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 _____ I agree to comply with the terms and conditions specified in this RFP.

NO ***X*** 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.***

American Health Holding, Inc.
Company Name

Signature

Paul Lavin
Print Name

11-25-13
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)
1	Attachment I Cost Schedule	N/A	Case Management and Precertification pricing assumes utilization of no more than 20% greater than the utilization provided in Amendment 2, #21 to Request for Proposal 3084.
2	3.11.2.13	26	Per our response to 3.11.2.13, American Health's price for Utilization Management (Pre-Certification) is based on the utilization provided in Amendment 2, #21. Per exception #1 above, our pricing assumes utilization of no more than 20% greater than the utilization provided. We reserve the right to review the projected volume that would result from any expansion of services and to negotiate pricing to support the volume.
3	3.18.3	39	Per our response to 3.18.3, additional pricing is required to support the option for a separate instance of our proprietary software, iSuite. The data in the separate instance will be solely that of PEBP. The separate instance would allow American Health to

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
			purge data, and the entire instance, in accordance with PEBP requirements and applicable regulatory guidelines. The separate instance incorporates new hardware, software, storage and on-going workflow changes to support PEBP's requirements.
4	Attachment I Cost Schedule	N/A	Printing and mailing charges for member certification and non-certification letters and provider letters are included. Other communication materials will be sent electronically to PEBP for distribution to members.
5	Attachment I Cost Schedule	N/A	Depending on volume, American Health may use a subcontractor for overflow related to Negotiations and Repricing. If the State is interested in using this optional service, we will be happy to discuss our overflow process - and any appropriate next steps related to the possible use of an overflow subcontractor - as part of the finalist process.

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.