



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
Delivery Order

Order Date: 03-29-2023

CORRECT ORDER NUMBER MUST APPEAR
 ON ALL PACKAGES, INVOICES, AND
 SHIPPING PAPERS. QUESTIONS
 CONCERNING THIS ORDER SHOULD BE
 DIRECTED TO THE DEPARTMENT
 CONTACT.

Order Number:	CDO 0511 2676 BMS2300000030 1	Procurement Folder:	1202005
Document Name:	CDO for CMA BMS21*06 February 2023	Reason for Modification:	
Document Description:	CDO for CMA BMS21*06 February 2023		
Procurement Type:	Central Delivery Order		
Buyer Name:	Crystal G Hustead		
Telephone:	(304) 558-2402		
Email:	crystal.g.hustead@wv.gov		
Shipping Method:	Best Way	Master Agreement Number:	CMA 0511 BMS2100000006 1
Free on Board:	FOB Dest, Freight Prepaid		<i>3/31/2024</i>

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000103904 HEALTH MANAGEMENT SYSTEMS INC 5615 HIGH POINT DR IRVING TX 75038 US Vendor Contact Phone: 8057294298 Extension: Discount Details: <table border="1"> <thead> <tr> <th></th> <th>Discount Allowed</th> <th>Discount Percentage</th> <th>Discount Days</th> </tr> </thead> <tbody> <tr> <td>#1</td> <td>No</td> <td>0.0000</td> <td>0</td> </tr> <tr> <td>#2</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#3</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>#4</td> <td>No</td> <td></td> <td></td> </tr> </tbody> </table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Lucinda L Carroll Requestor Phone: (304) 352-4235 Requestor Email: lucinda.l.carroll@wv.gov <div style="text-align: center; font-size: 2em; font-weight: bold;">23</div> FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Total Order Amount:	\$947,695.73
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Purchasing Division's File Copy

CH 4/5/23
 PURCHASING DIVISION AUTHORIZATION
 DATE: *Tanya G 4/7/2023*
 ELECTRONIC SIGNATURE ON FILE

ENTERED

ENCUMBRANCE CERTIFICATION DATE: <i>4/7/2023</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Confirming Delivery Order for services provided during the month of February 2023 under invoice 083792
Total: \$947,695.73.

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$58,845.73
Service From	Service To	Manufacturer		Model No	Delivery Date
2023-01-28	2023-02-24				

Commodity Line Description: Years 1-3 Recoveries

Extended Description:

Years 1-3 Mandatory

Percentage Fee for Recoveries
(Cost-Avoidance/TPL Additions;
Post-Payment Recovery;
TPL Credit Balance Audits;
Medicare, Tri-Care, and
Commercial Recovery;
Trauma Recovery;
and Estate Recovery)

Percentage Fee: 10.95%

Confirming order for services provided under invoice
083792 (Feb. 2023)

$\$537,403.93 \times 0.1095 = \$58,845.73$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$847,165.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2023-02-01	2023-02-28				

Commodity Line Description: Years 1-3 Third Party Adds

Extended Description:

Years 1-3 Mandatory

Verified Their Party Adds (PMPM)-BMS

Per Policy Rate: \$27.50

Confirming order for services provided under invoice
083792 (Feb. 2023)

$30,806.00 \times \$27.50 = \$847,165.00$

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
3	93151507	0.00000		\$0.0000	\$16,625.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2023-02-01	2023-02-28				

Commodity Line Description: Years 1-3 Prem Reimb Pgm (PMPM)-Optional

Extended Description:

Years 1-3 Optional

Premium Reimbursement Program(s) (PMPM) Optional

Rate: \$35.00

Confirming order for services under invoice
083792 (Feb. 2023)

475.00 x \$35.00 = \$16,625.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
4	93151507	0.00000		\$0.0000	\$25,060.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2023-02-01	2023-02-28				

Commodity Line Description: Years 1-3 Work Incentive/Prem Pgm(PMPM)-Optional

Extended Description:

Years 1-3 Optional

Work Incentive/Prem Pgm(s) (PMPM)-Optional

Rate: \$20.00

Confirming order for services provided under invoice
083792 (Feb. 2023)

1,253.00 x \$20.00 = \$25,060.00



PO Box 27151
New York, NY 10087-7151

WV Dept of Health & Human Resources
Stuart A. Epling
Bureau of Medical Services
350 Capitol Street, Room 251
Charleston WV 25301

Purchase Order/Contract#: CMA BMS21*06

Invoice

Invoice#: 083792
Invoice Date: 3/7/2023
Page: 1 of 1

Description	Comments	Service Period	Recoveries/Qty	UOM	Rate	Amount Due
TPL Recoveries		01/28/2023 to 02/24/2023	\$537,403.93	%	10.95%	\$58,845.73
Verified CAV Adds		02/01/2023 to 02/28/2023	30,806.00	EA	\$27.50	\$847,165.00
Management Fee HIPA (PMP)		02/01/2023 to 02/28/2023	475.00	EA	\$35.00	\$16,625.00
Management Fee MWIN/per member		02/01/2023 to 02/28/2023	1,253.00	EA	\$20.00	\$25,060.00
Total						\$947,695.73

I HEREBY CERTIFY THAT THE ITEMS LISTED HEREON HAVE BEEN RECEIVED AND APPROVED FOR PAYMENT

PROGRAM APPROVAL SIGNATURE *Andrea Woodell*

PRINTED NAME: ANDREA WOODSELL

DATE: 03-22-23

Robert Price
Agree

Terms: Due in 30 Days.

Please indicate the above invoice number on your remittance.

Tax ID: 13-2770433

Remittance Address:

Health Management Systems Inc
PO Box 27151
New York, NY 10087-7151
If you would like to remit electronically,
please contact ARGroup@gainwelltechnologies.com

If you have any questions, please contact Program Director:

Michelle Hayes
v: 937.673.9978
e: michelle.hayes@gainwelltechnologies.com

LOCKBOX SUMMARY

1 DEPOSIT DATES	2 TOTAL RECOVERIES RECEIVED IN LOCKBOX	3 LOCKBOX PAYMENTS NOT IDENTIFIED BY HMS	4 (2-3) LOCKBOX PAYMENTS BILLED BY HMS	4A STATE PAYMENTS BILLED BY HMS	4B STATE PAYMENTS NOT IDENTIFIED BY HMS	5 OVER-PAYMENTS	6 [7 (4+4A-5-6)] *TOTAL REFUNDS	8 [9 (7*8)] NET RECOVERY	PERCENTAGE TO HMS	DOLLARS DUE TO HMS
01/28/2023 to 02/24/2023 CI	\$317,668.53	\$14,251.01	\$303,417.52	\$0.00	\$0.00	\$129.31	\$0.00	\$303,288.21	10.95%	\$33,210.06
01/28/2023 to 02/24/2023 CI Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/28/2023 to 02/24/2023 Zero Deposit Payments (Estates)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/28/2023 to 02/24/2023 Zero Deposits Payments (Credit Balance)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00
01/28/2023 to 02/24/2023 Non commercial Billing Payments	\$222,588.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$24,373.45
01/28/2023 to 02/24/2023 Non commercial CHIP	\$32,819.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32,819.07	10.95%	\$3,593.69
01/28/2023 to 02/24/2023 Non Commercial Refunds	*Total Refunds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$0.00
01/28/2023 to 02/24/2023 Commercial Disallowance	#REF!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	10.95%	\$66.75
01/28/2023 to 02/24/2023 MCB & MCA Disallowance	\$609.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$609.58	10.95%	#REF!
Total	#REF!	\$14,251.01	\$303,417.52	\$0.00	\$0.00	\$129.31	\$0.00	#REF!	10.95%	#REF!

NOTE: THE ABOVE FIGURES DO NOT INCLUDE RECOUPMENTS AND REFUNDS ASSOCIATED WITH ANY PROVIDER DISALLOWANCE PROJECTS BEING INVOICED DURING THE MONTH.

Batch Amount	Post Afford	Over Payments	Commercial Refunds	Non-Commercial Refunds	Unidentified MCB & MCA	Unidentified MCB & MCA
	\$303,417.62	\$120.31	\$303,288.21	\$202.78	\$14,251.01	\$317,668.53
			\$110,250.47			\$110,250.47
			\$32,819.07			\$32,819.07
			\$101,120.31			\$101,120.31
	\$9.00	\$303,417.62	\$120.31	\$303,288.21	\$202.78	\$317,668.53
						\$0.00

Project Amount	Chip Trauma	Credit Balance	Trauma Refund	BI Refund
\$ 303,288.21				
\$ 250,017.21				
(\$32,819.07)	chip trauma			
\$ 11,044.79	credit balance			
\$ (8.58)	trauma refund			
\$ (118.63)	BI refund			
\$ 537,403.93				

recoveries sum(\$537,403.93*10.95%) \$ 58,845.73
 cost avoidance \$ 847,165.00
 HIPPA Mgt Fee \$ 16,625.00
 MWIN Mgt Fee \$ 25,060.00

\$ 947,695.73 approved to pay 03-22-23 amw

Instructions:
 1) Vendors shall populate the yellow highlighted cells within each table with a value for each solution of the TPL program, including Optional Services. This tab of the spreadsheet applies to only Medicaid beneficiaries, and excludes the WCHIP population.
 2) The annual total amount and total project cost will auto-calculate. The total project cost is the sum of each annual cost amount, and implementation costs.
 3) Recoveries are calculated at a percentage fee, whereas Third Party Adds is a Per Policy Add arrangement. Optional services, including Medicare Buy-In, Premium Reimbursement Program(s), and Work Incentive/Premium Program(s), are also a PMPM arrangement whereas RAC services are a percentage fee. Enhancement Services reflect additional hours necessary to complete unforeseen activities and are capped at 4,000 hours annually, and is for bid purposes only.
 4) Estimated Annual Recoveries for Percentage Fees and Enhancement Hours are adjusted for the 9 month term for Base Year 1 by multiplying the proposed percentage fee by 0.75.
 5) Estimated Annual Fees for PMPM arrangements are adjusted for the 9 month term for Base Year 1 by multiplying by 9, and for full term years by multiplying by 12.
 6) Implementation period must not exceed 3 months, and must be in accordance with Service Level Agreements (SLA)-001: Deliverable Service Level, per Table A3.2, and SLA-002: Solution Acceptance, per Table A3.3 of the RFP. BMS has defined Task Group 4 - Solution Deployment, payment milestones 7 through 9, as the overall completion of deployment to production as found in Appendix 2: Deliverables and Milestones Dictionary. The total value of payment milestones 7 through 9 will be equal to 30% of the total implementation cost.

Section A: Mandatory Services															
RFP Reference	Service/Program	Base Year 1 (9 Month Implementation): Proposed Fees													Total
Section A	Implementation Costs for Mandatory Services (3 months prior to operational services)	\$	\$												\$
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section A	Percentage Fee for Recoveries (Cost-Avoidance/TPL Additions; Post-Payment Recovery; TPL Credit Balance Audits; Medicare, Tri-Care, and Commercial Recovery; Trauma Recovery; and Estate Recovery)	10.95%	\$ 752,664.13	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	10.95%	\$ 1,003,552.17	\$ 5,770,424.98	
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section A	Verified Third Party Adds (Per Policy Add)	\$ 27.50	\$ 1,856,250.00	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	\$ 27.50	\$ 2,475,000.00	\$ 11,962,500.00	
Section A: Total Mandatory Services Costs		\$ 2,608,914.13	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 3,478,552.17	\$ 17,732,924.98	
Section A: Total Mandatory Services Costs															

Section B: Optional Services															
RFP Reference	Service/Program	Base Year 1 (9 Month Implementation): Proposed Fees													Total
Section B	Implementation Costs for RAC Services (3 months prior to operational services)	\$	\$												\$
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section B	Percentage Fee for RAC Overpayments - Medical/Dental/DME	16.00%	\$ 420,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	16.00%	\$ 560,000.00	\$ 2,660,000.80	
Section B	Percentage Fee for RAC Underpayments - Medical/Dental/DME	16.00%	\$ 42,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	16.00%	\$ 56,000.00	\$ 266,000.80	
Section B: Total Optional RAC Costs		\$ 84,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 1,072,000.00	\$ 5,392,000.80	
RFP Reference	Service/Program	Base Year 1 (3 Month Implementation): Proposed Fees													Total
Section B	Implementation Costs for Medicare Buy-In (3 months prior to operational services)	\$	\$												\$
Total Optional RAC Costs															

RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total
Section B	Medicare Buy-In (PMPM)	\$ 0.95	\$ 656,298.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 0.95	\$ 875,064.00	\$ 5,031,618.00
Total Optional Medicare Buy-In Costs														Total
Section B	Implementation Costs for Premium Reimbursement Program(s) (3 months prior to operational services)	\$	\$											\$
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total
Section B	Premium Reimbursement Program(s) (PMPM)	\$ 35.00	\$ 94,500.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 35.00	\$ 126,000.00	\$ 724,500.00
Total Optional Premium Reimbursement Program(s) Costs														Total
Section B	Implementation Costs for Work Incentive/Premium Program(s) (3 months prior to operational services)	\$	\$											\$
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total
Section B	Work Incentive/Premium Program(s) (PMPM)	\$ 20.00	\$ 189,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 20.00	\$ 252,000.00	\$ 1,449,000.00
Total Optional Work Incentive/Premium Program(s) Costs														Total
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Hourly Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Hourly Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Hourly Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Hourly Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Hourly Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Hourly Rate	Optional Renewal Year 3: Estimated Annual Fees	Total
Section 5.3.7	Enhancement Hours (4,000 hours/year)	\$ 115.00	\$ 345,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 2,645,000.00
Total Optional Enhancement Hours Costs														Total
Section B: Total Optional Service Costs														
Grand Total: Mandatory Services and Optional Services Operational Costs														

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 6) Implementation period must not exceed 9 months, and must be in accordance with Service Level Agreements (SLA)-001: Deliverable Service Level, per Table A3.2, and SLA-002: Solution Acceptance, per Table A3.3 of the RFP. BMS has defined Task Group 4 - Solution Deployment, payment milestones 7 through 9, as the overall completion of deployment to production as found in Appendix 2: Deliverables and Milestones Dictionary. The total value of payment milestones 7 through 9 will be equal to 30% of the total implementation cost.

Section A: Mandatory Services

RFP Reference	Service/Program	Base Year 1 (9 Month Implementation)													Total
Section A	Implementation Costs for Mandatory Services (3 months prior to operational services)	\$	\$												\$
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Recovery	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Recovery	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Recovery	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Recovery	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Recovery	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Recovery	Total	
Section A	Percentage Fee for Recoveries (Casualty-Trauma Recovery)	10.95%	\$ 6,159.38	10.95%	\$ 8,212.50	10.95%	\$ 8,212.50	10.95%	\$ 8,212.50	10.95%	\$ 8,212.50	10.95%	\$ 8,212.50	\$ 47,221.88	
RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section A	Per Member Verified Third Party Adds (Per Policy Add)	\$ 27.50	\$ 111,975.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 27.50	\$ 148,500.00	\$ 853,875.00	
Section A: Total Mandatory Services Costs		\$	\$ 117,534.38	\$	\$ 156,712.50	\$	\$ 156,712.50	\$	\$ 156,712.50	\$	\$ 156,712.50	\$	\$ 156,712.50	\$ 901,096.88	
														Section A: Total Mandatory Services Costs	\$ 901,096.88

Section B: Optional Services

RFP Reference	Service/Program	Base Year 1 (9 Month Term): Proposed Hourly Rate	Base Year 1 (9 Month Term): Estimated Annual Fees	Base Year 2: Proposed Hourly Rate	Base Year 2: Estimated Annual Fees	Base Year 3: Proposed Hourly Rate	Base Year 3: Estimated Annual Fees	Optional Renewal Year 1: Proposed Hourly Rate	Optional Renewal Year 1: Estimated Annual Fees	Optional Renewal Year 2: Proposed Hourly Rate	Optional Renewal Year 2: Estimated Annual Fees	Optional Renewal Year 3: Proposed Hourly Rate	Optional Renewal Year 3: Estimated Annual Fees	Total	
Section 5.3.7	Enhancement Hours (4,000 hours/year)	\$ 115.00	\$ 345,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 115.00	\$ 460,000.00	\$ 2,645,000.00	
														Total Optional Enhancement Hours Costs	\$ 2,645,000.00
														Section B: Total Optional Services Costs	\$ 2,645,000.00
														Grand Total: Mandatory and Optional Services Costs	\$ 3,546,101.88