

Section 4: Pricing Proposal

Price for Comprehensive Solution with all Required Features as named and explained in specifications of RFP:

Total Solution for a minimum of 30 Concurrent Users with required functionality:
97,800 per year.

There are no costs for set-up, implementation or training. Price includes 7am – 6pm Level 3 Support; 24/7 support is an additional \$5000 per year

Price for Adding Optional Features listed in RFP

1. **Medicaider™ (“Pre-Screener”)**: \$100 per month per user (estimate 2 users). There is also a \$500 - \$5,000 1-time fee for adding new programs into Medicaider™, depending on the complexity of the program
2. **Direct and Integrated TMHP Verification**: \$200 per month for Hidalgo County (not a per user fee)
3. **Appellant client flag**: \$0 - Included in TMHP solution price above
4. **Notify provider for reimbursements once client has been approved**. \$0 - Included in TMHP solution price above
5. **ID Badge**: \$500 1-time set up fee plus cost of digital camera if Hidalgo County wants client pictures included on the ID Badge.
6. **Ability to record telephone interviews and save for future use**: \$0 - There is no cost other than buying the microphone.
7. **Ability to save email correspondence in client file**: \$0 - Included in License Fee above
8. **Ability to accept secure electronic billing from vendors (providers)**: \$15,000/yr.
9. **Ability to scan and save documents associated with bill payment**: \$400 per month for Hidalgo County (not a per user fee).

Price for Optional CHASSIS™ Features not listed in RFP

- Encounter Tracking: \$30 per month per user
- Data Broker: depends on company selected
- Intake and Referral for Emergency Management: Depends on set-up and configuration chosen by Hidalgo County



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/03/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CS&S/BBVA COMPASS INS AGY INC. PO BOX 946580 MAITLAND, FL 32794-6580 Phone - 866-251-0079 Fax - 877-763-5122	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
EMAIL ADDRESS:		
PRODUCER CUSTOMER ID #:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED NETWORK SCIENCES, INC 14205 BURNET RD, STE 110 AUSTIN, TX 78728	INSURER A : American Casualty Company of Reading, Pennsylvania	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	N	N	2026588353	06/14/2011	06/14/2012	EACH OCCURRENCE	\$1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$300,000	
	MED EXP (Any one person)						\$10,000	
	PERSONAL & ADV INJURY						\$1,000,000	
	GENERAL AGGREGATE						\$2,000,000	
	PRODUCTS - COM/POP AGG						\$2,000,000	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	N	N	2026588353	06/14/2011	06/14/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	BODILY INJURY (Per person)							
	BODILY INJURY (Per accident)							
	PROPERTY DAMAGE (Per accident)							
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, Describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
EVIDENCE OF INSURANCE

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County Purchasing Dept
 Attn: Mary Maldonado
 100 E Cano Street - 4th floor
 Edinburg, TX 78539

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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