



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia Master Agreement

Order Date: 03-26-2024

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:	CMA 0511 3117 BMS2100000006 2	Procurement Folder:	762875
Document Name:	THIRD PARTY LIABILITY (TPL) SERVICES	Reason for Modification:	Change Order 01 To Renew Contract
Document Description:	THIRD PARTY LIABILITY (TPL) SERVICES		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2021-04-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2025-03-31

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	PROCUREMENT OFFICER: 304-352-4286
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

3-27-24 66

Total Order Amount:	Open End
----------------------------	----------

Purchasing Division's File Copy

CH 3/27/24

PURCHASING DIVISION AUTHORIZATION
 DATE: *3/27/2024*
 ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
 DATE: *John L. Gray*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *3-29-24*
 ELECTRONIC SIGNATURE ON FILE

3/28/2024

Extended Description:

Change Order

Change Order No. 01 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders Effective date of renewal April 1,2024 through March 31, 2025.

Renewal Years Remaining: 2

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-04-01	2021-06-30		0.00	

Commodity Line Description: Implementation for BMS TPL Mandatory Services

Extended Description:

Implementation for BMS TPL Mandatory Services (3 Months)

Implementation period must not exceed 3 months.

Implementation Cost: \$0.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-07-01	2024-03-31		0.00	

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%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-07-01	2024-03-31		0.00	

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-04-01	2021-06-30		0.00	

Commodity Line Description: Implementation for BMS RAC Optional Services

Extended Description:

Implementation for BMS RAC Services (3 Months)-Optional

Implementation period must not exceed 3 months.

Implementation Cost: \$0.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-07-01	2024-03-31		0.00	

Commodity Line Description: Years 1-3 RAC Recovery-Overpayment-Optional

Extended Description:

Years 1-3

Percentage Fee for RAC Overpayments (Medical/Dental/DME)-BMS Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-07-01	2024-03-31		0.00	

Commodity Line Description: Years 1-3 RAC Recovery-Underpayment-Optional

Extended Description:

Years 1-3 Optional

Percentage Fee for RAC Underpayments (Medical/Dental/DME)-BMS Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-04-01	2021-06-30		0.00	

Commodity Line Description: Implementation for Medicare Buy-In-Optional

Extended Description:

Implementation for Medicare Buy-In-(3 Months)-Optional

Implementation period must not exceed 3 months.

Implementation Cost: \$0.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-07-01	2024-03-31		0.00	

Commodity Line Description: Years 1-3 Medicare Buy-In (PMPM)-Optional

Extended Description:
Years 1-3 Optional

Medicare Buy-In (PMPM)-Optional

Rate: \$.95

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-04-01	2021-06-30		0.00	

Commodity Line Description: Implementation for Prem Reimb Pgm-Optional

Extended Description:
Implementation for Premium Reimbursement Program(s)-BMS (3 Months)-Optional

Implementation period must not exceed 3 months.

Implementation Cost: \$0.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
10	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-07-01	2024-03-31		0.00	

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
11	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-04-01	2021-06-30		0.00	

Commodity Line Description: Implementation for Work Incentive/Prem Pgm-Optional

Extended Description:
Implementation for Work Incentive/Premium Program(s)-(3 Months)-Optional

Implementation Cost: \$0.00

Implementation period must not exceed 3 months.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
12	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-07-01	2024-03-31		0.00	

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
13	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2021-07-01	2024-03-31		0.00	

Commodity Line Description: Years 1-3 Enhancements

Extended Description:

Years 1-3 Optional

Enhancement Hours-Optional

Hourly Rate: \$115.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
14	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2024-04-01	2025-03-31		0.00	

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%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
15	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2024-04-01	2025-03-31		0.00	

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
16	93151507				0.000000
	Service From	Service To	Service Contract Amount		
	2024-04-01	2025-03-31	0.00		

Commodity Line Description: Optional Renewal Year One RAC Recovery-Overpayment-Optional

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Percentage Fee for RAC Overpayments (Medical/Dental/DME)-Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
17	93151507				0.000000
	Service From	Service To	Service Contract Amount		
	2024-04-01	2025-03-31	0.00		

Commodity Line Description: Optional Renewal Year One RAC Recovery-Underpayment-Optional

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Percentage Fee for RAC Underpayments (Medical/Dental/DME)-Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
18	93151507				0.000000
	Service From	Service To	Service Contract Amount		
	2024-04-01	2025-03-31	0.00		

Commodity Line Description: Optional Renewal Year One Medicare Buy-In (PMPM)-Optional

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Medicare Buy-In-(PMPM) Optional

Rate: \$.95

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
19	93151507				0.000000
	Service From	Service To	Service Contract Amount		
	2024-04-01	2025-03-31	0.00		

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
20	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2024-04-01	2025-03-31		0.00	

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
21	93151507				0.000000
	Service From	Service To		Service Contract Amount	
	2024-04-01	2025-03-31		0.00	

Commodity Line Description: Optional Renewal Year One Enhancements

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Enhancement Hours-Optional

Hourly Rate: \$115.00



December 15, 2023

Lakendra Burdette, Procurement Specialist
Bureau for Medical Services
WV Department of Health and Human Resources
350 Capitol Street, Rm 251
Charleston, WV 25301

RE: Contract Extension Request: CMA BMS2100000006

Dear Ms. Burdette,

Health Management Systems, Inc., a Gainwell Technologies company (HMS), is requesting execution of the first renewal period under contract number CMA BMS2100000006, covering the period from April 1, 2024, to March 31, 2025. This would exercise the contract's first option year, with two additional option years available.

Except as modified herein, HMS agrees to this renewal including all the terms, conditions, prices, and specifications contained in the original contract and authorized change orders.

On behalf of HMS and the account team that continues to serve the West Virginia Bureau of Medical Services, we are grateful to you for our partnership, and we look forward to bringing you the best in healthcare cost containment and recovery solutions for years to come. If you have any questions, please feel free to reach out to Joe Cunningham via email at joseph.cunningham@gainwelltechnologies.com.

Regards,

Mark Knickrehm
President and CEO

Cc: Lauren Rizzo, HMS
Joe Cunningham, HMS
Jimmy Dowden
Sarah Young

OK

- Instructions:**
- Vendors shall populate the yellow highlighted cells within each table with a value for each solution of the TPI program, including Optional Services. This tab of the spreadsheet applies to only Medicaid beneficiaries, and excludes the WVCHP population.
 - 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.
 - Recoveries are calculated at a percentage flat, whereas Third Party Adds is a Per Policy Add arrangement, Optional services, including Medicare Buy-In, Premium Reimbursement Program(s), and Mark Incentive/Premium Program(s), are also a PMPM arrangement whereas RAC services are a percentage fee. Enhancement Services reflect additional hours necessary to complete unforeseen activities and are capped at 4,000 hours annually, and is for bid purposes only.
 - 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.
 - 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.
 - Implementation period must not exceed 3 months, and must be in accordance with Service Level Agreements (SLA-001: Deliverable Sardon Level, per Table A3.2, and SLA-002: Solution Acceptance, per Table A3.3 of the RFP. BMS 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.

Section A: Mandatory Services

Optional renewal year 1 26
*

RFP Reference	Service/Program	Base Year 1 (9 Month Implementation) Proposed Fees													Total
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: Proposed Rate	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section A	Percentage Fee for Recoveries (Cost-Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audits; Medicare, Tri-Care, and Commercial Recovery; Trauma Recovery; and Extra Recovery)	10.95%	\$ 752,864.19	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	\$ 5,770,424.96	
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
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	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	\$ 11,962,500.00	
Section A: Total Mandatory Services Costs		\$ 2,668,914.19	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 17,712,924.96	

Section B: Optional Services

*

RFP Reference	Service/Program	Base Year 1 (9 Month Implementation) Proposed Fees													Total
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 Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section B	Percentage Fee for RAC Overpayments - Medical/Dental/OME	16.00%	\$ 420,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	\$ 2,660,000.00	
Section B	Percentage Fee for RAC Underpayments - Medical/Dental/OME	16.00%	\$ 42,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	\$ 266,000.00	
Total Optional RAC Costs														\$ 2,926,000.00	
RFP Reference	Service/Program	Base Year 1 (9 Month Implementation) Proposed Fees													Total
Section B	Implementation Costs for Medicare Buy-In (3 months prior to operational services)	\$	\$												\$

Medical



RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Base Year 4: Proposed Rate	Base Year 4: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total
Section 5	Medicare Buy-In (PMPM)	\$ 0.95	\$ 656,298.00	\$ 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	\$ 0.95	\$ 875,064.00	\$ 5,031,818.00
Total Optional Medicare Buy-In Costs																
RFP Reference	Service/Program	Base Year 1 (9 Month Term) - Implementation														Total
Section 6	Implementation Costs for Premium Reimbursement Program(s) (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 Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total		
Section 6	Premium Reimbursement Program(s) (PMPM)	\$ 35.00	\$ 94,500.00	\$ 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																
RFP Reference	Service/Program	Base Year 1 (9 Month Term) - Implementation														Total
Section 6	Implementation Costs for Work Incentive/Premium Program(s) (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 Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total		
Section 6	Work Incentive/Premium Program(s) (PMPM)	\$ 20.00	\$ 287,000.00	\$ 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	\$ 1,445,000.00		
Total Optional Work Incentive/Premium Program(s) Costs																
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Hourly Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Hourly Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Hourly Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Hourly Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Hourly Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Hourly Rate	Optional Renewal Year 3: Estimated Annual Fees	Total		
Section 5.3.7	Enhancement Hours (4,000 hours/year)	\$ 115.00	\$ 245,000.00	\$ 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 8: 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 TPI 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 as a percentage fee, whereas Third Party Adds is a Per Policy Add arrangement. Enhancement Services reflect additional hours necessary to complete unfinished 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 the proposed percentage fee by 0.75.
 6) Implementation period must not exceed 9 months, and must be in accordance with Service Level Agreements (SLA-001: Deliverable Service Level, per Table A9.2, and SLA-002: Solution Acceptance, per Table A9.3 of the RFP. BMS 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.

Section A: Mandatory Services

RFP Reference	Service/Program	Base Year 1 (9 Month Implementation)												Total		
Section A	Implementation Costs for Mandatory Services (9 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	Base Year 4: Proposed Rate	Base Year 4: Estimated Annual Recovery	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: 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	10.95%	\$ 8,212.50	10.95%	\$ 8,212.50	10.95%	\$ 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 Fee	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fee	Base Year 4: Proposed Rate	Base Year 4: 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 A	Per Member Verified Third Party Adds (Per Policy Add)	\$ 27.50	\$ 111,375.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 853,875.00
Section A: Total Mandatory Services Costs:		\$	\$ 117,534.38		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50	\$ 901,096.88

Section A: Total Mandatory Services Costs

Section B: Optional Services

RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Hourly Rate	Base Year 1 (9 Month Term): Estimated Annual Fee	Base Year 2: Proposed Hourly Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Hourly Rate	Base Year 3: Estimated Annual Fee	Base Year 4: Proposed Hourly Rate	Base Year 4: Estimated Annual Fee	Optional Renewal Year 1: Proposed Hourly Rate	Optional Renewal Year 1: Estimated Annual Fee	Optional Renewal Year 2: Proposed Hourly Rate	Optional Renewal Year 2: Estimated Annual Fee	Optional Renewal Year 3: Proposed Hourly Rate	Optional Renewal Year 3: Estimated Annual Fee	Total
Section 5.3.7	Enhancement Hours (4,000 hours/year)	\$ 115.00	\$ 345,000.00	\$ 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	\$ 115.00	\$ 460,000.00	\$ 2,645,000.00
Total Optional Enhancement Hours Costs																
Section B: Total Optional Services Costs																

Grand Total: Mandatory and Optional Services Costs

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		\$ 18,634,021.85
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		\$ 2,926,001.60
RFP Reference	Service/Program	Total
Section 4.1	Medicare Buy-In	\$ 5,031,518.00
Section 4.1	Medicare Buy-In Implementation Costs	\$ -
Total Optional Medicare Buy-In Costs		\$ 5,031,518.00
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		\$ 724,500.00
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		\$ 1,449,000.00
RFP Reference	Service/Program	Total
Section B	Enhancement Services (4,000 hours/annually)	\$ 2,200,000.00
Section B: Total Optional Services Costs		\$ 10,327,029.60
Grand Total: Mandatory Services and Optional Services Costs (Medicaid and WVCHIP)		\$ 28,961,051.45

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: January 25, 2024

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

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

RE: PF762875, CMA BMS21*06 – Change Order 1
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced CMA for contract renewal request with effect date 04/01/2024 through 03/31/2025 with two (2) renewals remaining for Health Management Systems, Inc.

This contract is necessary to provide TPL (Third Party Liability Services) for all Managed Care Organizations (MCO's) contracted by BMS and the Children's Health Program (CHIP). Services provided by TPL (Third Party Liability Services) assist with identifying public assistance beneficiaries who have other insurances or policies that could potentially be liable for rendered services as paid for by BMS or WVCHIP. The TPL (Third Party Liability Services) work to identify these cases and perform payment diversion or recovery activities as a program integrity function of BMS and WVCHIP, as administered by selected Vendor(s).

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.






STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
OFFICE OF TECHNOLOGY
State Capitol
Charleston, West Virginia 25305

Allan L. McVey
Cabinet Secretary

Joshua D. Spence
Chief Technology Officer

MEMORANDUM

TO: Alicia Sodder, Administrative Services Manager 1
Department of Health and Human Resources

FROM: Joshua D. Spence, Chief Technology Officer 
Office of Technology

SUBJECT: INFORMATION TECHNOLOGY PROCUREMENT
HR001693; BMS21*01; IS&C NUMBER: 2021-2617 Expedite

DATE: February 11, 2021

West Virginia Code §5A-6-4(a)(3) permits the Chief Technology Officer to "evaluate the economic justification, system design and suitability of information equipment and related services, and review and make recommendations on the purchase, lease or acquisition of information equipment and contracts for related services by the state spending units."

West Virginia Code §5A-6-4c requires that the Chief Technology Officer review and approve "a major information technology project."

West Virginia Code §5A-6-5 requires that "any state spending unit that pursues an information technology purchase that does not meet the definition of a 'major technology project' and that is required to submit a request for proposal to the State Purchasing Division prior to purchasing goods or services shall obtain the approval of the Chief Technology Officer, in writing, of any proposed purchase of goods or services related to its information technology and telecommunication systems."

After conducting a review of your request for expedited blanket approval for the award of CRFP BMS21*01 for Third Party Liability (TPL) services, which includes a three (3) year base, with three optional one (1) year renewals, the Office of Technology has determined:

X That your request is approved.

That your request is not subject to the review and approval provisions contained in Chapter 5A, Article 6 of the Code, therefore, it does not need approval by the Office of Technology.

This memorandum constitutes this office's official review and a copy should be attached to your purchase order and any other correspondence related to this request.

If you have questions, or need additional information, please contact Consulting Services at Consulting.Services@wv.gov.

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" ×

Entity ∨

Location ∨

Status ∧

Active

Inactive

Reset 



No matches found

Your search did not return any results for active records.

Would you like to include inactive records in your search results?

Search inactive

Go back

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			
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	<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	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
Director	PAUL SALEH 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

Hi, I'm SOLO I'm here to help you launch your new LLC.

ite

DBA Name

Description

Effective Date

Termination

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

Hi, I'm SOLO I'm here to help you launch your new LLC.

1997
1994
1993
1992
Date filed

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

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

Wednesday, March 27, 2024 — 9:40 AM

© 2024 State of West Virginia

Hi, I'm SOLO I'm here to help you launch your new LLC.

COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Husted</u> Date: <u>3/21/24</u> Solicitation No. <u>CMA BMS 21*06</u>	Agency: DoHS-BMS Procurement Officer Submitting Requisition: Althea M. Greenhowe Requisition No. CMA BMS 21*06 PF No.: 762875
---	--

This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

#	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Justification for price increases/backdating/other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.*

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: _____

Crystal Husted