



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: 01-11-2023

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 BMS2300000022 1	Procurement Folder:	1162720
Document Name:	CDO for CMA BMS21*06 November 2022	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 November 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		3/31/24

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> Lucinda L Carroll <b>Requestor Phone:</b> (304) 352-4235 <b>Requestor Email:</b> lucinda.l.carroll@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>	\$355,184.13
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Purchasing Division's File Copy

ENTERED

CH 1/19/23

<b>PURCHASING DIVISION AUTHORIZATION</b> <b>DATE:</b> Tara [Signature] 1/19/2023 <b>ELECTRONIC SIGNATURE ON FILE</b>
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<b>ENCUMBRANCE CERTIFICATION</b> <b>DATE:</b> [Signature] 1/20/2023 <b>ELECTRONIC SIGNATURE ON FILE</b>
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**Extended Description:**

Confirming Delivery Order for services provided during the month of November 2022 under invoice 082197  
Total: \$355,184.13.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$167,164.13
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2022-10-22	2022-11-18				

**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  
082197 (Nov. 2022)

$\$1,526,613.06 \times 0.1095 = \$167,164.13$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$146,740.00
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2022-11-01	2022-11-30				

**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  
082197 (Nov. 2022)

$5,336.00 \times \$27.50 = \$146,740.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,240.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-11-01	2022-11-30				

**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  
082197 (Nov. 2022)

464.00 x \$35.00 = \$16,240.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$25,040.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-11-01	2022-11-30				

**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  
082197 (Nov. 2022)

1,252.00 x \$20.00 = \$25,040.00



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Bureau for Medical Services

Jeffrey H. Coben, MD  
Interim 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:** January 11, 2023

**RE:** PF1162720, CDO BMS23\*22

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 10/22/2022 – 11/30/2022. The total cost of the invoice is \$355,184.13.

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](mailto:Lucinda.L.Carroll@wv.gov).

*Robert Price*  
Agree



BMS 23\*22

# Invoice

Invoice#: 082197  
 Invoice Date: 12/8/2022  
 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		10/22/2022 to 11/18/2022	\$1,526,613.06	%	10.95%	\$167,164.13
Verified CAV Adds		11/01/2022 to 11/30/2022	5,336.00	EA	\$27.50	\$146,740.00
Management Fee HIPA (PMP)		11/01/2022 to 11/30/2022	464.00	EA	\$35.00	\$16,240.00
Management Fee MWIN/per member		11/01/2022 to 11/30/2022	1,252.00	EA	\$20.00	\$25,040.00
<b>Total</b>						<b>\$355,184.13</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: 12-15-22

*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 5,000 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	\$ 5,770,424.98	
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	\$ 1,256,250.00	\$ 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	
<b>Section A: Total Mandatory Services Costs</b>			\$ 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	15.00%	\$ 42,000.00	15.00%	\$ 56,000.00	15.00%	\$ 56,000.00	15.00%	\$ 56,000.00	15.00%	\$ 56,000.00	15.00%	\$ 56,000.00	\$ 266,000.80	
<b>Section B: Total Optional RAC Costs</b>			\$ 56,000.00		\$ 56,000.00		\$ 56,000.00		\$ 56,000.00		\$ 56,000.00		\$ 56,000.00	\$ 266,000.80	
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	
<b>Total Optional Medicare Buy-In Costs</b>														<b>Total</b>	
RFP Reference	Service/Program	Base Year 1 (9 Month Implementation)													
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>														<b>Total</b>	
RFP Reference	Service/Program	Base Year 1 (9 Month Implementation)													
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>														<b>Total</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 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	
<b>Total Optional Enhancement Hours Costs</b>														<b>Total</b>	
<b>Section B: Total Optional Services Costs</b>															
<b>Grand Total: Mandatory Services and Optional Services Operational Costs</b>															

**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.  
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 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 50% 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%	\$ 6,159.98	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	\$ 901,096.98

**Section A: Total Mandatory Services Costs** \$ 901,096.98

**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
<b>Total Optional Enhancement Hours Costs</b>														
<b>Section B: Total Optional Services Costs</b>														

**Grand Total: Mandatory and Optional Services Costs**



**Instructions:** This tab auto-populates totals from the Medicaid and WVCHIP tabs, and combines proposed rates and overall costs for both programs. Vendors should not edit or revise these figures.

<b>Section A: Mandatory Services</b>		
<b>RFP Reference</b>	<b>Service/Program</b>	<b>Total</b>
<b>Section 4.1</b>	Recoveries (Cost-Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audits; Medicare, Tri-Care, and Commercial Recovery; Trauma Recovery; and Estate Recovery)	\$ 5,817,646.85
<b>Section 4.1</b>	Third Party Adds	\$ 12,816,375.00
<b>Section 4.1</b>	Mandatory Services Implementation Costs	\$ -
<b>Section A: Total Mandatory Services Costs</b>		\$ 18,634,021.85
<b>Section B: Optional Services</b>		
<b>RFP Reference</b>	<b>Service/Program</b>	<b>Total</b>
<b>Section 4.1</b>	RAC (Underpayment and Overpayments)	\$ 2,926,001.60
<b>Section 4.1</b>	RAC Implementation Costs	\$ -
<b>Total Optional RAC Costs</b>		\$ 2,926,001.60
<b>RFP Reference</b>	<b>Service/Program</b>	<b>Total</b>
<b>Section 4.1</b>	Medicare Buy-In	\$ 5,031,618.00
<b>Section 4.1</b>	Medicare Buy-In Implementation Costs	\$ -
<b>Total Optional Medicare Buy-In Costs</b>		\$ 5,031,618.00
<b>RFP Reference</b>	<b>Service/Program</b>	<b>Total</b>
<b>Section 4.1</b>	Premium Reimbursement Program(s)	\$ 724,500.00
<b>Section 4.1</b>	Premium Reimbursement Program(s) Implementation Costs	\$ -
<b>Total Optional Premium Reimbursement Program Costs</b>		\$ 724,500.00
<b>RFP Reference</b>	<b>Service/Program</b>	<b>Total</b>
<b>Section 4.1</b>	Work Incentive/Premium Program(s)	\$ 1,449,000.00
<b>Section 4.1</b>	Work Incentive/Premium Program(s) Implementation Costs	\$ -
<b>Total Optional Work Incentive Program Costs</b>		\$ 1,449,000.00
<b>RFP Reference</b>	<b>Service/Program</b>	<b>Total</b>
<b>Section B</b>	Enhancement Services (4,000 hours/annually)	\$ 3,293,000.00
<b>Section B: Total Optional Services Costs</b>		\$ 13,471,119.60
<b>Grand Total: Mandatory Services and Optional Services Costs (Medicaid and WVCHIP)</b>		\$ 32,105,141.45

LOCKBOX SUMMARY

1 DEPOSIT DATES	2 TOTAL RECOVERIES RECEIVED IN LOCKBOX	3 [4 (2-3)] LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	4A LOCKBOX PAYMENTS BILLED BY HMS	4B STATE PAYMENTS BILLED BY HMS	5 STATE PAYMENTS NOT IDENTIFIED BY HMS	6 [7 (4+4A-5-6)] OVER-PAYMENTS	*TOTAL REFUNDS	8 [9 (7*8)] NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
10/22/2022 to 11/18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
10/22/2022 to 11/18	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
10/22/2022 to 11/18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
10/22/2022 to 11/18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
10/22/2022 to 11/18	\$852,115.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
10/22/2022 to 11/18	\$258.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$852,115.06	10.95%	\$93,306.60
10/22/2022 to 11/18	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$258.07	10.95%	\$28.26
10/22/2022 to 11/18	\$149.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
10/22/2022 to 11/18	\$871.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$149.31	10.95%	\$16.35
<b>Total</b>	<b>\$853,394.23</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$871.79</b>	<b>10.95%</b>	<b>\$95.46</b>

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

Category	Batch Amount	Medicare Part A	Medicare Part B	Medicare Part C	Medicare Part D	Medicaid	Other
		\$ 286,751.25	\$61.85	\$286,689.60	\$ 14,474.56	\$25,950.89	\$327,176.50
					\$ 60,644.57		\$60,644.57
					\$ 776,995.93		\$776,995.93
<b>Total</b>	<b>\$0.00</b>	<b>\$286,751.25</b>	<b>\$61.85</b>	<b>\$286,689.60</b>	<b>\$871.79</b>	<b>\$25,950.89</b>	<b>\$1,165,688.79</b>

-\$61.85 minus over-payments

Invoice Total	\$ 296,689.80
	\$ 852,986.85
	\$4,249.13
	\$ 267,291.38
	149.31
	115246.79
	\$ 1,526,613.06

Credit Balance  
RX08 comm  
CI disallowance  
MCA56

\$ 167,164.13 recoveries =sum(\$1,526,613.06\*10.95%)  
 \$ 146,740.00 COST AVOID  
 \$ 16,240.00 HIPP MGT  
 \$ 25,040.00 MWIN MGT  
 \$ 355,184.13 okay to pay 12-14-22