

RECOVERY SERVICES COST PROPOSAL WORKSHEET

Name of Supplier_____

Attachment R

TPL Recovery Services - Supplier Fees

Note: Contingency fee rates should include all implementation and operational costs, e.g. staffing, supplies, equipment, postage, printing, mailing, and file maintenance. These costs cannot be billed separately. 2018 annual Georgia TPL recovery amounts are provided and will be used for evaluation purposes only. Recovery pertains to the following programs: Casualty, Trust, STABLE. Costs will be evaluated over a 10 year time period.

Instructions: Please enter the annual contingency fee rate percentage which you will charge in the unprotected cells below. This rate must be the same for the 10 years. Four (4) tiers are provided in order for you to provide appropriate pricing for states with with different numbers of Medicaid members.

Tier I: 1 to 500,000 Medicaid members Tier II: 500,001 to 1,500,000 Medicaid members Tier III: 1,500,001 to 2,500,000 Medicaid members Tier IV: 2,500,001 to 3,500,000 Medicaid members Tier V: 3,500,001 to 5,000,000 Medicaid members											
Contingency Fees	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Projected Recovery Amount (per year)	\$13,000,000	\$13,000,000	\$13,000,000	\$13,000,000	\$13,000,000	\$13,000,000	\$13,000,000	\$13,000,000	\$13,000,000	\$13,000,000	\$130,000,000
Annual Contingency Fee Rate (%) - Tier I	0.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Annual Contingency Fee Rate (%) - Tier II	0.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Annual Contingency Fee Rate (%) - Tier III	0.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Annual Contingency Fee Rate (%) - Tier IV	0.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Annual Contingency Fee Rate (%) - Tier V	0.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Total Cost - Tier I	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cost - Tier II	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cost - Tier III	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cost - Tier IV	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cost - Tier V	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Instructions: Please enter the monthly fee rate cost which you will charge for each of the 10 years in the unprotected cells below. This rate must be the same for the 10 years. Assume 656 HIPP and 391 CHIPRA members for evaluation purposes.

Flat Fee Costs	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Monthly Cost for the HIPP and CHIPRA program- Tier I		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Monthly Cost for the HIPP and CHIPRA program- Tier II		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Monthly Cost for the HIPP and CHIPRA program- Tier III		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Monthly Cost for the HIPP and CHIPRA program- Tier IV		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Monthly Cost for the HIPP and CHIPRA program- Tier V		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Flat Fee Cost (Monthly Cost X 12)- Tier I	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Flat Fee Cost (Monthly Cost X 12)- Tier II	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Flat Fee Cost (Monthly Cost X 12)- Tier III	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Flat Fee Cost (Monthly Cost X 12)- Tier IV	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Annual Flat Fee Cost (Monthly Cost X 12)- Tier V	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Note: *Your cost proposal will be evaluated on total cumulative costs to DCH. Do not enter data into this table. It is summary of the costs above.

Total Costs to DCH	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Contingency Fee Rate Amount per year- Tier I	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contingency Fee Rate Amount per year- Tier II	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contingency Fee Rate Amount per year- Tier III	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contingency Fee Rate Amount per year- Tier IV	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contingency Fee Rate Amount per year- Tier V	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flat Fee Rate Amount per year- Tier I	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flat Fee Rate Amount per year- Tier II	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flat Fee Rate Amount per year- Tier III	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flat Fee Rate Amount per year- Tier IV	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Flat Fee Rate Amount per year- Tier V	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

RECOVERY SERVICES COST PROPOSAL WORKSHEET

Name of Supplier_____

Total Cumulative Costs to DCH per year- Tier I*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cumulative Costs to DCH per year- Tier II*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cumulative Costs to DCH per year- Tier III*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cumulative Costs to DCH per year- Tier IV*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Cumulative Costs to DCH per year- Tier V*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Instructions: Please enter an estimate of the costs to implement your services and/or solution.

Implementation Costs	Annual Cost-Tier I	Annual Cost-Tier II	Annual Cost-Tier III	Annual Cost-Tier IV	Annual Cost-Tier V
Onboarding, Planning, Requirements					
Design, Build, Configure					
System/integration Testing					
Data Migration					
Training					
Acceptance, Deployment					
Certification					
Total Operational Cost:	\$0	\$0	\$0	\$0	\$0

Note: The requested information below will be used for information purposes only.

Instructions: Please enter your average annual operational costs in the unprotected cells below. *Provide a breakdown of "Other" costs, if included.

Annual Operational Costs	Annual Cost-Tier I	Annual Cost-Tier II	Annual Cost-Tier III	Annual Cost-Tier IV	Annual Cost-Tier V
Staffing					
Training					
Lien/Claims Processing and Systems					
Postage and Mailing					
Printing					
Reports					
Other*					
Total Operational Cost:	\$0	\$0	\$0	\$0	\$0

*Other Costs Breakdown					
Sub-category	Annual Cost-Tier I	Annual Cost-Tier II	Annual Cost-Tier III	Annual Cost-Tier IV	Annual Cost-Tier V
Total	\$0	\$0	\$0	\$0	\$0

Name of Supplier_____

Attachment R
TPL Commercial Recoupment Services - Supplier Fees

Note: Contingency fee rates should include all implementation and operational costs, e.g. staffing, supplies, equipment, postage, printing, mailing, and file maintenance. These costs cannot be billed separately. 2018 annual Georgia TPL recoupment amounts are provided and will be used for evaluation purposes only. Costs will be evaluated over a 10 year time period.

Instructions: Please enter the annual contingency fee rate percentage which you will charge in the unprotected cell below. This rate must be the same for the 10 years. Four (4) tiers are provided in order for you to provide appropriate pricing for states with with different numbers of Medicaid members.

Tier I: 1 to 500,000 Medicaid members
Tier II: 500,001 to 1,500,000 Medicaid members
Tier III: 1,500,001 to 2,500,000 Medicaid members
Tier IV: 2,500,001 to 3,500,000 Medicaid members
Tier V: 3,500,001 to 5,000,000 Medicaid members

Contingency Fees	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Projected Recovery Amount (per year)											
Annual Contingency Fee Rate (%) - Tier I											
Annual Contingency Fee Rate (%) - Tier II											
Annual Contingency Fee Rate (%) - Tier III											
Annual Contingency Fee Rate (%) - Tier IV											
Annual Contingency Fee Rate (%) - Tier V											
Total Cost - Tier I											
Total Cost - Tier II											
Total Cost - Tier III											
Total Cost - Tier IV											
Total Cost - Tier V											

Instructions: Please enter an estimate of the costs to implement your services and/or solution.

Implementation Costs	Annual Cost- Tier I	Annual Cost- Tier II	Annual Cost- Tier III	Annual Cost - Tier IV	Annual Cost- Tier V
Onboarding, Planning, Requirements					
Design, Build, Configure					
System/integration Testing					
Data Migration					
Training					
Acceptance, Deployment					
Certification					
Total Operational Cost:					

Note: The requested information below will be used for information purposes only.

Instructions: Please enter your average annual operational costs in the unprotected cells below. *Provide a breakdown of "Other" costs, if included.

Annual Operational Costs	Annual Cost - Tier I	Annual Cost - Tier II	Annual Cost - Tier III	Annual Cost - Tier IV	Annual Cost - Tier V	*Other Costs Breakdown					
Staffing						Sub-category	Annual Cost- Tier I	Annual Cost- Tier II	Annual Cost- Tier III	Annual Cost- Tier IV	Annual Cost- Tier V
Training											
Lien/Claim Processing and Systems											
Postage and Mailing											
Printing											
Reports											
Other*											
Total Operational Cost:											

Name of Supplier_____

Attachment R
TPL Hospital Physician Services - Supplier Fees

Note: Matching fees are based on the number of supplier monthly TPL member adds and updates (A/U) resulting from data matching. See monthly fee calculation table below. The costs will be annualized and summarized across 10 years for evaluation purposes. File maintenance activities should be included in these fees.

Instructions: Please enter the estimated average monthly count of adds and updates, resulting from data matches, which you expect to perform in each of the 5 years in the unprotected cells below.

Matching Fees	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	10 Yr Total
Average Monthly Count of Adds + Updates											
Average Monthly Matching Fee											
Annualized Fees (monthly x 12)											

Instructions: Please enter the estimated average monthly fees for the range of adds and updates per month which you expect to perform.

Monthly Fee Calculation Table		
Minimum Monthly Count of A+U	Maximum Monthly Count of A+U	Fee per Month
1	50	
51	150	
151	250	
251	500	
501	1,000	
1,001	2,000	
2,001	5,000	
5,001	10,000	
10,001	50,000	
50,001	100,000	

Tier I: 1 to 500,000 Medicaid members

Tier II: 500,001 to 1,500,000 Medicaid members

Tier III: 1,500,001 to 2,500,000 Medicaid members

Tier IV: 2,500,001 to 3,500,000 Medicaid members

Tier V: 3,500,001 to 5,000,000 Medicaid members

Instructions: Please enter an estimate of the costs to implement your services and/or solution.

Implementation Costs	Annual Cost-Tier I	Annual Cost-Tier II	Annual Cost-Tier III	Annual Cost-Tier IV	Annual Cost-Tier V
Onboarding, Planning, Requirements					
Design, Build, Configure					
System/integration Testing					
Data Migration					
Training					
Acceptance, Deployment					
Certification					
Total Operational Cost:					

HOSPITAL PHYSICIAN RECOUPMENT SERVICES COST PROPOSAL WORKSHEET

Name of Supplier_____

Note: The requested information below will be used for information purposes only.
Instructions: Please enter your average annual operational costs in the unprotected cells below. *Provide a breakdown of "Other" costs, if needed.

Annual Operational Costs	Annual Cost - Tier I	Annual Cost - Tier II	Annual Cost - Tier III	Annual Cost - Tier IV	Annual Cost - Tier V
Staffing					
Training					
Matching Processes and Systems					
Postage and Mailing					
Printing					
Reports					
Other*					
Total Operational Cost:					

*Other Costs Breakdown					
Sub-category	Annual Cost- Tier I	Annual Cost- Tier II	Annual Cost- Tier III	Annual Cost- Tier IV	Annual Cost- Tier V

Name of Supplier _____

Attachment R**TPL Care Management Organization (CMO) Come Behind Services - Supplier Fees**

Note: Contingency fee rates should include all implementation and operational costs, e.g. staffing, supplies, equipment, postage, printing, mailing, and file maintenance. These costs cannot be billed separately. 2018 annual Georgia TPL recoupment amounts are provided and will be used for evaluation purposes only. Costs will be evaluated over a 10 year time period.

Instructions: Please enter the annual contingency fee rate percentage which you will charge in the unprotected cells below. This rate must be the same for the 10 years. Four (4) tiers are provided in order for you to provide appropriate pricing for states with with different numbers of Medicaid members.

Tier I: 1 to 500,000 Medicaid members
Tier II: 500,001 to 1,500,000 Medicaid members
Tier III: 1,500,001 to 2,500,000 Medicaid members
Tier IV: 2,500,001 to 3,500,000 Medicaid members
Tier V: 3,500,001 to 5,000,000 Medicaid members

Contingency Fees	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Total
Projected Recovery Amount (per year)											
Annual Contingency Fee Rate (%) - Tier I											
Annual Contingency Fee Rate (%) - Tier II											
Annual Contingency Fee Rate (%) - Tier III											
Annual Contingency Fee Rate (%) - Tier IV											
Annual Contingency Fee Rate (%) - Tier V											
Total Cost - Tier I											
Total Cost - Tier II											
Total Cost - Tier III											
Total Cost - Tier IV											
Total Cost - Tier V											

Instructions: Please enter an estimate of the costs to implement your services and/or solution.

Implementation Costs	Annual Cost- Tier I	Annual Cost- Tier II	Annual Cost- Tier III	Annual Cost- Tier IV	Annual Cost- Tier V
Onboarding, Planning, Requirements					
Design, Build, Configure					
System/integration Testing					
Data Migration					
Training					
Acceptance, Deployment					
Certification					
Total Operational Cost:					

Note: The requested information below will be used for information purposes only.

Instructions: Please enter your average annual operational costs in the unprotected cells below. *Provide a breakdown of "Other" costs, if included.

Annual Operational Costs	Annual Cost - Tier I	Annual Cost - Tier II	Annual Cost - Tier III	Annual Cost - Tier IV	Annual Cost - Tier V
Staffing					
Training					
Lien/Claim Processing and Systems					
Postage and Mailing					
Printing					
Reports					
Other*					
Total Operational Cost:					

*Other Costs Breakdown					
Sub-category	Annual Cost- Tier I	Annual Cost- Tier II	Annual Cost- Tier III	Annual Cost- Tier IV	Annual Cost- Tier V