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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: VS0000052941

Legal Name: INNOVACCER INC

Alias/DBA:

Total Bid: \$0.00

Response Date: 07/14/2026

Response Time: 10:58

Responded By User ID: nwienert_inno

First Name: Nate

Last Name: Wienert

Email: nate.wienert@innovaccer.ci

Phone: 2817558215

SO Doc Code: CRFI

SO Dept: 0511

SO Doc ID: BMS2600000001

Published Date: 7/9/26

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Close Time: 13:30

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Solicitation Description: RFI-TRACKING SYSTEM FOR
SUBSTANCE USE DISORDER

Total of Header Attachments: 1

Total of All Attachments: 1



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
2026-07-14 13:30	SR 0511 ESR07142600000000224	1

VENDOR
VS0000052941
INNOVACCER INC

Solicitation Number: CRFI 0511 BMS2600000001
Total Bid: 0
Response Date: 2026-07-14
Response Time: 10:58:00
Comments:

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

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: Crystal,
Please see the attached Innovaccer response to the West Virginia Department of Human Services, Bureau for Medical Services (BMS) Request for Information for a Tracking System for Substance Use Disorder Providers. We welcome the opportunity to meet with BMS to discuss this further. If you have any further questions or need additional information, please let us know.
Thank you,
Nate Wienert
Area Vice President- Public Sector
nate.wienert@innovaccer.com
281-755-8215

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



RESPONSE TO REQUEST FOR INFORMATION

Tracking System for Substance Use Disorder Providers

CRFI 0511 BMS2600000001

Submitted to:

West Virginia Department of Administration, Purchasing Division
on behalf of the West Virginia Department of Human Services, Bureau for Medical Services
Attn: Crystal G. Hustead — crystal.g.hustead@wv.gov
RFI Opening Date: July 14, 2026, 1:30 PM ET

Submitted by:

Innovaccer Inc.

201 Mission Street, Suite 2900, San Francisco, CA 94105
www.innovaccer.com

Nate Wienert, Area Vice President — Public Sector (East)
nate.wienert@innovaccer.com | 281-755-8215

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Innovaccer Inc. (“Innovaccer”) appreciates the opportunity to respond to the West Virginia Department of Human Services, Bureau for Medical Services (BMS) Request for Information regarding a tracking system for substance use disorder (SUD) providers. This response follows the format and section references requested in Section 4.2 of the RFI and addresses each specific question posed in Section 3.2, along with the documentation requested in Section 3.3.

Innovaccer's **Health Cloud** and **Gravity** platform are deployed today in state Medicaid and public health environments to aggregate claims, clinical, and social care data; calculate behavioral health and SUD outcome measures; support care coordination workflows at the provider level; and enforce the heightened confidentiality protections that 42 CFR Part 2 requires for SUD treatment records. We have built this response around the platform capabilities and outcome measure logic already in production for state government and provider customers, and we have called out where a capability would require standard configuration versus where it is available out of the box.

Section 3.1 — General Information Being Sought

1. A description of a tracking system that will collect performance outcome measures for substance use disorder providers.

Innovaccer proposes its **Health Cloud data platform**, paired with the **Gravity** social care and care coordination module, as the tracking system foundation for this initiative. The platform aggregates data from the sources most relevant to SUD outcome tracking — Medicaid claims and encounters, hospital and behavioral health EHR feeds (admission/discharge/transfer, or ADT), laboratory and toxicology results, care management and case notes, and community-based social care referral activity — into a longitudinal record for each individual served by an SUD provider. From that unified record, the platform calculates configurable outcome measures, presents them through role-based dashboards for state program staff and providers, and generates the audit trail West Virginia would need for federal and state reporting.

Key components of the proposed tracking system:

- **Data Aggregation Layer** — ingests SUD provider claims and encounter data, ASAM level-of-care and admission/discharge data, lab/toxicology results (where available), and case management activity via API, HL7/FHIR, or secure batch file transfer, and normalizes it to a common data model with a statewide Master Patient Index.
- **Quality and Outcome Measures Engine** — a configurable measures library, already populated with NCQA/HEDIS-aligned behavioral health and SUD measures (e.g., Follow-Up After High-Intensity Care for Substance Use Disorder, Follow-Up After Emergency Department Visit for Substance Use, Pharmacotherapy for Opioid Use Disorder), extended with custom measure logic for West Virginia-specific outcomes described in Section 3.2.2 below.
- **Provider- and State-Level Dashboards** — configurable views for BMS/DHHR program staff (population-level trend and provider performance) and for individual SUD provider staff (patient-level worklists and outcome status).
- **Consent and Confidentiality Controls** — a purpose-built consent management layer aligned to 42 CFR Part 2 that governs redisclosure of SUD treatment records at the field level, described further in Section 3.2.4.
- **Care Coordination Workflows** — closed-loop referral and task management tools that let providers and care coordinators act on outcome gaps (e.g., a missed follow-up visit or an unmet housing referral) directly within the platform.

Section 3.2 — Specific Questions

1. What performance outcome measures does your system currently track for substance use disorder providers?

Innovaccer's measures engine currently calculates a standard set of NCQA/HEDIS-aligned behavioral health and SUD measures in production for health plan and state Medicaid customers, including:

- Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) — 7-day and 30-day follow-up windows
- Follow-Up After Emergency Department Visit for Substance Use (FUA)
- Pharmacotherapy for Opioid Use Disorder (POD) — tracks medication-assisted treatment (MAT) initiation and continuity
- Diagnosed Substance Use Disorder (DSU) treatment penetration, including age-stratified reporting (e.g., 18–64 and 65+ cohorts)
- Initiation and Engagement of Substance Use Disorder Treatment (IET)
- Readmission and all-cause utilization measures (e.g., 30-day acute readmission, ED revisit rate) that can be scoped to a discharge-from-SUD-treatment population

Beyond this standard library, the measures engine is configuration-driven rather than hard-coded, which means new measures — including several of the West Virginia-specific measures listed in Section 3.2.2 — can be defined using the same denominator/numerator/exclusion logic without a core software release. We want to be direct that several of the measures BMS has listed (e.g., verified abstinence, connection to stable housing, new arrests/CPS involvement) depend on data sources that do not typically exist in claims or clinical feeds today — toxicology results, housing status, and justice system data. Our response in Section 3.2.2 distinguishes between measures we can calculate today from standard Medicaid/clinical data and measures that would require West Virginia to make an additional data source available (e.g., a housing registry, a court data feed, or provider-entered assessment data) for the tracking system to calculate them.

2. Can your system address these specific outcome measures?

The table below maps each measure BMS listed to Innovaccer's current capability. "Yes — Standard" indicates the measure can be calculated from data sources already supported in production today (primarily Medicaid claims/encounters). "Yes — Configured" indicates the measure is calculable but requires a defined, non-claims data feed (e.g., housing, justice, benefits enrollment, or provider-entered assessment data) that West Virginia would need to make available.

Outcome Measure	Supported
Follow-up as measured by a claim for SUD services within seven days of discharge	Yes — Standard
Follow-up as measured by a claim for SUD services within six months of discharge	Yes — Standard
Number of individuals who have verified abstinence from non-prescribed substances	Yes — Configured
Number of individuals on medication-assisted treatment	Yes — Standard
Social determinants of health (SDOH) tracking/assessment post-discharge	Yes — Standard
Readmission to substance use services within 30 days without outpatient follow-up	Yes — Standard
Number of individuals connected to stable, supported housing	Yes — Configured
Number of individuals connected to primary care within three months of discharge	Yes — Standard
Number of individuals connected to employment, education, or training programs	Yes — Configured
Number of individuals engaged in Medicaid, SNAP, TANF, WIC, or other state benefits	Yes — Configured
Number of individuals with new arrests, law enforcement interactions, or CPS investigations	Yes — Configured
Number of individuals with a discharge transition plan	Yes — Configured

How each category is supported

Claims-based follow-up measures (7-day, six-month, 30-day readmission). These are calculated directly from Medicaid claims and encounter data using the same denominator/numerator logic as the NCQA FUI and FUA measure specifications — identifying a qualifying SUD discharge or high-intensity care event, then searching claims for a qualifying outpatient, telehealth, or MAT-related follow-up encounter within the defined window. These measures are available in the standard measures library today.

Medication-assisted treatment (MAT). The platform tracks MAT initiation, medication type (buprenorphine, methadone, naltrexone), and continuity of treatment using pharmacy claims, medical claims (for methadone administered in an opioid treatment program setting), and EHR medication data where available — consistent with the logic used in the NCQA Pharmacotherapy for Opioid Use Disorder (POD) measure. This is a standard, production capability.

SDOH tracking/assessment post-discharge. Innovaccer's **Gravity** module supports standardized SDOH screening instruments (e.g., PRAPARE, AHC-HRSN) administered by providers or care coordinators, stores the screening results as structured, longitudinal data on the person's record, and supports **closed-loop referrals** to community-based organizations for identified needs (food, housing, transportation, utilities, employment). Screening completion and referral outcome are both tracked as reportable data points, which is what allows several of BMS's other requested measures — housing connection, employment connection, benefits engagement — to be calculated once the underlying screening or referral data exists in the platform.

Housing, employment/education, and benefits enrollment connection measures. These measures depend on data that generally does not exist in Medicaid claims: whether a referral to a housing, employment, or benefits program was completed. Innovaccer supports these today for customers running SDOH referral programs through Gravity, where the platform tracks the referral from initiation through community partner confirmation of service receipt. For West Virginia, this means the tracking system can calculate and report these measures once (a) providers or care coordinators are using the platform's referral workflow, or (b) BMS can supply a data feed from an existing statewide resource (e.g., WorkForce WV for employment/training, DHHR eligibility systems for SNAP/TANF/WIC/Medicaid enrollment) that the platform can ingest and match to the individual.

Verified abstinence from non-prescribed substances. This measure requires toxicology or drug-screening results, which are not typically available in claims data. Innovaccer can ingest lab/toxicology results via HL7 or structured file feed from a provider's laboratory system or a state public health lab interface, and calculate a longitudinal abstinence-verification measure from that data once the feed is established. We want to flag this directly rather than overstate readiness: this measure is achievable, but it is contingent on WV DHHR or providers making toxicology data available in a structured format.

New arrests, law enforcement interactions, or CPS investigations. Innovaccer's consent and data governance framework (Section 3.2.4) is built to support ingestion of justice-adjacent data with source-level tagging and redisclosure controls — a pattern we have implemented for customers integrating criminal-justice-involved population data. Calculating this measure for West Virginia would require BMS to identify and authorize a data-sharing arrangement with the relevant justice or CPS system of record; once that feed exists, the platform can match records to the individual and calculate the measure.

Discharge transition plan. The platform can track completion of a structured discharge/transition plan as a discrete, provider-entered data element (e.g., via a structured assessment form in the care coordination workflow), and report the percentage of discharges with a completed plan on file. This is available today as a configured workflow rather than an out-of-box measure, since transition plan documentation practices vary by provider and by state program design.

3. This product will be implemented at provider level. How have providers discussed using your product, and how is it user friendly?

Innovaccer's platform is designed to be used directly by frontline provider staff — care coordinators, case managers, and clinical staff — rather than only by state program analysts, which is consistent with how BMS has described the intended provider-level deployment for this system.

How providers have engaged with the platform

- **Worklist-driven design.** Rather than requiring provider staff to interpret a population-level dashboard, the platform surfaces a patient-level worklist showing which individuals have an open outcome gap (e.g., no follow-up visit logged within the required window, an incomplete SDOH screening, or an unconfirmed referral) so staff can act on the measure rather than simply observe it.
- **Care coordinator and case manager adoption.** In state and provider deployments, case managers and community health workers have used the closed-loop referral workflow (originally built for general SDOH use cases) to manage community-based referrals, receive confirmation when a partner organization completes a service, and set follow-up reminders — the same underlying workflow proposed here for housing, employment, and benefits connection tracking.
- **Low-burden data entry.** Where a measure requires provider-entered data (e.g., a discharge transition plan or a structured screening), the platform uses short, structured forms embedded in the coordinator's existing workflow rather than a separate reporting portal, to minimize double documentation.
- **Role-based views.** Frontline provider staff see a task- and patient-oriented view; provider administrators see a rolled-up compliance and outcome view for their organization; and state program staff see the statewide and provider-comparison views — all from the same underlying data, configured by role rather than requiring separate systems.

We recognize that adoption by providers is driven as much by workflow fit and change management as by the software itself. As part of implementation, Innovaccer typically conducts provider-facing workflow sessions to confirm how outcome data entry and referral confirmation will fit into each provider type's existing intake, care coordination, and discharge processes before go-live, and iterates on form design and worklist configuration based on that feedback.

4. What security measures are in place to protect the confidentiality of the data?

Substance use disorder treatment records carry confidentiality obligations beyond standard HIPAA protections, and Innovaccer's platform is built to address both layers.

42 CFR Part 2 and SUD-Specific Confidentiality Controls

- A dedicated **Consent Management** engine evaluates every request to view a patient record in real time against tenant rules, the individual's recorded consent status, and the requesting user's sensitivity permissions, before returning data — resolving to Allow, Partial, or Deny at the field level.
- SUD treatment data can be flagged with a dedicated sensitivity indicator (aligned to the HL7 ActCode used for substance abuse information sensitivity), enabling **row- and field-level suppression** so that SUD treatment history — including the identity of the treating facility — is only visible to users with an appropriate consent basis and role.
- **Redisclosure controls** are configurable per consent scope, consistent with 42 CFR Part 2's restrictions on further disclosure of SUD patient records without patient consent or a qualifying exception.
- When a patient's consent status changes, an event-driven process invalidates the prior access decision immediately, so no stale or over-permissive access persists after a revocation.

HIPAA, Infrastructure, and Operational Security

- Full compliance with the HIPAA Privacy, Security, and Breach Notification Rules (45 CFR Parts 160 and 164), supported by Business Associate Agreements with all covered entity and business associate partners.
- **HITRUST CSF certification**, one of the most rigorous third-party security assurance frameworks available for healthcare data environments.
- **SOC 2 Type II attestation** covering security, availability, and confidentiality trust service criteria.
- Deployment on **FedRAMP-authorized cloud infrastructure** (AWS GovCloud), supporting U.S.-based data residency appropriate for state government data.
- Encryption in transit (TLS 1.2/1.3) and at rest (AES-256), with certified key management.
- **Role-based access control (RBAC)** with agency- and program-scoped tenancy, single sign-on via SAML 2.0/OAuth 2.0, and mandatory multi-factor authentication for administrative and privileged access.
- Immutable audit logging of all data access events, supporting HIPAA Security Rule accountability requirements and West Virginia's own audit and public-records obligations.
- Annual third-party penetration testing, continuous vulnerability management, a 24/7 security operations function, and documented, tested disaster recovery and business continuity plans.

Innovaccer is prepared to walk BMS and DHHR's security and privacy teams through the consent architecture and compliance documentation in more detail as part of any follow-on procurement process.

Section 3.3 — Documents Being Sought

1. Training materials on how to use the system.

Innovaccer provides a structured training program as part of every implementation, tailored to each user role. For a system of this kind, our standard training approach includes:

- **Role-based training tracks** — separate curricula for provider frontline staff (worklist navigation, screening/assessment entry, referral workflow), provider administrators (compliance and outcome reporting), and state program staff (statewide dashboards and provider comparison views).
- **Live, instructor-led sessions** during onboarding, recorded for later reference and for onboarding new staff after go-live.
- **Quick-reference guides and job aids** covering the specific workflows relevant to this program — for example, a one-page guide to completing an SDOH screening and initiating a referral, or a guide to documenting a discharge transition plan.
- **In-application guidance** (contextual help and tooltips) embedded directly in the workflow, reducing reliance on external documentation for day-to-day use.
- **A super-user/train-the-trainer model** for larger provider organizations, so provider-side staff can onboard new team members without requiring Innovaccer involvement for every new hire.

Innovaccer would develop the final training materials collaboratively with BMS and participating SUD providers during implementation, so that terminology, workflow steps, and screenshots reflect the system as configured for West Virginia. Sample training materials and job aids from comparable state deployments are available upon request as part of a follow-on procurement process.

Closing Statement

Innovaccer appreciates the opportunity to respond to this Request for Information and to support the West Virginia Department of Human Services, Bureau for Medical Services, as it develops specifications for a tracking system for substance use disorder providers. We have aimed to be direct throughout this response about which capabilities are available today from standard Medicaid claims and clinical data, and which measures — verified abstinence, housing connection, employment/education connection, benefits engagement, and justice-system involvement — are achievable but depend on West Virginia identifying and authorizing the underlying non-claims data sources.

We welcome the opportunity to discuss this response further, provide a platform demonstration, or share reference contacts from comparable state government engagements as BMS continues to develop the specifications for this initiative.

Questions regarding this response may be directed to:

Nate Wienert

Area Vice President — Public Sector (East)

Innovaccer Inc.

nate.wienert@innovaccer.com

281-755-8215



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

Proc Folder: 1985877			Reason for Modification:
Doc Description: RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS			
Proc Type: Request for Information			
Date Issued	Solicitation Closes	Solicitation No	Version
2026-06-10	2026-07-14 13:30	CRFI 0511 BMS2600000001	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: VS0000052941

Vendor Name : Innovaccer Inc.

Address : Suite 2900

Street : 201 Mission Street

City : San Francisco

State : California **Country :** United States **Zip :** 94105

Principal Contact : Nate Wienert

Vendor Contact Phone: 281-755-8215 **Extension:** NA

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

**Vendor
Signature X**

Signed by:
Sandeep Gupta
A16918E5FC054E3...

FEIN# 300839073

DATE 07-14-2026

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

ADDITIONAL INFORMATION

REQUEST FOR INFORMATION:

THE WEST VIRGINIA PURCHASING DIVISION IS ISSUING THIS REQUEST FOR INFORMATION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES, BUREAU FOR MEDICAL SERVICES (BMS), FOR THE PURPOSE OF GATHERING INFORMATION TO DEVELOP SPECIFICATIONS FOR A TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS. INFORMATION PROVIDED WILL ASSIST THE WEST VIRGINIA DEPARTMENT OF HEALTH IN DEVELOPING SPECIFICATIONS AND WILL ASSIST IN THE PROCUREMENT PROCESS.

***QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE SCHEDULE OF EVENTS.

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

Comm Code	Manufacturer	Specification	Model #
93151507			

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

SCHEDULE OF EVENTS

Line	Event	Event Date
1	QUESTION DEADLINE	2026-06-23

	Document Phase	Document Description	Page 3
BMS2600000001	Final	RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



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
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Proc Folder: 1985877			Reason for Modification: ADDENDUM 1 TO PROVIDE ANSWERS TO VENDOR QUESTIONS
Doc Description: RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS			
Proc Type: Request for Information			
Date Issued	Solicitation Closes	Solicitation No	Version
2026-07-09	2026-07-14 13:30	CRFI 0511 BMS2600000001	2

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BID CLERK
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Reason for Modification:

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TO PROVIDE ANSWERS TO
VENDOR QUESTIONS

Proc Type: Request for Information

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<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	QUESTION DEADLINE	2026-06-23

SOLICITATION NUMBER: CRFI BMS2600000001

Addendum Number: 1

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

Applicable Addendum Category:

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

Description of Modification to Solicitation:

1. To provide answers to vendor questions

No other changes

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

Terms and Conditions:

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

ATTACHMENT A

Question 1: How many providers fall under the scope of the solution being requested?
Can an approximate patient panel size associated with that provider network be provided?

Answer 1: All current BMS certified residential treatment providers.

Question 2: Does the Agency currently utilize a solution that tracks some or all of the performance outcome measures identified in Section 3.2.2 of the RFI? If so, are there known gaps or limitations with the existing solution that this procurement is intended to address?

Answer 2: No solution currently provides these services.

Question 3: What is the anticipated contract value for this service?

Answer 3: The State of WV does not provide budget information.

Question 4: Is there a timeline in pursuing the project?

Answer 4: There is no current timeline for this project, responses to the RFI may assist in developing any timeline and future steps.

Question 5: Is there a current vendor providing this service or is it a new requirement? If there is a current vendor, could you please provide the current contract documents/information?

Answer 5: There is no current vendor providing this service.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2600000001

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)

☒ Addendum No. 1	☐ Addendum No. 6
☐ Addendum No. 2	☐ Addendum No. 7
☐ Addendum No. 3	☐ Addendum No. 8
☐ Addendum No. 4	☐ Addendum No. 9
☐ Addendum No. 5	☐ 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.

Innovaccer Inc.

Company

Signed by:

A10918E9FC054E3...

Authorized Signature

07-14-2026

Date

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



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

Proc Folder: 1985877			Reason for Modification:
Doc Description: RFI-TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS			
Proc Type: Request for Information			
Date Issued	Solicitation Closes	Solicitation No	Version
2026-06-10	2026-07-14 13:30	CRFI 0511 BMS2600000001	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: VS0000052941
Vendor Name : Innovaccer Inc.
Address : Suite 2900
Street : 201 Mission Street
City : San Francisco
State : California **Country :** United States **Zip :** 94105
Principal Contact : Nate Wienert
Vendor Contact Phone: 281-755-8215 **Extension:** NA

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor
Signature X

Signed by:
Sandeep Gupta
A16918E5FC054E3...

FEIN# 300839073

DATE 07-14-2026

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

ADDITIONAL INFORMATION**REQUEST FOR INFORMATION:**

THE WEST VIRGINIA PURCHASING DIVISION IS ISSUING THIS REQUEST FOR INFORMATION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES, BUREAU FOR MEDICAL SERVICES (BMS), FOR THE PURPOSE OF GATHERING INFORMATION TO DEVELOP SPECIFICATIONS FOR A TRACKING SYSTEM FOR SUBSTANCE USE DISORDER PROVIDERS. INFORMATION PROVIDED WILL ASSIST THE WEST VIRGINIA DEPARTMENT OF HEALTH IN DEVELOPING SPECIFICATIONS AND WILL ASSIST IN THE PROCUREMENT PROCESS.

***QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE SCHEDULE OF EVENTS.

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

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description:

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

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	QUESTION DEADLINE	2026-06-23

Request for Information

West Virginia Department of Human Services

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- B. Section 1: General Information and Instructions
- C. Section 2: Instructions to Vendors Submitting Information
- D. Section 3: Information Being Sought
- E. Section 4: Vendor Response

SECTION 1: GENERAL INFORMATION

1.1. Introduction:

The West Virginia Purchasing Division (“Purchasing Division”) is issuing this Request for Information (RFI), on behalf of Department of Human Services (“Agency”), to all vendors that have a desire to provide information about tracking performance outcome measures for substance use disorder in-patient providers. This RFI is intended to provide the Agency with information necessary to plan and develop specifications for a future procurement.

1.2. Schedule of Events:

RFI Released To Public	06/10/2026
Vendor’s Written Questions Submission Deadline	06/23/2026
Addendum Issued	TBD
RFI Opening Date	07/14/2026

SECTION 2: INSTRUCTIONS TO VENDORS SUBMITTING INFORMATION

2.1. REVIEW DOCUMENTS THOROUGHLY: This form contains a request for information that may lead to a future procurement. Please read these instructions and all documents attached in their entirety.

2.2. NOT A CONTRACT DOCUMENT: Vendors must understand that this RFI is for information gathering purposes only, and a response to this RFI does not generate a contractual obligation on the part of the State to purchase any commodity or service.

2.3. VENDOR QUESTION DEADLINE: Vendors may submit questions relating to this RFI to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response

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will be published in an RFI addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this RFI are preliminary in nature and are nonbinding. Submitted emails should have the RFI number in the subject line.

Submit Questions to: Crystal Hustead

Email: crystal.g.hustead@wv.gov

Submission Deadline: June 23, 2026 at 10:00 AM ET

2.4. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the RFI and any correspondence relating thereto are public documents. As public documents, they will be disclosed to the public following the RFI opening as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

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

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

SECTION 3: INFORMATION BEING SOUGHT

3.1. General Information Being Sought

- 3.1.1.** A description of a tracking system that will collect performance outcome measures for substance use disorder providers.

3.2. Specific Questions

- 3.2.1.** What performance outcome measures does your system currently track for substance use disorder providers?
- 3.2.2.** Can your system address these specific outcome measures:
 - Follow-up as measured by a claim for SUD services within seven days of discharge
 - Follow-up as measured by a claim for SUD services within six months of discharge
 - Number of individuals who have verified abstinence from non-prescribed substances

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Number of individuals on medication-assisted treatment
Social determinants of health (SDOH) tracking/assessment post-discharge
Readmission to substance use services within 30 Days without outpatient follow-up
Number of individuals connected to stable, supported housing (a homeless shelter does not constitute stable housing)
Number of individuals connected to primary care; one primary care visit within three months of discharge
Number of individuals connected to employment, education, training programs, or other activities indicative of long-term recovery and independence.
Number of individuals engaged in Medicaid, SNAP, TANF, WIC, or other state benefits.
Number of individuals who received new arrests, law enforcement interactions, or CPS investigations.
Number of individuals with a discharge transition plan.

3.2.3. This product will be implemented at provider level. How have providers discussed using your product, and how is it user friendly?

3.2.4. What security measures are in place to protect the confidentiality of the data?

3.3. Documents Being Sought

3.3.1. Training materials on how to use the system.

SECTION 4: VENDOR RESPONSE

4.1. Incurring Cost: Neither the State nor any of its employees or officers shall be held liable for any expenses incurred by any Vendor responding to this RFI, including but not limited to preparation, delivery, samples, or travel.

4.2. Proposal Format: Vendors should provide responses in the format listed below:

4.2.1. Title Page: State the RFI subject, number, Vendor's name, business address, telephone number, fax number, name of contact person, email address, and Vendor signature and date.

4.2.2. Table of Contents: Clearly identify the material by section and page number.

4.2.3. Response Reference: Vendor's response should clearly reference how the information provided applies to the RFI request. For example, listing the RFI number and restating the RFI request as a header in the proposal would be considered a clear reference.

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- 4.2.4. Responses:** All responses must be submitted to the Purchasing Division **prior** to the date and time stipulated in the RFI as the opening date. All submissions must be in accordance with the provisions listed in Section 2: Instructions to Vendors Submitting Information.

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 information for review and consideration;

Innovaccer Inc.

(Company)

Sandeep Gupta, Chief Operating Officer

(Representative Name, Title)

201-233-0524

(Contact Phone/Fax Number)

07-14-2026

(Date)