State of Nevada

Department of Administration
Purchasing Division

RFP #3051
Temporarily Assigned Medical Related Positions

Part II:
Cost Proposal Response

Proposal Opening Date: 6/26/2013
Proposal Opening Time: 2:00 PM

Submitted By:

Avysion Healthcare Services
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RFP #3051

Temporarily Assigned Medical Related Positions

Part II:

Cost Proposal Response Title Page

Part II – Cost Proposal	
RFP Title:	Temporarily Assigned Medical Positions
RFP:	3051
Vendor Name:	Avysion Healthcare Services
Address:	1500 Fulling Mill Road Middletown, PA 17057
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5. COST

Vendors must fill in the table below for the administrative fee, any applicable vendor contribution taxes, and if applicable, benefit costs to be charged for each temporary position classification for both W-2 and self-employed-IRS employees. Refer to Attachment M for the position classifications and employee hourly rate; this list is not meant to be all inclusive, while the salaries listed are estimates only. The administrative fee should be calculated on the hourly pay rate only.

VENDOR NAME: Avysion Healthcare Services	
Agency Recruitment Administrative Fee:	$ 6.75%
Contractor Recruitment Administrative Fee:	$ 9.75%
Employers Tax Contribution: (Note: Rates may be subject to change based on future State and Federal legislation and requirements)	FICA: 6.2% up to $113,700 Medicare: 1.45% FUTA: .60% on max of $7,000 Workman's Comp: $.96 per $100 (administrative) $3.70 per $100 (direct care) Unemployment: 3.0% on max of $26,900 NV Modified Business Tax: 1.17%
Benefit costs	Employer sponsored health insurance benefits are estimated at 2.7% effective 1/1/2014 for all employees working at least 30 hours per week subject to the Patient Protection and Affordable Care Act (PPACA). However, due to pending but yet undefined PPACA requirements for deductibles, minimum coverage amounts and affordability, this percentage may change based on final legislative interpretations of the Act.

Employee Benefits

In addition to robust no-cost initial and continuing education training as further described under our response to this RFP, Avysion currently offers three basic tiers of benefits for our medical staffing employees. These tiers have been developed based on State and/or contractual requirements and may vary based on position type, number of hours worked, etc. Employee-paid portions of health insurance will also vary based on the tier selected, PPACA regulations, agency input, or contract requirements.

We look forward to discussing these various options with the State and developing detailed modifications as needed to meet the goals and objectives of this contract.

Benefit Summary Table:

Benefit	Tier I	Tier II (1)	Tier III
Paid Time Off (PTO) (2)	N/A	5 days annually (2)	10 days annually (minimum) (2)
Paid State Holidays (2)	N/A	10 days annually (2)	11 days annually (2)
401K (Currently up to 3% Employer Match)	Yes	Yes	Yes
Company-paid Short Term Disability (STD)	N/A	Yes	Yes
Company-paid Long Term Disability (LTD)	N/A	Yes	Yes
Company-paid Life	N/A	Yes	Yes
Dental	Yes	Yes	Yes
Vision	Yes	Yes	Yes
Health	No for calendar year 2013, Yes for calendar year beginning 2014 to meet PPACA requirements (3)	Yes/No (3)	Yes

Table Notes:
(1) Tier II is a customizable benefits package: *For example, a part-time, 30 hour/week physical therapist may have Tier II benefits of full insurance with no paid-time off and five paid holidays.*
(2) Avysion can modify/adjust this benefit according to the requirements of the State.
(3) Employer sponsored health insurance benefits are estimated at 2.7% effective 1/1/2014 for all employees working at least 30 hours per week subject to the Patient Protection and Affordable Care Act (PPACA).

Paid holidays are consistent with the Nevada State-observed holiday schedule.

Benefit Cost Table:

Note: Benefit costs are based on an annual employee pay rate of $50,000. Employee 401K participation based on maximum employee participation at Avysion's 3% employer match contribution with a 5 year vesting schedule. Currently, the average match contribution required based on employee participation of all NV Medical Staffing positions is substantially less than ½%.

	Benefits in Tier	Monthly EE Cost	Annual EE Cost	Monthly ER Cost	Annual ER Cost
Tier 1					
Life/AD&D Insurance ($20k)	No				
401(k) Participation – Maximum	Yes				
Disability (STD/LTD)	No				
Health Insurance No for 2013	No				
PTO	0				
Holidays	0				
Total Tier 1					
Tier 2					
Life Insurance ($20k)	Yes			$4.00	$48.00
401(k) Participation	Yes				
Disability (STD/LTD)	Yes			$24.41	$292.92
Health (PPO-Single, Plan 1)	Yes	$128.03	$1536.36	$242.01	$2904.12
PTO	5			$80.13	$961.54
Holidays	10			$160.26	$1923.08
Total Tier 2		*$128.03*	*$1536.36*	*$510.81*	*$6129.66*
Tier 3					
Life Insurance ($20k)	Yes			$4.00	$48.00
401(k) Participation	Yes				
Disability (STD/LTD)	Yes			$24.41	$292.92
Health (PPO-Single, Plan 2)	Yes	$333.22	$3998.64	$183.00	$2196.00
PTO	10			$160.26	$1923.08
Holidays	11			$176.28	$2115.38
Total Tier 3		*$333.22*	*$3998.64*	*$547.95*	*$6575.38*

QIO-Like Entity State Reimbursement from CMS

Avysion is certified by the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) as a Quality Improvement (QIO-like) entity additionally qualified to provide services as an External Quality Review Organization (EQRO). As a QIO-like entity, CMS cost reimbursements to the State from CMS may increase

from 50% to 75% for both clinical and non-clinical administrative staff providing utilization review or quality related services.

ATTACHMENT J – COST PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES	X	I agree to comply with the terms and conditions specified in this RFP.
NO		I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.
Note: Only cost exceptions and/or assumptions should be identified on this attachment. Do not restate the technical exceptions and/or assumptions on this attachment.

Avysion Healthcare Services
Company Name

Signature

Donna Snyder, President — 6/24/2013
Print Name — Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
N/A			
N/A			

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)
N/A			
N/A			