



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: 07-07-2023

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 BMS2300000038 1	Procurement Folder:	1252436
Document Name:	CDO for CMA BMS21*06 May 2023	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 May 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			Requestor Name:	Lucinda L Carroll
HEALTH MANAGEMENT SYSTEMS INC				Requestor Phone:	(304) 352-4235
5615 HIGH POINT DR				Requestor Email:	lucinda.l.carroll@wv.gov
IRVING	TX	75038		<div style="text-align: center; font-size: 2em; font-weight: bold;">24</div> FILE LOCATION _____	
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:	\$490,071.06
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Purchasing Division's File Copy

ENTERED

CH 7/17/23
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tanya [Signature]* 7/18/2023
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *Beverly Tolson* 7-18-23
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of May 2023 under invoice 085542
Total: \$490,071.06

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$97,163.56
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-04-22	2023-05-26				

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%

Confirming order for services provided under invoice
085542 (May 2023)

$\$887,338.45 \times 0.1095 = \$97,163.56$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$353,017.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-05-01	2023-05-31				

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

Confirming order for services provided under invoice
085542 (May 2023)

$12,837 \times \$27.50 = \$353,017.50$

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
2023-05-01	2023-05-31				

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

Confirming order for services provided under invoice
085542 (May 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
2023-05-01	2023-05-31				

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

Confirming order for services provided under invoice
085542 (May 2023)

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



BMS 23*38

Invoice

Invoice#: 085542
 Invoice Date: 6/7/2023
 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		04/22/2023 to 05/26/2023	\$887,338.45	%	10.95%	\$97,163.56
Verified CAV Adds		05/01/2023 to 05/31/2023	12,837.00	EA	\$27.50	\$353,017.50
Management Fee HIPP (PMP)		05/01/2023 to 05/31/2023	474.00	EA	\$35.00	\$16,590.00
Management Fee MWIN/per member		05/01/2023 to 05/31/2023	1,165.00	EA	\$20.00	\$23,300.00
Total						\$490,071.06

PK

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: 06-16-23

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 085542 06/07/23

DEPOSIT DATES	1 TOTAL RECOVERIES RECEIVED IN LOCKBOX	2 LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	3 LOCKBOX PAYMENTS BILLED BY HMS	4 (2-3) STATE PAYMENTS BILLED BY HMS	4A STATE PAYMENTS NOT IDENTIFIED BY HMS	4B STATE PAYMENTS NOT IDENTIFIED BY HMS	5 OVER-PAYMENTS	6 [7 (4+4A-5-6)] *TOTAL REFUNDS	8 [9 (7*B)] NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
04/22/2023 to 05/26/2023 CI	\$162,260.48	\$156.53	\$162,103.95	\$0.00	\$0.00	\$0.00	\$549.92	\$0.00	\$161,554.03	10.95%	\$17,690.17
04/22/2023 to 05/26/2023 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/22/2023 to 05/26/2023 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
04/22/2023 to 05/26/2023 Zero Deposits Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/22/2023 to 05/26/2023 Non commercial Billing Payments	\$211,839.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$211,839.81	10.95%	\$23,196.46
04/22/2023 to 05/26/2023 Non commercial CHIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
04/22/2023 to 05/26/2023 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
04/22/2023 to 05/26/2023 Commercial Disallowance	\$266.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$266.34	10.95%	\$29.16
04/22/2023 to 05/26/2023 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
Total	\$374,366.63	\$156.53	\$162,103.95	\$0.00	\$0.00	\$0.00	\$549.92	\$0.00	\$373,660.18		\$40,915.79

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 ECB's	(2+3+4+5) TOTAL
		\$162,103.95	\$549.92	\$161,554.03	\$0.00	\$156.53	\$162,260.48
					\$149,224.07		\$149,224.07
					\$82,615.74		\$82,615.74
					\$266.34		\$266.34
					\$0.00		\$0.00
Total	\$0.00	\$162,103.95	\$549.92	\$161,554.03	\$212,108.15	\$156.53	\$374,366.63

Invoiced Amount Totals
\$ 161,554.03
\$ 212,108.15
\$ 17,978.59
\$ 417,179.48
\$ 78,521.20
\$ 887,338.45

Credit Bal Rec
CI48
MCA58

-549.92 minus over-payments

Recoveries=sun(\$687,338.46*10.95%)	\$ 97,163.56
Cost Avoid	\$ 353,017.50
HIPP Mgt Fee	\$ 16,590.00
MWIN Mgt Fee	\$ 23,300.00

\$ 490,071.06 approved to pay 6-16-23