



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: 05-08-2026

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 BMS2600000034 1	Change Order No:		Procurement Folder:	1964380
Document Name:	CDO for CMA BMS21*06 Jan 2026/Feb 2026			Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Jan 2026/Feb 2026				
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			Requestor Name:	Stuart Sellears
HEALTH MANAGEMENT SYSTEMS INC				Requestor Phone:	304-352-4319
5615 HIGH POINT DR				Requestor Email:	stuart.sellears@wv.gov
IRVING		TX	75038	<div style="font-size: 48px; font-weight: bold;">2026</div> <div style="font-weight: bold;">FILE LOCATION _____</div>	
US					
Vendor Contact Phone:	8057294298	Extension:			
Discount Details:					
	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	PROCUREMENT OFFICER: 304-352-4286
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
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:	\$407,069.71
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R 5/14/26

PURCHASING DIVISION AUTHORIZATION
 DATE: *May 15/26*
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *Cody Vance*
 ELECTRONIC SIGNATURE ON FILE *5-18-26*

Extended Description:

Confirming Delivery Order for services provided during the period of 01/24/2026 - 02/28/2026 under invoice 102846.

Total: \$407,069.71

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$143,032.21
Service From	Service To	Manufacturer		Model No	Delivery Date
2026-01-24	2026-02-20				

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%

\$1,306,230.24 X 10.95% = \$143,032.21

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$216,562.50
Service From	Service To	Manufacturer		Model No	Delivery Date
2026-02-01	2026-02-28				

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

7,875.00 X \$27.50 = \$216,562.50

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$19,215.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2026-02-01	2026-02-28				

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

549 X \$35.00 = \$19,215.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$28,260.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2026-02-01	2026-02-28				

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

1,413.00 X \$20.00 = \$28,260.00



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#: 102846
Invoice Date: 3/6/2026
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		01/24/2026 to 02/20/2026	\$1,306,230.24	%	10.95%	\$143,032.21
Verified CAV Adds		02/01/2026 to 02/28/2026	7,875.00	EA	\$27.50	\$216,562.50
Management Fee HIPP (PMP)		02/01/2026 to 02/28/2026	549.00	EA	\$35.00	\$19,215.00
Management Fee MWIN/per member		02/01/2026 to 02/28/2026	1,413.00	EA	\$20.00	\$28,260.00
Total						\$407,069.71

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

PROGRAM APPROVAL SIGNATURE: *Shirley Riley*
PRINTED NAME: Shirley Riley
DATE: 2/13/2026

RECEIVED

MAR 09 2026

BUREAU FOR MEDICAL SERVICES

Ok
Samantha Lamborn

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



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

Christina Mullins, MA
Acting Cabinet Secretary

Christy D. Donohue, CMC
Commissioner

DATE: May 5, 2026

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: PF 1964380, CDO BMS26*34
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. during the month of January 2026/February 2026 under PF 762875, CMA BMS21*06.

Due to an internal BMS issue this invoice could not be processed until May 4, 2026.

The service period is 01/24/2026 - 02/28/2026.

The total cost is \$407,069.71.

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.



1) Vendors shall provide the yellow highlighted cells within each table with a value for each addition of the TPA program, including Optional Services. This tab of the spreadsheet applies to only Medical beneficiaries, and excludes the WCHIP population.
 2) 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.
 3) Recoveries are calculated as a percentage fee, whereas Third Party Add is a Flat Policy Add arrangement. Optional services, including Medicare Buy-in, Premium Reimbursement Program(s), and Work Incentive/Premium Program(s), are also a PMPM arrangement whereas BAC services are a percentage fee. Enhancements Services reflect additional hours necessary to complete vendor activities and are capped at 4,000 hours annually, and is for bid purposes only.
 4) Estimated Annual Recoveries for Percentage Fees and Enhancement Fees are adjusted for the 9 month term for Year 1 by multiplying the proposed percentage fee by 0.75.
 5) Estimated Annual Fees for PMPM arrangements are adjusted for the 9 month term for Year 1 by multiplying by 9, and for full term years by multiplying by 12.
 6) Implementation period must not exceed 3 months, and must be in accordance with Service Level Agreements (SLA-001: Deliverable Service Level, per Table AS.2, and SLA-002: Solution Deployment, payment milestones 7 through 9, on the overall completion of employment 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.

RFP Reference	Service/Program	Base Year 1 (9 Month Implementation) Proposed Fee		Base Year 2 (12 Month Term) Estimated Annual Reciprocity	Base Year 3 (12 Month Term) Estimated Annual Reciprocity	Base Year 4 (12 Month Term) Estimated Annual Reciprocity	Base Year 5 (12 Month Term) Estimated Annual Reciprocity	Base Year 6 (12 Month Term) Estimated Annual Reciprocity	Base Year 7 (12 Month Term) Estimated Annual Reciprocity	Base Year 8 (12 Month Term) Estimated Annual Reciprocity	Base Year 9 (12 Month Term) Estimated Annual Reciprocity	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Optional Services Year 3: Estimated Annual Reciprocity	Optional Services Year 4: Estimated Annual Reciprocity	Optional Services Year 5: Estimated Annual Reciprocity	Optional Services Year 6: Estimated Annual Reciprocity	Optional Services Year 7: Estimated Annual Reciprocity	Optional Services Year 8: Estimated Annual Reciprocity	Optional Services Year 9: Estimated Annual Reciprocity	Total	
		Base Year 1 (9 Month Term) Proposed Rate	Base Year 1 (9 Month Term) Estimated Annual Reciprocity																			
Section A	Implementation Costs for Mandatory Services (3 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 Reciprocity	Base Year 2 (12 Month Term) Proposed Rate	Base Year 2 (12 Month Term) Estimated Annual Reciprocity	Base Year 3 (12 Month Term) Proposed Rate	Base Year 3 (12 Month Term) Estimated Annual Reciprocity	Base Year 4 (12 Month Term) Proposed Rate	Base Year 4 (12 Month Term) Estimated Annual Reciprocity	Base Year 5 (12 Month Term) Proposed Rate	Base Year 5 (12 Month Term) Estimated Annual Reciprocity	Base Year 6 (12 Month Term) Proposed Rate	Base Year 6 (12 Month Term) Estimated Annual Reciprocity	Base Year 7 (12 Month Term) Proposed Rate	Base Year 7 (12 Month Term) Estimated Annual Reciprocity	Base Year 8 (12 Month Term) Proposed Rate	Base Year 8 (12 Month Term) Estimated Annual Reciprocity	Base Year 9 (12 Month Term) Proposed Rate	Base Year 9 (12 Month Term) Estimated Annual Reciprocity	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
Section A	Percentage Fee for Recoveries (Cost-Avoidance/TPA Additions; Post-Payment Recovery; TPA Order Balance Audits; Medication, TPA-Care, and Commercial Recovery; Trauma Recovery; and Lease Recovery)	16.00%	\$ 752,664.13	10.00%	\$ 1,003,552.17	10.00%	\$ 1,003,552.17	10.00%	\$ 1,003,552.17	10.00%	\$ 1,003,552.17	10.00%	\$ 1,003,552.17	10.00%	\$ 1,003,552.17	10.00%	\$ 1,003,552.17	10.00%	\$ 1,003,552.17	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
RFP Reference	Service/Program	Base Year 1 (9 Month Term) Proposed Rate	Base Year 1 (9 Month Term) Estimated Annual Reciprocity	Base Year 2 (12 Month Term) Proposed Rate	Base Year 2 (12 Month Term) Estimated Annual Reciprocity	Base Year 3 (12 Month Term) Proposed Rate	Base Year 3 (12 Month Term) Estimated Annual Reciprocity	Base Year 4 (12 Month Term) Proposed Rate	Base Year 4 (12 Month Term) Estimated Annual Reciprocity	Base Year 5 (12 Month Term) Proposed Rate	Base Year 5 (12 Month Term) Estimated Annual Reciprocity	Base Year 6 (12 Month Term) Proposed Rate	Base Year 6 (12 Month Term) Estimated Annual Reciprocity	Base Year 7 (12 Month Term) Proposed Rate	Base Year 7 (12 Month Term) Estimated Annual Reciprocity	Base Year 8 (12 Month Term) Proposed Rate	Base Year 8 (12 Month Term) Estimated Annual Reciprocity	Base Year 9 (12 Month Term) Proposed Rate	Base Year 9 (12 Month Term) Estimated Annual Reciprocity	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
Section A	Verified Third Party Add (Per Policy Add)	\$ 27.50	\$ 1,356,250.00	\$ 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	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
	Section A: Total Mandatory Services Costs		\$ 2,608,914.13		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
	Section A: Total Mandatory Services Costs		\$ 2,608,914.13		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
	Section A: Total Mandatory Services Costs		\$ 2,608,914.13		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17		\$ 3,478,552.17	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total

RFP Reference	Service/Program	Base Year 1 (9 Month Implementation) Proposed Fee		Base Year 2 (12 Month Term) Estimated Annual Reciprocity	Base Year 3 (12 Month Term) Estimated Annual Reciprocity	Base Year 4 (12 Month Term) Estimated Annual Reciprocity	Base Year 5 (12 Month Term) Estimated Annual Reciprocity	Base Year 6 (12 Month Term) Estimated Annual Reciprocity	Base Year 7 (12 Month Term) Estimated Annual Reciprocity	Base Year 8 (12 Month Term) Estimated Annual Reciprocity	Base Year 9 (12 Month Term) Estimated Annual Reciprocity	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Optional Services Year 3: Estimated Annual Reciprocity	Optional Services Year 4: Estimated Annual Reciprocity	Optional Services Year 5: Estimated Annual Reciprocity	Optional Services Year 6: Estimated Annual Reciprocity	Optional Services Year 7: Estimated Annual Reciprocity	Optional Services Year 8: Estimated Annual Reciprocity	Optional Services Year 9: Estimated Annual Reciprocity	Total	
		Base Year 1 (9 Month Term) Proposed Rate	Base Year 1 (9 Month Term) Estimated Annual Reciprocity																			
Section B	Implementation Costs for BAC Services (3 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 Reciprocity	Base Year 2 (12 Month Term) Proposed Rate	Base Year 2 (12 Month Term) Estimated Annual Reciprocity	Base Year 3 (12 Month Term) Proposed Rate	Base Year 3 (12 Month Term) Estimated Annual Reciprocity	Base Year 4 (12 Month Term) Proposed Rate	Base Year 4 (12 Month Term) Estimated Annual Reciprocity	Base Year 5 (12 Month Term) Proposed Rate	Base Year 5 (12 Month Term) Estimated Annual Reciprocity	Base Year 6 (12 Month Term) Proposed Rate	Base Year 6 (12 Month Term) Estimated Annual Reciprocity	Base Year 7 (12 Month Term) Proposed Rate	Base Year 7 (12 Month Term) Estimated Annual Reciprocity	Base Year 8 (12 Month Term) Proposed Rate	Base Year 8 (12 Month Term) Estimated Annual Reciprocity	Base Year 9 (12 Month Term) Proposed Rate	Base Year 9 (12 Month Term) Estimated Annual Reciprocity	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
Section B	Percentage Fee for BAC Overpayments - Medical/Dental/DME	16.00%	\$ 420,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
Section B	Percentage Fee for PAC Underpayments - Medical/Dental/DME	16.00%	\$ 420,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
RFP Reference	Service/Program	Base Year 1 (9 Month Term) Proposed Rate	Base Year 1 (9 Month Term) Estimated Annual Reciprocity	Base Year 2 (12 Month Term) Proposed Rate	Base Year 2 (12 Month Term) Estimated Annual Reciprocity	Base Year 3 (12 Month Term) Proposed Rate	Base Year 3 (12 Month Term) Estimated Annual Reciprocity	Base Year 4 (12 Month Term) Proposed Rate	Base Year 4 (12 Month Term) Estimated Annual Reciprocity	Base Year 5 (12 Month Term) Proposed Rate	Base Year 5 (12 Month Term) Estimated Annual Reciprocity	Base Year 6 (12 Month Term) Proposed Rate	Base Year 6 (12 Month Term) Estimated Annual Reciprocity	Base Year 7 (12 Month Term) Proposed Rate	Base Year 7 (12 Month Term) Estimated Annual Reciprocity	Base Year 8 (12 Month Term) Proposed Rate	Base Year 8 (12 Month Term) Estimated Annual Reciprocity	Base Year 9 (12 Month Term) Proposed Rate	Base Year 9 (12 Month Term) Estimated Annual Reciprocity	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
Section B	Implementation Costs for Medicare Buy-in (3 months prior to operational services)	\$	\$																	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
	Section B: Total Mandatory Services Costs		\$ 840,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
	Section B: Total Mandatory Services Costs		\$ 840,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total
	Section B: Total Mandatory Services Costs		\$ 840,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00		\$ 1,120,000.00	Optional Services Year 1: Estimated Annual Reciprocity	Optional Services Year 2: Estimated Annual Reciprocity	Total

Instructions: This tab auto-populates totals from the Medicaid and WACHIP 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		
Section B: Optional Services		
RFP Reference	Service/Program	Total
Section 4.1	RAC (Underpayment and Overpayments)	\$ 2,926,001.60
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
Section 4.1	Work Incentive/Premium Program(s) Implementation Costs	\$ -
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 (Medicaid and WACHIP)		

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	

OK
Elizabeth Greenhouse

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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 Servies - Professional, Scientific and Technical 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	
Type	Address
Designated Office Address	209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
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
Principal Office Mailing 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

Mergers				
Merger Date	Merged	Merged State	Survived	Survived State
6/2/2015	HMS BUSINESS SERVICES, INC.	NY	HEALTH MANAGEMENT SYSTEMS, INC.	NY
Merger Date	Merged	Merged State	Survived	Survived State

Date	Amendment
6/2/2015	MERGER: MERGING HMS BUSINESS SERVICES, INC., A QUALIFIED NY CORPORATION WITH AND INTO HEALTH MANAGEMENT SYSTEMS, INC., A QUALIFIED NY CORPORATION, THE SURVIVOR
Date	Amendment

Annual Reports	
Filed For	
2025	
2024	
2023	
2022	
2021	
2020	
2019	
2018	
2017x	
2017	
2014	
2013	
2012	
2011	
2010	
2009	
2007	

2006
2005
2001
1998
1997
1994
1993
1992
Date filed

[File Your Current Year Annual Report Online Here](#)

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

Tuesday, May 5, 2026 — 1:37 PM

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HEALTH MANAGEMENT SYSTEMS, INC.

Specialist

An individual educated and trained in an applied knowledge discipline used in the performance of work at a level requiring knowledge and skills beyond or apart from that provided by a general education or liberal arts degree.

Diagnostic Medical Imaging

services

OVIS Imaging Solutions



Share

Tweet (<https://twitter.com/intent/tweet?text=&url=&via=npidb>)

Reviews

Contact Information

HEALTH MANAGEMENT SYSTEMS, INC.
 225 E JOHN CARPENTER FWY STE 500
 IRVING, TX 75062-2326

Phone: 214-453-3000

Fax:

Website:

Specialty	Taxonomy Code	Specialty Code	Provider Type
★ Specialist (/doctors/other_service/specialist_174400000x/tx/)	174400000X (/taxonomy/174400000X/)		

★ Indicates primary specialty



NPI Profile & details for HEALTH MANAGEMENT SYSTEMS, INC.

NPI # 1932938321

← Back to Search

Health Management Systems

Unclaimed ⓘ

Write a review

Add photos/videos

Share

Save

Do you recommend this business?

Yes

No

Maybe

Photos & videos



Add photo

Location & Hours



5615 High Point Dr
Ste 100
Irving, TX 75038

Get directions

X

hms.com



(214) 453-3000



Get Directions

5615 High Point Dr Ste 100 Irving, TX
75038

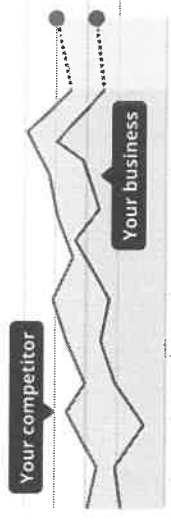


Suggest an edit



Verify this business for free

Get access to customer & competitor insights.



Verify this business

Explore benefits

X



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 guide

Simple Search

Search Editor

- Any Words ⁽ⁱ⁾
- All Words ⁽ⁱ⁾
- Exact Phrase ⁽ⁱ⁾

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC" x

- Classification ∨
- Excluded Individual ∨
- Excluded Entity ∨
- Federal Organizations ∨
- Exclusion Type ∨
- Exclusion Program ∨
- Location ∨
- Dates ∨

Reset

Entity Information ^



Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions



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