
TITLE PAGE

RFP subject: West Virginia Department of Health and Human Resources, Specialized Managed Care for Children and Youth, Cost Proposal

Number: CRFP 0511 BMS1900000001

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

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

Telephone number: (888) 611-9558

Fax number: (877) 833-5729

Name of contact person: Tadd Haynes

Email address: Tadd.Haynes@anthem.com

Vendor signature: _____



Date: August 13, 2019

TITLE PAGE

RFP subject: West Virginia Department of Health and Human Resources, Specialized Managed Care for Children and Youth, Cost Proposal

Number: CRFP 0511 BMS1900000001

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

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

Telephone number: (888) 611-9558

Fax number: (877) 833-5729

Name of contact person: Tadd Haynes

Email address: Tadd.Haynes@anthem.com

Vendor signature: _____



Date: August 13, 2019

6.8 Availability of Information

Proposal submissions become public and are available for review immediately after opening pursuant to West Virginia Code §5A-3-11(h). 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.

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)

[Signature], President
(Representative Name, Title)

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

7/25/19
(Date)

6.8 Availability of Information

Proposal submissions become public and are available for review immediately after opening pursuant to West Virginia Code §5A-3-11(h). 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.

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)

William H. ...
(Representative Name, Title)

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

7/25/19
(Date)



Medicaid Enterprise Data Solution RFP

West Virginia Department of Health and Human Resources - Specialized Managed Care for Children and Youth Request for Proposal (RFP)

1. Instructions
Vendor: <Insert Name>
 Vendors will be paid a capitated per member per month (PMPM) rate set by the State for managed care organization (MCO) physical and behavioral health services, which shall be firm and fixed for the period of the contract, subject to any adjustments warranted for modifications including, but not limited to, State or federal regulation, waiver amendments, and State Plan amendments.
 Vendors will be paid a fixed monthly amount for administrative services organization (ASO) administration of socially necessary services (SNS), which shall be firm and fixed for each contract year, subject to any adjustments warranted for modifications including, but not limited to, State or federal regulation, waiver amendments, and State Plan amendments.
 The vendor shall submit a bid that is within the range outlined below for both MCO that is PMPM. Total annual cost will auto-calculate in cell F9.
 The vendor shall submit a fixed monthly cost for SNS administration, which shall be multiplied by 12 for an annual cost. Total annual cost will auto-calculate in cells F12-F15.

Table 3 - Costs by Contract Item				
Contract Item	Lower Bound	Upper Bound	Total Projected Monthly Membership	Total Cost
Managed Care Services	\$913.23	\$913.28	19,000	
Vendor's Bid Amount for Managed Care	\$913.23		19,000	\$ 208,216,440.00

Contract Item	Bid Amount	Contract Months	Total Cost
Vendor's Bid Amount for Administrative Services (SNS) - Year 1	\$ 154,520.61	6	\$ 927,123.65
Vendor's Bid Amount for Administrative Services (SNS) - Optional Year 1	\$ 112,237.56	12	\$ 1,346,850.71
Vendor's Bid Amount for Administrative Services (SNS) - Optional Year 2	\$ 112,237.56	12	\$ 1,346,850.71
Vendor's Bid Amount for Administrative Services (SNS) - Optional Year 3	\$ 112,237.56	12	\$ 1,346,850.71

*9,320 children accessed SNS services over an 18 month span in 2017-2019.

Total Cost	
\$	213,184,115.78