



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: 07-09-2025

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 BMS2600000001 1	Change Order No:	0	Procurement Folder:	1736846
Document Name:	CDO for CMA BMS21*06 Apr/May 2025			Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Apr/May 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 2026 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: \$601,073.63

CH 7/14/25
PURCHASING DIVISION AUTHORIZATION

DATE: 7/14/25

ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: 7-15-25

ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the period of 04/26/25-05/31/25 under invoice 098055.
Total: \$601,073.63

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$292,401.13
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-04-26	2025-05-23				

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%

$\$2,670,329.99 \times 0.1095 = \$292,401.13$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$262,377.50
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-05-01	2025-05-31				

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

$9,541 \times \$27.50 = \$262,377.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$19,495.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-05-01	2025-05-31				

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

$557 \times \$35.00 = \$19,495.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,800.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-05-01	2025-05-31				

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

1,340 X \$20.00=\$26,800.00



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#: 098055
Invoice Date: 6/6/2025
Page: 1 of 1

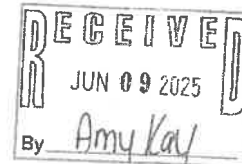
Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		04/26/2025 to 05/23/2025	\$2,670,329.99	%	10.95%	\$292,401.13
Verified CAV Adds		05/01/2025 to 05/31/2025	9,541.00	EA	\$27.50	\$262,377.50
Management Fee HIPA (PMP)		05/01/2025 to 05/31/2025	557.00	EA	\$35.00	\$19,485.00
Management Fee MWIN/per member		05/01/2025 to 05/31/2025	1,340.00	EA	\$20.00	\$26,800.00
Total						\$601,073.63

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

PROGRAM APPROVAL SIGNATURE: Ashley Riccio

PRINTED NAME: Ashley Riccio

DATE: 6/6/2025



Ok
Michelle 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

If you have any questions, please contact
Program Director:

Michelle Hayes
v: 937.673.9978
e: michelle.hayes@gainwelltechnologies.com

**ATTACHMENT 2
LOCKBOX SUMMARY**
(09/05/2025 06/06/2025)

1	2	3	4	5	6 4/5/6A	4/5/6B	7	8 9	4+5+6+4/5A	8 9	7/8	
DEPOSIT DATES	TOTAL MEDICAID RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS OT IDENTIFY BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	LOCKBOX PAYMENTS BILLED BY S - ENCOUNTER	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFY BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAG TO HMS	DOLLARS DUE TO HMS
04/26/2025 to 05/23/2025 CI	\$735,746.38	\$40,351.40	\$580.28	\$480,012.11	\$194,802.61	\$0.00	\$0.00	\$5,304.83	\$0.00	\$670,090.15	10.95%	\$73,374.87
04/26/2025 to 05/23/2025 CI Refunds	Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/26/2025 to 05/23/2025 Zero Deposit Paym	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/26/2025 to 05/23/2025 Zero Deposit Pa	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/26/2025 to 05/23/2025 Non Commercial	\$1,878,848.13	\$0.00	\$2,201.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,879,049.54	10.95%	\$183,895.92
04/26/2025 to 05/23/2025 Non Commercial	Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/26/2025 to 05/23/2025 Commercial Disal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/26/2025 to 05/23/2025 MCB & MCA Disal	\$601.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$2,413,195.73	\$40,351.40	\$2,781.67	\$480,012.11	\$194,802.61	\$0.00	\$0.00	\$5,304.83	\$0.00	\$2,349,139.69		\$257,230.85

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

TOTAL	Batch Amount	(1) Posted Amount	(2) Over Payments	(3) Commercial Insurance Total	(4) Commercial Insurance - CHIP	(5) Non Commercial Trauma, CHI P	(6) Commercial Insurance - ENCOUNTER	(6) Trauma - Estate Medication, A.D. & Coron Disallowance	(7) Not Identified Missing EDGs	(2+3+4+5+6+7) TOTAL
		\$480,012.11	\$5,304.83	\$670,090.15	(580.28)	(2,201.41)	\$194,802.61	\$26,168.68	\$60,351.40	\$948,832.18
								\$98,921.42		\$948,921.42
								\$1,852,844.12		\$1,552,844.12
								\$601.22		\$601.22
Total	\$0.00	\$480,012.11	\$5,304.83	\$670,090.15	(580.28)	\$0.00	\$194,802.61	\$1,678,536.45	\$60,351.40	\$2,600,998.94

-\$5,304.83 minus over-payments

Invoice Amount:	DRSS Totals
\$ 476,966.51	Comm FFS
\$1,678,536.45	Bl, Trauma, Estate, Disallowance
\$ 294,857.62	CISE Disallowance
\$ 192,083.41	Comm Enc
\$ 27,284.00	Credit Balance Audits
\$ 12,679,329.99	10.95% Fee

\$ 282,401.13	TPL Recoveries *sum(\$2,670,329.99*10.95%)
\$ 262,377.50	Cost Avoidance
\$ 19,485.00	HIPP MGT FEE
\$ 26,800.00	MWIN MGT FEE
\$ 601,073.63	Approved for Payment 6/16/2025 AR



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

Alex J. Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

DATE: July 9, 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: PF1736846, CDO BMS26*01
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 7/09/25 for processing due to budgetary constraints.

The service period is 04/26/25-05/31/25. The total cost of the invoice is: \$601,073.63.

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.
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



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Mar 8, 2025



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e.g. 1606N020Q02




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e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC" Classification Excluded Individual Excluded Entity Federal Organizations Exclusion Type Exclusion Program Location Dates Reset 



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Business and Licensing

Online Data Services Help

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				
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	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	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
Date filed

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

Wednesday, July 9, 2025 — 1:32 PM

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Vendor:	<u>V00012714 - Health Management Systems, Inc.</u> Health Management Systems, Inc. 225 East John Carpenter Freeway Suite 500 Irving, TX 75062 US Email: andrea.beaty@gainwelltechnologies.com Phone: (469) 897-4410	Payment Terms:	Net 30	Shipping Method:	
		Shipping Terms:	F.O.B., Destination	Freight Terms:	Freight Disallowed

PO

Acknowledgements:	Document	Notifications	Acknowledged Date/Time
	Purchase Order	Emailed to bids@hms.com at 03/29/2024 10:29:30 AM	04/02/2024 03:10:03 PM

Master Blanket Vendor Distributor List

<u>Vendor ID</u>	<u>Vendor Name</u>	<u>Preferred Delivery Method</u>	<u>Vendor Distributor Status</u>
<u>V00012714</u>	Health Management Systems, Inc.	Email	Active

Master Blanket Controls

Master Blanket Begin Date:	04/05/2024	Master Blanket End Date:	04/04/2031
Cooperative Purchasing Allowed:	No		

Organization	Department	Dollar Limit	Dollars Spent to Date	Minimum Order Amount
10000 - Oregon Department of Human Services	AGY - Agency Umbrella Master Control	\$4,500,000.00	\$0.00	\$0.00

Item Information

Print Sequence # 1.0, Item # 1:	Domestic Violence	3PS - Sent
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NIGP Code: 952-59
Human Services (Not Otherwise Classified)



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	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):