# REVISED Cost Proposal

**Option 7**

Request for Proposal Number 6325 Z1

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Quantity** | **UOM** | **Initial Contract Term**  **Years 1 - 5** |
| LONG TERM CARE REIMBURSEMENT | | | |
| Rate Reimbursement | 5 | YR |  |
| Field Audit (estimated quantity) | 80 | EA |  |
| DSH Payment Calculation and UPL Demonstration | | | |
| DSH Payment Calculation | 5 | YR |  |
| UPL Demonstration FFS Only | 5 | YR |  |
| UPL Demonstration Entire Medicaid Population | 5 | YR |  |
| DHS Audit | | | |
| DSH Audit | 5 | YR |  |
| STATE UNIT ON AGING FUNDING FORMULAS | | | |
| Completed automated template for OAA, CASA, ADRC, and Care Management (pricing is inclusive for OAA, CASA, ADRC, and Care Management template(s)) | 1 | EA |  |
| Maintenance and support of the automated template (estimated quantity) | 50 | HR |  |
| SUPPLEMENTAL/DIRECTED PAYMENTS CALCULATION | | | |
| Quarterly supplemental/directed payment calculation | 20 | QTR |  |
| 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** |
| LONG TERM CARE REIMBURSEMENT | | | | | | | | |
| Rate Reimbursement | 1 | YR |  |  |  |  |  |  |
| Field Audit (estimated quantity) | 7 | EA |  |  |  |  |  |  |
| DSH Payment Calculation and UPL Demonstration | | | | | | | | |
| DSH Payment Calculation | 1 | YR |  |  |  |  |  |  |
| UPL Demonstration FFS Only | 1 | YR |  |  |  |  |  |  |
| UPL Demonstration Entire Medicaid Population | 1 | YR |  |  |  |  |  |  |
| DSH Audit | | | | | | | | |
| DSH Audit | 1 | YR |  |  |  |  |  |  |
| STATE UNIT ON AGING FUNDING FORMULAS | | | | | | | | |
| Maintenance and support of the automated template (estimated quantity) | 25 | HR |  |  |  |  |  |  |
| SUPPLEMENTAL/DIRECTED PAYMENTS CALCULATION | | | | | | | | |
| Quarterly supplemental/directed payment calculation | 4 | QTR |  |  |  |  |  |  |
| HOSPITAL INPATIENT 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 |  |  |  |  |  |  |