



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: 02-02-2026

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 BMS2600000025 1	Change Order No:		Procurement Folder:	1895337
Document Name:	CDO for CMA BMS21*06 Nov/Dec 2025			Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 Nov/Dec 2025				
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:	Stuart Sellears
HEALTH MANAGEMENT SYSTEMS INC				Requestor Phone:	304-352-4319
5615 HIGH POINT DR				Requestor Email:	stuart.sellears@wv.gov
IRVING	TX	75038		<div style="font-size: 48px; font-weight: bold;">2026</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	

Purchasing Division's File Copy

Total Order Amount:	\$365,002.66
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CH 2/5/26
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tanya H*
 ELECTRONIC SIGNATURE ON FILE *2/5/26*

ENCUMBRANCE CERTIFICATION
 DATE: *[Signature]*
 ELECTRONIC SIGNATURE ON FILE *2-5-26*

Extended Description:

Confirming Delivery Order for services provided during the period of 11/22/25-12/31/25 under invoice 101767.

Total: \$365,002.66

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$172,672.66
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-11-22	2025-12-19				

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%

\$1,576,919.24 X 10.95% = \$172,672.66

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$144,980.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-12-01	2025-12-31				

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

5,272.00 X \$27.50 = \$144,980.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$19,530.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-12-01	2025-12-31				

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

558.00 X \$35.00 = \$19,530.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$27,820.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2025-12-01	2025-12-31				

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

1,391.00 X \$20.00 = \$27,820.00



Invoice

Invoice#: 101767
 Invoice Date: 1/9/2026
 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		11/22/2025 to 12/19/2025	\$1,576,919.24	%	10.95%	\$172,672.66
Verified CAV Adds		12/01/2025 to 12/31/2025	5,272.00	EA	\$27.50	\$144,980.00
Management Fee HIPP (PMP)		12/01/2025 to 12/31/2025	558.00	EA	\$35.00	\$19,530.00
Management Fee MWIN/per member		12/01/2025 to 12/31/2025	1,391.00	EA	\$20.00	\$27,820.00
Total						\$365,002.66

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

PROGRAM APPROVAL SIGNATURE: Ashley Riley
 PRINTED NAME: Ashley Riley
 DATE: 1/30/2026

RECEIVED

JAN 12 2026

Ok
Althea Greenhow

BUREAU FOR MEDICAL SERVICES

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:
 Lamborn, Sam
 v: 681.381.7424
 e: samantha.lamborn@gainwelltechnologies.com

**ATTACHMENT 2
LOCKBOX SUMMARY
10/2020**

DEPOSIT DATES	TOTAL MEDICARE RECOVERIES RECEIVED IN LOCKBOX	LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	LOCKBOX PAYMENTS BILLED BY HMS - CHIP	LOCKBOX PAYMENTS BILLED BY HMS - MEDICAID	LOCKBOX PAYMENTS BILLED BY HMS - ENCOUNTER	STATE PAYMENTS BILLED BY HMS	STATE PAYMENTS NOT IDENTIFIED BY HMS	OVER-PAYMENTS	TOTAL REFUNDS	NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
11/22/2020 to 12/19/2020 CI Refunds	\$1,316,357.85	\$164,145.41	\$1,962.87	\$824,344.01	\$216,118.38	\$0.00	\$0.00	\$1,055.77	\$0.00	\$1,169,067.47	10.95%	\$111,012.28
11/22/2020 to 12/19/2020 Zero Payment Payments (Egates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
11/22/2020 to 12/19/2020 Zero Payment 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%	\$0.00
11/22/2020 to 12/19/2020 Non Commercial Bill Payment Refunds	\$388,868.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$388,868.55	10.95%	\$12,868.57
11/22/2020 to 12/19/2020 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
11/22/2020 to 12/19/2020 MCB & MCA 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
Total	\$1,705,226.40	\$164,145.41	\$1,962.87	\$824,344.01	\$216,118.38	\$0.00	\$0.00	\$1,055.77	\$0.00	\$1,539,067.47	10.95%	\$170,644.67

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

DEBIT	Subst Amount	Placed Amount	Over Payments	Unrecovered Insurance Fee	Unrecovered Insurance - CHIP	Unrecovered Insurance - TRICARE	Unrecovered Insurance - TRICARE	Unrecovered Insurance - TRICARE	Unrecovered Insurance - TRICARE	Unrecovered Insurance - TRICARE	Unrecovered Insurance - TRICARE
Total	\$0.00	\$1,106,091.47	\$6,130.77	\$400,300.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

DEBIT	Subst Amount	Placed Amount	Over Payments	Unrecovered Insurance Fee	Unrecovered Insurance - CHIP	Unrecovered Insurance - TRICARE	Unrecovered Insurance - TRICARE	Unrecovered Insurance - TRICARE	Unrecovered Insurance - TRICARE	Unrecovered Insurance - TRICARE
Total	\$0.00	\$1,106,091.47	\$6,130.77	\$400,300.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$ 170,644.67	3% Recoveries	
\$ 10,530.00	REPAYMENT FEE	954344.01
\$ 27,469.39	UNRECOVERED FEE	-953728.73
\$ 144,084.00	Over-recovered costs	615.28
\$ 358,088.06	Approved to pay by All 12/20/2020	



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

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

Christy D. Donohue, CMC
Commissioner

DATE: February 2, 2026

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: PF 1895337, CDO BMS26*25
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. during the month of October/November under PF 762875, CMA BMS21*06.

The service period is 11/22/2025-12/31/2025.

The total cost is \$365,002.66.

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. Thank you for your time and consideration in this matter.





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e.g. 123456789, Smith Corp

"HEALTH MANAGEMENT SYSTEMS INC" ×

Entity ∨

Location ∨

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

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

Officers	
Type	Name/Address

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

DBA			
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

Mergers				
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

Annual Reports	
Filed For	
2025	
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For more information, please contact the Secretary of State's Office at 304-558-8000.

Thursday, February 5, 2026 — 11:09 AM

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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.

The exact name of the Foreign Corporation: HEALTH MANAGEMENT SYSTEMS, INC.				
Entity type: Foreign Corporation				
Identification Number: 000158250				
Date of Qualification in Rhode Island: 08-25-2006		Effective Date: 08-25-2006		
Organized under the laws of: State: NY Country: USA				
The location of the Principal Office:				
Address: 5615 HIGH POINT DRIVE				
City or Town, State, Zip, Country: IRVING, TX 75038 USA				
The mailing address or specified office:				
Address:				
City or Town, State, Zip, Country:				
Agent Resigned: N		Address Maintained: Y		
The name and address of the Registered Agent:				
Name: CT CORPORATION SYSTEM				
Address: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A				
City or Town, State, Zip, Country: EAST PROVIDENCE, RI 02914 USA				
The Officers and Directors of the Corporation:				
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 COUNSEL	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		
The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:				
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
Purpose:				
COST CONTAINMENT IN HEALTHCARE				
TITLE: 7-1.2-1405				
North American Industry Classification System Code(NAICS):				