

Bid Form

(Attachment B)

Attachment B

Bid Form for NET Services

Compensation for services will be in the form of a firm fixed-rate agreement. The bid rate shall remain firm and fixed, although the total value may fluctuate based on the number of beneficiaries per month.

| Bid and Budget Sheet | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Data is an estimate and not a guarantee of service volume or ratio of service type. | | | | | |
| If a Beneficiary utilizes more than one trip type during the month, the Beneficiary may be counted only in the highest rate category applicable. | | | | | |
| **Total Monthly Eligible Beneficiary Count Included in IFB = 105,617 | | | | | |
| Trip Type | | Beneficiary Volume | Trip Leg Volume | Bid Rate: Retrospective Per Beneficiary Per Month Fixed Bid | Total Estimated Cost to DOM Per Month Based upon Estimated Beneficiary Volume and Bid Rate* |
| Ambulatory | Basic | 5,849 | 50,214 | Bid Rate: \$ <u>45.28</u> | 8,087 x Bid Rate: \$ <u>45.28</u> = \$ <u>366,179.36</u> |
| | Commercial Carrier (Ground) | ***1 | ***2 | | |
| | Fixed Route (Public Transit) | 9 | 50 | | |
| | Gas Mileage Reimbursement | 1,561 | 13,703 | | |
| | Volunteer Driver | 667 | 1,563 | | |
| Advanced | Wheelchair/Stretcher | 1,720 | 18,952 | Bid Rate: \$ <u>115.69</u> | 1,947 x Bid Rate: \$ <u>115.69</u> = \$ <u>225,248.43</u> |

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| | Non-Emergency Ambulance (Ground) | 227 | 543 | | |
| Air | Common Carrier | ***0.5 | ***1 | Bid Rate: \$ <u>39,373.89</u> | 1 x Bid Rate: \$ <u>39,373.89</u> = \$ <u>39,373.89</u> |
| | Fixed Wing | ***0.5 | ***1 | | |
| Total Monthly Non Utilizers | | 95,738 | 0 | Bid Rate: \$ <u>25.00</u> | 95,738 x Bid Rate: \$ <u>25.00</u> = \$ <u>2,393,450.00</u> |
| | | | | | Total Monthly <u>\$3,024,251.68</u> |
| Implementation Cost: | \$ <u>--</u> | [4 Implementation Months] | | | |
| Operation Cost: | \$ <u>96,776,053.76</u> | [(Total Ambulatory + Advanced + Air + Non Utilizer) x 32 Operations Months] | | | |
| Year 1 Extension Cost: | \$ <u>36,291,020.16</u> | [(Total Ambulatory + Advanced + Air + Non Utilizer) x 12 Operations Months] | | | |
| Year 2 Extension Cost: | \$ <u>36,291,020.16</u> | [(Total Ambulatory + Advanced + Air + Non Utilizer) x 12 Operations Months] | | | |
| Total Bid: | \$ <u>169,358,094.08</u> | [Implementation + Operation + Extension Year 1 + Extension Year 2] | | | |
| <p>* During Operations and Extension Years 1 and 2, DOM will reimburse the Contractor retrospectively on a monthly basis by determining the actual Beneficiary Volume in each Trip Type category and multiplying the Beneficiary Volume in each Trip Type category by the Fix Bid Rate per Trip Type category. DOM will also reimburse the Contractor retrospectively on a monthly basis by determining the actual Beneficiary Volume of Total Monthly Non Utilizers and multiplying the Beneficiary Volume of Total Non-Utilizers by the Fixed Bid Rate. For the purposes of this IFB, the bids will be reviewed using the estimated Beneficiary Volume provided in the Monthly Volume Estimate for Bid and Budget Purposes.</p> | | | | | |
| <p>**Please refer to TAB A - Bid and Budget Sheet Data NOTE: the Total Monthly Eligible Beneficiary Count included in IFB 105,617 is reflective of the max for each category based on July - December 2017 data.</p> | | | | | |
| <p>*** The bid and budget data sheet indicates the max = 0, however DOM expects Commercial Carrier (Ground), Common Carrier (Air)</p> | | | | | |

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and Fix Wing transportation Beneficiary Volume and Trip Leg Volume as indicated above.

Data estimates are based on NET Broker Total Monthly Eligible Beneficiary Count, Monthly Trip Type, Beneficiary Volume, Trip Leg Volume for the Eligible Beneficiaries and data obtained from Mississippi Division of Medicaid HEALTHEXPLORER DSS/DW Subsystem Mississippi Non-Emergency Transportation State Fiscal Year Beneficiary Counts Timeframe 7/1/2017 - 1/21/2018 Counts by Month.

The IFB eligible groups differ from the current contract In accordance with the IFB not all Mississippi Medicaid beneficiaries are eligible for NET Services. The following eligibility groups are not eligible for NET: Family Planning Waiver, QMB, QWDI, SLMB, QI-1. NET transportation for beneficiaries residing in all Long Term Care (LTC) facilities including Nursing Facilities (NF), Psychiatric Residential Treatment Facility (PRTF), and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) is not the responsibility of the Contractor. The Contractor is not responsible for NET Services rendered to Mississippi Medicaid beneficiaries enrolled in MississippiCAN.

Not all Mississippi Medicaid Beneficiaries are eligible for NET Services in the current contract Non-Emergency Transportation Services RFP# 20130802 including: Family Planning Waiver, QMB, QWDI, SLMB, and QI-1. The Contractor is not responsible for NET Services rendered to Mississippi Medicaid beneficiaries enrolled in MississippiCAN.

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DOM obtained from the NET Broker, the Total Monthly Eligible Beneficiary Count for the months of July 2017-December 2017, for the current contract Non-Emergency Transportation Services RFP# 20130802. DOM also obtained the Trip Type, Beneficiary Volume, Trip Leg Volume and Total Monthly Non Utilizers from the NET Broker. DOM obtained from HEALTHEXPLORER DSS/DW Subsystem the Monthly Eligible Beneficiaries Count residing in a NF, the Monthly Eligible Beneficiary Count residing in a PRTF, and the Monthly Eligible Beneficiary Count residing in an ICF/IID, and the Non-Emergency Ambulance (Ground) data billed to DOM –outlier data . The Monthly Eligible Beneficiaries Count residing in a NF, the Monthly Eligible Beneficiary Count residing in a PRTF, and the Monthly Eligible Beneficiary Count residing in an ICF/IID is a subset of the Total Monthly Eligible Count. The NET Broker provided Monthly Trip Type, Beneficiary Volume, and Trip Leg Volume for the Eligible Beneficiaries residing in a NF, Monthly Trip Type, Beneficiary Volume, Trip Leg Volume for the Eligible Beneficiaries residing in a PRTF and Monthly Trip Type, Beneficiary Volume, Trip Leg Volume for the Eligible Beneficiaries residing in an ICF/IID. From the data sources, DOM identified the Total Monthly Non Utilizers residing in a NF, Total Monthly Non Utilizers residing in a PRTF and Total Monthly Non Utilizers residing in an ICF/IDD. DOM removed the Monthly Eligible Count, Beneficiary Volume, Trip Leg Volume and Non Utilizers for the Eligible Beneficiaries residing in a NF, the Monthly Eligible Count, Beneficiary Volume, Trip Leg Volume and Non Utilizers for the Eligible Beneficiaries residing in a PRTF, and removed the Monthly Eligible Count, Beneficiary Volume, Trip Leg Volume and Non Utilizers for the Eligible Beneficiaries residing in an ICF/IID because the population is not eligible for services in the IFB. The remaining Monthly Eligible Count, Beneficiary Volume, Trip Leg Volume and Non Utilizers for the months of July 2017-December 2017 represent Monthly Volume Estimates For Bid and Budget Purposes.

Pricing Data can be found DOM's website: <https://medicaid.ms.gov/resources/procurement/>.

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