



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: 07-25-2022

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 BMS2300000005 1	Procurement Folder:	1076831
Document Name:	CDO for CMA21*06 June 2022	Reason for Modification:	
Document Description:	CDO for CMA21*06 June 2022		
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																				
<b>Vendor Customer Code:</b> 000000103904 HEALTH MANAGEMENT SYSTEMS INC 5615 HIGH POINT DR  IRVING TX 75038  US <b>Vendor Contact Phone:</b> 8057294298 <b>Extension:</b>  <b>Discount Details:</b> <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			<b>Requestor Name:</b> James W Atkins <b>Requestor Phone:</b> (304) 352-4319 <b>Requestor Email:</b> james.w.atkins@wv.gov  <div style="text-align: center; font-size: 2em; font-weight: bold;">23</div> <b>FILE LOCATION</b> _____
	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

<b>Total Order Amount:</b>	\$252,613.34
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*Purchasing Division's File Copy*

**ENTERED**

CH 7/29/22  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: *Tanya [Signature] 7/29/2022*  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: *[Signature] 7/29/2022*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the month of June 2022 under invoice 079278  
Total: \$252,613.34

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$101,910.84
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2022-05-21	2022-06-17				

**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  
079278 (June 2022)

$930,692.64 \times 0.1095 = \$101,910.84$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$110,632.50
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2022-06-01	2022-06-30				

**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  
079278(June 2022)

$4,023.00 \times \$27.50 = \$110,632.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$15,330.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-06-01	2022-06-30				

**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 under invoice  
079278 (June 2022)

438 x \$35.00 = \$15,330.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$24,740.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-06-01	2022-06-30				

**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  
079278 (June 2022)

1,237 x \$20.00 = \$24,740.00



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

Bill J. Crouch  
Cabinet Secretary

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 *JA II*  
BMS Procurement Services

DATE: July 19, 2022

RE: PF1076831, CDO BMS23\*05

The West Virginia Bureau for Medical Services (BMS) respectfully requests approval of the above-referenced CDO for services performed by Health Management Systems, Inc. for the service period 5/21/2022 to 6/30/2022 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 07/18/2022. The total cost of the invoice is \$252,613.34.

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



PO Box 27151  
New York, NY 10087-7151

# Invoice

Invoice#: 079278  
Invoice Date: 7/8/2022  
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		05/21/2022 to 06/17/2022	\$930,692.64	%	10.95%	\$101,910.84
Verified CAV Adds		06/01/2022 to 06/30/2022	4,023.00	EA	\$27.50	\$110,632.50
Management Fee HIPP (PMP)		06/01/2022 to 06/30/2022	438.00	EA	\$35.00	\$15,330.00
Management Fee MWIN/per member		06/01/2022 to 06/30/2022	1,237.00	EA	\$20.00	\$24,740.00
<b>Total</b>						<b>\$252,613.34</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: 07-14-22

*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](mailto:ARGroup@gainwelltechnologies.com)

If you have any questions, please contact Program Director:  
Michelle Hayes  
v: 937.673.9978  
e: [michelle.hayes@gainwelltechnologies.com](mailto: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 A3.2, 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 (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	\$ 5,770,424.96	
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	\$ 2,475,000.00	\$ 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	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 17,732,924.96	

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	\$ 2,560,000.80	
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														\$ 266,000.80	
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	
<b>Total Optional Medicare Buy-In Costs</b>															
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	
<b>Total Optional Premium Reimbursement Program(s) Costs</b>															
RFP Reference	Service/Program	Base Year 1 (9 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	
<b>Total Optional Work Incentive/Premium Program(s) Costs</b>															
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 B.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	
<b>Total Optional Enhancement Hours Costs</b>															
<b>Section B: Total Optional Services Costs</b>															
<b>Grand Total: Mandatory Services and Optional Services Operational Costs</b>															

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 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.  
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**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
<b>Section A: Total Mandatory Services Costs</b>		\$ 117,534.38		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50		\$ 156,712.50		\$ 901,095.99
													<b>Section A: Total Mandatory Services Costs</b>	\$ 901,095.99

**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	\$ 945,000.00	\$ 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
													<b>Total Optional Enhancement Hours Costs</b>	
													<b>Section B: Total Optional Services Costs</b>	
													<b>Grand Total: Mandatory and Optional Services Costs</b>	



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
05/21/2022 to 06/17/2022 CI	\$736,467.57	\$1,383.61	\$735,083.96	\$0.00	\$0.00	\$50.53	\$0.00	\$735,033.43	10.95%	\$80,486.16
05/21/2022 to 06/17/2022 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
05/21/2022 to 06/17/2022 Zero Deposit Paym	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
05/21/2022 to 06/17/2022 Zero Deposits Paym	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
05/21/2022 to 06/17/2022 Non commercial Bl	\$188,853.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
05/21/2022 to 06/17/2022 Non commercial CI	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$188,853.08	10.95%	\$20,679.41
05/21/2022 to 06/17/2022 Non Commercial R	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
05/21/2022 to 06/17/2022 Commercial Disallo	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
05/21/2022 to 06/17/2022 MCB & MCA Disallo	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
<b>Total</b>	<b>\$925,320.65</b>	<b>\$1,383.61</b>	<b>\$735,083.96</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$50.53</b>	<b>\$0.00</b>	<b>\$923,886.51</b>	<b>10.95%</b>	<b>\$101,165.57</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) Trauma/CHIP Estate Medicare A,B & Cumin Disallowance	(5) Net. Med. (Eq) Missing EOB's	(2+3+4+5) TOTAL
		\$735,083.96	\$50.53	\$735,033.43	\$ 4,490.82	\$1,383.61	\$740,958.39
					\$ 110,412.79		\$110,412.79
					\$ 71,090.87		\$71,090.87
							\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$735,083.96</b>	<b>\$50.53</b>	<b>\$735,033.43</b>	<b>\$185,994.48</b>	<b>\$1,383.61</b>	<b>\$922,462.05</b>

-\$50.53 minus over payments  
 \$735,033.43 equal Commercial/Incure Net Am

Invoiced Amount Totals	Credit Balance
\$ 735,033.43	
\$ 185,994.48	
\$ 9,664.73	
\$ 930,692.64	

recoveries = sum(\$930,692.64 \* 10.95%) \$ 101,910.84  
 Cost Avoid Add \$ 110,632.50  
 HIPP Mgt Fee \$ 15,330.00  
 MVIN Mgt Fee \$ 24,740.00  
**\$ 252,613.34 approved to pay amw 07-14-22**