



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: 06-16-2025

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 BMS2500000064 1	Change Order No:	Procurement Folder:	1720255
Document Name:	CDO for CMA BMS21*06 Mar/Apr 2025		Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Mar/Apr 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 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: Kelly (Jimmy) Dowden Requestor Phone: (304) 356-4861 Requestor Email: jimmy.k.dowden@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

Purchasing Division's File Copy

Total Order Amount: \$569,297.11

06/17/25  
PURCHASING DIVISION AUTHORIZATION  
DATE: 6/18/25  
ELECTRONIC SIGNATURE ON FILE

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

**Extended Description:**

Confirming Delivery Order for services provided during the period of 03/31/25-04/30/25 under invoice 097393.  
Total: \$569,297.10

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$255,175.87
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-04-01	2025-04-25				

**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%

$\$2,330,373.20 \times 0.1095 = \$255,175.87$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$265,567.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-04-01	2025-04-30				

**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

$9,657 \times \$27.50 = \$265,567.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$19,285.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-04-01	2025-04-30				

**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

$551 \times \$35.00 = \$19,285.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$27,400.00
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2025-04-01	2025-04-30				

**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

1,370 X \$20.00=\$27,400.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
5	93151507	0.00000		\$0.0000	\$1,868.74
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2025-03-31	2025-03-31				

**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%

\$17,066.08 X 0.1095=\$1,868.74



PO Box 27151  
New York, NY 10087-7151

WV Dept of Health & Human Resources  
Stacey Shamblin  
WV Children's Health Insurance Program  
350 Capital Street, Room 251  
Charleston WV 25301

Purchase Order/Contract#: CMA BMS21\*06

# Invoice

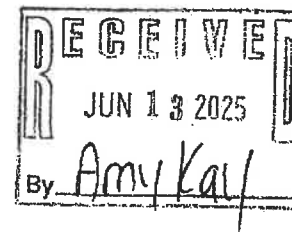
Invoice#: 097393\_RB  
Invoice Date: 6/13/2025  
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		04/01/2025 to 04/25/2025	\$2,330,373.20	%	10.95%	\$255,175.87
TPL Recoveries		03/31/2025 to 03/31/2025	\$17,066.08	%	10.95%	\$1,868.74
Verified CAV Adds		04/01/2025 to 04/30/2025	9,657.00	EA	\$27.50	\$265,567.50
Management Fee HIPA (PMP)		04/01/2025 to 04/30/2025	551.00	EA	\$35.00	\$19,285.00
Management Fee MWIN/per member		04/01/2025 to 04/30/2025	1,370.00	EA	\$20.00	\$27,400.00
Total						\$569,297.11

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

PROGRAM APPROVAL SIGNATURE: Ashley Riley  
PRINTED NAME: Ashley Riley  
DATE: 6/13/2025

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)

**ATTACHMENT 2  
LOCKBOX SUMMARY**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
DEPOSIT DATE	TOTAL MEDICID RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS - C	LOCKBOX PAYMENTS SILLED BY HMS - C	LOCKBOX PAYMENTS SILLED BY HMS - MEDICAD	LOCKBOX PAYMENTS SILLED BY HMS - C	STATE PAYMENTS SILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER- PAYMENTS	*TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
03/1/2025 to 04/30/2025	\$1,035,143.38	\$111,968.01	\$7,241.46	\$6,360.113	\$111,384.78	\$0.00	\$0.00	\$5,675.78	\$0.00	\$940,772.11	10.05%	\$1107,559.70																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
03/1/2025 to 04/30/2025 Net Deposit Payments (Total)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
03/1/2025 to 04/30/2025 Net Deposit Payments (Commit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
03/1/2025 to 04/30/2025 Non Commercial Billings Payments	\$1,042,111.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
03/1/2025 to 04/30/2025 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%	\$0.00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
03/1/2025 to 04/30/2025 Net Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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NOTE: THE ABOVE FIGURES DO NOT INCLUDE RECOUPMENTS AND REFUNDS ASSOCIATED WITH ANY PROVIDER DISALLOWANCE/PROJECTS BEING IDENTIFIED UNDER THE FOLLOWING:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

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

	(6) Government Insurance - CMP	(7) Non-Contracted Insurance - CMP
	\$0.00	\$0.00
Total	\$0.00	\$0.00

-53,916.28 minus over-payments

Q	816,866.74	C Transp	
Q	11,889.88	C Trans	
Q	1,027,294.11	C Vehicle, Equip, C/Renewals	
	518.38	Conts 02/71	
Q	362,478.04	CO2 Transpence	
Q	124,183.25	Conts Refund	
Q	155,673.03	VC488 Refund	
Q	205,155.00	Refund pay	
Q	8,875.34	Remover 09/01	
Q	871,353	Grd B/Bonus Adt/Acc'd	
Q	21,898.98	Cont Beforehand	
	83,347.98	CO28 Fee	
Q	187,024.60	TP-Bonus	
Q	18,211.00	TP-Bonus	
Q	27,402.00	TP-Bonus	
Q	888,661.50	Grd B/Bonus	
Q	668,287.11	Cont Beforehand	
Q	18,211.00	TP-Bonus	
Q	27,402.00	TP-Bonus	
Q	888,661.50	Grd B/Bonus	
Q	668,287.11	Cont Beforehand	



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

Alex J. Mayer  
Cabinet Secretary

Cynthia Beane, MSW, LCSW  
Commissioner

DATE: June 16, 2025

TO: Crystal Hustead  
Senior Buyer

State of West Virginia Purchasing Division

FROM: Althea Greenhowe, Procurement Specialist, Sr *Althea Greenhowe*  
Robert L. Price, CPPO, CPPB, NIGP-CPP  
Administrative Services Manager II  
Office of Shared Administration/Purchasing

RE: PF1720255, CDO BMS25\*64  
Dept 0511

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 6/12/25 for processing due to budgetary constraints.

The service period is 03/31/25-04/30/25. The total cost of the invoice is: \$569,297.11.

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](mailto:robert.l.price@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,

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

Filter By

### Keyword Search

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

Simple Search

Search Editor

- ☐ Any Words <sup>i</sup>
- ☐ All Words <sup>i</sup>
- ☐ Exact Phrase <sup>i</sup>

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC" ×

Entity

Location

Status

- ☒ Active
- ☐ Inactive

Reset 

Entity Information 



All Entity Information

Entities

Disaster Response Registry

Responsibility / Q



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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.

*\*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			
<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>	225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062 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>	225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062 USA
Type	Address

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

2025

2024

2023

2022

2021

2020

2019

2018

2017x

2017

2014

2013

2012

2011

2010

2009

2007

2006

2005

2001
1998
1997
1994
1993
1992
<b>Date filed</b>

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

Tuesday, June 17, 2025 — 10:46 AM

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Rhode Island Department of State  
**Gregg M. Amore**  
Secretary of State

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## Entity Summary

**ID Number: 000158250**[Request certificate](#)[New search](#)**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 COUNSEL	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	Total Issued and outstanding
			No. of shares	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):**