



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: 07-08-2022

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 BMS2300000004 1	Procurement Folder:	1070332
Document Name:	CDO for CMA21*06 May 2022	Reason for Modification:	
Document Description:	CDO for CMA21*06 May 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		3/31/2024 <i>[Signature]</i>

VENDOR		DEPARTMENT CONTACT	
Vendor Customer Code:	000000103904	Requestor Name:	Lucinda L Carroll
HEALTH MANAGEMENT SYSTEMS INC		Requestor Phone:	(304) 352-4235
5615 HIGH POINT DR		Requestor Email:	lucinda.l.carroll@wv.gov
IRVING	TX 75038	<div style="font-size: 2em; font-weight: bold;">23</div> <div style="font-weight: bold;">FILE LOCATION _____</div>	
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		

INVOICE TO	SHIP TO
PROCUREMENT OFFICER: 304-352-4286	PROCUREMENT OFFICER: 304-352-4286
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Total Order Amount:	\$268,376.39
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Purchasing Division's File Copy

CH 4/11/22
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara Fe 7/13/2022*
 ELECTRONIC SIGNATURE ON FILE

ENTERED

ENCUMBRANCE CERTIFICATION
 DATE: *7/13/2022*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of May 2022 under invoice 078690
Total: \$268,376.39.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$101,416.39
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-04-23	2022-05-20				

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
078690 (May 2022)

$\$926,177.05 \times 0.1095 = \$101,416.39$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$126,995.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-05-01	2022-05-31				

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
078690 (May 2022)

$4,618.00 \times \$27.50 = \$126,995.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$15,365.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-05-01	2022-05-31				

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
078690 (May 2022)

439.00 x \$35.00 = \$15,365.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$24,600.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-05-01	2022-05-31				

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
078690 (May 2022)

1,230.00 x \$20.00 = \$24,600.00



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

Procurement Services

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

Cynthia E. Beane
Commissioner

Bill J. Crouch
Cabinet Secretary

TO: Robert L. Price, CPPO, CPPB, NIGP-CPP
Administrative Services Manager II
WV DHHR Office of Purchasing

FROM: Lucinda Carroll *LC*
Procurement Specialist, BMS Procurement Services

DATE: July 7, 2022

RE: PF1070332, CDO BMS23*04

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.

This is for service period 04/23/2022 – 05/31/2022. The total cost of the invoice is \$268,376.39.

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 304-352-4235 or

Robert Price
Agree



Bms23*04

Invoice

Invoice#: 078690
 Invoice Date: 6/7/2022
 Page: 1 of 1

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

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		04/23/2022 to 05/20/2022	\$926,177.05	%	10.95%	\$101,416.39
Verified CAV Adds		05/01/2022 to 05/31/2022	4,618.00	EA	\$27.50	\$126,995.00
Management Fee HIPP (PMP)		05/01/2022 to 05/31/2022	439.00	EA	\$35.00	\$15,365.00
Management Fee MWIN/per member		05/01/2022 to 05/31/2022	1,230.00	EA	\$20.00	\$24,600.00
Total						\$268,376.39

I HEREBY CERTIFY THAT THE ITEMS LISTED HEREON HAVE BEEN RECEIVED AND APPROVED FOR PAYMENT

PROGRAM APPROVAL SIGNATURE *Mandy Carpenter*
 PRINTED NAME: MANDY CARPENTER
 DATE: 6/28/22

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

Instructions:
 1) Vendors shall populate the yellow highlighted cells within each table with a value for each solution of the TPL program, including Optional Services. This tab of the spreadsheet applies to only Medicaid beneficiaries, and excludes the WVCHIP population.
 2) The annual total amount and total project cost will auto-calculate. The total project cost is the sum of each annual cost amount, and implementation costs.
 3) Recoveries are calculated at a percentage fee, whereas Third Party Adds is a Per Policy Add Arrangement. Optional services, including Medicare Buy-In, Premium Reimbursement Program(s), and Work Incentive/Premium Program(s), are also a PMPM arrangement whereas RAC services are a percentage fee. Enhancement Services reflect additional hours necessary to complete unforeseen activities and are capped at 4,000 hours annually, and is for bid purposes only.
 4) Estimated Annual Recoveries for Percentage Fees and Enhancement Hours are adjusted for the 9 month term for Base Year 1 by multiplying the proposed percentage fee by 0.75.
 5) Estimated Annual Fees for PMPM arrangements are adjusted for the 9 month term for Base Year 1 by multiplying by 9, and for full term years by multiplying by 12.
 6) Implementation period must not exceed 3 months, and must be in accordance with Service Level Agreements (SLA)-001: Deliverable Service Level, per Table A3.1, and SLA-002: Solution Acceptance, per Table A3.3 of the RFP. BMS has defined Task Group 4 - Solution Deployment, payment milestones 7 through 9, as the overall completion of deployment to production as found in Appendix 2: Deliverables and Milestones Dictionary. The total value of payment milestones 7 through 9 will be equal to 30% of the total implementation cost.

Section A: Mandatory Services															
RFP Reference	Service/Program	Base Year 1 (9-Month Implementation): Proposed Fees													Total
Section A	Implementation Costs for Mandatory Services (3 months prior to operational services)	\$	\$												\$
RFP Reference	Service/Program	Base Year 1 (9-Month Term): Proposed Rate	Base Year 1 (9-Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section A	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)	10.95%	\$ 752,664.13	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	\$ 5,770,424.98	
RFP Reference	Service/Program	Base Year 1 (9-Month Term): Proposed Rate	Base Year 1 (9-Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section A	Verified Third Party Adds (Per Policy Add)	\$ 27.50	\$ 1,856,250.00	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 206,250.00	\$ 11,962,500.00	
Section A: Total Mandatory Services Costs		\$	\$ 2,608,914.13	\$	\$ 3,478,552.17	\$	\$ 3,478,552.17	\$	\$ 3,478,552.17	\$	\$ 3,478,552.17	\$	\$ 3,478,552.17	\$ 17,732,924.98	
Section A: Total Mandatory Services Costs															

Section B: Optional Services															
RFP Reference	Service/Program	Base Year 1 (9-Month Implementation): Proposed Fees													Total
Section B	Implementation Costs for RAC Services (3 months prior to operational services)	\$	\$												\$
RFP Reference	Service/Program	Base Year 1 (9-Month Term): Proposed Rate	Base Year 1 (9-Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section B	Percentage Fee for RAC Overpayments - Medical/Dental/DME	16.00%	\$ 420,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	\$ 2,660,000.80	
Section B	Percentage Fee for RAC Underpayments - Medical/Dental/DME	16.00%	\$ 42,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	\$ 266,000.80	
Section B: Total Optional RAC Costs		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
RFP Reference	Service/Program	Base Year 1 (9-Month Implementation): Proposed Fees													Total
Section B	Implementation Costs for Medicare Buy-In (3 months prior to operational services)	\$	\$												\$

RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section B	Medicare Buy-In (PMPM)	\$ 0.95	\$ 656,298.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 5,031,618.00	
Total Optional Medicare Buy-In Costs															
RFP Reference	Service/Program	Base Year 1 (9 Month Implementation)													Total
Section B	Implementation Costs for Premium Reimbursement Program(s) (3 months prior to operational services)	\$	\$												\$
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section B	Premium Reimbursement Program(s) (PMPM)	\$ 35.00	\$ 94,500.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 724,500.00	
Total Optional Premium Reimbursement Program(s) Costs															
RFP Reference	Service/Program	Base Year 1 (3 Month Implementation)													Total
Section B	Implementation Costs for Work Incentive/Premium Program(s) (3 months prior to operational services)	\$	\$												\$
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section B	Work Incentive/Premium Program(s) (PMPM)	\$ 20.00	\$ 189,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 1,449,000.00	
Total Optional Work Incentive/Premium Program(s) Costs															
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Hourly Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Hourly Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Hourly Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Hourly Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Hourly Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Hourly Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section 5.3.7	Enhancement Hours (4,000 hours/year)	\$ 115.00	\$ 345,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 2,645,000.00	
Total Optional Enhancement Hours Costs															
Section B: Total Optional Services Costs															
Grand Total: Mandatory Services and Optional Services Operational Costs															

Instructions:
 1) Vendors shall populate the yellow highlighted cells within each table with a value for each solution of the TPL program. This tab of the spreadsheet applies to only WVCHIP beneficiaries, and excludes the Medicaid population.
 2) The annual total amount and total project cost will auto-calculate. The total project cost is the sum of each annual cost amount, and implementation costs.
 3) Recoveries are calculated at a percentage fee, whereas Third Party Adds is a Per Policy Add arrangement. Enhancement Services reflect additional hours necessary to complete unforeseen activities and are capped at 4,000 hours annually, and is for bid purposes only.
 4) Estimated Annual Recoveries for Percentage Fees and Enhancement Hours are adjusted for the 9 month term for Base Year 1 by multiplying the proposed percentage fee by 0.75.
 5) Estimated Annual Fees for PMPM arrangements are adjusted for the 9 month term for Base Year 1 by multiplying by 9, and for full term years by multiplying by 12.
 6) Implementation period must not exceed 3 months, and must be in accordance with Service Level Agreements (SLA)-001: Deliverable Service Level, per Table A3.2, and SLA-002: Solution Acceptance, per Table A3.3 of the RFP. BMS has defined Task Group 4 - Solution Deployment, payment milestones 7 through 9, as the overall completion of deployment to production as found in Appendix 2: Deliverables and Milestones Dictionary. The total value of payment milestones 7 through 9 will be equal to 30% of the total implementation cost.

Section A: Mandatory Services															
RFP Reference	Service/Program	Base Year 1 (3 Month Implementation)												Total	
Section A	Implementation Costs for Mandatory Services (3 months prior to operational services)	\$	\$											\$	
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section A	Percentage Fee for Recoveries (Casualty-Trauma Recovery)	10.95%	\$ 6,159.38	10.95%	\$ 8,212.50	10.95%	\$ 8,212.50	10.95%	\$ 8,212.50	10.95%	\$ 8,212.50	10.95%	\$ 8,212.50	\$ 47,221.88	
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section A	Per Member Verified Third Party Adds (Per Policy Add)	\$ 27.50	\$ 111,975.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 853,875.00	
Section A: Total Mandatory Services Costs		\$	\$ 117,534.38		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50	\$ 901,094.88	
														Section A: Total Mandatory Services Costs	\$ 901,094.88

Section B: Optional Services															
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Hourly Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Hourly Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Hourly Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Hourly Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Hourly Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Hourly Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section 5.3.7	Enhancement Hours (4,000 hours/year)	\$ 115.00	\$ 345,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 2,645,000.00	
														Total Optional Enhancement Hours Costs	\$ 2,645,000.00
														Section B: Total Optional Services Costs	\$ 2,645,000.00
														Grand Total: Mandatory and Optional Services Costs	\$ 3,547,124.88

LOCKBOX SUMMARY

078690 06/07/22

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
04/23/2022 to 05/20/2022 CI	\$450,985.16	\$2,271.64	\$448,713.52	\$0.00	\$0.00	\$483.26	\$0.00	\$448,230.26	10.95%	\$49,081.21
04/23/2022 to 05/20/2022 CI Refunds	*Total Refunds \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/23/2022 to 05/20/2022 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
04/23/2022 to 05/20/2022 Zero Deposits Payments (Credit E	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/23/2022 to 05/20/2022 Non commercial Billing Payments	\$26,886.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26,886.63	10.95%	\$2,944.09
04/23/2022 to 05/20/2022 Non commercial CHIP	\$1,950.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,950.77	10.95%	\$213.61
04/23/2022 to 05/20/2022 Non Commercial Refunds	*Total Refunds \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/23/2022 to 05/20/2022 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/23/2022 to 05/20/2022 MCB & MCA Disallowance	\$127.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$127.52	10.95%	\$13.96
Total	\$479,950.08	\$2,271.64	\$448,713.52	\$0.00	\$0.00	\$483.26	\$0.00	\$477,195.18		\$52,252.87

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

		\$448,713.52	\$483.26	\$448,230.26	\$ 1,604.28	\$2,271.64	\$452,680.44	
					\$ 25,116.04		\$26,116.04	
					\$ 2,009.00		\$2,009.00	
					\$ 127.52		\$127.52	
							\$0.00	
Total	\$0.00	\$448,713.52	\$483.26	\$448,230.26	\$28,856.84	\$2,271.64	\$479,842.00	

\$483.26 minus over-payments
\$448,230.26 equal Commercial/Tricers Net Amt

\$ 448,230.26	
\$ 28,856.84	
\$ 5,450.06	Credit Balance Rec
\$ 370,225.07	RX05 Disallowance
\$ (16,952.98)	mca52 refund
\$ 90,367.80	mca54 disallow
\$926,177.05	

\$ 101,416.39 Recoveries (\$926,177.05*10.95%)
 \$ 126,995.00 Cost Avoid
 \$ 15,365.00 HIPP Mgt Fee
 \$ 24,600.00 MWIN Mgt Fee
 \$ 268,376.39 approved to pay 08-27-22