

Response to the
Arkansas Department of Human Services,
Division of Medical Services

Medicaid Third Party Liability Services

Solicitation Number: 710-24-0005

Pricing: Copy

February 20, 2024

1:00 p.m., Central Time



OFFICIAL BID PRICE SHEET

710-24-0005 Medicaid Third Party Liability

COST PROPOSAL MUST BE SUBMITTED SEPARATELY FROM THE TECHNICAL PROPOSAL. ANY REFERENCE TO ACTUAL COST(S) INCLUDED WITH THE TECHNICAL PROPOSAL SHALL RESULT IN OFFEROR'S PROPOSAL BEING REJECTED.

The Official Bid Price Sheet is to be used as a cost evaluation tool for comparison of respondent's costs. Costs not included in the unit price below are not billable under a contract established from this solicitation. The quantities stated within are estimated for bidding purposes only from historical data. Quantities are estimated for bidding purposes only and may increase or decrease.

Instructions:

*Respondent must enter information in the blue shaded cells. Extended amounts and the grand total will autocalculate.

*Respondent must enter a dollar amount for the unit price of each cost avoidance (Item 1). Respondent must enter the percentage that will be retained from any funds avoided for items 2 - 5.

*The Grand Total will be used to evaluate the cost score.

ITEM	DESCRIPTION	ESTIMATED QUANTITY	UNIT OF MEASURE	UNIT PRICE	PERCENTAGE BILLABLE BY VENDOR	EXTENDED AMOUNT
1	Cost Avoidance	145,000	Each	\$12.50		\$1,812,500.00
2	Disallowance (Recovery)	\$3,001,485	Percentage		8.25%	\$247,622.51
3	Commercial Insurance	\$10,362,520	Percentage		8.25%	\$854,907.90
4	Tort	\$2,500,000	Percentage		13.00%	\$325,000.00
5	Credit Balance	\$9,500	Percentage		13.00%	\$1,235.00
					GRAND TOTAL	\$3,241,265.41

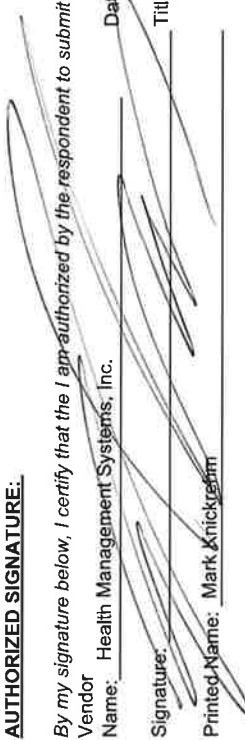
AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

Vendor

Name: Health Management Systems, Inc.

Date: February 20, 2024

Signature: 

Printed Name: Mark Knickgram

Title: President and Chief Executive Officer