Cost and Pricing Analysis

The information requested herein shall constitute the Cost Proposal. The Cost Proposal should be placed in a separate sealed envelope within the sealed proposal, separated from the technical submittal.

Proposers shall submit the cost and pricing analysis using the Cost and Pricing Templates for Years 1, 2, and 3 in accordance with the instructions provided below. Proposers shall also include pricing for the optional 2 years.

This Appendix contains the following worksheets:

- Cost and Pricing Template
- Schedule A – Staff Gross Salaries and Staff Numbers
- Comments

Using the Cost and Pricing Templates, detail costs in each respective category by year. The cost proposal shall contain the total cost and be used to determine the respective per member per month (PMPM) rates for 1) CCNs and 2) GNOCHC. (GNOCHC for Contract Years 1 and 2 only).

Overhead includes costs that are not **100%** attributable to the service being completed, but are generally associated with the recurring management or support of the service. General and administrative overhead includes salaries, equipment and other costs related to headquarters management external to the service, but in support of the activity being completed. Specify which cost items are included and the rates used. These costs must be properly allocated and should only include cost allocable to the direct performance or support of the contract.

Instructions for Completing the Cost and Pricing Template are provided below.

Column descriptions

(Column A) Total Proposed Cost:
Use Column A to show the total allowable expected cost of rendering the scope of work identified in the RFP by cost category. Examples of non-allowable expenses include, but are not limited to:

- Advertising and public relations costs
- Entertainment costs
- Fines or penalties
- Fundraising costs
- Litigation costs incurred against the State
- Lobbying costs

(Column B) Coordinated Care Networks (CCNs):
Use Column B to show the total allowable expected cost of rendering the scope of work that are allocable to the administration of CCN enrollment broker functions.

(Column C) Greater New Orleans Community Health Connections (GNOCHC):
Use Column C to show the total allowable expected cost of rendering the scope of work that are allocable to the administration GNOCHC enrollment broker functions.

LINE/COST CATEGORY DESCRIPTIONS
Instructions below provide guidance on the type of costs that must be reported for a given cost category and, where applicable, refer to the supporting schedule where those amounts are further detailed.

(Line 1) Direct Labor Cost (Salary and Wages):
Enter the amount of salaries/wages for Staff that will perform the scope of work. The salary/wage reported should only include salary and wage cost for positions that directly support the scope of work. Detail for positions should be contained in Schedule A. Respective costs by year should match respective cost identified in Schedule A.

(Line 2) Direct Labor Cost Employer Related Expenses (ERE)
Enter the amount of employer related expenditures (ERE) associated with the salaries/wages for personnel reported in Line 1. The following examples of expenses are considered allowable employee benefits eligible for reimbursement: Hospital and medical insurance; Retirement; Social Security; Unemployment compensation; Workers' compensation insurance. Detail for positions should be contained in Schedule A. Respective costs by year should match respective cost identified in Schedule A.

(Line 3) Administrative Labor Salary/Wages:
Enter the amount of administrative staff salary/wages costs associated with administrative support of the contract. Only allocate the portion to support the scope of work. Detail for positions should be contained in Schedule A. Respective costs by year should match respective cost identified in Schedule A.

(Line 4) Direct Labor Cost Employer Related Expenses
Enter the amount of employer related expenditures associated with the salaries/wages for personnel reported in Line 3. Detail for positions should be contained in Schedule A. Respective costs by year should match respective cost identified in Schedule A.

(Line 5) Sub-Contracted Staff:
Enter the cost of contracted staff performing task identified in the scope of work. Detail for positions should be contained in Schedule A. Respective costs by year should match respective cost identified in Schedule A.

(Line 6) Indirect Program Supplies and Costs:
Enter the amount for the cost of program supplies such as office supplies, telephone/communication expenses; insurance expenses; etc.

(Line 7) Other Costs:
Identify and enter the cost of other program expenditures.

(Line 8) Travel Expenditures:
Enter the cost of other travel and transportation to perform the scope of work identified in the RFP. Travel and Subsistence. Itemize transportation, lodging and meals per diem costs separately in the Comment Sheet. Travel and subsistence costs must conform to the requirements of the Louisiana State Travel Regulations PPM 49.

(Line 9) Occupancy Expenditures:
Identify occupancy expenditures and provide any explanations in the Comment Sheet.

(Line 10) Total:
Enter the total of lines 1 through 9 for CCN and GNOCHC. Also identify the total cost for CCN and GNOCHC costs. The total costs for CNC and GNOCHS will be used as the numerator to determine the Per Member Per Month expense for each activity.

Per Member Per Month (PMPM)
(Line 11) Projected Linkages:
This is the number of expected linkages that has been pre-populated DHH and shall used as the calculation figure to determine the PMPM rate.

(Line 12) Year _ PMPM:
This is the calculated PMPM represented for cost for a specific contract year..

(Line 13) Cost Per Program:
This is the proposed PMPM in line12 multiplied by the number of linkages in line 11 for the CCN and GNOCHC respectively for a specific contract year.

(Line 14) CY_ - Total PMPM Cost:
This is the sum of the cost per program in line 13 for the CCN and GNOCHC program for a specific contract year.

Schedule A – Staff Gross Salaries and Staff Numbers

Proposers shall use Schedule A in the Cost Template to calculate the amount for Salary and Wages and ERE to input into the Cost and Pricing Template. Proposer must provide information by contract year.

(Column A) Position:
Enter the job titles in the space provided need to complete the scope of work.

(Column B) Full Time:
Enter the number of full time personnel by position type. FTEs are expected to dedicate 100 percent of time to the scope of work. If less than 100% of time is attributable to the scope of work, then identify as a fractional position. Example, six employees of which 3 are FTEs and 3 work half time; 4.5 FTEs should be reported.

(Column C) Hourly Rate:
Hourly Rate for each staff

(Column D) ERE:
Employer Related Expenses per employee.

(Column E) Provide Total Labor Costs:
Enter the total provider gross salaries and wages paid to full-time. Ensure that the total amount entered corresponds with Schedule A.

(Column F) Provide Total ERE:
Enter the total ERE paid to all eligible staff. Ensure that the total amount entered here corresponds with amount indentified in the Cost and Pricing Template for the respective labor categories.

Comments:
Item 1 - Provide a detailed description of the allocation method used to distribute total provider costs including overhead expenditures.
Item 2 and 3- Provide any additional comments or supporting documentation to facilitate review and support the cost identified.

Appendix # D
Cost and Pricing Template

Proposer Name:				
Year 1 Total Proposed Cost				
		A	**B**	**C**
		Total Proposed Cost	**CCN Cost**	**GNOCHC Cost**
1	Direct Labor Cost (Salary and Wages)			
2	Direct Labor Overhead (Employer Related Expenses)			
3	Administrative Labor Cost			
4	Administrative Labor ERE			
5	Contracted/Subcontracted/Consulting Staff			
6	Indirect Program Supplies			
7	Other Direct Cost			
	- System Development			
	- Web Application			
	- Call Center Expenditures			
	- Education/Outreach Materials			
8	Travel			
9	Occupancy Expenditures			
10	**Total**	0	0	0
Year 1 Cost				
11	**Projected Linkages**		4,252,233	350,000
12	**Year 1 PMPM**		0	0
13	**Cost Per Program**		0.00	0.00
14	**CY 1 - Total PMPM Cost**	0.00		

Appendix # D
Cost and Pricing Template

Proposer Name:				
Year 2 Total Proposed Cost				
		A	**B**	**C**
		Total Proposed Cost	**CCN Cost**	**GNOCHC Cost**
1	Direct Labor Cost (Salary and Wages)			
2	Direct Labor Overhead (Employer Related Expenses)			
3	Administrative Labor Cost			
4	Administrative Labor ERE			
5	Contracted/Subcontracted/Consulting Staff			
6	Indirect Program Supplies			
7	Other Direct Cost			
	- System Development			
	- Web Application			
	- Call Center Expenditures			
	- Education/Outreach Materials			
8	Travel			
9	Occupancy Expenditures			
10	**Total**	0	0	0
Year 2 Cost				
11	**Projected Linkages**		10,617,515	600,000
12	**Year 2 PMPM**		0	0
13	**Cost Per Program**		0.00	0.00
14	**CY 2 - Total PMPM Cost**	0.00		

Appendix # D
Cost and Pricing Template

Proposer Name:				
Year 3 Total Proposed Cost				
		A	**B**	**C**
		Total Proposed Cost	**CCN Cost**	**GNOCHC Cost**
1	Direct Labor Cost (Salary and Wages)			
2	Direct Labor Overhead (Employer Related Expenses)			
3	Administrative Labor Cost			
4	Administrative Labor ERE			
5	Contracted/Subcontracted/Consulting Staff			
6	Indirect Program Supplies			
7	Other Direct Cost			
	- System Development			
	- Web Application			
	- Call Center Expenditures			
	- Education/Outreach Materials			
8	Travel			
9	Occupancy Expenditures			
10	**Total**	0	0	0
Year 3 Cost				
11	**Projected Linkages**		10,829,865	0.00
12	**Year 3 PMPM**			
13	**Cost Per Program**		0.00	0.00
14	**CY 3 - Total PMPM Cost**	0.00		

Appendix # D
Cost and Pricing Template

Proposer Name:				
Year 4 Total Proposed Cost				
		A	**B**	**C**
		Total Proposed Cost	**CCN Cost**	**GNOCHC Cost**
1	Direct Labor Cost (Salary and Wages)			
2	Direct Labor Overhead (Employer Related Expenses)			
3	Administrative Labor Cost			
4	Administrative Labor ERE			
5	Contracted/Subcontracted/Consulting Staff			
6	Indirect Program Supplies			
7	Other Direct Cost			
	- System Development			
	- Web Application			
	- Call Center Expenditures			
	- Education/Outreach Materials			
8	Travel			
9	Occupancy Expenditures			
10	**Total**	0	0	0
Year 4 Cost				
11	**Projected Linkages**		11,046,462	0.00
12	**Year 4 PMPM**			
13	**Cost Per Program**		0.00	0.00
14	**CY 4 - Total PMPM Cost**	0.00		

Appendix # D
Cost and Pricing Template

Proposer Name:				
Year 5 Total Proposed Cost				
		A	**B**	**C**
		Total Proposed Cost	**CCN Cost**	**GNOCHC Cost**
1	Direct Labor Cost (Salary and Wages)			
2	Direct Labor Overhead (Employer Related Expenses)			
3	Administrative Labor Cost			
4	Administrative Labor ERE			
5	Contracted/Subcontracted/Consulting Staff			
6	Indirect Program Supplies			
7	Other Direct Cost			
	- System Development			
	- Web Application			
	- Call Center Expenditures			
	- Education/Outreach Materials			
8	Travel			
9	Occupancy Expenditures			
10	**Total**	0	0	0
Year 5 Cost				
11	**Projected Linkages**		11,267,391	0.00
12	**Year 5 PMPM**			
13	**Cost Per Program**		0.00	0.00
14	**CY 5 - Total PMPM Cost**	0.00		

Appendix # D
Cost and Pricing Template

Proposer Name:

Total Proposed Cost For CCN/GNOCHC	
Year 1 - Total Cost	0.00
Year 2 - Total Cost	0.00
Year 3 - Total Cost	0.00
Years 1-3 - Total Cost	0.00
Year 4 - Total Cost	0.00
Year 5 - Total Cost	0.00
Years 1-5 - Total Cost	$ -