



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: 03-01-2023

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 BMS2300000026 1	Procurement Folder:	1185311
Document Name:	CDO for CMA BMS21*06 January 2023	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 January 2023		
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:	\$1,014,092.82
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Purchasing Division's File Copy

ENTERED

CH 3/2/23
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tara He 3/3/23*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *Beverly Tolan 3-6-23*
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of January 2022 under invoice 083253
Total: \$1,014,092.82.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$142,055.32
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-12-27	2023-01-27				

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
083253 (Jan. 2023)

$\$1,297,308.88 \times 0.1095 = \$142,055.32$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$830,252.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-01-01	2023-01-31				

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
083253 (Jan. 2023)

$30,191.00 \times \$27.50 = \$830,252.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,765.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-01-01	2023-01-31				

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
083253 (Jan. 2023)

479.00 x \$35.00 = \$16,765.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$25,020.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-01-01	2023-01-31				

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
083253 (Jan. 2023)

1,251.00 x \$20.00 = \$25,020.00



PO Box 27151
New York, NY 10087-7151

BMS 23*06

Invoice

Invoice#: 083253
Invoice Date: 2/8/2023
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		12/27/2022 to 01/27/2023	\$1,297,308.88	%	10.95%	\$142,055.32
Verified CAV Adds		01/01/2023 to 01/31/2023	30,191.00	EA	\$27.50	\$830,252.50
Management Fee HIPPA (PMP)		01/01/2023 to 01/31/2023	479.00	EA	\$35.00	\$16,765.00
Management Fee MWIN/per member		01/01/2023 to 01/31/2023	1,251.00	EA	\$20.00	\$25,020.00
Total						\$1,014,092.82

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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: 2-23-23

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

LOCKBOX SUMMARY

DEPOSIT DATES	1 TOTAL RECOVERIES RECEIVED IN LOCKBOX	2 LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	3 LOCKBOX PAYMENTS BILLED BY HMS	4 (2-3) 4A STATE PAYMENTS BILLED BY HMS	4B STATE PAYMENTS NOT IDENTIFIED BY HMS	5 OVER-PAYMENTS	6 [7 (4+4A-5-6)] TOTAL REFUNDS	7 NET RECOVERY	8 [9 (7*8)] PERCENTAGE TO HMS	9 DOLLARS DUE TO HMS
12/27/2022 to 01/27/2023 CI	\$355,064.96	\$11,231.66	\$343,833.30	\$0.00	\$0.00	\$0.00	\$0.00	\$343,374.88	10.95%	\$37,599.56
12/27/2022 to 01/27/2023 CI Refunds	*Total Refunds \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$458.42	\$0.00	\$0.00		\$0.00
12/27/2022 to 01/27/2023 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
12/27/2022 to 01/27/2023 Zero Deposits Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
12/27/2022 to 01/27/2023 Non commercial Billing Payments	\$248,118.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
12/27/2022 to 01/27/2023 Non commercial CHIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
12/27/2022 to 01/27/2023 Non Commercial Refunds	*Total Refunds \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
12/27/2022 to 01/27/2023 Commercial Disallowance	\$1,218.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$27,168.99
12/27/2022 to 01/27/2023 MCB & MCA Disallowance	\$682.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$605,085.34	\$11,231.66	\$343,833.30	\$0.00	\$0.00	\$458.42	\$0.00	\$593,395.26	10.95%	\$64,976.78

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) Commercial Insurance	(4) Bill from Child Abuse, Medical & Osmun Disallowance	(5) Not identified Missing EOD	(6) TOTAL
		\$343,833.30	\$458.42	\$343,374.88	\$	\$11,231.66	\$355,064.96
					\$ 4,674.62		\$ 4,674.62
					\$ 44,526.17		\$ 44,526.17
					\$ 188,917.03		\$ 188,917.03
					\$ 1,901.76		\$ 1,901.76
Total	\$0.00	\$343,833.30	\$458.42	\$343,374.88	\$260,020.38	\$11,231.66	\$605,085.34

Invoice Amount	credit balance
\$ 343,374.88	CI47
\$ 250,020.38	Refund CI46
\$2,838.62	RX09
\$248,076.48	
\$148.31	
\$483,147.93	
\$ 1,207,308.88	

\$ 142,055.32 Recoveries - sun(\$1,297,308.22*10.95%)
 \$ 830,445.00 cost avoid adds
 \$ (192.50) BMS referrals
 \$ 16,765.00 HIPP
 \$ 25,020.00 MWIN
 \$ 1,014,092.82 approved to pay 2-22-2023

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 Par Policy Add arrangement. Optional services, including Medicare Buy-In, Premium Reimbursement Program(s), and Work Incentive/Premium Program(s), are also a PM/PM 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 (Par 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	\$ 17,732,924.98	

Section B: Optional Services															
RFP Reference	Service/Program	Base Year 1 (3 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														\$ 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 (3 Month Term): Proposed Rate	Base Year 1 (3 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 (3 Month Term): Proposed Rate	Base Year 1 (3 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 (3 Month Term): Proposed Rate	Base Year 1 (3 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 (3 Month Term): Proposed Hourly Rate	Base Year 1 (3 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 Hour Costs:															
Section B: Total Optional Services Costs															
Grand Total: Mandatory Services and Optional Services Operational Costs															

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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	\$ 111,975.00	\$ 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	\$ 853,975.00	
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 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

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: February 24, 2023

RE: PF1185311, CDO BMS23*26

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

The service dates are 12/27/2022-01/31/2023. The total cost of the invoice is \$1,014,092.82.

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.carroll@wv.gov.

Robert Price
Agree