Instructions:

1. Where indicated in Table A, Initial Contract below, the respondent shall propose a one-time fixed cost to complete all implementation tasks and activities as specified in the Agency-approved final implementation plan for the initial five (5) year Contract term.
2. Where indicated in Table A, Initial Contract below, in Categories A through L, the respondent shall propose a fixed unit cost for SFY 2020-2021, SFY 2021-2022, SFY 2022-2023, SFY 2023-2024 and SFY 2024-2025 Operations.
3. The respondent must include the required Exhibit A-5-a, Detailed Budget with this cost proposal, to support and justify its proposed one-time fixed implementation cost, and each of its proposed Category fixed unit operation year costs for the initial five (5) year Contract term.
4. Where indicated in Table B below, in Categories A through L, the respondent shall propose a fixed unit cost for SFY 2025-2026, SFY 2026-2027, SFY 2027-2028, SFY 2028-2029 and SFY 2029-2030 Renewal Period Operations.
5. The respondent must include the required Exhibit A-5-b, Renewal Period Detailed Budget with this cost proposal, to justify and explain each of its proposed Category fixed unit operation year costs for Renewal Period Operations.

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| TABLE A – INITIAL CONTRACT | |
| Implementation Cost | |
| Proposed Fixed One-Time Implementation Cost | $ |
| CATEGORY A – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Validation of Performance Improvement Projects | |
| Proposed Fixed Unit Cost per Performance Improvement Plan | $ |
| CATEGORY B – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Validation of Performance Measures | |
| Proposed Fixed Unit Cost per Health Plan | $ |
| CATEGORY C – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Review of Compliance with Federal Standards | |
| Proposed Hourly Rate per Completed Required Services | $ |
| CATEGORY D – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Review of Network Adequacy | |
| Proposed Fixed Unit Cost per Health Plan | $ |
| CATEGORY E – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Encounter Data Validation | |
| Proposed Fixed Unit Cost per Comparative Analysis Per Health Plan | $ |
| Proposed Fixed Unit Cost per Medical Record Review Per Health Plan | $ |
| CATEGORY F – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Annual Technical Report | |
| Proposed Fixed Unit Cost per Report | $ |
| CATEGORY G – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Dissemination and Meetings | |
| Proposed Fixed Unit Cost per Medicaid Quality Meeting | $ |
| Proposed Fixed Unit Cost per Quarter for Maintenance of Secure Web Portal | $ |
| CATEGORY H – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Administration of Provider Satisfaction Surveys | |
| Proposed Fixed Unit Cost per Documented Completion of Administering a Survey | $ |
| Proposed Fixed Unit Cost per Report | $ |
| CATEGORY I – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Quality Initiatives | |
| **Proposed Hourly Rate per Documented Completion of Services** | $ |
| **Proposed Fixed Unit Cost per Report** | $ |
| CATEGORY J – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Technical Assistance on External Quality Review  Related Projects | |
| Proposed Hourly Rate per Completed Technical Assistance | $ |
| CATEGORY K & L – Year One (1) through Year Five (5) Operations  (July 1, 2020 through June 30, 2025)  Managed Medical Assistance Program Waiver Program and the  Long-Term Care Waiver Program Comprehensively | |
| Proposed Fixed Unit Cost per Report | $ |

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| TABLE B – RENEWAL PRICING | |
| CATEGORY A – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Validation of Performance Improvement Projects | |
| Proposed Fixed Unit Cost per Performance Improvement Plan | $ |
| CATEGORY B – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Validation of Performance Measures | |
| Proposed Fixed Unit Cost per Health Plan | $ |
| CATEGORY C – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Review of Compliance with Federal Standards | |
| Proposed Hourly Rate per Completed Required Services | $ |
| CATEGORY D – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Review of Network Adequacy | |
| Proposed Fixed Unit Cost per Health Plan | $ |
| CATEGORY E – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Encounter Data Validation | |
| Proposed Fixed Unit Cost per Comparative Analysis Per Health Plan | $ |
| Proposed Fixed Unit Cost per Medical Record Review Per Health Plan | $ |
| CATEGORY F – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Annual Technical Report | |
| Proposed Fixed Unit Cost per Report | $ |
| CATEGORY G – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Dissemination and Meetings | |
| Proposed Fixed Unit Cost per Medicaid Quality Meeting | $ |
| Proposed Fixed Unit Cost per Quarter for Maintenance of Secure Web Portal | $ |
| CATEGORY H – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Administration of Provider Satisfaction Surveys | |
| Proposed Fixed Unit Cost per Documented Completion of Administering a Survey | $ |
| Proposed Fixed Unit Cost per Report | $ |
| CATEGORY I – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Quality Initiatives | |
| **Proposed Hourly Rate per Documented Completion of Services** | $ |
| **Proposed Fixed Unit Cost per Report** | $ |
| CATEGORY J – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Technical Assistance on External Quality Review  Related Projects | |
| Proposed Hourly Rate per Completed Technical Assistance | $ |
| CATEGORY K & L – Year Six (6) through Year Ten (10) Operations  (July 1, 2025 through June 30, 2030)  Managed Medical Assistance Program Waiver Program and the  Long-Term Care Waiver Program Comprehensively | |
| Proposed Fixed Unit Cost per Report | $ |

**Respondent Name**

**Authorized Official Signature**  **Date**

**Authorized Official Printed Name**

**Authorized Official Title**

1. The intent of this solicitation is to solicit a firm fixed price implementation fee; a fixed unit cost operations fee for the remainder of the original term of the resulting Contract; a fixed monthly operations fee for any renewal period; and a fixed unit cost operations fee for the optional expansion of existing services.
2. **Exhibit A-5, Cost Proposal, shall not include a cost that exceeds the maximum contract amount listed in Attachment A, Instructions and Special Conditions, Section A.1., Instructions, Sub-Section A., Overview, Item 13., Type and Amount of Contract Contemplated.** **A response which contains a cost proposal that exceeds the Agency’s maximum contract amount will be rejected.**
3. The Agency will not agree to caveat language for pricing within this Exhibit A-5, Cost Proposal, including Exhibits A-5-a, Detailed Budget and A-5-b, Renewal Period Detailed Budget. Responses which include caveat language for pricing will be viewed as a conditional response and the Agency may reject the response at its sole discretion.
4. In the event the resulting Contract is renewed, the costs outlined in Exhibits A-5, Cost Proposal and A-5-b, Renewal Period Detailed Budget shall apply for the renewal period(s).
5. Failure to submit Exhibit A-5, Cost Proposal, signed by an authorized official may result in the rejection of response.

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