



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: 01-13-2025

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:	CDO 0511 2676 BMS2500000022 1	Procurement Folder:	1593352
Document Name:	CDO for CMA BMS21*06 October 2024	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 October 2024.		
Procurement Type:	Central Delivery Order		
Buyer Name:	Crystal G Hustead		
Telephone:	(304) 558-2402		
Email:	crystal.g.hustead@wv.gov		
Shipping Method:	Best Way	Master Agreement Number:	CMA 0511 BMS2100000006 1
Free on Board:	FOB Dest, Freight Prepaid		

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000103904 HEALTH MANAGEMENT SYSTEMS INC 5615 HIGH POINT DR  IRVING TX 75038 US Vendor Contact Phone: 8057294298 Extension:  Discount Details: <table><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			Requestor Name: Mary R Kemper Requestor Phone: 304-352-4235 Requestor Email: mary.r.kemper@wv.gov  <b>2025</b> FILE LOCATION _____
	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

Purchasing Division's File Copy

Total Order Amount: \$549,473.63

CH 1/14/25  
PURCHASING DIVISION AUTHORIZATION  
DATE: 1/22/2025  
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
DATE: 1-22-25  
ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the month of October 2024 under invoice 094330  
Total: \$549,473.63

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$279,853.63
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-09-28	2024-10-25				

**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%

$\$2,555,740.90 \times 0.1095\% = \$279,853.63$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$224,950.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-10-01	2024-10-31				

**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  
 $8,180.00 \times \$27.50 = \$224,950.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$18,130.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-10-01	2024-10-31				

**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

$518.00 \times \$35.00 = \$18,130.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,540.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-10-01	2024-10-31				

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

1,327.00 x \$20.00 = \$26,540.00



# Invoice

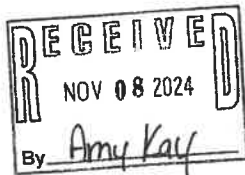
PO Box 27151  
New York, NY 10087-7151

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

Invoice#: 094330  
Invoice Date: 11/6/2024  
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		09/28/2024 to 10/25/2024	\$2,555,740.90	%	10.95%	\$279,853.63
Verified CAV Adds		10/01/2024 to 10/31/2024	8,180.00	EA	\$27.50	\$224,950.00
Management Fee HIPP (PMP)		10/01/2024 to 10/31/2024	518.00	EA	\$35.00	\$18,130.00
Management Fee MWIN/per member		10/01/2024 to 10/31/2024	1,327.00	EA	\$20.00	\$26,540.00
Total						\$549,473.63



Ok  
Alden Greenhouse

I HEREBY CERTIFY THAT THE ITEMS  
LISTED HEREON HAVE BEEN RECEIVED  
AND APPROVED FOR PAYMENT.  
PROGRAM APPROVAL SIGNATURE: Ashley Riley / Andrea Woodley  
PRINTED NAME: Ashley Riley / Andrea Woodley  
DATE: 11-10-2024

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](mailto:ARGroup@gainwelltechnologies.com)

If you have any questions, please contact  
Program Director:

Michelle Hayes  
v: 937.673.9978  
e: [michelle.hayes@gainwelltechnologies.com](mailto:michelle.hayes@gainwelltechnologies.com)

[illegible]

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

09-0330 11/08/24

	(4) Commercial Insurance - CHIP	(5) Non Commercial Trauma - CHIP			
	\$465,913.17	\$57.16	\$1,095,102.72	(\$383.67)	\$0.00
					\$628,863.04
					\$0,836.39
					\$345,987.17
					\$2,079,405.66
					\$536,156.24
					\$546,547.18
					\$0.00
Total	\$0.00	\$465,913.17	\$57.16	\$1,095,102.72	(\$383.67)
				\$0.00	\$628,863.04
					\$1,092,639.61
					\$345,987.17
					\$3,162,109.07

-\$57.16 minus overpayments

**-\$57.16** minus over-payments

\$	279,653.63	TPL Recoveries (sum=(\$2,555,740.90*10..95%
\$	225,005.00	Cost Avoid Adds
\$	(55.00)	Cost Avoid Refund
\$	18,130.00	HIPP Mgt Fee
\$	26,540.00	MWIN Mgt Fee

approved to pay 12-10-24

	\$466,239.68	CI Totals
	\$1,092,539.81	BI, Trauma, Estate, Disallowance
\$	320,717.91	RCLE Disallowance Cycle less refunds
	\$0.00	Trauma_CHIP not Invoiced
	(\$363.67)	CHIP CI not Invoiced
	\$621,863.04	Encounter
\$	47,764.13	Credit Balance Audits
	\$2,555,740.80	



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: PF1593352 CDO BMS25\*22  
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 10/01/2024 – 10/31/2024. The total cost of the invoice is \$549,473.63. This was held due to the processing of 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](mailto:althea.m.greenhowe@wv.gov). Thank you for your time and consideration in this matter.



## Keyword Search

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

### Simple Search

### Search Editor

- ☐ Any Words *i*
- ☐ All Words *i*
- ☐ Exact Phrase *i*

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC"

x

Classification



Excluded Individual



Excluded Entity



Federal Organizations



Exclusion Type



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

Exclusion Program



Location



Dates



Reset

You are viewing this page over a secure connection. Click [here](#) for more information.

## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

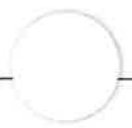
*NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia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

### 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

<b>Business Purpose</b>	5415 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Computer Systems Design and Related Services (design, programming, facilities mgmt)			<b>Capital Stock</b>	0.0000
<b>Charter County</b>				<b>Control Number</b>	0
<b>Charter State</b>	NY				<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>	<b>Young Entrepreneur</b>	0 Not Specified

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

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

IRVING, TX, 75038

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

**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

**Annual Reports**

Filed For

2024

2023

2022

2021

2020

2019
2018
2017x
2017
2014
2013
2012
2011
2010
2009
2007
2006
2005
2001
1998
1997
1994
1993
1992
<b>Date filed</b>

[File Your Current Year Annual Report Online Here](#)

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

Monday, January 13, 2025 — 9:06 AM

© 2025 State of West Virginia