

## TITLE PAGE

**RFP subject:** West Virginia Department for Health and Human Resources Mountain Health Trust (MHT) Managed Care Procurement Request for Proposal, Cost Proposal

**Number:** CRFP 0511 BMS2000000002

**Vendor's name:** UniCare Health Plan of West Virginia, Inc.

**Business address:** 200 Association Drive, Suite 200, Charleston, WV 25311

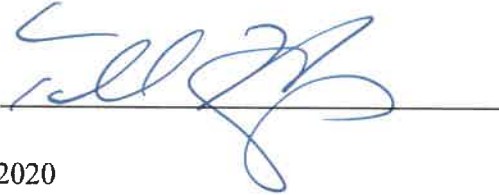
**Telephone number:** (888) 611-9958

**Fax number:** (877) 833-5729

**Name of contact person:** Tadd Haynes

**Email address:** [Tadd.Haynes@anthem.com](mailto:Tadd.Haynes@anthem.com)

**Vendor signature:**



**Date:** February 18, 2020

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## 6.8 Availability of Information

Proposal submissions become public and are available for review after opening pursuant to West Virginia Code §5A-3-11(h) (<http://www.wvlegislature.gov/wvcode/code.cfm?chap=05a&art=3>). All other information associated with the RFP, including but not limited to, technical scores and reasons for disqualification, will not be available until after the contract has been awarded pursuant to West Virginia Code of State Rules §148-1-6.3.d ([https://www.state.wv.us/admin/purchase/rule\\_148-01.pdf](https://www.state.wv.us/admin/purchase/rule_148-01.pdf)).

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

UniCare Health Plan of West Virginia, Inc.

(Company)

 Medicaid Plan President

(Representative Name, Title)

Contract Phone: (888) 611-9958/Fax Number: (877) 833-5729

(Contact Phone/Fax Number)

2/17/20

(Date)


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(Company)

 Medicaid Plan President

(Representative Name, Title)

Contract Phone: (888) 611-9558/Fax Number: (877) 833-5729

(Contact Phone/Fax Number)

1/24/20

(Date)

**Instructions:** Vendors shall populate the highlighted cells within each table with a value within the defined lower and upper bounds for each populations. The annual total amount by population and total project cost will auto-calculate. Should the information not auto-calculate, the vendor shall multiple the member months value for a given population by the proposed rate for that population and then multiple by 12 to establish a total annual rate. The total project cost is the sum of each annual cost amount within Column F.

Year 1	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
<b>Population</b>					
Traditional	\$ 192.92	\$ 192.97	191,617	\$ 192.92	\$ 443,601,019.68
Pregnant Women	\$ 324.59	\$ 324.64	5,609	\$ 324.59	\$ 21,847,503.72
SSI	\$ 565.14	\$ 565.19	42,848	\$ 565.14	\$ 290,581,424.64
ACA Expansion	\$ 322.03	\$ 322.08	147,305	\$ 322.03	\$ 569,239,549.80
CHIP	\$ 155.00	\$ 155.05	21,603	\$ 155.00	\$ 40,181,580.00

Optional Year 1	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
<b>Population</b>					
Traditional	\$ 192.92	\$ 192.97	191,617	\$ 192.92	\$ 443,601,019.68
Pregnant Women	\$ 324.59	\$ 324.64	5,609	\$ 324.59	\$ 21,847,503.72
SSI	\$ 565.14	\$ 565.19	42,848	\$ 565.14	\$ 290,581,424.64
ACA Expansion	\$ 322.03	\$ 322.08	147,305	\$ 322.03	\$ 569,239,549.80
CHIP	\$ 155.00	\$ 155.05	21,603	\$ 155.00	\$ 40,181,580.00

Optional Year 2	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
<b>Population</b>					
Traditional	\$ 192.92	\$ 192.97	191,617	\$ 192.92	\$ 443,601,019.68
Pregnant Women	\$ 324.59	\$ 324.64	5,609	\$ 324.59	\$ 21,847,503.72
SSI	\$ 565.14	\$ 565.19	42,848	\$ 565.14	\$ 290,581,424.64
ACA Expansion	\$ 322.03	\$ 322.08	147,305	\$ 322.03	\$ 569,239,549.80
CHIP	\$ 155.00	\$ 155.05	21,603	\$ 155.00	\$ 40,181,580.00

Optional Year 3	Lower Bound	Upper Bound	Member Months	Proposed Rate	Annual Total
<b>Population</b>					
Traditional	\$ 192.92	\$ 192.97	191,617	\$ 192.92	\$ 443,601,019.68
Pregnant Women	\$ 324.59	\$ 324.64	5,609	\$ 324.59	\$ 21,847,503.72
SSI	\$ 565.14	\$ 565.19	42,848	\$ 565.14	\$ 290,581,424.64
ACA Expansion	\$ 322.03	\$ 322.08	147,305	\$ 322.03	\$ 569,239,549.80
CHIP	\$ 155.00	\$ 155.05	21,603	\$ 155.00	\$ 40,181,580.00

Total Project Cost
\$ 5,461,804,311.36

- 1) All member month estimates are as of July 1, 2019 and subject to change.
- 2) CSHCN members will be reimbursed separately under their own rate cohort, but are not uniquely identified for pricing.
- 3) Rates submitted are for bid purposes only and are subject to change to ensure compliance with 42 CFR 438.4.