



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

## Header

List View

## General Information

Contact

Default Values

Discount

Document Information

Procurement Folder: 185743

Procurement Type: Central Master Agreement

Vendor ID: VS0000008717



Legal Name: CareSource West Virginia Co

Alias/DBA:

Total Bid: \$0.00

Response Date: 06/16/2016



Response Time: 15:30

SO Doc Code: BAFO

SO Dept: 0511

SO Doc ID: BMS1600000001

Published Date: 6/14/16

Close Date: 6/17/16

Close Time: 13:30

Status: Closed

Solicitation Description: Addendum #3 Managed Care Services



Total of Header Attachments: 0

Total of All Attachments: 0



## State of West Virginia Solicitation Response

Proc Folder : 185743

**Solicitation Description :** Addendum #3 Managed Care Services

**Proc Type :** Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2016-06-17 13:30:00	SR 0511 ESR06151600000006091	1

## VENDOR

VS0000008717

CareSource West Virginia Co

**FOR INFORMATION CONTACT THE BUYER**

April Battle

(304) 558-0067

april.e.battle@wv.gov

**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	Health or hospitalization insurance	0.00000	EA	\$0.000000	\$0.00

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :	See Exhibit A Pricing Page
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Please provide an amount in each bid amount cell (columns D, J, and P) that is between the low and high range for each corresponding age cohort and region. The total amount for each age cohort/region will auto-calculate, with the sum of each population type, by region, summing in cell A87 the annual cost amount for evaluation.

TANF																	
	North						East						South				
Cohort	Low	High	Bid Amount	Members	Total		Low	High	Bid Amount	Members	Total		Low	High	Bid Amount	Members	Total
<1 yr	\$408.78	\$408.83	\$408.78	55,000	\$22,482,900.00		\$416.56	\$416.61	\$416.56	55,000	\$22,910,800.00		\$441.94	\$441.99	\$441.94	55,000	\$24,306,700.00
1 yr	\$141.27	\$141.32	\$141.27	45,000	\$6,357,150.00		\$143.96	\$144.01	\$143.96	45,000	\$6,478,200.00		\$152.73	\$152.78	\$152.73	45,000	\$6,872,850.00
2-14 yr	\$147.59	\$147.64	\$147.59	450,000	\$66,415,500.00		\$150.40	\$150.45	\$150.40	450,000	\$67,680,000.00		\$159.56	\$159.61	\$159.56	450,000	\$71,802,000.00
15-19 F	\$220.27	\$220.32	\$220.27	50,000	\$11,013,500.00		\$224.46	\$224.51	\$224.46	50,000	\$11,223,000.00		\$238.14	\$238.19	\$238.14	50,000	\$11,907,000.00
15-19 M	\$181.66	\$181.71	\$181.66	50,000	\$9,083,000.00		\$185.11	\$185.16	\$185.11	50,000	\$9,255,500.00		\$196.39	\$196.44	\$196.39	50,000	\$9,819,500.00
20-29 F	\$258.51	\$258.56	\$258.51	36,000	\$9,306,360.00		\$263.43	\$263.48	\$263.43	36,000	\$9,483,480.00		\$279.48	\$279.53	\$279.48	36,000	\$10,061,280.00
20-29 M	\$181.12	\$181.17	\$181.12	7,500	\$1,358,400.00		\$184.57	\$184.62	\$184.57	7,500	\$1,384,275.00		\$195.82	\$195.87	\$195.82	7,500	\$1,468,650.00
30-39 F	\$377.42	\$377.47	\$377.42	30,000	\$11,322,600.00		\$384.60	\$384.65	\$384.60	30,000	\$11,538,000.00		\$408.04	\$408.09	\$408.04	30,000	\$12,241,200.00
30-39 M	\$284.45	\$284.50	\$284.45	10,000	\$2,844,500.00		\$289.86	\$289.91	\$289.86	10,000	\$2,898,600.00		\$307.53	\$307.58	\$307.53	10,000	\$3,075,300.00
40+	\$451.73	\$451.78	\$451.73	20,000	\$9,034,600.00		\$460.33	\$460.38	\$460.33	20,000	\$9,206,600.00		\$488.38	\$488.43	\$488.38	20,000	\$9,767,600.00
					\$149,218,510.00						\$152,058,455.00						\$161,322,080.00

CSHCN TANF																			
	North						East						South						
Cohort	Low	High	Bid Amount	Members	Total		Low	High	Bid Amount	Members	Total		Low	High	Bid Amount	Members	Total		
<1 yr	\$2,399.11	\$2,399.16	\$2,399.11	500	\$1,199,555.00		\$2,444.78	\$2,444.83	\$2,444.78	500	\$1,222,390.00		\$2,593.74	\$2,593.79	\$2,593.74	500	\$1,296,870.00		
1 yr	\$829.08	\$829.13	\$829.08	500	\$414,540.00		\$844.87	\$844.92	\$844.87	500	\$422,435.00		\$896.34	\$896.39	\$896.34	500	\$448,170.00		
2-14 yr	\$866.19	\$866.24	\$866.19	700	\$606,333.00		\$882.68	\$882.73	\$882.68	700	\$617,876.00		\$936.46	\$936.51	\$936.46	700	\$655,522.00		
15-19 F	\$1,292.76	\$1,292.81	\$1,292.76	200	\$258,552.00		\$1,317.36	\$1,317.41	\$1,317.36	200	\$263,472.00		\$1,397.63	\$1,397.68	\$1,397.63	200	\$279,526.00		
15-19 M	\$1,066.13	\$1,066.18	\$1,066.13	200	\$213,226.00		\$1,086.42	\$1,086.47	\$1,086.42	200	\$217,284.00		\$1,152.62	\$1,152.67	\$1,152.62	200	\$230,524.00		
20-29 F	\$258.51	\$258.56	\$258.51	100	\$25,851.00		\$263.43	\$263.48	\$263.43	100	\$26,343.00		\$279.48	\$279.53	\$279.48	100	\$27,948.00		
20-29 M	\$181.12	\$181.17	\$181.12	100	\$18,112.00		\$184.57	\$184.62	\$184.57	100	\$18,457.00		\$195.82	\$195.87	\$195.82	100	\$19,582.00		
30-39 F	\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00		
30-39 M	\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00		
40+	\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00		
					\$2,736,169.00							\$2,788,257.00							\$2,958,142.00

Pregnancy																	
	North						East						South				
Cohort	Low	High	Bid Amount	Members	Total		Low	High	Bid Amount	Members	Total		Low	High	Bid Amount	Members	Total
<1 yr	\$337.06	\$337.11	\$337.06	0	\$0.00		\$343.48	\$343.53	\$343.48	0	\$0.00		\$364.41	\$364.46	\$364.41	0	\$0.00
1 yr	\$337.06	\$337.11	\$337.06	0	\$0.00		\$343.48	\$343.53	\$343.48	0	\$0.00		\$364.41	\$364.46	\$364.41	0	\$0.00
2-14 yr	\$337.06	\$337.11	\$337.06	100	\$33,706.00		\$343.48	\$343.53	\$343.48	100	\$34,348.00		\$364.41	\$364.46	\$364.41	100	\$36,441.00
15-19 F	\$337.06	\$337.11	\$337.06	5,000	\$1,685,300.00		\$343.48	\$343.53	\$343.48	5,000	\$1,717,400.00		\$364.41	\$364.46	\$364.41	5,000	\$1,822,050.00
15-19 M	\$337.06	\$337.11	\$337.06	0	\$0.00		\$343.48	\$343.53	\$343.48	0	\$0.00		\$364.41	\$364.46	\$364.41	0	\$0.00
20-29 F	\$337.06	\$337.11	\$337.06	20,000	\$6,741,200.00		\$343.48	\$343.53	\$343.48	20,000	\$6,869,600.00		\$364.41	\$364.46	\$364.41	20,000	\$7,288,200.00
20-29 M	\$337.06	\$337.11	\$337.06	0	\$0.00		\$343.48	\$343.53	\$343.48	0	\$0.00		\$364.41	\$364.46	\$364.41	0	\$0.00
30-39 F	\$337.06	\$337.11	\$337.06	10,000	\$3,370,600.00		\$343.48	\$343.53	\$343.48	10,000	\$3,434,800.00		\$364.41	\$364.46	\$364.41	10,000	\$3,644,100.00
30-39 M	\$337.06	\$337.11	\$337.06	0	\$0.00		\$343.48	\$343.53	\$343.48	0	\$0.00		\$364.41	\$364.46	\$364.41	0	\$0.00
40+	\$337.06	\$337.11	\$337.06	2,500	\$842,650.00		\$343.48	\$343.53	\$343.48	2,500	\$858,700.00		\$364.41	\$364.46	\$364.41	2,500	\$911,025.00
					\$12,673,456.00						\$12,914,848.00						\$13,701,816.00

Expansion																	
	North						East						South				
Cohort	Low	High	Bid Amount	Members	Total		Low	High	Bid Amount	Members	Total		Low	High	Bid Amount	Members	Total
<1 yr	\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00
1 yr	\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00
2-14 yr	\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00		\$0.00	\$0.00	\$0.00	0	\$0.00
15-19 F	\$205.19	\$205.24	\$205.19	10,000	\$2,051,900.00		\$196.79	\$196.84	\$196.79	10,000	\$1,967,900.00		\$210.26	\$210.31	\$210.26	10,000	\$2,102,600.00
15-19 M	\$131.43	\$131.48	\$131.43	10,000	\$1,314,300.00		\$126.05	\$126.10	\$126.05	10,000	\$1,260,500.00		\$134.67	\$134.72	\$134.67	10,000	\$1,346,700.00
20-29 F	\$237.05	\$237.10	\$237.05	80,000	\$18,964,000.00		\$227.34	\$227.39	\$227.34	80,000	\$18,187,200.00		\$242.91	\$242.96	\$242.91	80,000	\$19,432,800.00
20-29 M	\$194.40	\$194.45	\$194.40	80,000	\$15,552,000.00		\$186.44	\$186.49	\$186.44	80,000	\$14,915,200.00		\$199.20	\$199.25	\$199.20	80,000	\$15,936,000.00
30-39 F	\$305.30	\$305.35	\$305.30	80,000	\$24,424,000.00		\$292.81	\$292.86	\$292.81	80,000	\$23,424,800.00		\$312.85	\$312.90	\$312.85	80,000	\$25,028,000.00
30-39 M	\$288.24	\$288.29	\$288.24	75,000	\$21,618,000.00		\$276.44	\$276.49	\$276.44	75,000	\$20,733,000.00		\$295.36	\$295.41	\$295.36	75,000	\$22,152,000.00
40+	\$461.76	\$461.81	\$461.76	250,000	\$115,440,000.00		\$442.86	\$442.91	\$442.86	250,000	\$110,715,000.00		\$473.17	\$473.22	\$473.17	250,000	\$118,292,500.00

\$199,364,200.00

\$191,203,600.00

\$204,290,600.00

SSI																
North						East					South					
Cohort	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total	Low	High	Bid Amount	Members	Total	
<1 yr	\$2,715.53	\$2,715.58	\$2,715.53	1,000	\$2,715,530.00	\$2,767.22	\$2,767.27	\$2,767.22	1,000	\$2,767,220.00	\$2,935.83	\$2,935.88	\$2,935.83	1,000	\$2,935,830.00	
1 yr	\$863.22	\$863.27	\$863.22	10,000	\$8,632,200.00	\$879.65	\$879.70	\$879.65	10,000	\$8,796,500.00	\$933.25	\$933.30	\$933.25	10,000	\$9,332,500.00	
2-14 yr	\$497.39	\$497.44	\$497.39	10,000	\$4,973,900.00	\$506.86	\$506.91	\$506.86	10,000	\$5,068,600.00	\$537.74	\$537.79	\$537.74	10,000	\$5,377,400.00	
15-19 F	\$471.55	\$471.60	\$471.55	10,000	\$4,715,500.00	\$480.52	\$480.57	\$480.52	10,000	\$4,805,200.00	\$509.80	\$509.85	\$509.80	10,000	\$5,098,000.00	
15-19 M	\$427.25	\$427.30	\$427.25	10,000	\$4,272,500.00	\$435.38	\$435.43	\$435.38	10,000	\$4,353,800.00	\$461.91	\$461.96	\$461.91	10,000	\$4,619,100.00	
20-29 F	\$617.15	\$617.20	\$617.15	25,000	\$15,428,750.00	\$628.90	\$628.95	\$628.90	25,000	\$15,722,500.00	\$667.22	\$667.27	\$667.22	25,000	\$16,680,500.00	
20-29 M	\$519.19	\$519.24	\$519.19	25,000	\$12,979,750.00	\$529.07	\$529.12	\$529.07	25,000	\$13,226,750.00	\$561.31	\$561.36	\$561.31	25,000	\$14,032,750.00	
30-39 F	\$746.20	\$746.25	\$746.20	25,000	\$18,655,000.00	\$760.41	\$760.46	\$760.41	25,000	\$19,010,250.00	\$806.74	\$806.79	\$806.74	25,000	\$20,168,500.00	
30-39 M	\$578.77	\$578.82	\$578.77	25,000	\$14,469,250.00	\$589.79	\$589.84	\$589.79	25,000	\$14,744,750.00	\$625.72	\$625.77	\$625.72	25,000	\$15,643,000.00	
40+	\$1,000.16	\$1,000.21	\$1,000.16	100,000	\$100,016,000.00	\$1,019.19	\$1,019.24	\$1,019.19	100,000	\$101,919,000.00	\$1,081.29	\$1,081.34	\$1,081.29	100,000	\$108,129,000.00	
					\$186,858,380.00											\$202,016,580.00

Delivery					
Region	Low	High	Bid Amount	Members	Total
North Region	\$4,751.31	\$4,751.36	\$4,751.31	4,000	\$19,005,240.00
East Region	\$4,774.39	\$4,774.44	\$4,774.39	4,000	\$19,097,560.00
South Region	\$4,628.95	\$4,629.00	\$4,628.95	4,000	\$18,515,800.00
					\$56,618,600.00

Total Contract Dollar Value	
\$1,741,138,263.00	

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS1600000001**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

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

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

CareSource West Virginia Co.

\_\_\_\_\_  
Company

  
\_\_\_\_\_  
Authorized Signature

06/15/2016

\_\_\_\_\_  
Date

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

**SOLICITATION NUMBER: BAFO 0511 BMS1600000001**

**Addendum Number: 1**

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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 extend the bid opening date from July 14, 2016, at 1:30 PM EST to July 17, 2016, at 1:30 PM EST.

A subsequent addenda will be issued in the future to address vendor questions.

**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.



**SOLICITATION NUMBER: BAFO 0511 BMS1600000001**

**Addendum Number: 2**

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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 correct a typographically error on the attachments of Addendum #1. The bid opening date on the face of the Addendum is correct and remains June 17, 2016, at 1:30 PM EST.

A subsequent addenda will be issued in the future to address vendor questions.

**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.

**SOLICITATION NUMBER: BAFO 0511 BMS1600000001**

**Addendum Number: 3**

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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 responses to questions submitted by vendors.
- 2) To provide the correct documents which were inadvertently left out of the original BAFO documents entitled "Procurement of Managed Care Organization Services".
- 3) To provide the revised Service Provider Agreement.

Note: Only electronic versions of this documentation will be provided and can be downloaded on our [www.wvOASIS.gov](http://www.wvOASIS.gov) website.

**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.



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

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

Proc Folder: 185743

Doc Description: Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-06	2016-06-14 13:30:00	BAFO 0511 BMS1600000001	1

**BID RECEIVING LOCATION**

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

**VENDOR**

Vendor Name, Address and Telephone Number:

CareSource West Virginia Co.  
230 N. Main Street  
Dayton OH 45402  
502-213-4710

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

FEIN # 47-3028244

DATE 06/10/2016

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

**ADDITIONAL INFORMATION:**

The State of West Virginia is soliciting Best and Final Offers (BAFO) from those vendors who are determined to be reasonably susceptible of being selected for award for Managed Care Services.

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251  CHARLESTON WV25301-3709  US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251  CHARLESTON WV 25301-3709  US

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

Comm Code	Manufacturer	Specification	Model #
84131602			

**Extended Description :**

See Exhibit A Pricing Page

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Questions Due	2016-06-08
2	Responses Issued	2016-06-10

<b>BMS1600000001</b>	<b>Document Phase</b> <b>Final</b>	<b>Document Description</b> Managed Care Services	<b>Page 3</b> <b>of 3</b>
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#### **ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



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

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

Proc Folder: 185743

Doc Description: Addendum #1 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-10	2016-06-17 13:30:00	BAFO 0511 BMS1600000001	2

#### BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

#### VENDOR

Vendor Name, Address and Telephone Number:

CareSource West Virginia Co.  
230 N. Main Street  
Dayton, OH 45402  
502-213-4710

#### FOR INFORMATION CONTACT THE BUYER

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

Signature X

FEIN # 47-3028244

DATE 06/15/2016

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

**ADDITIONAL INFORMATION:**

Addendum #1 - To extend the bid opening date from June 14, 2016, at 1:30 PM EST to June 17, 2016, at 1:30 PM EST.

A subsequent addenda will be issued in the future to address vendor questions.

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251  CHARLESTON WV25301-3709  US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251  CHARLESTON WV 25301-3709  US

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

Comm Code	Manufacturer	Specification	Model #
84131602			

Extended Description :

See Exhibit A Pricing Page

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Questions Due	2016-06-08
2	Responses Issued	2016-06-10

<b>BMS1600000001</b>	<b>Document Phase</b> <b>Final</b>	<b>Document Description</b> Addendum #1 Managed Care Services	<b>Page 3</b> <b>of 3</b>
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### **ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions





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

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

Proc Folder: 185743

Doc Description: Addendum #2 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-10	2016-06-17 13:30:00	BAFO 0511 BMS1600000001	3

**BID RECEIVING LOCATION**

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

**VENDOR**

Vendor Name, Address and Telephone Number:

CareSource West Virginia Co.  
230 N. Main Street  
Dayton, OH 45402  
502-213-4710

**FOR INFORMATION CONTACT THE BUYER**

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

Signature X

FEIN # 47-3028244

DATE 06/15/16

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

**ADDITIONAL INFORMATION:**

Addendum #2 - To correct a typographical error on the attachments of Addendum #1. The bid opening date on the face of the Addendum is correct, and remains June 17, 2016, at 1:30 PM EST.

A subsequent addenda will be issued in the future to address vendor questions.

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US	PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

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

Comm Code	Manufacturer	Specification	Model #
84131602			

**Extended Description :**

See Exhibit A Pricing Page

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Questions Due	2016-06-08
2	Responses Issued	2016-06-10

<b>BMS1600000001</b>	<b>Document Phase</b> Final	<b>Document Description</b> Addendum #2 Managed Care Services	<b>Page 3</b> <b>of 3</b>
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### **ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions



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

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

Proc Folder: 185743

Doc Description: Addendum #3 Managed Care Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-14	2016-06-17 13:30:00	BAFO 0511 BMS1600000001	4

**BID RECEIVING LOCATION**

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

**VENDOR**

Vendor Name, Address and Telephone Number:

CareSource West Virginia Co.

230 N. Main Street

Dayton, OH 45402

502-213-4710

**FOR INFORMATION CONTACT THE BUYER**

April Battle

(304) 558-0067

april.e.battle@wv.gov

Signature X

FEIN #

47-3028244

DATE 06/15/2016

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

**ADDITIONAL INFORMATION:****Addendum #3**

1) To provide responses to questions submitted to vendors.

2) To provide the correct documents which were inadvertently left out of the original BAFO documents entitled "Procurement of Managed Care Organization Services".

3) To provide the revised Service Provider Agreement.

Note: Only electronic versions of this documentation will be provided and can be downloaded on our [www.wvOASIS.gov](http://www.wvOASIS.gov) website.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

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

Comm Code	Manufacturer	Specification	Model #
84131602			

**Extended Description :**

See Exhibit A Pricing Page

**SCHEDULE OF EVENTS**

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Questions Due	2016-06-08
2	Responses Issued	2016-06-10

<b>BMS1600000001</b>	<b>Document Phase</b> <b>Final</b>	<b>Document Description</b> Addendum #3 Managed Care Services	<b>Page 3</b> <b>of 3</b>
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### **ADDITIONAL TERMS AND CONDITIONS**

See attached document(s) for additional Terms and Conditions