



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

**Solicitation**

NUMBER
BMS14054

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY  
 TYPE NAME/ADDRESS HERE

VENDOR

Access2Care, LLC 6200 S. Syracuse Way, Ste. 200 Greenwood Village, CO 80111
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SHIP TO

HEALTH AND HUMAN RESOURCES  
 BUREAU FOR MEDICAL SERVICES  
 ROOM 251  
 350 CAPITOL STREET  
 CHAR ESTON, WV  
 25301-3709 304-558-1737

DATE PRINTED
10/24/2013

BID OPENING DATE: 12/03/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
REQUEST FOR PROPOSAL (RFP)						
THE WEST VIRGINIA DIVISION OF PURCHASING IS SOLICITING PROPOSALS TO PROVIDE A FULL-RISK CAPITATION BROKER TO DIRECTLY COORDINATE A STATEWIDE NON-EMERGENCY MEDICAL TRANSPORT (NEMT) PROGRAM FOR THE DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES, (BMS), PER THE ATTACHED SPECIFICATIONS.						
0001	1	EA		948-55		
	IMPLEMENTATION COST					
					Please See Attachment C	
0002	1	EA		948-55		
	STAFFING					
					Please See Attachment C	
0003	1	EA		948-55		
	COMPUTER, INCLUDING SOFTWARE					
					Please See Attachment C	

SIGNATURE <i>[Signature]</i>	TELEPHONE 855-584-3430	DATE December 3, 2013
President	FEIN 01-0876348	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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0004	1	EA		948-55	Please See Attachment C	
				TELEPHONE/COMMUNICATIONS		
0005	1	EA		948-55	Please See Attachment C	
				FACILITIES		
0006	1	EA		948-55	Please See Attachment C	
				CONSULTING SERVICES		
0007	1	EA		948-55	Please See Attachment C	
				OTHER		
0008	483,000	EA		948-55	Please See Attachment C	
				OPERATIONS COST		

SIGNATURE: *[Signature]* TELEPHONE: 855-584-3430 DATE: December 3, 2013  
 TITLE: President FEIN: 01-0876348 ADDRESS CHANGES TO BE NOTED ABOVE

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	SFY2014 (JULY 2013 - JUNE 2014)					
0010	500,000	EA		948-55	Please See Attachment C	
	SFY2015 (JULY 2014 - JUNE 2015) OPTION RENEWAL					
0011	510,000	EA		948-55	Please See Attachment C	
	SFY2016 (JULY 2015 - JUNE 2016) OPTIONAL RENEWAL					
	Please See Attachment C					
***** THIS IS THE END OF RFQ BMS14054 ***** TOTAL:						

SIGNATURE <i>[Signature]</i>	TELEPHONE 855-584-3430	DATE December 3, 2013
TITLE President	FEIN 01-0876348	ADDRESS CHANGES TO BE NOTED ABOVE

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# REQUEST FOR PROPOSAL

Department of Health and Human Resources  
Bureau for Medical Services  
RFP # BMS14054

## 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			\$ <u>137,183</u>
2. Computer, including Software			\$ _____
3. Telephone/Communications			\$ <u>6,765</u>
4. Facilities			\$ <u>28,321</u>
5. Consulting Services			\$ <u>100,000</u>
6. Other (detail on separate page)			\$ <u>216,298</u>
<b>Total Implementation Cost<sup>1</sup></b> (Sum of Expense Costs.)			\$ <u>488,567</u>
Operations Cost			
Contract Year	Estimated Participant Population <sup>2</sup>	Per Member Per Month Rate	Cost
SFY2014 (July 2013 – June 2014)	<b>483,000</b>	\$ <u>5.60</u> x 12	\$ <u>32,457,600</u>
SFY2015 (July 2014 – June 2015) Optional Renewal Year	<b>500,000</b>	\$ <u>5.60</u> x 12	\$ <u>33,600,000</u>
SFY2016 (July 2015 – June 2016) Optional Renewal Year	<b>510,000</b>	\$ <u>5.60</u> x 12	\$ <u>34,272,000</u>
<b>Total Operations Cost<sup>3</sup></b> (Sum of Operations Costs for all Contract Years.)			\$ <u>100,329,600</u>
<b>Total Cost<sup>4</sup></b> (Sum of Total Implementation Cost and Total Operations Cost)			\$ <u>100,818,167</u>

**REQUEST FOR PROPOSAL**

Department of Health and Human Resources  
 Bureau for Medical Services  
 RFP # BMS14054

**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.*
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 price proposals as set forth in Attachment C which shall be firm and fixed for the period of the Contract. 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. The final administrative payment is to be made upon determination by BMS that all requirements under the Contract have been completed.*
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.*

**Access2Care, LLC**

(Company)

**Steven G. Murphy, President**

(Representative Name, Title)

**1-866-860-8797****303-495-1295**

(Contact Phone/Fax Number)

**December 3, 2013**

(Date)

Implementation Cost (detail of Other)	
Expense	Cost
1. Beneficiary Mailing	<u>\$206,483</u>
2. Implementation Travel	<u>\$9,815</u>
<b>Total for Other</b>	<u>\$216,298</u>