



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: 03-11-2025

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 BMS2500000029 1	Change Order No:	0	Procurement Folder:	1647098
Document Name:	CDO for CMA BMS21*06 Jan 2025			Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Jan 2025				
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: Lakendra R Burdette Requestor Phone: 304-352-4319 Requestor Email: lakendra.burdette@wv.gov 2025 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: \$269,525.00

CH 3/17/25
PURCHASING DIVISION AUTHORIZATION
DATE: 3/19/25
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 3-19-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of January 2025 under invoice 095833
Total: \$269,525.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$97,537.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-12-28	2025-01-24				

Commodity Line Description: Optional Renewal Year One Recoveries

Extended Description:

Optional Renewal Year 1 (12 Months) 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%

Confirming order for services provided under invoice 095833 (January 2025)

$\$890,753.41 \times 0.1095 = \$97,537.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$127,517.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-01-01	2025-01-31				

Commodity Line Description: Optional Renewal Year One Third Party Adds

Extended Description:

Optional Renewal Year 1 (12 Months) Mandatory

Verified Their Party Adds (PMPM)

Per Policy Rate: \$27.50

Confirming order for services provided under invoice 095833 (January 2025)

$4,637 \times \$27.50 = \$127,517.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$18,270.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-01-01	2025-01-31				

Commodity Line Description: Optional Renewal Year One Prem Reimb Pgm (PMPM)-Optional

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Premium Reimbursement Program(s)
(PMPM) Optional

Rate: \$35.00

Confirming order for services provided under invoice 095833 (January 2025)

522 x \$35.00 = \$18,270.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,200.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-01-01	2025-01-31				

Commodity Line Description: Optional Renewal Year One Work Incentive/Prem Pgm(PMPM)-Opt

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Year One Work Incentive/Prem Pgm(PMPM)-Optional

Rate: \$20.00

Confirming order for services provided under invoice 095833 (January 2025)

1,310 x \$20.00 = \$26,200.00



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

Invoice#: 095833
Invoice Date: 2/6/2025
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		12/28/2024 to 01/24/2025	\$890,753.41	%	10.95%	\$97,537.50
Verified CAV Adds		01/01/2025 to 01/31/2025	4,637.00	EA	\$27.50	\$127,517.50
Management Fee HIPP (PMP)		01/01/2025 to 01/31/2025	522.00	EA	\$35.00	\$18,270.00
Management Fee MWIN/per member		01/01/2025 to 01/31/2025	1,310.00	EA	\$20.00	\$26,200.00
Total						\$269,525.00

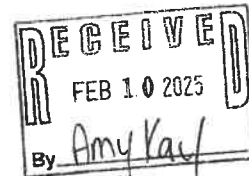
I HEREBY CERTIFY THAT THE ITEMS
LISTED HEREON HAVE BEEN RECEIVED
AND APPROVED FOR PAYMENT.

PROGRAM APPROVAL SIGNATURE: Andrea Woodell

PRINTED NAME: Andrea Woodell

DATE: 02-12-25

Ok
Abdulla 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

**ATTACHMENT 2
LOCKBOX SUMMARY**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
DEPOSIT DATE	TOTAL MEDICAL RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS RECEIVED BY HHS	LOCKBOX PAYMENTS BILLED BY HHS - CHIP	LOCKBOX PAYMENTS BILLED BY HHS - MEDICAID	LOCKBOX PAYMENTS RECEIVED BY HHS	STATE PAYMENTS BILLED BY HHS	STATE PAYMENTS IDENTIFIED BY HHS	OVER- PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HHS	DOLLARS DUE TO HHS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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1/22/2024 to 1/24/2023 CI	\$488,538.83	\$15,700.33	\$0.00	\$421,740.64	\$15,859.80	\$0.00	\$0.00	\$0.00	\$0.00	\$443,850.00	10.56%	\$49,688.83																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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NOTE: THE ABOVE FIGURES DO NOT INCLUDE RECOUPMENTS AND REFUNDS ASSOCIATED WITH ANY PROVIDER DISALLOWANCE PROJECTS BEING INVOICED DURING THE MONTH.

[illegible]

5261 1979b 2000-02-15 15:00

\$	97,587.00	TPA Recoveries (20.85% of \$469,753.41)
\$	127,817.50	Cost Assistance Adts (4,637 X \$27.30)
\$	18,270.00	HIPP MGT FEE
\$	20,200.00	MMW MGT FEE
\$	208,874.50	Total Due NHA

1	421,740.00	O Totals
2	418,777.87	CBA checks, B, Thrifts, Estate, Other/Income
3	112,872.46	CRIMINAL JUSTICE
4	112,872.46	Thrifts, CRJP and Lowland
5	26,050.00	CRJP C not Invested
6	26,050.00	Thrifts - COMMERCIAL
7	17,744.00	MCARM
8	26,087.17	Credit Source Recoveries
9	47,272.00	CBA Refunds
10	47,272.00	

Subject: Governor's Office Approval of contracts over \$100,000



Rosen, Bryan D <bryan.d.rosen@wv.gov>
to Wagner, Roberta A, Price, Robert L

Thu, Jan 23, 1:46 PM (6 days ago)

I spoke with Curtis early today. He relayed the following information for how we will process these through his office.

1. He would like a synopsis of the purchase. I would suggest in most cases we can pull the extended description populate that in the email to him.
2. Please note if there is a specific timeframe in the request.
3. Contracts will be reviewed at the Master Agreement level meaning that he will not be approving DOs.
4. Renewals for contracts over \$100,000 must be approved.

This process is going to be fluid and will likely morph as we move forward but this is the best information that I have today.

Bryan



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

Alex J. Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

DATE: March 10, 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: PF1647098, CDO BMS25*29
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully request approval of the above-referenced CDO for services performed by Health Management Systems, Inc. under PF762875, CMA BMS 21*06. This invoice was released on 03/10/2025 for processing due to budgetary constraints.

This is for the service period 12/28/2024-01/31/2025. The total cost of the invoice is \$269,525.00.

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.



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All Words

e.g. 1606N020Q02




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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



Reset

Entity Information ^



Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions



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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			
Business Purpose	5415 - Professional, Scientific and Technincal Servies - Professional, Scientific and Technincal Servies - 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

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

Monday, March 10, 2025 — 3:00 PM

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