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Header 2

List View

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

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Response Date: 07/14/2026
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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
2026-07-14 13:30	SR 0511 ESR07142600000000233	1

VENDOR

VS0000052121
Sage Health Innovations Inc.

Solicitation Number: CRFI 0511 BMS2600000001

Total Bid: 0 **Response Date:** 2026-07-14 **Response Time:** 13:24:05

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:

Extended Description:

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

MoodrHealth

RESPONSE TO REQUEST FOR INFORMATION

Tracking System for Substance Use Disorder Providers

West Virginia Department of Human Services, Bureau for Medical Services
Solicitation No. CRFI BMS2600000001

RFI Subject	Tracking System for Substance Use Disorder Providers
Solicitation Number	CRFI BMS2600000001
Issuing Agency	WV Department of Human Services, Bureau for Medical Services
Vendor Name	Sage Health Innovations, Inc. (dba Moodr Health)
Business Address	Morgantown, West Virginia
Telephone	(571) 639-7588
Fax	N/A
Contact Person	Arya Satish, Chief Executive Officer
Contact Email	arya.satish@moodrhealth.com
Website	moodrhealth.com
Submission Date	July 14, 2026

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; and that I am submitting this information for review and consideration.

Arya Satish

Signature

Arya Satish, Chief Executive Officer

Representative Name and Title

July 14, 2026

Date

Contents

Section 3.1.1: Description of the Tracking System

Responding to RFI 3.1.1: A description of a tracking system that will collect performance outcome measures for substance use disorder providers.

Moodr Health (Sage Health Innovations, Inc.) is a provider-level tracking system that collects performance outcome measures for substance use disorder (SUD) providers as structured, timestamped, individual-level data, and rolls that data up into the population-level counts and rates the Bureau for Medical Services (BMS) needs to evaluate provider performance across the State. It is a tool for the provider and for the State, not a patient app.

The system serves two audiences from a single record:

- **Provider level.** Care and recovery-support staff work from a web-based dashboard that surfaces a prioritized, risk-stratified list of individuals, each person's status, and the outcome data captured to date. Outcome documentation is a byproduct of routine care, not a separate reporting task.
- **Administrator and State level.** Every measure aggregates into filterable, exportable, program-wide reports, generated directly from the same structured record without adding reporting burden on provider staff, giving BMS a system-level view of outcomes and measures across every provider.

How the system collects outcome measures

Outcome data enters the platform through four channels, each normalized into a single structured record per individual:

- **Structured SMS check-ins and validated assessments** completed by the patient, capturing self-reported status on recovery, abstinence, housing, employment, benefits, and social needs.
- **Provider documentation** entered by care staff at the provider site, including clinical status, toxicology results, MAT status, and discharge transition planning.
- **WV Health Information Exchange Integration, Payer(s) Integration, and/or Ingested Admission, Discharge, and Transfer (ADT) feeds and claims feeds** supplying discharge events, readmissions, and the service-claim data underlying claims-based follow-up measures. This solution is designed to integrate and aggregate data from existing platforms and workflows to provide a centralized and more complete tracking and reporting functionality.
- **Referral workflows,** both closed-loop and open-loop, recording connection to housing, primary care, benefits, and community resources, with referral outcome.

Every measure is stored as a discrete, date-stamped field at the individual level, then aggregated into population-level counts and rates for provider and State review. Because each record is timestamped and auditable, the same data supports real-time care decisions at the provider site and retrospective outcome reporting to BMS.

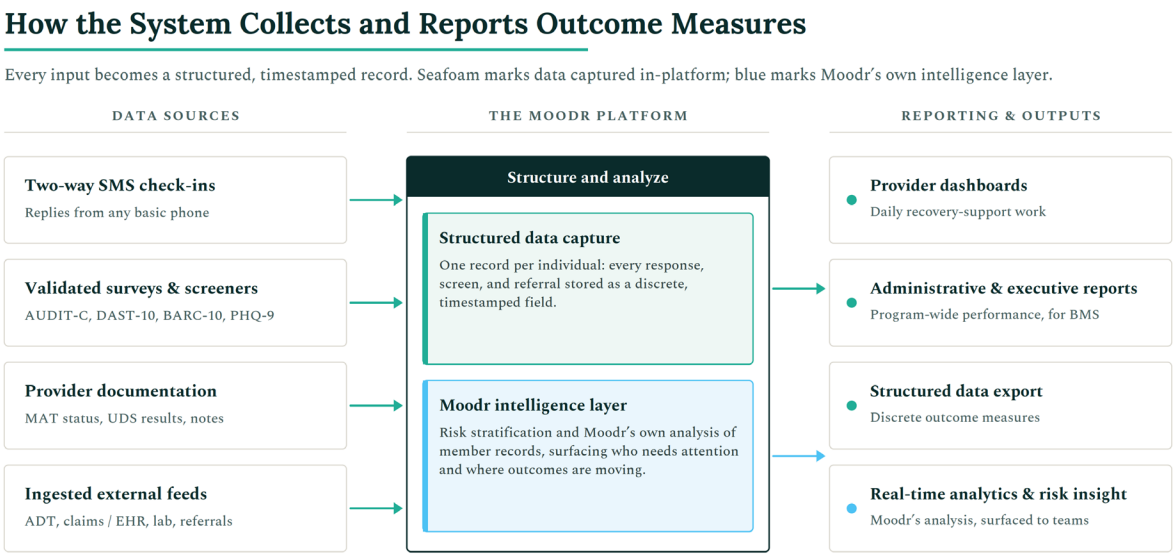


Figure 1. How the system collects and reports outcome measures.

Completeness in SUD Outcome Tracking

A tracking system's value to a provider and to the State rests entirely on how complete its data is, and in substance use disorder that is where outcome tracking is hardest. The measures the State is asking to track, including follow-up after discharge, MAT retention, abstinence, and connection to housing, primary care, employment, and benefits, all depend on maintaining contact with a population that is frequently transient, often without reliable broadband or a smartphone, and historically difficult to reach once it leaves an inpatient or residential setting.

Most care-coordination and referral systems capture the plan well: the referral, the transition plan, the intended connection to services. Where the record tends to thin out is confirmation, whether the individual actually attended the follow-up visit, stayed on medication, or reached stable housing. Referrals handed off without active outreach convert to real follow-through only a small fraction of the time, often below five percent. When outreach cannot reach the person, the outcome field stays empty, and at the State level an empty field is difficult to distinguish from a poor outcome. The result is a tracking system that reflects effort more than results.

Moodr is built to close that gap. The same SMS engagement that keeps individuals connected to care is what keeps the outcome record complete: because participation requires only a text message, the platform continues to reach and confirm status with individuals that phone-, portal-, and broadband-dependent systems lose. Every confirmation, a completed follow-up, a MAT refill, a housing update, a benefits enrollment, is captured as a structured, timestamped field and rolled up for provider and State review.

The distinction matters for evaluation: it is the difference between reporting that a referral was made and reporting that a connection was achieved, which is the outcome the Bureau for Medical Services is ultimately accountable for.

> **Why this matters:** Devices and case files generate data; engagement infrastructure generates complete data. A provider- and State-level tracking system only works if the individual on the other end can still be reached after discharge, which is exactly the population Moodr is built to hold.

Section 3.2.1: Performance Outcome Measures Currently Tracked

Responding to RFI 3.2.1: What performance outcome measures does your system currently track for substance use disorder providers?

Across active West Virginia deployments, the platform tracks the outcome measures below for substance use disorder, behavioral health, and recovery populations. These are captured today in live programs, not planned functionality.

Engagement and retention

- Enrollment and opt-in rate among eligible individuals; response rate per outreach cadence, including re-engagement after missed contact; retention in tracking over 30-day, 90-day, and 12-month intervals.

Clinical and recovery status

- Change over time in validated screening scores, including AUDIT and AUDIT-C, DAST-10, TAPS, ORT and COMM (opioid), PHQ-9, GAD-7, and BARC-10 recovery capital, and over 50 other screeners.
- Patient-reported and provider-documented abstinence status; MAT enrollment and retention; post-discharge follow-up status and timing.

Social determinants and recovery capital

- SDOH burden across housing, food, transportation, employment, and benefits domains via validated screeners, such as PRAPARE and AHC-HRSN intake, documented with ICD-10 Z-codes.
- Referral initiation and completion (closed- and open-loop); connection to housing, primary care, employment, education, and state benefit programs.

Utilization and compliance

- ED visits and readmissions, 30-day readmission without outpatient follow-up, and discharge-transition-plan presence and completion.

The measures the State lists in Section 3.2.2, including abstinence, housing, employment and education, criminal-justice involvement, benefits, and connection to care, are already captured across active deployments. Instruments and custom fields are configurable per deployment, so the final measure set can be aligned to the State's specifications without a platform rebuild.

Documented outcomes from active deployments

The measures above are not theoretical. The following results are documented in live West Virginia deployments, including a statewide Medicaid SUD population, a statewide perinatal behavioral-health program, and a transitional and sober-living recovery-housing program serving justice-involved and harm-reduction populations:

Outcome	Traditional / Baseline	With Moodr
Engagement of previously unreachable SUD members	Near-zero by phone	+30%
Care-plan enrollment and adherence (6 months)	Baseline	+57%
Sustained engagement among enrolled members	30%	60 to 70%
Care-navigator caseload capacity	Baseline (phone-based)	10x
Care-manager net promoter score	N/A	9 out of 10
Platform uptime since launch	N/A	100%

On the strength of these results and its scalability, 100% of partners in WV have not only sustained but expanded the use of this platform beyond initial deployments. For example, a WV Medicaid MCO expanded Moodr from a 6-care-manager SUD-focused pilot to their full 30-person care management team across all high- and medium-risk members statewide, the same engagement-and-tracking engine this RFI depends on.

Section 3.2.2: Coverage of the State's Specified Outcome Measures

Responding to RFI 3.2.2: Can your system address these specific outcome measures? Yes. The matrix below maps each measure the State listed to how the platform captures, verifies, and reports it.

The platform can address every outcome measure listed in the RFI. Several are captured directly through existing engagement, SDOH, and referral workflows. The claims-based measures are produced by combining the platform's point-of-care follow-up records along with integrations with existing systems; Moodr structures and reports these measures rather than originating the underlying claim. Moodr's screening and reporting engine already captures the domains these measures cover.

Required Outcome Measure	How the Platform Captures It	Primary Data Source / Verification
SUD follow-up (billed claim) within 7 days of discharge	The platform triggers and documents post-discharge outpatient contact, recording the date and type of each follow-up. The 7-day measure is produced by aligning these timestamped records with SUD service claims. Constructed to mirror HEDIS FUA, FUM, and FUH logic.	Moodr follow-up record plus integrations with existing systems plus SUD service claims feed. Reported as 7-day follow-up rate by provider and statewide.

Required Outcome Measure	How the Platform Captures It	Primary Data Source / Verification
SUD follow-up (billed claim) within 6 months of discharge	The same continuous, timestamped engagement history supports any interval. Automated re-engagement on missed contact keeps the record intact, so 6-month continuity is computed against the same claims reconciliation.	Moodr longitudinal engagement log plus claims and ADT/EMR feeds as necessary. Reported as 6-month follow-up and retention rate.
Individuals with verified abstinence from non-prescribed substances	Stored as a discrete, date-stamped status field combining patient-reported status from structured SMS check-ins (BARC-10, DAST-10, TAPS) with provider-entered toxicology and UDS results, trended per individual.	Patient self-report (native) plus potential provider and EHR UDS ingestion for verification. Reported as count and percent abstinent over time.
Individuals on medication-assisted treatment (MAT)	Tracked as a structured MAT status field at the individual level, updated by provider documentation and SMS adherence check-ins; ORT and COMM for opioid populations. Reportable as a retained-on-MAT population count at 30, 90, and 180 days.	Provider-entered MAT status plus patient-reported adherence plus potential pharmacy and claims where integrated.
SDOH tracking and assessment post-discharge	A core platform function. Validated SDOH screener, such as PRAPARE and CMS AHC-HRSN intake, is administered remotely post-discharge; each domain is stored as structured, reportable data, documented with ICD-10 Z-codes (Z55 to Z65), and linked to referral workflows.	Native Moodr capture. Reported as screening completion rate plus domain-level SDOH prevalence; exportable.
Readmission to SUD services within 30 days without outpatient follow-up	The platform can combine the readmission signal from ingested ADT data with its own record of whether outpatient follow-up occurred in the interval, isolating the exact compound cohort, readmitted within 30 days with no documented follow-up, at the individual level.	Ingested data plus Moodr follow-up completion log. Reported as count and rate of unsupported 30-day readmissions.
Individuals connected to stable, supported housing (shelter is not stable housing)	Tracked through SDOH intake and closed- and open-loop referral workflows, with a housing-status field that distinguishes stable, supported housing from shelter, transitional, or homeless placement consistent with the State's definition.	Patient-reported status plus referral status tracking. Reported as count connected to stable housing. Closed-loop referral tracking.
Individuals connected to primary care; one PCP visit within 3 months of discharge	A PCP-linkage referral is generated at discharge and reminded via SMS; visit completion is recorded against the 3-month window through referral confirmation and, where available, claims or ADT data.	Referral tracking plus potential claims, EHR, and ADT encounter confirmation. Also gathered through patient engagements.

Required Outcome Measure	How the Platform Captures It	Primary Data Source / Verification
Individuals connected to employment, education, training, or recovery activities	Captured through structured recovery-capital fields covering employment and education and referral tracking to workforce and recovery-to-work programs (ARC INSPIRE-aligned).	Patient-reported plus referral status tracking. Reported as count connected and more detailed reports can be created for structure analysis or unstructured data exploration.
Individuals engaged in Medicaid, SNAP, TANF, WIC, or other state benefits	Benefit engagement is captured in SDOH intake; gaps route to a benefits-navigation referral, recording enrollment status and referral outcome per individual.	Patient-reported plus referral status tracking. Reported as count enrolled and connected. Reported as count connected and more detailed reports can be created for structure analysis or unstructured data exploration.
Individuals with new arrests, law-enforcement interactions, or CPS investigations	Recorded as structured justice-involvement and child-welfare status fields, populated through provider documentation and sensitively worded, consent-governed check-ins; reportable as population counts.	Provider documentation plus patient self-report under Part 2 consent. A State justice and CPS feed can be ingested if provided.
Individuals with a discharge transition plan	Tracked as a discrete field indicating the presence and components of a documented discharge transition plan. Moodr can also generate the plan and launch the post-discharge cadence from it, so the plan drives action and its completion is measurable.	Native Moodr capture. Reported as percent of discharges with a documented transition plan. More detailed reports can be created for structure analysis or unstructured data exploration.

Section 3.2.3: Provider-Level Implementation, Adoption, and Usability

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

Provider experience in active deployments

Moodr is implemented at the provider level today across 19 West Virginia organizations to support substance use disorder, behavioral health, recovery-housing, and perinatal programs, part of a partnership footprint spanning statewide Medicaid MCO, ACO, HCO, FQHC, recovery-housing, and higher-education organizations across West Virginia and Appalachia. Care teams work from a dashboard that surfaces a prioritized, risk-stratified list of individuals, their engagement status, and the outcome data captured to date. In active deployments, care managers report high satisfaction and a marked reduction in time lost to failed contact attempts and manual documentation, with that time redirected to clinical engagement. In one recovery and perinatal program, a single care

navigator maintained consistent, documented engagement with a population roughly ten times larger than was manageable by phone alone. The same platform also supports field-based SUD provider models: in a transitional and sober-living recovery-housing program, peer-support and recovery-coach staff use Moodr from mobile devices while they are out in the community with residents, rather than from a desk.

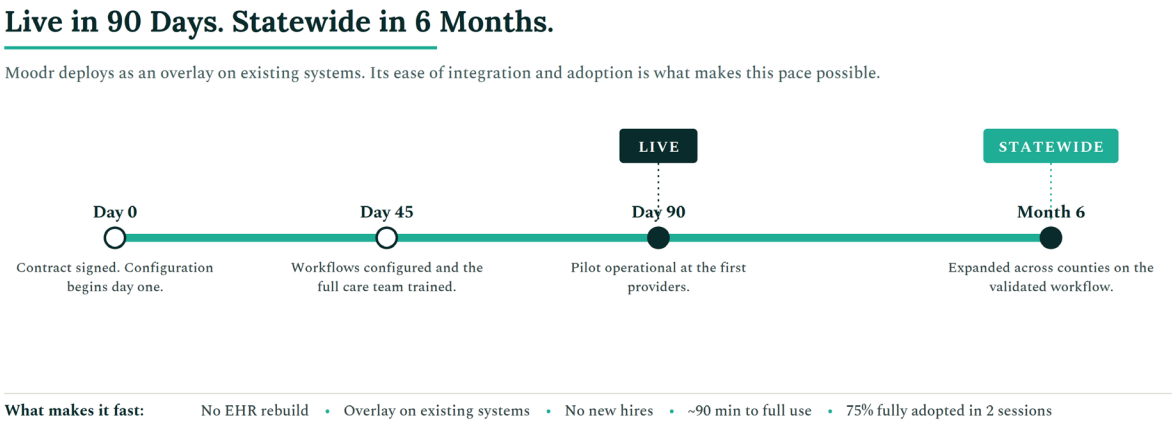


Figure 2. From contract to live in 90 days, statewide in 6 months.

Reducing administrative burden: structured data and real-time reporting

Reaching the patient is one facet of the platform; the other is what it does for the provider. Moodr is designed to make outcome tracking a byproduct of care rather than a second job. Care staff work from templated workflows and structured documentation fields, so recording a check-in, a screening result, a MAT status, or a referral outcome is the same action as documenting the encounter. There is no parallel spreadsheet, no separate reporting tool, and no end-of-period scramble to reconstruct what happened across a caseload. Tracking the full set of measures in this RFI by hand across a provider's population would be a substantial administrative undertaking; Moodr absorbs that work into the daily workflow running in the background.

Because every measure is captured as a discrete, coded field, a status, a date, an instrument score, a referral outcome, an ICD-10 Z-code, rather than as free text, the data is queryable and reportable without chart review or manual abstraction. Each individual has a single, timestamped, auditable record that serves as the source of truth, which removes the reconciliation work of stitching outcomes together from notes, spreadsheets, and disconnected systems.

That structure is what makes reporting both real-time and accurate. Provider dashboards update as data is captured, so program counters and the triage queue reflect current state, and leadership is not waiting on a monthly report to see where the population stands. And because the underlying data is already structured at the point of care, program-wide and State-facing reports are generated and exported directly from the same record, with no re-keying and no gap between what happened and what is reported. For the Bureau for Medical Services, that means outcome data that is current, consistent across providers, and traceable to the individual level; for provider staff, it means the reporting the State and other entities require does not add to their workload.

A responsive, configurable partner

Moodr operates as a configurable engagement layer and a hands-on implementation partner, not a fixed product a provider must conform to. When a care team asks for a new screening instrument, a workflow change, or an additional report, that request becomes platform configuration rather than a change order that waits in a queue. Each deployment is tailored to the partner's population, care-team structure, and reporting needs, and refinements continue after go-live. That way of working is reflected in the record: across the last three years, in West Virginia and nationally, Moodr has retained 100 percent of its client partners with zero churn, and every West Virginia partner has expanded its deployment beyond the original scope while reporting strong satisfaction with the collaboration.

Adoption and usability, documented

Adoption and Usability Dimension	Documented Result
Client retention, WV and national, last 3 years	100% (zero churn)
WV partners that have expanded their deployment	100%
Care-manager net promoter score	9 out of 10 (no negative responses)
Care-manager satisfaction (initial SUD pilot)	100%
Training required before full utilization	Average of 90 minutes
Users reaching full adoption within 2 brief sessions	3 of 4 (75%)
Full care-team onboarding	Completed within two weeks
New hires required from the provider	None
EHR rebuild required	None
Scalability (anchor MCO deployment)	6-person SUD pilot to 25+ care managers statewide

Adoption is fast and adoption depth is high. The expansion of 100% of deployments is the clearest signal that front-line staff find the product usable and worth scaling.

Proven across provider types, not just one

Breadth matters as much as depth. The same platform is live today in a very different SUD setting: a transitional and sober-living recovery-housing program serving justice-involved and harm-reduction populations. There, Moodr runs a closed-loop referral network across several hundred community locations with bi-directional status tracking, captures and manages consent and release-of-information under 42 CFR Part 2, and tracks naloxone and test-strip distribution at community outreach events, with every one of those records feeding the state and federal compliance reports the program is required to file. It is the same engagement-and-tracking engine that anchors the statewide Medicaid MCO deployment, reconfigured for a community recovery-housing provider without a rebuild. Whether the provider is a managed care organization or a recovery-housing network, the platform tracks the State's outcome measures on one structured record.

Usability for patients: why the record stays complete

On the patient side, participation requires only the ability to send and receive a text message: no app, no portal, no login, no password. This is what makes provider-level tracking viable for a population that is frequently transient and often without reliable broadband or smartphone access, and it is central to why outcome-data capture remains complete where other systems lose contact. With more than 35,000 West Virginians currently supported through providers and payers using this platform, partners are continuing to see strong engagement rates and reduced administrative burden and manual, time-intensive steps.

Section 3.2.4: Data Security and Confidentiality

Responding to RFI 3.2.4: What security measures are in place to protect the confidentiality of the data?

Because this system tracks SUD treatment data, confidentiality is governed not only by HIPAA but by 42 CFR Part 2, the stricter federal rule for substance use disorder records. Moodr is architected for both, and runs on enterprise infrastructure trusted by government agencies and Fortune 500 healthcare organizations.

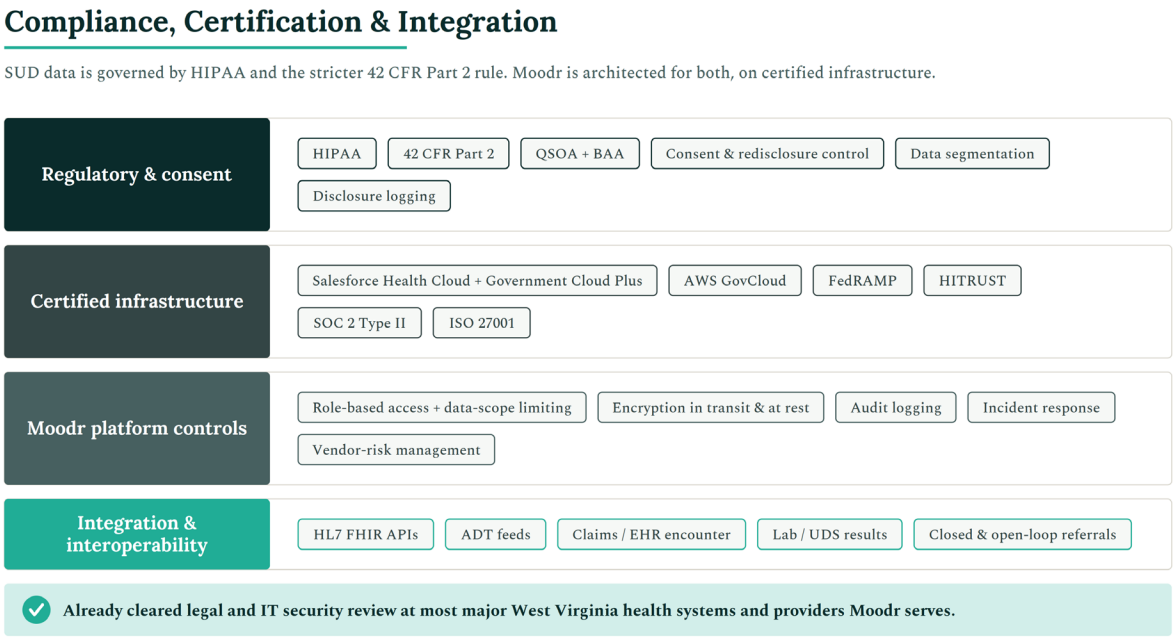


Figure 3. Compliance, certification, and integration stack.

Already risk-assessed in production across West Virginia

This posture is not theoretical. Moodr is already live in production with substance use disorder, behavioral health, and recovery-focused providers across West Virginia, handling real protected health information and 42 CFR Part 2 data every day. Reaching production with each of those organizations required passing their own comprehensive security and privacy risk assessments, including legal review, information-security and IT due diligence, and executed Business Associate and Qualified Service Organization agreements. The platform's confidentiality controls have therefore already been evaluated and accepted by the security and compliance teams of multiple West Virginia provider organizations operating under the very rules this system will. For the Bureau for Medical Services, that means much of the security due diligence a new system would

ordinarily trigger has already been performed, and passed, in the exact operating environment this RFI describes.

42 CFR Part 2: SUD-specific confidentiality

- **Downstream-vendor posture.** Moodr operates as a downstream technology vendor to Part 2 programs, not a Part 2 program itself, under Qualified Service Organization Agreements (QSOAs) and Business Associate Agreements (BAAs).
- **Consent and redisclosure.** The platform supports consent capture and management, honors the redisclosure prohibition, and applies Part 2 redisclosure notice obligations to outputs and referrals.
- **Segmentation and disclosure logging.** SUD-designated data is segmented, and disclosures are logged to support accounting-of-disclosure and audit requirements.

Enterprise infrastructure

Moodr is built on Salesforce Health Cloud and Salesforce Government Cloud Plus, running on Amazon Web Services (including AWS GovCloud). This is an infrastructure stack that collectively carries hundreds of independent security and compliance certifications, including FedRAMP, HITRUST, SOC 2 Type II, and ISO 27001, and is used by government agencies and Fortune 500 healthcare enterprises worldwide. Building on this foundation materially reduces the audit surface and inherits controls validated at national scale.

Platform and organizational controls

- **Access governance.** Role-based access control (RBAC) with automatic data-scope limiting, so each user sees only their authorized individuals, plus least-privilege administration and periodic access review.
- **Encryption and audit.** Data encrypted in transit and at rest; every interaction timestamped and auditable; comprehensive audit logging of data access and changes.
- **Operational discipline.** Documented incident-response, vendor-risk, and access-governance procedures at the organizational level; in research contexts, coded identifiers separate identifying information from study data, and the same discipline governs identifiable data in operational deployments.

Documentation available on request

The following would accompany any formal procurement response: BAA template; HIPAA compliance attestation; SOC 2 status and report; data security, privacy, and incident-response policies; and encryption and access-control documentation.

Section 3.3.1: Training Materials

Responding to RFI 3.3.1 (Documents Being Sought): Training materials on how to use the system.

Moodr delivers a structured onboarding and training program for each provider deployment, built around the partner's existing clinical workflows rather than a generic curriculum. Training is fast and effective: staff reach full utilization after roughly 90 minutes of training, three of four users reach full adoption within two brief sessions, and the full care team is onboarded within a few

weeks. The program is supported by written reference materials, role-specific quick-start guides, and ongoing technical assistance across the partnership lifecycle.

The reference below walks through the six common tasks that make up the daily workflow, from clearing the priority queue to sending a screening or check-in, recording an outcome as a coded field, making a referral, escalating risk, and generating and exporting a report for quality and State reporting. It also shows the patient-side experience alongside, which requires nothing more than a text message on any basic phone. It is shown here with synthetic data only.

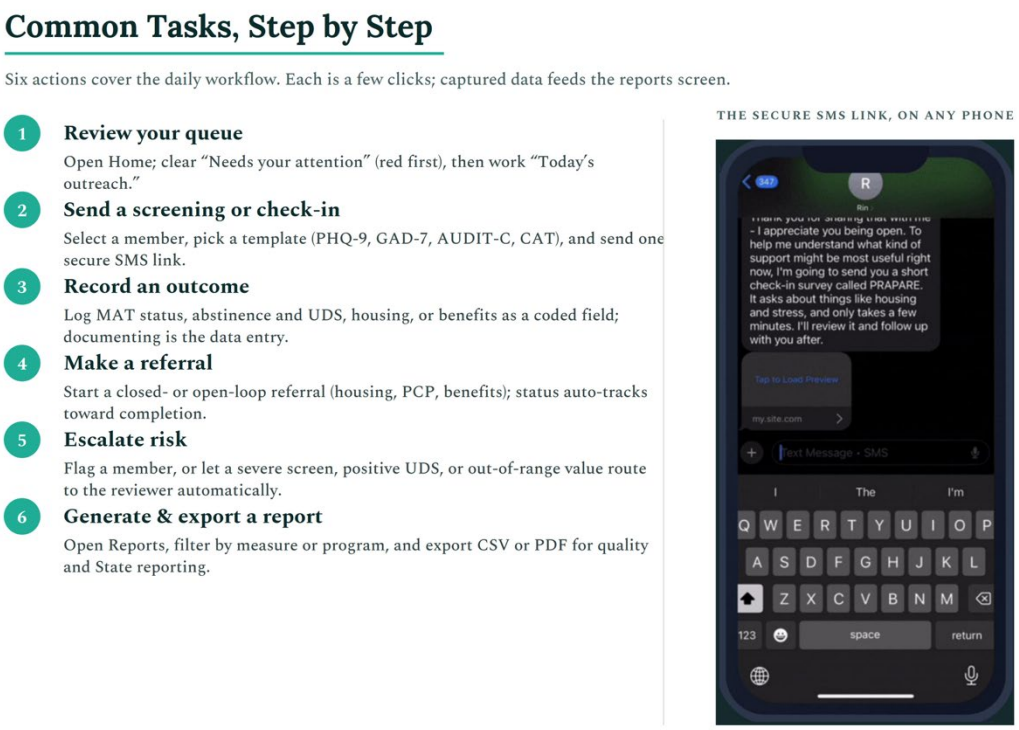


Figure 4. Common tasks in the platform: the daily care-team workflow, from priority queue to exported report, shown alongside the patient-side view with synthetic data.

The final step in that workflow, generating and exporting a report, is where the captured data becomes the reporting surface the State needs. Because Moodr runs entirely in the browser, staff sign in and open a library of standard reports, each labeled with its refresh cadence and a live record count, filterable by category and exportable to CSV or PDF for quality and State reporting. Access is role-based, so each user sees only their authorized members. The reports library below is representative training material, shown with sample data and with client and member identifiers removed.

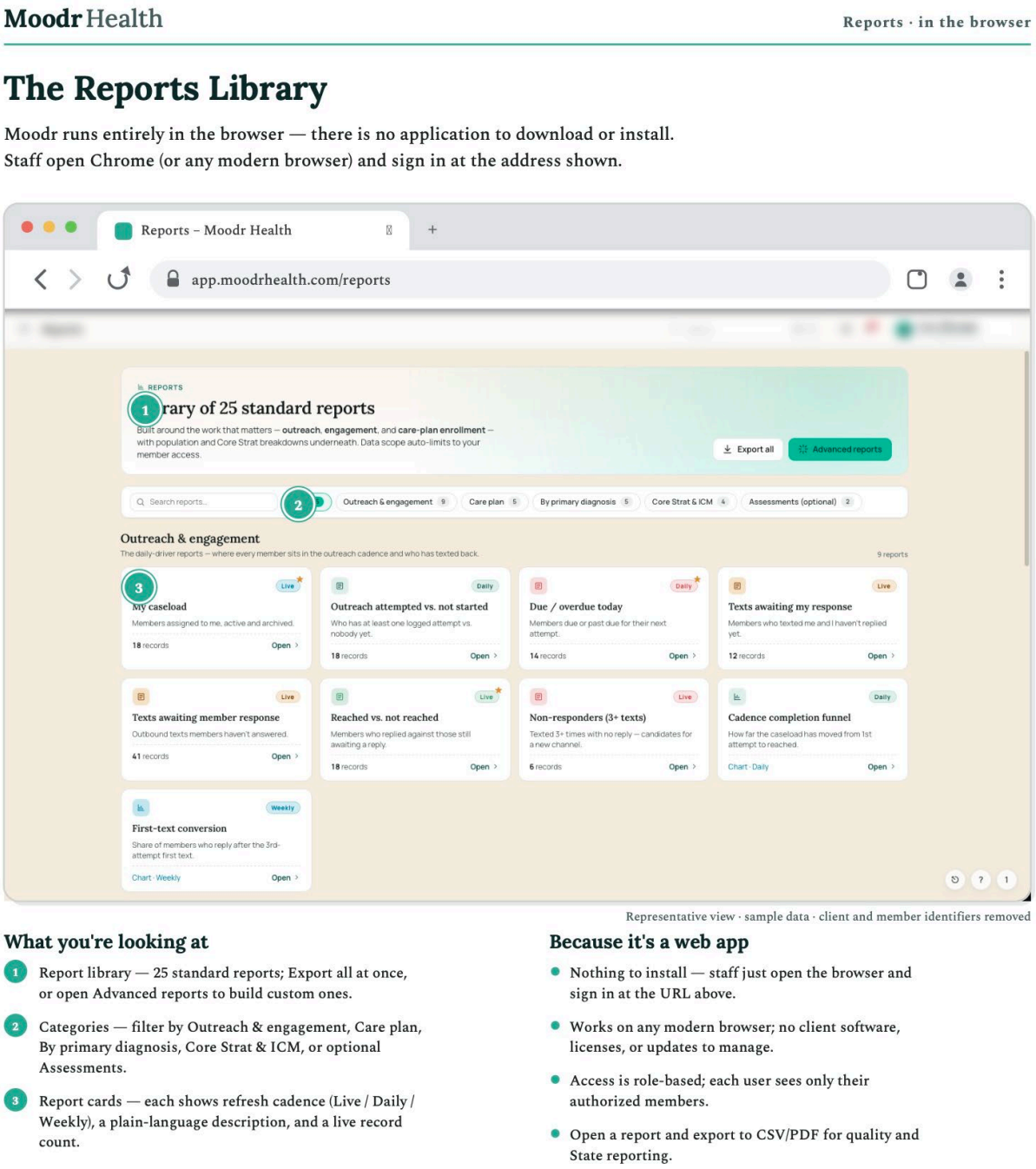


Figure 5. The reports library: standard, exportable reports generated from the same structured record, shown with sample data.

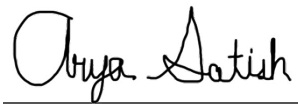
Materials that can be provided to the Bureau for Medical Services upon request, as supporting documentation for this RFI or a subsequent procurement, include:

- **Role-based quick-start guides** for care managers and recovery coaches, clinical reviewers, and program administrators and executives.

- **Care-team dashboard and reporting reference** covering the home dashboard, the contacts and risk-stratification view, and the administrative reporting library used to generate and export outcome-measure reports.
- **Co-developed standard operating procedure** defining outreach cadences, escalation protocols, and documentation standards, established with the provider's clinical leadership prior to launch.

Certification

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; and that I am submitting this information for review and consideration.



Company: Sage Health Innovations, Inc. (dba Moodr Health)

Arya Satish, Chief Executive Officer

Representative Name, Title

(571) 639-7588

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July 14, 2026

Date

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2019 Washington Street East
Post Office Box 50130
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State of West Virginia
Centralized Request for Information
Info Technology

Proc Folder:	1985877	**Reason for Modification:**
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Proc Type:	Request for Information	

Date Issued	Solicitation Closes	Solicitation No	Version
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VENDOR

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Street :
City :
State : **Country :** **Zip :** 26505
Principal Contact : Arya Satish
Vendor Contact Phone: 571-639-7588 **Extension:**

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Vendor Signature X Arya Satish **FEIN#** 33-2721892 **DATE** July 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

Request for Information
West Virginia Department of Human Services
CRFI BMS2600000001

TABLE OF CONTENTS

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

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

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.

Request for Information
West Virginia Department of Human Services
CRFI BMS2600000001

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;

Arya Satish

Sage Health Innovations Inc. (Moodr Health)

(Company)

Arya Satish, CEO

(Representative Name, Title)

571-639-7588

(Contact Phone/Fax Number)

July 14, 2026

(Date)