



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: 09-10-2025

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 BMS2600000004 1	Change Order No:	0	Procurement Folder:	1749151
Document Name:	CDO for CMA BMS21*06 May/Jun 2025			Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 May/Jun 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>2026</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:	\$364,990.27
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Purchasing Division's File Copy

CH 9/17/25  
PURCHASING DIVISION AUTHORIZATION  
DATE: 9/17/25  
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
DATE: 9-18-25  
ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the period of 05/24/25-06/30/25 under invoice 098454.  
Total: \$364,990.27

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$158,370.27
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-05-24	2025-06-27				

**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%

$\$1,446,303.84 \times 0.1095 = \$158,370.27$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$160,655.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-06-01	2025-06-30				

**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

$5,842 \times \$27.50 = \$160,655.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$19,565.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-06-01	2025-06-30				

**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

$559 \times \$35.00 = \$19,565.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,400.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-06-01	2025-06-30				

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  
  
1,320 X \$20.00=\$26,400.00



PO Box 27151  
New York, NY 10087-7151

# Invoice

Invoice#: 098454  
Invoice Date: 7/7/2025  
Page: 1 of 1

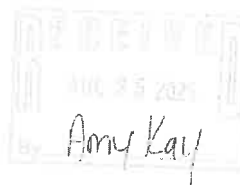
WV Dept of Health & Human Resources  
Sarah K Young  
Bureau of Medical Services  
350 Capital Street, Room 251  
Charleston WV 25301

Purchase Order/Contract#: CMA BMS21\*06

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		05/24/2025 to 06/27/2025	\$1,446,303.84	%	10.95%	\$158,370.27
Verified CAV Adds		06/01/2025 to 06/30/2025	5,842.00	EA	\$27.50	\$160,655.00
Management Fee HIPP (PMP)		06/01/2025 to 06/30/2025	559.00	EA	\$35.00	\$19,565.00
Management Fee MWIN/per member		06/01/2025 to 06/30/2025	1,320.00	EA	\$20.00	\$26,400.00
<b>Total</b>						<b>\$364,990.27</b>

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: 8/27/2025



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:

Lamborn, Sam  
v: 681.381.7424  
e: [samantha.lamborn@gainwelltechnologies.com](mailto:samantha.lamborn@gainwelltechnologies.com)

ATTACHMENT 2  
LOCKBOX SUMMARY

1	2	3	4	5	6	4/5/6A	4/5/6B	7	8	9 (4+5+6+4/5, 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 - ENCLIN	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	DOLLARS DUE TO HMS
05/24/2025 to 06/27/2025 C	\$1,730,296.31	\$387,466.34	\$2,423.11	\$1,031,426.84	\$308,980.02	\$0.00	\$0.00	\$5,756.34	\$0.00	\$1,337,073.63	\$146,409.66
05/24/2025 to 06/27/2025 Zero Deposit Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05/24/2025 to 06/27/2025 Zero Deposits Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05/24/2025 to 06/27/2025 Non commercial	\$105,420.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$105,420.74	\$11,543.97
05/24/2025 to 06/27/2025 Commercial Disal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05/24/2025 to 06/27/2025 MCB & MCA Disal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$1,835,717.05	\$387,466.34	\$2,423.11	\$1,031,426.84	\$308,980.02	\$0.00	\$0.00	\$5,756.34	\$0.00	\$1,442,494.37	\$157,953.13

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

	Batch Amount	(1) Posted Amount	(2) Over Payments	(3) Commercial Insurance Total	(4) Commercial Insurance - CHIP	(5) Non commercial Trauma	(6) Commercial Insurance - ENCOUNTER	(6) RI Trauma Estate Medicare A, B & Cynth. Disallowance	(7) Not Identified Missing EOB's	(2+3+4+5+6+7) TOTAL
TOTAL		\$1,031,426.84	\$5,756.34	\$1,337,073.63		\$0.00	\$308,980.02	\$55,931.17	\$387,466.34	\$2,087,028.05
								\$40,628.90		\$40,628.90
								\$8,860.67		\$8,860.67
								\$14.87		\$14.87
Total	\$0.00	\$1,031,426.84	\$5,756.34	\$1,337,073.63		\$0.00	\$308,980.02	\$105,405.77	\$387,466.34	\$2,136,582.65

-\$5,756.34 minus over-payments

\$ 158,370.27	RECOVERIES +SUM(\$1,446,303.84*10.95%)
\$ 19,565.00	HIPP
\$ 26,400.00	MWIN
\$ 160,655.00	Cost Avoidance Audits
\$ 384,990.27	Total Due HMS - Approved for Payment - AR

Invoiced Amount	
BMS Totals	\$ 1,030,932.45
CI Totals	\$ 102,580.38
RI, Trauma, Estate, Disallowance	\$ 118.90
05/20 Mass Tort Deposit	\$ -
Cr Bal ck received by BMS	\$ 43.40
Encounter	\$ 303,739.57
Credit Balance Audits/Lockbox	\$ 2,825.36
Credit Balance Audits	\$ 6,963.75
10.95% Fee	\$1,446,303.84



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

Alex J. Mayer  
Cabinet Secretary

Cynthia Beane, MSW, LCSW  
Commissioner

DATE: July 24, 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: PF1749151, CDO BMS26\*04  
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 received on 7/08/25 for processing due to budgetary constraints.

The service period is 05/24/25-06/30/25. The total cost of the invoice is: \$364,990.27.

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,

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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May 21, 2025



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e.g. 1606N020Q02


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e.g. 123456789, Smith Corp

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Entity

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## West Virginia Secretary of State — Online Data Services

### 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			
<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>	X Close
<b>At Will Term Years</b>		<b>Pa</b>	Hi, I'm SOLO! I can help you file your Annual Report.
<b>Authorized Shares</b>	0	<b>Entr</b>	

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	Hi, I'm SOLO! I can help you file your Annual Report.	
HEALTH MANAGEMENT SYSTEMS OF AMERICA, INC.	TRADENAME		ate
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
----------	-------------	----------------	-------------

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	
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2006	
2005	

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

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

Wednesday, September 17, 2025 — 10:09 AM

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you file your Annual  
Report.



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.**

<b>The exact name of the Foreign Corporation:</b> HEALTH MANAGEMENT SYSTEMS, INC.				
<b>Entity type:</b> Foreign Corporation				
<b>Identification Number:</b> 000158250				
<b>Date of Qualification in Rhode Island:</b> 08-25-2006		<b>Effective Date:</b> 08-25-2006		
<b>Organized under the laws of:</b> State: NY Country: USA				
<b>The location of the Principal Office:</b>				
Address: 5615 HIGH POINT DRIVE				
City or Town, State, Zip, Country: IRVING, TX 75038 USA				
<b>The mailing address or specified office:</b>				
Address:				
City or Town, State, Zip, Country:				
<b>Agent Resigned:</b> N		<b>Address Maintained:</b> Y		
<b>The name and address of the Registered Agent:</b>				
Name: CT CORPORATION SYSTEM				
Address: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A				
City or Town, State, Zip, Country: EAST PROVIDENCE, RI 02914 USA				
<b>The Officers and Directors of the Corporation:</b>				
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		
<b>The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:</b>				
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
<b>Purpose:</b>				
COST CONTAINMENT IN HEALTHCARE				
TITLE: 7-1.2-1405				
<b>North American Industry Classification System Code(NAICS):</b>				

# Health Management Systems, Inc.

## Overview

**Doing Business As:** Health Management Systems Of America

**Company Description:** The biggest risk Health Management Systems faces is a simplification of the US health care payment system. The company offers such cost containment services as fraud detection, eligibility audits, and collection of improperly paid claims. It refers to its services as coordination of benefits (making sure the right party pays), cost avoidance (validating coverage and rejecting invalid claims), and program integrity (clinical reviews and recoupment)

**Key Principal:** Paul Saleh

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**Address:** 225 E John Carpenter Fwy Ste 500 Irving, TX, 75062-2326 United States

**Phone:**

**Website:** [www.healthsystemsinc.com](http://www.healthsystemsinc.com)

**Employees (this site):** Actual

**Employees (all sites):** Actual

**Revenue:** Modelled

**Year Started:** **Incorporated:**

**ESG ranking:**

**ESG industry average:**

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