## 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	rm Year 1	Initial	Term Year 2	Initial T	erm Year 3	Initial T	erm Year 4	Initial T	erm Year 5	Rene	wal Year 1	Renev	val Year 2	Rene	wal Year 3	Renev	val Year 4	Rene	ewal 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	Estimated	Proposed Fixed Price	Proposed Estimated Total Price (Based on Attachment B, Estimated Annual Transactions)	Proposed Fixed Price	Estimated Total	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 - completed by a Registered Nurse (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 - completed by a physician (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:																				
A. Hospital Certification Tier 1 - completed by a Registered Nurse (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 - completed by a physcian (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 To	erm Year 2	Initial 7	Term Year 3	Initial T	erm Year 4	Renev	val Year 5	Renew	al Year 1	Renev	wal Year 2	Renew	al Year 3	Renew	val 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	<b>Estimated Total</b>	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   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 - preparation of medical records completed by a Registered Nurse for physician review (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 To	erm Year 2	Initial 7	Term Year 3	Initial T	erm Year 4	Initial T	Germ Year 5	Renew	al Year 1	Renev	wal Year 2	Renew	al Year 3	Renew	val Year 4	Rene	wal Year 5
A. PPO Service Fee*																				
Initial Contract Term (Years 1-5)	\$0	0.00																		

Initial Contract Term	***
(Years 1-5)	\$0.00
Total	
(Does not include PPO Fee)	
Renewal Contract Term	
(Years 6-10)	\$0.00
Total (Does	
not include PPO Fee)	
GRAND TOTAL	\$0.00

<sup>\*</sup>The PPO Service Fee will not be calculated as part of RCP, 4.2, Evaluation of Price Response.