

**Cost Proposal**  
**Option 2: Disproportionate Share Hospital Payment Calculation (DSH) and UPL Demonstration**  
**Request for Proposal Number 6325 Z1**

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

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						