route the client through the intake process. Tasks can be sent automatically to a user to complete re-enrollment.

**xii. Quality Assurance.** Providing high-quality support requires understanding the impact our efforts have on the people we work with and the states we serve. The Gainwell quality framework draws on lessons learned from more than five decades of experience supporting state government customers across the country. We incorporate state-focused, performance-driven quality standards into every project or program we operate. From hiring to training to quality oversight and reporting, we maintain a continuous feedback loop that keeps project staff vigilant and driven towards continuous improvement. Robust quality control and quality assurance processes allow us to quickly identify potential performance issues and take proactive measures to correct each issue before it negatively impacts services.

We develop and implement effective quality assurance plans that provide roadmaps for meeting the quality objectives of each unique project. These quality management (QM) objectives reflect contract performance requirements and are our own standards for quality throughout the project. The plan provides a framework for the project to follow in conducting quality control and quality assurance activities, both of which are critical to enabling management to proactively monitor performance and identify areas for operational improvement.

**4.2.1 d.** The CM platform has a standard set of SQL Server Reporting Services (SSRS) reports and Power BI dashboards (Figure 2). Additional reports may be configured in SSRS, Power BI, or other tools as desired by the customer. A few examples of the standard reports and dashboards include: Caseload Dashboard; Task Turn Around Time and Aging Dashboard; Units Authorized versus Units used Report; Critical Incident Turnaround and Status Report; LTSS Assessment and Care Plan Timeliness Dashboard; and Contact Attempts Report. System reports and dashboards can be configured and run on an as-needed basis or a recurring schedule. Users are also given the option to enter and adjust the parameters of the reports, so they return the desired data.

**Figure 2. Sample SSRS Reports and Power BI Dashboards**





**4.2.1 e.** On-screen user help is visible by hovering over an icon to view content from the end user manual that is embedded in the help menu. The CMS solution has configuration tools that allow links to any website to be configured on each screen.

**4.2.1 f.** BMS can leverage and reuse as much as possible from our existing MMIS contract—all the plans, processes, and procedures could be available within the CM/IM support contract. Within the MMIS, Gainwell supports a Call Center available between the hours of 7:00 a.m. to 7:00 p.m. ET, Monday through Friday, this call center could be leveraged. Gainwell could update call center capabilities to include an IMS to support the HCBS program and its CM/IM goals.

## 4.2.2 CMS-IMS Solution Configurability

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**4.2.2 Please describe your CMS and/or IMS solution configurability, including:**

- a. Is your CMS and/or IMS designed for any particular client, business, or program contexts? Please describe.**
- b. If your solution is not designed specifically for Medicaid HCBS waivers, what configurations and customizations are needed to adapt the product for use by State Medicaid HCBS waiver programs?**
- c. Can any aspects of your system be configured by an appropriately trained state user? If so, please provide some specific examples, preferably from a real implementation scenario.**
- d. What are some of the more challenging use cases to configure? What are some examples of use cases that require customization?**

Our CM platform was specifically built, from the ground up, to meet the Medicaid Information Technology Architecture (MITA) vision. Our platform, from inception, has put MITA's seven conditions and standards front and center to confirm federal funding compliance from the outset. We maintain an ongoing commitment to remain aligned to CMS standards and conditions and adjust as these evolve:

- Modularity Standard
- MITA Condition
- Industry Standards Condition
- Leverage Condition
- Business Results Condition
- Reporting Interoperability

Our CM platform is highly configurable and includes comprehensive case management and incident management as key functions. A rich set of configuration tools is seamlessly integrated as part of the platform. One example is our dynamic assessment builder. This configuration tool creates assessments and screenings. The tool supports branching logic, scoring, and pull forward logic. Our business rules engine is another example of a rich configuration capability that supports every feature and function. Using the business rules engine, BMS can automate sophisticated workflows, trigger alerts and tasks, and automate the evaluation of member eligibility.

As a result, our CM platform enables faster implementation timelines using a flexible and highly configurable Care Management platform, yielding reduced implementation and operational costs.

**4.2.2 a.** Our CM platform can be configured for use by multiple types of customers including state Medicaid agencies, Managed Care Organizations (MCOs), and specialty pharmacies. Features or screens that do not have relevance for a particular client may be hidden or configured to match the use cases and needs of that client. Functionality needed for Medicaid HCBS Waivers was part of our legacy client base and helped shape the configurable tool we have today. Everything from wait list management to service plans are designed to allow easy management of HCBS cases.

**4.2.2 b.** The solution is easily configured for use by State Medicaid HSBC programs.

**4.2.2 c.** Yes, business users may be taught to configure most features in our CM platform such as data field, role-based security, assessments, and care plans. Rules are the only area we recommend configuration be handled on the IT side. A representative example includes the implementation of two waiver programs for the California Department of Health Care Services

where they completed all configuration related to the programs and associated behaviors including slot management.

**4.2.2 d.** Business and workflow rules can be more challenging than other configuration tasks. These rules require knowledge of the data relationships in our CM platform to configure triggers and actions. Knowledge of SQL syntax is recommended. Product enhancements are managed by the product development team and provided to all customers using the product release process.

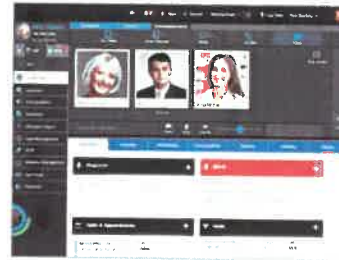
### Figure 3. Our Platform's Features and Functionality

#### System Configuration Functions

Our CM platform includes easy to use System Configuration functions, in the Admin Console, that allow authorized users to configure and maintain dozens of system features and functions.

##### Examples include:

- Lookup Table Configuration
- General System Configuration Items
- User Management
- Assessment Management
- Automated Task Configuration
- Service Authorization Configuration
- Contact Management Configuration
- Metrics Configuration
- Document Template Administration
- Fax Management
- PGIM Administration
- Program Configuration
- Print Configuration
- ISP Configuration
- Rules Setup
- Time Tracking Configuration
- Case Note Configuration
- User Defined Fields
- And many other Configuration functions



## 4.2.3 System Management of User Access

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**4.2.3 Please describe how your system manages user access to member data. Different user types will need different levels of access. Please also describe how your system allows for member transfers from one CMA or service provider to another CMA or service provider, and how it manages user data access when a member is transferred.**

**4.2.3.** Access to screens and data in our CM Platform is managed using role-based security. When configuring role-based security an administrator will determine what features will be accessed per role. Users who are granted access can then be given a series of permissions such as the ability to add, update, copy, or void (soft delete). There is a second level of security that determines access at the data field level. Our CM Platform supports member access at the provider level. There may be circumstances where a particular diagnosis, care plan, or document needs additional restrictions beyond role-based security due to sensitive information.

## 4.2.4 CMS-IMS Implementation Experience

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**4.2.4 Please describe your CMS and/or IMS implementation experience, including:**

**a. How long has the solution been in use?**

**b. How many implementations of your CMS and/or IMS have you conducted? How many of those were for state agency Medicaid HCBS waiver programs?**

**c. What Medicaid HCBS waiver programs has your solution been used for?**

**d. Have you implemented your solution to manage multiple Medicaid HCBS waiver programs? If so, please provide examples.**

**e. Some of West Virginia's waiver programs include a "self-directed care" option. Have any of your implementations included this type of program? Explain how your solution aligns with self-directed care concepts.**

**f. Have states used your system for Money Follows the Person (MFP) programs? If so, explain how your solution aligns with MFP concepts.**

**4.2.4 a.** Our CM platform has been implemented for HCBS since 2018.

**4.2.4 b.** Our CM platform has been implemented for state Medicaid departments in support of HCBS Waiver Programs. Our CM platform has also been installed for Managed Care Organizations including Aetna, Medical Mutual, Highmark, Prime Therapeutics, and Triple S Salud. The platform has also been selected and implemented by Kroger Health for their national network of retail pharmacies and soon to follow the Kroger Health national network of specialty pharmacies.

**4.2.4 c.** Our CM platform has been implemented for various HCBS Waiver Programs for Adults and Children who are disabled, medically fragile, or have intellectual and development delays.

**4.2.4 d.** Our platform is being used to support multiple waiver programs; most recently in two states with another in progress

**4.2.4 e.** Self-Directed Care Services are included in the CM platform Service Plan when the self-directed flag is set. That flag causes rules specific to self-directed care such as alerting the case manager to send the member's preferred caregiver information related to required training and financial management service.

**4.2.4 f.** The platform is architected to support Money Follows the Person (MFP). The cost cap takes into account both institutional and community services. Services that are available solely to assist an individual with transitioning to the community will be configured to only be available for that program.

## 4.2.5 System Development Life Cycle Approach

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**4.2.5 Please describe your typical System Development Life Cycle (SDLC) approach.**

**4.2.5.** A proven, well-established, formal testing methodology across the entire Software Development Lifecycle (SDLC) process is essential for successful CMS/IMS project operations. Our comprehensive engineering methodology that can integrate waterfall, iterative, and agile-based approaches. The core SDLC is used throughout Gainwell and is aligned with the Software Engineering Institute (SEI) Capability Maturity Model Integration (CMMI), the Project Management Body of Knowledge (PMBOK) Guide, and the International Organization for Standardization/Institute of Electrical and Electronics Engineers (ISO/IEEE) 12207-2008 System and Software Engineering — Software Lifecycle Processes for Quality Management approach. The SDLC is designed to improve consistency, quality, and overall business performance by using common processes and shared best practices. We will work with BMS to tailor the core SDLC to the CM/IM. Our SDLC is the foundation for our work plan, development and project management approach, governance, procedures, and processes.

Our SDLC methodology provides the roadmap for our engagements in the technical and operations support services from Initiation to Initial Requirement Identification to Detailed Requirements Validation. Additionally, our SDLC methodology roadmap provides Preliminary Design Review, Detail Design Review, and Implementation Readiness — culminating in a production release. This roadmap is designed to deliver quality solutions and, most importantly, facilitates a level of control required for the development of a service-oriented, component-based system. This methodology provides the following additional value and benefits:

- Best-practice processes and standards to achieve quality and control
- Integrated project management plans to provide oversight throughout the project
- Workstreams working in parallel to the SDLC phases from startup through closedown
- Quality that is maintained throughout the entire SDLC
- The iterative and incremental approach of the SDLC fosters collaboration with the teams

We appreciate the opportunity to present our SDLC approach to support the BMS CM/IM project. From our current engagements across the nation, we understand the unique requirements for each state we support, and we have been successful in our endeavors.

## 4.2.6 Hosting Environment and Levels of Service

**4.2.6 Please describe your solution's hosting environment, levels of service, and alignment with federal standards for privacy, security, and hosting. Are any browser add-ons or plug-ins required for end users?**

**4.2.6.** Our CM platform is a web-based, commercial off-the-shelf (COTS), software as a service (SaaS) cloud-deployed product supporting a fully integrated care management platform. The software suite includes Utilization Management, Case Management, Disease Management, Pharmacy Management, Appeals and Grievances, Consumer/Provider Portals, Quality Reporting, and additional modules.

Our CM platform is hosted in the cloud on Azure and requires no browser add-ons or plug ins at any time when accessed using the industry leading web browsers.

We employ a rigorous Security and Privacy Program to verify industry leading security as well as ongoing compliance. We will work with BMS so that the IT standards are congruent with our standards brought forth. If gaps appear, we will commit to making certain that those processes are taken into account and maintained to the State and IT standards of operation.

Ongoing risk assessments are a key part of our rigorous security policies and processes. Secure software development lifecycle (SDL) is a key part of our SDLC. This is required and backed up by ongoing annual audits. This is key for ongoing implementation of control frameworks for National Institute of Standards and Technology (NIST) 800-53 Rev4, Health Insurance Portability and Accountability Act (HIPAA), HITRUST Common Security Framework (CSF), Federal Information Security Modernization Act (FISMA), Federal Information Processing Standards (FIPS) 140-2, System and Organization Controls (SOC)1 (SSAE18) Type 2, and SOC2 Type 2, and National Committee for Quality Assurance (NCQA) Prevalidated. Our CM platform has also achieved CMS certification for the care management module.

Figure 4. Our Platform is HITRUST CSF Certified, NCQA Prevalidated, and CMS Certified



Security, privacy, and vulnerability management are maintained using a multi-pronged deliberate, monitored, measured, and proactive remediation approach.

## 4.2.7 Experience in a Modular MES Environment

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**4.2.7 What is your experience implementing your CMS and/or IMS in a modular MES environment?**

**a. Has your solution been implemented in a context that requires Centers for Medicare and Medicaid Services certification? If so, was certification obtained? If not, why?**

**b. If not, are there any known obstacles or risks to implementing your CMS and/or IMS in a modular MES environment that will require Centers for Medicare and Medicaid Services certification?**

**4.2.7 a.** We have strong experience implementing our case management and incident management systems in a modular MES environment. With various ongoing implementations, our CM platform is an obvious choice for states looking for an experienced vendor. From its inception, our CM platform has been designed to fully comply and support the CMS Seven Conditions and Standards, including complete alignment with the MITA 3.0 framework. Using our software, we can implement a CMS-certifiable HCBS data management solution while achieving quicker implementation timelines, flexible and configurable systems, and greater interoperability in full alignment with CMS' Seven Conditions and Standards.

We proactively leverage the CMS MITA documentation and Medicaid Enterprise Certification Toolkit (MECT) self-assessment checklists so that our product roadmap dynamically adjusts to the needs of MITA 3.0, as well as expected future updates. This includes accounting for the levels of MITA maturity.

Examples of our implementations in a modular MES environment (MMIS) include:

- California Department of Health Care Services (DHCS)
- Montana Department of Public Health & Human Services (DPHHS)
- Other private industry, commercial clients

**4.2.7 b.** Not applicable.

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## 4.2.8 Interoperability Experience

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### 4.2.8 What is your experience with interoperability?

a. Does your solution align with FHIR interoperability standards, including use of standardization application programming interfaces (APIs)? Please explain and elaborate.

b. What is your experience integrating your solution with the following, and using what methods [i.e., API; custom interface; extract, transform, load (ETL); etc.]

- i. Another vendor's or the state's IMS
- ii. Medicaid Management Information System (MMIS)
- iii. Medicaid eligibility system
- iv. Individual providers
- v. ASO systems
- vi. Managed care organization (MCO) systems

c. What challenges have you encountered integrating or interfacing with other systems?

**4.2.8 a-b.** Interoperability is important as the healthcare industry shifts to improve patient's access to their medical data. At Gainwell, we develop solutions designed for interoperability, agility, and scalable delivery with a flexible architecture. We have a proven track record of helping states maintain compliance with the CMS Interoperability and Patient Access final rule that is crucial for Medicaid agencies. Our cloud-based application enhances critical data exchanges between platforms and devices, allowing for more effective exchange, access, and usage of data. This includes real-time and near-real-time data exchanges, managed file transfer (MFT), single sign-on (SSO), and relationship management. Our recent experience in systems integration and operability includes:

- Supporting electronic data interchange for 13 agency programs
- Provide FHIR services for 14 agencies
- Support systems integration for 29 agencies

Our services to Medicaid include providing fiscal agent services and/or business operations services. We have worked with more than 1,579 different agencies in more than 30 states to support Medicaid agencies and their constituencies in providing IT and business services that support Medicaid program operations. We understand interoperability and know the complexities of sharing data and maintaining operations to support the Medicaid population. We currently support BMS on its Patient Access and Interoperability (PAI) capabilities.

**4.2.8 c.** From our experience working with many different states, it has become clear that extracting data out of source systems is one of the largest challenges to implementing an interoperability solution. The scope of data is broad, the timeliness requirements are strict, the complexity of the mapping is high, and the historical volume is large. Given our wide presence in Medicaid, we have first-hand experience working with states that had chosen an interoperability vendor with limited Medicaid experience, and we have seen that misunderstandings and miscommunication drive up costs and extend timelines. Our solution is specifically optimized for implementation in a Medicaid environment. We have multiple prebuilt converters that align with a variety of Medicaid architectures. Our prebuilt converters will provide BMS with proven and low-cost implementation resulting in less effort by the Agency and reaching compliance quicker than other alternatives.

## 4.2.9 Implementation Timeline

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**4.2.9 What is a typical implementation timeline? Please include key phases, milestones, drivers, and assumptions. What variables impact the implementation timeline, and how, for instance, number of HCBS waiver programs, number of providers, number of named users?**

- a. IMS only
- b. CMS only
- c. IMS and CMS

**4.2.9.** Based on our experience, implementation timelines can range from six (6) to 18 months, depending on the scope and complexity of requirements. Our single, integrated platform allows the CMS and IMS implementations to be accelerated due to common implementation tasks, such as systems integration, configuration, and others.

**4.2.9 a-c.** Per 4.2.9 above, we propose a single, integrated platform.

## 4.2.10 Conditions for Successful Implementation

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**4.2.10 What conditions create a favorable environment for a successful implementation? What conditions add risk to implementations?**

**4.2.10.** Favorable environments for successful implementations include both technology and organizational readiness. Our experience suggests that detailed, mutually agreed-on, implementation requirements create a foundation and roadmap for a successful implementation. Strong leadership and project management, proven implementation approaches and methodologies, and well-defined deliverables create a favorable environment for successful implementation. As BMS envisions the CMS-IMS will be a module in the future MES, we recommend that BMS carefully plan system integration points between MES modules. BMS should determine if a systems integrator (SI) should be involved and to what degree. Customers typically procure the services of an overall Project Management Office (PMO), quality assurance, and/or organizational management vendors to help manage implementations in multi-vendor environments.

## 4.2.11 Training and Organizational Change Management Support

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### 4.2.11 What training and organizational change management support does your company provide?

**4.2.11 - Training.** Gainwell will build on our longstanding history of supporting BMS to develop a well-formulated training plan that covers the uniqueness of your stakeholders and our CM platform. The training plan serves as the foundation for the delivery of training for this project. The plan covers the phases of needs assessment, goal definition, training implementation strategy, training effectiveness evaluation as well as plans to address the need for continuous just-in-time training. The plan also includes a project timeline, training objectives, client, provider, and manager learning objectives, and a timeline for deliverables.

Our instructional designers are experts in various authoring tools, learning management system (LMS) platforms, and train-the-trainer initiatives. They have created more than 500 computer-based multilingual training courses, developed training solutions for the various state agencies, and have extensive experience in multiple large-scale system integrations. Among our training options are the following:

- Quick Reference Guides (QRGs)
- Tip Sheets
- User Guides
- Frequently Asked Questions (FAQs)
- Presentations
- Medicaid Enterprise Users Provisioning Subsystem (MEUPS) Home Page Announcements
- Public Web Portal Home Page Announcement
- Companion Guide Updates
- Web Based Trainings (WBTs)
- Webinars
- In-person Trainings

**4.2.11 - Organizational Change Management Support.** Changing from large, semi-customized or fully customized systems to modular, configurable systems can be challenging for state agencies. The surest way to enable the adoption of the new system is to understand and then articulate how the new technology supports your vision. Gainwell helps organizations prepare for new technology and redesign business processes by building organizational change management into our processes. We do not simply implement new technologies; we support business process improvements and help stakeholders adapt and learn new processes.

The most critical aspect of change management is learning who the stakeholders are and understanding their needs and including all vendors in the multi-vendor implementation. There must be a solid as-is and to-be analysis conducted, followed by a well-designed approach to get from the current state to the future state, including a robust training program. Gainwell conducts extensive analysis of current and future business processes for our customers when supporting them through their modernization journeys. A key step to modernization can be centralizing communications among stakeholders.

We develop the following processes with our customers and other key project stakeholders to facilitate the organizational change and communications management processes. It is important that these processes are well integrated.

- Transition Kickoff Meeting, Agenda, and Materials
- Risk Management Plan
- Change Management Plan
- Communications Management Plan
- Quality Management Plan
- Requirements Management Plan
- Personnel and Resource Management Plan

In addition to our support, customers typically procure an overall Project Management Office (PMO), Quality Assurance, and/or Organizational Change Management (OCM) vendor for coordination among multi-vendors and stakeholders for successful implementation. We understand that BMS has several planned procurements that will impact the CM-IM project. We will work with the selected vendors, including the OCM firm, to support the successful stakeholder adoption of the new system.

## 4.2.12 Pricing Model

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**4.2.12 Please describe your CMS and/or IMS pricing model, and what features, products, services, licenses, etc. are included for each:**

- a. For implementation (one-time and recurring, if applicable); what variables impact costs?
- b. For on-going post-implementation (one-time and recurring); what variables impact costs?
- c. Can system operations and maintenance be assumed by BMS or another vendor?

**4.2.12.** We support multiple fee structures, including fixed price, per-transaction, per-member, per-provider, or a combination.

Our response to this RFI is based on 19 years of working with BMS. We, therefore, have a thorough understanding of the State's Medicaid goals, opportunities, and challenges and will continue to partner with BMS when appropriate to discuss costs and variables and recommend optimal solutions and pricing models.

**4.2.12 a.** Our industry leading Software as a Service (SaaS) Commercial Off-the-Shelf (COTS), CMS-certified CM platform is hosted and deployed securely in the cloud. SaaS fees, which include license and hosting costs, are usage based. The usage parameter is typically the number of named users.

Implementation costs are specified in a detailed implementation statement of work (SOW). Mutually agreed upon detailed implementation requirements are specified in the SOW. Several variables can impact implementation costs, such as systems integration requirements, configuration requirements, implementation timelines, and phases.

**4.2.12 b.** Please see the previous response, 4.2.12 a. BMS may want ongoing implementation and support services that would be specified in mutually agreed upon post go-live contract terms and conditions.

**4.2.12 c.** As a SaaS solution, production operations and maintenance of the CM platform is provided by us. There may be specific ongoing services that BMS or another vendor can assume.

## 4.2.13 Estimated Implementation and Ongoing Costs

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**4.2.13** In order to secure federal funding for this project, BMS must provide the Centers for Medicare and Medicaid Services with estimated implementation and on-going costs. We understand there are many variables that impact your pricing. Your assistance completing the table below is most appreciated. Please identify the nature of the cost for each line item, and add rows as needed. If more tables are needed, please include a supplemental file with your response. Assume four waiver programs with the self-directed option plus the state's Money Follows the Person program and State Plan Personal Care Program are in scope; and up to 2000 users. It is not necessary to maintain this table format in your response. Please indicate where hosting in a secure cloud environment is included.

**4.2.13.** As described in Question 4.2.12, we support multiple fee structures, including fixed price, per-transaction, per-member, per-provider, or a combination. We feel it would be more beneficial to provide information and our recommendations in person or otherwise in an environment that facilitates a broader discussion. We are available to meet with BMS at any time convenient for your staff.

## 4.2.14 Future Solicitations

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**4.2.14 What information do you need from BMS in future solicitations to create the most accurate and cost-effective pricing?**

**4.2.14.** As discussed previously, our response in future solicitations depends on configuration and BMS final requirements including assessments, care plans, number of HCBS waiver programs, number of providers and named users, business rules and workflows, among others.



## 4.2.15 Bidding Prevention

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**4.2.15 What types of solicitation requirements would prevent you from bidding?**

**4.2.15.** At this time, we do not anticipate any solicitation requirements that would prevent us from bidding.

## 4.2.16 Major Trends

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**4.2.16 Describe the major trends in the Medicaid HCBS waiver CMS and IMS solution space that you believe BMS should be aware of, including any product or approach changes that you believe will come to market within the next 12 – 24 months. How do your solution roadmaps stay current with such trends? If possible, please be specific regarding how these trends affect Medicaid, including WVCHIP, or healthcare IT in West Virginia.**

4.2.16. Gainwell recognizes that case management is more challenging today. States are balancing unprecedented caseloads with strategic initiatives as they incorporate advances in technology. Trends in the CM-IM solution space range from increases in the use of COTS and SaaS models to bring Medicaid in alignment with best practices across the technology sector; to using data and analytics and automation to improve efficiency, optimize care, and reduce costs. Our team incorporates industry standards and insight gained from our deployments, training, and maintenance support into the continuous improvement of our platform. In addition, we also use project-specific standards, data and analytics, and insights for the stakeholder experiences to update solution roadmaps.

Emerging technologies driving changes in CMS-IMS architecture include the integration of omnichannel engagement, digital products for multi-chronic condition management, and integrated health and social care pathways. Critical capabilities for CMS-IMS systems include:

- Consumer/Patient Engagement Hubs
- Secure Bi-Directional Communications
- Real-time Integration with Remote Monitoring Tools/Internet of Things (IoT) sensors, gateways, and software
- Enhanced Member Portals
- Offline Mobile Care Management Applications
- Analytics (artificial intelligence/machine learning)
- Streamline Application and Eligibility
- Automate Workflow and Business Process
- Compliance with CMS Interoperability/Patient Access Requirements
- Electronic Medical Records/Electronic Health Records (EMR/EHR) Integration
- Compliance with CMS Reporting Requirements

Gainwell recommends that BMS review our "[Navigating the Healthcare Technology Revolution](#)" (online: [bit.ly/gainwell-hctr](http://bit.ly/gainwell-hctr)) whitepaper for additional insight on trends and our approach to validating them.

Additionally, AssureCare, recently offered their insight on where population health management (care management) IT is headed in an interview with [Healthcare IT News](#) (online: [bit.ly/assurecare-itnews](http://bit.ly/assurecare-itnews)).

**Figure 5. Navigating the Healthcare Technology Revolution (White Paper)**



**Figure 6. Major Trends in Population Health Management (Care Management)**



## 4.2.17 Implementation Outcomes

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**4.2.17 In the states where you have implemented your CMS and/or IMS, what have been some of the notable program outcomes? What performance metrics were you able to provide to substantiate this success?**

**4.2.17.** Our contractual agreements with customers prohibit sharing specific metrics, as they consider that to be proprietary information. We can discuss specific metrics and outcomes, in greater depth, during the RFP process. The following are examples of efficiency, effectiveness, and financial improvements achieved by the implementation of our CM platform.

### **BMS will be able to perform current and future Care Management (CMS and IMS) processes and activities faster.**

With implementation of our CM platform, it will take less time to perform key care management (CMS and IMS) process activities, for example, completing assessments and creating care plans and service plans. BMS will have access to a complete member 360° view. Thus, there is less need for timely research in advance of executing a care management process activity, for example, during a call, face-to-face interaction. In 5-10 minutes, CM platform users can perform what could require 45 minutes or more. This allows BMS to execute the same care management (CMS and IMS) volume with less capacity and to use the same number of care managers (or other BMS resources) to manage more members per year.

There is a strong business case regarding expanded available care management (CMS and IMS) capacity so that BMS is managing every member where a care management cost or health outcome improvement can be attained.

In summary, BMS can expand existing care management (CMS and IMS) capacity by doing key activities faster.

### **Expansion and improvement of Care Management (CMS and IMS) capability.**

With the implementation of the CM platform, BMS will be able to implement and execute improved case management and incident management models that cannot be supported by current systems. For example, prior to implementing the CM platform CVS Health/Aetna could not support their new Community Care® program by sending people in the field to execute key care management activities remotely. With the CM platform, CVS Health/Aetna has now implemented an innovative Care Management model that is more effective. CVS Health/Aetna is now driving better utilization, cost, clinical outcomes, member experience, and other improvements that are important to leadership.

### **BMS will better be able to manage operations in a regulatory-compliant manner, specifically regarding Medicaid programs.**

We have a long and impressive history supporting government-sponsored healthcare programs. The rich and comprehensive functionality in the CM platform supporting Medicaid programs is the result of 20+ years' experience developing industry leading care management solutions for these programs.

The CM platform will improve BMS' ability to be fully compliant with CMS required reporting and the ability to manage specific service level agreements and improve compliance.

**BMS will have a faster, less expensive means of making configuration changes in support of changing business requirements.**

The CM platform is easily and rapidly configured using the comprehensive configuration functions provided with the system. If BMS wants to change existing care management (CMS and IMS) models or programs, those changes can be accomplished much faster and at a lower cost (either internal or external resources) than is possible today with current BMS systems and processes.

The reduced time required to implement changes to the care management platform also yields significant financial benefit to BMS by allowing improvements generated by model changes much sooner. A faster realization of return on investment (ROI) associated with model and program enhancements will be achieved by BMS.

Changes in the CM platform are fully configured, tested, and implemented in days, versus months, thus the associated implementation costs are significantly less.

In summary, the above points identify key areas where BMS will realize financial benefits and see substantial value by implementing MedCompass. Significant benefits realized going forward will be achieved by BMS' ability to implement and optimize new care management (CMS and IMS) models that will drive improved health care outcomes for Medicaid members at reduced costs in a reduced time frame.

## 4.2.18 System-Specific Bidding

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**4.2.18 If BMS released an RFP that allowed vendors to bid on IMS only, CMS only, or CMS and IMS, which systems would you bid on and why? Please share any comments on this potential RFP structure in terms of how it would impact your interest in bidding.**

**4.2.18.** We provide seamless integration of comprehensive CMS and IMS functionality in a single platform. It does not serve the best interests of BMS' HCBS members and programs to implement disparate solutions supporting case management and incident management. Information should follow members seamlessly across the continuum of care over time and across programs. From inception, the platform has been designed to deliver all care management functions. Our CM platform includes case management and incident management in one system. The system allows users across the complete continuum of care to benefit from a single source of truth to coordinate a member's care.

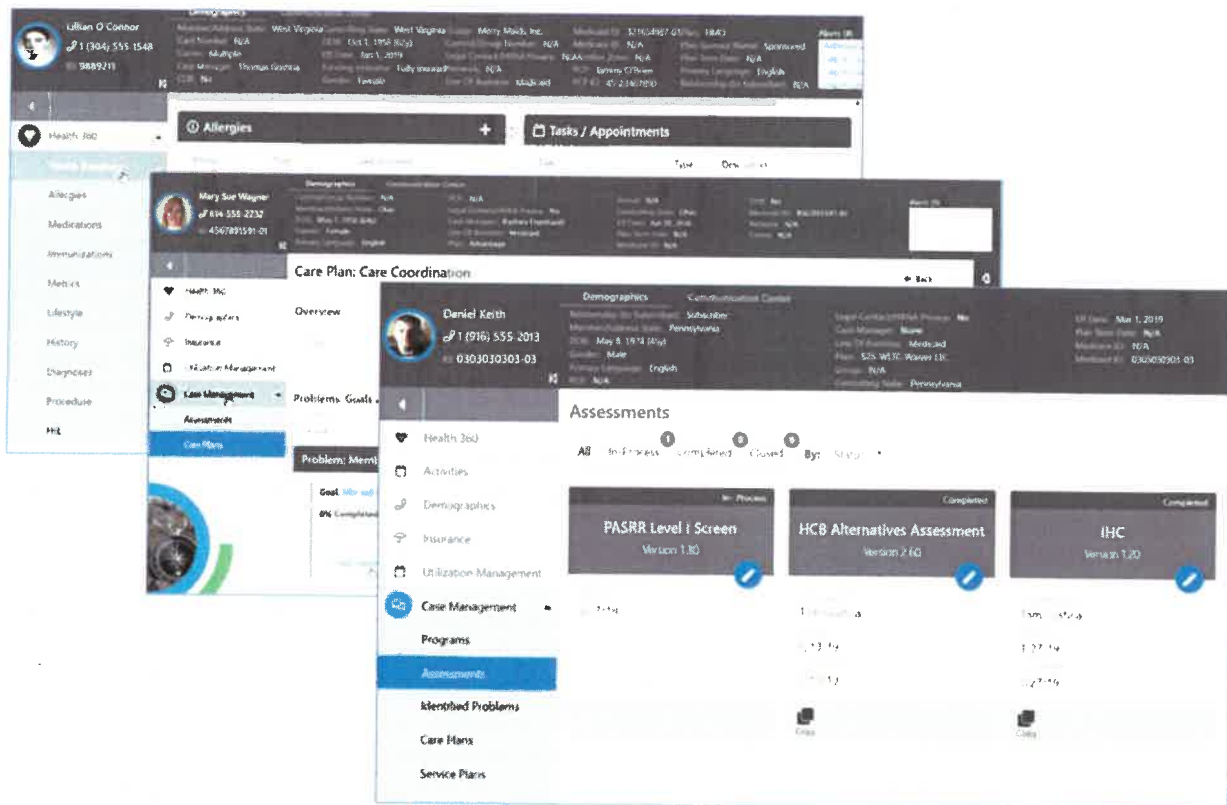
To deliver the optimum benefits to BMS and the HCBS program members served, as described above, we will bid on both CMS and IMS. Gainwell believes that disparate systems do not best serve the needs of BMS, or the members served by BMS.

## 4.2.19 Solution Demonstration

4.2.19 Do you have a short demonstration of your solution that would like to present to BMS? If BMS wishes to take part in a demonstration, BMS will reach out to the Respondent for further information.

4.2.19. Yes. At BMS' earliest availability, we would like to demonstrate our CMS-certified, modular, COTS, and SaaS cloud-deployed care management platform.

Figure 7. Platform Demonstration



## 4.2.20 Additional Information

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### 4.2.20 Is there additional information you would like to share with BMS related to the topics addressed in this RFI?

**4.2.20.** To exceed BMS objectives specified in the RFI, the case and incident management functions in our CM platform fully empowers care managers with the tools to coordinate care effectively and efficiently. Enabled by the member-centric design of our CM platform care managers can see relevant health history and risk factors affecting a member's outcomes. The assessment tools are flexible and can support a wide variety of clinical and administrative reviews and evaluations. From there, the workflow automation tools keep care managers updated on the member at a level appropriate to their risk level from high risk to maintenance.

Extending from the care management capabilities is the Service Plan functionality that allows care managers to coordinate care through to the delivery of the service. Clients can define services and rates for those services and include them within the CM platform to allow care managers to plan and budget the costs in real-time. Service Plans also enable care managers to schedule services in different ways, from general frequency down to a specific hour. With Uber/Lyft integration available, care managers can even trigger certain services while working with the member directly.

In addition, the CM platform captures social determinants of health (SDOH) and can be configured to leverage that information in population health member identification or clinical decision making. Our CM platform allows BMS to seamlessly leverage SDOH information alongside clinical information. Social determinants of health have a major impact on people's health, well-being, and quality of life. SDOH also contributes to wide health disparities and inequities. For example, people who do not have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions such as heart disease, diabetes, and obesity—and even lowers life expectancy relative to people who do have access to healthy foods.

To allow BMS to keep in front of CMS and West Virginia HCBS program changes, the CM platform is highly interoperable and highly configurable. The product can be configured to match BMS-specific business workflows, from drop-down selections to the visibility or editability of a screen or even a single field. Tasks and Queue capabilities manage workflows to assure care coordination issues are dealt with in a timely manner and by the right person or team.



## 5.2.4 Corporate Overview

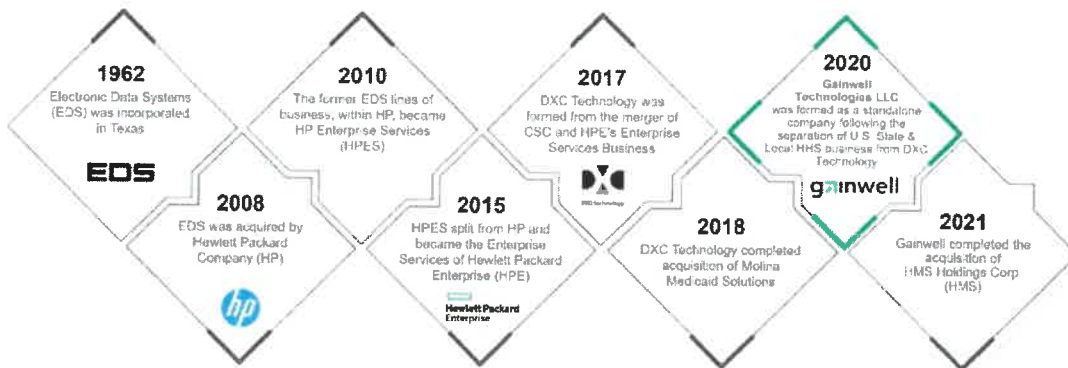
5.2.4. Respondents may supply a corporate overview of no more than two pages describing their organization's experience, staffing, ownership, and technical maturity. BMS discourages overly lengthy responses.

Therefore, marketing collateral, manuals, or other materials beyond that sufficient to present a complete and effective response are not desired. While additional data may be presented, material not relevant to this RFI will not be reviewed by BMS.

### Gainwell

Gainwell Technologies LLC (Gainwell), an independent private company, was founded on October 1, 2020. Our history begins with predecessor company EDS. The following figure offers a timeline of Gainwell's path to our current capabilities.

Figure 8. Gainwell History



New acquisitions have supported more innovation in our portfolio; particularly significant in West Virginia, where our team has an average tenure of 19 years, deep understanding of your system infrastructure, experience in legacy system conversions, and collaboration on your MES modernization strategy. Through our trusted partnership, Gainwell and West Virginia are working together on the following modules:

- Health PAS – now known as Claims, Encounters, & Financial Module
- Provider Enrollment
- Pharmacy POS
- Drug Rebate
- Early Intervention
- Third Party Liability

The Gainwell name is new, but we have been building our reputation as a valued partner to state and local governments for more than 50 years. Today, we are a market leader recognized for service excellence coupled with unparalleled expertise, intellectual property (IP), and strong connections with our customers and policy decision makers. As the Medicaid industry leader, Gainwell serves Medicaid programs in 46 states and two U.S. territories. Our team of 10,000 employees brings deep healthcare expertise to support West Virginia BMS' success. We know lives literally depend on the quality of our services. Gainwell brings best practices and lessons learned from our experience of having implemented 68 Medicaid systems for our customers, including 39 recent modular Medicaid systems. As the Medicaid modernization leader, we

process approximately 1,030,244,562 claims annually (\$153,390,416,814); a Provider count of 3,542,082, and a Member count of 55,816,198.

## **AssureCare**

AssureCare has deep experience providing care management solutions for Medicaid programs across the country that qualifies our team to exceed the CMS and IMS requirements specified in the RFI. AssureCare is a leading provider of healthcare technology supporting the functions of Case Management, Prior and Post Service Authorization (Utilization Management), Incident Management, Appeals and Grievances, Medication Management, Member/Provider Portals, and Quality Reporting. We are excited to call the California Department of Health Care Services (DHCS), and Montana Department of Public Health and Human Services (DPHHS), along with Medicaid Managed Care Plans such as Aetna, as AssureCare customers. Aetna is currently contracted to support Medicaid Managed Care in 16 states, serving millions of members enrolled in Medicaid programs. For more insight see Aetna Better Health, <https://www.aetnabetterhealth.com>.

The ability to support and deliver care to BMS' HCBS programs and populations requires today's Medicaid Enterprise System (MES) modular platforms to be more flexible and intuitive than ever before. Public health administrators face an urgent and growing need for responsive, flexible, and interoperable systems that can adapt and keep pace with Medicaid programs as they evolve. Against this background, AssureCare created an industry leading care management platform, MedCompass, that improves population health management, reduces total cost of ownership, and is ready to meet future requirements. MedCompass was specifically built, from the ground up, to meet the MITA vision. In particular, MedCompass' design has put MITA's seven conditions and standards front and center to confirm federal funding compliance from the outset. As a commercial off-the-shelf (COTS) product deployed in the cloud as Software as a Service (SaaS), MedCompass uses industry standards to provide a care management platform that is highly responsive, adaptable, and scalable to meet BMS' needs. Built on a Service Oriented Architecture (SOA), its modular design provides flexibility to adapt to future changes and enable seamless third-party integration and expandability.

By using the MECT as a foundation of system requirements, MedCompass is ready to achieve certification. MedCompass fully enables the BMS' vision of implementing a CMS-certifiable care management solution while achieving quicker implementation timelines, flexible and configurable systems, greater interoperability, and reduced implementation and operational costs—in full alignment with CMS' seven conditions and standards.

In May 2021, the California Department of Health Care Services (DHCS) achieved a significant milestone, CMS certification of MedCompass in support of California Medicaid and Medicaid Waiver Care Management programs.

We are proud of our robust, member-centered, connected-care SaaS platform that already powers many of the world's most transformative and complex healthcare organizations. With a total of 83+ million lives served under contract, our industry-leading platform, MedCompass, enables commercial payors, Medicaid agencies, social workers, physicians, hospitals, and pharmacies to share information and coordinate actions with one another in a real-time, seamlessly integrated manner, providing a 360° view of the beneficiary being cared for (including data from within or outside of BMS), and enabling members of the care team to operate from a single plan of care.





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

State of West Virginia  
 Centralized Request for Information  
 Info Technology

<b>Proc Folder:</b> 1069580			<b>Reason for Modification:</b> ADDENDUM 1 TO EXTEND RESPONSE OPENING DATE
<b>Doc Description:</b> REQUEST FOR INFORMATION-CMS/IMS SYSTEM			
<b>Proc Type:</b> Request for Information			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2022-08-25	2022-09-15 13:30	CRFI 0511 BMS2300000001	2

**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** VS0000037477

**Vendor Name :** Gainwell Technologies, LLC

**Address :** 355

**Street :** Ledgelawn Drive

**City :** Conway

**State :** AR **Country :** United States **Zip :** 72034

**Principal Contact :** Jeff Jacobs (jjacobs@gainwelltechnologies.com)

**Vendor Contact Phone:** (850) 264-0935 **Extension:** N/A **Fax:** (304) 348-3211

**FOR INFORMATION CONTACT THE BUYER**  
 Crystal G Husted  
 (304) 558-2402  
 crystal.g.husted@wv.gov

**Vendor Signature X** 

**FEIN#** 27-1510177 **DATE** 09/21/2022

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



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

State of West Virginia  
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 Info Technology

<b>Proc Folder:</b> 1069580		<b>Reason for Modification:</b>	
<b>Doc Description:</b> REQUEST FOR INFORMATION-CMS/IMS SYSTEM		ADDENDUM 2 TO EXTEND RESPONSE DUE DATE AND PROVIDE ANSWERS TO VENDOR QUESTIONS	
<b>Proc Type:</b> Request for Information			
<b>Date Issued</b>	<b>Solicitation Closes</b>	<b>Solicitation No</b>	<b>Version</b>
2022-09-08	2022-09-21 13:30	CRFI 0511 BMS2300000001	3

**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** VS0000037477

**Vendor Name :** Gainwell Technologies, LLC

**Address :** 355  
**Street :** LedgeLawn Drive  
**City :** Conway  
**State :** AR **Country :** United States **Zip :** 72034

**Principal Contact :** Jeff Jacobs (jjacobs@gainwelltechnologies.com)

**Vendor Contact Phone:** (850) 264-0935 **Extension:** N/A **Fax:** (304) 348-3211

**FOR INFORMATION CONTACT THE BUYER**  
 Crystal G Husted  
 (304) 558-2402  
 crystal.g.husted@wv.gov

**Vendor Signature X**  **FEIN#** 27-1510177 **DATE** 09/21/2022

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

Date Printed: Sep 8, 2022 Page: 1 FORM ID: WV-PRC-CRFI-002 2020/05

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS2300000001**

**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:**

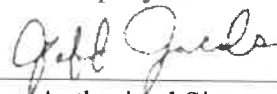
(Check the box next to each addendum received)

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

Gainwell Technologies, LLC

Company



Authorized Signature

09/21/2022

Date

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

Revised 6/8/2012

**Request for Information  
CRFI BMS230000001**

**(West Virginia Bureau for Medical Services)**

By signing below, I certify that I have reviewed this Request for Information in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this response for review and consideration on behalf of my organization.

Gainwell Technologies, LLC

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(Company)

Jeff Jacobs, Southeast Sector General Manager

---

(Representative Name, Title)

(850) 264-0935 Fax: (304) 348-3211

---

(Contact Phone/Fax Number)

09/21/2022

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(Date)

