



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: 12-27-2021

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 BMS2200000019 1	Procurement Folder:	983232
Document Name:	CDO for CMA21*06 November 2021	Reason for Modification:	
Document Description:	CDO for CMA21*06 November 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 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: 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:	\$267,871.34
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Purchasing Division's File Copy

ENTERED

CH 12/29/21

PURCHASING DIVISION AUTHORIZATION DATE: <i>Lunda Harper 12/29/21</i> ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION DATE: <i>Beverly Toler 12-30-21</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Confirming Delivery Order for services provided during the month of November 2021 under invoice 074802
Total: \$267,871.34.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$96,801.34
Service From	Service To	Manufacturer	Model No	Delivery Date	
2021-10-23	2021-11-19				

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
074802 (November 2021)

$884,030.53 \times \$0.1095 = \$96,801.34$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$132,440.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2021-11-01	2021-11-30				

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
074802 (November 2021)

$4,816.00 \times \$27.5 = \$132,440.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$14,210.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2021-11-01	2021-11-30				

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
074802 (November 2021)

406 x \$35.00= \$14,210.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$24,420.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2021-11-01	2021-11-30				

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
074802 (November 2021)

1,221.00 x \$20.00= \$24,420.00



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#: 074802
Invoice Date: 12/3/2021
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		10/23/2021 to 11/19/2021	\$884,030.53	%	10.95%	\$96,801.34
Verified CAV Adds		11/01/2021 to 11/30/2021	4,816.00	EA	\$27.50	\$132,440.00
Management Fee HIPP (PMP)		11/01/2021 to 11/30/2021	406.00	EA	\$35.00	\$14,210.00
Management Fee MWIN/per member		11/01/2021 to 11/30/2021	1,221.00	EA	\$20.00	\$24,420.00
Total						\$267,871.34

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: 12-03-21

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

074802 12/02/21

LOCKBOX SUMMARY

1	2	3	4	5	6	7	8	9	
DEPOSIT DATES	TOTAL RECOVERIES RECEIVED IN LOCKBOX #VALUE!	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	DOLLARS DUE TO HMS
10/23/2021 to 11/19/2021 CI	#VALUE!	\$17,473.37	\$0.00	\$0.00	\$500.93	\$0.00	\$244,337.19	10.95%	\$26,754.92
10/23/2021 to 11/18/2021 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
10/23/2021 to 11/19/2021 Zero Deposit Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
10/23/2021 to 11/19/2021 Zero Deposits Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
10/23/2021 to 11/19/2021 Non commercial Billing	\$218,183.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
10/23/2021 to 11/19/2021 Non commercial CHIP	\$35,866.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$218,183.09	10.95%	\$23,892.14
10/23/2021 to 11/19/2021 Non Commercial Refund	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35,866.72	10.95%	\$3,929.49
10/23/2021 to 11/19/2021 Commercial Disallowanc	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
10/23/2021 to 11/19/2021 MCB & MCA Disallowanc	\$2,427.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,427.60	10.95%	\$0.00
Total	#VALUE!	\$17,473.37	\$0.00	\$0.00	\$500.93	\$0.00	\$500,843.60	10.95%	\$54,842.37

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) Posted Amount	(2) Over Payments	(3) Net Commercial Insurance	(4) B-1 Trauma Estate Medicare, B & C Disallowance	(5) Net Identified Missed Jobs	(7-3 + 4 + 5) TOTAL	Unapplied Amount
		\$0.00	\$500.93	\$244,337.19	\$718.38	\$17,473.37	\$265,029.87	\$ 244,337.19
					\$43,872.14		\$ 43,872.14	\$ 220,620.69
					\$173,602.57		\$ 173,602.57	\$ 25,088.37
					\$2,427.60		\$ 2,427.60	\$ 339,500.95
Total	#VALUE!	\$	\$ 500.93	\$ 244,337.19	\$ 220,620.69	\$ 17,473.37	\$ 482,932.18	\$ 54,513.23
								credit bal recov
								MCA reversals
								CI reversals
								refund/adjustment \$ 884,030.43

recipients (\$984,030.43*10.95%)
 Cost Avoid Adds \$ 96,801.34
 HIPP Mgt Fee \$ 132,440.00
 MW/Mgt Fee \$ 14,210.00
 \$ 267,871.34 okay to pay



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Procurement Services

350 Capitol Street, Room 251
Charleston, West Virginia 25301-3712
Telephone: (304) 558-1700 Fax: (304) 558-4398

Bill J. Crouch
Cabinet Secretary

Cynthia E. Beane
Commissioner

DATE: December 22, 2021
TO: Robert L. Price, CPPO, CPPB, NIGP-CPP
Administrative Services Manager II
FROM: Chrystal Dolin *CD*
Procurement Specialist, BMS Procurement Services
RE: Agency Justification for PF983232 CDO BMS22*19

The WV Bureau for Medical Services (BMS) respectfully requests approval of the above- referenced CDO for services by Health Management Systems, Inc under PF762875, CMA BMS21*06.

The total cost of the invoice is \$267,871.34.

If you have any questions, or need additional information, please feel free to contact me at 304-352-4235 or Chrystal.L.Dolin@wv.gov.

Robert Price
Agree