

## Prior Authorization and Retrospective Reviews

**OFFICIAL BID PRICE SHEET**

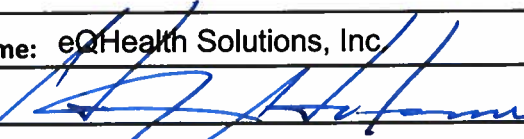
All review volumes are for Medicaid beneficiaries who are not attributed to a Provider-led Arkansas Shared Savings Entity (PAASE).

	Estimated Volume	Cost per Review	Total Cost
<b>Prior Authorization Reviews</b>			
Speech, Occupational and Physical Therapy for Medicaid Beneficiaries Receiving More than Ninety (90) Minutes per Week	25,000	\$ 19.80	\$ 495,000.00
Non-Waiver Personal Care for Medicaid Beneficiaries twenty-one (21) years of age or older.	16,309	\$ 22.63	\$ 369,072.67
Outpatient Behavioral Health: Infant Mental Health	500	\$ 28.29	\$ 14,145.00
Inpatient Behavioral Health Programs: Certification of Need	3,000	\$ 19.80	\$ 59,400.00
Autism Services through EPSDT	150	\$ 42.43	\$ 6,364.50
<b>Retrospective Reviews</b>			
Speech, Occupational and Physical Therapy for Medicaid Beneficiaries Receiving Ninety (90) Minutes or Less per Week (ten percent [10%] of total )	10,000	\$ 70.72	\$ 707,200.00
Early Intervention Day Treatment and Adult Developmental Day Treatment	4,000	\$ 56.58	\$ 226,320.00
Inpatient Behavioral Health	1,000	\$ 42.43	\$ 42,430.00
Outpatient Behavioral Health	21,000	\$ 56.58	\$ 1,188,180.00
<b>Continued Stay Reviews</b>			
Inpatient Behavioral Health	500	\$ 19.80	\$ 9,900.00
<b>Extension of Benefits</b>			
Outpatient Behavioral Health	20,000	\$ 14.14	\$ 282,800.00
Early Intervention Day Treatment and Adult Developmental Day Treatment	1,000	\$ 14.14	\$ 14,140.00

## Prior Authorization and Retrospective Reviews

	Estimated Volume	Cost per Review	Total Cost
<b>Physician Reviews</b>			
Inpatient Behavioral Health	250	\$ 75.17	\$ 18,792.50
Outpatient Behavioral Health	250	\$ 75.17	\$ 18,792.50
<b>Validation Reviews</b>			
DMS 640 Forms Reviewed for Completeness	100	\$ 56.58	\$ 5,658.00
<b>Desk/Retroactive Reviews</b>			
Inpatient Behavioral Health	500	\$ 70.72	\$ 35,360.00
Outpatient Behavioral Health	500	\$ 84.87	\$ 42,435.00
<b>Independent Assessment Referral Screen</b>			
Outpatient Behavioral Health	5,000	\$ 70.72	\$ 353,600.00
<b>Reconsiderations</b>			
Speech, Occupational and Physical Therapy for Medicaid Beneficiaries	3,712	\$ 45.26	\$ 168,005.12
Non-Waiver Personal Care for Medicaid Beneficiaries twenty-one (21) years of age or older.	2	\$ 39.60	\$ 79.20
<b>Appeals</b>			
Speech, Occupational and Physical Therapy for Medicaid Beneficiaries	26	\$ 254.60	\$ 6,619.60
Non-Waiver Personal Care for Medicaid Beneficiaries twenty-one (21) years of age or older.	180	\$ 254.60	\$ 45,828.00
Total Cost of Reviews Annually			<u>\$ 4,110,522.09</u>

By signature of this form and submission of a cost in response to this request, the respondent acknowledges that this submission is all-inclusive, true, and accurate. Also, by signature below, vendor agrees to and shall fully comply with all terms and compliances agreed to in responses submitted for the original solicitation 710-19-1001. Final negotiated rates will be effective for the term of the contract. Bids will only be accepted in United States dollars and cents.

Vendor Name: eQHealth Solutions, Inc.	Date: 08/14/2018
Signature: 	Title: President and CEO
Printed Name: Glen Golemi	