Attachment 6 – Cost Proposal Form

1. Using the table below, enter a monthly rate for each incarcerated individual's life covered under the contract for the performance of its services. (Score weight: 25%)

   - The monthly rate per incarcerated individual includes the process of referrals for specialty care, verification of all inpatient and outpatient medical and oral surgery claims for payment, prior authorization and concurrent review of inpatient stays, and training to DOCCS staff and conducting performance evaluations.

   - Actual number of covered incarcerated individuals may be higher or lower than indicated. DOCCS will pay for actuals only.

Estimated # of Covered Incarcerated Individuals	Monthly Rate per Incarcerated individuals	# of Months	<u>Grand Total for Proposal</u> (estimated # of covered Incarcerated Individuals X monthly rate X 60 months)
34,000	$	60	**$**

2. On the line below enter a cost specific to the review of inpatient UB04's bearing the top 20 most utilized DRG's and corresponding medical records. (Score weight: 3%)

   - This is to be expressed as a percentage of any recovery money.

   - **Do not include any other cost associated with this review. No other costs will be accepted.**

   Percentage of recovery money _____%

3. On each line below, enter a cost specific to the review of an estimated 15% of all outpatient claims and 15% of all oral surgery claims. (Score weight: 1% for each)

   - This is to be expressed as a percentage of any recovery money.

   - **Do not include any other cost associated with this review. No other costs will be accepted.**

   Percentage of recovery money (outpatient claims) _____%

   Percentage of recovery money (oral surgery claims) _____%

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_____

AUTHORIZED SIGNATURE

_____

COMPANY NAME

_____

PRINTED NAME

_____

TITLE

_____

TELEPHONE

_____

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DATE

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