



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: 08-16-2024

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 BMS2500000014 1	<b>Procurement Folder:</b>	1493507
<b>Document Name:</b>	CDO for CMA BMS21*06 July 2024	<b>Reason for Modification:</b>	
<b>Document Description:</b>	CDO for CMA BMS21*06 July 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			
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	<div style="font-size: 2em; font-weight: bold;">2025</div> FILE LOCATION _____	
#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

<b>Total Order Amount:</b>	\$413,933.60
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Purchasing Division's File Copy

08/20/24  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: 8/20/24  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: 8-27-24  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the month of July 2024 under invoice 092707  
Total: \$413,933.60

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$153,281.10
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-06-22	2024-07-26				

**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%

$\$1,399,827.38 \times 0.1095\% = \$153,281.10$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$217,167.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-07-01	2024-07-31				

**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

$7,897 \times \$27.50 = \$217,167.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,905.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-07-01	2024-07-31				

**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

$483.00 \times \$35.00 = \$16,905.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,580.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-07-01	2024-07-31				

**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

1,329.00 x \$20.00 = \$26,580.00



# Invoice

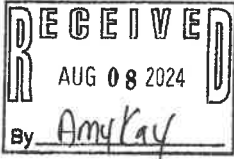
Invoice#: 092707  
 Invoice Date: 8/6/2024  
 Page: 1 of 1

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		06/22/2024 to 07/26/2024	\$1,399,827.38	%	10.95%	\$153,281.10
Verified CAV Adds		07/01/2024 to 07/31/2024	7,897.00	EA	\$27.50	\$217,167.50
Management Fee HIPP (PMP)		07/01/2024 to 07/31/2024	483.00	EA	\$35.00	\$16,905.00
Management Fee MWIN/per member		07/01/2024 to 07/31/2024	1,329.00	EA	\$20.00	\$26,580.00
<b>Total</b>						<b>\$413,933.60</b>



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

PROGRAM APPROVAL SIGNATURE: Althea Woodrow  
 PRINTED NAME: Althea Woodrow  
 DATE: 08-15-24

Ok  
 Althea Greenhowe

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)

LOCKBOX SUMMARY

092707 08/08/24

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	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	*TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
06/22/2024 to 07/26/2024 CI	\$307,949.77	\$2,504.46	\$3,670.10	\$301,775.18	\$0.00	\$0.00	\$143.98	\$0.00	\$305,301.30	10.85%	\$33,430.40
06/22/2024 to 07/26/2024 CI Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
06/22/2024 to 07/26/2024 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
06/22/2024 to 07/26/2024 Zero Deposits Payments (Credit Balance)	\$303,264.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$303,264.60	10.95%	\$33,207.50
06/22/2024 to 07/26/2024 Non Commercial Billing Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
06/22/2024 to 07/26/2024 Non Commercial Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
06/22/2024 to 07/26/2024 Commercial Disallowance	\$207.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$207.17	10.95%	\$22.60
<b>Total</b>	<b>\$611,421.74</b>	<b>\$1,504.46</b>	<b>\$3,670.10</b>	<b>\$301,775.18</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$143.98</b>	<b>\$0.00</b>	<b>\$608,773.27</b>	<b>10.95%</b>	<b>\$66,686.67</b>

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

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	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	*TOTAL REFUNDS	NET RECOVERY
06/22/2024 to 07/26/2024	\$301,775.18	\$143.98	\$305,301.30	(\$3,670.10)	\$0.00	\$117,534.06	\$2,104.49	\$431,814.63	
						\$176,702.60		\$175,702.60	
						\$0,026.98		\$2,026.98	
						\$207.17		\$207.17	
<b>Total</b>	<b>\$0.00</b>	<b>\$301,775.18</b>	<b>\$143.98</b>	<b>\$305,301.30</b>	<b>(\$3,670.10)</b>	<b>\$0.00</b>	<b>\$305,471.97</b>	<b>\$2,504.49</b>	<b>\$607,751.84</b>

Private	Totals
	\$305,301.30
	\$303,471.97
	\$ 869,724.63
	\$ 117,534.06
	\$ 2,104.49
	\$ 175,702.60
	\$ 2,026.98
	\$ 207.17
	\$ 121,810.87
	\$ 13,068.71
	<b>\$1,399,827.38</b>

- \$ 163,261.10 Recoveries =Sum(\$1,399,827.38\*10.65%)
- \$ 217,167.50 Cost Avoidance
- \$ 15,905.00 HIPA Mgt Fee
- \$ 26,580.00 MWIN Mgt Fee
- \$ 413,935.60 approved to pay AMW



WEST VIRGINIA DEPARTMENT OF

# HUMAN SERVICES

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: August 16, 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: PF1493507 CDO BMS25\*14  
Dept 0511

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

This is for the service period 07/01/2024 – 07/33/2024. The total cost of the invoice is \$413,933.60.

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.



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" ×

- Classification ∨
- Excluded Individual ∨
- Excluded Entity ∨
- Federal Organizations ∨
- Exclusion Type ∧

- Ineligible (Proceedings Pending)
- Ineligible (Proceedings Complete)
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- Voluntary Exclusion

- 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			

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</b>		<b>Par Value</b>	0.000000



<b>Term Years</b>	
<b>Authorized Shares</b> 0	<b>Young Entrepreneur</b> Not Specified

<b>Addresses</b>	
Type	Address
<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
Type	Address

<b>Officers</b>	
Type	Name/Address
<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

Type	Name/Address
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DBA			
DBA Name	Description	Effective Date	Termination Date
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

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	
2024	
2023	
2022	
2021	
2020	

2019
2018
2017x
2017
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1992
<b>Date filed</b>

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

Friday, August 16, 2024 — 8:56 AM

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