ATTACHMENT I

COST SCHEDULE

Vendor Name: *INETICO, 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	$5,000 – separate service setup	n/a	n/a	n/a	n/a
Case management/Large case management (CM)	1.67	1.75	1.84	1.93	2.03
Pre-certification (UM)	1.02	1.07	1.12	1.18	1.24
Concurrent review	Included in UM	Included in UM	Included in UM	Included in UM	Included in UM
Out-patient services pre-certification	Included in UM	Included in UM	Included in UM	Included in UM	Included in UM
Retrospective review	Included in UM	Included in UM	Included in UM	Included in UM	Included in UM
Management reporting	Included in UM/CM	Included in UM/CM	Included in UM/CM	Included in UM/CM	Included in UM/CM
Communication materials, printing, mailing charges, etc.	Cost plus 10%	Cost plus 10%	Cost plus 10%	Cost plus 10%	Cost plus 10%
Other (please be specific) 1. Physician Reviews	**First Physician review is included in UM fee**. Additional reviews are at cost plus 10%	**First Physician review is included in UM fee**. Additional reviews are at cost plus 10%	**First Physician review is included in UM fee**. Additional reviews are at cost plus 10%	**First Physician review is included in UM fee**. Additional reviews are at cost plus 10%	**First Physician review is included in UM fee**. Additional reviews are at cost plus 10%
2. Advanced & Retrospective Negotiations if requeste	25% of savings	25% of savings	25% of savings	25% of savings	25% of savings
3. Additional Precert Requirements if requested	Reviewed as added	Reviewed as added	Reviewed as added	Reviewed as added	Reviewed as added
4. Custom Reporting – if requested	$160 / programming hr	$160 / programming hr	$160 / programming hr	$160 / programming hr	$160 / programming hr

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.***

INETICO, Inc.
Company Name

Signature

Joseph C-W Hodges, President & CEO
Print Name

11/22/2013
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)
1	*Attachment I*		*Cost of additional Physician Reviews is at cost plus 10%*
2	*Attachment I*		*Advanced Negotiations and Retrospective Negotiations if approved by PEPB is at 25% of Savings*
3	*Attachment I*		*Addition of precertification requirements after contracting is subject to review of rates and fees associated with providing services*
4	*Attachment I*		*Custom Reporting requirement other than those currently available through INETIPASS may require custom programming and would be subject to programming fees. However, ad-hoc reporting is available on-line through INETIPASS as requested in the RFP.*

ASSUMPTION SUMMARY FORM

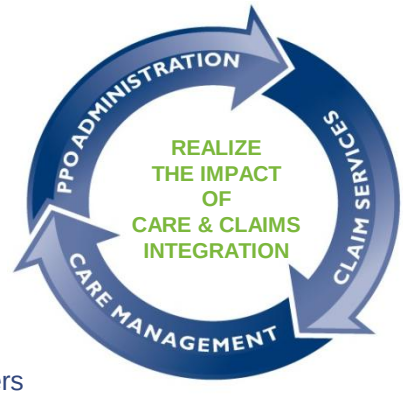
ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

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

INETICO
Care & Claims Management Services

ADVANCE NEGOTIATION SERVICE
(ANS)

ADVANCED NEGOTIATION



SERVICE:

INETICO generates significant savings for our clients by negotiating treatment, service, and device costs that are identified during the precertification process. This includes:

1. Implant devices
2. Securing in-network discounts with out-of-network providers
3. Redirecting care to in-network providers

PROCESS REQUIREMENTS:

The INETICARE Utilization Review team will refer the appropriate cases to our dedicated Claims Unit responsible for executing pre-service negotiations. The communications with the provider include:

1. Delivery of a case rate, per diem, or fee schedule proposal for services being performed out-of-network, or;
2. Delivery of an implant device reimbursement proposal for acceptance as payment in full without balance billing

If the provider is willing to come to an agreement:

1. Precertification number is released
2. Signed agreement is held at INETICO until claim is received for repricing

If the provider is unwilling to come to an agreement:

1. Precertification is pended
2. Plan member is contacted and advised of potential out-of-pocket expenses, then asked if they have interest in alternative choices
3. Precertification number is released
4. Plan member proceeds with scheduled care informed of the plan's coverage – *OR* – the member opts to pursue alternative choices with a provider who will accept the proposal

TPA REQUIREMENT:

1. Plan language for the implant service is required
2. INETICO must be the primary out-of-network repricing partner
3. TPA must send all claims with implants to INETICO for repricing of the appropriate line item(s) in the daily claims exchange

FEE FOR SERVICE:

1. Redirection of member from out-of-network to in-network:
   - $75 flat fee
2. Negotiation of an implant device or with an out-of-network provider:
   - 25% of savings

URAC
ACCREDITED
CASE MANAGEMENT
DISEASE MANAGEMENT
HEALTH UTILIZATION MANAGEMENT

i3 GUARANTEE
LOG ON TO OUR WEBSITE FOR THE INETICO GUARANTEE

WWW.INETICO.COM
TOLL FREE 877 . 601 . 2200
PHONE 813 . 258 . 2200 FAX 813 . 514 . 0607
400 North Ashley Dr., Ste 1550 TAMPA FLORIDA 33602

IMAGINATION ▪ INNOVATION ▪ INTEGRATION