



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: 03-11-2025

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 BMS2500000028 1	Change Order No:	Procurement Folder:	1647093
Document Name:	CDO for CMA BMS21*06 Dec 2024		Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Dec 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 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  <b>2025</b> 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: \$393,089.98

Purchasing Division's File Copy

CH 3/17/25

PURCHASING DIVISION AUTHORIZATION
DATE: <i>Tuesday 3/19/25</i>
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: <i>3-19-25</i>
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of December 2024 under invoice 095378\_RB  
Total: \$393,089.98

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$185,162.48
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-11-23	2024-12-27				

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%

Confirming order for services provided under invoice 095378\_RB (December 2024)

1,690,981.52 x 0.1095 = \$185,162.48

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$163,157.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-12-01	2024-12-31				

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

Confirming order for services provided under invoice 095378\_RB (December 2024)

5,933 x \$27.50 = \$163,157.50

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$18,130.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-12-01	2024-12-31				

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

Confirming order for services provided under invoice 095378\_RB (December 2024)

518 x \$35.00 = \$18,130.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,640.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-12-01	2024-12-31				

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

Confirming order for services provided under invoice 095378\_RB (December 2024)

1,332 x \$20.00 = \$26,640.00



PO Box 27151  
New York, NY 10087-7151

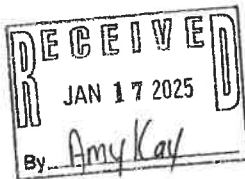
WV Dept of Health & Human Resources  
Sarah K Young  
Bureau of Medical Services  
350 Capitol Street, Room 251  
Charleston WV 25301

Purchase Order/Contract#: CMA BMS21\*06

# Invoice

Invoice#: 095378\_RB  
Invoice Date: 1/17/2025  
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		11/23/2024 to 12/27/2024	\$1,690,981.52	%	10.95%	\$185,162.48
Verified CAV Adds		12/01/2024 to 12/31/2024	5,933.00	EA	\$27.50	\$163,157.50
Management Fee HIPP (PMP)		12/01/2024 to 12/31/2024	518.00	EA	\$35.00	\$18,130.00
Management Fee MWIN/per member		12/01/2024 to 12/31/2024	1,332.00	EA	\$20.00	\$26,640.00
<b>Total</b>						<b>\$393,089.98</b>



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

PROGRAM APPROVAL SIGNATURE: Andrea Woodard  
PRINTED NAME: Andrea Woodard  
DATE: Jan 21, 2025

Ok  
Althea Greenhouse

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)

## 095378 RB

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

Read the message

0	894,883.83	CI Totals
0	387,741.21	Encounter
0	223,786.83	SLCSA exs, Trauma, Estate, Disilivance
0	(11,688.39)	CSA refund
0	433,776.68	CSA disallowance
0		Trauma_CHIP not Invoiced
0		CHIP CI not Invoiced
0	32,559.55	Credit Balance Audits
0	1,808,081.57	10,884,500

-\$100.73 minus non-elements

\$	185,162.48	TPL Recoveries (10.95% of \$1,690,801.52)
\$	163,157.50	Cost Avoidance Adds
\$	16,130.00	HIPP Mgt Fee
\$	26,840.00	MWIN Mgt Fee
\$	393,089.98	Total Due HHS



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

Alex J. Mayer  
Cabinet Secretary

Cynthia Beane, MSW, LCSW  
Commissioner

DATE: March 10, 2025

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: PF1647093, CDO BMS25\*28  
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully request approval of the above-referenced CDO for services performed by Health Management Systems, Inc. under PF762875, CMA BMS 21\*06. This invoice was released on 03/10/2025 for processing due to budgetary constraints.

This is for the service period 11/23/2024-12/31/2024. The total cost of the invoice is \$393,089.98.

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.



# Subject: Governor's Office Approval of contracts over \$100,000



**Rosen, Bryan D** <bryan.d.rosen@wv.gov>  
to Wagner, Roberta A, Price, Robert L

Thu, Jan 23, 1:46 PM (6 d

I spoke with Curtis early today. He relayed the following information for how we will process these through his office.

1. He would like a synopsis of the purchase. I would suggest in most cases we can pull the extended description populate that in the email to him.
2. Please note if there is a specific timeframe in the request.
3. Contracts will be reviewed at the Master Agreement level meaning that he will not be approving DOs.
4. Renewals for contracts over \$100,000 must be approved.

This process is going to be fluid and will likely morph as we move forward but this is the best information that I have today.

Bryan

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Mar 8, 2025

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#### Search Editor

- ☐ Any Words 
- ☐ All Words 
- ☐ Exact Phrase 

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



Reset

Entity Information ^



Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions



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## West Virginia Secretary of State — Online Data Services

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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 Services - Professional, Scientific and Technical Services - 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>				
<b>At Will Term Years</b>					<b>Par Value</b>		0.000000		
<b>Authorized Shares</b>		0			<b>Young Entrepreneur</b>		Not Specified		

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>	MARK KNICKREHM 5615 HIGH POINT DRIVE IRVING, TX, 75038
<b>President</b>	MARK KNICKREHM 5615 HIGH POINT DRIVE IRVING, TX, 75038
<b>Secretary</b>	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
<b>Treasurer</b>	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

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

Monday, March 10, 2025 — 3:00 PM

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