



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: 05-13-2022

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 BMS2200000039 1	Procurement Folder:	1041341
Document Name:	CDO for CMA21*06 January 2022	Reason for Modification:	
Document Description:	CDO for CMA21*06 January 2022		
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:	James W Atkins
HEALTH MANAGEMENT SYSTEMS INC 5615.HIGH POINT DR		Requestor Phone:	(304) 352-4319
IRVING	TX 75038	Requestor Email:	james.w.atkins@wv.gov
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		

**22**

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

Total Order Amount: \$413,559.37

Purchasing Division's File Copy

**ENTERED**

CH 5/18/22

PURCHASING DIVISION AUTHORIZATION  
 DATE: *Junda Harper 5/18/22*  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: *Beverly Toler 5-18-22*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the month of January 2022 under invoice 076294  
Total: \$413,559.37

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$31,776.87
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2022-01-01	2022-01-21				

**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  
076294 (January 2022)

$290,199.72 \times 0.1095 = \$31,776.87$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$343,392.50
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2022-01-01	2022-01-31				

**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  
076294 (January 2022)

$12,487 \times \$27.50 = \$343,392.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$13,930.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-01-01	2022-01-31				

**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 under invoice  
076294 (January 2022)

398 x \$35.00 = \$13,930.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$24,460.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-01-01	2022-01-31				

**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  
076294 (January 2022)

1,223 x \$20.00 = \$24,460.00



PO Box 27151  
New York, NY 10087-7151

# Invoice

Invoice#: 076294  
Invoice Date: 2/8/2022  
Page: 1 of 1

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

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		01/01/2022 to 01/21/2022	\$290,199.72	%	10.95%	\$31,776.87
Verified CAV Adds		01/01/2022 to 01/31/2022	13,024.00	EA	\$27.50	\$358,160.00
Verified CAV Adds		01/01/2022 to 01/31/2022	-537.00	EA	\$27.50	(\$14,767.50)
Management Fee HIPP (PMP)		01/01/2022 to 01/31/2022	398.00	EA	\$35.00	\$13,930.00
Management Fee MWIN/per member		01/01/2022 to 01/31/2022	1,223.00	EA	\$20.00	\$24,460.00
<b>Total</b>						<b>\$413,559.37</b>

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: 2-16-22

Agree  
*Robert Price*

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](mailto:ARGroup@hms.com)

If you have any questions, please contact  
Program Director:  
Michelle Hayes  
v: 937.673.9978  
e: [michelle.shreck@hms.com](mailto:michelle.shreck@hms.com)

LOCKBOX SUMMARY 076294 02/08/22

1 DEPOSIT DATES	2 TOTAL RECOVERIES RECEIVED IN LOCKBOX	3 LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	4 (2-3) LOCKBOX PAYMENTS BILLED BY HMS	4A STATE PAYMENTS BILLED BY HMS	4B STATE PAYMENTS NOT IDENTIFIED BY HMS	5 OVER-PAYMENTS	6 *TOTAL REFUNDS	7 (4+4A-5) NET RECOVERY	PERCENTAGE TO HMS	8 (7*8) DOLLARS DUE TO HMS
01/01/2022 to 01/31/2022 CI	\$44,232.44	\$0.00	\$44,232.44	\$0.00	\$0.00	\$0.00	\$0.00	\$44,232.44	10.95%	\$4,843.45
01/01/2022 to 01/31/2022 CI Refunds	*Total Refunds \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/01/2022 to 01/31/2022 Zero Deposit Payments (Est.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
01/01/2022 to 01/31/2022 Non commercial Billing Paym	\$35,271.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$3,862.18
01/01/2022 to 01/31/2022 Non commercial CHIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/01/2022 to 01/31/2022 Non Commercial Refunds	*Total Refundr \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/01/2022 to 01/31/2022 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/01/2022 to 01/31/2022 MCB & MCA Disallowance	\$470.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$51.56
<b>Total</b>	<b>\$79,974.32</b>	<b>\$0.00</b>	<b>\$44,232.44</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$79,974.32</b>		<b>\$8,757.19</b>

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

TOTAL	Batch Amount	(1) Posted Amount	(2) Over Payments	(3) Net Commercial Insurance	(4) BI Trauma CHIP Estate Medicare A, B & Comm Disallowance	(5) Not Identified Missing EOB's	(2+3+4+5) TOTAL
		\$0.00	\$0.00	\$ 44,232.44	\$ 10,535.97	\$0.00	\$44,232.44
					\$ 24,735.05		\$ 24,735.05
					\$ 470.86		\$ 470.86
Total	\$0.00	\$	\$	\$ 44,232.44	\$ 35,741.88	\$	\$ 79,974.32

Invoiced Amount Totals	Credit Balance	Commercial Disal
\$ 44,232.44		
\$ 35,741.88		
\$ 1,408.55		
\$ 208,816.85		
<b>\$ 290,199.72</b>		

\$ 31,776.87 recoveries = SUM(290,199.72\*10.95%)  
 \$ 358,180.00 Cost Avoid Adds  
 \$ (14,767.50) Cost Avoid Refunds  
 \$ 13,930.00 HIPP Mgt Fee  
 \$ 24,460.00 MWIN Mgt Fee  
**\$ 413,559.37**

minus over-payments equal Commercial/Tricare Net Amt

refund/adjustment \$0.00



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

Bill J. Crouch  
Cabinet Secretary

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

Cynthia E. Beane  
Commissioner

TO: Robert L. Price, CPPB, CPPO, NIGP-CPP  
Administrative Services Manager II

FROM: James Atkins II *JAI*  
BMS Procurement Services

DATE: May 6, 2022

RE: PF1041341, CDO BMS22\*39

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.

The purpose of this delivery order is being submitted now is due the current budgetary constraints. The invoice was released for processing on 05/05/2022. The total cost of the invoice is \$413,559.37.

Thank you for your time and consideration in this matter. If you have questions or need additional information, please feel free to contact me at 304-352-4319 or [James.W.Atkins@wv.gov](mailto:James.W.Atkins@wv.gov)

*Robert Price*  
Agree