Part II – Cost Proposal

RFP Title:	***Dental Benefits Administrator***
RFP:	***3290***
Vendor Name:	***LIBERTY Dental Plan of Nevada, Inc.***
Address:	***6385 South Rainbow Boulevard*** ***Suite 200*** ***Las Vegas, NV 89118***
Proposal Opening Date:	***December 15, 2016***
Proposal Opening Time:	***2:00 PM***

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SECTION 5: COST/FINANCIAL

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Attachment H – Cost Proposal for RFP 3290 Dental Benefits Administrator

Vendor Name: ***LIBERTY Dental Plan of Nevada, Inc.***

Vendors must provide detailed fixed prices for all costs associated with vendor responsibilities and related services. Clearly specify the nature of all expenses anticipated.

5.1 Administrative Costs

There are two separate cost components in administrative costs:

5.1.1 Non-Medical Administrative Costs:

5.1.2 Those costs (both direct and indirect) necessary to administer the Medicaid managed care program.

5.1.2.1 Direct Expenses: Those expenses that can be charged directly as a part of the overall administrative costs; and,

5.1.2.2 Indirect Expenses: Those elements of costs necessary in the performance of administering the program that are of such a nature that the amount applicable to the program cannot be determined accurately or readily (i.e., rent, heat, electrical power, salaries and benefits of management personnel which are allocated to different programs, etc.).

5.1.3 Medical Administrative Costs:

5.1.3.1 Costs, either direct or indirect, related to recipient medical care management (i.e., development of physician protocols for disease management, utilization review activities, case management costs, and medical information management systems).

5.1.3.2 DHCFP will review Medical Administrative Costs for reasonability and in the context of the benefit received by the client and DHCFP (i.e., is the cost of developing physician protocols for disease management less than or equal to the fiscal and health outcome benefit received).

5.2 Non-Medical Costs:

The following are not considered administrative costs. They are, however, included in the overall percentage of non-medical costs, and will be reviewed for reasonableness by DHCFP:

5.2.1 Profit: The percentage of profit which the Contractor anticipates receiving after expenses (net income, divided by total revenues received from DHCFP); and,

5.2.2 Risk and contingencies: That amount which the Contractor anticipates setting aside (as a percentage of the revenues received) for potential unknown risks and contingencies.

Requirements:

Consideration shall be paid on a risk-based capitated rate basis. The methodology used to determine rates is certified to be actuarially sound.

Each Vendor is required to submit a not-to-exceed Administrative rate bid for calendar year 2017 relative to the rates effective at the time of the proposal. The DHCFP reserves the right to further negotiate this Administrative Rate prior to contract signing. Note that this process may result in the participating health plans having different rates.

An actuarially sound rate will be developed by DHCFP's actuary and certified by CMS. In addition to a capitated rate to cover the costs of required medical services, an Administrative rate is paid to cover organizational costs.

	PMM Amount	***Approximate % of premium @$10.15 blended rate***
Direct	***$0.39***	***3.8%***
In-direct	***$0.43***	***4.2%***
Total Non-Medical Admin	***$0.82***	***8.1%***
Medical Admin	***$0.08***	***0.8%***
Total Admin	***$0.90***	***8.9%***
Profit	***$0.05***	***0.5%***
Risk and contingencies	***$0.03***	***0.3%***
Total Profit and Risk	***$0.08***	***0.8%***
Total Not-to-exceed Administrative Rate Bid	***$0.98***	***9.7%***
HIPF (separate from Admin costs)	***$0.07***	

Attachment I – Cost Proposal Certification of Compliance with Terms & Conditions

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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.

LIBERTY Dental Plan of Nevada, Inc.
Company Name

Signature

Amir Neshat, CEO
Print Name / Title

December 12, 2016
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.