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Header 1

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1985877
Procurement Type: Request for Information
Vendor ID: VS0000003953
Legal Name: TRILOGY INNOVATIONS INC
Alias/DBA:
Total Bid: $0.00
Response Date: 07/10/2026
Response Time: 10:27
Responded By User ID: Bill.McKenna
First Name: Bill
Last Name: McKenna
Email: bill.mckenna@trilogyit.com
Phone: 703-489-4053

SO Doc Code: CRFI
SO Dept: 0511
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Published Date: 7/9/26
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Close Time: 13:30
Status: Closed
Solicitation Description: RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER
Total of Header Attachments: 1
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Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder:	1985877
Solicitation Description:	RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS
Proc Type:	Request for Information

Solicitation Closes	Solicitation Response	Version
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VENDOR

VS0000003953
TRILOGY INNOVATIONS INC

Solicitation Number: CRFI 0511 BMS2600000001

Total Bid: 0 **Response Date:** 2026-07-10 **Response Time:** 10:27:09

Comments:

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
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Vendor
Signature X **FEIN#** **DATE**

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Tracking System for Substance Use Disorder Providers				0.00

Comm Code	Manufacturer	Specification	Model #
93151507			

Commodity Line Comments: Trilogy Innovations, Inc. (SBA 8(a), Bridgeport, WV) respectfully submits this RFI response in coordination with our teaming partners WVU Health Affairs Institute and Dynanet Corporation. Our response addresses all specified outcome measures, security and confidentiality requirements, provider user experience considerations, and training materials. We offer seven consolidated specification recommendations drawn from active federal health IT delivery experience, including direct engagement with WV DHHR through our Medicaid IV&V work with WVU HAI and our Chief Growth Officer's appointment to the WV Department of Health's HealthTech Appalachia Investment Advisory Panel. Our full 14-page response is attached. We welcome the opportunity to meet with BMS program staff prior to solicitation release. Contact: Bill McKenna, CGO -- bill.mckenna@trilogyit.com | (703) 489-4053.

Extended Description:

Tracking System for Substance Use Disorder Providers
PRICING IS NOT TO BE INCLUDED IN THIS SOLICITATION

July 10, 2026

Crystal G. Hustead, Buyer

West Virginia Department of Administration, Purchasing Division

2019 Washington Street East, Charleston, WV 25305

crystal.g.hustead@wv.gov

Re: RFI Response -- CRFI BMS2600000001, Tracking System for Substance Use Disorder Providers

Ms. Hustead,

Trilogy Innovations, Inc. is submitting this response to provide the Bureau for Medical Services with practical, experience-grounded information to support development of a SUD provider performance tracking system -- and to offer federal implementation lessons that can help BMS build stronger specifications before solicitation release.

Trilogy is an SBA 8(a)-certified federal IT systems integrator headquartered in Bridgeport, West Virginia. We currently deliver Medicaid program compliance work in West Virginia through our active engagement with WVU Health Affairs Institute, and our Chief Growth Officer, Bill McKenna, serves as an appointed member of the West Virginia Department of Health's HealthTech Appalachia Investment Advisory Panel, part of the state's $199.5M CMS-funded Rural Health Transformation Program. That appointment is advisory only and consistent with the panel's published charter, which maintains strict separation between advisory input and state procurement decisions. We mention this role because it reflects the depth of Trilogy's commitment to West Virginia's health and technology ecosystem, not to suggest any procurement advantage. At the federal level, Bill McKenna serves on the ACT-IAC AI Working Group -- the American Council for Technology and Industry Advisory Council's primary government-industry body advising federal agencies on responsible AI adoption, governance, and implementation strategy. That participation gives Trilogy current, direct insight into how federal health agencies are thinking about AI-integrated program administration and data governance, which directly informs the recommendations in this response. We are also submitting this response in coordination with our teaming partners, WVU Health Affairs Institute and Dynanet Corporation, who have each confirmed their interest in supporting the follow-on RFP. We believe this three-party team covers the ground BMS will need: WVU HAI's behavioral health program expertise and Medicaid services depth anchored in West Virginia's own research ecosystem, Dynanet's active CMS delivery experience and Medicaid IT credentials, and Trilogy's prime systems integrator role with direct state health IT engagement. We note that the enactment of H.R.1 in 2026 carries significant implications for state Medicaid program administration, including new work requirements and eligibility verification obligations that will generate additional provider compliance and outcome reporting demands. The system BMS is scoping now should be designed with that evolving federal policy trajectory in mind.

At the federal level, we hold active delivery relationships with the Centers for Medicare and Medicaid Services, the Advanced Research Projects Agency for Health, and the Federal Bureau of Investigation. We have seen firsthand how outcome tracking systems succeed and fail in complex health program environments, and we believe that experience is directly relevant to what BMS is trying to build.

This response answers each of BMS's specific questions directly. We have also included specification recommendations and implementation considerations drawn from federal practice, offered in the spirit of helping BMS develop a stronger RFP. We have seen federal agencies invest significantly in tracking systems that underperformed because specifications did not account for provider capacity constraints, data governance gaps, or interoperability requirements upstream of procurement. We would rather share those lessons now.

We welcome any follow-up questions and are available to meet with BMS program staff before solicitation release if that would be useful.

Respectfully submitted,

Bill McKenna

Chief Growth Officer, Trilogy Innovations, Inc.

Member, WV Department of Health HealthTech Appalachia Investment Advisory Panel

bill.mckenna@trilogyit.com | (703) 489-4053

Mission First, People Always.

TRILOGY INNOVATIONS, INC.

Request for Information Response

Tracking System for Substance Use Disorder Providers

CRFI BMS2600000001 | West Virginia Bureau for Medical Services | July 10, 2026

Company	Trilogy Innovations, Inc.
Address	421 Corporate Center Drive, Suite 100, Bridgeport, WV 26330
Phone	(703) 489-4053
Contact	Bill McKenna, Chief Growth Officer
Email	bill.mckenna@trilogyit.com
Date	July 10, 2026
CAGE Code	66X47
UEI	XGKPMK5NZM22
SBA 8(a)	Active, Certified

Section 1: System Description and Approach

3.1.1 -- Tracking System Description and Integration Approach

Trilogy Innovations, Inc. is an SBA 8(a)-certified federal IT systems integrator headquartered in Bridgeport, West Virginia. We respond to this RFI not as a product vendor but as an experienced implementation partner with active health IT delivery engagements at the federal level and direct, ongoing engagement with West Virginia's health system at the state level. We understand what it takes to build outcome tracking systems that actually get used, and we understand the West Virginia provider landscape well enough to know where the risks are.

Trilogy is currently engaged with WVU Health Affairs Institute on Medicaid program compliance verification and validation work in West Virginia, providing independent assessment of the state's Medicaid work requirements implementation. That engagement gives us direct familiarity with WV DHHR's systems, data structures, and program administration realities. In addition, Trilogy's Chief Growth Officer serves as an appointed member of the West Virginia Department of Health's HealthTech Appalachia Investment Advisory Panel, part of Governor Morrisey's Rural Health Transformation Program and its $199.5M CMS-funded investment in rural health innovation. That appointment is advisory only, consistent with the panel's published charter maintaining strict separation between advisory input and state procurement decisions. We reference it here because it reflects the depth of our commitment to West Virginia's health system and the trust the Department of Health has placed in Trilogy's judgment on health technology strategy.

West Virginia Engagement Credential

Active WV Engagement 1: WVU Health Affairs Institute -- Medicaid IV&V (Sub/Advisor, 2026-Present). Trilogy is currently providing independent verification and validation of West Virginia's Medicaid work requirements implementation in partnership with WVU Health Affairs Institute, West Virginia's public health institute and an R1 research entity within the WVU Health Sciences Center. WVU HAI's focus areas in behavioral health, Medicaid services, and health data analytics make them the ideal West Virginia institutional anchor for work of this type. This engagement gives Trilogy direct, real-time familiarity with WV DHHR systems, Medicaid data structures, and the operational realities of health IT compliance in West Virginia.

Active WV Engagement 2: HealthTech Appalachia Investment Advisory Panel (Bill McKenna, appointed May 2026). Trilogy's CGO serves as one of eleven appointed members of the WV Department of Health's Investment Advisory Panel for the $199.5M CMS-funded Rural Health Transformation Program. The panel advises on health technology identification, market readiness, and strategic alignment across the RHTP's seven pillars, including behavioral health. This appointment is advisory only with no role in procurement decisions. Active WV Engagement 3: WV Department of Health Agentic AI Initiative (Trilogy Innovations and Wilcat Associates, April 2026-Present). Trilogy and its affiliated WOSB, Wilcat Associates, are delivering a pro bono agentic AI capability pilot for the WV Department of Health, led by Executive Director and General Counsel Gordon Lane. The engagement covers AI governance framework development aligned to EO 14179 and the NIST AI Risk Management Framework, staff training on applied agentic workflows, and implementation of priority AI use cases including ADA compliance automation. This engagement gives Trilogy direct familiarity with WVDH's operational environment, IT staff capacity, and leadership priorities on AI adoption, which directly informs our understanding of the technology adoption challenges BMS will face in deploying a provider-facing tracking system. At the federal government-industry level, Bill McKenna serves on the ACT-IAC AI Working Group -- the American Council for Technology and Industry Advisory Council's primary body convening federal agency CIOs, program executives, and industry leaders around responsible AI adoption. ACT-IAC's AI Working Group produces implementation guidance, use case frameworks, and policy analysis that federal agencies including HHS and CMS draw on directly. This participation gives Trilogy current insight into how federal health agencies are calibrating AI governance requirements that will eventually flow down to state Medicaid programs, including the accountability and auditability standards that any AI-assisted SUD tracking system will need to meet.

At the federal level, we hold active delivery positions at ARPA-H and the FBI, and we bring those delivery experiences directly to bear on this response. The system we would design and implement for BMS is a cloud-hosted, configurable performance outcome tracking platform built on modern infrastructure aligned to FedRAMP authorization standards. It would serve as the authoritative system of record for provider-reported SUD outcomes, drawing data from three sources: provider-facing reporting interfaces, claims-based data feeds from BMS's Medicaid Management Information System, and integration points with state agency partners where data sharing agreements are in place. The architecture is modular by design, so BMS can activate or deactivate specific data collection modules as program requirements evolve without rebuilding the platform.

Federal Advisory Note

Federal agencies have consistently found that SUD outcome tracking systems fail not because of technology but because of specification gaps upstream of procurement. The three most common failure modes are: (1) outcome measure definitions that do not map to available data sources, requiring providers to manually report data that could be derived from claims; (2) provider-facing interfaces designed without input from front-line staff, resulting in low adoption and data quality

problems; and (3) data governance frameworks that are undefined at contract award, creating disputes over ownership, access, and retention that delay go-live by months.

BMS can address all three before the RFP is written. This response is designed to help with that.

Specification Recommendation for BMS

Consider whether the procurement scope should include a funded pre-implementation discovery phase in which the vendor conducts structured listening sessions with a representative sample of WV SUD inpatient providers before any configuration work begins. Federal agencies that have included this phase consistently report higher provider adoption rates and fewer post-award scope changes. The discovery phase typically runs four to six weeks and produces a provider-validated requirements document that governs system configuration.

Also consider requiring the vendor to submit a data governance plan as a contract deliverable within 60 days of award, covering data ownership, access controls, retention schedules, and end-of-contract portability requirements. Defining these terms before the system is built is significantly less expensive than negotiating them after.

Section 2: Performance Outcome Measures

3.2.1 -- Current Outcome Tracking Capabilities

A comprehensive SUD provider performance tracking system, as Trilogy would design and implement it, is capable of tracking the following categories of performance outcome measures for inpatient substance use disorder treatment providers.

Treatment Engagement and Continuity measures are calculated automatically from Medicaid claims data. The system ingests adjudicated claims from BMS's MMIS, identifies the index discharge event for each individual, and calculates whether a qualifying SUD service claim appears within the specified post-discharge window. Because this measure derives from claims rather than provider-entered data, it is both more reliable and less burdensome for providers.

Recovery Support Outcomes include self-reported and clinically documented abstinence status, medication-assisted treatment enrollment and continuity, and connection to recovery support services. Where toxicology screening data is available and appropriately consented, the system can integrate third-party lab result feeds to supplement self-reported data.

Social Determinants of Health and Stabilization outcomes capture post-discharge housing stability, primary care connection, employment and education engagement, and benefit enrollment status. These data points map directly to the specific measures BMS has identified and are consistent with CMS priorities around whole-person care and health-related social needs -- priorities that Trilogy's panel work under the RHTP has reinforced firsthand.

System Interaction Indicators, including law enforcement contacts and CPS investigations, require interagency data sharing agreements. Trilogy has structured these agreements at the federal level

and would work with BMS and relevant state agencies to establish compliant protocols. This is achievable but requires lead time and legal coordination that should be scoped into the procurement timeline, not left to post-award discovery.

Federal Advisory Note

Federal experience note: SAMHSA's National Outcome Measures framework defines a standard set of performance indicators for SUD treatment programs used for federal grant reporting across all 50 states. BMS will be in a significantly stronger position -- for both internal accountability and federal reporting alignment -- if the outcome measures defined in this procurement map to SAMHSA's NOMs framework rather than being defined independently.

This is not a constraint on what BMS can measure. Build the NOMs measures as the baseline, then add WV-specific measures on top. That approach gives BMS comparability with national benchmarks and reduces the reporting burden on providers who are already submitting NOMs data for federally funded programs. Trilogy's familiarity with SAMHSA's data frameworks through our federal HHS delivery work informs this recommendation directly.

Section 3: Specific Outcome Measure Capabilities

3.2.2 -- BMS-Specified Measure Coverage

Trilogy's proposed system directly addresses each of the specific outcome measures identified in Section 3.2.2 of the RFI. The following describes how the system would capture, validate, and report each measure, along with implementation considerations BMS should factor into specification development.

Follow-up within seven days and six months of discharge is calculated automatically from Medicaid claims data. No provider data entry is required for this measure, which significantly reduces administrative burden while improving data reliability. The system identifies the index discharge event and calculates whether a qualifying SUD service claim is present within the specified window.

Verified abstinence from non-prescribed substances is supported through structured provider documentation at defined follow-up intervals, with optional integration of point-of-care or laboratory toxicology results. The platform tracks documentation chain of custody and flags discrepancies for program staff review.

Medication-assisted treatment enrollment is captured at admission, discharge, and follow-up intervals through the provider reporting interface. The system tracks the specific medication, prescribing provider, and continuity of fill based on pharmacy claims data where available. MAT continuity is one of the strongest predictors of sustained recovery and should be tracked longitudinally, not just at a single point in time.

Social determinants of health tracking uses a configurable SDOH assessment module aligned to the Accountable Health Communities screening tool. Providers complete structured assessments at

defined intervals and responses map to standardized codes for reporting and population health analysis.

Readmission within 30 days without outpatient follow-up is calculated from claims data. The system flags cases where an individual is readmitted to inpatient SUD services within 30 days of discharge without a documented outpatient service encounter in the intervening period, generating near real-time alerts for program staff.

Stable, supported housing connection captures housing status through provider-administered assessments and, where data sharing agreements exist, through integration with WV Continuums of Care participating in the Homeless Management Information System. The system applies BMS's definition, distinguishing between emergency shelter and stable supported housing.

Primary care connection within three months draws on Medicaid claims data for enrolled individuals and provider-reported data for individuals receiving primary care outside the Medicaid system. This measure is most likely to have data gaps for individuals who cycle in and out of Medicaid eligibility, a pattern that is common in the SUD population and worth accounting for in the specification.

Employment, education, and training program connection is captured through structured provider follow-up at 30, 60, and 90-day intervals. The system provides structured data entry fields to ensure consistent coding and supports integration with WorkForce West Virginia data where agreements allow. Trilogy's advisory work under the RHTP's workforce productivity pillar gives us direct visibility into the state's workforce data landscape and the integration opportunities that exist.

Medicaid, SNAP, TANF, WIC, and other state benefit enrollment is captured through provider-reported assessments and, where data sharing agreements are in place, through integration with DHHR benefit eligibility systems. The system flags individuals who may be eligible for benefits but are not enrolled, supporting outreach and enrollment assistance.

New arrests, law enforcement interactions, and CPS investigations require structured data sharing agreements with the West Virginia State Police, the Division of Justice and Community Services, and DHHR's Bureau for Children and Families. These are achievable in West Virginia but require privacy impact assessments, data use agreements, and legal coordination that should begin before contract award, not after.

Discharge transition plan documentation is captured as a required field in record closure. Plan components, referrals made, and referral completion status are tracked in structured fields. Federal experience suggests making transition plan documentation a hard system requirement rather than a soft one, as voluntary compliance rates for documentation fields are consistently lower than mandatory ones.

> **Specification Recommendation for BMS**
>
> BMS should determine before solicitation release whether it wants a hosted Software-as-a-Service solution or a state-owned platform. SaaS is faster to deploy and lower in upfront cost but creates

vendor dependency and may limit BMS's ability to modify the system over time. A state-owned platform requires more upfront investment but gives BMS full control over data, configuration, and future development. Federal agencies have moved strongly toward SaaS for systems of this type over the past five years, but state governments have more varied experience. This decision affects system architecture, cost structure, and long-term risk allocation and should be made deliberately before the RFP is released.

BMS should also define how it wants to handle providers who serve both Medicaid and non-Medicaid populations. If the system is funded through Medicaid and structured around Medicaid claims data, there will be a coverage gap for individuals in SUD treatment who are uninsured or commercially insured. Defining whether and how to capture outcomes for non-Medicaid individuals will affect architecture, data sharing requirements, and cost. Finally, BMS should assess the implications of H.R.1 for this procurement's scope. The 2026 legislation introduces new Medicaid work requirement verification and eligibility redetermination obligations for states. These changes will likely increase the volume of provider-patient interaction data that state Medicaid programs are required to document and report. A SUD provider tracking system scoped only to current reporting requirements may require costly modification within two to three years of deployment. Trilogy recommends that BMS consult with CMS on H.R.1 implementation guidance before finalizing the system's data architecture, and that the solicitation include provisions for modular scope expansion as federal requirements evolve.

Section 4: Provider-Level Implementation and User Experience

3.2.3 -- Provider Feedback and User-Friendliness

A system that providers find burdensome will produce incomplete, unreliable data. Provider buy-in is not a nice-to-have consideration for a system of this type; it is a prerequisite for achieving the accountability outcomes BMS is trying to drive.

West Virginia's SUD inpatient provider community spans a wide range of facility types and administrative capacities, from larger regional treatment centers with dedicated IT and compliance staff to small community-based organizations where one person handles intake, billing, and clinical documentation. Trilogy understands this range directly from our active WV Medicaid engagement and our HealthTech Appalachia advisory work, where provider capacity constraints are a recurring theme in discussions about technology adoption. Any tracking system that assumes uniform administrative capacity across providers will produce uneven data quality and will create the most burden for the facilities that are already most stretched.

Trilogy's implementation approach begins with a structured discovery phase conducted before any configuration work begins. We facilitate listening sessions with a representative provider sample, document current workflows, identify where data collection points create friction, and adjust interface design accordingly. This process produces a provider-validated requirements document that governs

system configuration and reduces the post-launch change requests that drive cost overruns on systems of this type.

The provider interface is browser-based, requires no software installation, works on tablets and mobile devices, and includes inline help text and field-level validation. Progress saves automatically. Fields are presented sequentially by program phase rather than as a single long form. For measures derived from claims data, the system pre-populates values and asks the provider to confirm or correct rather than requiring manual entry.

Training is delivered in multiple formats: role-specific video walkthroughs, illustrated quick reference cards for posting at workstations, a searchable online knowledge base, cohort-based virtual training during rollout, and ongoing monthly office hours. Provider support is available by ticket, email, and phone during defined business hours with committed response time standards.

Federal Advisory Note

Federal implementation experience: CMS's experience deploying quality reporting systems to small and rural healthcare providers through the Medicare Quality Payment Program consistently shows that the gap between technical system readiness and operational adoption is wider than anticipated for providers with limited IT capacity. CMS has invested heavily in technical assistance infrastructure and regional support networks to close this gap.

WV BMS should consider whether the procurement scope should include a formal technical assistance function, funded as a separate contract line item, that provides proactive support to providers with low submission rates rather than waiting for them to request help. Federal programs that have included this function consistently outperform those that have not on data completeness metrics. Given that Trilogy's HealthTech Appalachia advisory role gives us visibility into the broader provider technology readiness landscape in West Virginia, we can affirm that this consideration is not theoretical -- it reflects a real and documented gap in rural provider capacity that will affect system performance.

Section 5: Data Security and Confidentiality

3.2.4 -- Security Architecture and Regulatory Compliance

The data collected by a SUD provider performance tracking system is among the most legally protected categories of health information in existence. Individuals in substance use disorder treatment are protected not only by HIPAA but by 42 CFR Part 2, which imposes confidentiality requirements on SUD treatment records that are significantly more restrictive than general HIPAA protections. Unlike HIPAA, 42 CFR Part 2 restricts disclosure even to other treating providers without specific written consent and limits the purposes for which records can be used even within a single organization.

Any system deployed to collect this data must be architected with 42 CFR Part 2 compliance as a foundational design requirement, not a compliance checkbox applied after the system is built. This has specific implications for data sharing arrangements with criminal justice agencies, housing

authorities, and employment programs that BMS may want to pursue as part of the outcome measurement framework.

Trilogy's security architecture for this system is designed in alignment with the NIST Cybersecurity Framework 2.0, NIST SP 800-53 security controls, and 42 CFR Part 2 requirements. The platform is hosted on FedRAMP-authorized cloud infrastructure. All data in transit is encrypted using TLS 1.3. All data at rest is encrypted using AES-256 with dedicated key management. Access is controlled through role-based access control with least-privilege principles, authenticated through multi-factor authentication, and logged to an immutable audit trail.

Trilogy manages sensitive government data under rigorous security requirements every day. Our FBI CJIS Microservices Architecture contract, active with an Exceptional CPARS rating in both quality and management, operates under the Criminal Justice Information Services Security Policy, one of the most demanding data security frameworks in federal government. Our ARPA-H ATLAS HARBOR program (Advanced Training and Learning at Scale) manages federated health data across multiple institutional partners including Boston Children's Hospital, Harvard, MIT CSAIL, Boston University, and Dartmouth under a security model consistent with NIST AI RMF and federal health data governance requirements. We bring that operational security maturity directly to the BMS implementation context.

Specification Recommendation for BMS

BMS should require vendors responding to the eventual RFP to explicitly address 42 CFR Part 2 compliance in their technical approach, separate from and in addition to HIPAA. The two frameworks have different consent requirements, different disclosure authorities, and different audit trail obligations. A vendor that conflates them has not delivered SUD-specific health IT systems before.

BMS should also require a Privacy Impact Assessment as a contract deliverable within 90 days of award, covering all planned data collection elements, all proposed interagency data sharing arrangements, and all system access roles. The discipline of completing a PIA before go-live catches compliance gaps that are significantly less expensive to fix before the system is built than after.

Finally, BMS should define data retention and destruction requirements in the solicitation rather than leaving them to vendor discretion. How long individual-level records are retained, under what conditions they can be accessed after a provider contract ends, and how data is destroyed at contract expiration are questions that should be answered in the PWS.

Section 6: Past Performance and West Virginia Engagement

Trilogy's past performance and current engagement portfolio demonstrate direct, active relevance to the capabilities BMS is evaluating. We are not a federal IT firm asking West Virginia to take a chance on us. We are already at work in West Virginia's health system, already trusted by the WV Department of Health to advise on health technology strategy, and already delivering Medicaid IT compliance work with WVU HAI. The following past performance references document the federal delivery credentials that underpin that state-level engagement.

West Virginia Engagement Credential

Bill McKenna, Trilogy's Chief Growth Officer, was appointed in May 2026 as a member of the WV Department of Health's HealthTech Appalachia Investment Advisory Panel by Secretary of Health Dr. Arvin Singh. The panel advises on health technology identification, evaluation, and strategic alignment under the $199.5M CMS-funded Rural Health Transformation Program. Panel members include the WV CIO, WVU Innovation Corporation, and senior leaders from LMI, LG Nova, and WV First Foundation. This appointment is advisory only, with no role in state procurement decisions, consistent with the panel's published charter.

Contract / Program	Agency / Customer	Role	Period / Value	Relevance to BMS SUD Tracking
WVU HAI Medicaid IV&V	WVU Health Affairs Institute / WV DHHR	Sub/Advisor (Active)	2026 - Present	Independent V&V of WV Medicaid work requirements implementation. Direct familiarity with WV DHHR systems, Medicaid data structures, and state health program compliance. The clearest demonstration that Trilogy is not learning the West Virginia context on this contract.
FBI CJIS FAST CLIN 3 (NCIC Services)	DOJ / FBI CJIS (Prime, GSA STARS III)	Prime	4/2025 - 4/2030 | $93.3M	Large-scale prime managing 67 FTEs under CJIS security requirements. Demonstrates program management maturity and performance under rigorous data security frameworks directly analogous to 42 CFR Part 2.
FBI CJIS Microservices Architecture	DOJ / FBI CJIS (Prime, GSA STARS III)	Prime	9/2023 - 9/2028 | $3.6M | Exceptional CPARS	Cloud-native architecture for a federal law enforcement data system. Exceptional ratings in quality and management under the most rigorous data security framework in federal government.
ARPA-H ATLAS Program	ARPA-H / Boston Children’s Hospital / Harvard / MIT CSAIL / Boston University / Dartmouth consortium	Sub (Active)	2026 - Present	Federated health data platform integrating clinical, research, and AI capabilities across multiple institutional partners. Directly relevant to interoperable health data architecture and sensitive health data governance.
FBI CJIS NCIC PM / SOS Accessibility	DOJ / FBI CJIS (Prime)	Prime	5/2022 - 5/2027 | $1.9M | Very Good / Exceptional CPARS	Project management and Section 508 accessibility compliance for a federal data system with a distributed user base. Relevant to provider-facing accessibility requirements and structured data system governance.

Taken together, Trilogy's active WV engagements and federal delivery record position us as a partner that brings national health IT expertise to a West Virginia institutional foundation. We are not asking

BMS to introduce us to the state's health system. We are already in it. For the follow-on RFP, Trilogy intends to pursue this opportunity as the prime systems integrator, supported by two confirmed teaming partners. WVU Health Affairs Institute will provide behavioral health program expertise, Medicaid services depth, and health data analytics credibility rooted in West Virginia's own R1 research ecosystem. WVU HAI's ongoing engagement with WV DHHR on Medicaid program analytics makes them the most credible institutional anchor available for this work. Dynanet Corporation, whose Director of Federal Health Robert Suggs has confirmed alignment with this opportunity, brings active CMS delivery experience and Medicaid IT implementation credentials that directly support the claims data integration and data standards work at the core of this system. Dynanet's relationship with Trilogy on active CMS delivery work gives this team real operational history, not just a teaming agreement on paper.

Section 7: Consolidated Specification Recommendations

Based on our federal implementation experience and active engagement with West Virginia's health system, Trilogy offers the following consolidated recommendations for BMS to consider as it develops specifications for the eventual solicitation. These are offered to help BMS build a stronger RFP, not to advocate for any particular vendor or approach.

Align outcome measures to SAMHSA's National Outcome Measures framework as a baseline. This gives BMS comparability with national benchmarks, reduces reporting burden on providers already submitting NOMs data for federally funded programs, and positions West Virginia to demonstrate performance improvement relative to national trends.

Include a funded pre-implementation discovery phase in the procurement scope. Vendors who conduct structured provider listening sessions before building the system produce better outcomes on data completeness and provider adoption. This phase typically costs less than two percent of total implementation cost and prevents scope changes that cost multiples of that.

Require a data governance plan as a 60-day contract deliverable covering data ownership, access controls, retention schedules, and end-of-contract portability. Defining these terms before the system is built is significantly less expensive than negotiating them after.

Require explicit 42 CFR Part 2 compliance treatment in vendor technical approaches, separate from HIPAA compliance. Vendors who cannot distinguish between the two frameworks have not delivered SUD-specific health IT before.

Require a Privacy Impact Assessment within 90 days of contract award. Initiate interagency data sharing agreement development with criminal justice and social services partners before contract award rather than delegating this to the vendor post-award.

Resolve the SaaS versus state-owned platform question in the solicitation rather than leaving it open to vendor interpretation. These are structurally different procurement approaches with different long-

term cost and control implications. BMS should make this decision deliberately, with input from WV OT and DOA, before releasing the RFP.

Include a technical assistance function as a funded contract line item. Proactive provider support, not just reactive helpdesk service, is the difference between a system that achieves 90 percent provider compliance and one that achieves 60 percent. Trilogy's HealthTech Appalachia advisory work has given us direct visibility into rural provider technology readiness in West Virginia, and we can affirm that this consideration reflects a real and documented gap, not a theoretical one. Design for H.R.1 flexibility from the outset. The 2026 legislation's new Medicaid work requirement verification and eligibility redetermination obligations will increase the provider compliance and outcome reporting demands that flow through this system. BMS should consult CMS on H.R.1 implementation guidance before finalizing the data architecture, and the solicitation should require a modular design that supports scope expansion as federal requirements evolve. A system that requires significant re-architecture to accommodate new federal obligations two years after go-live is a significant cost and mission risk.

Attachment A: Training Material Overview

3.3.1 -- Training Materials

Trilogy develops a comprehensive, multi-format training curriculum for every system implementation. For a BMS SUD tracking system deployment, the training package would include the following components, all developed in collaboration with BMS program staff and validated with a representative provider cohort before system go-live.

The Provider Quick-Start Guide is a two-page illustrated reference card for front-line intake and discharge staff. It covers account setup, daily workflow steps, and the five most common data entry scenarios in plain language at a sixth-grade reading level. Available in print and digital formats, designed to be laminated and posted at provider workstations. Federal experience has shown that this type of job aid, physically present at the point of data entry, produces measurably higher data completeness rates than training that relies on staff recalling webinar content.

Role-Based Video Walkthroughs are short, five to eight minute screen-recorded tutorials organized by user role: intake coordinator, discharge planner, facility administrator, and BMS program monitor. Each video covers the specific workflows relevant to that role. Videos are hosted on a secure, browser-accessible portal available on demand without VPN or special software.

The System Knowledge Base is a searchable online help resource containing step-by-step procedural articles, frequently asked questions, and troubleshooting guides. It is maintained by Trilogy's technical writing team and updated whenever the system changes or a policy requirement modifies a data collection workflow.

Live Training Sessions are conducted in two formats: an initial cohort-based virtual training for all provider facilities during rollout, and ongoing monthly office hours where provider staff can ask

questions, report usability issues, and receive live system demonstrations. Attendance is tracked and reported to BMS as part of routine program management reporting.

Provider Support Desk access is included as a standard implementation component. Providers may submit tickets through the provider portal, by email, or by phone during defined business hours. Trilogy commits to defined response time standards: acknowledgment within four business hours, resolution or escalation within one business day for standard issues, and same-day escalation for issues preventing data submission.

All materials are Section 508 compliant, available in formats accessible to users with disabilities, produced in editable formats, with full ownership transferring to BMS at contract completion.

Certification and Signature

By signing below, I certify that I have reviewed CRFI BMS2600000001 in its entirety, understand the requirements, terms, and conditions contained therein, and am submitting this information for review and consideration by the West Virginia Department of Human Services, Bureau for Medical Services.

Company: Trilogy Innovations, Inc.

Representative Name, Title: Bill McKenna, Chief Growth Officer

Contact Phone / Fax: (703) 489-4053 / N/A

Date: July 10, 2026

Signature: _____

Mission First, People Always.