

Quality Improvement Organization Services for Iowa Medicaid

Cost Proposal Electronic Copy



Submitted:

January 26, 2018

To:

Stephanie Clark

Hoover State Office Building, 1st Floor 1305 E Walnut Street Des Moines, IA 50319-0114 Phone: (515) 256-4646 RFPMED-18-015@dhs.state.ia.us

Quality Improvement Organization Services for Iowa Medicaid ATTACHMENT F - COST PROPOSAL

NOT CONFIDENTIAL - this form may not be designated as confidential in whole or in part.

INSTRUCTIONS TO BIDDERS: Bidders are instructed to enter a monthly firm, fixed-price value for each of the Categories of Services within each time period listed. Bidders are instructed to not bid a cost for the transition period prior to start of operations. Any charges associated with the Contract transition period shall be reflected in operations costs beginning July 1, 2018. The bid price needs to include all costs for meeting all RFP requirements including general requirements (except for CAC member attendance costs to be reimbursed as a pass-through cost). The Cost Proposal Form will automatically calculate a Grand Total. The Agency will use the figure in the Grand Total to score cost proposal pricing.

The Bidder Only Enters Information Into Cells With This Background Color ----->

Company Name>	Telligen												
	Initial Contract Years - Monthly Prices						Optional Cor			ntract Years - Monthly Prices			
Categories of Services	Year 1 7/1/2018 - 6/30/2019		Year 2 7/1/2019 - 6/30/2020		Year 3 7/1/2020 - 6/30/2021		Option Year 1 7/1/2021 - 6/30/2022		Option Year 2 7/1/2022 - 6/30/2023		Option Year 3 7/1/2023 - 6/30/2024		
Medical Support (Section 1.3.1.3.A)	\$	216,400.00	\$	220,900.00	\$	225,500.00	\$	230,300.00	\$	235,100.00	\$	240,000.00	
Prior Authorizations (Section 1.3.1.3.B.1)	\$	69,800.00	\$	71,300.00	\$	72,800.00	\$	74,300.00	\$	75,900.00	\$	77,500.00	
LOC and NBA Reviews for LTSS (Section 1.3.1.3.B.2)	\$	172,900.00	\$	176,500.00	\$	180,200.00	\$	183,900.00	\$	187,800.00	\$	191,700.00	
Utilization Management- Other (Sections 1.3.1.3.B.3-6)	\$	13,400.00	\$	13,700.00	\$	14,000.00	\$	14,300.00	\$	14,600.00	\$	14,900.00	
HCBS Provider Reviews (Section 1.3.1.4.B)	\$	85,400.00	\$	87,200.00	\$	89,000.00	\$	90,800.00	\$	92,700.00	\$	94,600.00	
HCBS Waiver, Habilitation, and MFP Provider Complaints and Incident Reporting Management (Sections 1.3.1.4.C-D)	\$	22,100.00	\$	22,500.00	\$	23,000.00	\$	23,500.00	\$	24,000.00	\$	24,500.00	
HCBS Waiver and Habilitation Member Surveys, MFP Surveys, and Slot Management (Sections 1.3.1.4.E-G)	\$	31,100.00	\$	31,700.00	\$	32,400.00	\$	33,000.00	\$	33,700.00	\$	34,500.00	
Program of All-Inclusive Care for the Elderly (Section 1.3.1.5.A)	\$	13,400.00	\$	13,700.00	\$	14,000.00	\$	14,300.00	\$	14,600.00	\$	14,900.00	
Health Homes (Section 1.3.1.5.B)	\$	14,900.00	\$	15,200.00	\$	15,600.00	\$	15,900.00	\$	16,200.00	\$	16,600.00	
HIT (Section 1.3.1.5.C)	\$	40,300.00	\$	41,200.00	\$	42,000.00	\$	42,900.00	\$	43,800.00	\$	44,700.00	
General Admin and Other	\$	63,600.00	\$	65,000.00	\$	66,300.00	\$	67,700.00	\$	69,100.00	\$	70,600.00	
Sub Totals - Auto Filled; Do Not Enter Amounts below□													
Total Annual Cost	\$	8,919,600.00	\$	9,106,800.00	\$	9,297,600.00	\$	9,490,800.00	\$	9,690,000.00	\$	9,894,000.00	
Grand Total For The Entire Project									\$ 56,398,800.00				