

State Health Benefits Program
Surgical Center of Excellence (COE) RFQ- Price Sheet
Administrative Fees

Bidder Name:	
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Instructions: Contractor must complete all gold shaded areas above and below, as applicable. All administrative fees must be disclosed on this sheet and collectively will be the Administrative Fee as defined throughout this RFQ. Failure to complete all gold shaded areas shall render the Bidder non-responsive.

Note that the State may choose to forego any programs with additional fees not included in the percentage of procedure cost administrative fee and is under no obligation to pay these additional fees in those circumstances.

Each of the Price Sheet tabs are intended be reviewed in conjunction with each of the corresponding sections of the RFQ procurement document.

Pricing Model and Fees	
	<p>The Contractor shall provide a pricing model that links their administrative costs (i.e. your fee(s)) to utilization. This pricing model shall reflect pricing based on a percentage per procedure where the client keeps all savings after the percentage per procedure charged.</p> <p>Note: Your proposed percentage of procedure cost shall include all services necessary for smooth operation of the Surgical COE program. The proposed percentage must be consistent across all services, and all procedures.</p> <p>Percentage Per Procedure for Duration of Contract:</p>
	Comments on pricing model to be shared on "Admin Fee Additional Details" tab
	Does your proposed percentage of procedure cost pricing include:
	<p>Consults that do not result in a surgery.</p> <p>Care coordination including surgeon selection, medical record transfer, appointment scheduling and managing transitions of care post-procedure.</p> <p>Travel support, if necessary</p> <p>Administration of the gift card incentive</p>
	If you answered "no" to any of the above, please provide the fees associated w/ those services on the "Admin Fee Additional Details" tab.
	The State reserves the right to opt-out of any cost detailed beyond the percentage per procedure charged.
Cost Avoidance	
	<p>Anticipated dollar amount your product will save on Client's medical programs, net of program & incentive fees and travel expenses. Provide breakdown detail on savings derived from avoided surgeries and reduced complications and the assumptions you used to calculate savings.</p> <p>If more space is required to provide detailed response, please refer to the "Admin Fee Additional Details" tab.</p>
	At 5% utilization
	At 10% utilization
	At 15% utilization
	At 20% utilization

Note the following fee requirements:

Administrative Fee proposed above should be inclusive of all additional costs associated with administration of the program, including but not limited to, Implementation, Integration, Incentive Administration, Transparency Tools, Portal, Communications, Patient Concierge, Network Management and Expansion, and Program Expansion.

All fees quoted above are mature and assume that no further administrative expenses shall be charged to the Plan at termination. The Contractor shall be required to administer the Plan for a minimum of twelve months at plan termination and continue to process all claims incurred before Plan termination.

All fees quoted above shall be guaranteed for duration of the initial contract term (3 years). Fees for additional contemplated extension years assume administrative fees will increase by the lesser of 5% or the change in the urban CPI-U as of September of the year prior to the extension year, as applicable.

Network Access fees, if any, must be included in the Administrative Fee and cannot be added to claim charges.

State Health Benefits Program
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Additional Administrative Fee Details

Bidder Name:	
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Instructions: The Bidder must complete all gold shaded areas above and below, as applicable. Use this sheet to define fees included in the percentage of procedure cost and all other fee definitions; the Bidder should also provide in this tab as much detail as possible including the use of the "Other (Specify)" additional fee lines to specify any additional administrative fees not included in the percentage of procedure cost, as applicable.

Note that the State may choose to forego any programs with additional fees not included in the percentage of procedure cost and is under no obligation to pay these additional fees in those circumstances.

Each of the Price Sheet tabs are intended be reviewed in conjunction with each of the corresponding sections of the RFQ procurement document.

List of All Services Included in Percentage of Procedure Cost Admin Fee

[illegible]

Definition of "Other" services included on prior tab outside of the percentage of procedure cost admin fee (if applicable)		

[illegible]

Description of Cost Avoidance

Description (if necessary)

State Health Benefits Program
Surgical Center of Excellence (COE) RFQ- Price Sheet
Credits

Bidder Name:

Instructions: Bidder must complete all gold shaded areas above and below, as applicable. The Bidder is required to provide the minimum Credits listed below to the State. Bidder is encouraged to provide larger Credits in the various categories below for the State as part of your Quote, separate for each Enrollment Band. Please note that if a Bidder does not fill in a Credit in any of the gold shaded cells below, the Credit amounts listed in the table titled "Minimum Credit Requirements" shall apply, for all applicable Enrollment Bands. If a Bidder proposes Credit amounts that are less than those listed in the table titled "Minimum Credit Requirements", the Credit amounts in the "Minimum Credit Requirements" table shall prevail. Bidder should use the "Other (Specify)" lines to specify any additional Credits included to the State. The Bidder must include a description of what each Credit can be used for in the first chart below. Each of the Price Sheet tabs are intended be reviewed in conjunction with each of the corresponding sections of the RFQ.

Minimum Credit Requirements		
	Minimum Required Annual Credit	Bidder Description of What Credit Can Be Used For
Implementation Credit*	\$100,000	
Audit Credit**	The Year Prior to Contract Year One (1): \$100,000 Subsequent Contract Years (Annually): \$50,000	
Communication Credit	\$100,000	
Wellness Credit	\$100,000	
Integration Credit**	\$100,000	
Other (Specify)	n/a	

If the State chooses to not use all credits in a given year, in the following year, the Credit for the current year and the prior year shall be available.

For example, if the State does not do an audit in Contract Year Two (2) (of Contract Year One (1) claims), in Contract Year Three (3), both the Contract Year Two (2) and Contract Year Three (3) Credits shall be available for an audit of Contract Year One (1) claims.

*Credit shall be available beginning September 1 of the year prior to Contract Year One (1) through March 31 of Contract Year One (1); this will not be available during any other years of the contract. The State prohibits any implementation fee being charged back to the State.

**The Audit Credit for the year prior to Contract Year One (1) shall apply prior to January 1 of Contract Year One (1) and shall be used for a pre-implementation audit. The Audit Credit in following years will be used to conduct claims and medical management audits of claims in the prior calendar year.

***Integration credit shall be funds available to the State to be used to cover any costs imposed by the Bidder for the implementation of any third party vendor solutions including but not limited to file feeds, third-party coordination, or subcontractors.

Contractor must complete, at no additional cost, system and file feed integration with any designated third-parties or existing third-party member solutions currently offered to SHBP members. Future integration points after the Contract Effective Date will be funded through the Integration Credit outlined in the Price Sheet.

State Health Benefits Program
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Financial Guarantee

Bidder Name:

Instructions: Bidder must complete all gold shaded areas above and below. Each of the Price Sheet tabs are intended be reviewed in conjunction with each of the corresponding sections of the RFQ.

Note: Contractor must provide both guarantees listed below for the length of the contract. Bidder shall provide guaranteed amounts for each year of the initial RFQ term. The State requires that the guarantee amounts for any extension years be at a minimum the guarantee proposed in the final year of the RFQ. Note that any changes in the health care landscape, including but not limited to health care reform legislation, plan design changes, and other external market factors may be considered in the negotiations when setting the guarantees beyond the initial RFQ term.

Bidder is required to guarantee at least 20% of administrative fees at risk for the Maximum Bundled Payment Cap Guarantee. Bidder is encouraged to offer a larger percentage of administrative fees at risk. The percentage of fees at risk will be based on the total administrative fee dollars paid to the Contractor for services completed in each Contract Year.

The Maximum Bundled Payment Cap shall be provided and measured separately for Southern New Jersey, Northern New Jersey, and non-New Jersey claims based on the following type of service: Inpatient Facility and Outpatient Facility.

Inpatient Maximum Bundled Payment Cap unit cost guarantee – Contractor shall guarantee the average cost per admission by service category (as defined in the RFQ) will not exceed the guaranteed amount listed below.
Outpatient Maximum Bundled Payment Cap unit cost guarantee – Contractor shall guarantee the average cost per admission by service category (as defined in the RFQ) will not exceed the guaranteed amount listed below.

Note: New Jersey is split between Northern and Southern based on the geographic distinctions below:
– Northern New Jersey is all providers and facilities in the following 3-Digit Zip Codes: 070, 071, 072, 073, 074, 075, 076, 077, 078, 079, 085, 086, 089
– Southern New Jersey is all providers and facilities in the following 3-Digit Zip Codes: 080, 081,082, 083, 084, 086, 087

Bidder is encouraged to offer additional fees at risk if desired. The fees at risk are based on the full population regardless of geographic distinction.

	Bundled Payment Cap unit cost not to exceed		Bundled Payment Cap unit cost not to exceed		Cap unit cost not to exceed (if included in previous columns, please indicate so)			Fees At Risk (as a % of Total Payments received)	Book of Business Total Surgery Performed in 2023 & 2024	
	Inpatient Facility	Inpatient Professional	Outpatient Facility	Outpatient Professional	Pre-Operative Services	Post-Operative Services	Device Charge if applicable		Inpatient	Outpatient
Bariatric Lap Sleeve										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Bariatric Bypass Duodenal Switch										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Hip Replacement										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Knee Replacement										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Spine Fusion Cervical										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Spine Fusion Non Cervical										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Spine Laminectomy Laminotomy										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Knee ACL										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Knee Meniscectomy										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Knee Arthroscopy										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
All other Knee procedures										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
All other Hip procedures										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
All other Spine procedures										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Cardiac Valve										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Cardiac Bypass										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Cardiac Bypass w/o Cath										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Cardiac TAVR TAVI										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										
Cardiac Pacemaker										
Southern New Jersey										
Northern New Jersey										
Non-New Jersey										

*Based on visits invoiced to your existing customers

State Health Benefits Program
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Definitions

CPT	CATEGORY
22551	Spine_Fusion_Cervical
22552	Spine_Fusion_Cervical
22554	Spine_Fusion_Cervical
22556	Spine_Fusion_Non_Cervical
22558	Spine_Fusion_Non_Cervical
22585	Spine_Fusion_Non_Cervical
22600	Spine_Fusion_Cervical
22610	Spine_Fusion_Non_Cervical
22612	Spine_Fusion_Non_Cervical
22630	Spine_Fusion_Non_Cervical
27125	Hip_Replacement
27130	Hip_Replacement
27132	Hip_Replacement
27134	Hip_Replacement
27446	Knee_Replacement
27447	Knee_Replacement
27487	Knee_Replacement
29850	Arthroscopy_knee
29851	Arthroscopy_knee
29861	All other Hip procedures
29862	All other Hip procedures
29863	All other Hip procedures
29871	Arthroscopy_knee
29873	Arthroscopy_knee
29874	Arthroscopy_knee
29875	Arthroscopy_knee
29876	Arthroscopy_knee
29877	Arthroscopy_knee
29879	Arthroscopy_knee
29880	Knee_Menisectomy
29881	Knee_Menisectomy
29882	Arthroscopy_knee
29883	Arthroscopy_knee
29884	Arthroscopy_knee
29885	Arthroscopy_knee
29886	Arthroscopy_knee
29887	Arthroscopy_knee
29888	Knee_ACL
29889	Knee_ACL
29914	All other Hip procedures
29915	All other Hip procedures
29916	All other Hip procedures
43644	Bariatric_Bypass_Duodenal_Switch
43645	Bariatric_Bypass_Duodenal_Switch
43770	Bariatric_Lap_Sleeve
43771	Bariatric_Lap_Sleeve
43772	Bariatric_Lap_Sleeve
43773	Bariatric_Lap_Sleeve
43774	Bariatric_Lap_Sleeve
43775	Bariatric_Lap_Sleeve
43842	Bariatric_Lap_Sleeve
43843	Bariatric_Lap_Sleeve
43845	Bariatric_Bypass_Duodenal_Switch
43846	Bariatric_Bypass_Duodenal_Switch
43847	Bariatric_Bypass_Duodenal_Switch
62044	Spine_Laminectomy_Laminotomy
63001	Spine_Laminectomy_Laminotomy
63003	Spine_Laminectomy_Laminotomy
63005	Spine_Laminectomy_Laminotomy
63011	Spine_Laminectomy_Laminotomy
63012	Spine_Laminectomy_Laminotomy
63015	Spine_Laminectomy_Laminotomy
63016	Spine_Laminectomy_Laminotomy
63017	Spine_Laminectomy_Laminotomy
63020	Spine_Laminectomy_Laminotomy
63030	Spine_Laminectomy_Laminotomy
63035	Spine_Laminectomy_Laminotomy
63040	Spine_Laminectomy_Laminotomy
63042	Spine_Laminectomy_Laminotomy
63045	Spine_Laminectomy_Laminotomy
63046	Spine_Laminectomy_Laminotomy
63047	Spine_Laminectomy_Laminotomy
63048	Spine_Laminectomy_Laminotomy
63050	Spine_Laminectomy_Laminotomy
63051	Spine_Laminectomy_Laminotomy

DRG	CATEGORY
028	All other Spine procedures
029	All other Spine procedures
030	All other Spine procedures
216	Cardiac_Valve
217	Cardiac_Valve
219	Cardiac_Valve
220	Cardiac_Valve
221	Cardiac_Valve
222	Cardiac_Valve
224	Cardiac_Valve
225	Cardiac_Valve
226	Cardiac_Valve
227	Cardiac_Valve
231	Cardiac_Bypass
232	Cardiac_Bypass
233	Cardiac_Bypass
234	Cardiac_Bypass
235	Cardiac_Bypass_wo_Cath
236	Cardiac_Bypass_wo_Cath
242	Cardiac_Pacemaker
243	Cardiac_Pacemaker
244	Cardiac_Pacemaker
259	Cardiac_Pacemaker
260	Cardiac_Pacemaker
261	Cardiac_Pacemaker
266	Cardiac_TAVR_TAVI
267	Cardiac_TAVR_TAVI
456	Spine_Fusion_Non_Cervical
457	Spine_Fusion_Non_Cervical
458	Spine_Fusion_Non_Cervical
459	Spine_Fusion_Non_Cervical
460	Spine_Fusion_Non_Cervical
466	Knee_Hip_Replacement
467	Knee_Hip_Replacement
468	Knee_Hip_Replacement
469	Knee_Hip_Replacement
470	Knee_Hip_Replacement
471	Spine_Fusion_Cervical
472	Spine_Fusion_Cervical
473	Spine_Fusion_Cervical
480	All other Hip procedures
481	All other Hip procedures
482	All other Hip procedures
486	All other Knee procedures
488	All other Knee procedures
489	All other Knee procedures
518	All other Spine procedures
519	All other Spine procedures
520	All other Spine procedures
619	Bariatric_Lap_Sleeve or Bariatric_Bypass_Duodenal_Switch
620	Bariatric_Lap_Sleeve or Bariatric_Bypass_Duodenal_Switch
621	Bariatric_Lap_Sleeve or Bariatric_Bypass_Duodenal_Switch