



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: 11-15-2021

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 BMS2200000014 1	Procurement Folder:	964413
Document Name:	CDO for CMA21*06 September 2021	Reason for Modification:	
Document Description:	CDO for CMA21*06 September 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	<i>3/31/2021</i>	

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" style="width: 100%;"> <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 <div style="text-align: center; font-size: 2em; font-weight: bold;">22</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:	\$349,393.48
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Purchasing Division's File Copy

ENTERED

CH 11/18/21

PURCHASING DIVISION AUTHORIZATION DATE: <i>Linda Harper 11/19/21</i> ELECTRONIC SIGNATURE ON FILE
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ENCUMBRANCE CERTIFICATION DATE: <i>11/19/2021</i> ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of September 2021 under invoice 073255
Total: \$349,393.48.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$162,035.98
Service From	Service To	Manufacturer	Model No	Delivery Date	
2021-08-21	2021-09-17				

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
073255(September 2021)

$1,479,780.68 \times 0.1095 = \$162,035.98$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$146,877.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2021-09-01	2021-09-30				

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
073255(September 2021)

$5,341.00 \times \$27.5 = \$146,877.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,100.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2021-09-01	2021-09-30				

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
073255(September 2021)

460 x \$35.00= \$16,100.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$24,380.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2021-09-01	2021-09-30				

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
073255(September 2021)

1,219.00 x \$20.00= \$24,380.00



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#: 073255
Invoice Date: 10/6/2021
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		08/21/2021 to 09/17/2021	\$1,479,780.68	%	10.95%	\$162,035.98
Verified CAV Adds		09/01/2021 to 09/30/2021	5,341.00	EA	\$27.50	\$146,877.50
Management Fee HIPPA (PMP)		09/01/2021 to 09/30/2021	460.00	EA	\$35.00	\$16,100.00
Management Fee MWIN/per member		09/01/2021 to 09/30/2021	1,219.00	EA	\$20.00	\$24,380.00
Total						\$349,393.48

of

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: 10-18-21

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 BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	*TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
08/21/2021 to 09/17/2021 CI	\$182,183.92	\$174,299.37	\$0.00	\$0.00	\$1,780.18	\$0.00	\$0.00	\$172,519.19	10.95%	\$18,890.85
08/21/2021 to 09/17/2021 CI Refunds	Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/21/2021 to 09/17/2021 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
08/21/2021 to 09/17/2021 Zero Deposit Payments (Credit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/21/2021 to 09/17/2021 Non commercial Billing Payments	\$155,281.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$155,281.92	10.95%	\$17,003.37
08/21/2021 to 09/17/2021 Non Commercial Refunds	Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/21/2021 to 09/17/2021 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/21/2021 to 09/17/2021 MCB & MCA Disallowance	\$116.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$116.19	10.95%	\$12.72
Total	\$337,581.93	\$174,299.37	\$7,884.45	\$0.00	\$1,780.18	\$0.00	\$0.00	\$327,917.30		\$35,906.94

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
Batch Amount	(1) Posed Amount	(2) Over Payments	(3) Net Commercial Insurance	(4) BI - Talonia Estate Medicare AB & Comm Disallowance	(5) Net Identified Missing EOB's	(2)+(3)+(4)+(5) TOTAL	INVOICED AMOUNT TOTAL	PERCENTAGE TO HMS
	\$174,299.37	\$1,780.18	\$172,519.19	\$3,954.88	\$7,884.45	\$188,138.70	\$172,519.19	10.95%
				\$42,748.00		\$42,748.00	\$155,388.11	10.95%
				\$108,579.04		\$108,579.04	\$14,800.59	0.00%
				\$118.19		\$118.19	\$23,627.78	10.95%
Total	\$337,581.93	\$1,780.18	\$172,519.19	\$156,388.11	\$7,884.45	\$337,581.93	\$1,479,780.68	

minus over-payments

equal Commercial/Tricare Net Amt

refund/adjustment

RECOVERIES=SUM(1,479,780.68*10.75%)	\$162,035.98
COST AVOID ADDS	\$146,877.50
HIPP MGT FEE	\$16,100.00
MWIN MFT FEE	\$24,380.00
	\$349,393.48

okay to pay

INVOICED AMOUNT TOTAL	\$172,519.19
	\$155,388.11
	\$14,800.59
	\$23,627.78
	\$213,435.01
	\$1,479,780.68

Credit Bal Rec
RX03 disallow
MCA51 disallow