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: 08-26-2026

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 BMS2700000008 1	**Change Order No:**	**Procurement Folder:** 2046128
Document Name:	CDO for CMA BMS21*06 April 2026/May 2026		**Reason for Modification:**
Document Description:	CDO for CMA BMS21*06 April 2026/May 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

Vendor Customer Code: 000000103904
HEALTH MANAGEMENT SYSTEMS INC
5615 HIGH POINT DR

IRVING TX 75038

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		

DEPARTMENT CONTACT

Requestor Name: Brenda Sheldon
Requestor Phone: 304-352-4235
Requestor Email: brenda.f.sheldon@wv.gov

2027
FILE LOCATION_____

INVOICE TO

PROCUREMENT OFFICER: 304-352-4286
HEALTH AND HUMAN RESOURCES

BUREAU FOR MEDICAL SERVICES

350 CAPITOL ST, RM 251

CHARLESTON WV 25301-3709

US

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

Total Order Amount:	$308,407.33

Purchasing Division's File Copy

CH 8/27/26

PURCHASING DIVISION AUTHORIZATION
DATE: 8/28/26
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 8-31-26
ELECTRONIC SIGNATURE ON FILE

Extended Description:
Confirming Delivery Order for services provided during the period of 4/18/2026-5/31/2026 under invoice 104453

Total; $308,407.33

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		$0.0000	$152,899.83
Service From	**Service To**	**Manufacturer**		**Model No**	**Delivery Date**
2026-04-18	2026-05-22				

Commodity Line Description: Optional Renewal Year Three Recoveries

Extended Description:
Optional Renewal Year 3 (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%

$1,396,345.49 X 10.95% = $152,899.83

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		$0.0000	$111,622.50
Service From	**Service To**	**Manufacturer**		**Model No**	**Delivery Date**
2026-05-01	2026-05-31				

Commodity Line Description: Optional Renewal Year Three Third Party Adds

Extended Description:
Optional Renewal Year 3 (12 Months) Mandatory

Verified Their Party Adds (PMPM)

Per Policy Rate: $27.50

4,059.00 X $27.50 = $111,622.50

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		$0.0000	$19,285.00
Service From	**Service To**	**Manufacturer**		**Model No**	**Delivery Date**
2026-05-01	2026-05-31				

Commodity Line Description: Optional Renewal Year Three Prem Reimb Pgm (PMPM)-Optional

Extended Description:
Optional Renewal Year 3 (12 Months) Optional

Premium Reimbursement Program(s) (PMPM) Optional

Rate: $35.00

551 X $35.00 = $19,285.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		$0.0000	$24,600.00
Service From	**Service To**	**Manufacturer**		**Model No**	**Delivery Date**
2026-05-01	2026-05-31				

Commodity Line Description: Optional Renewal Year Three Work Incentive/Prem Pgm(PMPM)-Op

Extended Description:
Optional Renewal Year 3 (12 Months) Optional

Year One Work Incentive/Prem Pgm(s) (PMPM)-Optional

Rate: $20.00

1,230.00 x $20.00 = $24,600.00

hms

Invoice

Invoice#: 104453
Invoice Date: 6/5/2026
Page: 1 of 1

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

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		04/18/2026 to 05/22/2026	$1,396,345.49	%	10.95%	$152,899.83
Verified CAV Adds		05/01/2026 to 05/31/2026	4,059.00	EA	$27.50	$111,622.50
Management Fee HIPP (PMP)		05/01/2026 to 05/31/2026	551.00	EA	$35.00	$19,285.00
Management Fee MWIN/per member		05/01/2026 to 05/31/2026	1,230.00	EA	$20.00	$24,600.00
					Total	$308,407.33

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

PROGRAM APPROVAL SIGNATURE: Andrea Woodley
PRINTED NAME: Andrea Woodley
DATE: 6/17/26

RECEIVED
JUN 08 2026
BUREAU FOR MEDICAL SERVICES

Ok
Althea Greenhouse

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:

Dill, Lindsey
v: 501.339.3406
e: lindsey.dill@gainwelltechnologies.com

ATTACHMENT 2
LOCKBOX SUMMARY

104453 06/05/26

	1	2	3	4	5	6	4/5/6A	4/5/6B	7	8 [9	(4+5+6+4/5A-6	8 [9	(7*8)]
DEPOSIT DATES	TOTAL MEDICAID RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	LOCKBOX PAYMENTS BILLED BY HMS - ENCOUNTE	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	*TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
04/18/2026 to 0	$1,210,108.45	$93,038.62	$12,531.77	$639,380.95	$465,157.11	$0.00	$0.00	$11,741.27	$0.00	$1,105,328.56	10.95%	$121,033.48
04/18/2026 to 0	*Total Refunds	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
04/18/2026 to 0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00%	$0.00
04/18/2026 to 0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
04/18/2026 to 0	$232,507.78	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$232,507.78	10.95%	$25,459.60
04/18/2026 to 0	*Total Refunds	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
04/18/2026 to 0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
04/18/2026 to 0	$4,293.98	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	10.95%	$0.00
Total	$1,446,810.21	$93,038.62	$12,531.77	$639,380.95	$465,157.11	$0.00	$0.00	$11,741.27	$0.00	$1,337,836.34		$146,493.08

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

TOTAL	Batch Amount	(1) Posted Amount	(2) Over Payments	(3) Commerical Insurance Total	(4) Commercial Insurance - CHIP	(5) Non commercial Trauma_CHIP	(6) Commercial Insurance - ENCOUNTER	(6) BI Trauma Estate MedicareA;B & Comm Disallowance	(7) Not Identified Missing EOB's	(2+3+4+5+6+7) TOTAL	Invoiced Amount BMS Totals	
		$1,105,328.56	$11,741.27	$490,590.97		$0.00	$465,157.11	$284.76	$93,038.62	$1,036,539.69	$ 632,055.58	CI Totals
								($284.76)		($284.76)	$ 460,741.21	Encounter
								$12,399.78		$12,399.78	$236,000.37	BI_Trauma_Estate_Disallowance
								$219,306.61		$219,306.61	$ 516.63	Credit Balance Audits/Lockbox
								$4,293.98		$4,293.98	$ 67,031.70	Credit Balance Audits
Total	$0.00	$1,105,328.56	$11,741.27	$490,590.97		$0.00	$465,157.11	$236,000.37	$93,038.62	$1,272,255.30	$1,396,345.49	10.95% Fee

+$11,741.27 minus over-payments

$ 152,899.83	TPL Recoveries =SUM($1,396,345.49*10.45%)
$ 152,899.83	Recoveries
$ 111,127.50	cost avoid
$ 495.00	cost avoid manual adds
$ 19,285.00	HIPP Mgt Fee
$ 24,600.00	MWIN Mgt Fee
$ 308,407.33	ok to pay June 6-17-26

WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES

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

Carl Ayers, MSW
Cabinet Secretary

Christy D. Donohue, CMC
Commissioner

DATE: 8/20/2026

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 2046128 CDO BMS27*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 System Inc. under PF 762875, CMA BMS21*06.

The service period is 4/18/2026-5/31/2026. The total cost is $308,407.33.

Due to an internal BMS issue this invoice could not be processed until August 19, 2026.

Please feel free to contact me if there is 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.

An official website of the United States government Here's how you know

Entity Management Extract Publishing Schedule Change Show Details
Aug 15, 2026

Scheduled SAM Maintenance Show Details
Aug 17, 2026

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SAM.GOV

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- Any Words
- All Words
- Exact Phrase

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC"

Entity

Location

Status

- [x] Active
- [ ] Inactive

Reset

Entity Information | All Entity Information | Entities | Disaster Response Registry | Resp

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Business Organization Detail

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HEALTH MANAGEMENT SYSTEMS, INC.

* See Attached *

Organization Information

Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C | Corporation	3/27/1991		3/27/1991	Foreign	Profit			

Organization Information

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

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

× Close

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

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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
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
2026
2025
2024
2023
2022
2021
2020
2019
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For more information, please contact the Secretary of State's Office at 304-558-8000.

Thursday, August 27, 2026 — 2:46 PM

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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 **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 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 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):