



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: 11-01-2023

CORRECT ORDER NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, AND SHIPPING PAPERS. QUESTIONS CONCERNING THIS ORDER SHOULD BE DIRECTED TO THE DEPARTMENT CONTACT.

<b>Order Number:</b>	CDO 0511 2676 BMS2400000013 1	<b>Procurement Folder:</b>	1311217
<b>Document Name:</b>	CDO for CMA BMS21*06 Sept 2023	<b>Reason for Modification:</b>	
<b>Document Description:</b>	CDO for CMA BMS21*06 Sept 2023		
<b>Procurement Type:</b>	Central Delivery Order		
<b>Buyer Name:</b>	Crystal G Hustead		
<b>Telephone:</b>	(304) 558-2402		
<b>Email:</b>	crystal.g.hustead@wv.gov		
<b>Shipping Method:</b>	Best Way	<b>Master Agreement Number:</b>	CMA 0511 BMS2100000006 1
<b>Free on Board:</b>	FOB Dest, Freight Prepaid		

VENDOR				DEPARTMENT CONTACT	
<b>Vendor Customer Code:</b>	000000103904			<b>Requestor Name:</b>	Lakendra R Burdette
HEALTH MANAGEMENT SYSTEMS INC				<b>Requestor Phone:</b>	3043524319
5615 HIGH POINT DR				<b>Requestor Email:</b>	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					
<b>Vendor Contact Phone:</b>	8057294298	<b>Extension:</b>			
<b>Discount Details:</b>					
	<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

<b>Total Order Amount:</b>	\$372,067.21
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Purchasing Division's File Copy

ENTERED

CA 11/2/23

<b>PURCHASING DIVISION AUTHORIZATION</b> <b>DATE:</b> <i>11/6/2023</i> <b>ELECTRONIC SIGNATURE ON FILE</b>
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<b>ENCUMBRANCE CERTIFICATION</b> <b>DATE:</b> <i>Beverly Tolson 11-6-23</i> <b>ELECTRONIC SIGNATURE ON FILE</b>
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**Extended Description:**

Confirming Delivery Order for services provided during the month of September 2023 under invoice 087675  
Total: \$372,067.21

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$114,444.71
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-08-26	2023-09-23				

**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 087675 (September 2023)  
 $\$1,045,157.15 \times 0.1095 = \$114,444.71$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$214,142.50
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-09-01	2023-09-30				

**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  
087675 (September 2023)  
 $7,787.00 \times \$27.50 = \$214,142.50$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,800.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-09-01	2023-09-30				

**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  
087675 (September 2023)  
 $480.00 \times \$35.00 = \$16,800.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$26,680.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2023-09-01	2023-09-30				

**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

087675 (September 2023)

1,334.00 x \$20.00 = \$26,680.00



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#: 087675  
Invoice Date: 10/5/2023  
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		08/26/2023 to 09/23/2023	\$1,045,157.15	%	10.95%	\$114,444.71
Verified CAV Adds		09/01/2023 to 09/30/2023	7,787.00	EA	\$27.50	\$214,142.50
Management Fee HIPP (PMP)		09/01/2023 to 09/30/2023	480.00	EA	\$35.00	\$16,800.00
Management Fee MWIN/per member		09/01/2023 to 09/30/2023	1,334.00	EA	\$20.00	\$26,680.00
<b>Total</b>						<b>\$372,067.21</b>

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

PROGRAM APPROVAL SIGNATURE: *Andrea Woodell*

PRINTED NAME: ANDREA WOODELL

DATE: 10-11-23

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

*Robert Price*  
Agree

LOCKBOX SUMMARY

08/26/23 to 09/23/2023

DEPOSIT DATES	1	2	3	4	5	6	7	8		
	TOTAL MEDICAID RECEIVABLES IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY IMS - MEDICAL	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	*TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
08/26/2023 to 09/23/2023 CI Refunds	\$369,005.58	\$41,598.04	\$346.97	\$327,060.63	\$0.00	\$0.00	\$0.00	\$325,845.83	10.95%	\$35,680.12
08/26/2023 to 09/23/2023 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/26/2023 to 09/23/2023 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
08/26/2023 to 09/23/2023 Non Commercial Billing Payments	\$148,600.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/26/2023 to 09/23/2023 Non Commercial Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$148,600.92	10.95%	\$16,381.30
08/26/2023 to 09/23/2023 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
08/26/2023 to 09/23/2023 MCB & MCA Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
<b>Total</b>	<b>\$518,606.50</b>	<b>\$41,598.04</b>	<b>\$346.97</b>	<b>\$327,060.63</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$475,446.75</b>	<b>10.95%</b>	<b>\$52,061.42</b>

NOTE: THE ABOVE FIGURES DO NOT INCLUDE RECOUPMENTS AND REFUNDS ASSOCIATED WITH ANY PROVIDER DISALLOWANCE PROJECTS BEING INVOICED DURING THE MONTH.

DEPOSIT DATES	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA	TRUAMA
08/26/2023 to 09/23/2023	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

\$ 114,444.71	TPL Recoveries =sum(\$1,045,157.15*10.95%)
\$ 16,800.00	HIPP MGT FEE
\$ 26,680.00	MWVIN MGT FEE
\$ 214,142.50	cost Avoid Adds
\$ 372,067.21	approved to pay amw 10-11-23

TRUAMA	\$ 325,845.83	CI Truama	\$ 325,845.83
TRUAMA	\$ 148,600.92	CI Truama, Estate, Disallowance	\$ 148,600.92
TRUAMA	\$ 402,102.84	CI RCL2	\$ 402,102.84
TRUAMA	\$ 0.00	TRUAMA_CHIP not Invoiced	\$ 0.00
TRUAMA	\$ 142,354.85	MCAS9	\$ 142,354.85
TRUAMA	\$ 25,888.74	Credit Balance Audits	\$ 25,888.74
<b>Total</b>	<b>\$ 1,045,157.15</b>		