



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: 07-02-2024

CORRECT ORDER NUMBER MUST APPEAR  
 ON ALL PACKAGES, INVOICES, AND  
 SHIPPING PAPERS. QUESTIONS  
 CONCERNING THIS ORDER SHOULD BE  
 DIRECTED TO THE DEPARTMENT  
 CONTACT.

<b>Order Number:</b>	CDO 0511 2676 BMS2500000003 1	<b>Procurement Folder:</b>	1457382
<b>Document Name:</b>	CDO for CMA BMS21*06 May 2024	<b>Reason for Modification:</b>	
<b>Document Description:</b>	CDO for CMA BMS21*06 May 2024		
<b>Procurement Type:</b>	Central Delivery Order		
<b>Buyer Name:</b>	Crystal G Hustead		
<b>Telephone:</b>	(304) 558-2402		
<b>Email:</b>	crystal.g.hustead@wv.gov		
<b>Shipping Method:</b>	Best Way	<b>Master Agreement Number:</b>	CMA 0511 BMS2100000006 1
<b>Free on Board:</b>	FOB Dest, Freight Prepaid		

VENDOR				DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	000000103904			<b>Requestor Name:</b>	Mary R Kemper
HEALTH MANAGEMENT SYSTEMS INC				<b>Requestor Phone:</b>	304-352-4235
5615 HIGH POINT DR				<b>Requestor Email:</b>	mary.r.kemper@wv.gov
IRVING	TX	75038		<div style="font-size: 48px; font-weight: bold;">25</div>  <b>FILE LOCATION</b> _____	
US					
<b>Vendor Contact Phone:</b>	8057294298	<b>Extension:</b>			
<b>Discount Details:</b>					
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>		
#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

<b>Total Order Amount:</b>	\$478,560.78
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*CH 7/9/24*

**PURCHASING DIVISION AUTHORIZATION**  
 DATE: *Tau Lfu 7/9/24*  
 ELECTRONIC SIGNATURE ON FILE

**ENCUMBRANCE CERTIFICATION**  
 DATE: *7-10-24*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the month of May 2024 under invoice 091788  
Total: \$478,560.78

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$166,993.28
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-04-27	2024-05-24				

**Commodity Line Description:** Years 1-3 Recoveries

**Extended Description:**

Years 1-3 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%

$\$1,525,052.77 \times 0.1095\% = \$166,993.28$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$268,097.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-05-01	2024-05-31				

**Commodity Line Description:** Years 1-3 Third Party Adds

**Extended Description:**

Years 1-3 Mandatory

Verified Their Party Adds (PMPM)-BMS

Per Policy Rate: \$27.50

$9,749.00 \times \$27.50 = \$268,097.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$15,610.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-05-01	2024-05-31				

**Commodity Line Description:** Years 1-3 Prem Reimb Pgm (PMPM)-Optional

**Extended Description:**

Years 1-3 Optional

Premium Reimbursement Program(s) (PMPM) Optional

Rate: \$35.00

$446.00 \times \$35.00 = \$15,610.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$27,860.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-05-01	2024-05-31				

**Commodity Line Description:** Years 1-3 Work Incentive/Prem Pgm(PMPM)-Optional

**Extended Description:**

Years 1-3 Optional

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

Rate: \$20.00

1,393.00 x \$20.00 = \$27,860.00



# Invoice

Invoice#: 091788  
 Invoice Date: 6/10/2024  
 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 Capitol Street, Room 251  
 Charleston WV 25301

Purchase Order/Contract#: CMA BMS21\*06

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		04/27/2024 to 05/24/2024	\$1,525,052.77	%	10.95%	\$166,993.28
Verified CAV Adds		05/01/2024 to 05/31/2024	9,749.00	EA	\$27.50	\$268,097.50
Management Fee HIPP (PMP)		05/01/2024 to 05/31/2024	446.00	EA	\$35.00	\$15,610.00
Management Fee MWIN/per member		05/01/2024 to 05/31/2024	1,393.00	EA	\$20.00	\$27,860.00
<b>Total</b>						<b>\$478,560.78</b>

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: 06-10-24

Ok  
Althea Greenhow

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](mailto:ARGroup@gainwelltechnologies.com)

If you have any questions, please contact Program Director:  
 Michelle Hayes  
 v: 937.673.9978  
 e: [michelle.hayes@gainwelltechnologies.com](mailto:michelle.hayes@gainwelltechnologies.com)

091768 06/10/24

LOCKBOX SUMMARY

DEPOSIT DATES	TOTAL MEDICARE RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS BY IDENTIFY BY HMS	LOCKBOX PAYMENTS BY HMS - CHIP	LOCKBOX PAYMENTS BY MS - MEDICA	STATE PAYMENTS BY HMS	STATE PAYMENTS BY IDENTIFY BY HMS	OVER-PAYMENTS	*TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
04/27/2024 to 05/24/2024 CI	\$21,510.29	\$25,837.27	\$824.75	\$594,848.27	\$0.00	\$0.00	\$394.21	\$0.00	\$595,278.81	10.95%	\$65,183.03
04/27/2024 to 05/24/2024 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/27/2024 to 05/24/2024 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
04/27/2024 to 05/24/2024 Zero Deposit Payments (Credit Bal)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/27/2024 to 05/24/2024 Non Commercial Billing Payments	\$30,783.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,783.71	10.95%	\$3,370.82
04/27/2024 to 05/24/2024 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/27/2024 to 05/24/2024 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/27/2024 to 05/24/2024 MCB & MCA Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
<b>Total</b>	<b>\$53,294.00</b>	<b>\$25,837.27</b>	<b>\$824.75</b>	<b>\$594,848.27</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$394.21</b>	<b>\$0.00</b>	<b>\$595,061.52</b>		<b>\$68,553.85</b>

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

TOTAL	Medicare	CHIP	Over Payments	Commercial Insurance	(4) Commercial Insurance CHIP	(5) Non commercial Trauma CHIP	(6) BI Trauma State Medicare & Commercial Disallowance	Other	Net Recovery
	\$594,848.27	\$394.21	\$595,278.81	(\$824.75)	\$0.00	\$23,069.83	\$25,837.27	\$843,755.17	
						\$25,526.30		\$26,526.30	
						\$667,661.81		\$687,661.81	
						\$0.00		\$0.00	
<b>Total</b>	<b>\$0.00</b>	<b>\$594,848.27</b>	<b>\$394.21</b>	<b>\$595,278.81</b>	<b>(\$824.75)</b>	<b>\$0.00</b>	<b>\$716,259.74</b>	<b>\$25,837.27</b>	<b>\$1,336,043.28</b>

-\$394.21 minus over-payments

\$595,278.81	CI Totals
\$716,259.74	BI, Trauma, Estate, Disallowance
	Trauma CHIP not Invoiced
(\$824.75)	CHIP CI not Invoiced
\$172,606.93	RX16 Disallowance
\$ 41,732.04	Credit Balance Audits
<b>\$1,525,052.77</b>	10.95% Fee

\$ 166,993.28	TPL Recoveries (10.95% of \$1,525,052.77)
\$ 268,097.80	Cost Avoidance Adds
\$ 15,810.00	HIPP Mgt Fee
\$ 27,860.00	MWIN Mgt Fee
\$ 478,560.78	approved to pay amw 06-18-24



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

Cynthia A. Persily, Ph.D.  
Cabinet Secretary

Cynthia Beane, MSW LCSW  
Commissioner

DATE: July 1, 2024

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

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

RE: PF1457382 CDO BMS25\*03  
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests approval of the above-referenced CDO for services performed by Health Management Systems, Inc. under PF762875, CMA BMS21\*06.

The invoice was approved on 06/24/2024 to process the delivery order. This is for the service period 04/27/2024 – 05/31/2024. The total cost of the invoice is \$478,560.78.

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](mailto:althea.m.greenhowe@wv.gov). Thank you for your time and consideration in this matter.



## Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search

Search Editor

Any Words 

All Words 

Exact Phrase 

e.g. 123456789, Smith Corp

"health management systems inc" 

Entity 

Location 

Status 

Active

Inactive

Reset 



## No matches found

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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			

Organization Information			
<b>Business Purpose</b>	5415 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Computer Systems Design and Related Services (design, programming, facilities mgmt)	<b>Capital Stock</b>	0.0000
<b>Charter County</b>		<b>Control Number</b>	0
<b>Charter State</b>	NY	<b>Excess Acres</b>	0
<b>At Will Term</b>		<b>Member Managed</b>	
<b>At Will Term Years</b>		<b>Par Value</b>	0.000000
<b>Authorized Shares</b>	0	<b>Young Entrepreneur</b>	Not Specified



<b>Addresses</b>	
<b>Type</b>	<b>Address</b>
<b>Local Office Address</b>	209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
<b>Mailing Address</b>	5615 HIGH POINT DRIVE IRVING, TX, 75038 USA
<b>Notice of Process Address</b>	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
<b>Principal Office Address</b>	5615 HIGH POINT DRIVE IRVING, TX, 75038 USA
<b>Type</b>	<b>Address</b>

<b>Officers</b>	
<b>Type</b>	<b>Name/Address</b>
<b>Director</b>	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
<b>Director</b>	MARK KNICKREHM 5615 HIGH POINT DRIVE IRVING, TX, 75038
<b>President</b>	MARK KNICKREHM 5615 HIGH POINT DRIVE IRVING, TX, 75038
<b>Secretary</b>	STEPHEN COSTALAS 5615 HIGH POINT DRIVE IRVING, TX, 75038
<b>Treasurer</b>	CHRIS KNIBB 5615 HIGH POINT DRIVE IRVING, TX, 75038
<b>Type</b>	<b>Name/Address</b>

<b>DBA</b>			
<b>DBA Name</b>	<b>Description</b>	<b>Effective Date</b>	<b>Termination Date</b>
HEALTH MANAGEMENT SYSTEMS OF AMERICA, INC.	TRADENAME	5/30/1995	
HMSA, INC.	TRADENAME	1/17/1996	
THIRD PARTY LIABILITY RECOVERY SERVICES	FORCED DBA	3/27/1991	

DBA Name	Description	Effective Date	Termination Date
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<b>Mergers</b>				
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
<b>6/2/2015</b>	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

<b>Annual Reports</b>
Filed For
2024
2023
2022
2021
2020
2019
2018
2017x
2017
2014
2013
2012
2011
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2009
2007
2006
2005
2001

1998
1997
1994
1993
1992
<b>Date filed</b>

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

Tuesday, July 9, 2024 — 10:56 AM

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