

REVISED Cost Proposal
Option 6: Hospital Inpatient Reimbursement
Request for Proposal Number 6325 Z1

Bidder Name: _____

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						