

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

Extended Description:

Confirming Delivery Order for services provided during the month of September 2024 under invoice 093748
Total: \$376,866.57

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$208,044.07
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-08-24	2024-09-27				

Commodity Line Description: Years 1-3 Recoveries

Extended Description:

Years 1-3 Mandatory

Percentage Fee for Recoveries
(Cost-Avoidance/TPL Additions;
Post-Payment Recovery;
TPL Credit Balance Audits;
Medicare, Tri-Care, and
Commercial Recovery;
Trauma Recovery;
and Estate Recovery)

Percentage Fee: 10.95%

$\$1,899,945.86 \times 0.1095\% = \$208,044.07$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$124,327.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-09-01	2024-09-30				

Commodity Line Description: Years 1-3 Third Party Adds

Extended Description:

Years 1-3 Mandatory

Verified Their Party Adds (PMPM)-BMS

Per Policy Rate: \$27.50

$4,521.00 \times \$27.50 = \$124,327.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$17,535.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-09-01	2024-09-30				

Commodity Line Description: Years 1-3 Prem Reimb Pgm (PMPM)-Optional

Extended Description:

Years 1-3 Optional

Premium Reimbursement Program(s) (PMPM) Optional

Rate: \$35.00

$501.00 \times \$35.00 = \$17,535.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,960.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-09-01	2024-09-30				

Commodity Line Description: Years 1-3 Work Incentive/Prem Pgm(PMPM)-Optional

Extended Description:
Years 1-3 Optional

Work Incentive/Prem Pgm(s) (PMPM)-Optional

Rate: \$20.00

1,348.00 x \$20.00 = \$26,960.00



PO Box 27151
New York, NY 10087-7151

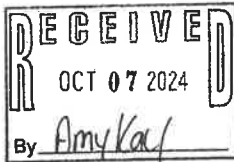
Invoice

Invoice#: 093748
Invoice Date: 10/4/2024
Page: 1 of 1

WV Dept of Health & Human Resources
Sarah K Young
Bureau of Medical Services
350 Capitol Street, Room 251
Charleston WV 25301

Purchase Order/Contract#: CMA BMS21*06

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		08/24/2024 to 09/27/2024	\$1,899,945.86	%	10.95%	\$208,044.07
Verified CAV Adds		09/01/2024 to 09/30/2024	4,521.00	EA	\$27.50	\$124,327.50
Management Fee HIPPA (PMP)		09/01/2024 to 09/30/2024	501.00	EA	\$35.00	\$17,535.00
Management Fee MWIN/per member		09/01/2024 to 09/30/2024	1,348.00	EA	\$20.00	\$26,960.00
Total						\$376,866.57



I HEREBY CERTIFY THAT THE ITEMS
LISTED HEREON HAVE BEEN RECEIVED
AND APPROVED FOR PAYMENT.

PROGRAM APPROVAL SIGNATURE: Andrea Woodley
PRINTED NAME: Andrea Woodley
DATE: 10-11-24

Ok

Althea Greenhouse

Terms: Due in 30 Days.

Please indicate the above invoice number on your remittance.

Tax ID: 13-2770433

Remittance Address:

Health Management Systems Inc
PO Box 27151
New York, NY 10087-7151
If you would like to remit electronically,
please contact ARGroup@gainwelltechnologies.com

If you have any questions, please contact
Program Director:

Michelle Hayes
v: 937.673.9978
e: michelle.hayes@gainwelltechnologies.com

LOCKBOX SUMMARY

DEPOSIT DATES	1	2	3	4	5	6 4/5/6A	4/5/6B	7	8	9	10	11
	TOTAL MEDICAID RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	LOCKBOX PAYMENTS BILLED BY HMS - ENCOUNTER	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS BILLED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
08/24/2024 to 09/27/2024 CI	\$1,302,061.07	\$88,886.05	\$22,968.72	\$1,190,206.30	\$0.00	\$0.00	\$0.00	\$446.61	\$0.00	\$1,212,728.41	10.95%	\$132,793.76
08/24/2024 to 09/27/2024 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 Zero Deposit Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 Non Commercial Billing Payments	\$636,638.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$536,638.43	10.95%	\$58,761.91
08/24/2024 to 09/27/2024 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 MCB & MCA Disallowance	\$162.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$1,838,852.46	\$88,886.05	\$22,968.72	\$1,190,206.30	\$0.00	\$0.00	\$0.00	\$446.61	\$0.00	\$1,749,519.79	10.95%	\$191,672.42

NOTE: THE ABOVE FIGURES DO NOT INCLUDE RECOUPMENTS AND REFUNDS ASSOCIATED WITH ANY PROVIDER DISALLOWANCE PROJECTS BEING INVOICED DURING THE MONTH.

DEPOSIT DATES	1	2	3	4	5	6 4/5/6A	4/5/6B	7	8	9	10	11
	TOTAL MEDICAID RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	LOCKBOX PAYMENTS BILLED BY HMS - ENCOUNTER	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS BILLED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
08/24/2024 to 09/27/2024 CI	\$1,302,061.07	\$88,886.05	\$22,968.72	\$1,190,206.30	\$0.00	\$0.00	\$0.00	\$446.61	\$0.00	\$1,212,728.41	10.95%	\$132,793.76
08/24/2024 to 09/27/2024 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 Zero Deposit Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 Non Commercial Billing Payments	\$636,638.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$536,638.43	10.95%	\$58,761.91
08/24/2024 to 09/27/2024 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/24/2024 to 09/27/2024 MCB & MCA Disallowance	\$162.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$1,838,852.46	\$88,886.05	\$22,968.72	\$1,190,206.30	\$0.00	\$0.00	\$0.00	\$446.61	\$0.00	\$1,749,519.79	10.95%	\$191,672.42

-\$446.61 minus over-payments

\$1,212,728.41
\$536,638.43
\$110,473.31
\$0.00
(\$22,968.72)
\$0.00
\$63,074.43
\$1,899,945.86

\$ 208,044.07 Recoveries = sum(\$1,899,945.86*10.95%)
 \$ 17,535.00 HIPP MGT Fee
 \$ 25,980.00 MWV MGT Fee
 \$ 124,827.50 Cost Avoidance Adds
 \$ 376,866.57 Total Due HMS



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

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane, MSW LCSW
Commissioner

DATE: January 13, 2025

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

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

RE: PF1539007 CDO BMS25*17
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests approval of the above-referenced CDO for services performed by Health Management Systems, Inc. under PF762875, CMA BMS21*06.

This is for the service period 09/01/2024 – 09/30/2024. The total cost of the invoice is \$376,866.57. This was held due to the processing of a change order to the Master Agreement.

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.






Keyword Search

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Simple Search

Search Editor

- ☐ Any Words 
- ☐ All Words 
- ☐ Exact Phrase 

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC"

×

Classification



Excluded Individual



Excluded Entity



Federal Organizations



Exclusion Type



- ☒ Ineligible (Proceedings Pending)
- ☒ Ineligible (Proceedings Complete)
- ☒ Prohibition/Restriction
- ☒ Voluntary Exclusion

Exclusion Program



Location



Dates



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Business and Licensing

Online Data Services Help

Business Organization Detail

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HEALTH MANAGEMENT SYSTEMS, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	3/27/1991		3/27/1991	Foreign	Profit			

Organization Information			
Business Purpose	5415 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Computer Systems Design and Related Services (design, programming, facilities mgmt)		Capital Stock 0.0000
Charter County		Control Number	0
Charter State	NY	Excess Acres	0
At Will Term		Member Managed	

At Will Term Years	Par Value	0.000000
Authorized Shares 0	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
Mailing Address	5615 HIGH POINT DRIVE IRVING, TX, 75038 USA
Notice of Process Address	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
Principal Office Address	5615 HIGH POINT DRIVE IRVING, TX, 75038 USA
Type	Address

Officers	
Type	Name/Address
Director	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
Director	MARK KNICKREHM 5615 HIGH POINT DRIVE IRVING, TX, 75038
President	MARK KNICKREHM 5615 HIGH POINT DRIVE IRVING, TX, 75038
Secretary	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
Treasurer	CHRIS KNIBB 5615 HIGH POINT DRIVE

IRVING, TX, 75038

Type	Name/Address
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DBA

DBA Name	Description	Effective Date	Termination Date
HEALTH MANAGEMENT SYSTEMS OF AMERICA, INC.	TRADENAME	5/30/1995	11/15/2024
HMSA, INC.	TRADENAME	1/17/1996	11/15/2024
THIRD PARTY LIABILITY RECOVERY SERVICES	FORCED DBA	3/27/1991	11/21/2024
DBA Name	Description	Effective Date	Termination Date

Mergers

Merger Date	Merged	Merged State	Survived	Survived State
6/2/2015	HMS BUSINESS SERVICES, INC.	NY	HEALTH MANAGEMENT SYSTEMS, INC.	NY
Merger Date	Merged	Merged State	Survived	Survived State

Date	Amendment
6/2/2015	MERGER: MERGING HMS BUSINESS SERVICES, INC., A QUALIFIED NY CORPORATION WITH AND INTO HEALTH MANAGEMENT SYSTEMS, INC., A QUALIFIED NY CORPORATION, THE SURVIVOR

Date	Amendment
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Annual Reports

Filed For

2024

2023

2022

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1992
Date filed

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

Monday, January 13, 2025 — 9:06 AM

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