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: 11-21-2022

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 BMS2300000021 1	**Procurement Folder:**	1137345
Document Name:	CDO for CMA BMS21*06 October 2022	**Reason for Modification:**	
Document Description:	CDO for CMA BMS21*06 October 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

Vendor Customer Code: 000000103904
HEALTH MANAGEMENT SYSTEMS INC
5615 HIGH POINT DR

IRVING TX 75038

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		

DEPARTMENT CONTACT

Requestor Name: Lucinda L Carroll
Requestor Phone: (304) 352-4235
Requestor Email: lucinda.l.carroll@wv.gov

23
FILE LOCATION _____

INVOICE TO

PROCUREMENT OFFICER: 304-352-4286
HEALTH AND HUMAN RESOURCES

BUREAU FOR MEDICAL SERVICES

350 CAPITOL ST, RM 251

CHARLESTON WV 25301-3709

US

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

Purchasing Division's File Copy

Total Order Amount:	$454,406.39

ENTERED

CH 12/5/22
PURCHASING DIVISION AUTHORIZATION
DATE: 12/5/2022
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: Beverly Toler 12-5-22
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of October 2022 under invoice 081574
Total: $454,406.39.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		$0.0000	$134,968.89
Service From	**Service To**	**Manufacturer**		**Model No**	**Delivery Date**
2022-09-24	2022-10-21				

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
081574 (Oct. 2022)

$1,232,592.58 x 0.1095 = $134,968.89

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		$0.0000	$277,832.50
Service From	**Service To**	**Manufacturer**		**Model No**	**Delivery Date**
2022-10-01	2022-10-31				

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
081574 (Oct. 2022)

10,103.00 x $27.50 = $277,832.50

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		$0.0000	$16,625.00
Service From	**Service To**	**Manufacturer**		**Model No**	**Delivery Date**
2022-10-01	2022-10-31				

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
081574 (Oct. 2022)

475.00 x $35.00 = $16,625.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		$0.0000	$24,980.00
Service From	**Service To**	**Manufacturer**		**Model No**	**Delivery Date**
2022-10-01	2022-10-31				

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
081574 (Oct. 2022)

1,249.00 x $20.00 = $24,980.00

BMS 23*21

hms

Invoice

Invoice#: 081574
Invoice Date: 11/7/2022
Page: 1 of 1

Robert Price
Agree

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		09/24/2022 to 10/21/2022	$1,232,592.58	%	10.95%	$134,968.89
Verified CAV Adds		10/01/2022 to 10/31/2022	10,103.00	EA	$27.50	$277,832.50
Management Fee HIPP (PMP)		10/01/2022 to 10/31/2022	475.00	EA	$35.00	$16,625.00
Management Fee MWIN/per member		10/01/2022 to 10/31/2022	1,249.00	EA	$20.00	$24,980.00
					Total	$454,406.39

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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: 11-16-23

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
09/24/2022 to 10/21/2022 CI	$319,479.41	$7,573.58	$311,905.83	$0.00	$0.00	$71.68	$0.00	$311,834.15	10.95%	$34,145.84
09/24/2022 to 10/21/2022 CI Refunds	*Total Refunds	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
09/24/2022 to 10/21/2022 Zero Deposit Payments (Estate	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00
09/24/2022 to 10/21/2022 Zero Deposits Payments (Cred	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
09/24/2022 to 10/21/2022 Non commercial Billing Payme	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
09/24/2022 to 10/21/2022 Non commercial CHIP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
09/24/2022 to 10/21/2022 Non Commercial Refunds	*Total Refunds	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
09/24/2022 to 10/21/2022 Commercial Disallowance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
09/24/2022 to 10/21/2022 MCB & MCA Disallowance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
Total	$319,479.41	$7,573.58	$311,905.83	$0.00	$0.00	$71.68	$0.00	$311,834.15		$34,145.84

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

[illegible]	Batch Amount	Billed Amount	Over Payment	Net Commercial Insurance	[illegible] Commercial Disallowance	[illegible]	TOTAL
		$311,905.83	$71.68	$311,834.15	$ 4,174.54	$7,573.58	$323,653.95
					$ 58,197.90		$58,197.90
					$ 8,212.81		$8,212.81
							$0.00
							$0.00
Total	$0.00	$311,905.83	$71.68	$311,834.15	$70,585.25	$7,573.58	$390,064.66

-$71.68 minus over-payments

$0.00

[illegible]	
$ 311,834.15	
$ 70,585.25	
$ 271,684.91	RX07 COMM
$ 575,421.09	CI46 COMM
$ 3,067.18	CBA
$ 1,232,592.58	

=sum($1,232,582.53*10.95%)

$ 134,968.89 Recoveries =sum($1,232,592.58*10.95%)
$ 277,832.50 Cost Avoid
$ 16,625.00 HIPP Mgt Fee
$ 24,980.00 MWIN Mgt Fee
$ 454,406.39

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 (3-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		$ 1,209,802.17	$ 17,732,924.98

Section B: Optional Services

RFP Reference	Service/Program	Base Year 1 (3 Month Implementation)												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
Total Optional RAC Costs														

RFP Reference	Service/Program	Base Year 1 (3 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 (3 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 activites and are capped at 4,000 hours annually, and is for bid purposes only.
4) Estimated Annual Recoveries for Percentange 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 9 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)												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	$ 111,375.00	$ 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	$ 901,096.88
														Section A: Total Mandatory Services Costs $ 901,0

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
														Section B: Total Optional Services Costs
														Grand Total: Mandatory and Optional Services Costs

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
Procurement Specialist, BMS Procurement Services

DATE: November 17, 2022

RE: PF1137345, CDO BMS23*21

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 09/24/2022 – 10/31/2022. The total cost of the invoice is $454,406.39.

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 lucinda.l.carroll@wv.gov.

Robert Price
Agree