

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: ()	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	Ma	aster Agreement Number: CMA 0511 BMS2100000006 1
Free on Board:	FOB Dest, Freight Prepaid		-

		VENDO	2			DEPARTMENT CONTACT
HEAL	lor Customer Code: LTH MANAGEMENT S HIGH POINT DR	0000001039 YSTEMS INC	04		Requestor Name: Requestor Phone: Requestor Email:	Kelly (Jimmy) Dowden (304) 356-4861 jimmy.k.dowden@wv.gov
IRVIN	NG		TX	75038		
US						
Vend	or Contact Phone:	8057294298	Extensi	on:		2000
Disco	ount Details:					2026
	Discount Allowed	Discount Per	centage	Discount Days	_	
#1	No	0.0000		0	FI	LE LOCATION
#2	No					
#3	No					
#4	No					

INVO	DICE TO		SHIP TO
PROCUREMENT OFFICER: 304-352-4	1286	PROCUREMENT OFFICER: 304	
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN RESOUR	CES
BUREAU FOR MEDICAL SERVICES		BUREAU FOR MEDICAL SERVIO	CES
350 CAPITOL ST, RM 251		350 CAPITOL ST, RM 251	
CHARLESTON	WV 25301-3709	CHARLESTON	WV 25301-3709
US		US	

Purchasing Division's File Copy

Total Order Amount: \$272,577.61

PURCHASING DIVISION AUTHORIZATION

ELECTRONIC SIGNATURE ON FILE

ELECTRONIC SIGNATURE ON FILE 9-2-

Date Printed: Sep 2, 2025

Order Number: CDO 0511 2676 BMS2600000008 1

Page: 1

FORM ID: WV-PRC-CDO-002 2020/05

Extended Description:

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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 X 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 X \$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 X \$35.00=\$19,565.00

Date Printed: Sep 2, 2025 Order Number: CDO 0511 2676 BMS2600000008 1 Page: 2 FORM ID: WV-PRC-CDO-002 2020/05

Line 1	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

Date Printed: Sep 2, 2025

Order Number: CDO 0511 2676 BMS2600000008 1

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FORM ID: WV-PRC-CDO-002 2020/05



Invoice

Invoice#:

099137

Invoice Date:

8/8/2025

Page:

1 of 1

PO Box 27151 New York, NY 10087-7151

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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	December 1991			
TPL Recoveries			Recoveries/Qty	MOU	Rate	Amount Due
Verified CAV Adds		06/28/2025 to 07/18/2025	\$817,854.90	%	10.95%	\$89,555.11
		07/01/2025 to 07/31/2025	4,981.00	EA	\$27.50	
Management Fee HIPP (PMP)		07/01/2025 to 07/31/2025				\$136,977.50
Management Fee MWIN/per		111111111111111111111111111111111111111	559.00	EA	\$35.00	\$19,565.00
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:

PRINTED NAME:

Ok Olthes Greehour

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@orimwellectrologies.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

	2	3	4	5	6	4/5/6A	4/5/6B	. 7	В	9 4+5+6+	4 8	[9 (7*8)]
DEPOSIT DATES	RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS IOT IDENTIFIED BY HMS	PAYMENTS BILLED BY HMS - CHIP	PAYMENTS BILLED BY MS - MEDICA	PAYMENTS BILLED BY IS - ENCOUNT	BILLED BY	STATE PAYMENTS OT IDENTIFIE BY HMS	OVER-	*TOTAL REFUNDS			DOLLARS DUE
06/28/2025 to 07/18/2025 CI	\$766,601.76	\$153,915,73		\$302 969,45								TO HMS
	erre .	5150	15.75	4002,000110	****	\$0.00	\$0.00		\$0.00	\$606,161.07		\$66,374.64
06/28/2025 to 07/18/2025 Zero Deposit Pay	\$0,00	\$0.00	\$0.00	\$0.00	20.00	801,730	10.00	2.60			10.95%	\$0.00
06/28/2025 to 07/18/2025 Zero Denosits Pa	\$0.00	\$0.00			\$0.00				\$0.00	\$0,00	0.00%	\$0.00
06/28/2025 to 07/18/2025 Non commercial			\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
sursorzozo to orritarzozo Mari commercial		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$6,804.10
IC 1.46.01 3. 140cm run 1		10.00	2.	3.13	70.72	, A.	1000	20,00	40.04	\$0.00		
06/28/2025 to 07/18/2025 Commercial Disa	\$485.57	\$0.00	\$0.00	\$0.00	\$0.00		60.00	40.00	71.00			\$0.00
06/28/2025 to 07/18/2025 MCB & MCA Dis-	\$4,551,72	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00		\$0.00
Total	\$852,289,22		30.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
· Collin	9925,598-55	\$153,915.73	\$1,180.49	\$302,969.45	\$308,536,09	\$0.00	\$0.00	\$6,524.96	\$0.00	\$668,298.98		\$73,178.74

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

foral.	Batch Amount	[1] Posted Amound	(2) Over Payments	(3) Commerical Insurance Total	(4) Commercial Insurance - CHiP	(5) Non commercal Trauma_CHI P	(6) Commercial Insurance - ENCOUNTER	(6) Bi-Trauma Estate MedicareA,B & Comm Disellowance	(7) Not identified Massing EO8's	(2+3+4+5+6+7) TOTAL
		\$806,161.07	\$6,524.96	\$490,590.97	25(100.62)	\$0.00	\$308,530.09	\$225.43	\$153,915.73	5952,087,73
								\$47,501,35		\$47,501.35
190								\$32,923.39		\$32,923.38
	-	-			11			55,037.29		\$5,037:29
Total	\$0.00								160	\$0.00
7.00	\$0.00	\$606,161.07	\$6,524.98	\$490,590.97	(4) January	\$0.00	\$308,535.09	\$85,687.46	\$153,915.73	\$1,037,549.76

	BMS Totals	
\$	302,349.41	CI Totals
\$	302,648,77	Encounter
\$	85,462.03	84, Trauma, Estate, Displowance
\$	110,003.87	MCA65 Disallowance Cycle
5	225.43	Credit Balance Audits/Lockbox
5	17,165.39	Credit Balance Audits
	\$817,854.90	10.95% Fee

\$	89,555,11	TPI. Recoveries =sum(817,854,90*10.95%)
5	19,565,00	HIPP MGT
\$	28,480.00	MWIN MGT
S	138,977.50	Cost Avoidance Adds
\$	272,577,61	Total Due HMS

Interpretable

If you done shall proport to the yell ow high lightest cuttors each table with a value for each action of the TFL programs, including Optional Services. This has of the approach of applicant to only Mandach beneficial too, and excision the WMCRP population.

If you assumed botal encount and total projects cost to the same of each entrual cost encount, and explainmentation costs.

If you assumed botal encount and total projects cost to the same of each entrual cost encount, and explainmentation costs.

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Mily Reference	Sacrocaf Program	(Sin Delgism	Vitor S Henth Hetsjûnsj, Hill Pale						option	nal re	enewal	year	· a		Total
Section A	Implementation Costs for Mandatory Services (3 months prior to operational services)	ş	\$,		*	Ċ	B	\$	
16P Padarance	Service/Program	State Year 1 (it blooms Years). Proposed Pate	Shorth Yangi- Sa Manth Yangi- Reseased Assaul Sammey	Time Year 2: Proposed Rate	Area Tape 2: Subsected Assessed Successory	Rese Veer 2- Propensi 2000	Mater Veneral; Series and Accept Recovery	Optional Renaud Voor's Princessal States	Optional Resident Valor X: Obstation Actions	Cytical Second Year 2	Optional Sensoni Year 2: Effected Acres	Option/Autori Test 3	Optional Sangage Year 8- Estimated Annual		Total
Section A	Percentage For for Recoveries (Cash-Austignou) FF, Authlitonic Pool-Purent Recovery; TPL Gradit Belonce Availing Moditions, TH-Care, and Commissed Houseway; Transition Recovery; and Leave Recovery;	28,55%	\$ 752,004.13	10,95%	\$ 1,000,042,37	10.89%	\$ 1,000,552.17	10.95%	\$ 1,003,552.17	972quated lines	\$20000Y	Neground Hata	\$ 1,000,552.17	\$	5,779,424.
int Reference	Marrico/Program	Base-Year 1 (0 Neurals Years) Proposed Robe	Bate Vine 3. (D Month Trents Searcested Assession	- Chee Vent II: Proposed Rates	Sam Year 2: Aristotical Assemble Stand	Sees Vent S Married State	Name Wager S- Bellemited Assessed Frame	Opticital Rinamal Tast 1. Principal Indo	Cyclonel Banessel Ving 1: Salateled Antoni	Optional Appropriate Ventrals	Optional functional Year 2 Estimated Assembly	Optional Survey	Options Reported Year S. Estambal Assessi		Total
Audio	Verified Visini Party Adds (Per Policy Add)	\$ 57,50	5 1,456,253.00	3 27.50	\$ 2,475,000.00	\$ 4/56	\$ 2,405,000,00		2,475,000.00		Pots	Proposand Rass	Pont	_	
	Section At Total branch	atory Services Costs	\$ 2,408,914.19		5 3,479,552,17		\$ 1,479,552.17			3 47,36		\$ 22.50	\$ 206,250.00	\$	11,962,500.
							17 Congocu		\$ 1,471,552.17		\$ 3,478,552.57		\$ 1,200,002.27	\$	17,772,924.9
											Section A.	Total Mandate	ny Services Cook		
there						Section	p it: Optional Sec	SCOR.						-	
Reference	Service/Profitme		I (Bildung):												
SeeDyn B	Implementation Costs for BAC Sendose (3 Premins prior to apprecional services)	5	\$ -								*			\$	Total
FP Inflations	Service/Program	(Dans Vous) (D Minste Turse): Prignant Ages	Home Year 's (3 Month's Term) Enterouse Amends Supplemental	itele Year 2. Pripanal-luge	Reco'Unitr'3- Virtument Arrayal Recovery	Danis Vener S; Proposed Misse	Bayer Verif 2- School of Associati Focusively	Optained Resignant Year 1: Proposed Blass	Opplema Received Year 5: Distincted Admired	Optional housesal Year 2, Processed Italia	Optional Innormal Year 2: Salamated Annual	Čytetisi Stanov. Tuor 2 Proposid Raja	Optional Reserved Year S: Reference Associated		Total
Section 8	Percentage Fee for RAC Descriptions:- Medical/Destat/OME	35.00%	\$ 430,000,00	16.00M	\$ 560,000,00	LS-00%	\$ 560,000,00	35.00%	Recovery	36.00%	Batterery	25.00%	Bosováry	_	
Settler B	Percentings For for RAC Underpayments - Medical/Osetal/Oset	18,70%	\$ 47,800,08	36,76%	\$ 56,800,00	15.00%	56,000,00	28.00%	\$ 540,000.00 \$ 54,000.00	16,00%	5 56,000.00	16.00R	3 500,000.00	Ť	2,680,000
FP finitemen	Struce/Program	Jenyitora	2 (3 Nitrath relation) and Foot						17		13 38,010.00	Total Op	S S6,000.00	\$	255,900.5
Section II	implementation Couls for Medicure Suy-In (0 months proc	1990													Total

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RIP Reference	Service/Program	items Vene 1. (i) Mostly Terry). Proposed Posts	Hang Vitoria (D Month Tierna) Estimated Automot Face	Does Year 2: Proposed Rate	Bisso Years 2- Estamented Annual Front	Race Veter2* Prinposed Ruge	Appa Voter 8 Estimated Associal Ponc	Optomal Represent Year'S, Philips and States	Ciliforni Rossoni Year J _i Estimatud Jenepi	Optional Renewal Year's Franciscal Rate	Optional Reserved Year 2: Estatución Accepti	Optional Successi Vator S; Pringerpolitate	Optionsi Ransoni Year A Estemated Associal	Total
Jacks #	Medicare Buy-in (PMPM)	5 0,95	\$ 456,296.00	5 0115	5 875,084,00	5 9,315	\$ 879,064.00	5 0,98	\$ 875,064.00		\$ 875,064,00	< 0.55	\$ 675,054,00	\$ 5.091,618.0
767														& shartanen
Rohenne	Service/Program	Into Year Intohum	1 (# Weeth								1 (CAR)	Oppositi emilis	sare Bey-In Costs	
Sacijos D	Implementation Code for Proving Relationsessed. Program(d) (3 words prior to operational services)	\$	s .								*			\$ -
Rije Rollerense	Service/Programs	Seen Year 3 (5 Mosth Tent): Proposed Hyla	Sele Year's (I Month Tutor) Estimbled Amoust Page	None Year 2: Proposed Rate	Pass Year 2, Pathernal Aurosal Year	Auer Yzor 3. Polykoned Rana	Burny Veger S. Extracted Associate Page	Optional National Vage 1; Programs then	Optional Improved Trior 3) Editornal Accord	Quitarni Reservati Yaprii Prinjested Radio	Oytlinel Resource Part 3: browned Admini	Optional Parents) Year & Processed Rate	Optional teatment Year 2- Totanggal Associa	Total
Section 5	Promising Reimburgement Program(s) (Patpag	5 Km	3 94,500,00	\$ 33.00	\$ 128,000.00	\$ 35.00	\$ 138,000,00	5 aduto			\$ 125,000.09		9 126,000.00	\$ 724,300.0
PEP 1		Total Section	1 () March								Total Detacal Pa	Proum Repoblerance	nent Program(s) Costs	
Arforence	Service/Program	Josephans .									The state of the s	The second second second	-	TO A ST
Section 16	Interest and American Code for Week Intentive/Premiers Programps (Submeths prior to reperational services)	5	5 .								*			Tizitell 5
INP Advence	Service/Program	Steen Year h. (D Mosth Terris). Prophesic Stein	Stand Year S (5 Marris Times)* Reconstant Jeanness	projected phile personal phile	Sun Year 2, Extended / June 1 Form	Ryso Year 2: Proposed Itida	Moto Veer & Estimated Astroni Page	Spitions planared Year 1. Proposed State	Optional deservat Year A: Bellevited Append	Cotonal Vaporati Year 2 Proposed Rules	Optional Americal Year 2: Edwards Americal	Cytoscol (figures) Year S. People of Edite	Optional Reservat Year 2: Estractal Angual	Total
Saction B	Work incentive/ Premium Programbs] (*Meson)	5 20.00	\$ 330,600,00	\$ 49.00	5 252,000.00	\$ 20.00	\$ 263,603,00	5 20.00	\$ 252,000.00		\$ 252,000.00		\$ 252,000.00	\$ 1,449,000.0
											Tabel Comment to		L ISSN Programbij Gleib	
P Neference	Jerus/Program	Hese Year 2. 29 Meetle Tarjelj Projesské Hourly Hate	Base Vent 1. (8 March Torog); Entrinted Assessi	Base Veer & Proposed Hourly Rate	Resp Year 2 Estimated Amoust Pass	Barn Your S: Proposed Hously State	Stee Tops 5; Entropel Acoust From	Optibial Renaul Fact I: Proposed House	Vpsr1. Entiretted Ancreas	Optional Manageral Year 3 Proposed Housey	Optional Recipion Vent 2 st Estatement Assumal	Optional function Than 3:	Optional Reputation Timer Si	Total
Saction 5.3.7	Enhancement House 4,000 top-referred	\$ 185.00		\$ 115,00	\$ 465,000,00	\$ 125.00	\$ 480,000,00	Ratio Exp. dis	5 480,000.00	8 325,00	\$ 460,000.00	Foto 5 236.00	\$ 460,000,00	
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													HOUSENSKI HOUSE COST	J. J.Mindel
											RDDunes	or sold obsol	IIII SUIVICAN COST	· · · · · · · · · · · · · · · · · · ·

Instructions

- 11 Versions shall peoplete the years highlighted cells within each table with a value for each solution of the 19th program. This tab of the spreadsheet applies to only WVCHIP beneficiaries, and excludes the Medicald population.

 2) The ensual total amount and total project cost will auto-calculate. The total project cost is the sum of each ensual cost amount, and implementation costs. 4 The sevent occus and complete copy and accountment, the score project copy and accountment, and implementation opers.

 3) Recovering an estimated at a portunitage fee, whereas Third Party Adds is a Per Policy Add strangement, Estimated Annual Recovering for Personal R

- Significant processes and the processes and the processes are the contract of the contract of

BFP						Section	on A: Nandator	/ Serviças						
Minte	Service/Program		1 (3 Month critition)											Total
Section A	implementation Casts for Mendatory Services (8 months prior to operational services)	5	\$ -								*			5 .
IEP Nafacampa	, Survice/Program	Acce Year 1 39 Migasils Turns): Propiosed Rute	Reso Veer 1 (9 Month Yers): Estimated Assupt Recovery	Bour Year 2: Proposed Cate	Seas Vegr 2: Retreated Annual Recovery	Buss Year &: Prispased tiers	Runt Year S: United Agency Baccolory	Optional (Income) Trape &: Peophical lines	Optional Renderal Year 1: Entranted Armani Renderate	Optional Renoval Year 2: Proposed Reto	Optional Sanomal Year 2: Enteroption Antique Reserves	Optowel Becaut Year S: Proposed Rate	Optional Iteranual Vane II: Reservated Accept	Tatal
Section A	Parcentage Fee for Resolveries (County-Traume Recovery)	19.59%	\$ 6,159.38	29,95%	\$ 8,212,50	10.55%	\$ 8,212.50	10,95%	\$ 8,212.50	30.65%	\$ 8,212.50	20.05%	\$ 8,212.58	\$ 47,221,1
1979 Variateginea	Seristo/Progress	Many Year 1 go spicette Terrerij: Professoof States	Rass Year I (II Massift Tepnif: Settysteni Assessi	Book Your 2: Proposed Bate	Steen Your 2 Setzented Automa Frees	Stone Year S. Proposed Rate	Titon Totals: Spicented Annual State	Optional Sensoni Vetr 1: Proposed Julia -	Optional Names of Vine 2: National Action	Optional Hampsol Year 2: Pricessed State	Optional Returnel Year 2. Estimated	Opininal Remoti Toor 8. Properted flute	Optional fungous Year S: Rebelated Armed	Yotel
Sertion A	Per Member Verified Third Party Adds (Per Policy Add)	5 27-30		\$ 27.50	\$ 348,500.00	5 27.50	\$ 180,500.00		\$ 5,48,500,00		\$ 148,500.00		\$ 149,500.00	\$ 455,875.4
	Spetton A. Total Manda	striny Services Costs	\$ 117,534.33		\$ 156,712.50		\$ 156,712.50		5 151,712,50		3 154,712,50		5 156,712,50	\$ 901.0961
									17				ry Services Couts	

						Sec	tion 8: Optional	Services			76			
MP afternacy	Sanispo/Program	Buse-Year 1 (D-Mostle Terro): Pytojenned Hourly Rate	Sings Year 1 (3) Mooth Throit: Estimated Angual Faco		Pure Veer'2: Collected Americal Vees	Good Year S; Proposed Hourly State	Bata Tpic I; United and Accept Page	Optiminal Renewall Vent 2: Proposed Hously	Year (1: Extremise August)	Optional Research Vater 2: Programmi Hourly	Optional Bitcowed Voor 2: Bistroated	Rennal Year 5: Proposed	Optiginal Renewal Value S. Skinnsted Annyal	Total
Ction S.3.3	(4,000 hours/year)	\$ 11500		\$ 235.00	\$ 460,000.00	\$ 115,00	\$ 480,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	S 115.00	Faces S 450,000,00	\$ 2,645,000.
											Total Optio	mal Enhancen	nent Hours Costs	SALZ GROUND
											Section B	Testel Cotton	al Services Costs	1 154000

Grand Total: Mandatory and Optional Services Costs

instructions: This tab auto-populates totals from the Medicald 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 Recoveries (Cost-Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Section 4.1 \$ 5,817,646.85 Balance Audits; Medicare, Tri-Care, and Commercial Recovery; Trauma Recovery; and Estate Recovery) Section 4.1 Third Party Adds \$ 12,816,375.00 Section 4.1 **Mandatory Services Implementation Costs** Section A: Total Mandatory Services Costs 10,634,021,85 Section B: Optional Services RFP Reference Sendoe/Program Total Section 4.1 RAC (Underpayment and Overpayments) \$ 2,925,001.60 Section 4.1 **RAC** Implementation Costs **Total Optional RAC Costs 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 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** RFP Reference Service/Program Total Section 4.1 Work Incentive/Premium Program(s) \$ 1,449,000.00 Work Incentive/Premium Program(s) Implementation Costs Section 4.1 **Total Optional Work Incentive Program Costs** RFP Reference Service/Program Total Section B Enhancement Services (4,000 hours/annually) Section B: Total Optional Services Costs Grand Total: Mandatory Services and Optional Services Costs (Medicald and WVCHIP)

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	Co	sts/Members Medicald	s/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)	\vdash	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 offi-

- 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 hav today.

Bryan

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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.

Organization I	Organization Information								
Organization									
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				

Business Purpose	5415 - Professional, Scientific and Techincal Servies - Professional, Scientific and Techincal Servies - 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	
Addresses	
Туре	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
Туре	Address

Officers	
Туре	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
Туре	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

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	
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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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HOME

BUSINESS SERVICES

ELECTIONS

CIVICS AND EDUCATION

ntity Sum y

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 Addre		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	There is an address of the second of the sec	\$ 0.0100	45,000,000	200

Purpose:

COST CONTAINMENT IN HEALTHCARE

TITLE: 7-1.2-1405

North American Industry Classification System Code(NAICS):

D&B Business Directory

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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Software Publishers

Information

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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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