Cost Proposal

Request for Proposal for Utilization Management and Large Case Management

State of Nevada RFP 3084

Due: December 3, 2013 | 2 PM

Proposer: Ty Windfeldt, Vice President
Hometown Health
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Reno, NV 89502

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November 20, 2013

Hometown Health

ATTACHMENT I

COST SCHEDULE

Vendor Name: Hometown Health Providers, Inc.

Service	Plan Year 15 7/1/14 – 6/30/15 PPPM Rate	Plan Year 16 7/1/15 – 6/30/16 PPPM Rate	Plan Year 17 7/1/16 – 6/30/17 PPPM Rate	Plan Year 18 7/1/17 – 6/30/18 PPPM Rate	Plan Year 19 7/1/18 – 6/30/19 PPPM Rate
Implementation Fees					
Case management/Large case management					
Pre-certification					
Concurrent review					
Out-patient services pre-certification					
Retrospective review					
Management reporting					
Communication materials, printing, mailing charges, etc.					
Other (please be specific) *Total for all above services*	*$3.15 PPPM*	*$3.31 PPPM*	*$3.48 PPPM*	*$3.65 PPPM*	*$3.83 PPPM*

This rate includes all proposed services included in this RFP and will remain stable regardless of prior authorization guideline changes.

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.***

Hometown Health Providers, Inc.
Company Name

Signature

Ty Windfeldt
Print Name

11-30-2013
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.