1.4.3.1 TAB I – TITLE PAGE

Part II – Cost Proposal	
RFP Title:	Non-Emergency Transportation
RFP:	3207
Vendor Name:	***Access2Care, LLC***
Address:	***6200 South Syracuse Way, Suite 200*** ***Greenwood Village, CO 80111***
Opening Date:	October 8, 2015
Opening Time:	2:00 PM

1.4.3.2 TAB II – COST PROPOSAL

Vendor's response for the cost proposal must be included in this tab.

RFP 3207

Attachment H

Non-Emergency Transportation (NET) Brokerage Services

Vendor Name:Access2Care, LLC

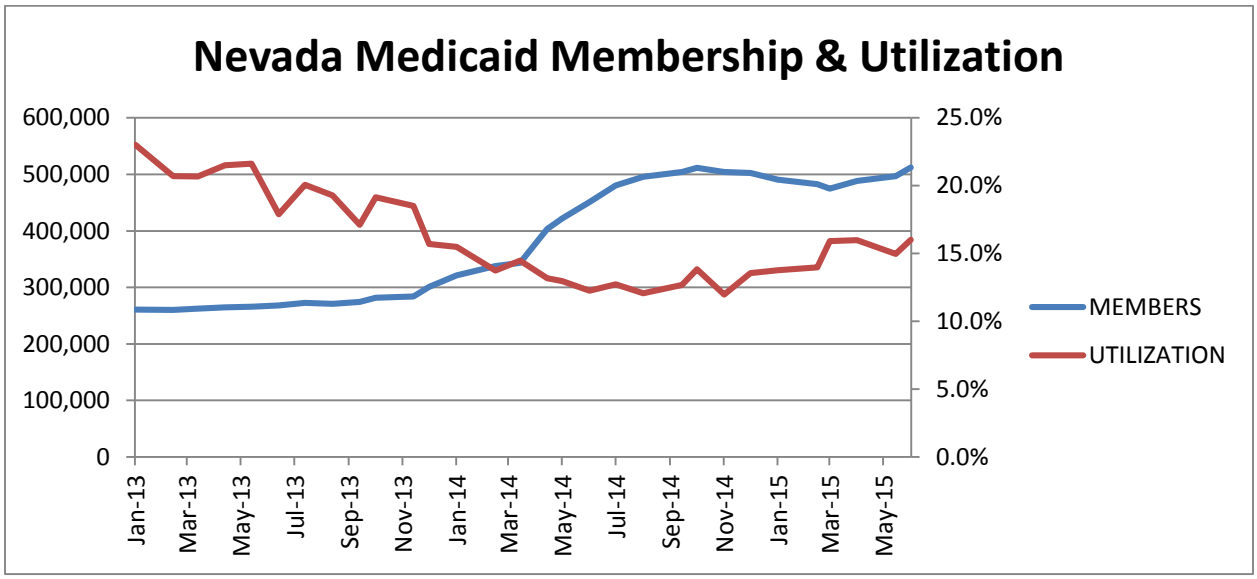
Cost Per Member Per Month	***$2.16***
Cost per Trip	***$9.89***
Total Operating Cost	***$9,918,076***
Administrative Fixed costs	***$1,199,633***
Administrative Variable Costs	***$1,320,899***
Other Costs: Provide a detailed explanation	***All costs included in Fixed and Variable Costs***

Access2Care's detailed pricing and cost analysis is part of our consultative approach to designing and maintaining a successful transportation program for the state of Nevada that is actuarially sound. Our Technical Proposal Response outlines how we propose to manage, staff, support, and sustain an effectively run program and strong partnership with the State. As a complement, our Cost and Pricing Proposal showcases how we plan to responsibly align costs to meet State needs to create an affordable program. Our analysis focuses on several key elements to help our financial experts best predict appropriate pricing for the State including the following:

- ***Reviewing historical data to understand current expenses and cost-related trends***
- ***Anticipating areas of growth in transports or surge in service-related costs***
- ***Exploring opportunities for savings that do not decrease the quality of service delivered to the State and to the members of the program***

As Nevada is a Medicaid expansion state, we observed considerable membership growth in the population since 2013 before leveling off in October 2014. With the drop in utilization apparent in 2014, it is likely the expansion members took some time to discover the transportation benefit; yet utilization

seems to have stabilized around 16% in the second quarter of 2015. We assumed utilization would remain around 16%.



The cost per trip of $9.89 provided by the 2015 data will be maintained by not only maintaining the use of low cost transportation modes such as mass transit and gas reimbursement, but we will maintain that cost per trip against inflationary pressures by increasing the use of these levels of service. We also assumed the state will continue to directly reimburse the Regional Transportation Commissions Paratransit operations for services, and Access2Care would be responsible for scheduling and coordination of these services.

1.4.3.3 TAB III – ATTACHMENT I, COST PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

A. ***Attachment I*** with an original signature by an individual authorized to bind the organization must be included in this tab.

B. In order for any cost exceptions and/or assumptions to be considered, vendors ***must*** provide the specific language that is being proposed in ***Attachment I.***

C. Only cost exceptions and/or assumptions should be identified on ***Attachment I***.

D. ***Do not restate*** the technical exceptions and/or assumptions on this form.

E. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. If vendors do not specify any exceptions and/or assumptions in detail at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

ATTACHMENT I – 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.***

Access2Care, LLC
Company Name

Signature

Steven G. Murphy **10/08/2015**
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)
NONE			

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)
NONE			

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