



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

State of West Virginia Master Agreement

Order Date: 01-12-2026

CORRECT ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, AND SHIPPING PAPERS. QUESTIONS CONCERNING THIS ORDER SHOULD BE DIRECTED TO THE DEPARTMENT CONTACT.

Order Number:	CMA 0511 3117 BMS2300000008 3	Procurement Folder:	1150159
Document Name:	DISPROPORTIONATE SHARE HOSPITAL AUDIT SERVICES	Reason for Modification:	
Document Description:	DISPROPORTIONATE SHARE HOSPITAL AUDIT SERVICES	Change Order 2	
Procurement Type:	Central Master Agreement	To Renew Contract	
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2024-03-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2027-02-28

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000191225 MYERS & STAUFFER LC 10200 GRAND CENTRAL AVENUE OWINGS MILLS MD 21117 US Vendor Contact Phone: 800-374-6858 Extension:	Requestor Name: Stuart Sellears Requestor Phone: 304-352-4319 Requestor Email: stuart.sellears@wv.gov <div style="text-align: center; font-size: 2em; font-weight: bold;">2026</div> FILE LOCATION _____																				
Discount Details: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

1/13/26 61

Purchasing Division's File Copy

Total Order Amount:	Open End
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OR 1/12/2026

PURCHASING DIVISION AUTHORIZATION
DATE: <i>Tanya 1/13/2026</i>
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: <i>J. D. S. Gray</i>
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: <i>1-13-26</i>
ELECTRONIC SIGNATURE ON FILE

1/13/2026

Extended Description:

Change order

Change order No. 2 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal March 1, 2026 through February 28, 2027

Renewal Years Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	84111600				0.000000
	Service From	Service To		Service Contract Amount	
	2024-03-01	2025-02-28		155000.00	

Commodity Line Description: Audit for SFY2021

Extended Description:

Audit for SFY2021 (07/01/2020-06/30/2021)

Service Period: 03/01/2024-02/28/2025

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	84111600				0.000000
	Service From	Service To		Service Contract Amount	
	2024-03-01	2026-02-28		12000.00	

Commodity Line Description: Additional Services-Base Year One (1)

Extended Description:

Total Cost for Additional Services (Cost Per Hour X 100 Hours)-Base Year One (1).

Service Period: 03/01/2024-02/28/2025

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	84111600				0.000000
	Service From	Service To		Service Contract Amount	
	2025-03-01	2026-02-28		159700.00	

Commodity Line Description: Audit for SFY2022

Extended Description:

Audit for SFY2022 (07/01/2021-06/30/2022)

Service Period: 03/01/2025-02/28/2026

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	84111600				0.000000
	Service From	Service To		Service Contract Amount	
	2025-03-01	2026-02-28		12360.00	

Commodity Line Description: Additional Services-Optional Renewal Year One (1)

Extended Description:

Additional Services- (Cost Per Hour X 100 Hours)-Optional Renewal Year One (1).

Service Period: 03/01/2025-02/28/2026

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	84111600				0.000000
	Service From	Service To		Service Contract Amount	
	2026-03-01	2027-02-28		164500.00	

Commodity Line Description: Audit for SFY2023

Extended Description:

Audit for SFY2023 (07/01/2022-06/30/2023)

Service Period: 03/01/2026-02/28/2027

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	84111600				0.000000
	Service From	Service To		Service Contract Amount	
	2026-03-01	2027-02-28		12730.00	

Commodity Line Description: Additional Services-Optional Renewal Year Two (2)

Extended Description:

Additional Services- (Cost Per Hour X 100 Hours)-Optional Renewal Year Two (2).

Service Period: 03/01/2026-02/28/2027



**MYERS AND
STAUFFER^{LC}**
CERTIFIED PUBLIC ACCOUNTANTS

November 3, 2025

Ms. Jimmy Dowden
Director, Office of Procurement Services
Bureau for Medical Services
West Virginia Department of Human Services
350 Capitol Street, Rm 251
Charleston, WV 25301

Dear Mr. Dowden:

Myers and Stauffer LC (Myers and Stauffer) is pleased for the opportunity to renew our existing contract for *Disproportionate Share Hospital (DSH) Audit Services* for the West Virginia Department of Human Services (previously Department of Health and Human Resources), Bureau for Medical Services (BMS). We agree to renew the contract according to all terms, condition prices, and specifications contained in the original contract including all authorized change orders.

We have provided the following information for the renewal:

- **Contract Number:** CMA BMS2300000008
- **Effective Dates:** March 1, 2026 – February 28, 2027
- **Number of Renewals Remaining:** One (after this renewal)
- **Licenses/Certifications/Permits:** Updated firm CPA license is attached.
- **Insurance Coverage:** Certificates of insurance are attached showing coverage amounts for Commercial General Liability Insurance, Automobile Liability Insurance, Professional/Malpractice/Errors and Omission Insurance, and Cyber Liability insurance

We look forward to continuing to work with BMS on this important initiative. If I can be of further assistance, please contact me at 800.505.1698 or dkovar@mslc.com.

Sincerely,

Diane Kovar, CPA
Member

Agree to renew.

Commodity Line Comments:

Extended Description:

Total Cost for Additional Services (Cost Per Hour X 100 Hours)-Base Year One (1).
Service Period: 03/01/2024-02/28/2025

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Additional Services-Optional Renewal Year One (1)				12360.00

Comm Code	Manufacturer	Specification	Model #
84111600			

Commodity Line Comments:

Extended Description:

Additional Services- (Cost Per Hour X 100 Hours)-Optional Renewal Year One (1).
Service Period: 03/01/2025-02/28/2026

OK *Alles Greenhow*

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Additional Services-Optional Renewal Year Two (2)				12730.00

Comm Code	Manufacturer	Specification	Model #
84111600			

Commodity Line Comments:

Extended Description:

Additional Services- (Cost Per Hour X 100 Hours)-Optional Renewal Year Two (2)
Service Period: 03/01/2026-02/28/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Additional Services-Optional Renewal Year Three (3)				13115.00

Comm Code	Manufacturer	Specification	Model #
84111600			

Commodity Line Comments:

Extended Description:

Additional Services- (Cost Per Hour X 100 Hours)-Optional Renewal Year Three (3)
Service Period: 03/01/2027-02/29/2028



**COVER PAGE AND
ACKNOWLEDGEMENT FORMS**

Ok
Althea Greenhowe

CRFQ No. 0511 BMS2307000004
April 20, 2023

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON US	WV	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Audit for SFY2023	1	1	\$164,500	\$164,500

Comm Code	Manufacturer	Specification	Model #
84111600			

Extended Description:
Audit Services SFY2023 (07/01/2022-06/30/2023)
Service Period: 03/01/2026-02/28/2027

INVOICE TO		SHIP TO	
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON US	WV	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON US	WV

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Audit for SFY2024	1	1	\$169,425	\$169,425

Comm Code	Manufacturer	Specification	Model #
84111600			

Extended Description:
Audit Services SFY2024 (07/01/2023-06/30/2024)
Service Period: 03/01/2027-02/28/2028



WEST VIRGINIA DEPARTMENT OF
**HUMAN
SERVICES**

STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Alex J. Mayer, PhD, MS, PMP
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

DATE: November 17, 2025

TO: Crystal Husted
Senior Buyer
State of West Virginia Purchasing Division

FROM: Althea Greenhowe *Althea Greenhowe*
Procurement Specialist, Senior
Office of Shared Administration/Purchasing

RE: PF 1150159, CMA BMS23*08 Change Order - 2
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced CMA change order two. This change order is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders.

The service period will be 03/01/2026-02/28/2027.

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-3924 or althea.m.greenhowe@wv.gov. Thank you for your time and consideration in this matter.



Certificates of Insurance

Client#: 52154 MYERSTA

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
10/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions to be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: CBIZ Insurance Services, Inc. 700 West 47th Street, Suite 1100 Kansas City, MO 64112 816 945-5500	CONTACT: Laura Weeks Phone: 816-945-5589 Email: lweeks@cbiz.com FAX: _____ MAIL ADDRESS: _____
INSURED: Myers and Stauffer LC 700 W. 47th Street, Suite 1100 Kansas City, MO 64112	INSURERS AFFORDING COVERAGE INSURER A: Hartford Casualty Insurance Co NAIC # 29424 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____

COVERAGES CERTIFICATE NUMBER: _____ REVISION NUMBER: _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PERIL <input checked="" type="checkbox"/> LOC. <input type="checkbox"/> OTHER	30SBAUH8895	05/01/2025	05/01/2026	EACH OCCURRENCE: \$1,000,000 AGGREGATE: \$300,000 MED EXP (Any one person): \$10,000 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMPAR AGG: \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNERS AUTO <input checked="" type="checkbox"/> HIRE/AUTO <input type="checkbox"/> HIRE/AUTO ONLY <input checked="" type="checkbox"/> SOLE DRIVER AUTO <input type="checkbox"/> NON-OWNERS AUTO ONLY	30SBAUH8895	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT: \$1,000,000 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$ BODILY INJURY (Per accident): \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CDS <input checked="" type="checkbox"/> RETENTION \$10000	30SBAUH8895	05/01/2025	05/01/2026	EACH OCCURRENCE: \$5,000,000 AGGREGATE: \$5,000,000
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY REQUIRE TO PURCHASE THE POLICY (Mandatory in NH) OFFICE NAME AND ADDRESS: _____ IF YES, describe under DESCRIPTION OF OPERATIONS below				PER STATE: _____ EMP: _____ E.L. EACH ACCIDENT: \$ E.L. DISEASE - EMP. POL. DATE: \$ E.L. DISEASE - POLICY LIMIT: \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 WV Disproportionate Share Hospital Audit Services/ CMA BMS 230000008

Waiver of subrogation applies where allowed by law. 30 day notice of cancellation applies.

CERTIFICATE HOLDER West Virginia Dept. of Human Services 350 Capitol Street, RM 251 Charleston, WV 25301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Mark L. Stutz
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ACORD 25 (2015/03) 1 of 1 The ACORD name and logo are registered marks of ACORD #54849293/M4508588

Client#: 2372

ACORD **CERTIFICATE OF LIABILITY INSURANCE** **CBIZINC**

DATE (MM/DD/YYYY)
10/31/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CBIZ Insurance Services, Inc. 700 West 47th Street, Suite 1100 Kansas City, MO 64112 816 945-5500		CONTACT NAME Laura Weeks PHONE (A/C No. Ext.) E-MAIL ADDRESS: lweeks@cbiz.com FAX (A/C No.)	
INSURED Myers and Stauffer LC 700 W. 47th Street, Suite 1100 Kansas City, MO 64112		INSURERS AFFORDED COVERAGE INSURER A: Illinois Union Insurance Co. NAIC # 27960 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	ACORD CODE	CLASS CODE	POLICY NUMBER	POLICY LET (MM/DD/YYYY)	POLICY EXPI (MM/DD/YYYY)	LIMITS
<input type="checkbox"/> CLAIM-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROD. <input type="checkbox"/> AGG. <input type="checkbox"/> OTHER	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> UMBRELLA LIAB. <input type="checkbox"/> EXCESS LIAB.						EACH OCCURRENCE \$ DAMAGE TO RENTED \$ MED EXP (Per person) \$ PERSONAL & ADJ (INURY) \$ GEN'L AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$ UNEMPLOYED BENEFIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROP/RTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> AUTOB ONLY <input type="checkbox"/> HOUSH <input type="checkbox"/> AUTOB ONLY	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> UMBRELLA LIAB. <input type="checkbox"/> EXCESS LIAB.					
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRY EMPLOYER (REG OR UNREG) OFFICER, MEMBER, EXCLUDED (Mandatory in MA) If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Technology/Cyber			F14973205007	06/01/2025	06/01/2026	\$1,000,000 Each Claim & Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 WV Disproportionate Share Hospital Audit Services/ CMA BMS 2300000008.
 Waiver of subrogation applies where allowed by law.

CERTIFICATE HOLDER West Virginia Dept. of Human Services 350 Capitol Street, RM 251 Charleston, WV 25301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Mark A. State
--	---

Client#: 2372
ACORD CERTIFICATE OF LIABILITY INSURANCE CBIZINC

DATE (MM/DD/YYYY)
10/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER
CBIZ Insurance Services, Inc.
700 West 47th Street, Suite 1100
Kansas City, MO 64112
816 945-5500

CONTACT NAME Laura Weeks	PHONE (A/C No. Ext.)	TAX (A/C No.)
E-MAIL ADDRESS lweeks@cbiz.com		
INSURER'S ATTENDING COVERAGE		
INSURER A. American Casualty Company of Reading	NAIC # 20427	
INSURER B.		
INSURER C.		
INSURER D.		
INSURER E.		
INSURER F.		

INSURED
Myers and Stauffer, LC
700 W. 47th Street, Suite 1100
Kansas City, MO 64112

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	ACORD FORM	POLICY NUMBER	ISSUANCE DATE	EXPIRATION DATE	AMOUNT	UNIT
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT AFFLTS PER POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> OTHER <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$ MED EXP LMT PER OCCUR \$ PERSONAL & ADV INJURY \$ GEN'L AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ CORRECTED FINANCIAL LMT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> UNLICENSED AUTO ONLY <input type="checkbox"/>						
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYEE BENEFIT LIABILITY ANY PROPRIETARY PARTNER OR SCHEDULED OFFICE WORKER EXCLUDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, describe above or description of operations below	N/A	WC672461232 WC672461246	09/30/2025 09/30/2025	09/30/2026 09/30/2026	X PER STATE E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Form(s) Schedule, may be attached if more space is required)
WV Disproportionate Share Hospital Audit Services/ CMA BMS 2300000008.
Waiver of subrogation applies where allowed by law.

CERTIFICATE HOLDER West Virginia Dept. of Human Services 350 Capitol Street, RM 251 Charleston, WV 25301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

CPA License



State of West Virginia
West Virginia Board of Accountancy
405 Capitol Street, Suite 908
Charleston, WV 25301-1744
(304) 558-3557

The entity listed below was issued a
FIRM PERMIT
for the period beginning
JULY 1, 2025 THROUGH JUNE 30, 2026

F0188A
MYERS AND STAUFFER LC
700 W 47TH ST STE 1100
KANSAS CITY MO 64112

Barry L. Bugan CPA
Board President

Krista L. Justice
Executive Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/22/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER

Affinity Insurance Services
1100 Virginia Drive, Suite 250
Fort Washington, PA 19034

CONTACT NAME:

PHONE (A/C, No, Ext):
E-MAIL:
ADDRESS:

FAX (A/C, No):

INSURER(S) AFFORDING COVERAGE

INSURER	NAIC #
INSURER A: Continental Casualty Company	20443
INSURER B: Markel Insurance Company	38970
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

Myers and Stauffer LC
700 W 47th St. Suite 1100
Kansas City MO 64112

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Professional Liability claims-made policy Excess Professional Liability claims-made policy		ABF-188181819 MKLM7XE0000054	12/31/2025 12/31/2025	12/31/2026 12/31/2026	Per Claim/Aggregate Limit \$5,000,000 / \$5,000,000 SIR applies per policy terms and conditions.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

WV Medical Loss Ratio Examination 2401-CMA 0511 BMS2200000001 1, WV Medicaid Actuarial Services and Manages Care Program Administration 2021 2402-CMA 0511 2688 BMS2200000001 1

CERTIFICATE HOLDER

West Virginia Department of Human Services,
Bureau for Medical Services
Attn: Jimmy Dowden, Director, Procurement Services
350 Capitol St, RM 251
Charleston, WV 25301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gretchen McCall



STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
OFFICE OF TECHNOLOGY
State Capitol
Charleston, West Virginia 25305

Mark D. Scott
Cabinet Secretary

Joshua D. Spence
Chief Information Officer

TO: Ron Courtney, Procurement Associate
Department of Health and Human Resources

FROM: Joshua D. Spence, Chief Information Officer
Office of Technology

SUBJECT: INFORMATION TECHNOLOGY PROCUREMENT
HR004279 CRFQBMS2300000004 IS&C NUMBER: 2023-9288

DATE: June 5, 2023

West Virginia Code §5A-6-4(a)(3) permits the Chief Technology Officer to "evaluate the economic justification, system design and suitability of information equipment and related services, and review and make recommendations on the purchase, lease or acquisition of information equipment and contracts for related services by the state spending units."

West Virginia Code §5A-6-4c requires that the Chief Technology Officer review and approve "a major information technology project."

West Virginia Code §5A-6-5 requires that "any state spending unit that pursues an information technology purchase that does not meet the definition of a 'major technology project' and that is required to submit a request for proposal to the State Purchasing Division prior to purchasing goods or services shall obtain the approval of the Chief Technology Officer, in writing, of any proposed purchase of goods or services related to its information technology and telecommunication systems."

After conducting a review of your request for 2023-9288 Disproportionate Share Hospital Services (DHS) award recommendation and all renewal periods, the Office of Technology has determined:

X That your request is approved.

That your request is not subject to the review and approval provisions contained in Chapter 5A, Article 6 of the Code, therefore, it does not need approval by the Office of Technology.

This memorandum constitutes this office's official review and a copy should be attached to your purchase order and any other correspondence related to this request.

If you have questions, or need additional information, please contact Consulting Services at Consulting.Services@wv.gov.



Revolutionary FAR Overhaul Impacts to SAM.gov Show Details
Aug 15, 2025



See All Alerts

Records Retention Policy Impacts Old SAM Registration Data Show Details
May 21, 2025



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e.g. 1606N020Q02

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Simple Search

Search Editor

- Any Words ⁱ
- All Words ⁱ
- Exact Phrase ⁱ

e.g. 123456789, Smith Corp

"Myers & Stauffer LC" ×

"Myers & Stauffer LC" ×

Entity ∨

Location ∨

Status ∧

- Active
- Inactive

Reset

Entity Information ∧



All Entity Information

Entities

Disaster Response Registry

Responsibility / Qualification



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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

MYERS AND STAUFFER LC

** See Attached*

Organization Information

Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	6/25/2001		6/25/2001	Foreign	Profit		6/25/2050	

Organization Information

Business Purpose	5412 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Accounting/Tax Prep/Bookkeeping/Payroll Services (CPAs)	Capital Stock	
Charter County		Control Number	41216
Charter State	KS	Excess Acres	
At Will Term	T	Member Managed	MBR
At Will Term Years	49	Par Value	
Authorized Shares		Young Entrepreneur	Not Specified

Addresses

Type	Address
Designated Office Address	209 WEST WASHINGTON ST CHARLESTON, WV, 25302
Notice of Process Address	CORPORATION SERVICE COMPANY 808 GREENBRIER STREET CHARLESTON, WV, 25311
Principal Office Address	700 W 47TH ST STE 1100 KANSAS CITY, MO, 64112 USA
Principal Office Mailing Address	700 W 47TH ST STE 1100 KANSAS CITY, MO, 64112 USA
Type	Address

X Close

Hi, I'm SOLO! I can help you file your Annual Report.

Officers

Type	Name/Address
------	--------------

Member	CHARLES SMITH 100 EASTSHORE DRIVE STE 200 GLEN ALLEN, VA, 23059
Organizer	KEVIN C. LONDEEN 4123 SW GAGE CENTER DRIVE, SUITE 200 TOPEKA, KS, 66604 USA
Type	Name/Address

Annual Reports

Filed For

- 2025
- 2024
- 2023
- 2022
- 2021
- 2020
- 2019
- 2018
- 2017
- 2016
- 2015
- 2014
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002

Date filed

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For more information, please contact the Secretary of State's Office at 304-558-8000.

Monday, January 12, 2026 — 11:37 AM

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Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
Payment	1131 SW Winding Rd Ste C	Topeka	KS	66616	Jennifer Isleib
Payment	700 W 47th Street Suite 1100	Kansas City	MO	64112	Jennifer Isleib
Billing	100 EASTSHORE DRIVE STE 200	GLEN ALLEN	VA	23059	Marketing Coordinator
Payment	62954 COLLECTION CENTER DRIVE	CHICAGO	IL	60693-0629	Marketing Coordinator
Ordering	1349 Peachtree ST NE	Atlanta	GA	30309	TERRI BRANNING
Payment	1349 PEACHTREE ST NE	ATLANTA	GA	30309	Jennifer Isleib
Payment	10200 GRAND CENTRAL AVENUE	OWINGS MILLS	MD	21117	Jennifer Isleib
Other	1131 SW Winding Rd Ste C	Topeka	KS	66616	
Ordering	10200 GRAND CENTRAL AVENUE	OWINGS MILLS	MD	21117	
Payment	PO BOX 505215	ST LOUIS	MO	63150-5215	Marketing Coordinator

First Prev Next Last

Save Undo Delete Insert Copy Paste

Active From : 06/15/2023

Vendor/Customer : 000000191225
MYERS & STAUFFER LC

Active To :

Address Type : Payment

Default Record :

Division/Department :

Mail Returned :


Additional Address Info. :

Active Address : Yes

Prevent New Spending :


Default Currency : USD - US Dollar


Address Information



Address ID : AD000072  Country Phone Code : 1


Street 1 : 10200 GRAND CENTRAL AV Phone : 800-505-1698


Street 2 : SUITE 200 Phone Extension :


City : OWINGS MILLS County : 


State/Province : MD  County Name :

Zip/Postal Code : 21117  Country : US 

DUNS : 

Extended DUNS : 

Unique Entity Identifier : 

CAGE Code : 

▶ Prenote/EFT

▶ Remittance Advice

▶ Contact Information

▶ Contact Address Information

▶ Geographic Designation

▶ Change Management

Top

Modify Existing Record Add New Address

Master Address Master Contacts Languages

Vendor Transaction History

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Jessica Riley</u> Date: <u>1/12/2026</u> Solicitation No. <u>CMA BMS 23*08</u> Co #2 Renewal	Agency: Bureau for Medical Services Procurement Officer Submitting Requisition: Althea Greenhowe Requisition No. CMA BMS23*08 PF No.: 1150159
--	--

This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions www.state.wv.us/admin/purchase/TCP.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: _____

