



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: 03-29-2024

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 BMS2400000033 1	Procurement Folder:	1403345
Document Name:	CDO for CMA BMS21*06 Feb 2024	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Feb 2024		
Procurement Type:	Central Delivery Order		
Buyer Name:	Crystal G Husted		
Telephone:	(304) 558-2402		
Email:	crystal.g.husted@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: Lakendra R Burdette Requestor Phone: 304-352-4319 Requestor Email: lakendra.burdette@wv.gov <div style="text-align: center; font-size: 2em; font-weight: bold;">24</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

Purchasing Division's File Copy

Total Order Amount:	\$269,733.57
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CH 4/9/24
PURCHASING DIVISION AUTHORIZATION
DATE: 4/9/2024
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 4/9/24
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of Feb 2024 under invoice 090243
Total: \$269,733.57

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$109,313.57
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-01-27	2024-02-23				

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 090243 (Feb 2024)

$\$998,297.45 \times 0.1095\% = \$109,313.57$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$115,775.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-02-01	2024-02-29				

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 090243 (Feb 2024)

$4,210.00 \times \$27.50 = \$115,775.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$15,505.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-02-01	2024-02-29				

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 provided under invoice 090243 (Feb 2024)

443.00 x \$35.00 = \$15,505.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$29,140.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-02-01	2024-02-29				

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 090243 (Feb 2024)

1,457.00 x \$20.00 = \$29,140.00



Invoice

Invoice#: 090243
 Invoice Date: 3/7/2024
 Page: 1 of 1

PO Box 27151
 New York, NY 10087-7151

WV Dept of Health & Human Resources
 Sarah K Young
 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		01/27/2024 to 02/23/2024	\$998,297.45	%	10.95%	\$109,313.57
Verified CAV Adds		02/01/2024 to 02/29/2024	4,210.00	EA	\$27.50	\$115,775.00
Management Fee HIPP (PMP)		02/01/2024 to 02/29/2024	443.00	EA	\$35.00	\$15,505.00
Management Fee MWIN/per member		02/01/2024 to 02/29/2024	1,457.00	EA	\$20.00	\$29,140.00
Total						\$269,733.57

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

PROGRAM APPROVAL SIGNATURE: *Andrea Woodley*
 PRINTED NAME: Andrea Woodley
 DATE: 3-24-24

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
090243 03/07/24

DEPOSIT DATES	1	2	3	4	5	4/5A	4/5B	6	7	7	(4+5+4/5A+4/5B)	8	10	(7*8)
	TOTAL MEDICARE RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICARE	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS			
01/27/2024 to 02/29/2024 CI	\$448,198.60	\$3,004.13	\$68.00	\$448,123.47	\$0.00	\$0.00	\$274.21	\$0.00	\$448,118.28	10.85%	\$48,826.05			
01/27/2024 to 02/29/2024 CI Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00			
01/27/2024 to 02/29/2024 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00			
01/27/2024 to 02/29/2024 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%	\$0.00			
01/27/2024 to 02/29/2024 Non Commercial Billing Payments	\$263,660.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$263,660.31	10.66%	\$28,903.14			
01/27/2024 to 02/29/2024 Non Commercial Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00			
01/27/2024 to 02/29/2024 Commercial Disallowances	\$200.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.63	10.95%	\$0.00			
01/27/2024 to 02/29/2024 MCB & MCA Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00			
Total	\$713,017.54	\$3,004.13	\$68.00	\$448,123.47	\$0.00	\$0.00	\$274.21	\$0.00	\$708,739.26	10.95%	\$77,718.44			

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

	4) Commercial Insurance - CHIP	5) Non-Commercial Trauma - CHIP							
	\$448,123.47	\$274.21	\$448,397.68	(\$88.00)	\$0.00	\$2,983.03	\$3,004.13	\$451,210.83	
						\$136,877.06		\$136,877.06	
						\$126,830.20		\$126,830.20	
						\$230.83		\$230.83	
Total	\$0.00	\$448,123.47	\$274.21	\$448,397.68	(\$88.00)	\$0.00	\$265,826.94	\$3,004.13	\$713,848.54

-5274.21 minus over-payments

\$ 448,318.21	CI Totals
\$ 225,820.04	BL Trauma, Estate, Disallowance
\$ 225,749.48	FX15
\$ -	Trauma_CHIP not Invoiced
\$ -	CHIP CI not Invoiced
\$ 330,112.89	NCA61
\$ 26,765.11	Credit Balance Audit
\$ 999,287.45	10.95% Fee

\$ 109,513.57	TPL Recoveries (10.85% of \$906,287.48)
\$ 15,505.00	MRFP MGT FEE
\$ 20,140.00	MWVN MGT FEE
\$ 115,775.00	Cost Avoidance P
\$ 360,733.57	approved to pay HMS 3-28-25 amw

- Any Words (i)
- All Words (i)
- Exact Phrase (i)

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC" ×

- Classification ▼
- Excluded Individual ▼
- Excluded Entity ▼
- Federal Organizations ▼
- Exclusion Type ▼
- Exclusion Program ▼
- Location ▼
- Dates ▼

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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 Servies - Professional, Scientific and Technical Servies - 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
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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

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

Friday, March 29, 2024 — 10:49 AM

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