



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: 10-05-2023

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 BMS2400000008 1	Procurement Folder:	1294777
Document Name:	CDO for CMA BMS21*06 August 2023	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 August 2023		
Procurement Type:	Central Delivery Order		
Buyer Name:	Crystal G Husted		
Telephone:	(304) 558-2402		
Email:	crystal.g.husted@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:	Lakendra R Burdette
HEALTH MANAGEMENT SYSTEMS INC		Requestor Phone:	3043524319
5615 HIGH POINT DR		Requestor Email:	lakendra.burdette@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:			
	<b>Discount Allowed</b>	<b>Discount Percentage</b>	<b>Discount Days</b>
#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

Purchasing Division's File Copy

Total Order Amount:	\$473,028.42
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ENTERED

CH 10/10/23  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: *Tara G 10/12/2023*  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: *Beverly Johnson 10-12-23*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the month of August 2023 under invoice 086973  
Total: \$473,028.42

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$156,145.92
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2023-07-29	2023-08-25				

**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  
086973 (August 2023)

$\$1,425,990.13 \times 0.1095 = \$156,145.92$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$274,477.50
<b>Service From</b>	<b>Service To</b>	<b>Manufacturer</b>		<b>Model No</b>	<b>Delivery Date</b>
2023-08-01	2023-08-31				

**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

Confirming order for services provided under invoice  
086973 (August 2023)

$9,981.00 \times \$27.50 = \$274,477.50$

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
2023-08-01	2023-08-31				

**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

Confirming order for services provided under invoice  
086973 (August 2023)

471.00 x \$35.00 = \$16,485.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$25,920.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2023-08-01	2023-08-31				

**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

Confirming order for services provided under invoice  
086973 (August 2023)

1,296.00 x \$20.00 = \$25,920.00



# Invoice

PO Box 27151  
New York, NY 10087-7151

Invoice#: 086973  
Invoice Date: 9/6/2023  
Page: 1 of 1

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		07/29/2023 to 08/25/2023	\$1,425,990.13	%	10.95%	\$156,145.92
Verified CAV Adds		08/01/2023 to 08/31/2023	9,981.00	EA	\$27.50	\$274,477.50
Management Fee HIPP (PMP)		08/01/2023 to 08/31/2023	471.00	EA	\$35.00	\$16,485.00
Management Fee MWIN/per member		08/01/2023 to 08/31/2023	1,296.00	EA	\$20.00	\$25,920.00
<b>Total</b>						<b>\$473,028.42</b>

OK

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

PROGRAM APPROVAL SIGNATURE Andrea Woodell

PRINTED NAME: ANDREA WOODPELL

DATE: 09-13-2023

I HEREBY CERTIFY THAT THE ITEMS LISTED HEREON HAVE BEEN

*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](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

DEPOSIT DATES	TOTAL MEDICAID RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS OT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS IDENTIFIED BY HMS	OVER-PAYMENTS	*TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
07/29/2023 to 08/25/2023 CI	\$493,448.82	\$6,608.84	\$629.66	\$486,210.32	\$0.00	\$0.00	\$36.02	\$0.00	\$486,803.86	10.95%	\$53,305.03
07/29/2023 to 08/25/2023 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
07/29/2023 to 08/25/2023 Zero Deposits Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
07/29/2023 to 08/25/2023 Non commercial Billing Payments	\$727,876.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$727,876.03	10.95%	\$79,702.43
07/29/2023 to 08/25/2023 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
07/29/2023 to 08/25/2023 MCB & MCA Disallowance	\$836.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$836.12	10.95%	\$91.56
<b>Total</b>	<b>\$1,222,160.97</b>	<b>\$6,608.84</b>	<b>\$629.66</b>	<b>\$486,210.32</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$36.02</b>	<b>\$0.00</b>	<b>\$1,215,516.11</b>		<b>\$133,099.01</b>

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) Commercial Insurance Total	(4) Commercial Insurance - CHIP	(5) Non commercial Trauma, CHIP	(6) Trauma Estate Medicare, A, B & Comm Disallowance	(7) Not Identified Missing EOB's	(2+3+4+5+6+7) TOTAL
		\$486,210.32	\$36.02	\$486,803.98		\$0.00	\$5,996.90	\$6,608.84	\$501,819.06
							\$37,369.83		\$37,369.83
							\$680,787.75		\$680,787.75
							\$836.12		\$836.12
Total	\$0.00	\$486,210.32	\$36.02	\$486,803.98		\$0.00	\$727,993.00	\$6,608.84	\$1,220,612.76

\$ 150,145.92 TPL Recoveries (30.95% of \$1,475,950.13)  
 \$ 18,485.00 HPP (4.71 x \$35)  
 \$ 25,920.00 MWN (1,296 X \$20)  
 \$ 274,477.50 Cost Avoidance Adds (9,981 X \$27.50)  
**\$ 473,028.42 Total Due HMS**

Invoiced Amount BMS Totals	
\$ 486,803.98	CI Totals
\$ 727,993.00	BI, Trauma, Estate, Disallowance
\$ 308,261.88	CHIP
\$ -	Trauma, CHIP not invoiced
\$ -	CHIP CI not invoiced
\$ 11,143.21	CI Disallowance Refunds
\$ 10,143.21	Credit Balance Audits
\$ 1,425,996.13	10.95% Fee



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

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

**Cynthia E. Beane, MSW, LCSW  
Commissioner**

Date: October 3, 2023

To: Crystal Husted  
Senior Buyer  
State of West Virginia Purchasing Division

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

Re: PF1294777, CDO BMS24\*08

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 07/29/2023-08/31/2023. The total cost of the invoice is \$473,028.42.

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 304-957-0218 or [robert.l.price@wv.gov](mailto:robert.l.price@wv.gov).