Exhibit A
Performance Targets 2013

Contractor Reimbursement – Start-up Period

The Contractor shall be paid the start-up cost of $31,523, which excludes profit, upon the Contractor's completion and the Department's acceptance of each of the following milestones to be completed prior no less than 30 days prior to the scheduled go-live date.

1. Contract execution with the Department;
2. Documented delivery of contract packages to all livery, wheelchair and ambulance providers currently utilized by the NEMT program;
3. Submission of completed enrollment packages to HP for livery, wheelchair and ambulance providers sufficient to satisfy the NEMT needs throughout the state. Notwithstanding the foregoing provision, Contractor shall not be penalized, sanctioned, or subject to liquidated damages if an adequate network cannot be developed or maintained due to transportation providers' refusal to accept the Department's reimbursement rates for livery and non-emergency ambulance services (See Agreement, Part 1, Section C, 3);
4. Operational call center in place by 12/1/12;
5. Evidence of employment and training of sufficient staff to perform the functions for which they have been employed;
6. Evidence that its data systems have successfully loaded a complete eligibility file;
7. Evidence that its data systems have successfully loaded provider file with all CMAP medical providers;
8. Successful authorization test file with the DSS MMIS contractor and/or data warehouse contractor; and
9. Successful pre-implementation readiness review.

No later than May 1, 2013, or ninety days after the program start date, whichever is later, Contractor shall submit to the Department a reconciliation of the actual expenditures incurred and paid by the Contractor during the start-up period against the start-up cost paid to the Contractor by the Department. The Department may require the return of any under expenditures or the reinvestment of the under expenditure into the Contract's scope of work.

The profit to the Contractor earned during the start-up period shall be invoiced by the Contractor as part of the reconciliation, no later than ninety days after the program start date and paid to the Contractor by the Department no later than thirty (30) days after submission to and acceptance by the Department.

Monthly Invoices, Withhold, and Return of Withhold

Each calendar month Contractor shall invoice to the department 1/12 of the annual Grand Total Expenses/Total Cost, which ***does not*** include an allowable profit of 7.5%. The allowable profit shall be withheld by the Department and shall be paid to Contractor annually, subject to its meeting the Performance Targets as defined below. For example, the Grand Total Expenses/Total Cost included in the 2013 CT Non-emergency Medical Transportation Budget/Invoice Template is $5,791,110. Therefore, in 2013 Contractor will invoice the Department 1/12 of that amount each month, or $482,592.49. An additional 7.5% profit applicable to that amount, or $36,738 monthly, is also potentially payable to the Contractor at the end of each calendar year if the Performance Targets have been achieved.

The Performance Targets shall be measured on a monthly basis, and reviewed on a quarterly basis, with the withheld profit for those targets that are successfully met released and authorized for payment as part of the next annual payout. Each quarterly review will be averaged within its category within 30 days of the calendar year end, with the average representing the score in each section by DSS. Withheld profit that is eligible for payment to Contractor shall be paid by the Department within sixty (60) days of December 31 of each calendar year under the contract.

Performance Targets

The contract performance targets are divided into four (4) categories, each of which represents 1/4th of the total withhold dollar amount.

1. Call Center Performance
2. Service and Satisfaction
3. Network Management
4. Claims and Systems Integration

1. Call Center Performance--- ¼ of the total withhold

Call center performance will be monitored and reported across multiple standard metrics, however, for the purpose of determining the return of the Contractor's profit withhold, the assessment will be based on the Call Center staff accessing all means of verifying a member's eligibility before they approve/deny an NEMT trip. Contractor staff will access their

on-line eligibility system, and if a member does not appear as eligible, the Call Center will access the Department's automated eligibility system to determine if the client is newly granted. In addition, if this trip is for a Pending Medicaid client who is residing in a nursing home the call center staff will contact the Department to determine if the client is eligible for NEMT service.

The measure of the Call Center Staff to utilize all of the above means to establish eligibility will be based on complaints regarding member eligibility the Department is made aware of in a given quarter. The Department will research the issue and if it is determined that the Contractor failed to utilize one of the eligibility verifications as described above, it will count as 1 occurrence.

Quarterly Withhold Contractor	**Withhold Amount paid to the**
Below 7 occurrences	100%
Between 7 – 10 occurrences	75%
Between 10 –13 occurrences	50%
Between 13-16 occurrences	25%
Over 16 occurrences	0%

2. Service and Satisfaction

The Service and Satisfaction performance standard category is composed of two distinct subcategories.

Complaints---1/8 of the Total Withhold

The first subcategory will focus on the Contractor acknowledging the receipt of the complaint, and the timely response to the complaint. The second satisfaction performance standard category will be based on the Contractor submitting all required reports that have been defined and agreed upon between the Department and the Contractor.

When the Department receives a complaint that requires a response from LogistiCare, the Department will contact the Program Manager and anyone else that the Contractor would like to have added to this distribution list. The complaint will be rated by the Department as High Priority, Intermediate Priority or Low Priority. This will be noted in the subject line of the email.

Upon receipt of the issue, the Contractor will acknowledge to the Department receipt of the complaint and will respond according to the level of priority as stated below:

- High Priority will be acknowledged by the Contractor within 2 hours of receiving the complaint and will submit a detailed response within one business day.

- Intermediate Priority will be acknowledged by the Contractor by the end of the business day and submit a detailed response within two business days.

- Low Priority will be acknowledged by the Contractor with-in 24 hours of receipt of the complaint and submit a detailed response within three business days

If the Contractor later on determines the need for additional time to resolve the complaint, the Contractor will inform the Department prior to the due date of the complaint response and will provide an updated target date for completion.

Failure to acknowledge receipt of the complaint timely or failure to respond to the complaint by the agreed upon due date will result in an occurrence. The withhold will be based on the number of occurrences in a quarter based on the following performance:

Quarterly basis	**Withhold paid to contractor**
Below 2 occurrences	100%
Between 2 – 3 occurrences	75%
Between 4 - 5 occurrences	50%
Between 5 - 6 occurrences	25%
Over 7 occurrences	0%

Reports--- 1/8 of the Total Withhold

The second subcategory of service and satisfaction will be based on Reports. The Department will meet with the Contractor to mutually define and agree to the

format of all reports. Once the reports are finalized, the Contractor will be responsible for (a) submitting the reports on time and (b) for the accuracy of the reports. Failure to submit a report on time or failure to submit an accurate report will result in an occurrence. The withhold will be based on the number of occurrences in a quarter based on the following performance:

Quarterly basis	**Withhold paid to contractor**
Below 2 occurrences	100%
Between 2 –3 occurrences	75%
Between 4 –5 occurrences	50%
Between 6 - 7 occurrences	25%
Over 7 occurrences	0%

3. Network Management

The Network Management performance standard is composed of two subcategories. The first subcategory shall be assessed based on the number of encounter claims submitted to HP for a provider that is not enrolled as a Medicaid provider. The number of occurrences will be based on the monthly invoice Logistic are submits to the Department for payment. The second subcategory shall be assessed based on a transportation provider's excessive no-shows and / or late pickups. Please refer to the chart below.

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Inappropriate Payments--- 1/8 of the Total Withhold

When the Department determines that an in-state NEMT Transportation provider who is not enrolled in CTDSSMAP has received payment from the Contractor for the provision of NEMT service to a Connecticut Medicaid client (without Department approval), that trip will count as one occurrence.

Number of occurrences of a Provider who is not enrolled and was paid for an NEMT service	**Withhold Amount Paid to Contractor (50% of Network Management**

without Department approval	withhold amount)
under 1	100%
1 – 2	75%
3 – 4	50%
5 - 6	25%
above 6	0%

No Shows/Late Pick Ups--- 1/8 of the Total Withhold

When a valid complaint is received due to a transportation provider no show or late pick up in a given month the withhold will be given as stated below. Trips per 1000 will be based upon the total net authorized trip in the month or quarter. :

Number of valid provider late or no show complaints per 1000 net authorized trips in a given month	Withhold Amount Paid to Contractor (50% of no shows/late pick ups withhold amount)
2 or less per 1000 trips	100%
>2 to 2.5 per 1000 trips	75%
>2.5 to 3 per 1000 trips	50%
>3 to 3.5 per 1000 trips	25%
>3.5 per 1000 trips	0%

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4. Claims

The Claims are composed of two (2) areas or subcategories, each of which will account for 1/2 of the withhold amount for the full category. The two areas or subcategories are (1) timely payment of Provider Claims (2) Encounter Claims File.

Provider claims processing--- 1/8 of the Total Withhold

The Contractor will process and pay all NEMT claims (except ambulance for Medicaid clients) in a timely manner. The Contractor will be responsible for ensuring the provider is appropriately credentialed and enrolled for the date of service. There may be exceptions that will require the Contractor to utilize a non enrolled provider to provide NEMT for a Medicaid client. In this instance, the Contractor must obtain approval from the Department prior to providing the service. The Contractor will ensure the client is eligible for the date of service, and ensure all appropriate claims processing edits are in place to process a claim such as service prior authorized, correct mode of transport is paid, correct mileage is paid, check for duplicate claims, client eligibility, etc.. The Contractor will invoice the Department on a monthly basis and include the detailed costs for the month. This will include the Contractor's administrative fee plus a listing of all claims paid for that month. A Claims cycle should be run no less than twice per month on a two week cycle and all clean claims must be paid within the clean claims standard of promptness. The Contractor will invoice the Department on a monthly basis for reimbursement.

Average time to adjudicate and pay claims data	**Withhold Amount Paid to Contractor**
Pay the clean claim under 45 days	100%
45 – 47 days	75%
48 – 50 days	50%
51 – 53 days	25%
Over 53 days	0%

Encounter Claims File Timeliness--- 1/8 of the Total Withhold

When the Contractor invoices the Department on a monthly basis, the Contractor will then be responsible for creating encounter claims for each paid claim on that invoice and submit the encounter claims to HP in a HIPAA compliant format (or other agreed upon format within 1 week of invoicing the Department for payment. The Contractor will transmit the encounter claims to HP for every claim the Contractor has paid and invoiced the Department for payment.

The Contractor must submit encounter claims for each detail on the monthly invoice within 1 week of invoicing the Department. The Contractor must match 95% of the claims submissions within one week of the monthly submission, with an additional 15 days to submit additional /corrected claims to equal 100% substantiation of the monthly invoice.

Failure for the Contractor to meet this will result in a 100% withhold.

Exhibit B- NEMT Provider Enrollment Data Requirements (HP)

The following list indicates the data that is required in order for HP to add update or inactivate a provider on the provider database. **Field Name**	**Field Description**	**Field Type**	**Field Length**	**Required/ Situational/ Optional**
Action (Add/Update/ Inactivate) Indicator	This field indicates whether the network provider is to be added to or inactivated from the Brokers network, or if there is an update to the provider on file. The valid values for this field are A = Add, U = Update, I = Inactivate. There should only be 1 add record per provider id and type and specialty. Subsequent changes should be sent as an update transaction.	Character	1	R
Medicaid ID of Broker	This field indicates the 9 digit Medicaid ID of the Broker.	Character	9	R
Network Provider NPI	The field contains the National Provider Identifier (NPI) of the network provider. This may be spaces only when the provider is atypical and the Atypical Provider Indicator is Y.	Character	15	S
Atypical Provider Indicator	This field indicates if the provider is an atypical provider (i.e. they do not have an NPI). The valid values for this field are Y = provider is atypical, or N = provider is NOT atypical (provider has an NPI)	Character	1	R

Billing/ Rendering Provider Indicator	This field indicates if the network provider is a billing (group) provider, rendering provider (member of a group) or an individual provider. The valid values for this field are B = Billing, R = Rendering Provider, or Blank = Individual provider.	Character	1	R
Participating/ Non-participating Provider Indicator	This field indicates if the network provider is a participating or a non-participating provider. The valid values are P = Participating or N = Non-participating.	Character	1	R
Primary Taxonomy	This field indicates the primary taxonomy for the type and specialty of the network provider. A provider can only have 1 primary taxonomy per type and specialty. This may be spaces only when an atypical provider (atypical provider indicator must by Y).	Character	10	S
Additional Taxonomy 1	This field indicates any additional taxonomies for the type and specialty of the network provider. This field is not required and may be left blank. Note: Send only 1 row with all applicable taxonomies.	Character	10	O
Additional Taxonomy 2	This field indicates any additional taxonomy for the type and specialty of the network provider. This field is not	Character	10	O

Exhibit C
Review Topics

The Contractor will be required to successfully complete a bifurcated review process that includes a "Readiness Review" prior to go live and a "Post Implementation Review" within 90 days of the go live date.

The Department will notify the Contractor in writing of the results of the Review. If the Department determines that the Contractor has failed either portion of the Review and Contractor is unable to remedy issues timely, the Department may take additional steps as necessary, and as detailed in this contract, to correct the situation for the benefit of its clients.

The bifurcated Review will examine the following functional competencies:

1. Key Personnel and Staff Resources

The Contractor will be required to demonstrate that it has employed sufficient and suitable personnel to accomplish the tasks as outlined in this RFP including Key Personnel to manage the following functions:

a. Project Manager;

b. Call Center;

c. Operations - Network Maintenance; transportation provider enrollment management;

d. Staff training;

e. Prior Authorization, Claims Management, and Client Status Management;

f. Quality Management, Utilization Review and Audit;

g. Data Systems;

h. Medical Review: Minimum qualifications shall include the ability to professionally converse with other medical personnel to establish the medical necessity for particular modes of transportation.

2. Task Related Policies and Procedures

The Contractor will be required to supply a complete set of policies and procedures (manual) applicable to the service contemplated herein.

3. Client Status - Eligibility for Non-Emergency Medical Transportation Services

The Contractor will be required to successfully demonstrate its ability to accept data transfers and maintain client history.

4. Call Center - Automated Call Distribution (ACD) system - Call Management

The Contractor will be required to successfully demonstrate its automated call distribution system, menu structure, recording capability after hours, weekend and emergency backup capabilities and ease of access for clients.

5. Network Development/Subcontracts

The Contractor will be required to produce signed contracts with the livery and ambulance companies and shall produce evidence of HP enrollment of the providers.

6. Livery and Ambulance Prior Authorization and Claims Authorization Processes

The Contractor will be required to demonstrate its livery and ambulance prior authorization and claims authorization processes. These processes shall include a review of the prior authorization protocol, turn-around time and authorization of an alternative mode of transportation in the event of an ambulance denial, livery and ambulance PA data management system. The readiness test will include a demonstration of the Contractor's interactive PA process with each livery and ambulance company with which it has a contract on the Department's behalf. Furthermore, the review will include an examination of the Contractor's ability to screen claims and transmit HIPAA Compliant data to HP and the ability of the Contractor to read HP "error" reports.

7. Transportation Request Approval and Verification Process

The Contractor will be required to successfully demonstrate its ability its NEMT client verification and trip approval process.

8. Ride Assignment and Dispatching

The Contractor will be required to successfully demonstrate its livery transportation electronic authorization/acceptance process.

9. Staffing

The Contractor will be required to demonstrate that it has "sufficient qualified staff" 45 days prior to February 1, 2013 that are fully trained. The demonstration will include the department's evaluation of key personnel.

10. Payments to Subcontractors

The Contractor will be required to successfully demonstrate that it has procedures and capacity to make timely payments to its subcontractors for services provided to clients who are pending.

11. Staff and Transportation Provider Training and Procedures

The Contractor will be required to successfully demonstrate and produce its in-service training program including operational procedures, manuals, forms and any other material used to train its staff for smooth operation of the NEMT responsibilities

12. Quality Management – Utilization Review

The Contractor will be required to provide its proposed QM Program and Implementation Plan that describes the QM program structure and outlines the QM objectives and planned projects.

13. Complaint Resolution and Grievance Procedures

The Contractor will be required to successfully demonstrate its practices to resolve client and provider complaints, and formal grievances and its method to respond to significant incidents and its computerized system to record all data associated with complaints, grievances and incidents. The organization will also discuss its analytical capability to examine data and outline corrective action for complaints, grievances and incidents.

14. NEMT Database and Data Interactivity with the Department's Eligibility System, Systems Design and Architecture, Information System Functionality

The Contractor will be required to demonstrate its system design, architecture, system functionality and NEMT database and interactive capability with the Department for all functions.

15. Reporting Requirements

The Contractor will be required to successfully demonstrate its reporting capabilities.

16. Project Implementation Timetable

The Contractor will be required to provide a project timetable considering any outstanding implementation issues.

17. Performance Bond

The Contractor will be required to produce a Performance Bond or Statutory Deposit in the amount of $2,000,000.

Exhibit D
Reporting

1. Issue Tracking Report: An interval status report (weekly) of various management and service issues addressed bi-laterally between the Department and the Broker

2. Business Continuity Report: A periodic (annual and occurrence) report of
   a. technological failures related to data management and their recovery, and
   b. violations of security or confidentiality and their resolution

3. Call Center Report: A quarterly report of telephone call center performance including:
   a. Number of incoming calls during regular business hours and after hours;
   b. Number of answered calls by Broker staff by ACD line;
   c. Average number of calls answered by Broker staff;
   d. Average call wait time;
   e. Average talk time by ACD line;
   f. Percent of routine services calls answered by staff less than sixty seconds after the selection of a menu option;
   g. Number of calls placed on hold and length of time on hold by ACD line;
   h. Number and percent of abandoned calls;
   i. Volume of out-going call volume by functional area, (Example: ride assignment, coordination/outreach, quality, etc.);
   j. Proposed staffing adjustments when the call volume reaches thresholds proposed by the Proposer;
   k. Description of its seamless responses to service needs in the event of local power failures or other emergencies; and
   l. Call volume exceeding call performance targets.

4. Prior Authorization Report: Monthly report of
   a. All trips prior authorized by mode;
   b. Trips over/under 20 miles,
   c. Trips by client type and mode, etc);
   d. NEMT Request Processing for eligible and pending clients;
   d. Prior authorization and utilization by mode
   e. Other factors based on quality program design and performance targets

5. Claims - Encounter Data Report: A monthly report of
   a. All claims submitted with resultant adjudication including clean claims forwarded to HP and encounter data submitted to the Department's Data Warehouse, including:
   b. All clean claim trip/payment authorizations by mode to HP,
   c. All denied claims from Broker or from HP by various factors (Example, Provider, reason)
   d. All resubmitted claims and action on those claims
   e. All other payment requests and adjudication decisions;

f. Claim Verification detail
g. Broker Payments and Interest – to providers
   1). In-state and out-of-state payment not covered by HP including ambulance, livery, taxi, bus, train, plane and personal reimbursement payments;
   2. Overall and provider specific payments authorizations for ambulance and livery to HP; and reconciliation information to identify payment discrepancies and potential problems.
h. Other factors based on quality program design and performance targets

6. Complaint Report: A monthly report of
   a. Complaints received by the Broker,
   b. action taken,
   c. analysis of complaints and
   d. recommendations for service improvement.

7. Expenditure Report: a monthly report of operational expenditures against the Broker's contracted budget.

8. Lost Eligibility/Transportation Notification Report: A monthly report of individuals who have lost their eligibility, but have prescheduled trips to regular and on-going treatment such as dialysis, for whom the Broker has advised to contact their eligibility worker and or re-apply. The Broker will continue to provide trips for the first week of the effective month of lost eligibility unless the client regains eligibility during that week.

9. Network Providers - Adds, Deletes: A quarterly list of
   a. providers who have subcontracts with the Broker and are enrolled with HP including changes in the network (adds, deletes);
   b. disenrollment recommendations (provider);
   c. out-of-state transportation providers,
   d. alternative transportation agreements executed;
   e. number and identification of subcontractors reviewed for compliance; and
   f. results of review.

10. Network - Vehicle Capacity: An annual list of
   a. Network vehicle capacity (number, condition and mileage of each vehicle by type);
   b. Plate number;
   c. Vehicles that are appropriately licensed, certified, permitted or insured;
   d. Random or select inspection report of vehicles

11. Network - Driver Capacity: A quarterly list of
   a. drivers who are appropriately licensed and trained and have had background checks performed;
   b. individuals who have left the providers or are suspended from driving or are sanctioned from transporting Medicaid-NEMT clients and reasons for their suspensions.

12. Performance Improvement Project Report: A Monthly report of performance and quality indicators measurement

13. Personnel Discharge Report: A monthly report of changes in the Broker's staffing complement.

14. Procedure Notification: a report on as needed basis that notifies the Department of proposed new or revised policies or procedures.

15. Provider Performance Report: Monthly report by provider and cumulatively:
    a. Waiting time for pickup or delivery shall not exceed fifteen minutes;
    b. Pick up clients and drop off within 15 minutes from scheduled appointment;
    c. Pick up for return rides within forty-five minutes from the time the return trip call;
    d. Missed pickups and client "no-shows;"
    e. Provider sanctions; and
    f. Other factors based on quality program design and performance targets.

16. Quality Committee Report: a quarterly summary report of the committee activities.

17. Quality Management Program Evaluation and Report: A quarterly and annual summary report of quality measures and performance including:
    a. comprehensive and cost effective QM Program plan. complaint summary information and analysis with recommendations
    b. QM Program and Implementation Plan and related quality reports
    c. Satisfaction survey report; and
    d. Other factors based on quality program design and performance targets

18. Service Coordination Report: a quarterly report on:
    a. Comprehensive NEMT outreach and educational plan to collaborate with hospitals, nursing homes, dialysis centers and methadone treatment facilities to achieve NEMT efficiencies by identifying individuals who have lost their eligibility but have on-going transportation needs and facilitating appropriate utilization of ambulance service;
    b. Network capacity data - plan to identify and address transportation provider issues and concerns;
    c. Plan to evaluate subcontracting with volunteers and non-governmental organizations and from organizations that do not provide transportation as their primary function; and
    d. Plan for coordinating problem issues, assessment and intervention

19. Significant Incident Report/Summary/Analysis: Reports and analysis of specific incidents and recommendations for corrective action and quarterly summary analysis reports.

20. Small, minority, business report

21. Staff/Provider Training Report: A quarterly report focused on in-service training plan/ provider training plan and the identification of individuals who have been trained and who have received re-training

22. Transportation Safety Program Report: A quarterly report of various safety issues including:
    a. Number of trips and individuals who require escort(s) or attendant(s) to accompany clients
    b. Summary of plan activities to identify and address transportation provider issues and concerns; plan to assist drivers to recognize and report potential client abuse; a plan to assure safe transportation for all clients with emphasis on children and elders
    c. Licensure and Certification and background checks

23. Unplanned Absence/Coverage Report: a report as needed to inform the Department of the Broker's plan to cover key personnel unplanned absences longer than seven days;

24. Utilization Reports Mode

(air, train, bus, livery, taxi, wheelchair van, ambulance, stretcher, etc.);

Ambulance: All requests for NEMT ambulance including the broker's decision; Ambulance trips by type (BLS/ALS), including, trip mileage;

Personal reimbursement: verification of actual personal reimbursements where the individual attended the appointment; reimbursement for individuals who have been erroneously billed for NEMT transportation by livery or ambulance provider;

Bus: bus ticket/pass data including client specific and bus pass specific data; bus ticket/pass purchases and distribution comparison report; Bus passes returned due to undelivered mail; Refund – unused tickets, tickets by denomination; and verified appointments;

Origin and Destination;

urgent;

In-state and out-of-state;

Number of trips per client;

multi-loading;

Client Status;

mileage;

Cost

Exhibit E
Budget

Connecticut Non-emergency Medical Transportation Budget/Invoice Template

Indicate Calendar Year Budget Use:

X 2012 Start-Up ☐ 2013 ☐ 2014 ☐ 2015 ☐ 2016

Personnel Expenses Scope of Work Category	CT Operations Direct Project Cost $	Corporate Allocation $	Total Cost	CT Operations FTE	Corporate FTE	Total FTE
Administration						
Project Manager						
Other Management (specify)						
Other Administration Staff						
Fringe Benefits						
Bonuses and Commissions paid to Administration			$ -			-
Subtotal Administration	$ -	$ -	$ -	-	-	-
Call Center/Client Services						
Management (specify type)						
Staff (specify type)						
Fringe Benefits						
Bonuses and Commissions paid to Call Center/Client Services Staff			$ -			-
Subtotal Call Center	$ -	$ -	$ -	-	-	-
Operations: Provider Services; Network Maint.; Trip Assignment						
Management (specify type)						
Staff (specify type)						
Fringe Benefits						
Bonuses and Commissions paid to Operations Staff			$ -			-
Subtotal Operations	$ -	$ -	$ -	-	-	-
Quality Management / Data Reporting						
Management (specify type)						
Staff (specify type)						
Fringe Benefits						
Bonuses and Commissions paid to QM/DR Staff			$ -			-
Subtotal Quality Mgmt/Data Reporting	$ -	$ -	$ -	-	-	-

Personnel Expenses Scope of Work Category	CT Operations Direct Project Cost $	Corporate Allocation $	Total Cost	CT Operations FTE	Corporate FTE	Total FTE
Staff Training						
Management (specify type)						
Staff (specify type)						
Fringe Benefits						
Bonuses and Commissions paid to Training Staff			$ -			-
Subtotal Staff Training	$ -	$ -	$ -	-	-	-
Data systems / IT Support						
Management (specify type)						
Staff (specify type)						
Fringe Benefits						
Bonuses and Commissions paid to Data/IT Support Staff			$ -			-
Subtotal Data/IT Support	$ -	$ -	$ -	-	-	-
Authorization; Client Status Management						
Management (specify type)						
Staff (specify type)						
Fringe Benefits						
Bonuses and Commissions paid to Auth/CSM Staff			$ -			-
Subtotal Auth/CSM	$ -	$ -	$ -	-	-	-
Claims Management						
Management (specify type)						
Staff (specify type)						
Fringe Benefits						
Bonuses and Commissions paid to Claims Management Staff			$ -			-
Subtotal Claims Management	$ -	$ -	$ -	-	-	-
Other Personnel (Other)						
Management (specify type)						
Staff (specify type)						
Fringe Benefits						
Bonuses and Commissions paid to Other Personnel			$ -			-
Subtotal Other Personnel	$ -	$ -	$ -	-	-	-

Total Personnel						
Management	$ -	$ -	$ -	-	-	-
Staff	$ -	$ -	$ -	-	-	-
Fringe Benefits	$ -	$ -	$ -	-	-	-
Bonuses and Commissions paid to Personnel						
Fringe Benefits % of Salaries						

Other Direct Costs			
Connecticut Occupancy Cost			
Lease or Rental			
Facility			
Fixtures and Furniture (depreciable assets)			
Utility - included in rent			
Maintenance and Repair			
Janitorial			
Subtotal Occupancy Expenses	$ -	$ -	$ -

Office Support Expenses			
Office Supplies			
Office Equipment			
Printing	$ 7,648		
Postage/Freight			
Other: Adjustment for Office			
Subtotal Office Support	$ 7,648	$ -	$ -

Processing Expenses			
Telephone/Telecommunications	$ -	$ -	$ -
Consulting Fees	$ -	$ -	$ -
Accounting Services	$ -	$ -	$ -
Offsite Tape Vaulting	$ -	$ -	$ -
Other	$ -	$ -	$ -
Subtotal Processing	$ -	$ -	$ -

Equipment			
Computer/IT Equipment (depreciable assets)			
Computer/IT Equip. Repair/Main.			
Copy Equipment			
Copy Equip. Repair/Main.			
Telecom Equipment (depreciable assets)			
Telecom Usage			
Telecom Repair/Main.			
Other Equipment (specify)			
Other Equip. Repair/Main.			
Equipment Rental			
Subtotal Equipment	$ -	$ -	$ -

Software Expenses			
Software Expenses	$ -	$ -	$ -
Software Maintenance	$ -	$ -	$ -
Subtotal Software	$ -	$ -	$ -

Administrative Expenses			
Management Fees			
Travel and Related Costs			
Business Meetings			
Staff Training			
Professional Fees			
Consulting and Outside Services			
Legal			
Audit/Accounting			
Advertising			
Insurance			
Taxes			
Licenses			
Other - Startup Expense	$ 23,875		
Subtotal Administrative	$ 23,875	$ -	$ -

Total Other Direct Expense	$ 31,523	$ -	$ 31,523
Total Personnel and Other Direct Expenses	$ 31,523	$ -	$ 31,523
Corporate Allocation			
(additional allocation not otherwise reflected above)			$ -

Profit 7.5%						

Grand Total Expenses	$ 31,523	$ -	$ 31,523			
Note: Grand Total does not include Profit						
Annual Overall Change	Year 2	Year 3	Year 4	Year 5		
Total Cost						
% + (-)						
$ increase/(decrease)						

Connecticut Non-emergency Medical Transportation Budget/Invoice Template

Indicate Calendar Year Budget Use:

2012 Start-Up X 2013 ☐ 2014 ☐ 2015 ☐ 2016

Personnel Expenses Scope of Work Category	CT Operations Direct Project Cost $	Corporate Allocation $	Total Cost	CT Operations FTE	Corporate FTE	Total FTE
Administration						
Project Manager	$ 88,995		$ 88,995	0.8		0.8
Other Management (specify)	$ 99,990	$ 75,485	$ 175,475	1.0	0.7	1.7
Other Administration Staff	$ 31,673		$ 31,673	1.0		1.0
Fringe Benefits	$ 68,314	$ 12,698	$ 81,012			-
			$ -			-
Subtotal Administration	$ 288,972	$ 88,182	$ 377,154	2.8	0.7	3.5
Call Center/Client Services						
Management (specify type)	$ 81,251	$ 6,826	$ 88,076	1.0	0.2	1.2
Staff (specify type)	$ 1,038,881		$ 1,038,881	41.0		41.0
Fringe Benefits	$ 346,786	$ 1,148	$ 347,934			-
FTE Reduction Salary and Benefits - 2 ATC, 1-UR Specialist, 1-Claims Processor	$ (123,334)		$ (123,334)			-
Subtotal Call Center	$ 1,343,584	$ 7,974	$ 1,351,558	42.0	0.2	42.2
Operations: Provider Services; Network Maint.; Trip Assignment						
Management (specify type)	$ 50,329	$ 8,274	$ 58,603	1.0	0.2	1.2
Staff (specify type)	$ 972,773		$ 972,773	35.8		35.8
Fringe Benefits	$ 316,746	$ 1,392	$ 318,138			-
			$ -			-
Subtotal Operations	$ 1,339,847	$ 9,666	$ 1,349,513	36.8	0.2	37.0
Quality Management / Data Reporting						
Management (specify type)	$ 122,864	$ 4,958	$ 127,822	2.0	0.1	2.1
Staff (specify type)	$ 183,692		$ 183,692	6.0		6.0
Fringe Benefits	$ 94,908	$ 834	$ 95,742			-
			$ -			-
Subtotal Quality Mgmt/Data Reporting	$ 401,464	$ 5,792	$ 407,256	8.0	0.1	8.1

Personnel Expenses Scope of Work Category	CT Operations Direct Project Cost $	Corporate Allocation $	Total Cost	CT Operations FTE	Corporate FTE	Total FTE
Staff Training						
Management (specify type)	$ -	$ 8,000	$ 8,000	-	0.1	0.1
Staff (specify type)	$ 33,784		$ 33,784	1.0		1.0
Fringe Benefits	$ 10,459	$ 1,346	$ 11,805			-
			$ -			-
Subtotal Staff Training	$ 44,243	$ 9,346	$ 53,589	1.0	0.1	1.1
Data systems / IT Support						
Management (specify type)	$ -	$ 43,445	$ 43,445	-	0.8	0.8
Staff (specify type)	$ -		$ -	-		-
Fringe Benefits	$ -	$ 7,308	$ 7,308			-
			$ -			-

Subtotal Data/IT Support	$ -	$ 50,753	$ 50,753	-	0.8	0.8

Authorization; Client Status Management						
Management (specify type)	$ 76,859	$ -	$ 76,859	1.0	-	1.0
Staff (specify type)	$ 96,183		$ 96,183	3.0		3.0
Fringe Benefits	$ 53,573	$ -	$ 53,573			-
			$ -			-
Subtotal Auth/CSM	$ 226,614	$ -	$ 226,614	4.0	-	4.0

Claims Management						
Management (specify type)	$ -	$ 11,524	$ 11,524	-	0.2	0.2
Staff (specify type)	$ 280,270		$ 280,270	11.0		11.0
Fringe Benefits	$ 86,770	$ 1,939	$ 88,709			-
			$ -			-
Subtotal Claims Management	$ 367,040	$ 13,463	$ 380,503	11.0	0.2	11.2

Other Personnel (Other)						
Management (specify type)	$ -	$ 29,868	$ 29,868	-	0.2	0.2
Staff (specify type)	$ -		$ -	-		-
Fringe Benefits	$ -	$ 5,024	$ 5,024			-
			$ -			-
Subtotal Other Personnel	$ -	$ 34,892	$ 34,892	-	0.2	0.2

Total Personnel						
Management	$ 520,287	$ 188,379	$ 708,666	6.8	2.6	9.4
Staff	$ 2,637,256	$ -	$ 2,637,256	98.8	-	98.8
Fringe Benefits	$ 977,556	$ 31,689	$ 1,009,245	-	-	-
FTE Reduction Salary and Benefits - 2 ATC, 1-UR Specialist, 1-Claims Processor	$ (123,334)					
Fringe Benefits % of Salaries	31.0%	16.8%	30.2%			

Other Direct Costs			
Connecticut Occupancy Cost			
Lease or Rental	$ 398,882	$ 12,869	$ 411,751
Facility	$ 9,888	$ 257	$ 10,145
Fixtures and Furniture (depreciable assets)	$ 8,544	$ 1,098	$ 9,642
Utility - included in rent	$ -	$ 1,848	$ 1,848
Maintenance and Repair	$ 18,001	$ 2,022	$ 20,024
Janitorial	$ -	$ 830	$ 830
Subtotal Occupancy Expenses	$ 435,315	$ 18,925	$ 454,240

Office Support Expenses			
Office Supplies	$ 69,782	$ 6,842	$ 76,624
Office Equipment	$ -	$ -	$ -
Printing	$ -	$ -	$ -
Postage/Freight	$ 114,530	$ -	$ 114,530
Other: Adjustment for Office	$ -	$ -	$ -
Subtotal Office Support	$ 184,312	$ 6,842	$ 191,154

Processing Expenses			
Telephone/Telecommunications	$ -	$ -	$ -
Consulting Fees	$ -	$ -	$ -
Accounting Services	$ -	$ -	$ -

Offsite Tape Vaulting	$ -	$ -	$ -
Other	$ -	$ -	$ -
Subtotal Processing	$ -	$ -	$ -

Equipment			
Computer/IT Equipment (depreciable assets)	$ 59,192	$ 7,610	$ 66,801
Computer/IT Equip. Repair/Main.	$ -	$ 15,567	$ 15,567
Copy Equipment	$ 52,981	$ 2,938	$ 55,919
Copy Equip. Repair/Main.	$ -	$ -	$ -
Telecom Equipment (depreciable assets)	$ 13,440	$ 1,728	$ 15,168
Telecom Usage	$ 347,122	$ 6,540	$ 353,662
Telecom Repair/Main.	$ -	$ 486	$ 486
Other Equipment (specify)	$ 19,931	$ 443	$ 20,374
Other Equip. Repair/Main.	$ -	$ -	$ -
Equipment Rental	$ -	$ -	$ -
Subtotal Equipment	$ 492,664	$ 35,312	$ 527,977

Software Expenses			
Software Expenses	$ -	$ -	$ -
Software Maintenance	$ -	$ -	$ -
Subtotal Software	$ -	$ -	$ -

Administrative Expenses			
Reduction due to reduction of 4 FTEs	$ (26,073)	$ -	$ (26,073)
Travel and Related Costs	$ 30,177	$ 24,753	$ 54,930
Business Meetings	$ -	$ -	$ -
Staff Training	$ 7,675	$ 9,286	$ 16,961
Professional Fees	$ -	$ -	$ -
Consulting and Outside Services	$ -	$ 25,642	$ 25,642
Legal	$ 116,087	$ 13,128	$ 129,215
Audit/Accounting	$ 41,200	$ 5,877	$ 47,077
Advertising	$ -	$ 1,142	$ 1,142
Insurance	$ 7,210	$ 18,941	$ 26,151
Taxes	$ 3,408	$ 1,268	$ 4,676
Licenses	$ 43	$ 51	$ 94
Other (specify)	$ 102,988	$ 3,104	$ 106,092
Subtotal Administrative	$ 282,714	$ 103,192	$ 385,906

Total Other Direct Expense	$ 1,395,006	$ 164,271	$ 1,559,277
Total Personnel and Other Direct Expenses	$ 5,406,770	$ 384,340	$ 5,791,110
Corporate Allocation (additional allocation not otherwise reflected above)			$ -

Profit 7.5%						
Grand Total Expenses	$ 5,406,770	$ 384,340	$ 5,791,110			
Note: Grand Total does not include Profit						
Annual Overall Change	Year 2	Year 3	Year 4	Year 5		
Total Cost	$ 5,791,110	$ 6,043,481	$ 6,331,817	$ 6,630,424		
% + (-)		4.4%	4.8%	4.7%		
$ increase/(decrease)		$ 252,371	$ 288,336	$ 298,607		

Connecticut Non-emergency Medical Transportation Budget/Invoice Template

Indicate Calendar Year Budget Use:

2012 Start-Up ☐ 2013 X 2014 ☐ 2015 ☐ 2016

Personnel Expenses Scope of Work Category	CT Operations Direct Project Cost $	Corporate Allocation $	Total Cost	CT Operations FTE	Corporate FTE	Total FTE
Administration						
Project Manager	$ 91,665		$ 91,665	0.8		0.8
Other Management (specify)	$ 102,990	$ 77,749	$ 180,739	1.0	0.7	1.7
Other Administration Staff	$ 32,623		$ 32,623	1.0		1.0
Fringe Benefits	$ 70,364	$ 13,079	$ 83,442			-
			$ -			-
Subtotal Administration	$ 297,641	$ 90,828	$ 388,469	2.8	0.7	3.5
Call Center/Client Services						
Management (specify type)	$ 83,688	$ 7,030	$ 90,718	1.0	0.2	1.2
Staff (specify type)	$ 1,121,031		$ 1,121,031	43.0		43.0
Fringe Benefits	$ 372,974	$ 1,183	$ 374,156			-
FTE Reduction Salary and Benefits - 2 ATC, 1-UR Specialist, 1-Claims Processor	$ (123,334)		$ (123,334)			-
Subtotal Call Center	$ 1,454,359	$ 8,213	$ 1,462,572	44.0	0.2	44.2
Operations: Provider Services; Network Maint.; Trip Assignment						
Management (specify type)	$ 51,839	$ 8,522	$ 60,361	1.0	0.2	1.2
Staff (specify type)	$ 1,001,956		$ 1,001,956	35.8		35.8
Fringe Benefits	$ 326,248	$ 1,434	$ 327,682			-
			$ -			-
Subtotal Operations	$ 1,380,043	$ 9,956	$ 1,389,999	36.8	0.2	37.0
Quality Management / Data Reporting						
Management (specify type)	$ 126,550	$ 5,107	$ 131,657	2.0	0.1	2.1
Staff (specify type)	$ 189,203		$ 189,203	6.0		6.0
Fringe Benefits	$ 97,755	$ 859	$ 98,614			-
			$ -			-
Subtotal Quality Mgmt/Data Reporting	$ 413,508	$ 5,966	$ 419,474	8.0	0.1	8.1

Personnel Expenses Scope of Work Category	CT Operations Direct Project Cost $	Corporate Allocation $	Total Cost	CT Operations FTE	Corporate FTE	Total FTE
Staff Training						
Management (specify type)	$ -	$ 8,240	$ 8,240	-	0.1	0.1
Staff (specify type)	$ 34,798		$ 34,798	1.0		1.0
Fringe Benefits	$ 10,773	$ 1,386	$ 12,159			-
			$ -			-
Subtotal Staff Training	$ 45,571	$ 9,626	$ 55,197	1.0	0.1	1.1
Data systems / IT Support						
Management (specify type)	$ -	$ 44,748	$ 44,748	-	0.8	0.8
Staff (specify type)	$ -		$ -	-		-
Fringe Benefits	$ -	$ 7,527	$ 7,527			-
			$ -			-
Subtotal Data/IT Support	$ -	$ 52,276	$ 52,276	-	0.8	0.8

Authorization; Client Status Management						
Management (specify type)	$ 79,164	$ -		1.0	-	
Staff (specify type)	$ 99,069		$ 99,069	3.0		3.0
Fringe Benefits	$ 55,180	$ -	$ 55,180			-
			$ -			-
Subtotal Auth/CSM	$ 233,413				-	

Claims Management						
Management (specify type)	$ -	$ 11,870	$ 11,870	-	0.2	0.2
Staff (specify type)	$ 288,678		$ 288,678	11.0		11.0
Fringe Benefits	$ 89,373	$ 1,997	$ 91,370			-
			$ -			-
Subtotal Claims Management	$ 378,052	$ 13,867	$ 391,918	11.0	0.2	11.2

Other Personnel (Other)						
Management (specify type)	$ -	$ 30,764	$ 30,764	-	0.2	0.2
Staff (specify type)	$ -		$ -	-		-
Fringe Benefits	$ -	$ 5,175	$ 5,175			-
			$ -			-
Subtotal Other Personnel	$ -	$ 35,939	$ 35,939	-	0.2	0.2

Total Personnel						
Management	$ 535,895	$ 194,031	$ 650,762	6.8	2.6	8.4
Staff	$ 2,767,357	$ -	$ 2,767,357	100.8	-	100.8
Fringe Benefits	$ 1,022,667	$ 32,640	$ 1,055,306	-	-	-
FTE Reduction Salary and Benefits - 2 ATC, 1-UR Specialist, 1-Claims Processor	$ (123,334)					
Fringe Benefits % of Salaries	31.0%	16.8%	30.9%			

Other Direct Costs			
Connecticut Occupancy Cost			
Lease or Rental	$ 420,671	$ 13,255	$ 433,926
Facility	$ 10,185	$ 265	$ 10,450
Fixtures and Furniture (depreciable assets)	$ 8,544	$ 1,131	$ 9,675
Utility - included in rent	$ -	$ 1,904	$ 1,904
Maintenance and Repair	$ 18,541	$ 2,083	$ 20,625
Janitorial	$ -	$ 854	$ 854
Subtotal Occupancy Expenses	$ 457,942	$ 19,493	$ 477,434

Office Support Expenses			
Office Supplies	$ 71,875	$ 7,047	$ 78,922
Office Equipment	$ -	$ -	$ -
Printing	$ -	$ -	$ -
Postage/Freight	$ 117,966	$ -	$ 117,966
Other: Adjustment for Office	$ -	$ -	$ -
Subtotal Office Support	$ 189,841	$ 7,047	$ 196,889

Processing Expenses			
Telephone/Telecommunications	$ -	$ -	$ -
Consulting Fees	$ -	$ -	$ -
Accounting Services	$ -	$ -	$ -
Offsite Tape Vaulting	$ -	$ -	$ -

Other	$ -	$ -	$ -
Subtotal Processing	$ -	$ -	$ -

Equipment			
Computer/IT Equipment (depreciable assets)	$ 59,192	$ 7,838	$ 67,030
Computer/IT Equip. Repair/Main.	$ -	$ 16,034	$ 16,034
Copy Equipment	$ 54,570	$ 3,026	$ 57,596
Copy Equip. Repair/Main.	$ -	$ -	$ -
Telecom Equipment (depreciable assets)	$ 13,440	$ 1,780	$ 15,220
Telecom Usage	$ 357,535	$ 6,736	$ 364,271
Telecom Repair/Main.	$ -	$ 501	$ 501
Other Equipment (specify)	$ 20,528	$ 457	$ 20,985
Other Equip. Repair/Main.	$ -	$ -	$ -
Equipment Rental	$ -	$ -	$ -
Subtotal Equipment	$ 505,265	$ 36,371	$ 541,637

Software Expenses			
Software Expenses	$ -	$ -	$ -
Software Maintenance	$ -	$ -	$ -
Subtotal Software	$ -	$ -	$ -

Administrative Expenses			
Reduction due to reduction of 4 FTEs	$ (26,073)	$ -	$ (26,073)
Travel and Related Costs	$ 31,082	$ 25,495	$ 56,578
Business Meetings	$ -	$ -	$ -
Staff Training	$ 7,905	$ 9,564	$ 17,470
Professional Fees	$ -	$ -	$ -
Consulting and Outside Services	$ -	$ 26,412	$ 26,412
Legal	$ 119,569	$ 13,522	$ 133,092
Audit/Accounting	$ 42,436	$ 6,053	$ 48,489
Advertising	$ -	$ 1,176	$ 1,176
Insurance	$ 7,426	$ 19,509	$ 26,935
Taxes	$ 3,510	$ 1,306	$ 4,816
Licenses	$ 44	$ 52	$ 96
Other (specify)	$ 106,078	$ 3,197	$ 109,275
Subtotal Administrative	$ 291,978	$ 106,288	$ 398,266

Total Other Direct Expense	$ 1,445,026	$ 169,199	$ 1,614,225
Total Personnel and Other Direct Expenses	$ 5,647,611	$ 395,870	$ 6,043,481
Corporate Allocation (additional allocation not otherwise reflected above)			$ -

Profit 7.5%						
Grand Total Expenses	$ 5,647,611	$ 395,870	$ 6,043,481			
Note: Grand Total does not include Profit						
Annual Overall Change	Year 2	Year 3	Year 4	Year 5		
Total Cost	$ 5,791,110	$ 6,043,481	$ 6,331,817	$ 6,630,424		
% + (-)		4.4%	4.8%	4.7%		
$ increase/(decrease)		$ 252,371	$ 288,336	$ 298,607		

Connecticut Non-emergency Medical Transportation Budget/Invoice Template

Indicate Calendar Year Budget Use:

2012 Start-Up ☐ 2013 2014 X 2015 ☐ 2016

Personnel Expenses Scope of Work Category	CT Operations Direct Project Cost $	Corporate Allocation $	Total Cost	CT Operations FTE	Corporate FTE	Total FTE
Administration						
Project Manager	$ 94,415		$ 94,415	0.8		0.8
Other Management (specify)	$ 106,079	$ 80,082	$ 186,161	1.0	0.7	1.7
Other Administration Staff	$ 33,601		$ 33,601	1.0		1.0
Fringe Benefits	$ 72,474	$ 13,471	$ 85,946			-
			$ -			-
Subtotal Administration	$ 306,570	$ 93,553	$ 400,123	2.8	0.7	3.5

Call Center/Client Services						
Management (specify type)	$ 86,199	$ 7,241	$ 93,440	1.0	0.2	1.2
Staff (specify type)	$ 1,180,859		$ 1,180,859	44.0		44.0
Fringe Benefits	$ 392,273	$ 1,218	$ 393,491			-
FTE Reduction Salary and Benefits - 2 ATC, 1-UR Specialist, 1-Claims Processor	$ (123,334)		$ (123,334)			-
Subtotal Call Center	$ 1,535,997	$ 8,459	$ 1,544,456	45.0	0.2	45.2

Operations: Provider Services; Network Maint.; Trip Assignment						
Management (specify type)	$ 53,394	$ 8,778	$ 62,172	1.0	0.2	1.2
Staff (specify type)	$ 1,085,651		$ 1,085,651	37.8		37.8
Fringe Benefits	$ 352,641	$ 1,477	$ 354,118			-
			$ -			-
Subtotal Operations	$ 1,491,686	$ 10,255	$ 1,501,941	38.8	0.2	39.0

Quality Management / Data Reporting						
Management (specify type)	$ 130,346	$ 5,260	$ 135,606	2.0	0.1	2.1
Staff (specify type)	$ 194,879		$ 194,879	6.0		6.0
Fringe Benefits	$ 100,688	$ 885	$ 101,573			-
			$ -			-
Subtotal Quality Mgmt/Data Reporting	$ 425,913	$ 6,145	$ 432,058	8.0	0.1	8.1

Personnel Expenses Scope of Work Category	CT Operations Direct Project Cost $	Corporate Allocation $	Total Cost	CT Operations FTE	Corporate FTE	Total FTE
Staff Training						
Management (specify type)	$ -	$ 8,487	$ 8,487	-	0.1	0.1
Staff (specify type)	$ 35,841		$ 35,841	1.0		1.0
Fringe Benefits	$ 11,096	$ 1,428	$ 12,524			-
			$ -			-
Subtotal Staff Training	$ 46,938	$ 9,915	$ 56,853	1.0	0.1	1.1

Data systems / IT Support						
Management (specify type)	$ -	$ 46,091	$ 46,091	-	0.8	0.8
Staff (specify type)	$ -		$ -	-		-
Fringe Benefits	$ -	$ 7,753	$ 7,753			-
			$ -			-
Subtotal Data/IT Support	$ -	$ 53,844	$ 53,844	-	0.8	0.8

Authorization; Client Status Management							
Management (specify type)	$ 81,539	$ -			1.0	-	
Staff (specify type)	$ 102,041		$ 102,041		3.0		3.0
Fringe Benefits	$ 56,835	$ -	$ 56,835				-
			$ -				-
Subtotal Auth/CSM	$ 240,415	$ -	$ 158,876		4.0	-	3.0

Claims Management							
Management (specify type)	$ -	$ 12,226	$ 12,226		-	0.2	0.2
Staff (specify type)	$ 297,339		$ 297,339		11.0		11.0
Fringe Benefits	$ 92,054	$ 2,057	$ 94,111				-
			$ -				-
Subtotal Claims Management	$ 389,393	$ 14,283	$ 403,676		11.0	0.2	11.2

Other Personnel (Other)							
Management (specify type)	$ -	$ 31,687	$ 31,687		-	0.2	0.2
Staff (specify type)	$ -		$ -		-		-
Fringe Benefits	$ -	$ 5,330	$ 5,330				-
			$ -				-
Subtotal Other Personnel	$ -	$ 37,017	$ 37,017		-	0.2	0.2

Total Personnel							
Management	$ 551,972	$ 199,852	$ 670,284		6.8	2.6	8.4
Staff	$ 2,930,211	$ -	$ 2,930,211		103.8	-	103.8
Fringe Benefits	$ 1,078,062	$ 33,619	$ 1,111,681		-	-	-
FTE Reduction Salary and Benefits - 2 ATC, 1-UR Specialist, 1-Claims Processor	$ (123,334)						
Fringe Benefits % of Salaries	31.0%	16.8%	30.9%				

Other Direct Costs			
Connecticut Occupancy Cost			
Lease or Rental	$ 433,728	$ 13,653	$ 447,380
Facility	$ 10,490	$ 273	$ 10,763
Fixtures and Furniture (depreciable assets)	$ 8,544	$ 1,165	$ 9,709
Utility - included in rent	$ -	$ 1,961	$ 1,961
Maintenance and Repair	$ 19,098	$ 2,146	$ 21,243
Janitorial	$ -	$ 880	$ 880
Subtotal Occupancy Expenses	$ 471,860	$ 20,078	$ 491,937

Office Support Expenses			
Office Supplies	$ 74,031	$ 7,259	$ 81,290
Office Equipment	$ -	$ -	$ -
Printing	$ -	$ -	$ -
Postage/Freight	$ 121,505	$ -	$ 121,505
Other: Adjustment for Office	$ -	$ -	$ -
Subtotal Office Support	$ 195,536	$ 7,259	$ 202,795

Processing Expenses			
Telephone/Telecommunications	$ -	$ -	$ -
Consulting Fees	$ -	$ -	$ -
Accounting Services	$ -	$ -	$ -
Offsite Tape Vaulting	$ -	$ -	$ -

Other	$ -	$ -	$ -
Subtotal Processing	$ -	$ -	$ -

Equipment			
Computer/IT Equipment (depreciable assets)	$ 59,192	$ 8,073	$ 67,265
Computer/IT Equip. Repair/Main.	$ -	$ 16,515	$ 16,515
Copy Equipment	$ 56,207	$ 3,117	$ 59,324
Copy Equip. Repair/Main.	$ -	$ -	$ -
Telecom Equipment (depreciable assets)	$ 13,440	$ 1,833	$ 15,273
Telecom Usage	$ 368,261	$ 6,938	$ 375,200
Telecom Repair/Main.	$ -	$ 516	$ 516
Other Equipment (specify)	$ 21,144	$ 470	$ 21,615
Other Equip. Repair/Main.	$ -	$ -	$ -
Equipment Rental	$ -	$ -	$ -
Subtotal Equipment	$ 518,244	$ 37,463	$ 555,707

Software Expenses			
Software Expenses	$ -	$ -	$ -
Software Maintenance	$ -	$ -	$ -
Subtotal Software	$ -	$ -	$ -

Administrative Expenses			
Reduction due to reduction of 4 FTEs	$ (26,073)	$ -	$ (26,073)
Travel and Related Costs	$ 32,015	$ 26,260	$ 58,275
Business Meetings	$ -	$ -	$ -
Staff Training	$ 8,142	$ 9,851	$ 17,994
Professional Fees	$ -	$ -	$ -
Consulting and Outside Services	$ -	$ 27,204	$ 27,204
Legal	$ 123,156	$ 13,928	$ 137,084
Audit/Accounting	$ 43,709	$ 6,235	$ 49,944
Advertising	$ -	$ 1,212	$ 1,212
Insurance	$ 7,649	$ 20,094	$ 27,743
Taxes	$ 3,615	$ 1,346	$ 4,961
Licenses	$ 46	$ 54	$ 99
Other (specify)	$ 109,260	$ 3,293	$ 112,553
Subtotal Administrative	$ 301,519	$ 109,477	$ 410,996

Total Other Direct Expense	$ 1,487,160	$ 174,275	$ 1,661,435
Total Personnel and Other Direct Expenses	$ 5,924,072	$ 407,746	$ 6,331,817
Corporate Allocation (additional allocation not otherwise reflected above)			$ -

Profit 7.5%						
Grand Total Expenses	$ 5,924,072	$ 407,746	$ 6,331,817			
Note: Grand Total does not include Profit						
Annual Overall Change	Year 2	Year 3	Year 4	Year 5		
Total Cost	$ 5,791,110	$ 6,043,481	$ 6,331,817	$ 6,630,424		
% + (-)		4.4%	4.8%	4.7%		
$ increase/(decrease)		$ 252,371	$ 288,336	$ 298,607		