



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: 06-14-2023

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 BMS2300000037 1	Procurement Folder:	1244483
Document Name:	CDO for CMA BMS21*06 April 2023	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 April 2023		
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 HEALTH MANAGEMENT SYSTEMS INC 5615 HIGH POINT DR IRVING TX 75038 US Vendor Contact Phone: 8057294298 Extension: Discount Details: <table border="1"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Kelly (Jimmy) Dowden Requestor Phone: (304) 356-4861 Requestor Email: jimmy.k.dowden@wv.gov <div style="text-align: center; font-size: 2em; font-weight: bold;">23</div> FILE LOCATION _____
	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 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	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:	\$683,783.67
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Purchasing Division's File Copy

ENTERED

CA 6/15/23
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tanya H* 6/21/2023
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *Beverly Tolson* 6-22-23
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of April 2023 under invoice 085012
Total: \$683,783.67

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$111,521.17
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-03-25	2023-04-21				

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%

Confirming order for services provided under invoice
085012 (Apr. 2023)

$\$1,018,458.13 \times 0.1095 = \$111,521.17$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$532,372.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-04-01	2023-04-30				

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

Confirming order for services provided under invoice
085012 (Apr. 2023)

$19,359 \times \$27.50 = \$532,372.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,590.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2023-04-01	2023-04-30				

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

Confirming order for services provided under invoice
085012 (Apr. 2023)

474.00 x \$35.00 = \$16,590.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$23,300.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2023-04-01	2023-04-30				

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

Confirming order for services provided under invoice
085012 (Apr. 2023)

1,165.00 x \$20.00 = \$23,300.00



PO Box 27151
New York, NY 10087-7151

WV Dept of Health & Human Resources
Stuart A. Epling
Bureau of Medical Services
350 Capitol Street, Room 251
Charleston WV 25301

Purchase Order/Contract#: CMA BMS21*06

Invoice

Invoice#: 085012
Invoice Date: 5/10/2023
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		03/25/2023 to 04/21/2023	\$1,018,458.13	%	10.95%	\$111,521.17
Verified CAV Adds		04/01/2023 to 04/30/2023	19,359.00	EA	\$27.50	\$532,372.50
Management Fee HIPP (PMP)		04/01/2023 to 04/30/2023	474.00	EA	\$35.00	\$16,590.00
Management Fee MWIN/per member		04/01/2023 to 04/30/2023	1,165.00	EA	\$20.00	\$23,300.00
Total						\$683,783.67

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

PROGRAM APPROVAL SIGNATURE *Andrea Woodell*

PRINTED NAME: ANDREA WOODSELL

DATE: 05-17-23

Robert Price
Agree

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:

Michelle Hayes
v: 937.673.9978
e: michelle.hayes@gainwelltechnologies.com

LOCKBOX SUMMARY

085012 05/10/23

DEPOSIT DATES	TOTAL RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	*TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
03/25/2023 to 04/21/2023 CI	\$170,050.01	\$0.00	\$170,050.01	\$0.00	\$0.00	\$5.24	\$0.00	\$170,044.77	10.95%	\$18,619.90
03/25/2023 to 04/21/2023 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
03/25/2023 to 04/21/2023 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
03/25/2023 to 04/21/2023 Zero Deposits Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
03/25/2023 to 04/21/2023 Non commercial Billing Payments	\$246,210.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$246,210.81	10.95%	\$26,960.08
03/25/2023 to 04/21/2023 Non commercial CHIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
03/25/2023 to 04/21/2023 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
03/25/2023 to 04/21/2023 Commercial Disallowance	\$636.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$636.03	10.95%	\$69.65
03/25/2023 to 04/21/2023 MCB & MCA Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
Total	\$416,896.85	\$0.00	\$170,050.01	\$0.00	\$0.00	\$5.24	\$0.00	\$416,891.61		\$45,649.63

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) Net Commercial Insurance	(4) BI Trauma CHIP Estate Medicare A, B & Comm Disallowance	(5) Not Identified Missing EOB's	(2+3+4+5) TOTAL
		\$170,050.01	\$5.24	\$170,044.77	\$101.82	\$0.00	\$170,151.83
					\$103,104.66		\$103,104.66
					\$143,004.33		\$143,004.33
					\$636.03		\$636.03
Total	\$0.00	\$170,050.01	\$5.24	\$170,044.77	\$248,846.84	\$0.00	\$416,896.85

-\$5.24 minus over-payments

Invoiced Amount Totals
\$ 170,044.77
\$ 248,846.84
\$ 585,059.91
\$ 16,506.61
\$ 1,018,458.13

RX10 commercial reversal
Credit Balance Recoveries

RECOVERIES SUM=(\$1,018,458.13*10.95%) \$ 111,521.17
 cost avoidance \$ 532,372.50
 HIPP Mgt Fee \$ 16,590.00
 MWIN Mgt Fee \$ 23,300.00
\$ 683,783.67 approved to pay 05-17-2023



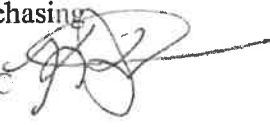
STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Medical Services
Procurement Services Division

Jeffrey H. Coben, MD
Interim Cabinet Secretary

Cynthia E. Beane
Commissioner

DATE: June 14, 2023

TO: Robert L. Price, CPPO, CPPB, NIGP-CPP
Administrative Services Manager II
WVDHHR-Office of Purchasing

FROM: Kelly J. Dowden, WVPBC 
Director
BMS, Procurement Services

RE: PF1244483 CDO BMS23*37

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 service period is: 03/25/2023-04/30/2023. The total cost of the invoice is: \$683,783.67.

The invoice was released for processing on 06/14/2023.

Thank you for your time and consideration in this matter. If you have questions or need additional information, please feel free to contact me at 304-352-4286 or jimmy.k.dowden@wv.gov.


Agree