



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: 12-01-2025

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 BMS2600000017 1	<b>Change Order No:</b>		<b>Procurement Folder:</b>	1842855
<b>Document Name:</b>	CDO for CMA BMS21*06 Sep/Oct 2025			<b>Reason for Modification:</b>	
<b>Document Description:</b>	CDO for CMA BMS21*06 Sep/Oct 2025				
<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>	Stuart Sellears
HEALTH MANAGEMENT SYSTEMS INC				<b>Requestor Phone:</b>	304-352-4319
5615 HIGH POINT DR				<b>Requestor Email:</b>	stuart.sellears@wv.gov
IRVING		TX	75038		
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				

**2026**  
 FILE LOCATION

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>	\$792,227.81
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Purchasing Division's File Copy

OH 12/11/25  
 PURCHASING DIVISION AUTHORIZATION  
 DATE: *Taraka Aliibozo*  
 ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
 DATE: *12-15-25*  
 ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Confirming Delivery Order for services provided during the period of 09/20/25-10/31/25 under invoice 100560.

Total: \$792,227.81

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$562,952.81
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-09-20	2025-10-24				

**Commodity Line Description:** Optional Renewal Year Two Recoveries

**Extended Description:**

Optional Renewal Year 2 (12 Months) 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%

$\$5,141,121.58 \times 10.95\% = \$562,952.81$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$181,665.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-10-01	2025-10-31				

**Commodity Line Description:** Optional Renewal Year Two Third Party Adds

**Extended Description:**

Optional Renewal Year 2 (12 Months) Mandatory

Verified Their Party Adds (PMPM)

Per Policy Rate: \$27.50

$6,606.00 \times \$27.50 = \$181,665.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$19,950.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-10-01	2025-10-31				

**Commodity Line Description:** Optional Renewal Year Two Prem Reimb Pgm (PMPM)-Optional

**Extended Description:**

Optional Renewal Year 2 (12 Months) Optional

Premium Reimbursement Program(s) (PMPM) Optional

Rate: \$35.00

$570.00 \times \$35.00 = \$19,950.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$27,660.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-10-01	2025-10-31				

**Commodity Line Description:** Optional Renewal Year Two Work Incentive/Prem Pgm(PMPM)-Opt

**Extended Description:**

Optional Renewal Year 2 (12 Months) Optional

Year One Work Incentive/Prem Pgm(s) (PMPM)-Optional

Rate: \$20.00

1,383.00 X \$20.00 = \$27,660.00



# Invoice

Invoice#: 100560  
 Invoice Date: 11/5/2025  
 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 Capital Street, Room 251  
 Charleston WV 25301

Purchase Order/Contract#: CMA BMS21\*06

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		09/20/2025 to 10/24/2025	\$5,141,121.58	%	10.95%	\$562,952.81
Verified CAV Adds		10/01/2025 to 10/31/2025	6,606.00	EA	\$27.50	\$181,665.00
Management Fee HIPP (PMP)		10/01/2025 to 10/31/2025	570.00	EA	\$35.00	\$19,950.00
Management Fee MWIN/per member		10/01/2025 to 10/31/2025	1,383.00	EA	\$20.00	\$27,660.00
<b>Total</b>						<b>\$792,227.81</b>

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

PROGRAM APPROVAL SIGNATURE: *Sarah K Young*  
 PRINTED NAME: Sarah K Young  
 DATE: 11/18/2025

**RECEIVED**

NOV 11 2025

BUREAU FOR MEDICAL SERVICES

Ok  
*Althea Greenhow*

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:

Lamborn, Sam  
 v: 681.381.7424  
 e: [samantha.lamborn@gainwelltechnologies.com](mailto:samantha.lamborn@gainwelltechnologies.com)

**ATTACHMENT 2  
LOCKBOX SUMMARY**  
100560 11/03/25

1	2	3	4	5	6	7	8	9	10	11	12	
DEPOSIT DATES	TOTAL MEDICAID RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY IMS - MEDICAID	LOCKBOX PAYMENTS BILLED BY S - ENCOUN	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS BILLED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
09/20/2025 to 10/24/2025 CI	\$4,928,786.18	\$193,538.17	\$519.14	\$4,484,250.00	\$240,478.27	\$0.00	\$0.00	\$1,895.86	\$0.00	\$4,733,352.15	10.55%	\$918,302.06
09/20/2025 to 10/24/2025 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%	\$0.00
09/20/2025 to 10/24/2025 Zero Deposit Payments (Credit Balan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
09/20/2025 to 10/24/2025 Non commercial Billing Payments	\$177,851.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$177,851.38	10.55%	\$19,474.73
09/20/2025 to 10/24/2025 Commercial Disallowance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
09/20/2025 to 10/24/2025 MCB & MCA Disallowance	\$3,934.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,934.42	10.55%	\$413.80
<b>Total</b>	<b>\$5,110,621.98</b>	<b>\$193,538.17</b>	<b>\$519.14</b>	<b>\$4,484,250.00</b>	<b>\$240,478.27</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,895.86</b>	<b>\$0.00</b>	<b>\$4,911,203.53</b>	<b>10.55%</b>	<b>\$537,776.78</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 Insurance - CHIP	(6) Commercial Insurance - ENCOUNTER	(8) Bl Return Error Medicare, D & Cation Disallowance	(7) Not Identified Mastering EOE's	(2+3+4+5+6+7) TOTAL
		\$4,733,352.15	\$1,895.86	\$460,500.07		\$0.00	\$240,478.27	\$162,743.83	\$193,538.17	\$601,022.40
								\$142,378.28		\$142,378.28
								\$3,864.42		\$3,864.42
<b>Total</b>	<b>\$0.00</b>	<b>\$4,733,352.15</b>	<b>\$1,895.86</b>	<b>\$460,500.07</b>		<b>\$0.00</b>	<b>\$240,478.27</b>	<b>\$168,636.00</b>	<b>\$193,538.17</b>	<b>\$1,082,115.07</b>

-1,895.86 minus over-payments

\$ 582,882.81	JPL Recovery
\$ 181,805.00	CRS Avoidance Add
\$ 19,650.00	HIPP
\$ 27,860.00	AWMS
\$ 782,227.81	approved by Aeholy Riley 11-13-25

Invoiced Amount Billed Totals	
\$ 4,494,171.82	Commercial Inlets
\$ 238,655.89	Encounter
\$ 182,238.80	MS, Transm., Create, Disallowance
\$ 159,028.49	Disallowance Cycle
\$ 13,598.23	Credit Balance Avail/Box
\$ 37,865.16	Credit Balance Avail
\$ 4,141,121.58	10.55% Fee



STATE OF WEST VIRGINIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU FOR MEDICAL SERVICES

Alex J. Mayer, PhD, MS, PMP  
Cabinet Secretary

Cynthia Beane, MSW, LCSW  
Commissioner

DATE: November 20, 2025

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

FROM: Althea Greenhowe *Althea Greenhowe*  
Procurement Specialist, Senior  
Office of Shared Administration/Purchasing

RE: PF1842855, CDO BMS26\*17  
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced CDO for services performed by Health Management Systems Inc. under PF 762875, CMA BMS21\*06.

The service period is 09/20/2025 – 10/31/2025.

The total cost is \$792,227.81.

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-3924 or [althea.m.greenhowe@wv.gov](mailto:althea.m.greenhowe@wv.gov). Thank you for your time and consideration in this matter.



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Aug 15, 2025



See All Alerts

**Records Retention Policy Impacts Old SAM Registration Data** Show Details  
May 21, 2025



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Search Editor

Any Words *i*

All Words *i*

Exact Phrase *i*

e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC" x

Classification

Excluded Individual

Excluded Entity

Federal Organizations

Exclusion Type

Exclusion Program

Location

Dates

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

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### HEALTH MANAGEMENT SYSTEMS, INC.

*\*See Attached\**

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
C   Corporation	3/27/1991		3/27/1991	Foreign	Profit			

Organization Information		
<b>Business Purpose</b>	5415 - Professional, Scientific and Technical Servies - Professional, Scientific and Technical Servies - Computer Systems Design and Related Services (design, programming, facilities mgmt)	<b>Capital Stock</b> 0.0000
<b>Charter County</b>		<b>Control Number</b> 0
<b>Charter State</b> NY		<b>Excess Acres</b> 0
<b>At Will Term</b>		<b>Member Managed</b>
<b>At Will Term Years</b>		<b>Par Value</b> 0.000000
<b>Authorized Shares</b> 0		<b>Young Entrepreneur</b> Not Specified

<b>Addresses</b>	
Type	Address
<b>Local Office Address</b>	209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
<b>Mailing Address</b>	225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062 USA
<b>Notice of Process Address</b>	C T CORPORATION SYSTEM 5098 WASHINGTON ST W STE 407 CHARLESTON, WV, 253131561
<b>Principal Office Address</b>	225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062 USA
Type	Address

<b>Officers</b>	
Type	Name/Address
<b>Director</b>	STEPHEN COSTALAS 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
<b>Director</b>	MARK KNICKREHM 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
<b>President</b>	MARK KNICKREHM 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
<b>Secretary</b>	STEPHEN COSTALAS 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
<b>Treasurer</b>	TIM FAIRBANKS 225 EAST JOHN CARPENTER FREEWAY, SUITE 500 IRVING, TX, 75062
Type	Name/Address

<b>DBA</b>			
DBA Name	Description	Effective Date	Termination Date
HEALTH MANAGEMENT SYSTEMS OF AMERICA, INC.	TRADENAME	5/30/1995	11/15/2024
HMSA, INC.	TRADENAME	1/17/1996	11/15/2024
THIRD PARTY LIABILITY RECOVERY SERVICES	FORCED DBA	3/27/1991	11/21/2024

DBA Name	Description	Effective Date	Termination Date
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<b>Mergers</b>				
Merger Date	Merged	Merged State	Survived	Survived State
6/2/2015	HMS BUSINESS SERVICES, INC.	NY	HEALTH MANAGEMENT SYSTEMS, INC.	NY
Merger Date	Merged	Merged State	Survived	Survived State

Date	Amendment
6/2/2015	MERGER: MERGING HMS BUSINESS SERVICES, INC., A QUALIFIED NY CORPORATION WITH AND INTO HEALTH MANAGEMENT SYSTEMS, INC., A QUALIFIED NY CORPORATION, THE SURVIVOR
Date	Amendment

<b>Annual Reports</b>	
Filed For	
2025	
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<b>Date filed</b>

For more information, please contact the Secretary of State's Office at 304-558-8000.

Thursday, November 20, 2025 — 12:40 PM

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Rhode Island Department of State

**Gregg M. Amore**

Secretary of State

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## Entity Summary

**ID Number: 000158250**

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**Summary for: HEALTH MANAGEMENT SYSTEMS, INC.**

<b>The exact name of the Foreign Corporation:</b> HEALTH MANAGEMENT SYSTEMS, INC.				
<b>Entity type:</b> Foreign Corporation				
<b>Identification Number:</b> 000158250				
<b>Date of Qualification in Rhode Island:</b> 08-25-2006		<b>Effective Date:</b> 08-25-2006		
<b>Organized under the laws of:</b> State: NY Country: USA				
<b>The location of the Principal Office:</b>				
Address: 5615 HIGH POINT DRIVE				
City or Town, State, Zip, Country: IRVING, TX 75038 USA				
<b>The mailing address or specified office:</b>				
Address:				
City or Town, State, Zip, Country:				
<b>Agent Resigned:</b> N		<b>Address Maintained:</b> Y		
<b>The name and address of the Registered Agent:</b>				
Name: CT CORPORATION SYSTEM				
Address: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A				
City or Town, State, Zip, Country: EAST PROVIDENCE, RI 02914 USA				
<b>The Officers and Directors of the Corporation:</b>				
Title	Individual Name	Address		
PRESIDENT	MARK KNICKREHM	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
SECRETARY	STEPHEN COSTALAS	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
DIRECTOR	STEPHEN COSTALAS	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
GENERAL COUNCEL	STEPHEN COSTALAS	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
DIRECTOR	MARK KNICKREHM	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
CHIEF FINANCIAL OFFICER (ACTING)	JIM ANTONY	5615 HIGH POINT DRIVE IRVING, TX 75038 USA		
<b>The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:</b>				
Class of Stock	Series	Par value per share	Total Authorized No. of shares	Total issued and outstanding No. of shares
PWP		\$ 0.0100	5,000,000	0
CWP		\$ 0.0100	45,000,000	200
<b>Purpose:</b>				
COST CONTAINMENT IN HEALTHCARE				
TITLE: 7-1.2-1405				
<b>North American Industry Classification System Code (NAICS):</b>				