



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: 02-02-2024

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 BMS2400000028 1	Procurement Folder:	1371081
Document Name:	CDO for CMA BMS21*06 Dec 2023	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Dec 2023		
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 border="1"> <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 <div style="text-align: center; font-size: 2em; font-weight: bold;">24</div> 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

Total Order Amount:	\$533,846.20
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Purchasing Division's File Copy

CH 2/7/24

PURCHASING DIVISION AUTHORIZATION DATE: 2/7/24 ELECTRONIC SIGNATURE ON FILE
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ENCUMBRANCE CERTIFICATION DATE: 2-5-24 ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Confirming Delivery Order for services provided during the month of December 2023 under invoice 089267
Total: \$533,846.20

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$101,001.20
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-11-25	2023-12-22				

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%

Confirming order for services provided under invoice 089267 (December 2023)

$922,385.34 \times 0.1095 = \$101,001.20$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$389,620.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-12-01	2023-12-31				

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

Confirming order for services provided under invoice 089267 (December 2023)

$14,168.00 \times \$27.50 = \$389,620.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$14,805.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2023-12-01	2023-12-31				

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

Confirming order for services provided under invoice 089267 (December 2023)

423.00 x \$35.00 = \$14,805.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$28,420.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2023-12-01	2023-12-31				

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

Confirming order for services provided under invoice 089267 (December 2023)

1,421.00 x \$20.00 = \$28,420.00



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

Invoice

Invoice#: 089267
Invoice Date: 1/10/2024
Page: 1 of 1

Purchase Order/Contract#: CMA BMS21*08

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		11/25/2023 to 12/22/2023	\$922,985.34	%	10.95%	\$101,001.20
Verified CAV Adds		12/01/2023 to 12/31/2023	14,168.00	EA	\$27.50	\$389,620.00
Management Fee HIPP (PMP)		12/01/2023 to 12/31/2023	423.00	EA	\$35.00	\$14,805.00
Management Fee MWIN/per member		12/01/2023 to 12/31/2023	1,421.00	EA	\$20.00	\$28,420.00
Total						\$533,846.20

I HEREBY CERTIFY THAT THE ITEMS LISTED HEREON HAVE BEEN RECEIVED AND APPROVED FOR PAYMENT
 PROGRAM APPROVAL SIGNATURE: Andrea Woodell
 PRINTED NAME: ANDREA WOODSELL
 DATE: 01-11-2024

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

If you have any questions, please contact Program Director:
 Erin Soscia
 v: 518.724.7792
 e: erin.soscia@hms.com

LOCKBOX SUMMARY

1	2	3	4	5	4/5A	4/5B	6	7	7	8	8
DEPOSIT DATES	TOTAL MEDICAID RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
11/25/2023 to 12/22/2023 C1 Refunds	\$210,808.43	\$387.33	\$295.64	\$209,325.46	\$0.00	\$0.00	\$147.55	\$3.00	\$209,473.15	10.95%	\$32,937.31
11/25/2023 to 12/22/2023 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
11/25/2023 to 12/22/2023 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%	\$0.00
11/25/2023 to 12/22/2023 Non Commercial Billing Payments	\$193,885.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
11/25/2023 to 12/22/2023 Non Commercial Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
11/25/2023 to 12/22/2023 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
11/25/2023 to 12/22/2023 MCB & MCA Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$210,808.43	\$387.33	\$295.64	\$209,325.46	\$0.00	\$0.00	\$147.55	\$3.00	\$209,473.15	10.95%	\$32,937.31

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

DEPOSIT DATES	Report Amount	(1) Social Amount	(2) Other Payments	(3) Commercial Insurance Total	(4) Commercial Insurance - CHIP	(5) Non Commercial Trauma, CHP	(6) Bl Trauma Estate Disallowance	(7) Non Identified Missing ECRs	(8) Total
TOTAL		\$209,325.46	\$147.83	\$209,473.15	\$0.00	\$0.00	\$147.55	\$3.00	\$210,118.19
Total	\$0.00	\$209,325.46	\$147.83	\$209,473.15	\$0.00	\$0.00	\$147.55	\$3.00	\$210,118.19

Unsettled Amount	EMBS Total
\$ 209,473.15	C Totals
\$ 88,358.98	Bl Trauma, Estate, Disallowance
\$ 552,922.20	RCR
\$ -	Trauma_CHIP not Invoiced
\$ 31,920.09	CHIP CI not Invoiced
\$ 923,286.34	Credit Balance Audit

\$ 181,801.20	Recovery-issn(\$922,355.34*10.95%)
\$ 388,625.00	Cost Avoidance Adds
\$ 14,905.00	HPP MGT FEE
\$ 25,425.00	INFORM MGT FEE
\$ 533,646.20	APPROVED FOR PAYMENT 01-21-2024 AMW

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Simple Search

Search Editor

Any Words (i)

All Words (i)

Exact Phrase (i)

e.g. 123456789, Smith Corp

"health management systems inc" ×

Entity ∨

Location ∨

Status ∧

Active

Inactive

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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 Servies - Professional, Scientific and Technical 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	<input type="checkbox"/> × Close
At Will Term Years		Pa	Hi, I'm SOLO I'm here to help you launch your new LLC.
Authorized Shares	0	Y Entr	

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	PAUL SALEH 5615 HIGH POINT DRIVE IRVING, TX, 75038
Director	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
President	PAUL SALEH 5615 HIGH POINT DRIVE IRVING, TX, 75038
Secretary	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
Treasurer	SASWATA MUKHERJEE 5615 HIGH POINT DRIVE IRVING, TX, 75038
Type	Name/Address

DBA

DBA Name	Description	
HEALTH MANAGEMENT SYSTEMS OF AMERICA, INC.	TRADENAME	
HMSA, INC.	TRADENAME	1/17/1996
THIRD PARTY LIABILITY RECOVERY SERVICES	FORCED DBA	3/27/1991

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DBA Name	Description	Effective Date	Termination
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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

2023

2022

2021

2020

2019

2018

2017x

2017

2014

2013

2012

2011

2010

2009

2007

2006

2005

2001

1998

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1997
1994
1993
1992
Date filed

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

Wednesday, February 7, 2024 — 2:33 PM

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