**Technical Response**

**Option 2: Disproportionate Share Hospital Payment Calculation (DSH) and UPL Demonstration**

**Attachment A**

**Request for Proposal Number 6325 Z1**

Bidder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidders should respond to the Bidder Responses using the format provided and must not change the order or number of the responses.

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| **Bidder Responses** | |
| **DSH Payment Calculation and UPL DEMONSTION** | |
| 2.1 | Provide sample DSH survey to be administered to Nebraska hospitals, as identified in RFP section V. B. 3. |
| Bidder Response: |
| 2.2 | Demonstrate, as identified in RFP section V. B. 3, how to calculate the components of the DSH payment methodology, including, but not limited to:   * + - * 1. Medicaid Inpatient Utilization Rate (MIUR)         2. Estimate the current year hospital specific DSH Upper Payment Limit         3. Payments for Pool 1 through Pool 5 |
| Bidder Response: |
| 2.3 | Describe how to prepare preliminary DSH payment calculations for the State’s review and approval, as identified in RFP section V. B. 3. |
| Bidder Response: |
| 2.4 | Provide an individual DSH payment sample notification letter for a hospital eligible for a DSH payment, as identified in RFP section V. B. 3. |
| Bidder Response: |
| 2.5 | Provide a final worksheet sample, reflecting DSH payments by hospital and by Pool, as identified in RFP section V. B. 3. |
| Bidder Response: |
| 2.6 | Provide a draft work plan that details the requirements of the UPL demonstration as identified in RFP section V. B. 5. |
| Bidder Response: |