TITLE PAGE

Part II– Cost Proposal	
RFP Title:	Third Party Administrative Services
RFP:	3086
Vendor Name:	***CorrectCare-Integrated Health, Inc.***
Address:	***366 South Broadway*** ***Lexington, KY 40508***
Proposal Opening Date:	December 12, 2013
Proposal Opening Time:	2:00 PM

Attachment I – Cost Schedule

Vendor Name ___CorrectCare Integrated Health, Inc._____

Fiscal Year	FY15	FY16	FY17	FY18
Per Inmate Per Month (PIPM) Cost	*$1.97*	*$2.03*	*$2.08*	*$2.15*

Vendors MUST use this format for Part II of the Cost Proposal, providing a fixed price per inmate per month by fiscal year for all costs associated with the responsibilities and related services. The number of inmates will be defined as the monthly average in-house population of the NDOC. The fiscal year runs from July 1 to June 30. The new contract will begin July 1, 2014, and will cover fiscal years FY15, FY16, FY17, and FY18. Please provide a fixed price per inmate per month for each applicable fiscal year.

Key Assumptions:

1. ***Annual claims volume of 47,000 received (41,200 paid).***
2. ***Inmate population of approximately 12,700.***

Administrative fee billing cycle: monthly once claims processing begins.
Payment terms: 30 to 45 days upon receipt of invoice and the using agency's approval.

Per Section 3.6.2. Provide a separate, per-claim cost for run-in services.

The per-claim cost for run-in services would be $6.40 per claim.

All pricing is predicated on client to provide data requirements / specifications, any prior authorizations, and inmate eligibility as specified in the RFP.

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

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.

CorrectCare-Integrated Health, Inc.
Company Name

Signature

Linda Goins, President
Print Name

12/10/2013
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)

ASSUMPTION SUMMARY FORM

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

This document must be submitted in Tab III of vendor's cost proposal.
This form MUST NOT be included in the technical proposal.