



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

State of West Virginia  
**Delivery Order**

Order Date: 04-03-2026

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

<b>Order Number:</b>	CDO 0511 3839 MIS2600000002 3	<b>Change Order No:</b>	2	<b>Procurement Folder:</b>	1826950
<b>Document Name:</b>	CC-Provider Inspection Checklist	<b>Reason for Modification:</b>			
<b>Document Description:</b>	CC-Provider Inspection Checklist	Change Order 2 To update SoW language.			
<b>Procurement Type:</b>	Central Delivery Order				
<b>Buyer Name:</b>	Crystal G Hustead				
<b>Telephone:</b>	(304) 558-2402				
<b>Email:</b>	crystal.g.hustead@wv.gov				
<b>Shipping Method:</b>	Best Way	<b>Master Agreement Number:</b> CMA 0511 HHR1800000007 3			
<b>Free on Board:</b>	FOB Dest, Freight Prepaid				

VENDOR				DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	000000184667			<b>Requestor Name:</b>	Kimberly A Beckett
OPTUMINSIGHT INC 11000 OPTUM CIR				<b>Requestor Phone:</b>	(304) 558-5854
EDEN PRAIRIE MN 55344				<b>Requestor Email:</b>	kimberly.a.beckett@wv.gov
US				<div style="font-size: 48px; font-weight: bold; letter-spacing: 5px;">2026</div> <div style="font-weight: bold;">FILE LOCATION _____</div>	
<b>Vendor Contact Phone:</b>	612-642-7749	<b>Extension:</b>			
<b>Discount Details:</b>					
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

INVOICE TO	SHIP TO
BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES MANAGEMENT INFORMATION SERVICE ONE DAVIS SQUARE, RM 211 CHARLESTON WV 25301 US	BUYER - 304-957-0209 HEALTH AND HUMAN RESOURCES MANAGEMENT INFORMATION SERVICE 321 CAPITOL ST, STE 200 CHARLESTON WV 25301 US

Purchasing Division's File Copy

<b>Total Order Amount:</b>	\$355,476.00
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CH 4/8/26  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: *Tanya* 4/8/26  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: *Cody*  
 ELECTRONIC SIGNATURE ON FILE 4-8-26

**Extended Description:**

Change Order

Change Order No. 2 is issued to update the language of the SOW to include additional work needed with the program as well as add performance periods. No additional cost or time is added. No other changes.

All provisions of the original Contract and subsequent Change Orders not modified herein shall remain in full force and effect.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	81111511	0.00000		\$0.0000	\$1,980.00
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2025-11-07	2025-11-16				2026-04-10

**Commodity Line Description:** Modifications and Enhancements Year 8 Hourly Rate

**Extended Description:**

15 hours at Year 8 hourly rate of \$132.00 per hour.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	81111511	0.00000		\$0.0000	\$353,496.00
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2025-11-17	2026-11-16				2026-04-10

**Commodity Line Description:** Modifications and Enhancements Year 9 Hourly Rate

**Extended Description:**

2599 hrs. @ \$136.00 per hour

Modifications and Enhancements Year 9 Hourly Rate 30,000 hours at \$136 per hour

Optum

West Virginia DoHS  
First Amendment to Statement of Work 39 WV PATH CC  
Provider Inspection Checklist



WEST VIRGINIA DEPARTMENT OF  
**HUMAN  
SERVICES**

**Project**

West Virginia DoHS IES Project

**WV PATH Enhancements**

IE-First Amendment CC Inspection Checklist  
WV PATH Integrated Eligibility Enhancement

**Contract Name:** WV IES CMA 0511 3084 HHR1800000007

Last Modified Date: 03/02/2026

Version 1.1

This is the First Amendment (First Amendment) to Statement of Work 39 for the WV PATH Child Care (CC) Provider Inspection Checklist Statement of Work (“SOW”). This First Amendment to the current SOW is required to address additional scope requested by WV DoHS.

This Amendment is to address the changes to the new 2023 – 2028 templates and corresponding lines for the following:

- Child Care Center (CC-0809)
- Out of School Time (CC-0808)
- Family Child Care Facility (CC-0810)
- Deemed Head Start (CC-0811)

At the request of WV DoHS, this First Amendment will amend the SOW within the following provisions to implement the change in the CC Provider Inspection Checklist. The changes to the SOW shall be indicated for the following Sections in *italics*.

**The following Sections are being amended:**

- I. **Section 1 Introduction** is modified to include the additional work requested by WV DoHS, which shall be added to the end of Section 1:

*“During design review it was discovered by DoHS that Observation Type was not included in the response section of the templates they had submitted for the following provider types:*

- *Child Care Center*
- *Out of School Time Child Care*
- *Family Child Care Facility*
- *Deemed Head Start*

*Optum has agreed to add Observation Type to the response section for the providers listed above. This will match what is currently in Production for Child Care Center, Out of School Time Child Care, Family Child Care Facility and Head Start.*

*No other changes to the templates will be made. Templates will be developed as they were submitted on the ticket. “*

- II. **Section 2.0 Scope of Work** is modified to include the period of performance for the First Amendment as well as a high-level description:

*“The period of performance for this First Amendment shall commence on the effective date in the Delivery Order (“Effective Date”) or as otherwise authorized and continue under Section 3.2 (Project Activities).”*

III. **Section 2.1** This section is being amended to add the following descriptions of new work (in italics) to the existing table in Section 2.1:

*“Optum has agreed to add Observation Type to the response section for the providers listed above. This will match what is currently in Production for Child Care Center, Out of School Time Child Care, Family Child Care Facility and Head Start.*

*No other changes to the templates will be made. Templates will be developed as they were submitted on the ticket. “*

### First Amendment to Statement of Work Acceptance

In consideration of the promises and mutual obligations contained herein, DoHS hereby confirms agreement with the provisions set forth in this First Amendment to SOW 39 and approves commencement of the additional scope. All other terms of the SOW not modified herein remain in force and in effect.



Signed for and on behalf of  
**The State of West Virginia, Department of Human Services**  
**Brandon Lewis**



Signed for and on behalf of  
**OptumInsight, Inc.**  
**Mark W. Youngman**

Name: Brandon Lewis

Name: Mark Yougman

Title: Chief of Technology and Information Systems  
Office of Cabinet Secretary

Title: Associate Director of Finance

Date: 3/23/2026

Date: March 20, 2026

Agreed





Arvin Singh, EdD, MBA, MPH, MS,  
FACHE



Michael Caruso  
Cabinet Secretary



Christina Mullins, MA  
Acting Cabinet Secretary

Date: April 3, 2026

To: Purchasing Division  
Office of Shared Administration

From: Kimberly Beckett, Procurement Specialist *KB*  
Management Information Services

Re: CDO MIS26\*02 CO 2-Updating SoW language

The Office of Management Information Services and OPTUMINSIGHT, LLC are requesting approval of the project mentioned above. This change order is to update the language of the SoW to include additional work needed with the program as well as add performance periods.

Your approval is greatly appreciated.





Scheduled SAM Maintenance [Show Details](#)  
Apr 3, 2026



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Revolutionary FAR Overhaul Impacts to SAM.gov [Show Details](#)  
Aug 15, 2025



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Search

All Words

e.g. 1606N020Q02

Filter By

### Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search

Search Editor

- Any Words
- All Words
- Exact Phrase

e.g. 123456789, Smith Corp

"optuminsight inc"

Entity

Location

Status

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- Inactive

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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.*

#### OPTUMINSIGHT, INC.

\* See Attached \*

Organization Information									
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason	
C   Corporation	12/2/1998		12/2/1998	Foreign	Profit				

Organization Information			
<b>Business Purpose</b>	6214 - Health Care and Social Assistance - Ambulatory Health Care Services - Outpatient Care Centers (family planning, mental health, substance abuse, HMO, kidney dialysis, freestanding ambulatory surgical & emergency centers)	<b>Capital Stock</b>	0.0000
<b>Charter County</b>		<b>Control Number</b>	0
<b>Charter State</b>	DE	<b>Excess Acres</b>	0
<b>At Will Term</b>		<b>Member Managed</b>	
<b>At Will Term Years</b>		<b>Par Value</b>	0.000000
<b>Authorized Shares</b>	0	<b>Young Entrepreneur</b>	Not Specified

Addresses	
Type	Address
<b>Notice of Process Address</b>	UNITED AGENT GROUP INC. 126 EAST BURKE STREET MARTINSBURG, WV, 25401
<b>Principal Office Address</b>	1 OPTUM CIRCLE EDEN PRAIRIE, MN, 55344
<b>Principal Office Mailing Address</b>	1 OPTUM CIRCLE EDEN PRAIRIE, MN, 55344
Type	Address

Officers	
Type	Name/Address
<b>Director</b>	ROGER GERARD CONNOR 1 OPTUM CIRCLE EDEN PRAIRIE, MN, 55344

<b>President</b>	ROGER GERARD CONNOR 1 OPTUM CIRCLE EDEN PRAIRIE, MN, 55344
<b>Secretary</b>	ELIZABETH ANN SODERBERG 1 OPTUM CIRCLE EDEN PRAIRIE, MN, 55344
<b>Treasurer</b>	MARILYN VICTORIA HIRSCH 1 OPTUM CIRCLE EDEN PRAIRIE, MN, 55344
<b>Type</b>	<b>Name/Address</b>

<b>DBA</b>			
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>
INGENIX	TRADENAME	1/4/2012	5/11/2022
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>

<b>Name Changes</b>	
<b>Date</b>	<b>Old Name</b>
1/4/2012	INGENIX, INC.
<b>Date</b>	<b>Old Name</b>

<b>Mergers</b>				
<b>Merger Date</b>	<b>Merged</b>	<b>Merged State</b>	<b>Survived</b>	<b>Survived State</b>
7/21/2008	GEOACCESS, INC.	KS	INGENIX, INC.	DE
7/21/2008	HWT, INC.	DE	INGENIX, INC.	DE
1/23/2009	INGENIX HEALTH INTELLIGENCE, INC.	DE	INGENIX, INC.	DE
4/8/2010	J.W. HUTTON, INC.	IA	INGENIX, INC.	DE
5/10/2010	INGENIX MERGERCO, INC.	DE	INGENIX, INC.	DE
6/3/2010	GLOBAL WORKS SYSTEMS, INC.	CA	INGENIX, INC.	DE
<b>Merger Date</b>	<b>Merged</b>	<b>Merged State</b>	<b>Survived</b>	<b>Survived State</b>

<b>Date</b>	<b>Amendment</b>
1/4/2012	NAME CHANGE: FROM INGENIX, INC.
6/3/2010	MERGER: MERGING GLOBAL WORKS SYSTEMS, INC., A QUALIFIED CA CORPORATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
5/10/2010	MERGER: MERGING INGENIX MERGERCO, INC., A QUALIFIED DE CORPORATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
4/8/2010	MERGER: MERGING J.W. HUTTON, INC., A NON-QUALIFIED IA ORGANIZATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
1/23/2009	MERGER: MERGING INGENIX HEALTH INTELLIGENCE, INC. , A NON-QUALIFIED DE ORGANIZATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
7/21/2008	MERGER: MERGING GEOACCESS, INC., A NON-QUALIFIED KS ORGANIZATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
7/21/2008	MERGER: MERGING HWT, INC., A QUALIFIED DE CORPORATION WITH AND INTO INGENIX, INC., A QUALIFIED DE CORPORATION, THE SURVIVOR
<b>Date</b>	<b>Amendment</b>

<b>Annual Reports</b>
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Filed For
2025
2024
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2022
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2020
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2018
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For more information, please contact the Secretary of State's Office at 304-558-8000.

Wednesday, April 8, 2026 — 8:38 AM

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Department of State / Division of Corporations / Search Records / Search by Entity Name /

## Detail by Entity Name

Foreign Profit Corporation  
OPTUMINSIGHT, INC.

### Filing Information

Document Number F97000000189  
 FE/EIN Number 41-1858498  
 Date Filed 01/10/1997  
 State DE  
 Status ACTIVE  
 Last Event AMENDMENT  
 Event Date Filed 11/22/2022  
 Event Effective Date NONE

### Principal Address

1 Optum Circle  
Eden Prairie, MN 55344

Changed: 10/09/2024

### Mailing Address

1 Optum Circle  
Eden Prairie, MN 55344

Changed: 10/09/2024

### Registered Agent Name & Address

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

### Officer/Director Detail

#### **Name & Address**

Title Director

Shumacher M.D, Ronald Joel

1000 Optum Circle  
Eden Prairie, MN 55344

Title Assistant Secretary

# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>4/8/26</u>  Solicitation No. <u>CDO MIS26*02</u>  <u>CO#2 admin</u>	Agency: Management Information Services  Procurement Officer Submitting Requisition: Kimberly Beckett  Requisition No. CDO MIS26*02  PF No.: 1826950
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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 ( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> )	<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
<b>10</b>	Insurance requirements				
	<i>Commercial General Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Automobile Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Workers' Compensation/Employer's Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Cyber Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Builder's Risk/Installation Floater</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Professional Liability</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Other (specify)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR CHANGE ORDERS/RENEWALS:**

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

*Cynthia Husted*