# REVISED Cost Proposal

Option 6: Hospital Inpatient Reimbursement

Request for Proposal Number 6325 Z1

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

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| --- | --- | --- | --- |
| **Description** | **Quantity** | **UOM** | **Initial Contract Term**  **Years 1 - 5** |
| HOSPITAL REIMBURSEMENT | | | |
| APR-DRG Rebasing Fiscal Impact Analysis & Recommendations | 5 | YR |  |
| Non-DRG Rebasing (estimated quantity) | 2 | YR |  |
| ASC EAPG Implementation | 1 | EA |  |
| ASC EAPG Rebasing/updates (estimated quantity) | 4 | YR |  |
| EAPG Hospital Rebasing/updates (estimated quantity) | 4 | 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** |
|  |  |  | HOSPITAL REIMBURSEMENT | | | | | | | |
| APR-DRG Rebasing Fiscal Impact Analysis & Recommendations | | | 1 | YR |  |  |  |  |  |  |
| Non-DRG Rebasing (estimated quantity) | | | 1 | YR |  |  |  |  |  |  |
| ASC EAPG Rebasing/updates (estimated quantity) | | | 1 | YR |  |  |  |  |  |  |
| EAPG Hospital Rebasing/updates (estimated quantity) | | | 1 | YR |  |  |  |  |  |  |