



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: 06-12-2025

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 BMS2500000061 1	Change Order No:	0	Procurement Folder:	1719084
Document Name:	CDO for CMA BMS21*06 Feb 2025			Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Feb 2025				
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:	Kelly (Jimmy) Dowden
HEALTH MANAGEMENT SYSTEMS INC		Requestor Phone:	(304) 356-4861
5615 HIGH POINT DR		Requestor Email:	jimmy.k.dowden@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		

2025
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: \$560,702.53

CH 6/16/25
PURCHASING DIVISION AUTHORIZATION
DATE: June 16, 2025
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 6-18-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of February 2025 under invoice 096404_RB.
Total: \$560,702.53

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$164,777.53
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-01-25	2025-02-21				

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%

$\$1,504,817.64 \times 0.1095 = \$164,777.53$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$350,735.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-02-01	2025-02-28				

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

$12,754 \times \$27.50 = \$350,735.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$18,970.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-02-01	2025-02-28				

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

$542 \times \$35 = \$18,970.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,220.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-02-01	2025-02-28				

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

1,311 x \$20=\$26,220.00



PO Box 27151
New York, NY 10087-7151

Invoice

Invoice#: 096404_RB
Invoice Date: 3/28/2025
Page: 1 of 1

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

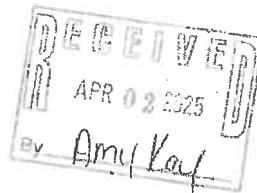
Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		01/25/2025 to 02/21/2025	\$1,504,817.64	%	10.95%	\$164,777.53
Verified CAV Adds		02/01/2025 to 02/28/2025	12,754.00	EA	\$27.50	\$350,735.00
Management Fee HIPP (PMP)		02/01/2025 to 02/28/2025	542.00	EA	\$35.00	\$18,970.00
Management Fee MWIN/per member		02/01/2025 to 02/28/2025	1,311.00	EA	\$20.00	\$26,220.00
Total						\$560,702.53

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: 4-4-25



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

**ATTACHMENT 2
LOCKBOX SUMMARY**

INVOICE 096404-RB 03/28/2025

1	2	3	4	5	6 4/5/0A	4/5/0B	7	8 9 (4+5+6+4/5A-6-7)	8 10 (7*8)			
DEPOSIT DATES	TOTAL MEDICAL RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	LOCKBOX PAYMENTS BILLED BY HMS - ENCOUNTER	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
01/25/2025	\$607,028.37	\$8,314.23	\$2,081.84	\$235,979.60	\$359,753.70	\$0.00	\$0.00	\$0.00	\$0.00	\$582,313.03	10.95%	\$64,868.28
01/25/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/25/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/25/2025	\$217,988.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$217,988.87	10.95%	\$23,869.70
01/25/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/25/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$825,018.24	\$8,314.23	\$2,081.84	\$235,979.60	\$359,753.70	\$0.00	\$0.00	\$0.00	\$0.00	\$810,961.88		\$88,726.00

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

TOTAL BATCH AMOUNT

TOTAL	Unpaid Amount	(1) Posted Amount	(2) Over Payments	(3) Encounters Insurance Total	(4) Commercial Insurance - CHIP	(5) Non Commercial Trauma, C HIP	(6) Commercial Insurance - ENCOUNTER	(6) Checks Received: Bl, CBA, Trauma Estate Medicaid, B & Commi Disallowance	(7) Not Identified Missing EOBs	(2+3+4+5+6+7) total
		\$235,052.29	\$8,402.11	\$354,425.40	\$0.00	\$0.00	\$359,753.70	\$3,206.68	\$8,314.23	\$100,000.00
								\$865.48		\$499.48
								\$33,077.46		\$33,077.46
								\$180,712.24		\$180,712.24
								\$0.00		\$0.00
Total		\$235,052.29	\$8,402.11	\$354,425.40	\$0.00	\$0.00	\$359,753.70	\$217,988.87	\$8,314.23	\$1,175,387.99

Invoiced Amount	BMS
\$235,052.29	FFS commercial
\$354,425.40	Encounter
\$217,988.87	Bl, Trauma, Estate, Disallowance, CBA Lockbox checks
\$0.00	Trauma_CHIP not invoiced
\$10,310.83	CBA RECOVERIES
\$8,863.02	CI WAIT 51.52.54.84
\$324,447.12	CI 55
\$344,776.81	IK 20
\$1,504,817.84	

\$ 194,777.53 TPL Recoveries = SUM(\$1,504,817.84*10.95%)
 \$ 18,679.00 HIPPI MGT FEE
 \$ 28,220.00 MWIN MGT FEE
 \$ 350,785.00 COST AVOIDANCE
 \$ 869,762.63 PAY THIS AMOUNT I APPROVE PAYMENT ON 4/17/2025 AR



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

Alex J. Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

DATE: June 11, 2025
TO: Crystal Hustead
Senior Buyer
State of West Virginia Purchasing Division
FROM: Robert L. Price, CPPO, CPPB, NIGP-CPP
Administrative Services Manager II
Office of Shared Administration/Purchasing
RE: PF1719084, CDO BMS25*61
Dept 0511

Robert Price

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced CDO for services performed by Health Management Systems Inc under PF762875 CMA BMS21*06. The invoice was released on 6/10/25 for processing due to budgetary constraints.

The service period is 01/25/25-02/28/25. The total cost of the invoice is: \$560,702.53.

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-957-0218 or robert.l.price@wv.gov. Thank you for your time and consideration in this matter.

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- ☒ Exact Phrase ⓘ

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC" x

Classification



Excluded Individual



Excluded Entity



Federal Organizations



Exclusion Type



Exclusion Program



Location



Dates



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Business Organization Detail

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HEALTH MANAGEMENT SYSTEMS, INC.

** See Attached **

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	X Close
At Will Term Years				Partners	
Authorized Shares	0				Entries

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Addresses

Type	Address
Local Office Address	209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
Mailing Address	225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062 USA
Notice of Process Address	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
Principal Office Address	225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062 USA
Type	Address

Officers

Type	Name/Address
Director	STEPHEN COSTALAS 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
Director	MARK KNICKREHM 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
President	MARK KNICKREHM 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
Secretary	STEPHEN COSTALAS 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
Treasurer	TIM FAIRBANKS 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
Type	Name/Address

DBA

DBA Name	Description	Effective Date
HEALTH MANAGEMENT SYSTEMS OF AMERICA, INC.	TRADENAME	
HMSA, INC.	TRADENAME	11/17/1996 11/15/2024
THIRD PARTY LIABILITY RECOVERY SERVICES	FORCED DBA	3/27/1991 11/21/2024

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DBA Name	Description	Effective Date	Termination
----------	-------------	----------------	-------------

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**

2025

2024

2023

2022

2021

2020

2019

2018

2017x

2017

2014

2013

2012

2011

2010

2009

2007

2006

2005

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2001
1998
1997
1994
1993
1992
Date filed

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

Tuesday, June 10, 2025 — 2:43 PM

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Rhode Island Department of State

Gregg M. Amore

Secretary of State

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Entity Summary

ID Number: 000158250

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Summary for: **HEALTH MANAGEMENT SYSTEMS, INC.**

The exact name of the Foreign Corporation: HEALTH MANAGEMENT SYSTEMS, INC.				
Entity type: Foreign Corporation				
Identification Number: 000158250				
Date of Qualification in Rhode Island: 08-25-2006		Effective Date: 08-25-2006		
Organized under the laws of: State: NY Country: USA				
The location of the Principal Office: Address: 5615 HIGH POINT DRIVE City or Town, State, Zip, Country: IRVING, TX 75038 USA				
The mailing address or specified office: Address: City or Town, State, Zip, Country:				
Agent Resigned: N		Address Maintained: Y		
The name and address of the Registered Agent: Name: CT CORPORATION SYSTEM Address: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A City or Town, State, Zip, Country: EAST PROVIDENCE, RI 02914 USA				
The Officers and Directors of the Corporation:				
Title	Individual Name	Address		
PRESIDENT	MARK KNICKREHM	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
SECRETARY	STEPHEN COSTALAS	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
DIRECTOR	STEPHEN COSTALAS	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
GENERAL COUNCEL	STEPHEN COSTALAS	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
DIRECTOR	MARK KNICKREHM	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
CHIEF FINANCIAL OFFICER (ACTING)	JIM ANTONY	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:				
Class of Stock	Series	Par value per share	Total Authorized No. of shares	Total issued and outstanding No. of shares
PWP		\$ 0.0100	5,000,000	0
CWP		\$ 0.0100	45,000,000	200
Purpose: COST CONTAINMENT IN HEALTHCARE TITLE: 7-1.2-1405				
North American Industry Classification System Code(NAICS):				