



TITLE PAGE

RFP Subject: Specialized Managed Care for Children and Youth

Number: CRFP 0511 BMS 1900000001

Vendor's Name: The Health Plan

Business Address: 1110 Main Street, Wheeling, WV 26003-2704

Telephone Number: 1.800.624.6961

Fax Number: 740.695.7581

Name of Contact Person: Christy Donohue

Email Address: cdonohue@healthplan.org

Vendor Signature:

Date: August 16, 2019



August 16, 2019

April Battle
Purchasing Division
2019 Washington Street East
Charleston, WV 25305

Dear Ms. Battle,

Request Number: RFP CRFP 0511 1900000001

The Health Plan of WV (THP) respectfully submits the cost proposal related to the Specialized Managed Care for Children and Youth RFP.

We thank you for the opportunity for The Health Plan of WV to provide DHHR with this cost proposal. As a company based and founded in West Virginia, we are in a unique position to understand and address the needs of the foster care members. Unlike our competitors, we are committed to delivery of ALL services through our staff based locally in West Virginia.

Please feel free to contact us if we can provide any additional information.

Sincerely,

James M. Pennington
President and CEO



West Virginia Department of Health and Human Resources - Specialized Managed Care for Children and Youth Request for Proposal (RFP) 1. Instructions

Vendor: <Insert Name> he talk Pan a WV

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 anual cost will auto-calculate in cells F12-F15.

	Table 1: Costs by Contract Item		
Lower Bound	Upper Bound	Total Projected Monthly Membership	Total Cont
\$913.23	\$913.28	19,000	Total Cost
\$	913.23	19,000	\$ 208,216,4
		Lower Bound	Lower Bound Upper Bound Total Projected Monthly Membership \$913.23 \$913.28 19,000

Contract Item	Bid Amount	Contract Months	Total Cost
Vendor's Bid Amount for Administrative Services (SNS) - Year 1	\$ 26,500.00		\$ 159,000.00
Vendor's Bid Amount for Administrative Services (SNS) - Optional Year 1	\$ 26,897.50	12	\$ 322,770.00
Vendor's Bid Amount for Administrative Services (SNS) - Optional Year 2	\$ 27,704.43	12	\$ 332,453.16
Vendor's Bid Amount for Administrative Services (SNS) - Optional Year 3	\$ 28,535.56	12	\$ 342,426.72

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

Total Cost	
\$	209,373,089.88