

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: 10-07-2025

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 BMS2600000012 1	Change Order No: 0	Procurement Folder:	1795294
Document Name:	CDO for CMA BMS21*06 Jul/Aug 2025		Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Jul/Aug 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	N	laster Agreement Number:	CMA 0511 BMS2100000006 1
Free on Board:	FOB Dest, Freight Prepaid			

VENDOR						DEPARTMENT CONTACT
HEA	dor Customer Code: LTH MANAGEMENT S i HIGH POINT DR	00000010390 YSTEMS INC	04		Requestor Name: Requestor Phone: Requestor Email:	Kelly (Jimmy) Dowden (304) 356-4861 jimmy.k.dowden@wv.gov
IRVII	NG		TX	75038		
	dor Contact Phone: ount Details:	8057294298	Extension	on:		2026 ILE LOCATION
	Discount Allowed	Discount Per	centage	Discount Days		
#1	No	0.0000		0		
#2	No					
#3	No					
#4	No				=2	

INVOICE	ТО		SHIP TO
PROCUREMENT OFFICER: 304-352-4286		PROCUREMENT OFFICER: 304-	352-4286
HEALTH AND HUMAN RESOURCES		HEALTH AND HUMAN RESOUR	CES
BUREAU FOR MEDICAL SERVICES		BUREAU FOR MEDICAL SERVIC	CES
350 CAPITOL ST, RM 251		350 CAPITOL ST, RM 251	
CHARLESTON	WV 25301-3709	CHARLESTON	WV 25301-3709
us		US	

Total Order Amount: \$447,662.76

Purchasing Division's File Copy

PURCHASING DIVISION AUTHORIZATION

DATE: CONTRACTOR ON FILE

Date Printed: Oct 8, 2025

ENCUMBRANCE CERTIFICATION

ELECTRONIC SIGNATURE ON FILE 10-9-25

Order Number: CDO 0511 2676 BMS2600000012 1 Page: 1 FORM ID: WV-PRC-CDO-002 2020/05

#### **Extended Description:**

Confirming Delivery Order for services provided during the period of 07/19/25-08/31/25 under invoice 099507.

Total: \$447,662.76

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$218,587.76
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-07-19	2025-08-22				

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%

\$1,996,235.23 X 0.1095=\$218,587.76

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$182,545.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-08-01	2025-08-31				

**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

6,638 X \$27.50=\$182,545.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$19,530.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-08-01	2025-08-31				

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

558 X \$35.00=\$19,530.00

 Date Printed:
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 2676
 BMS2600000012
 1
 Page:
 2
 FORM ID: WV-PRC-CDO-002
 2020/05

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$27,000.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2025-08-01	2025-08-31				

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

1,350 X \$20.00=\$27,000.00

Date Printed: Oct 8, 2025 Order Number: CDO 0511 2676 BMS2600000012 1 Page: 3 FORM ID: WV-PRC-CDO-002 2020/05



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#:

099507

Invoice Date:

9/5/2025

Page:	1 of 1

Description	Comments	Service Period	Recoveries/Qty	MOU	Rate	Amount Due
TPL Recoveries		07/19/2025 to 08/22/2025	\$1,996,235.23	%	10.95%	\$218,587.76
Verified CAV Adds		08/01/2025 to 08/31/2025	6,638.00	EA	\$27.50	\$182,545,00
Management Fee HIPP (PMP)		08/01/2025 to 08/31/2025	558.00	EA	\$35.00	\$19,530,00
Management Fee MWIN/per member		08/01/2025 to 08/31/2025	1,350.00	EA	\$20.00	\$27,000.00
					Total	\$447,662.76

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

PROGRAM APPROVAL SIGNATURE: Andrew Woodell
PRINTED NAME: Andrew Woodell
DATE: 09-16-25

### RECEIVED

SEP 0 8 2025

BUREAU FOR MEDICAL SERVICES

Ok Olther Dreechous

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 AECrom@gainvelfecturclories.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

1	TOTAL MEDICAN		LOCKBOX	LOCKBOX 5	LOCKBOX 6	4/5/6A STATE	4/5/6B STATE	7	8	9 (4+5+6+4/5A-6	- 8	9 (7*8)
DEPOSIT DATES 07/19/2025 to 08/22/2025 CI	IN LOCKBOX	PAYMENTS NOT IDENTIFIED BY HMS		PAYMENTS BILLED BY MS - MEDICAN	PAYMENTS BILLED BY	PAYMENTS BILLED BY	PAYMENTS NOT IDENTIFIED	OVER- PAYMENTS	"TOTAL REFUNDS	NET RECOVERY	RCENTAL TO HMS	DOLLARS DUE
"74 C "	\$1 172,435.88	\$53,893.17	\$1,126.36	\$641,447.96	\$475,968.39	\$0.00		\$5,948,61	\$0.00	\$1,112,594,10		\$121.829.0
7/19/2025 to 08/22/2025 Zero Denosit Payments   Ferr	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	7	1.17	- 6-9	^- )	\$1,11E,007.10	10.95%	\$0.0
7/19/2025 to 08/22/2025 Zero Deposits Payments   Cr	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$0.00		\$0.0
7/19/2025 to 08/22/2025 Non commercial Billing Pays	\$569.061,11	\$0.00	\$0.00		\$0.00	\$0.00		\$0.00		10.00		\$0.0
7/10/2025 to Del22/2005 G	1	9.6	HUIS		1	30.00	\$0.00	50.00	\$0.00	\$569,081,11	10.95%	\$62,314,3
7/19/2025 to 08/22/2025 Commercial Disallowance 7/19/2025 to 08/22/2025 MCB & MCA Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00		\$0.00
otal	\$1,246.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Cut)	\$1,742,763.95	\$53,893.17	\$1,126.36	\$641,447.96	\$475,968.39	\$0.00		\$5,948,61	50.00	11 681 675 21	10.95%	\$0.00

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

L'A

TOTAL	Batch Amount	(1) Posted Amound	(2) Over Payments	(a) Commencel Instrunce Total	(4) Commercial Instirance - CHIP	(5) Non commercal Traume_CHE	(6) Commercial Insurance - ENCOUNTER	(6) Bi Traums Estate MedicareA, B & Contin Disatowance	(7) Not Identified Missing EOB's	{2+3+4+5+8+7} TOTA
		\$1,112,594.10	\$5,948.61	\$490,590,97	TO SERVE	\$0,00	3475,988.39	\$11,105,49	\$53,893,17	\$1,030,431.6
								\$29,690,40		\$29,008.4
	1000							\$528,219.23		\$528,219.2
								\$1,240.96		\$1,240.00
Yotal .	\$0.00	\$1,112,594.10	\$5,948,81	\$490,590,07	T TO CAN LETTE					\$0.00
			40,040,01	3490,390.97	LECTION NO.	50.00	\$475,968,39	\$570,270.16	\$53,893.17	\$1,589,596,33

hic	RMS Totals	
s	640,547.96	Offs
5	470,919.81	Encounter
	\$570,270,18	B), Trauma, Eslate, Disallowance
3		CIS7 Displikrovance Cycle
	120	Refund RX20
	. 1	Reland CI57
5	57.91	Credit Balance Audits/t ockbox
5	7,188.35	Credit Balance Audies
	\$1,998,235.23	

\$	218,587.76	TPL Recoveries (\$1,996,235,23* (0.95%
\$		Cost Avoldance Adds
5	10,530.00	HIPP MGT FEE
s	27,000.00	MWIN MGI FEE
\$	447,662.76	Total Due HMS



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

Alex J.Mayer **Cabinet Secretary**  Cynthia Beane, MSW, LCSW Commissioner

DATE:

October 7, 2025

TO:

Crystal Hustead

Senior Buyer

State of West Virginia Purchasing Division

FROM:

Robert L. Price, CPPO, CPPB, NIGP-CPP, Robert Price

Office of Shared Administration/Purchasing

RE:

PF1795294, CDO BMS26\*12

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 service period is 07/19/25-08/31/25. The total cost of the invoice is: \$447,662.76.

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-957-0218 or robert.l.price@wv.gov. Thank you for your time and consideration in this matter.



• . An official website of the United States government Here's how you know Revolutionary FAR Overhaul Impacts to SAM.gov Show Details Aug 15, 2025 See All Alerts Records Retention Policy Impacts Old SAM Registration Data Show Details May 21, 2025 SAM, GOV° ( Home Search Data Bank **Data Services** Help Search All Words ▼ e.g. 1606N020Q02 Filter By Keyword Search For more information on how to use our keyword search, visit our help  $\mathsf{guide} \ \boxtimes$ Simple Search Search Editor Any Words (1) All Words Exact Phrase e.g. 123456789, Smith Corp "HEALTH MANAGEMENT SYSTEMS INC" X Classification Excluded Individual Excluded Entity Federal Organizations **Exclusion Type Exclusion Program** Location Dates

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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.

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			

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 erm Years		Par Value	0.000000
Authorized Shares	0	Young Entrepreneur	Not Specified

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	
Гуре	Address	

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
ype	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	

· 9/22/25, 4:24 PM

**DBA Name** 

Description

**Effective Date** 

**Termination Date** 

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	
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2022	
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Date filed	

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

Monday, September 22, 2025 — 4:24 PM

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### 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

Industry: Computing Infrastructure Providers, Data Processing, Web Hosting, and Related Services , Software Publishers , Information , Data processing and preparation, Application computer software

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ppular Search:

Computing Infrastructure Providers, Data Processing, Web Hosting, and Related Services

Software Publishers

Information

Hi there, thanks for stopping Primey - Terms by Dun & Bradstreet! What company are you attempting to contact?

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: \$57.81 million

Modelled

Year Started:

Incorporated:

ESG ranking:

ESG industry average:

What is D&B's ESG Ranking?

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#### 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

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

Address Maintained: Y

#### 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			Total Authorized	Total issued and outstanding	
			No. of strates	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):