



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: 08-21-2025

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 BMS2600000008 1	Change Order No:	0	Procurement Folder:	1769370
Document Name:	CDO for CMA BMS21*06 Jun/Jul 2025			Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Jun/Jul 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: \$272,577.61

PURCHASING DIVISION AUTHORIZATION

DATE: *Tanya H* 9/2/25
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: *Cody Rose* 9-2-25
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the period of 06/28/25-07/31/25 under invoice 099137.
Total: \$272,577.61

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$89,555.11
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-06-28	2025-07-18				

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%

$\$817,854.90 \times 0.1095 = \$89,555.11$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$136,977.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-07-01	2025-07-31				

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

$4,981 \times \$27.50 = \$136,977.50$

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	
2025-07-01	2025-07-31				

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

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

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,480.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-07-01	2025-07-31				

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

1,324 X \$20.00=\$26,480.00



PO Box 27151
New York, NY 10087-7151

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

Invoice

Invoice#: 099137
Invoice Date: 8/8/2025
Page: 1 of 1

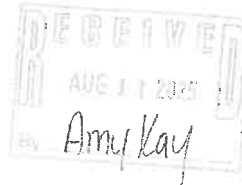
Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		06/28/2025 to 07/18/2025	\$817,854.90	%	10.95%	\$89,555.11
Verified CAV Adds		07/01/2025 to 07/31/2025	4,981.00	EA	\$27.50	\$136,977.50
Management Fee HIPP (PMP)		07/01/2025 to 07/31/2025	559.00	EA	\$35.00	\$19,565.00
Management Fee MWIN/per member		07/01/2025 to 07/31/2025	1,324.00	EA	\$20.00	\$26,480.00
Total						\$272,577.61

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

PROGRAM APPROVAL SIGNATURE: [Signature]

PRINTED NAME: Allyson Taylor

DATE: 8/19/2025



OK
Allyson Taylor

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:

Lamborn, Sam
v: 681.381.7424
e: samantha.lamborn@gainwelltechnologies.com

**ATTACHMENT 2
LOCKBOX SUMMARY**
99137 8/8/2025

1	2	3	4	5	6	4/5/6A	4/5/6B	7	8	9	(4+5+6+7)	8	9	(7*8)
DEPOSIT DATES	TOTAL MEDICARE RECOVERIES 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		
06/28/2025 to 07/18/2025 CI	\$766,601.76	\$153,915.73	\$1,180.49	\$302,969.45	\$308,536.09	\$0.00	\$0.00	\$6,524.96	\$0.00	\$606,161.07	10.95%	\$66,374.64		
06/28/2025 to 07/18/2025 Zero Deposit Pay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00		
06/28/2025 to 07/18/2025 Zero Deposits Paid	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00		
06/28/2025 to 07/18/2025 Non commercial	\$80,650.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80,650.17	10.95%	\$8,804.10		
06/28/2025 to 07/18/2025 Commercial Disallowance	\$485.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$485.57	10.95%	\$53.10		
06/28/2025 to 07/18/2025 MCB & MCA Disallowance	\$4,551.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,551.72	10.95%	\$500.00		
Total	\$852,288.22	\$153,915.73	\$1,180.49	\$302,969.45	\$308,536.09	\$0.00	\$0.00	\$6,524.96	\$0.00	\$668,288.22		\$73,178.74		

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, CHIP	(6) Commercial Insurance - ENCOUNTER	(8) 84 Trauma Estate Medicare A, B & Commercial Disallowance	(7) Not Identified Missing EOB's	(2+3+4+5+6+7) TOTAL
TOTAL		\$606,161.07	\$6,524.96	\$490,590.97	\$0.00	\$0.00	\$308,536.09	\$225.43	\$153,915.73	\$952,087.12
								\$47,501.35		\$47,501.35
								\$32,923.39		\$32,923.39
								\$5,037.29		\$5,037.29
										\$0.00
Total	\$0.00	\$606,161.07	\$6,524.96	\$490,590.97	\$0.00	\$0.00	\$308,536.09	\$85,687.46	\$153,915.73	\$1,037,540.76

Invoiced Amount BMS Totals	
\$ 302,349.41	Totals
\$ 302,648.77	Encounter
\$ 85,462.03	84 Trauma, Estate, Disallowance
\$ 110,003.87	MCAS Disallowance Cycle
\$ 225.43	Credit Balance Audits/Lockbox
\$ 17,165.39	Credit Balance Audits
\$817,854.90	10.95% Fee

\$ 80,555.11	TPL Recoveries =sum(\$B17:\$B4,30)*10.95%
\$ 19,565.00	HIPP MGT
\$ 20,480.00	MWNN MGT
\$ 136,977.50	Cost Avoidance Adds
\$ 272,577.61	Total Due HMS

Instructions

- | Section A: Mandatory Services | | | | | | | | | | | | | | | | |
|--|---|---|--|---------------------------------------|---|-------------------------------|---|-------------------------------|---|--|--|--|--|--|--|------------------|
| H/P Reference | Service/Program | Base Year 1
(3 Month Implementation)
Proposed Fee | | Optional renewal year 2.
<i>LB</i> | | | | | | | | | | Total | | |
| Section A | Implementation Costs for Mandatory Services (3 months prior to operational services) | \$ | \$ | | | | | | | | | | | \$ | | |
| H/P Reference | Service/Program | Base Year 1
(3 Month Term)
Proposed Rate | Base Year 1
(3 Month Term)
Estimated Annual Recovery | Base Year 2:
Proposed Rate | Base Year 2:
Estimated Annual Recovery | Base Year 3:
Proposed Rate | Base Year 3:
Estimated Annual Recovery | Base Year 4:
Proposed Rate | Base Year 4:
Estimated Annual Recovery | Optional Renewal
Year 1:
Proposed Rate | Optional Renewal
Year 1:
Estimated Annual Recovery | Optional Renewal
Year 2:
Proposed Rate | Optional Renewal
Year 2:
Estimated Annual Recovery | Optional Renewal
Year 3:
Proposed Rate | Optional Renewal
Year 3:
Estimated Annual Recovery | Total |
| Section A | Percentage Fee for Recoveries (Cash-Advance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audit; Medicare, Tricare, and Commercial Recovery; Traveler Recovery; and Future Recovery) | 28.95% | \$ 752,862.17 | 10.95% | \$ 1,003,552.17 | 10.89% | \$ 1,003,552.17 | 10.95% | \$ 1,003,552.17 | 10.95% | \$ 1,003,552.17 | 10.89% | \$ 1,003,552.17 | 10.89% | \$ 1,003,552.17 | \$ 5,778,424.98 |
| H/P Reference | Service/Program | Base Year 1
(3 Month Term)
Proposed Rate | Base Year 1
(3 Month Term)
Estimated Annual Fee | Base Year 2:
Proposed Rate | Base Year 2:
Estimated Annual Fee | Base Year 3:
Proposed Rate | Base Year 3:
Estimated Annual Fee | Base Year 4:
Proposed Rate | Base Year 4:
Estimated Annual Fee | Optional Renewal
Year 1:
Proposed Rate | Optional Renewal
Year 1:
Estimated Annual Fee | Optional Renewal
Year 2:
Proposed Rate | Optional Renewal
Year 2:
Estimated Annual Fee | Optional Renewal
Year 3:
Proposed Rate | Optional Renewal
Year 3:
Estimated Annual Fee | Total |
| Section A | Verified Third Party Audit (Per Policy Act) | \$ 27.50 | \$ 2,475,000.00 | \$ 27.50 | \$ 2,475,000.00 | \$ 27.50 | \$ 2,475,000.00 | \$ 27.50 | \$ 2,475,000.00 | \$ 27.50 | \$ 2,475,000.00 | \$ 27.50 | \$ 2,475,000.00 | \$ 27.50 | \$ 2,475,000.00 | \$ 11,962,500.00 |
| Section A: Total Mandatory Service Costs | | \$ 2,408,914.13 | | \$ 3,478,552.17 | | \$ 3,478,552.17 | | \$ 3,478,552.17 | | \$ 3,478,552.17 | | \$ 3,478,552.17 | | \$ 3,478,552.17 | | \$ 37,732,924.98 |
| Section A: Total Mandatory Service Costs | | | | | | | | | | | | | | | | |

BPP Reference		Service/Program		Base Year 1 (9 Month Implementation)		Section III: Optional Services										Total	
Section B		Implementation Costs for RAC Services (3 Months prior to operational services)		\$	\$											\$	
BPP Reference	Service/Program		Base Year 1 (9 Month Term): Proposed Rate	Base Year 2 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Removal Year 1: Proposed Rate	Optional Removal Year 1: Estimated Annual Recovery	Optional Removal Year 2: Proposed Rate	Optional Removal Year 2: Estimated Annual Recovery	Optional Removal Year 3: Proposed Rate	Optional Removal Year 3: Estimated Annual Recovery	Total		
Section B	Percentage Fee for RAC Overpayments - Medical/Dental/Other		35.00%	\$ 430,000.00	35.00%	\$ 360,000.00	15.00%	\$ 560,000.00	35.00%	\$ 560,000.00	35.00%	\$ 360,000.00	35.00%	\$ 560,000.00	\$ 2,600,000.00		
Section B	Percentage Fee for RAC Underpayments - Medical/Dental/Other		18.00%	\$ 42,000.00	36.00%	\$ 56,000.00	15.00%	\$ 56,000.00	28.00%	\$ 56,000.00	16.00%	\$ 56,000.00	36.00%	\$ 56,000.00	\$ 280,000.00		
BPP Reference		Service/Program		Base Year 1 (9 Month Implementation): Proposed Rate		Total Optional RAC Costs										Total	
Section B	Implementation Costs for Medicare Day-In (8 months prior to operational services)		\$	\$											\$		

RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Base Year 4: Proposed Rate	Base Year 4: Estimated Annual Fees	Base Year 5: Proposed Rate	Base Year 5: Estimated Annual Fees	Optional Retainer Year 1: Proposed Rate	Optional Retainer Year 1: Estimated Annual Fees	Optional Retainer Year 2: Proposed Rate	Optional Retainer Year 2: Estimated Annual Fees	Optional Retainer Year 3: Proposed Rate	Optional Retainer Year 3: Estimated Annual Fees	Optional Retainer Year 4: Proposed Rate	Optional Retainer Year 4: Estimated Annual Fees	Optional Retainer Year 5: Proposed Rate	Optional Retainer Year 5: Estimated Annual Fees	Total
Section 2	Medicare Buy-In (PMPM)	\$ 0.95	\$ 656,296.00	\$ 0.95	\$ 675,064.00	\$ 0.95	\$ 675,064.00	\$ 0.95	\$ 675,064.00	\$ 0.95	\$ 675,064.00	\$ 0.95	\$ 675,064.00	\$ 0.95	\$ 675,064.00	\$ 0.95	\$ 675,064.00	\$ 0.95	\$ 675,064.00	\$ 0.95	\$ 675,064.00	\$ 5,031,618.00
Total Optional Medicare Buy-In Costs:																						
RFP Reference	Service/Program	Base Year 1 (9 Month Implementation)		Total Optional Medicare Buy-In Costs:																		Total
Section 2	Implementation Costs for Premium Reimbursement Program(s) (3 months prior to operational services)	\$	\$	*																		\$
RFP Reference	Service/Program	Base Year 3 (9 Month Term): Proposed Rate	Base Year 3 (9 Month Term): Estimated Annual Fees	Base Year 4: Proposed Rate	Base Year 4: Estimated Annual Fees	Base Year 5: Proposed Rate	Base Year 5: Estimated Annual Fees	Base Year 6: Proposed Rate	Base Year 6: Estimated Annual Fees	Optional Retainer Year 1: Proposed Rate	Optional Retainer Year 1: Estimated Annual Fees	Optional Retainer Year 2: Proposed Rate	Optional Retainer Year 2: Estimated Annual Fees	Optional Retainer Year 3: Proposed Rate	Optional Retainer Year 3: Estimated Annual Fees	Optional Retainer Year 4: Proposed Rate	Optional Retainer Year 4: Estimated Annual Fees	Optional Retainer Year 5: Proposed Rate	Optional Retainer Year 5: Estimated Annual Fees	Total		
Section 5	Premium Reimbursement Program(s) (PMPM)	\$ 35.00	\$ 94,500.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 734,500.00		
Total Optional Premium Reimbursement Program(s) Costs:																						
RFP Reference	Service/Program	Base Year 3 (9 Month Implementation)		Total Optional Premium Reimbursement Program(s) Costs:																		Total
Section 5	Implementation Costs for Work Incentive/Premium Program(s) (3 months prior to operational services)	\$	\$	*																		\$
RFP Reference	Service/Program	Base Year 2 (9 Month Term): Proposed Rate	Base Year 2 (9 Month Term): Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Base Year 4: Proposed Rate	Base Year 4: Estimated Annual Fees	Base Year 5: Proposed Rate	Base Year 5: Estimated Annual Fees	Base Year 6: Proposed Rate	Base Year 6: Estimated Annual Fees	Optional Retainer Year 1: Proposed Rate	Optional Retainer Year 1: Estimated Annual Fees	Optional Retainer Year 2: Proposed Rate	Optional Retainer Year 2: Estimated Annual Fees	Optional Retainer Year 3: Proposed Rate	Optional Retainer Year 3: Estimated Annual Fees	Optional Retainer Year 4: Proposed Rate	Optional Retainer Year 4: Estimated Annual Fees	Optional Retainer Year 5: Proposed Rate	Optional Retainer Year 5: Estimated Annual Fees	Total
Section 6	Work Incentive/Premium Program(s) (PMPM)	\$ 20.00	\$ 200,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 1,449,000.00
Total Optional Work Incentive/Premium Program(s) Costs:																						
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Hourly Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Hourly Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Hourly Rate	Base Year 3: Estimated Annual Fees	Base Year 4: Proposed Hourly Rate	Base Year 4: Estimated Annual Fees	Base Year 5: Proposed Hourly Rate	Base Year 5: Estimated Annual Fees	Optional Retainer Year 1: Proposed Hourly Rate	Optional Retainer Year 1: Estimated Annual Fees	Optional Retainer Year 2: Proposed Hourly Rate	Optional Retainer Year 2: Estimated Annual Fees	Optional Retainer Year 3: Proposed Hourly Rate	Optional Retainer Year 3: Estimated Annual Fees	Optional Retainer Year 4: Proposed Hourly Rate	Optional Retainer Year 4: Estimated Annual Fees	Optional Retainer Year 5: Proposed Hourly Rate	Optional Retainer Year 5: Estimated Annual Fees	Total
Section 5.3.7	Enhancement Hours (4,000 hours/year)	\$ 115.00	\$ 245,000.00	\$ 135.00	\$ 462,000.00	\$ 135.00	\$ 462,000.00	\$ 135.00	\$ 462,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 2,545,000.00
Total Optional Enhancement Hours Costs:																						
Section 8: Total Optional Services Costs:																						
Grand Total: Mandatory Services and Optional Services Operational Costs:																						

Instructions:

- 2) Vendor shall populate the yellow highlighted cells within each table with value for each solution of the VPA program. This tab of the spreadsheet applies to only WVCHIP beneficiaries, and excludes the Medicaid population.
- 3) The annual total amount and total project cost will auto-calculate. The total project cost is the sum of each annual cost amount, and implementation costs.
- 4) Recoveries are calculated at a percentage fee, whereas Third Party Admin is a Per Policy Add arrangement.
- 5) Estimated Annual Recoveries for Percentage Fees and Enhancement Hours are adjusted for the 9 month term for Base Year 4 by multiplying the necessary amount to complete unforeseen activities and are capped at 4,000 hours annually, and is for bid purposes only.
- 6) Estimated Annual Fees for P4M arrangements are adjusted for the 9 month term for Base Year 1 by multiplying by 5, and for full term years by multiplying by 12.
- 7) Implementation period must not exceed 9 months, and must be in accordance with Service Level Agreements (SLA)-001; Deliverable Service Level, per Table A3.3.7, and SLA-002; Deliverable Service Level, per Table A3.3.7 of the RFP. SMS has defined Task Group 4 - Solution Deployment, payment milestones 7 through 9, as the overall completion of deployment to production as found in Appendix 2: Deliverables and Milestones Dictionary. The total value of payment milestones 7 through 9 will be equal to 30% of the total implementation cost.

Section A: Mandatory Services

[illegible]

Section B: Optional Services

[illegible]

Instructions: This tab auto-populates totals from the Medicaid and WVCHIP tabs, and combines proposed rates and overall costs for both programs. Vendors should not edit or revise these figures.

Section A: Mandatory Services		
RFP Reference	Service/Program	Total
Section 4.1	Recoveries (Cost-Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audits; Medicare, Tri-Care, and Commercial Recovery; Trauma Recovery; and Estate Recovery)	\$ 5,817,646.85
Section 4.1	Third Party Adds	\$ 12,816,375.00
Section 4.1	Mandatory Services Implementation Costs	\$ -
Section A: Total Mandatory Services Costs		\$ 18,634,021.85
Section B: Optional Services		
RFP Reference	Service/Program	Total
Section 4.1	RAC (Underpayment and Overpayments)	\$ 2,925,001.60
Section 4.1	RAC Implementation Costs	\$ -
Total Optional RAC Costs		\$ 2,925,001.60
RFP Reference	Service/Program	Total
Section 4.1	Medicare Buy-In	\$ 5,031,618.00
Section 4.1	Medicare Buy-In Implementation Costs	\$ -
Total Optional Medicare Buy-In Costs		\$ 5,031,618.00
RFP Reference	Service/Program	Total
Section 4.1	Premium Reimbursement Program(s)	\$ 724,500.00
Section 4.1	Premium Reimbursement Program(s) Implementation Costs	\$ -
Total Optional Premium Reimbursement Program Costs		\$ 724,500.00
RFP Reference	Service/Program	Total
Section 4.1	Work Incentive/Premium Program(s)	\$ 1,449,000.00
Section 4.1	Work Incentive/Premium Program(s) Implementation Costs	\$ -
Total Optional Work Incentive Program Costs		\$ 1,449,000.00
RFP Reference	Service/Program	Total
Section B	Enhancement Services (4,000 hours/annually)	\$ 5,290,000.00
Section B: Total Optional Services Costs		\$ 15,471,119.60
Grand Total: Mandatory Services and Optional Services Costs (Medicaid and WVCHIP)		\$ 34,105,141.45

Instructions: Vendors should use this information to inform their proposed costs for the Cost Workbook tab. Costs below are historical program costs for each Mandatory and Optional Services, reflective as of November 2019. RAC services are based upon Fee For Service (FFS) membership figures from February 2020. Cost references are for bid purposes only.

Service/Program	Costs/Members Medicaid	Costs/Members WVCHIP
Annual Recoveries (Cost-Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audits; Medicare, Tri-Care, and Commercial Recovery; Trauma Recovery; and Estate Recovery)	\$ 9,164,860.00	\$ 75,000.00
Monthly Third Party Adds (Average Members per Month)	7,500	450
Optional Service: Annual Recoveries for RAC, Overpayment - Medical/Dental/DME	\$ 3,500,000.00	
Optional Service: Annual Recoveries for RAC, Underpayments - Medical/Dental/DME	\$ 350,000.00	
Optional Service: Monthly Medicare Buy-in (Average Members Per Month)	76,760	
Optional Service: Monthly Premium Reimbursement Program(s) (Average Members Per Month)	300	
Optional Service: Monthly Work Incentive/Premium Program(s) (Average Members Per Month)	1,050	



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

Alex J. Mayer
Cabinet Secretary

Cynthia Beane, MSW, LCSW
Commissioner

DATE: August 20, 2025

TO: Crystal Hustead
Senior Buyer
State of West Virginia Purchasing Division

FROM: Althea Greenhowe
Procurement Specialist, Senior
Office of Shared Administration/Purchasing

RE: PF1769370, CDO BMS26*08
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 8/19/25 for processing due to budgetary constraints.

The service period is 06/28/25-07/31/25. The total cost of the invoice is: \$272,577.61.

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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- ☐ All Words
- ☐ Exact Phrase

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC"

Entity

Location

Status

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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			
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

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

Tuesday, September 2, 2025 — 8:20 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

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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 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 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):				

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

Employees (this site): Actual

Employees (all sites): Actual

Revenue: Modelled

Year Started: Incorporated:

ESG ranking:

ESG industry average:

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