



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: 09-19-2024

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 BMS2500000015 1	Procurement Folder:	1518731
Document Name:	CDO for CMA BMS21*06 August 2024	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 August 2024		
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:	Mary R Kemper
HEALTH MANAGEMENT SYSTEMS INC				Requestor Phone:	304-352-4235
5615 HIGH POINT DR				Requestor Email:	mary.r.kemper@wv.gov
IRVING	TX	75038		<div style="font-size: 48px; font-weight: bold;">2025</div> <div style="font-size: 24px; 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

Total Order Amount:	\$286,320.87
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Purchasing Division's File Copy

CH 9/30/24  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: 9/30/24  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: SEP 30 2024  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the month of August 2024 under invoice 093310  
Total: \$286,320.87

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$125,583.37
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-07-27	2024-08-23				

**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%

$\$1,146,880.05 \times 0.1095\% = \$125,583.37$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$116,737.50
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-08-01	2024-08-31				

**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

$4,245.00 \times \$27.50 = \$116,737.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$17,220.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-08-01	2024-08-31				

**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

$492.00 \times \$35.00 = \$17,220.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,780.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-08-01	2024-08-31				

**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

1,339.00 x \$20.00 = \$26,780.00



# Invoice

Invoice#: 093310  
 Invoice Date: 9/9/2024  
 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		07/27/2024 to 08/23/2024	\$1,146,880.05	%	10.95%	\$125,583.37
Verified CAV Adds		08/01/2024 to 08/31/2024	4,245.00	EA	\$27.50	\$116,737.50
Management Fee HIPP (PMP)		08/01/2024 to 08/31/2024	492.00	EA	\$35.00	\$17,220.00
Management Fee MWIN/per member		08/01/2024 to 08/31/2024	1,339.00	EA	\$20.00	\$26,780.00
<b>Total</b>						<b>\$286,320.87</b>

**RECEIVED**  
 SEP 11 2024  
 By Amy Kay

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

PROGRAM APPROVAL SIGNATURE: Andrea Woodard  
 PRINTED NAME: Andrea Woodard  
 DATE: Sept 19, 2024

<sup>OK</sup>  
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

1	2	3	4	5	4/5A	4/5B	6	7	7 (4+5+4/5A-6-7)	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 MS - MEDICA	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
07/27/2024 to 08/23/2024 CI	\$20,524.84	\$18,367.35	\$516.84	\$901,640.85	\$0.00	\$0.00	\$574.23	\$0.00	\$901,583.26	10.95%	\$96,723.37
07/27/2024 to 08/23/2024 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
07/27/2024 to 08/23/2024 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
07/27/2024 to 08/23/2024 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
07/27/2024 to 08/23/2024 Non commercial Billing Payments	\$251,130.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$251,130.02	10.95%	\$27,488.74
07/27/2024 to 08/23/2024 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
07/27/2024 to 08/23/2024 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
07/27/2024 to 08/23/2024 MCB & MCA Disallowance	\$476.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$476.78	10.95%	\$52.21
<b>Total</b>	<b>\$1,172,131.64</b>	<b>\$18,367.35</b>	<b>\$516.84</b>	<b>\$901,640.85</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$574.23</b>	<b>\$0.00</b>	<b>\$1,155,180.06</b>		<b>\$126,274.31</b>

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

693318 08/08/24

Medicaid	CHIP	Commercial Insurance	Non commercial Trauma CHIP	Medicaid & CHIP	Medicaid & CHIP	TOTAL
\$901,640.85	\$574.23	\$901,640.85	(\$16,84)	\$0.00	\$55,473.77	\$18,367.35
					\$29,069.49	\$975,481.97
					\$90,394.63	\$60,069.63
					\$476.78	\$476.78
					\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$901,640.85</b>	<b>\$574.23</b>	<b>\$901,640.85</b>	<b>(\$16,84)</b>	<b>\$0.00</b>

-\$574.23 minus over-payments

\$201,583.26	CI Totals
\$294,908.67	
(\$516.84)	CHIP CI not Invoiced
\$11,564.78	Credit Balance Audits
\$1,146,880.85	10.95% Fee

\$ 125,583.36	TPL Recoveries = sum(\$1,146,880.05*10.95%)
\$ 17,220.00	Hipp Mgt Fee
\$ 26,780.00	MWIN Mgt Fee
\$ 116,737.50	Cost Avoidance Adds
\$ 286,320.86	approved to pay 08-17-24



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: September 18, 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: PF1518731 CDO BMS25\*15  
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 08/01/2024 – 08/31/2024. The total cost of the invoice is \$286,320.87.

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)
- Prohibition/Restriction
- 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 Servies - Professional, Scientific and Technical Servies - 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>	
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
2014
2013
2012
2011
2010
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.

Wednesday, September 18, 2024 — 3:34 PM

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