



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: 09-26-2022

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 BMS2300000016 1	Procurement Folder:	1106156
Document Name:	CDO for CMA21*06 August 2022	Reason for Modification:	
Document Description:	CDO for CMA21*06 August 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																				
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: Lucinda L Carroll Requestor Phone: (304) 352-4235 Requestor Email: lucinda.l.carroll@wv.gov <div style="text-align: center; font-size: 2em; font-weight: bold;">23</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:	\$271,231.81
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Purchasing Division's File Copy

ENTERED

Oct 10/3/22
 PURCHASING DIVISION AUTHORIZATION
 DATE: *10/3/22*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *Beverly Tolson 10-3-22*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of August 2022 under invoice 080452
Total: \$271,231.81.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$50,986.81
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-07-23	2022-08-19				

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
080452 (Aug 2022)

$\$465,632.94 \times 0.1095 = \$50,986.81$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$179,190.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-08-01	2022-08-31				

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
080452 (Aug 2022)

$6,516.00 \times \$27.50 = \$179,190.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,275.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-08-01	2022-08-31				

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
080452 (Aug 2022)

465.00 x \$35.00 = \$16,275.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$24,780.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-08-01	2022-08-31				

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
080452 (Aug 2022)

1,239.00 x \$20.00 = \$24,780.00



PO Box 27151
New York, NY 10087-7151

CDO BMS23 #16
Invoice

Invoice#: 080452
Invoice Date: 9/8/2022
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		07/23/2022 to 08/19/2022	\$465,632.94	%	10.95%	\$50,986.81
Verified CAV Adds		08/01/2022 to 08/31/2022	6,516.00	EA	\$27.50	\$179,190.00
Management Fee HIPP (PMP)		08/01/2022 to 08/31/2022	465.00	EA	\$35.00	\$16,275.00
Management Fee MWIN/per member		08/01/2022 to 08/31/2022	1,239.00	EA	\$20.00	\$24,780.00
Total						\$271,231.81

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

PROGRAM APPROVAL SIGNATURE Andrea M Woodell
PRINTED NAME: ANDREA WOODSELL
DATE: 9-15-22

OK

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

Robert Price
Agree

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
07/23/2022 to 08/19/2022 CI Refunds	\$204,101.67	\$2,073.94	\$202,107.73	\$0.00	\$0.00	\$0.00	\$0.00	\$201,190.00	10.95%	\$22,030.31
07/23/2022 to 08/19/2022 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
07/23/2022 to 08/19/2022 Zero Deposit Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
07/23/2022 to 08/19/2022 Non commercial Billing Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
07/23/2022 to 08/19/2022 Non commercial CHIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
07/23/2022 to 08/19/2022 Non Commercial Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
07/23/2022 to 08/19/2022 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
07/23/2022 to 08/19/2022 MCB & MCA Disallowance	\$45.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$204,227.46	\$2,073.94	\$202,107.73	\$0.00	\$0.00	\$0.00	\$0.00	\$201,235.67	10.95%	\$22,035.33

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

	\$202,107.73	\$917.00	\$201,190.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$24,701.14	\$24,701.14					
				\$55,452.45	\$55,452.45					
				\$45.79	\$45.79					
Total	\$0.00	\$202,107.73	\$917.00	\$201,190.00	\$99,652.43	\$2,073.94	\$293,834.10	\$0.00	\$0.00	\$0.00

-\$917.00 minus over-payments
 \$201,190.00 equal Commercial/Ticare Med Aid

recovers: =sum(\$465.632.94*10.96%)	\$ 50,986.81
Cost Avoidance	\$ 179,190.00
HIPP Mgt Fee	\$ 16,275.00
MWIN Mgt Fee	\$ 24,780.00
	\$ 271,231.81

approved to pay 09-16-22

\$ 201,190.00	Column E
\$ 89,662.43	Column F
\$ 2,897.70	Credit Bal Rec
\$ 44,575.24	CI44 refund
\$ 220,344.72	MCAS5
\$ 362.07	Finance ck IS HMS
\$ 4,148.82	MCAS5 Refund
\$ 405,032.94	



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

Bill J. Crouch
Cabinet Secretary

Cynthia E. Beane
Commissioner

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: September 15, 2022

RE: PF1106156, CDO BMS23*16

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 07/23/2022 – 08/31/2022. The total cost of the invoice is \$271,231.81.

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 Lucinda.L.Carroll@wv.gov.

Robert Price
Agree

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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

HEALTH MANAGEMENT SYSTEMS, INC.

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C Corporation	3/27/1991		3/27/1991	Foreign	Profit			

Organization Information			
Business Purpose	5415 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Computer Systems Design and Related Services (design, programming, facilities mgmt)		Capital Stock 0.0000
Charter County		Control Number	0
Charter State	NY	Excess Acres	0
At Will Term		Member Managed	
At Will Term Years		Par Value	0.000000
Authorized Shares	0	Young Entrepreneur	Not Specified

Addresses	
Type	Address
Local Office Address	209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
Mailing Address	5615 HIGH POINT DRIVE IRVING, TX, 75038 USA

Notice of Process Address	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
Principal Office Address	5615 HIGH POINT DRIVE IRVING, TX, 75038 USA
Type	Address

Officers	
Type	Name/Address
Director	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
Director	PAUL SALEH 5615 HIGH POINT DRIVE IRVING, TX, 75038
President	PAUL SALEH 5615 HIGH POINT DRIVE IRVING, TX, 75038
Secretary	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
Treasurer	SASWATA MUKHERJEE 5615 HIGH POINT DRIVE IRVING, TX, 75038
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
HEALTH MANAGEMENT SYSTEMS OF AMERICA, INC.	TRADENAME	5/30/1995	
HMSA, INC.	TRADENAME	1/17/1996	
THIRD PARTY LIABILITY RECOVERY SERVICES	FORCED DBA	3/27/1991	
DBA Name	Description	Effective Date	Termination Date

Mergers				
Merger Date	Merged	Merged State	Survived	Survived State
6/2/2015	HMS BUSINESS SERVICES, INC.	NY	HEALTH MANAGEMENT SYSTEMS, INC.	NY
Merger Date	Merged	Merged State	Survived	Survived State

Date	Amendment
6/2/2015	MERGER: MERGING HMS BUSINESS SERVICES, INC., A QUALIFIED NY CORPORATION WITH AND INTO HEALTH MANAGEMENT SYSTEMS, INC., A QUALIFIED NY CORPORATION, THE SURVIVOR

Date	Amendment
Annual Reports	
Filed For	
2022	
2021	
2020	
2019	
2018	
2017x	
2017	
2014	
2013	
2012	
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2007	
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Date filed	

For more information, please contact the Secretary of State's Office at 304-558-8000.

Thursday, September 15, 2022 — 3:30 PM

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