ATTACHMENT C. COST SHEET

West Virginia Health Care Authority

Hospital Inpatient Data Collection, Processing, Analysis, and Reporting

July 21, 2016

Submitted by:

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Attachment C: Cost Sheet (Revised 7/11/2016)

Cost information below as detailed in the Request for Proposal and <u>*submitted in a separate sealed*</u>
<u>*envelope*</u>*. Cost should be clearly marked.*

TABLE 1. ANNUAL PROJECT COSTS

All-Inclusive costs for implementing the Project Goals and Objectives, Mandatory Requirements, and
Mandatory Deliverables (Sections 4.1-4.5, 5.1, and 5.2).

Year	Cost for Services Provided By Vendor	Total Cost
1	Sections: 4.1-4.5, 5.1, and 5.2	$ 410,605
2	Sections: 4.1-4.5, 5.1, and 5.2	$ 380,213
3	Sections: 4.1-4.5, 5.1, and 5.2	$ 344,380
4	Sections: 4.1-4.5, 5.1, and 5.2	$ 350,737
	Total 4-Year Project Cost	$ 1,485,935

TABLE 2. AD HOC SERVICES COSTS (*To be provided only if needed*)
Provide the project costs for implementing the following Ad Hoc Services **(Section 4.6).**

Ad Hoc Services	Hourly Rate	Annual Hourly Units*	Total Annual Ad Hoc Cost
4.6.1 Provide tools, products, report templates, software, and/or code for use by HCA and/or external partners to conduct analysis of health care utilization, access, costs, and quality.	$ 154.57	200	$ 30,914
4.6.2 Identify, collect, edit, maintain, and provide to the HCA data for services rendered in non-inpatient settings by West Virginia hospitals, and other relevant providers, using methods and processes comparable to inpatient data collection and would allow for integration with the existing inpatient data collection system. Develop data quality reports and/or analytic reports, determined necessary to perform the functions each specified project. Provide separate cost information for each category of data below:	*Annual Project Cost* (*Please provide the total cost for each project listed below*)		
4.6.2.1 Emergency Department data;	$ 14,994 *		
4.6.2.2 Outpatient surgery data from hospitals;	$ 14,784 *		

	Hourly Rate	Annual Hourly Units*	Total Annual Ad Hoc Cost
4.6.2.3 Outpatient observation stays;	$		14,524 *
4.6.2.4 Outpatient diagnostic and therapeutic hospital services;	$		14,247 *
4.6.2.5 Outpatient physician office visits or other types of hospital outpatient services;	$		15,980 *
4.6.3 Develop and implement new data submission system enhancements, data quality reports, or analytic reports, determined necessary to perform the functions of this project but not elsewhere specified or required by this RFP. Provide associated costs for the following labor categories *(Total project hours will be negotiated at time of request)* :			
Project Management	$ 154.57	20	$ 3,091
Research/Planning	$ 245.11	20	$ 4,902
Programming Development	$ 154.57	20	$ 3,091
Total Annual Ad Hoc Services Cost (Sections:4.6.1-4.6.3)		$	116,528
[Total Annual Ad Hoc Services Cost (Sections:4.6.1-4.6.3)] x 4		$	466,113

Annual Hourly Units are estimated quantities and are for bid evaluat i on purpose only. The vendor will be required to provide the required services (if needed) to the agency in quantities more or less.

Final Total Project Cost (to be inserted into the cost score formula outlined in Section 6.2)

[Total 4-Year Project Cost (last row of Table 1)] + [Total Annual Ad Hoc Services Cost x 4 (last row of Table 2)].	$	1,952,049

* Total cost for base period and three option years

Pricing Details

Social & Scientific Systems, Inc. (SSS) completed the bid sheets while taking into account the following pricing details for both mandatory services and optional services.

4.1.7 Develop and make reports that promote the assessment of the quality and completeness of data
4.1.8 Provide resources or tools to assist with the quarterly reconciliation of the master database
4.3.5 Create New Reports
For each, SSS will be responsible for two new reports annually and three changes to existing reports.

4.4.4.2 Analyze the Risk of Re-identification of Patients
In step number three, development of some advanced disclosure limitation methods for regular and full-scale use will require more work and study than anticipated in this submission. This effort will, however, lay the ground work for future extensive studies of methods of disclosure limitation.

4.6.2 Identify, collect, edit, maintain, and provide to the HCA data for services rendered in non-inpatient settings

For each, SSS proposes to work with HCA staff to develop a scope of work that satisfies the HCA's needs and fits within the level of resources we have allocated to these tasks in our budget. This could involve selecting a limited number of types of non-inpatient settings for which data will be collected, edited, maintained, and analyzed, or a limited number of facilities. We could, alternatively, develop a plan for using the allotted resources to conduct a core set of basic data collection and programming tasks, and provide an additional estimate of a "per data submitter" charge for processing.

4.6.2.1 Emergency Department data
SSS assumes the use of CMS' Outpatient Code Editor, which provides Ambulatory Payment Classification (APC) number for each service along with return of a series of edit flags which may be used to further check the data. SSS has the experience to aggregate this data into a single emergency department record.