



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: 03-01-2024

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 BMS2400000032 1	Procurement Folder:	1386345
Document Name:	CDO for CMA BMS21*06 Jan 2024	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Jan 2024		
Procurement Type:	Central Delivery Order		
Buyer Name:	Crystal G Husted		
Telephone:	(304) 558-2402		
Email:	crystal.g.husted@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			Requestor Name:	Lakendra R Burdette
HEALTH MANAGEMENT SYSTEMS INC				Requestor Phone:	304-352-4319
5615 HIGH POINT DR				Requestor Email:	lakendra.burdette@wv.gov
IRVING		TX	75038		
US					
Vendor Contact Phone:	8057294298	Extension:			
Discount Details:					
	Discount Allowed	Discount Percentage	Discount Days		
#1	No	0.0000	0		
#2	No				
#3	No				
#4	No				

24
 FILE LOCATION _____

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:	\$513,737.31
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CA 3/5/24

PURCHASING DIVISION AUTHORIZATION
 DATE: *Tarahle 3/5/2024*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *3-5-24*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of January 2024 under invoice 089645
Total: \$513,737.31

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$98,939.81
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-12-23	2024-01-26				

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 089645 (January 2024)

$903,559.95 \times 0.1095\% = \$98,939.81$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$371,002.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-01-01	2024-01-31				

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 089645 (January 2024)

$13,491.00 \times \$27.50 = \$371,002.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$14,875.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-01-01	2024-01-31				

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 089645 (January 2024)

425.00 x \$35.00 = \$14,875.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$28,920.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-01-01	2024-01-31				

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 089645 (January 2024)

1,446.00 x \$20.00 = \$28,920.00



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

OK
all
Erin

Invoice#: 089645.
Invoice Date: 1/31/2024
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		12/23/2023 to 01/26/2024	\$903,559.95	%	10.95%	\$98,939.81
Verified CAV Adds		01/01/2024 to 01/31/2024	13,491.00	EA	\$27.50	\$371,002.50
Management Fee HIPP (PMP)		01/01/2024 to 01/31/2024	425.00	EA	\$35.00	\$14,875.00
Management Fee MWIN/per member		01/01/2024 to 01/31/2024	1,446.00	EA	\$20.00	\$28,920.00
Total						\$513,737.31

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

PROGRAM APPROVAL SIGNATURE

PRINTED NAME: ANDREA WOODDELL

DATE: 2/14/2024

Andrea WooddeLL

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	6	7	8	9
DEPOSIT DATES	TOTAL MEDICAID RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	STATE PAYMENTS IDENTIFIED BY HMS	STATE PAYMENTS OVER-PAYMENTS	NET RECOVERY	PERCENTAGE TO HMS
12/23/2023 to 01/26/2024 CI Refunds	\$315,733.81	\$25,676.16	\$427.66	\$289,735.99	\$0.00	\$3,420.44	\$286,743.21	10.95%
12/23/2023 to 01/26/2024 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
12/23/2023 to 01/26/2024 Zero Deposit Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
12/23/2023 to 01/26/2024 Non Commercial Billing Payments	\$426,031.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
12/23/2023 to 01/26/2024 Commercial Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.96%
12/23/2023 to 01/26/2024 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$426,031.82	10.96%
12/23/2023 to 01/26/2024 MCB & MCA Disallowance	\$741,771.83	\$25,676.16	\$427.66	\$289,735.99	\$0.00	\$3,420.44	\$712,775.03	10.95%
Total								

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

(4)	(5) Non Commercial Insurance - CHIP	Commercial Insurance - CHIP	Net Recovery
\$289,735.99	\$3,420.44	\$286,743.21	\$369,371.72
\$289,735.99	\$3,420.44	\$286,743.21	\$191,258.41
			\$180,715.94
			\$0.00
			\$741,343.97

CI Totals	Bl, Trauma, Estate, Disallowance	CHIP CI net Invoiced	Credit Balance Audits
\$ 266,743.21	\$426,031.82	\$427.66	\$ 23,432.78
			\$ 903,589.95

\$ 90,939.81	TPL Recoveries (10.95% of \$903,589.95)
\$ 14,875.00	HIPP MGT FEE
\$ 28,920.00	MWIN MGT FEE
\$ 371,002.50	COST AVOIDANCE
\$ 505,737.31	approved for pay 02-14-24

Instructions:
 1) Vendors shall populate the yellow highlighted cells within each table with a value for each valuation of the TPL program, including Optional Services. This tab of the spreadsheet applies to only Medicaid beneficiaries, and includes the WAC-HP population.
 2) The annual total amount and total project cost will auto-calculate. The total project cost is the sum of each annual cost amount, and implementation costs.
 3) Recoveries are calculated as a percentage fee, whereas Third Party Adds is a Per Policy Add arrangement. Optional services, including Medicare Buy-In, Premium Reimbursement Program(s), and Work Incentive/Premium Program(s), are also a PMPHA arrangement whereas RAC services are a percentage fee. Enhancement Services reflect additional hours necessary to complete infection activities and are capped at 4,000 hours annually, and is for-bid purposes only.
 4) Estimated Annual Recoveries for Percentage Fee and Enhancement Fees are adjusted for the 9 month term for Base Year 1 by multiplying the proposed percentage fee by 0.75.
 5) Estimated Annual Fees for PMPHA arrangements are adjusted for the 9 month term for Base Year 1 by multiplying by 0.9, and for full term years by multiplying by 1.2.
 6) Implementation period must not exceed 3 months, and must be in accordance with Service Level Agreements (SLA-001: Deliverable Service Level, per Table A3.2, and SLA-002: Solution Acceptance, per Table A3.3 of the RFP. RAC has defined Task Group 4 - Solution Deployment, payment milestones 7 through 9, as the overall completion of deployment to production, as found in Appendix 2: Deliverables and Milestones Dictionary. The total value of payment milestones 7 through 9 will be equal to 30% of the total implementation cost.

RFP Reference	Service/Program	Base Year 1 (9 Month Implementation): Proposed Rate		Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Recovery Year 1: Proposed Rate	Optional Recovery Year 1: Estimated Annual Recovery	Optional Recovery Year 2: Proposed Rate	Optional Recovery Year 2: Estimated Annual Recovery	Optional Recovery Year 3: Proposed Rate	Optional Recovery Year 3: Estimated Annual Recovery	Total	
		Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery													
Section A	Implementation Costs for Mandatory Services (3 months prior to operational services)	\$	\$													\$
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Recovery Year 1: Proposed Rate	Optional Recovery Year 1: Estimated Annual Recovery	Optional Recovery Year 2: Proposed Rate	Optional Recovery Year 2: Estimated Annual Recovery	Optional Recovery Year 3: Proposed Rate	Optional Recovery Year 3: Estimated Annual Recovery	Total		
Section A	Percentage Fee for Recoveries (Cost Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audits; Medicare, TH-Care, and Commercial Recovery; Trauma Recovery; and Estate Recovery)	10.95%	\$ 752,664.13	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17		\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	\$	\$ 5,770,424.98	
Section A	Verified Third Party Adds (per Policy Add)	27.50%	\$ 1,856,250.00	27.50%	\$ 2,475,000.00	27.50%	\$ 2,475,000.00		\$ 2,475,000.00	27.50%	\$ 2,475,000.00	27.50%	\$ 2,475,000.00	\$	\$ 11,962,500.00	
Section A: Mandatory Services															\$ 17,732,924.98	

RFP Reference	Service/Program	Base Year 1 (9 Month Implementation): Proposed Rate		Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Recovery Year 1: Proposed Rate	Optional Recovery Year 1: Estimated Annual Recovery	Optional Recovery Year 2: Proposed Rate	Optional Recovery Year 2: Estimated Annual Recovery	Optional Recovery Year 3: Proposed Rate	Optional Recovery Year 3: Estimated Annual Recovery	Total
		Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery												
Section B	Implementation Costs for RAC Services (3 months prior to operational services)	\$	\$												\$
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Recovery Year 1: Proposed Rate	Optional Recovery Year 1: Estimated Annual Recovery	Optional Recovery Year 2: Proposed Rate	Optional Recovery Year 2: Estimated Annual Recovery	Optional Recovery Year 3: Proposed Rate	Optional Recovery Year 3: Estimated Annual Recovery	Total	
Section B	Percentage Fee for RAC Overpayments - Medical/Dental/DME	16.00%	\$ 420,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00		\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	\$	\$ 2,660,000.80
Section B	Percentage Fee for RAC Underpayments - Medical/Dental/DME	16.00%	\$ 420,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00		\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	\$	\$ 2,660,000.80
Section B: Optional Services															\$ 5,320,001.60
Section A: Total Mandatory Services Costs															\$ 17,732,924.98
Total Proposed RAC Costs															\$ 5,320,001.60
Total															\$ 23,052,926.58

RP Reference	Service/Program	Base Year 1 (3 Month Term): Proposed Rate	Base Year 1 (3 Month Term): Estimated Annual Fee	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fee	Optional Renewal: Year 1: Proposed Rate	Optional Renewal: Year 1: Estimated Annual Fee	Optional Renewal: Year 2: Proposed Rate	Optional Renewal: Year 2: Estimated Annual Fee	Optional Renewal: Year 3: Proposed Rate	Optional Renewal: Year 3: Estimated Annual Fee	Total
Section B	Medicare Buy-In (PAPM)	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 5,031,618.00
Total Optional Medicare Buy-In Costs														
RP Reference	Service/Program	Base Year 1 (3 Month Term): Proposed Rate	Base Year 1 (3 Month Term): Estimated Annual Fee	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fee	Optional Renewal: Year 1: Proposed Rate	Optional Renewal: Year 1: Estimated Annual Fee	Optional Renewal: Year 2: Proposed Rate	Optional Renewal: Year 2: Estimated Annual Fee	Optional Renewal: Year 3: Proposed Rate	Optional Renewal: Year 3: Estimated Annual Fee	Total
Section B	Implementation Costs for Premium Reimbursement Program(s) (3 months prior to operational services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Section B	Service/Program	Base Year 1 (3 Month Term): Proposed Rate	Base Year 1 (3 Month Term): Estimated Annual Fee	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fee	Optional Renewal: Year 1: Proposed Rate	Optional Renewal: Year 1: Estimated Annual Fee	Optional Renewal: Year 2: Proposed Rate	Optional Renewal: Year 2: Estimated Annual Fee	Optional Renewal: Year 3: Proposed Rate	Optional Renewal: Year 3: Estimated Annual Fee	Total
Section B	Premium Reimbursement Program(s) (PAPM)	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 724,500.00
Total Optional Premium Reimbursement Program(s) Costs														
RP Reference	Service/Program	Base Year 1 (3 Month Term): Proposed Rate	Base Year 1 (3 Month Term): Estimated Annual Fee	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fee	Optional Renewal: Year 1: Proposed Rate	Optional Renewal: Year 1: Estimated Annual Fee	Optional Renewal: Year 2: Proposed Rate	Optional Renewal: Year 2: Estimated Annual Fee	Optional Renewal: Year 3: Proposed Rate	Optional Renewal: Year 3: Estimated Annual Fee	Total
Section B	Implementation Costs for Work Incentive/Premium Program(s) (3 months prior to operational services)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Section B	Service/Program	Base Year 1 (3 Month Term): Proposed Rate	Base Year 1 (3 Month Term): Estimated Annual Fee	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fee	Optional Renewal: Year 1: Proposed Rate	Optional Renewal: Year 1: Estimated Annual Fee	Optional Renewal: Year 2: Proposed Rate	Optional Renewal: Year 2: Estimated Annual Fee	Optional Renewal: Year 3: Proposed Rate	Optional Renewal: Year 3: Estimated Annual Fee	Total
Section B	Work Incentive/Premium Program(s) (PAPM)	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 1,449,000.00
Total Optional Work Incentive/Premium Program(s) Costs														
RP Reference	Service/Program	Base Year 1 (3 Month Term): Proposed Rate	Base Year 1 (3 Month Term): Estimated Annual Fee	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fee	Optional Renewal: Year 1: Proposed Rate	Optional Renewal: Year 1: Estimated Annual Fee	Optional Renewal: Year 2: Proposed Rate	Optional Renewal: Year 2: Estimated Annual Fee	Optional Renewal: Year 3: Proposed Rate	Optional Renewal: Year 3: Estimated Annual Fee	Total
Section 5.3.7	Enhancement Hours (4,000 hours/year)	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 2,645,000.00
Total Optional Enhancement Hours Costs														
Section 5: Total Optional Services Costs														
Grand Total: Mandatory Services and Optional Services Operational Costs														

Instructions:
 1) Vendors shall populate the yellow highlighted cells within each table with a value for each solution of the TPL program. This tab of the spreadsheet applies to only WVCHIP beneficiaries, and excludes the Medicaid population.
 2) The annual total amount and total project cost will auto-calculate. The total project cost is the sum of each annual cost amount, and implementation costs.
 3) Recoveries are calculated at a percentage fee, whereas Third Party Adds is a Per Policy Add arrangement. Enhancement Services reflect additional hours necessary to complete unforeseen activities and are capped at 4,000 hours annually, and is for bid purposes only.
 4) Estimated Annual Recoveries for Percentage Fees and Enhancement Hours are adjusted for the 9 month term for Base Year 1 by multiplying the proposed percentage fee by 0.75.
 5) Estimated Annual Fees for PMPM arrangements are adjusted for the 9 month term for Base Year 1 by multiplying by 9, and for full term years by multiplying by 12.
 6) Implementation period must not exceed 9 months, and must be in accordance with Service Level Agreements (SLA-001: Deliverable Service Level, per Table A3.2, and SLA-002: Solution Acceptance, per Table A3.3, and SLA-003: Solution Deployment, payment milestones 7 through 9, as the overall completion of deployment to production as found in Appendix 2: Deliverables and Milestones Dictionary. The total value of payment milestones 7 through 9 will be equal to 30% of the total implementation cost.

RFP Reference	Service/Program	Base Year 1 (9 Month Implementation)			Base Year 2			Base Year 3			Optional Renewal Year 3: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
		Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Base Year 3: Estimated Annual Recovery					
Section A	Implementation Costs for Mandatory Services (3 months prior to operational services)	\$	\$	\$									\$		
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section A	Percentage Fee for Recoveries (Casualty/Trauma Recovery)	10.95%	6,159.38	10.95%	8,212.50	10.95%	8,212.50	\$ 8,212.50	10.95%	8,212.50	\$ 8,212.50	10.95%	\$ 8,212.50	47,221.88	
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section A	Per Member Verified Third Party Adds (Per Policy Add)	27.50	111,875.00	27.50	148,500.00	27.50	148,500.00	\$ 148,500.00	27.50	148,500.00	\$ 148,500.00	27.50	148,500.00	859,875.00	
Section A: Total Mandatory Services Costs													\$ 156,712.50	\$ 156,712.50	\$ 901,096.88

RFP Reference	Service/Program	Base Year 1 (9 Month Term)			Base Year 2			Base Year 3			Optional Renewal Year 3: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
		Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Base Year 3: Estimated Annual Recovery					
Section 5.2.7	Enhancement Hours (4,000 hours/year)	115.00	345,000.00	115.00	460,000.00	115.00	460,000.00	\$ 460,000.00	115.00	460,000.00	\$ 460,000.00	115.00	460,000.00	2,645,000.00	
Section B: Total Optional Services Costs													\$ 460,000.00	\$ 460,000.00	\$ 2,645,000.00
Section B: Total Optional Services Costs													\$ 460,000.00	\$ 460,000.00	\$ 2,645,000.00
Grand Total: Mandatory and Optional Services Costs													\$ 1,567,125.00	\$ 1,567,125.00	\$ 901,096.88

Instructions: This tab auto-populates totals from the Medicaid and WVCHIP tabs, and combines proposed rates and overall costs for both programs. Vendors should not edit or revise these figures.

Section A: Mandatory Services		
RFP Reference	Service/Program	Total
Section 4.1	Recoveries (Cost-Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audits; Medicare, Tri-Care, and Commercial Recovery; Trauma Recovery; and Estate Recovery)	\$ 5,817,646.85
Section 4.1	Third Party Adds	\$ 12,816,375.00
Section 4.1	Mandatory Services Implementation Costs	\$ -
Section A: Total Mandatory Services Costs		
Section B: Optional Services		
RFP Reference	Service/Program	Total
Section 4.1	RAC (Underpayment and Overpayments)	\$ 2,926,001.60
Section 4.1	RAC Implementation Costs	\$ -
Total Optional RAC Costs		
RFP Reference	Service/Program	Total
Section 4.1	Medicare Buy-In	\$ 5,031,618.00
Section 4.1	Medicare Buy-In Implementation Costs	\$ -
Total Optional Medicare Buy-In Costs		
RFP Reference	Service/Program	Total
Section 4.1	Premium Reimbursement Program(s)	\$ 724,500.00
Section 4.1	Premium Reimbursement Program(s) Implementation Costs	\$ -
Total Optional Premium Reimbursement Program Costs		
RFP Reference	Service/Program	Total
Section 4.1	Work Incentive/Premium Program(s)	\$ 1,449,000.00
Section 4.1	Work Incentive/Premium Program(s) Implementation Costs	\$ -
Total Optional Work Incentive Program Costs		
RFP Reference	Service/Program	Total
Section B	Enhancement Services (4,000 hours/annually)	\$ -
Section B: Total Optional Services Costs		
Grand Total: Mandatory Services and Optional Services Costs		
(Medicaid and WVCHIP)		

Instructions: Vendors should use this information to inform their proposed costs for the Cost Workbook tab. Costs below are historical program costs for each Mandatory and Optional Services, reflective as of November 2019. RAC services are based upon Fee For Service (FFS) membership figures from February 2020. Cost references are for bid purposes only.

Service/Program	Costs/Members Medicaid	Costs/Members WVCHIP
Annual Recoveries (Cost-Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audits; Medicare, Tri-Care, and Commercial Recovery; Trauma Recovery; and Estate Recovery)	\$ 9,164,860.00	\$ 75,000.00
Monthly Third Party Adds (Average Members per Month)	7,500	450
Optional Service: Annual Recoveries for RAC, Overpayment - Medical/Dental/DME	\$ 3,500,000.00	
Optional Service: Annual Recoveries for RAC, Underpayments - Medical/Dental/DME	\$ 350,000.00	
Optional Service: Monthly Medicare Buy-In (Average Members Per Month)	76,760	
Optional Service: Monthly Premium Reimbursement Program(s) (Average Members Per Month)	300	
Optional Service: Monthly Work Incentive/Premium Program(s) (Average Members Per Month)	1,050	




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

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

DATE: February 28, 2024

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

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

RE: PF1386345 CDO BMS24*32
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 12/23/2023-01/31/2024. The total cost of the invoice is \$513,737.31.

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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West Virginia Secretary of State — Online Data Services

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

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

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

Wednesday, February 28, 2024 — 9:03 AM

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- Any Words (i)
- All Words (i)
- Exact Phrase (i)

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC" ×

- Classification ∨
- Excluded Individual ∨
- Excluded Entity ∨
- Federal Organizations ∨
- Exclusion Type ∨
- Exclusion Program ∨
- Location ∨
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