



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: 08-11-2023

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 BMS2400000004 1	Procurement Folder:	1274944
Document Name:	CDO for CMA BMS21*06 July 2023	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 July 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 5615 HIGH POINT DR		Requestor Phone:	(304) 352-4235
IRVING TX 75038		Requestor Email:	lucinda.l.carroll@wv.gov
US		<div style="font-size: 48px; font-weight: bold;">24</div> <div style="font-weight: bold;">FILE LOCATION _____</div>	
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 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:	\$519,199.29
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Purchasing Division's File Copy

ENTERED

CH 8/21/23
 PURCHASING DIVISION AUTHORIZATION
 DATE: 1 week 8/22/23
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
 DATE: Beverly Toler 8-22-23
 ELECTRONIC SIGNATURE ON FILE

Extended Description:

Confirming Delivery Order for services provided during the month of July 2023 under invoice 086546
Total: \$519,199.29

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$235,951.79
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-06-24	2023-07-28				

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
086546 (July 2023)

$\$2,154,810.84 \times 0.1095 = \$235,951.79$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$242,522.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-07-01	2023-07-31				

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

Confirming order for services provided under invoice
086546 (July 2023)

$8,819.00 \times \$27.50 = \$242,522.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,345.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-07-01	2023-07-31				

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

Confirming order for services provided under invoice
086546 (July 2023)

467.00 x \$35.00 = \$16,345.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$24,380.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-07-01	2023-07-31				

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

Confirming order for services provided under invoice
086546 (July 2023)

1,219.00 x \$20.00 = \$24,380.00



Invoice

Invoice#: 086546
 Invoice Date: 8/7/2023
 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		06/24/2023 to 07/28/2023	\$2,154,810.84	%	10.95%	\$235,951.79
Verified CAV Adds		07/01/2023 to 07/31/2023	8,819.00	EA	\$27.50	\$242,522.50
Management Fee HIPP (PMP)		07/01/2023 to 07/31/2023	467.00	EA	\$35.00	\$16,345.00
Management Fee MWIN/per member		07/01/2023 to 07/31/2023	1,219.00	EA	\$20.00	\$24,380.00
Total						\$519,199.29

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: 08-09-23

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

DEPOSIT DATES	1 TOTAL MEDICAID RECOVERIES RECEIVED IN LOCKBOX	2 LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	3 LOCKBOX PAYMENTS BILLED BY HMS - CHIP	4 LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	5 STATE PAYMENTS BILLED BY HMS	4/5A STATE PAYMENTS NOT IDENTIFIED BY HMS	4/5B OVER-PAYMENTS	6 *TOTAL REFUNDS	7 NET RECOVERY	7 (4+5+4/5A-6-7)	8 PERCENTAGE TO HMS	9 DOLLARS DUE TO HMS
06/24/2023 to 07/28/2023 CI	\$240,470.30	\$8,598.61	\$279.98	\$231,591.71	\$0.00	\$0.00	\$4,094.27	\$0.00	\$227,777.42		10.95%	\$24,941.63
06/24/2023 to 07/28/2023 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		10.95%	\$0.00
06/24/2023 to 07/28/2023 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
06/24/2023 to 07/28/2023 Zero Deposit 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
06/24/2023 to 07/28/2023 Non commercial Billing Payments	\$1,089,077.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,089,077.57		10.95%	\$119,253.99
06/24/2023 to 07/28/2023 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
06/24/2023 to 07/28/2023 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		10.95%	\$0.00
06/24/2023 to 07/28/2023 MCB & MCA Disallowance	\$1,645.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,645.11		10.95%	\$189.14
Total	\$1,331,192.98	\$8,598.61	\$279.98	\$231,591.71	\$0.00	\$0.00	\$4,094.27	\$0.00	\$1,318,500.10			\$144,375.76

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) Paid Amount	(2) CI Payments	(3) Commercial Insurance Total	(4) Commercial Insurance - CHIP	(5) Non commercial Trauma_CHIP	(6) CI Total - Estates, Medicaid, E-911	(7) Non Commercial Trauma_CHIP	(8) TOTAL
		\$231,591.71	\$4,094.27	\$227,777.42	(\$279.98)	\$0.00	\$2,149.82	\$8,598.61	\$242,340.14
							\$49,789.42		\$49,789.42
							\$1,034,031.51		\$1,034,031.51
							\$1,645.11		\$1,645.11
									\$0.00
Total	\$0.00	\$231,591.71	\$4,094.27	\$227,777.42	(\$279.98)	\$0.00	\$1,097,595.86	\$6,600.61	\$1,327,706.18

-\$4,094.27 minus over-payments

Batch Amount	CI Totals	Bl, Trauma, Estate, Disallowance	RX11	Trauma_CHIP not invoiced	CHIP CI not invoiced	Credit Balance Audits	10.95% Fee
\$ 227,777.42							
\$ 1,067,595.86							
\$ 892,668.88							
\$ -							
(\$270.98)							
\$ 37,950.86							
\$ 2,154,010.84							

\$ 235,951.79	TPL Recoveries (10.95% of \$2,154,810.84)
\$ 16,345.00	HIPP (467 x \$35)
\$ 24,360.00	MWIN (1,219 X \$20)
\$ 242,622.50	Cost Avoidance Adds (8,819 X \$27.50)
\$ 519,199.29	approved to pay amw