ATTACHMENT 3 2324-01 RCP RM, MEDICAL BILL REVIEW SERVICES PRICE RESPONSE

PART B - MEDICAL BILL REVIEW SERVICES, UTILIZATION REVIEW, AND PEER REVIEW

The Respondent shall provide the price for the Initial Term of the Contract and each of the five (5) Renewal Years for each of the services listed in Part B Services column, 1. through 4.

Part B Services	Initial Te	Initial Term Year 1		Initial Term Year 2		Initial Term Year 3		Initial Term Year 4		Initial Term Year 5		Renewal Year 1		Renewal Year 2		Renewal Year 3		Renewal Year 4		Renewal Year 5	
1. Proposed fixed price to provide automated medical bill review, re-pricing and utilization review services:	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B Estimated Annual Transactions)	
A. Medical Bill Review, Repricing, and Utilization Fee (per bill)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
B. Utilization Review Tier 1 (per review)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
C. Utilization Review Tier 2 (per review)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2. Proposed fixed price to provide hospital certification review services:					1			,		,					,	1	-	-			
A. Hospital Certification Tier 1 (per review)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
B. Hospital Certification Tier 2 (per review)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Part B Services	Initial Te	rm Year 1	Initial T	Term Year 2	Initial T	Term Year 3	Initial T	erm Year 4	Renev	wal Year 5	Renev	wal Year 1	Renev	val Year 2	Rene	wal Year 3	Rene	wal Year 4	Rene	wal Year 5
3. Proposed fixed price to provide Peer review services:	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price		Proposed Fixed Price	Estimated	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment I Estimated Annual Transactions
A. Peer Review (per review)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Nurse Record Preparation (per claim)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL PRICE FOR ALL SERVICES ABOVE (Parts A & B):		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
4. Proposed fixed percentage for PPO Service Fee:	Initial Te	rm Year 1	Initial T	erm Year 2	Initial T	Term Year 3	Initial T	erm Year 4	Initial 7	Term Year 5	Renev	wal Year 1	Renev	val Year 2	Rene	wal Year 3	Rene	wal Year 4	Renev	wal Year 5
A. PPO Service Fee*																				
							+						+		1					
Initial Contract Term (Years 1-5) Total (Does not include PPO Fee)	\$0	1.00																		

\$0.00

\$0.00

Renewal Contract Term (Years 6-10)

not include PPO Fee)

GRAND TOTAL

 $[{]m *The\ PPO\ Service\ Fee\ will\ not\ be\ calculated\ as\ part\ of\ RCP,\ 4.2,\ Evaluation\ of\ Price\ Response.}$