

## COST QUOTATION FORM

ADMINISTRATIVE SERVICES: The Department prefers a guaranteed flat bundled administration fee for Claims Administration Services. Your proposed fee for Claims Administration Services should assume the following conditions: (1) the TPA selected will administer all claims still open as of 7/31/2016, as well as any run-out claims incurred prior to 7/31/2016.

ADMINISTRATIVE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
ANNUAL FEE	_____	_____	_____	_____	_____

MEDICAL COST CONTAINMENT: Provide the following indirect fees for medical cost containment that are charged to claim files. If your firm does not provide a service, list as N/A. Indicate any fee not guaranteed.

Medical Cost Containment

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Fee Schedule Review					
Hospital bill Review					
Inpatient Pre-Cert					
Outpatient Pre-Cert					
RN Case Management					
RN On-Site Management					
UCR Review					
Utilization Review					

Medical Cost Containment (Continued)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Physical Therapy Pre-Cert					
Occupational Therapy					
Pre-Certification					
Pharmacy Benefit					
Management					
Other PPO Arrangements					
Investigation/Surveillance					
Misc. Services (List each type of service and cost)					

REQUIRED REPORTS

1. Claim and Expense Report (monthly)
2. Litigation Expense Report (quarterly)
3. Subrogation and Recovery Report (quarterly)
4. State Reports ( as requested)
5. Transaction Register (monthly)
6. Bank Statement Reconciliation (monthly)
7. Medical Cost Containment Loss Expense Report (quarterly)

NOTE: This is a summary of the types of reports requested by the Department. This list represents a minimum level of information needed and is not intended to be neither all-inclusive nor comprehensive.