



ATTACHMENT I: COST SUMMARY BID SHEET

| Phase 1 Costs <i>(Phase 1. MMIS Replacement DDI)</i> | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|---------------------------|---------------------------|--------------------|
| Item | Total | | | | |
| Total Phase 1 Costs <i>(See Appendix C: Deliverables, Milestones and Payments)</i> | \$ 74,928,277.51 | | | | |
| Phases 2a and 2b, and Phase 3 Costs <i>(Phase 2a. Routine Fiscal Agent Operations; Phase 2b. CMS Certification; Phase 3. Close-Out and Turnover)</i> | | | | | |
| Period | Estimated FFS Member Months | Estimated MCO Member Months | FFS PMPM Fee ¹ | MCO PMPM Fee ¹ | Total ² |
| Year 1 ³ | 172,477 | 165,853 | NA ³ | NA ³ | NA ³ |
| Year 2 ³ | 162,097 | 178,318 | NA ³ | NA ³ | NA ³ |
| Year 3 ³ | 174,545 | 213,255 | \$ 4.59 | \$ 4.59 | \$ 21,360,024.00 |
| Year 4 | 229,765 | 215,269 | \$ 3.93 | \$ 3.93 | \$ 20,987,803.44 |
| Year 5 | 231,419 | 217,313 | \$ 4.18 | \$ 4.18 | \$ 22,508,397.12 |
| Year 6 | 233,063 | 219,389 | \$ 4.36 | \$ 4.36 | \$ 23,672,288.64 |
| Year 7 | 234,696 | 221,496 | \$ 4.28 | \$ 4.28 | \$ 23,430,021.12 |
| Year 8 | 236,316 | 223,636 | \$ 4.09 | \$ 4.09 | \$ 22,574,444.16 |
| Year 9 | 237,925 | 225,808 | \$ 4.14 | \$ 4.14 | \$ 23,038,255.44 |
| Year 10 | 239,546 | 228,014 | \$ 4.38 | \$ 4.38 | \$ 24,574,953.60 |
| Contingency Year 1 | 241,177 | 230,254 | \$ 4.70 | \$ 4.70 | \$ 26,588,708.40 |
| Contingency Year 2 | 242,820 | 232,528 | \$ 4.14 | \$ 4.14 | \$ 23,615,288.64 |
| Total Phases 2a, 2b, & 3 Costs <i>(Sum of Years 1 through 10 Totals + Contingency Years 1 and 2 Totals)</i> | \$ 232,350,184.56 | | | | |

¹ Vendors are required to submit the PMPM rate in the FFS PMPM Fee and MCO PMPM Fee columns.

² Yearly Total calculated as follows:
*(Estimated FFS Member Months * FFS PMPM Fee * 12) + (Estimated MCO Member Months * MCO PMPM Fee * 12)*

³ For purposes of proposal and evaluation, all vendors should estimate operations costs for Year 1 and Year 2 at zero dollars (\$0). In order to provide consistent evaluation of all cost bids, vendors should also assume a full year of operating cost beginning at Year 3.



| Phase 2c Costs <i>(Phase 2c. MMIS Modifications and Enhancements)</i> | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|-------------------------------------------|
| Period | (A) All Inclusive Hourly Rate | (B) Maximum Hours | (C) Total <i>(Column A * Column B)</i> |
| Year 1 | \$ <u>100.56</u> / hr | | N/A |
| Year 2 | \$ <u>102.78</u> / hr | | N/A |
| Year 3 | \$ <u>100.63</u> / hr | 25,000 | \$ 2,515,750.00 |
| Year 4 | \$ <u>103.52</u> / hr | 25,000 | \$ 2,588,000.00 |
| Year 5 | \$ <u>106.50</u> / hr | 25,000 | \$ 2,662,500.00 |
| Year 6 | \$ <u>109.56</u> / hr | 25,000 | \$ 2,739,000.00 |
| Year 7 | \$ <u>112.70</u> / hr | 25,000 | \$ 2,817,500.00 |
| Year 8 | \$ <u>115.93</u> / hr | 25,000 | \$ 2,898,250.00 |
| Year 9 | \$ <u>119.25</u> / hr | 25,000 | \$ 2,981,250.00 |
| Year 10 | \$ <u>122.65</u> / hr | 25,000 | \$ 3,066,250.00 |
| Contingency Year 1 | \$ <u>126.16</u> / hr | 25,000 | \$ 3,154,000.00 |
| Contingency Year 2 | \$ <u>129.76</u> / hr | 25,000 | \$ 3,244,000.00 |
| Year 3 | N/A | N/A | \$ 50,000.00 |
| Year 4 | N/A | N/A | \$ 50,000.00 |
| Year 5 | N/A | N/A | \$ 50,000.00 |
| Year 6 | N/A | N/A | \$ 50,000.00 |
| Year 7 | N/A | N/A | \$ 50,000.00 |
| Year 8 | N/A | N/A | \$ 50,000.00 |
| Year 9 | N/A | N/A | \$ 50,000.00 |
| Year 10 | N/A | N/A | \$ 50,000.00 |
| Contingency Year 1 | N/A | N/A | \$ 50,000.00 |
| Contingency Year 2 | N/A | N/A | \$ 50,000.00 |
| Total Phase 2c Costs <i>(Sum of Years 1 through 10 Totals + Contingency Years 1 and 2 Totals + 50,000 for each year 3 through 10 + 50,000 for Contingency Years 1 and 2)</i> | | | \$ 29,166,500.00 |



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 Bureau for Medical Services
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| Optional Drug Rebate Services Costs (Refer to Section 3.2.9.2) | | | |
|--------------------------------------------------------------------------|-------------------------------|-------------------|------------------------------------|
| Period | (A) All Inclusive Hourly Rate | (B) Maximum Hours | (C) Total (Column A * Column B) |
| Program Management Year 1 | \$ <u>98.45</u> / hr | | N/A |
| Program Management Year 2 | \$ <u>98.45</u> / hr | | N/A |
| Program Management Year 3 | \$ <u>97.65</u> / hr | 4,500 | \$ 439,425.00 |
| Program Management Year 4 | \$ <u>100.58</u> / hr | 4,500 | \$ 452,610.00 |
| Program Management Year 5 | \$ <u>103.59</u> / hr | 4,500 | \$ 466,155.00 |
| Program Management Year 6 | \$ <u>106.70</u> / hr | 4,500 | \$ 480,150.00 |
| Program Management Year 7 | \$ <u>109.91</u> / hr | 4,500 | \$ 494,595.00 |
| Program Management Year 8 | \$ <u>113.20</u> / hr | 4,500 | \$ 509,400.00 |
| Program Management Year 9 | \$ <u>116.60</u> / hr | 4,500 | \$ 524,700.00 |
| Program Management Year 10 | \$ <u>120.10</u> / hr | 4,500 | \$ 540,450.00 |
| Program Mgt Contingency Year 1 | \$ <u>123.70</u> / hr | 4,500 | \$ 556,650.00 |
| Program Mgt Contingency Year 2 | \$ <u>127.41</u> / hr | 4,500 | \$ 573,345.00 |
| Accounts Receivable Mgt Year 1 | \$ <u>68.29</u> / hr | N/A | N/A |
| Accounts Receivable Mgt Year 2 | \$ <u>68.29</u> / hr | N/A | N/A |
| Accounts Receivable Mgt Year 3 | \$ <u>67.73</u> / hr | 4,500 | \$ 304,785.00 |
| Accounts Receivable Mgt Year 4 | \$ <u>69.77</u> / hr | 4,500 | \$ 313,965.00 |
| Accounts Receivable Mgt Year 5 | \$ <u>71.85</u> / hr | 4,500 | \$ 323,325.00 |
| Accounts Receivable Mgt Year 6 | \$ <u>74.01</u> / hr | 4,500 | \$ 333,045.00 |
| Accounts Receivable Mgt Year 7 | \$ <u>76.24</u> / hr | 4,500 | \$ 343,080.00 |
| Accounts Receivable Mgt Year 8 | \$ <u>78.51</u> / hr | 4,500 | \$ 353,295.00 |
| Accounts Receivable Mgt Year 9 | \$ <u>80.88</u> / hr | 4,500 | \$ 363,960.00 |
| Accounts Receivable Mgt Year 10 | \$ <u>83.30</u> / hr | 4,500 | \$ 374,850.00 |
| Accounts Rec Mgt Contingency Year 1 | \$ <u>85.79</u> / hr | 4,500 | \$ 386,055.00 |
| Accounts Rec Mgt Contingency Year 2 | \$ <u>88.37</u> / hr | 4,500 | \$ 397,665.00 |
| Total Optional Drug Rebate Services | \$ <u>8,531,505.00</u> | | |



| Total Not to Exceed Cost of Contract | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Total Not to Exceed Cost of Contract <i>[Where Total Not to Exceed Cost of Contract = (Total Phases 1 Costs) + (Total Phases 2a, 2b, and 3 Costs) + (Total Phase 2c Costs) + (Optional Drug Rebate Services]</i> | \$ <u>344,976,467.07</u> |

Note:

1. Member months estimates were developed based on the best information available at the time of the solicitation. The member months are to be used for purposes of cost proposal and evaluation only.
2. The cost proposal will be evaluated based on the Total Not to Exceed Cost of Contract. The cost bid should include all anticipated training, travel and related expenses including supplies and general administrative expenses.
3. The Total Hours referenced in the Optional Drug Rebate Services are for purposes of cost proposal and evaluation only.
4. Vendors **shall not** alter Attachment I, Cost Summary Bid Sheet, in any way without explicit acceptance by the Bureau. The Cost Summary Bid Sheet must be completed and submitted using the form provided. Attachment I will **not** be provided in electronic format (Excel, Word, etc.). The vendor may **not** recreate Attachment I.

Authorized Vendor signature:

Date

June 18, 2012

If applicable, sign and submit the attached Resident Vendor Preference Certificate with the proposal. The Cost Proposal will be evaluated based on the total phases 2a, 2b, and 3 Costs for the ten base year period plus two additional one year contingency periods submitted on the Cost Summary Bid Sheet.