



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: 07-20-2023

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 BMS2400000003 1	Procurement Folder:	1260206
Document Name:	CDO for CMA BMS21*06 June 2023	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 June 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="font-size: 48pt; font-weight: bold;">24</div> <div style="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:	\$330,715.33
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Purchasing Division's File Copy

ENTERED

CH 7/24/23
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Munkit* 7/25/2023
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: *Beverly Toler* 7-25-23
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of June 2023 under invoice 085958
Total: \$330,715.33

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$43,190.33
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-05-27	2023-06-23				

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%

Confirming order for services provided under invoice
085958 (June 2023)

$\$394,432.20 \times 0.1095 = \$43,190.33$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$247,060.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-06-01	2023-06-30				

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
085958 (June 2023)

$8,984.00 \times \$27.50 = \$247,060.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,485.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-06-01	2023-06-30				

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
085958 (June 2023)

471.00 x \$35.00 = \$16,485.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$23,980.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-06-01	2023-06-30				

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
085958 (June 2023)

1,199.00 x \$20.00 = \$23,980.00



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

Invoice

Invoice#: 085958
Invoice Date: 7/7/2023
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		05/27/2023 to 06/23/2023	\$394,432.20	%	10.95%	\$43,190.33
Verified CAV Adds		06/01/2023 to 06/30/2023	8,984.00	EA	\$27.50	\$247,060.00
Management Fee HIPP (PMP)		06/01/2023 to 06/30/2023	471.00	EA	\$35.00	\$16,485.00
Management Fee MWIN/per member		06/01/2023 to 06/30/2023	1,199.00	EA	\$20.00	\$23,980.00
Total						\$330,715.33

OK

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

PROGRAM APPROVAL SIGNATURE Andrea Woodell

PRINTED NAME: ANDREA WODELL

DATE: 07-12-2023

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

DEPOSIT DATES	1	2	3	4 (2-3)	4A	4B	5	6 (7 (4+4A-5-6))	8 (9 (7*8))	
	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
05/27/2023 to 06/23/2023 CI	\$223,286.65	\$1,276.74	\$222,009.91	\$0.00	\$0.00	\$299.32	\$0.00	\$221,710.59	10.95%	\$24,277.31
05/27/2023 to 06/23/2023 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
05/27/2023 to 06/23/2023 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
05/27/2023 to 06/23/2023 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
05/27/2023 to 06/23/2023 Non commercial Billing Payments	\$165,279.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
05/27/2023 to 06/23/2023 Non commercial CHIP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$165,279.45	10.95%	\$18,098.10
05/27/2023 to 06/23/2023 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
05/27/2023 to 06/23/2023 Commercial Disallowance	(\$266.34)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
05/27/2023 to 06/23/2023 MCB & MCA Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$266.34)	10.95%	(\$29.16)
Total	\$388,299.76	\$1,276.74	\$222,009.91	\$0.00	\$0.00	\$299.32	\$0.00	\$386,723.70		\$42,348.25

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) Pooled Amount	(2) Over Payments	(3) Net Commercial Insurance	(4) Bl. Trauma CHIP, Estab. Medicare, A, B & Comm. Disallowance	(5) Not Identified Missing EOB's	(2+3+4+5) TOTAL
		\$222,009.91	\$299.32	\$221,710.59	\$1,038.10	\$1,276.74	\$224,324.75
					\$57,021.38		\$57,021.38
					\$106,319.97		\$106,319.97
					(\$266.34)		\$266.34
Total	\$0.00	\$222,009.91	\$299.32	\$221,710.59	\$106,013.11	\$1,276.74	\$386,299.76

-\$299.32 minus over-payments

\$0.00

Invoice Amount
\$ 221,710.59
\$ 185,013.11
\$ 7,708.50
\$ 394,432.20

Credit Balance Rec

Recoveries = Sum(\$394,432.20*10.95%) \$ 43,190.33
 Corst Avoid Adds \$ 247,060.00
 HIPP Mgt Fee \$ 16,485.00
 MWIN Mgt Fee \$ 23,980.00
\$ 330,715.33 okay to pay 07-11-23



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

Sherri A. Young, DO, MBA, FAAFP
Interim Cabinet Secretary

Cynthia E. Beane, MSW, LCSW
Commissioner

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

FROM: Lucinda Carroll *LC*
Procurement Specialist, BMS Procurement Services

DATE: July 18, 2023

RE: PF1260206 CDO BMS24*03

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.

This is for the service period 05/27/2023 – 06/30/2023. The total cost of the invoice is \$330,715.33.

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 304-352-4235 or lucinda.l.carroll@wv.gov.

Agree
Robert Price