

Cost Proposal-NEMT
SEPTEMBER 2017

ORIGINAL

Non-Emergency Medical Transportation

HEALTH & HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES
WEST VIRGINIA

RFP # CRFP BMS1800000001

Access2Care

Attachment C: Cost Sheet

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

Vendors are to use their business expertise in pricing the work described in this RFP, taking into consideration any intervening steps or activities that must be performed in order to complete the work and offer their rates accordingly, even if BMS does not explicitly identify those intervening steps or activities in this RFP.

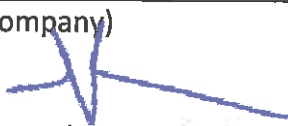
Implementation Cost (All Inclusive)			
Expense			Cost
1.	Staffing		1. \$ 223,276
2.	Computer, including software		2. \$ -
3.	Telephone/Communications		3. \$ 32,864
4.	Facilities		4. \$ 47,901
5.	Consulting Services		5. \$ -
6.	Other (detail on separate page)		6. \$ 21,898
Total Not to Exceed Implementation Cost¹ <i>(Sum of Expense Costs.)</i>			\$ 325,939
Operations Cost			
Contract Year	Estimated Average Member Months ²	Per Member Per Month Rate	Cost
Base Contract Period: Base 1 st year:	507,414	\$5.95 x 12	\$ 36,207,642
Optional Year 1:	507,414	\$6.02 x 12	\$ 36,637,572
Optional Year 2:	512,488	\$6.09 x 12	\$ 37,455,792
Optional Year 3:	517,613	\$6.16 x 12	\$ 38,273,957
Optional Year 4:	522,789	\$6.24 x 12	\$ 39,119,847
Optional Year 5:	528,017	\$6.31 x 12	\$ 39,954,580
Total Operations Cost³ <i>(Sum of Operations Costs for all Contract Years.)</i>			\$ 227,649,392

Notes:

1. The Vendor shall be paid an Implementation price of the amount specified in the Vendor's proposal set forth in Attachment C. Payment of the implementation cost of the contract shall be made by BMS in accordance with Appendix 5 (Milestones, Deliverables, and Payments) during the implementation phase of the contract. The amount paid for implementation costs shall not exceed the amount bid in this section.
2. Participant population estimates were developed based on the best information available at the time of the solicitation. The participant population estimates are to be used for purposes of cost proposal and evaluation only.
3. During the Operation Phase of the Contract, the Vendor will be paid on a monthly basis in accordance with the Vendor's bid Per Member Per Month (PMPM) price proposals as set forth in Attachment C which shall be firm and fixed for the period of the Contract. The PMPM will be paid based on the actual monthly Medicaid enrollment. No specific or lump sum payment shall be made by BMS for Close-out and Turnover activities, whether the Vendor performs those activities before or after the date of Contract termination.
4. The cost proposal will be evaluated based on the Total Cost of Contract. The cost bid should include all anticipated training, travel and related expenses, including supplies and general administrative expenses.
5. All activities related to implementation must be completed prior to operational start date.
6. The number of months in the operational base year one is intentionally left blank to allow for implementation. Vendor must insert the number of months for operations will be provided after implementation, to total the 12 months base year one period. For example, if the vendor proposes a 4-month implementation period, an 8 would be entered in the space provided.

Access2Care, LLC

(Company)



ORIGINAL

Sven Johnson, Chief Executive Officer, Managed Transportation & Integrated Services

(Representative Name, Title)

Phone: (480) 606-3231/ Fax: (480) 606-3415

(Contact Phone/Fax Number)

28 September 2017

(Date)

If applicable, sign and submit the attached Resident Vendor Preference Certificate with the proposal.

Attachment C: Cost Sheet

Other Implementation Expenses

Category	Cost
Travel Expenses for implementation	\$11,762
Staff Recruitment Expenses	\$10,136
	\$21,898



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

State of West Virginia
 Request for Proposal
 26 - Medical

Proc Folder: 313130

Doc Description: Addendum Two-ORFP for Non Emergency Medical Transportation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-08-31	2017-09-28 13:30:00	CRFP 0511 BMS180000001	3

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

Access2Care, LLC
 8465 North Pima Road
 Scottsdale, Arizona 85258
 Phone: (480) 606-3231/ Fax: (480) 606-3415

FOR INFORMATION CONTACT THE BUYER

Charles D Barnette
 (304) 558-2566
 charles.d.barnette@wv.gov

ORIGINAL

Signature X

FEIN #

01-0876348

DATE 28 September 2017

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

Addendum Two:

1 - To extend the bid opening date from September 7, 2017 to September 28, 2017 at 1:30 PM, EST.

Response to vendor questions will be issued under a separate addendum.

No other changes.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Implementation Cost-Staffing	0.00000			\$ 223,276

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :

Implementation Cost-Staffing

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Implementation Cost-Computer, including Software	0.00000			N/A

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :

Implementation Cost-Computer, including Software

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Implementation Cost-Telephone/Communications				\$ 32,864

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :
Implementation Cost-Telephone/Communications

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Implementation Cost-Facilities				\$ 47,901

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :
Implementation Cost-Facilities

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Implementation Cost-Consulting Services				N/A

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :
Implementation Cost-Consulting Services

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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Implementation Cost-Other				\$ 21,898

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :
Implementation Cost-Other

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Operations Year 1 Cost Per Member Per Month \$	507,414	12	\$5.95	\$ 36,207,642

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :
Operations Cost-Year 1 Cost Per Member Per Month \$

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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Operations Optional Year 1 Cost Per Member Per Month \$	507,414	12	\$6.02	\$ 36,637,572

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :

Operations Cost-Optional Year 1 Cost Per Member Per Month \$

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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Operations Optional Year 2 Cost Per Member Per Month \$	512,488	12	\$6.09	\$ 37,455,792

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :

Operations Cost-Optional Year 2 Cost Per Member Per Month \$

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PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Operations Cost-Optional Year 3 Cost Per Member Per Month \$	517,613	12	\$6.16	\$ 38,273,957

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :

Operations Cost-Optional Year 3 Cost Per Member Per Month \$

INVOICE TO		SHIP TO	
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Operations Optional Year 4 Cost Per Member Per Month \$	522,789	12	\$6.24	\$ 39,119,847

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :
 Operations Cost-Optional Year 4 Cost Per Member Per Month \$

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV25301-3709 US		PROCUREMENT OFFICER - 304-356-4861 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Operations Optional Year 5 Cost Per Member Per Month \$	528,017	12	\$6.31	\$ 39,954,580

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description :
 Operations Cost-Optional Year 5 Cost Per Member Per Month \$

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Mandatory Pre-Bid Meeting at 1:30 PM	2017-07-26
2	Technical Question Deadline by 4:00PM	2017-08-02

BMS180000001	Document Phase Draft	Document Description RFP for Non Emergency Medical Transportation (NEMT)	Page 7 of 7
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions