

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.

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: <ol style="list-style-type: none"> 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: