

RFP 710-19-1001
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
Prior Authorization Reviews			
Speech, Occupational and Physical Therapy for Medicaid Beneficiaries Receiving More than Ninety (90) Minutes per Week	25,000		
Non-Waiver Personal Care for Medicaid Beneficiaries twenty-one (21) years of age or older.	16,309		
Outpatient Behavioral Health: Infant Mental Health	500		
Inpatient Behavioral Health Programs: Certification of Need	3,000		
Autism Services through EPSDT	150		
Retrospective Reviews			
Speech, Occupational and Physical Therapy for Medicaid Beneficiaries Receiving Ninety (90) Minutes or Less per Week (ten percent [10%] of total)	10,000		
Early Intervention Day Treatment and Adult Developmental Day Treatment	4,000		
Inpatient Behavioral Health	1,000		
Outpatient Behavioral Health	21,000		
Continued Stay Reviews			
Inpatient Behavioral Health	500		
Extension of Benefits			
Outpatient Behavioral Health	20,000		
Early Intervention Day Treatment and Adult Developmental Day Treatment	1,000		

Prior Authorization and Retrospective Reviews

	Estimated Volume	Cost per Review	Total Cost
Physician Reviews			
Inpatient Behavioral Health	250		
Outpatient Behavioral Health	250		
Validation Reviews			
DMS 640 Forms Reviewed for Completeness	100		
Desk/Retroactive Reviews			
Inpatient Behavioral Health	500		
Outpatient Behavioral Health	500		
Independent Assessment Referral Screen			
Outpatient Behavioral Health	5,000		
Reconsiderations			
Speech, Occupational and Physical Therapy for Medicaid Beneficiaries	3,712		
Non-Waiver Personal Care for Medicaid Beneficiaries twenty-one (21) years of age or older.	2		
Appeals			
Speech, Occupational and Physical Therapy for Medicaid Beneficiaries	26		
Non-Waiver Personal Care for Medicaid Beneficiaries twenty-one (21) years of age or older.	180		
Total Cost of Reviews Annually			<u>0</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:	Date:
Signature:	Title:
Printed Name:	