



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: 05-31-2024

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 BMS2400000056 1	Procurement Folder:	1440401
Document Name:	CDO for CMA BMS21*06 April 2024	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 April 2024		
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	Requestor Name:	Mary R Kemper
HEALTH MANAGEMENT SYSTEMS INC		Requestor Phone:	304-352-4235
5615 HIGH POINT DR		Requestor Email:	mary.r.kemper@wv.gov
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		

**24**  
 FILE LOCATION \_\_\_\_\_

INVOICE TO	SHIP TO
PROCUREMENT OFFICER: 304-352-4286	PROCUREMENT OFFICER: 304-352-4286
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Purchasing Division's File Copy

Total Order Amount:	\$540,782.74
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CA 6/3/24  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: 6/15/24  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: 6/5/24  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the month of April 2024 under invoice 091288\_RB  
Total: \$540,782.74

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$43,290.19
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-03-23	2024-03-31				

**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%

$\$395,344.24 \times 0.1095\% = \$43,290.19$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$81,267.55
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-04-01	2024-04-26				

**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%

$\$742,169.44 \times 0.1095\% = \$81,267.55$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$371,305.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-04-01	2024-04-30				

**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

13,502 x \$27.50 = \$371,305.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$14,840.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-04-01	2024-04-30				

**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

424.00 x \$35.00 = \$14,840.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
5	93151507	0.00000		\$0.0000	\$30,080.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-04-01	2024-04-30				

**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

1,504.00 x \$20.00 = \$30,080.00



# Invoice

Invoice#: 091288\_RB  
 Invoice Date: 5/10/2024  
 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		03/23/2024 to 03/31/2024	\$395,344.24	%	10.95%	\$43,290.19
TPL Recoveries		04/01/2024 to 04/26/2024	\$742,169.44	%	10.95%	\$81,267.55
Verified CAV Adds		04/01/2024 to 04/30/2024	13,502.00	EA	\$27.50	\$371,305.00
Management Fee HIPP (PMP)		04/01/2024 to 04/30/2024	424.00	EA	\$35.00	\$14,840.00
Management Fee MWIN/per member		04/01/2024 to 04/30/2024	1,504.00	EA	\$20.00	\$30,080.00
<b>Total</b>						<b>\$540,782.74</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: 5-15-24

Ok  
*Althea Greenhowe*

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)



WEST VIRGINIA DEPARTMENT OF

# HUMAN SERVICES

STATE OF WEST VIRGINIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.  
Cabinet Secretary

Cynthia Beane, MSW LCSW  
Commissioner

DATE: May 30, 2024

TO: Crystal Hustead  
Senior Buyer  
State of West Virginia Purchasing Division

FROM: Althea Greenhowe *Althea Greenhowe*  
Procurement Specialist, Senior  
Office of Shared Administration/Purchasing

RE: PF1440401 CDO BMS24\*56  
Dept 0511

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 the service period 03/23/2024 – 04/30/2024. The total cost of the invoice is \$540,782.74.

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-3924 or [althea.m.greenhowe@wv.gov](mailto:althea.m.greenhowe@wv.gov). Thank you for your time and consideration in this matter.



**Instructions:**  
 1) Vendors shall populate the yellow highlighted cells within each table with a value for each solution of the TPI program, including Optional Services. This tab of the spreadsheet applies to only Medicaid beneficiaries, and excludes the WACHP 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 Programs, and Work Incentive/Premium Programs, 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 (9 Month Implementation) Proposed Fee												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/TPI, Additions; Post-Payment Recovery; TPI Credit Balance Audits; Medicare, Tri-Care, and Commercial Recovery; Trauma Recovery; and Extra Recovery)	10.95%	\$ 752,854.13	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 Fee	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fee	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fee	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fee	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fee	Total
Section A	Verified Third Party Adds (Per Policy Add)	77.50	\$ 1,856,250.00	77.50	\$ 2,475,000.00	77.50	\$ 2,475,000.00	77.50	\$ 2,475,000.00	77.50	\$ 2,475,000.00	77.50	\$ 2,475,000.00	\$ 13,962,500.00
<b>Section A: Total Mandatory Services Costs</b>			\$ 2,609,104.13		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17	\$ 17,732,924.88

Optional renewal year 1 28 \*

Section B: Optional Services														
RFP Reference	Service/Program	Base Year 1 (9 Month Implementation) Proposed Fee												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%	\$ 430,000.00	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	\$ 2,560,000.00
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	\$ 268,000.00
<b>Total Optional RAC Costs</b>														\$ 2,828,000.00
RFP Reference	Service/Program	Base Year 1 (9 Month Implementation) Proposed Fee												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	Base Year 4: Proposed Rate	Base Year 4: 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	\$ 456,296.00	\$ 0.95	\$ 475,064.00	\$ 0.95	\$ 503,064.00	\$ 0.95	\$ 531,064.00	\$ 0.95	\$ 475,064.00	\$ 0.95	\$ 475,064.00	\$ 0.95	\$ 475,064.00	\$ 5,031,818.00
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	\$ 734,500.00		
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)	\$ 135.00	\$ 345,000.00	\$ 135.00	\$ 460,000.00	\$ 135.00	\$ 460,000.00	\$ 135.00	\$ 460,000.00	\$ 135.00	\$ 460,000.00	\$ 135.00	\$ 460,000.00	\$ 2,645,000.00		
Total Optional Enhancement Hours Costs:																
<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.  
 3) Recoveries are calculated as a percentage fee, whereas Third Party Adds is a Per Policy Add arrangement. 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 9 months, and must be in accordance with Service Level Agreements (SLA)-001: Deliverable Service Level, per Table A9.2, and SLA-002: Solution Acceptance, per Table A9.3 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 (9 months prior to operational services)	\$ -	\$ -	<del>X</del>										\$ -
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 Fee	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fee	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fee	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fee	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fee	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
<b>Section A: Total Mandatory Services Costs</b>														

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 Fee	Base Year 2: Proposed Hourly Rate	Base Year 2: Estimated Annual Fee	Base Year 3: Proposed Hourly Rate	Base Year 3: Estimated Annual Fee	Optional Renewal Year 1: Proposed Hourly Rate	Optional Renewal Year 1: Estimated Annual Fee	Optional Renewal Year 2: Proposed Hourly Rate	Optional Renewal Year 2: Estimated Annual Fee	Optional Renewal Year 3: Proposed Hourly Rate	Optional Renewal Year 3: Estimated Annual Fee	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>														
<b>Grand Total: Mandatory and Optional Services Costs</b>														





## Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search

Search Editor

Any Words 

All Words 

Exact Phrase 

e.g. 123456789, Smith Corp

"health managment systems inc" 

Entity 

Location 

Status 

Active

Inactive

Reset 



## No matches found

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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								
<b>Business Purpose</b>	5415 - Professional, Scientific and Technical Servies - Professional, Scientific and Technical Servies - Computer Systems Design and Related Services (design, programming, facilities mgmt)			<b>Capital Stock</b>	0.0000			
<b>Charter County</b>				<b>Control Number</b>	0			
<b>Charter State</b>	NY				<b>Excess Acres</b>	0		
<b>At Will Term</b>				<b>Member Managed</b>	<input type="checkbox"/> <a href="#">Close</a>			
<b>At Will Term Years</b>				<b>Pa</b>	<input type="checkbox"/> Hi, I'm SOLO I'm here to help you launch your new LLC.			
<b>Authorized Shares</b>	0				<b>Y Entr</b>	<input type="checkbox"/>		

## Addresses

Type	Address
<b>Local Office Address</b>	209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
<b>Mailing Address</b>	5615 HIGH POINT DRIVE IRVING, TX, 75038 USA
<b>Notice of Process Address</b>	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
<b>Principal Office Address</b>	5615 HIGH POINT DRIVE IRVING, TX, 75038 USA
Type	Address

## Officers

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

## DBA

DBA Name	Description		ite
HEALTH MANAGEMENT SYSTEMS OF AMERICA, INC.	TRADENAME		
HMSA, INC.	TRADENAME	1/17/1996	
THIRD PARTY LIABILITY RECOVERY SERVICES	FORCED DBA	3/27/1991	

Hi, I'm SOLO I'm here to help you launch your new LLC.

DBA Name	Description	Effective Date	Termination
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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

## Annual Reports

### Filed For

2023

2022

2021

2020

2019

2018

2017x

2017

2014

2013

2012

2011

2010

2009

2007

2006

2005

2001

1998

Hi, I'm SOLO I'm here to help you launch your new LLC.

1997

1994

1993

1992

**Date filed**

[File Your Current Year Annual Report Online Here](#)

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

Monday, June 3, 2024 — 12:51 PM

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Hi, I'm SOLO I'm here to help you launch your new LLC.