



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: 09-27-2021

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 BMS2200000008 1	Procurement Folder:	943676
Document Name:	CDO for CMA21*06 August 2021	Reason for Modification:	
Document Description:	CDO for CMA21*06 August 2021		
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: Chrystal L Dolin Requestor Phone: (304) 558-1700 Requestor Email: chrystal.l.dolin@wv.gov 22 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:

\$264,890.17

ENTERED

PURCHASING DIVISION AUTHORIZATION

DATE: *Linda Harper 10/01/2021*

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: *Beverly Tolson 10-4-21*

ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of August 2021 under invoice 072456
Total: \$264,890.17

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$56,195.17
Service From	Service To	Manufacturer	Model No	Delivery Date	
2021-07-24	2021-08-20				

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
072456(August 2021)

$513,197.90 \times \$0.1095 = \$56,195.17$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$164,505.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2021-08-01	2021-08-31				

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
072456(August 2021)

$5,982.00 \times \$27.50 = \$164,505.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$19,950.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2021-08-01	2021-08-31				

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
072456 (August 2021)

570.00 x \$35.00= \$19,950.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$24,240.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2021-08-01	2021-08-31				

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
072456 (August 2021)

1,212.00 x \$20.00= \$24,240.00



PO Box 27151
New York, NY 10087-7151

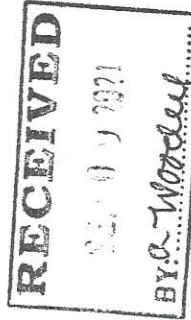
WV Dept of Health & Human Resources
Stuart A. Epling
Bureau of Medical Services
350 Capitol Street, Room 251
Charleston WV 25301

Purchase Order/Contract#: CMA BMS21*06

Invoice

Invoice#: 072456
Invoice Date: 9/7/2021
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		07/24/2021 to 08/20/2021	\$513,197.90	%	10.95%	\$56,195.17
Verified CAV Adds		08/01/2021 to 08/31/2021	5,982.00	EA	\$27.50	\$164,505.00
Management Fee HIPP (PMP)		08/01/2021 to 08/31/2021	570.00	EA	\$35.00	\$19,950.00
Management Fee MWIN/per member		08/01/2021 to 08/31/2021	1,212.00	EA	\$20.00	\$24,240.00
Total						\$264,890.17



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: 09-20-2021

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@hms.com

If you have any questions, please contact
Program Director:

Michelle Hayes
v: 937.673.9978
e: michelle.shreck@hms.com

LOCKBOX SUMMARY

1	2	3	4	5	6	7	8	9
DEPOSIT DATES	TOTAL RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS
07/24/2021 to 08/20/2021 CI	\$324,841.28	\$7,127.39	\$317,713.89	\$0.00	\$425.79	\$0.00	\$317,288.10	10.95%
07/24/2021 to 08/20/2021 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
07/24/2021 to 08/20/2021 Zero Deposits Payments (Estate)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
07/24/2021 to 08/20/2021 Zero Deposits Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
07/24/2021 to 08/20/2021 Non commercial Billing Payments	\$178,452.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$178,452.16	10.95%
07/24/2021 to 08/20/2021 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
07/24/2021 to 08/20/2021 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
07/24/2021 to 08/20/2021 MCB & MCA Disallowance	\$897.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$897.19	10.95%
Total	\$504,190.63	\$7,127.39	\$317,713.89	\$0.00	\$425.79	\$0.00	\$496,837.45	\$54,381.80

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

1	2	3	4	5	6	7	8	9
DEPOSIT DATES	TOTAL RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS
07/24/2021 to 08/20/2021 CI	\$324,841.28	\$7,127.39	\$317,713.89	\$0.00	\$425.79	\$0.00	\$317,288.10	10.95%
07/24/2021 to 08/20/2021 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
07/24/2021 to 08/20/2021 Zero Deposits Payments (Estate)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
07/24/2021 to 08/20/2021 Zero Deposits Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
07/24/2021 to 08/20/2021 Non commercial Billing Payments	\$178,452.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$178,452.16	10.95%
07/24/2021 to 08/20/2021 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
07/24/2021 to 08/20/2021 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%
07/24/2021 to 08/20/2021 MCB & MCA Disallowance	\$897.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$897.19	10.95%
Total	\$504,190.63	\$7,127.39	\$317,713.89	\$0.00	\$425.79	\$0.00	\$496,837.45	\$54,381.80

\$ 317,288.10 equal Commercial/Tricare Net Amt

Recoveries (\$513,197.90*10.95%) \$ 56,195.17
 Cost Avoid \$ 164,505.00
 HIPP Mgt Fee \$ 19,950.00
 MWIN Mgt Fee \$ 24,240.00
 \$ 264,890.17 approved for payment 09-20-21

Invoice Amount	\$ 317,288.10
Invoice Totals	\$ 179,349.35
Credit Bal Rec	\$ 513,197.90

refund/adjustment

\$0.00

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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	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	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

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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Date filed

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

Friday, October 1, 2021 — 11:01 AM

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