



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia Master Agreement

Order Date: 12-23-2024

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:	CMA 0511 3117 BMS2100000006 4	Procurement Folder:	762875
Document Name:	THIRD PARTY LIABILITY (TPL) SERVICES	Reason for Modification:	
Document Description:	THIRD PARTY LIABILITY (TPL) SERVICES	Change Order 03 To Renew Contract	
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2021-04-01
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-03-31

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><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 2025 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

12-26-24

Purchasing Division's File Copy

Total Order Amount:

Open End

CH 12/26/24
PURCHASING DIVISION AUTHORIZATION
DATE: *Tanya 12/26/24*
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM
DATE: *John S. Gray*
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: *1-10-25*
ELECTRONIC SIGNATURE ON FILE

11/10/2025

Extended Description:

Change Order

Change Order No. 03 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders. Effective date of renewal 04/01/2025 through 03/31/2026.

Renewals Remaining: 1

No other changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-04-01		2021-06-30		0.00	

Commodity Line Description: Implementation for BMS TPL Mandatory Services**Extended Description:**

Implementation for BMS TPL Mandatory Services (3 Months)

Implementation period must not exceed 3 months.

Implementation Cost: \$0.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-07-01		2024-03-31		0.00	

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%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
3	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-07-01		2024-03-31		0.00	

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
4 1	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-04-01		2021-06-30		0.00	

Commodity Line Description: Implementation for BMS RAC Optional Services

Extended Description:

Implementation for BMS RAC Services (3 Months)-Optional

Implementation period must not exceed 3 months.

Implementation Cost: \$0.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
5	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-07-01		2024-03-31		0.00	

Commodity Line Description: Years 1-3 RAC Recovery-Overpayment-Optional

Extended Description:

Years 1-3

Percentage Fee for RAC Overpayments (Medical/Dental/DME)-BMS Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
6	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-07-01		2024-03-31		0.00	

Commodity Line Description: Years 1-3 RAC Recovery-Underpayment-Optional

Extended Description:

Years 1-3 Optional

Percentage Fee for RAC Underpayments (Medical/Dental/DME)-BMS Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
7	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-04-01		2021-06-30		0.00	

Commodity Line Description: Implementation for Medicare Buy-In-Optional

Extended Description:

Implementation for Medicare Buy-In-(3 Months)-Optional

Implementation period must not exceed 3 months.

Implementation Cost: \$0.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-07-01		2024-03-31		0.00	

Commodity Line Description: Years 1-3 Medicare Buy-In (PMPM)-Optional

Extended Description:

Years 1-3 Optional

Medicare Buy-In (PMPM)-Optional

Rate: \$.95

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-04-01		2021-06-30		0.00	

Commodity Line Description: Implementation for Prem Reimb Pgm-Optional

Extended Description:

Implementation for Premium Reimbursement Program(s)-BMS (3 Months)-Optional

Implementation period must not exceed 3 months.

Implementation Cost: \$0.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
10	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-07-01		2024-03-31		0.00	

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
11	93151507				0.000000
Service From		Service To		Service Contract Amount	
2021-04-01		2021-06-30		0.00	

Commodity Line Description: Implementation for Work Incentive/Prem Pgm-Optional

Extended Description:

Implementation for Work Incentive/Premium Program(s)-(3 Months)-Optional

Implementation Cost: \$0.00

Implementation period must not exceed 3 months.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
12 ¹	93151507				0.000000
	Service From	Service To	Service Contract Amount		
	2021-07-01	2024-03-31	0.00		

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

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
13	93151507				0.000000
	Service From	Service To	Service Contract Amount		
	2021-07-01	2024-03-31	0.00		

Commodity Line Description: Years 1-3 Enhancements

Extended Description:

Years 1-3 Optional

Enhancement Hours-Optional

Hourly Rate: \$115.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
14	93151507				0.000000
	Service From	Service To	Service Contract Amount		
	2024-04-01	2025-03-31	0.00		

Commodity Line Description: Optional Renewal Year One Recoveries

Extended Description:

Optional Renewal Year 1 (12 Months) 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%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
15	93151507				0.000000
	Service From	Service To	Service Contract Amount		
	2024-04-01	2025-03-31	0.00		

Commodity Line Description: Optional Renewal Year One Third Party Adds

Extended Description:

Optional Renewal Year 1 (12 Months) Mandatory

Verified Their Party Adds (PMPM)

Per Policy Rate: \$27.50

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
16	93151507				0.000000
Service From		Service To		Service Contract Amount	
2024-04-01		2025-03-31		0.00	

Commodity Line Description: Optional Renewal Year One RAC Recovery-Overpayment-Optional

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Percentage Fee for RAC Overpayments (Medical/Dental/DME)-Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
17	93151507				0.000000
Service From		Service To		Service Contract Amount	
2024-04-01		2025-03-31		0.00	

Commodity Line Description: Optional Renewal Year One RAC Recovery-Underpayment-Optional

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Percentage Fee for RAC Underpayments (Medical/Dental/DME)-Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
18	93151507				0.000000
Service From		Service To		Service Contract Amount	
2024-04-01		2025-03-31		0.00	

Commodity Line Description: Optional Renewal Year One Medicare Buy-In (PMPM)-Optional

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Medicare Buy-In-(PMPM) Optional

Rate: \$.95

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
19	93151507				0.000000
Service From		Service To		Service Contract Amount	
2024-04-01		2025-03-31		0.00	

Commodity Line Description: Optional Renewal Year One Prem Reimb Pgm (PMPM)-Optional

Extended Description:

Optional Renewal Year 1 (12 Months) Optional

Premium Reimbursement Program(s)
(PMPM) Optional

Rate: \$35.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
20,	93151507				0.000000
Service From		Service To		Service Contract Amount	
2024-04-01		2025-03-31		0.00	

Commodity Line Description: Optional Renewal Year One Work Incentive/Prem Pgm(PMPM)-Opt

Extended Description:
Optional Renewal Year 1 (12 Months) Optional
Year One Work Incentive/Prem Pgm(PMPM)-Optional
Rate: \$20.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
21	93151507				0.000000
Service From		Service To		Service Contract Amount	
2024-04-01		2025-03-31		0.00	

Commodity Line Description: Optional Renewal Year One Enhancements

Extended Description:
Optional Renewal Year 1 (12 Months) Optional
Enhancement Hours-Optional
Hourly Rate: \$115.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
22	93151507				0.000000
Service From		Service To		Service Contract Amount	
2024-11-01		2026-03-31		0.00	

Commodity Line Description: WVCHIP Premium Invoicing and Follow-up Assistance

Extended Description:
Change Order 2
WVCHIP Premium Invoicing and Follow-up Assistance
Rate: \$9.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
23	93151507				0.000000
Service From		Service To		Service Contract Amount	
2025-04-01		2026-03-31		0.00	

Commodity Line Description: Optional Renewal Year Two Recoveries

Extended Description:
Optional Renewal Year 2 (12 Months) 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%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
24	93151507				0.000000
Service From		Service To		Service Contract Amount	
2025-04-01		2026-03-31		0.00	

Commodity Line Description: Optional Renewal Year Two Third Party Adds

Extended Description:

Optional Renewal Year 2 (12 Months) Mandatory

Verified Their Party Adds (PMPM)

Per Policy Rate: \$27.50

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
25	93151507				0.000000
Service From		Service To		Service Contract Amount	
2025-04-01		2026-03-31		0.00	

Commodity Line Description: Optional Renewal Year Two RAC Recovery-Overpayment-Optional

Extended Description:

Optional Renewal Year 2 (12 Months) Optional

Percentage Fee for RAC Overpayments (Medical/Dental/DME)-Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
26	93151507				0.000000
Service From		Service To		Service Contract Amount	
2025-04-01		2026-03-31		0.00	

Commodity Line Description: Optional Renewal Year Two RAC Recovery-Underpayment-Optional

Extended Description:

Optional Renewal Year 2 (12 Months) Optional

Percentage Fee for RAC Underpayments (Medical/Dental/DME)-Optional

Percentage Fee: 16.00%

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
27	93151507				0.000000
Service From		Service To		Service Contract Amount	
2025-04-01		2026-03-31		0.00	

Commodity Line Description: Optional Renewal Year Two Medicare Buy-In (PMPM)-Optional

Extended Description:

Optional Renewal Year 2 (12 Months) Optional

Medicare Buy-In-(PMPM) Optional

Rate: \$.95

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
28	93151507				0.000000
Service From		Service To		Service Contract Amount	
2025-04-01		2026-03-31		0.00	

Commodity Line Description: Optional Renewal Year Two Prem Reimb Pgm (PMPM)-Optional

Extended Description:

Optional Renewal Year 2 (12 Months) Optional

Premium Reimbursement Program(s) (PMPM) Optional

Rate: \$35.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
29	93151507				0.000000
Service From		Service To		Service Contract Amount	
2025-04-01		2026-03-31		0.00	

Commodity Line Description: Optional Renewal Year Two Work Incentive/Prem Pgm(PMPM)-Opt

Extended Description:

Optional Renewal Year 2 (12 Months) Optional

Year One Work Incentive/Prem Pgm(s) (PMPM)-Optional

Rate: \$20.00

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
30	93151507				0.000000
Service From		Service To		Service Contract Amount	
2025-04-01		2026-03-31		0.00	

Commodity Line Description: Optional Renewal Year Two Enhancements

Extended Description:

Optional Renewal Year 2 (12 Months) Optional

Enhancement Hours-Optional

Hourly Rate: \$115.00



September 20, 2024

Lakendra Burdette, Procurement Specialist
Bureau for Medical Services
WV Department of Human Services
350 Capitol Street, Rm 251
Charleston, WV 25301

RE: Contract Extension Request: CMA BMS2100000006 2

Dear Ms. Burdette,

Health Management Systems, Inc. (HMS) is requesting execution of the second renewal period under contract number CMA BMS2100000006 2, covering the term April 1, 2025 to March 31, 2026. This would exercise the contract's second option year, with one additional option years available.

Except as modified herein, HMS agrees to this renewal including all the terms, conditions, prices, and specifications contained in the original contract and authorized change orders.

On behalf of HMS and the account team that continues to serve the West Virginia Bureau of Medical Services, we are grateful to you for our partnership, and we look forward to bringing you the best in healthcare cost containment and recovery solutions for years to come. If you have any questions, please feel free to reach out to Michelle Hayes via email at michelle.hayes@gainwelltechnologies.com.

Regards,

A handwritten signature in black ink, appearing to read "Mark Knickrehm".

Mark Knickrehm
President and CEO

Cc: Seana Ferris, HMS
Michelle Hayes, HMS
Jimmy Dowden
Sarah Young

Ok

A handwritten signature in black ink, appearing to read "Seana Ferris".



December 23, 2024

Lakendra Burdette, Procurement Specialist
Bureau for Medical Services
WV Department of Human Services
350 Capitol Street, Rm 251
Charleston, WV 25301

RE: Contract Extension Request: CMA BMS21000000006 2_WVCHIP Premium
Invoicing and Follow-up Assistance

Dear Ms. Burdette,

Health Management Systems, Inc., a Gainwell Technologies company (HMS), is requesting that the WVCHIP Premium Invoicing and Follow-up Assistance pricing be included in the second renewal period under contract number CMA BMS2100000006 2, covering the term April 1, 2025, to March 31, 2026. Agreed-upon pricing to be paid to HMS is as follows:

PMPM - \$9.00

This request is in addition to the original Extension Request dated September 20, 2024.

If you have any questions, please feel free to reach out to Michelle Hayes via email at michelle.hayes@gainwelltechnologies.com.

Regards,

Michelle Hayes

Michelle Hayes
Sr. Regional Director

Cc: Seana Ferris, HMS
Samantha Lamborn, HMS
Jimmy Dowden
Sarah Young
Stacey Shamblin

Ok

Althea Greenhouse

OK *Althea Greenhouse*

Medical

1) Workers shall provide the following highlighted table with a value for each condition of the TR program, including Optional Services. The table of the spreadsheet applies to only Medicaid beneficiaries, and excludes the WMCHP population.
 2) The annual total amount and total projected cost will be calculated. The total projected cost is the sum of each annual cost amount, and implementation cost.
 3) The annual amount shall be 2% of the projected cost, with a minimum of \$100,000. The total projected cost is a 1% of the projected cost.
 4) The annual amount shall be 2% of the projected cost, with a minimum of \$100,000. The total projected cost is a 1% of the projected cost.
 5) The annual amount shall be 2% of the projected cost, with a minimum of \$100,000. The total projected cost is a 1% of the projected cost.
 6) The annual amount shall be 2% of the projected cost, with a minimum of \$100,000. The total projected cost is a 1% of the projected cost.
 7) The annual amount shall be 2% of the projected cost, with a minimum of \$100,000. The total projected cost is a 1% of the projected cost.
 8) The annual amount shall be 2% of the projected cost, with a minimum of \$100,000. The total projected cost is a 1% of the projected cost.
 9) The annual amount shall be 2% of the projected cost, with a minimum of \$100,000. The total projected cost is a 1% of the projected cost.
 10) The annual amount shall be 2% of the projected cost, with a minimum of \$100,000. The total projected cost is a 1% of the projected cost.

Section A: Mandatory Services											
Section	Service/Program	Year 1 (2020)	Year 2 (2021)	Year 3 (2022)	Year 4 (2023)	Year 5 (2024)	Year 6 (2025)	Year 7 (2026)	Year 8 (2027)	Year 9 (2028)	Total
Section A	Implementation Costs for Mandatory Services (2 months prior to start of service)	\$	\$								\$
Section A	Service/Program	Year 1 (2020)	Year 2 (2021)	Year 3 (2022)	Year 4 (2023)	Year 5 (2024)	Year 6 (2025)	Year 7 (2026)	Year 8 (2027)	Year 9 (2028)	Total
Section A	Percentage Fee for Medicaid Fee-For-Service/FFS, Addressing Post-Payment Services, TR, Credit Balance Audit, Medicare, TR-CMS, and Commercial Insurance, and Future Recovery	20.00%	\$ 753,894.10	10.00%	\$ 1,000,000.00	10.00%	\$ 1,000,000.00	10.00%	\$ 1,000,000.00	10.00%	\$ 5,779,484.94
Section A	Service/Program	Year 1 (2020)	Year 2 (2021)	Year 3 (2022)	Year 4 (2023)	Year 5 (2024)	Year 6 (2025)	Year 7 (2026)	Year 8 (2027)	Year 9 (2028)	Total
Section A	Verbal Third Party Audit (New Policy Audit)	\$ 31,46	\$ 1,000,000.00	\$ 27.50	\$ 2,400,000.00	\$ 2,400,000.00	\$ 2,400,000.00	\$ 2,400,000.00	\$ 2,400,000.00	\$ 2,400,000.00	\$ 11,982,500.00
Section A: Total Mandatory Services Costs											
Section A: Total Mandatory Services Costs											

Section B: Optional Services											
Section	Service/Program	Year 1 (2020)	Year 2 (2021)	Year 3 (2022)	Year 4 (2023)	Year 5 (2024)	Year 6 (2025)	Year 7 (2026)	Year 8 (2027)	Year 9 (2028)	Total
Section B	Implementation Costs for BAC Services (2 months prior to start of service)	\$	\$								\$
Section B	Service/Program	Year 1 (2020)	Year 2 (2021)	Year 3 (2022)	Year 4 (2023)	Year 5 (2024)	Year 6 (2025)	Year 7 (2026)	Year 8 (2027)	Year 9 (2028)	Total
Section B	Percentage Fee for Medicaid Fee-For-Service/FFS, Addressing Post-Payment Services, TR, Credit Balance Audit, Medicare, TR-CMS, and Commercial Insurance, and Future Recovery	20.00%	\$ 470,000.00	10.00%	\$ 500,000.00	10.00%	\$ 500,000.00	10.00%	\$ 500,000.00	10.00%	\$ 2,000,000.00
Section B	Service/Program	Year 1 (2020)	Year 2 (2021)	Year 3 (2022)	Year 4 (2023)	Year 5 (2024)	Year 6 (2025)	Year 7 (2026)	Year 8 (2027)	Year 9 (2028)	Total
Section B	Verbal Third Party Audit (New Policy Audit)	\$ 10.00%	\$ 41,000.00	\$ 26.00%	\$ 2,400,000.00	\$ 2,400,000.00	\$ 2,400,000.00	\$ 2,400,000.00	\$ 2,400,000.00	\$ 2,400,000.00	\$ 11,982,500.00
Section B: Total Optional Services Costs											
Section B: Total Optional Services Costs											

Optional renewal Year 2
 *

[illegible]

Total Optional Miscellaneous Day-In Costs

[illegible]Total Original Price was ~~\$1,299.99~~ \$1,299.99.

Travel Expense Report (Continued) September 2011									
TRIP	TRIP PURPOSE	DATE (Y/M/D)	FROM	TO	TRIP TYPE	TRIP CLASS	TRIP STATUS	TRIP COST	TRIP REIMBURSEMENT
SEP 10	Business Trip to Seattle, WA	9/10/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 11	Business Trip to Seattle, WA	9/11/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 12	Business Trip to Seattle, WA	9/12/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 13	Business Trip to Seattle, WA	9/13/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 14	Business Trip to Seattle, WA	9/14/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 15	Business Trip to Seattle, WA	9/15/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 16	Business Trip to Seattle, WA	9/16/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 17	Business Trip to Seattle, WA	9/17/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 18	Business Trip to Seattle, WA	9/18/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 19	Business Trip to Seattle, WA	9/19/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 20	Business Trip to Seattle, WA	9/20/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 21	Business Trip to Seattle, WA	9/21/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 22	Business Trip to Seattle, WA	9/22/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 23	Business Trip to Seattle, WA	9/23/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 24	Business Trip to Seattle, WA	9/24/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 25	Business Trip to Seattle, WA	9/25/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 26	Business Trip to Seattle, WA	9/26/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 27	Business Trip to Seattle, WA	9/27/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 28	Business Trip to Seattle, WA	9/28/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 29	Business Trip to Seattle, WA	9/29/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
SEP 30	Business Trip to Seattle, WA	9/30/11	Seattle, WA	Seattle, WA	Business	First Class	Completed	\$1,200.00	\$1,200.00
TOTAL								\$36,000.00	\$36,000.00

*

[illegible]

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[illegible]

Section 8: Total Optional Services Cost:

Section B: Total Optional Services Cost:

Grand Total: Mandatory Services and Optional Services Overhead Cost:

Section 8. Bonding.

[illegible]

Section B: Optional Services															
BPP Address	Service/Program	Base Year 1 90 Month Term: Proposed Hourly Rate		Base Year 1 12 Month Term: Increased Annual Term		Base Year 2: Proposed Hourly Rate		Base Year 2: Increased Annual Term		Base Year 3: Proposed Hourly Rate		Base Year 3: Increased Annual Term		Total	
		\$	115.00	\$	285,000.00	\$	115.00	\$	460,000.00	\$	115.00	\$	460,000.00		
Section 5.1.3	Enhancement Hours (4,000 hours/year)	\$	115.00	\$	285,000.00	\$	115.00	\$	460,000.00	\$	115.00	\$	460,000.00	\$	2,045,000.00
Total Optional Enhancement Hours Cost:															
Section B: Total Optional Services Cost:															

Estimated Total: Mandatories and Other 22 Service Fees

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.

Section A: Mandatory Services			
RFP Reference	Service/Program	Recoveries	Total
Section 4.1	(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
Section 4.1	Third Party Adds		\$ 12,816,375.00
Section 4.1	Mandatory Services Implementation Costs		\$ -
Section A: Total Mandatory Services Costs			
Section B: Optional Services			
RFP Reference	Service/Program		Total
Section 4.1	RAC (Underpayment and Overpayments)		\$ 2,926,001.60
Section 4.1	RAC Implementation Costs		\$ -
Total Optional RAC Costs			
RFP Reference	Service/Program		Total
Section 4.1	Medicare Buy-In		\$ 5,031,618.00
Section 4.1	Medicare Buy-In Implementation Costs		\$ -
Total Optional Medicare Buy-In Costs			
RFP Reference	Service/Program		Total
Section 4.1	Premium Reimbursement Program(s)		\$ 724,500.00
Section 4.1	Premium Reimbursement Program(s) Implementation Costs		\$ -
Total Optional Premium Reimbursement Program Costs			
RFP Reference	Service/Program		Total
Section 4.1	Work Incentive/Premium Program(s)		\$ 1,449,000.00
Section 4.1	Work Incentive/Premium Program(s) Implementation Costs		\$ -
Total Optional Work Incentive Program Costs			
RFP Reference	Service/Program		Total
Section B	Enhancement Services (4,000 hours/annually)		\$ 2,250,000.00
Section B: Total Optional Services Costs			
Grand Total: Mandatory Services and Optional Services Costs (Medicaid and WVCHIP)			

Instructions: Vendors should use this information to inform their proposed costs for the Cost Workbook tab. Costs below are historical program costs for each Mandatory and Optional Services, reflective as of November 2019. RAC services are based upon Fee For Service (FFS) membership figures from February 2020. Cost references are for bid purposes only.

Service/Program	Costs/Members Medical	Costs/Members WVCHIP
Annual Recoveries (Cost-Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audits; Medicare, Tr-Care, and Commercial Recovery; Trauma Recovery; and Estate Recovery)	\$ 9,164,860.00	\$ 75,000.00
Monthly Third Party Adds (Average Members per Month)	7,500	450
Optional Service: Annual Recoveries for RAC, Overpayment - Medical/Dental/DME	\$ 3,500,000.00	
Optional Service: Annual Recoveries for RAC, Underpayments - Medical/Dental/DME	\$ 350,000.00	
Optional Service: Monthly Medicare Buy-In (Average Members Per Month)	76,760	
Optional Service: Monthly Premium Reimbursement Program(s) (Average Members Per Month)	300	
Optional Service: Monthly Work Incentive/Premium Program(s) (Average Members Per Month)	1,050	



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

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

DATE: December 9, 2024

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

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

RE: PF762875, CMA BMS21*06 – Change Order 3
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced change order with Health Management System Inc for Third Party Liability Services. Change Order No. 3 is issued to renew the original contract according to all terms, conditions, prices and specifications contained in the original contract including all authorized change orders.

The contract renewal service period will be 04/01/2025-03/31/2026 with one (1) optional renewal remaining.

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 304-352-3923 or althea.m.greenhowe@wv.gov.






STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
OFFICE OF TECHNOLOGY
State Capitol
Charleston, West Virginia 25305

Allan L. McVey
Cabinet Secretary

Joshua D. Spence
Chief Technology Officer

MEMORANDUM

TO: Alicia Sodder, Administrative Services Manager 1
Department of Health and Human Resources

FROM: Joshua D. Spence, Chief Technology Officer 
Office of Technology

SUBJECT: INFORMATION TECHNOLOGY PROCUREMENT
HR001693; BMS21*01; IS&C NUMBER: 2021-2617 Expedite

DATE: February 11, 2021

West Virginia Code §5A-6-4(a)(3) permits the Chief Technology Officer to "evaluate the economic justification, system design and suitability of information equipment and related services, and review and make recommendations on the purchase, lease or acquisition of information equipment and contracts for related services by the state spending units."

West Virginia Code §5A-6-4c requires that the Chief Technology Officer review and approve "a major information technology project."

West Virginia Code §5A-6-5 requires that "any state spending unit that pursues an information technology purchase that does not meet the definition of a 'major technology project' and that is required to submit a request for proposal to the State Purchasing Division prior to purchasing goods or services shall obtain the approval of the Chief Technology Officer, in writing, of any proposed purchase of goods or services related to its information technology and telecommunication systems."

After conducting a review of your request for expedited blanket approval for the award of CRFP BMS21*01 for Third Party Liability (TPL) services, which includes a three (3) year base, with three optional one (1) year renewals, the Office of Technology has determined:

X That your request is approved.

That your request is not subject to the review and approval provisions contained in Chapter 5A, Article 6 of the Code, therefore, it does not need approval by the Office of Technology.

This memorandum constitutes this office's official review and a copy should be attached to your purchase order and any other correspondence related to this request.

If you have questions, or need additional information, please contact Consulting Services at Consulting.Services@wv.gov.

- ☐ 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 ▲

✓ Ineligible (Proceedings Pending)

✓ Ineligible (Proceedings Complete)

✓ Prohibition/Restriction

✓ Voluntary Exclusion
- Exclusion Program ▼
- Location ▼
- Dates ▼

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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			
Business Purpose	5415 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - 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	MARK KNICKREHM 5615 HIGH POINT DRIVE IRVING, TX, 75038
President	MARK KNICKREHM 5615 HIGH POINT DRIVE IRVING, TX, 75038
Secretary	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
Treasurer	CHRIS KNIBB 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	11/15/2024
HMSA, INC.	TRADENAME	1/17/1996	11/15/2024
THIRD PARTY LIABILITY RECOVERY SERVICES	FORCED DBA	3/27/1991	11/21/2024

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

Annual Reports

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

Monday, December 23, 2024 — 1:33 PM

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>Crystal Hurstead</u> Date: <u>12/26/24</u> Solicitation No. <u>CMA BMS21*06</u>	Agency: DoHS - BMS Procurement Officer Submitting Requisition: Althea Greenhowe Requisition No. CMA BMS 21*06 PF No.: 762875
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Justification for price increases/backdating/other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: _____

Crystal Husted