



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: 05-31-2022

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 BMS2200000041 1	Procurement Folder:	1051420
Document Name:	CDO for CMA21*06 February 2022	Reason for Modification:	
Document Description:	CDO for CMA21*06 February 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 HEALTH MANAGEMENT SYSTEMS INC 5615 HIGH POINT DR IRVING TX 75038 US Vendor Contact Phone: 8057294298 Extension:	Requestor Name: Lucinda L Carroll Requestor Phone: (304) 352-4235 Requestor Email: lucinda.l.carroll@wv.gov																				
Discount Details:	<div style="font-size: 48px; font-weight: bold;">22</div> <div style="font-size: 24px; font-weight: bold;">FILE LOCATION _____</div>																				
<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		
		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:	\$478,037.34
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Purchasing Division's File Copy

ENTERED

CH ulu/22

PURCHASING DIVISION AUTHORIZATION DATE: <i>Lucinda Harper 6/7/22</i> ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION DATE: <i>Beverly Tolson 6-7-22</i> ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of February 2022 under invoice 076794_RB1
Total: \$478,037.34

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$266,424.84
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-01-22	2022-02-18				

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
076794_RB1 (February 2022)

$2,433,103.54 \times 0.1095 = \$266,424.84$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$172,507.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-02-01	2022-02-28				

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
076794_RB1 (February 2022)

$6,273.00 \times \$27.50 = \$172,507.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$14,525.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-02-01	2022-02-28				

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
076794_RB1 (February 2022)

415.00 x \$35.00 = \$14,525.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$24,580.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-02-01	2022-02-28				

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
076794_RB1 (February 2022)

1,229.00 x \$20.00 = \$24,580.00



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

BMS 22 #41

Invoice

Invoice#: 076794_RB1
Invoice Date: 4/5/2022
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		01/22/2022 to 02/18/2022	\$2,433,103.54	%	10.95%	\$266,424.84
Verified CAV Adds		02/01/2022 to 02/28/2022	6,273.00	EA	\$27.50	\$172,507.50
Management Fee HIPP (PMP)		02/01/2022 to 02/28/2022	415.00	EA	\$35.00	\$14,525.00
Management Fee MWIN/per member		02/01/2022 to 02/28/2022	1,229.00	EA	\$20.00	\$24,580.00
Total						\$478,037.34

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: 4-11-22

Robert Price
Agree

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@gainwelltechnologies.com

If you have any questions, please contact
Program Director:
Michelle Hayes
v: 937.673.9978
e: michelle.hayes@gainwelltechnologies.com

LOCKBOX SUMMARY

1	2	3	4 (2-3)	4A	4B	5	6 [7 (4+4A-5-6)]	8 [9 (7*8)]		
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
01/22/2022 to 02/18/2022 CI	\$2,151,497.26	\$5,072.40	\$2,156,424.86	\$0.00	\$0.00	\$3,331.67	\$0.00	\$2,153,093.19	10.95%	\$235,763.70
01/22/2022 to 02/18/2022 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
01/22/2022 to 02/18/2022 Zero Deposits Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 Non commercial Billing Payments	\$49,212.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49,212.47	10.95%	\$5,398.77
01/22/2022 to 02/18/2022 Non commercial CHIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 MCB & MCA Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$2,210,709.73	\$5,072.40	\$2,156,424.86	\$0.00	\$0.00	\$3,331.67	\$0.00	\$2,202,305.66		\$241,152.47

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

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
01/22/2022 to 02/18/2022 CI	\$2,151,497.26	\$5,072.40	\$2,156,424.86	\$0.00	\$0.00	\$3,331.67	\$0.00	\$2,153,093.19	10.95%	\$235,763.70
01/22/2022 to 02/18/2022 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
01/22/2022 to 02/18/2022 Zero Deposits Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 Non commercial Billing Payments	\$49,212.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49,212.47	10.95%	\$5,398.77
01/22/2022 to 02/18/2022 Non commercial CHIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/22/2022 to 02/18/2022 MCB & MCA Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$0.00	\$2,156,424.86	\$3,331.67	\$2,153,093.19	\$49,212.47	\$5,072.40	\$2,210,709.73	\$0.00		

\$ 2,153,093.19 minus over-payments equal Commercial/Tricare Net Amt

recoveries +sum(2,433,103.54*10.95%)	\$ 266,424.84
Cost Avoidance	\$ 173,910.00
refund Cost Avoid	\$ (1,402.50)
HPP Mgt Fee	\$ 14,525.00
MWIN Mgt Fee	\$ 24,580.00
Total	\$ 478,037.34

Invoice Amount	Tricare
\$ 2,153,093.19	
\$ 49,212.47	
\$ 6,645.22	credit balance
\$ 224,152.66	MCA53
\$ 2,433,103.54	