# Cost Proposal

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

Request for Proposal Number 6325 Z1

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

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| --- | --- | --- | --- |
| **Description** | **Quantity** | **UOM** | **Initial Contract Term****Years 1 - 5** |
| DSH Payment Calculation and UPL Demonstration |
| DSH Payment Calculation | 5 | YR |  |
| UPL Demonstration FFS Only | 5 | YR |  |
| UPL Demonstration Entire Medicaid Population | 5 | YR |  |

RENEWAL PRICING

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Quantity** | **UOM** | **FIRST OPTIONAL Renewal** **YEAR 1** | **FIRST OPTIONAL Renewal****Year 2** | **SECOND OPTIONAL Renewal****Year 1** | **SECOND OPTIONAL Renewal****Year 2** | **THIRD OPTIONAL Renewal****Year 1** | **THIRD OPTIONAL Renewal****Year 2** |
| DSH Payment Calculation and UPL Demonstration |
| DSH Payment Calculation | 1 | YR |  |  |  |  |  |  |
| UPL Demonstration FFS Only | 1 | YR |  |  |  |  |  |  |
| UPL Demonstration Entire Medicaid Population | 1 | YR |  |  |  |  |  |  |