**VENDOR NAME:**

The Agency anticipates an initial design, development, and implementation (DDI) period of approximately eleven (11) months, followed by Operations and Maintenance (O&M) during the Original Contract Term. The PSM Vendor should present an estimated timeframe for the initial DDI period, and monthly O&M will begin thereafter. Total costs provided below shall be a summation of the supporting costs outlined in **Exhibit A-5-a, Detailed Budget**. All proposed costs will be discussed and finalized during the Negotiations phase of this ITN.

1. **DDI DELIVERABLES**

**Instructions for completing Table A – DDI Deliverables:**

The Respondent shall provide a total cost for each deliverable in the “Total” Column of Table A – DDI Deliverables, below, unless otherwise stated. All total costs provided in Table A must represent accurate summations of the respective cost detail included in **Exhibit A-5-a, Detailed Budget, Tabs C, D, E, and summarized in Tab B**.

|  |  |
| --- | --- |
| **TABLE A – DDI DELIVERABLES** | **TOTAL** |
| \*Project Planning |  |
| PD-1: Project Management Plan (Includes Vendor Resource Management Plan) | $ |
| PD-2: Project Schedule | $ |
| PD-3: High-Level Technical Design | $ |
| PD-4: System Security Plan | $ |
| Requirements |  |
| PD-5: Requirements Management Plan | $ |
| Hardware & Software |  |
| PD-6: Bill of Materials | $ |
| Design, Configure, Build, Test |  |
| PD-7: Completed Requirements Traceability Matrix | $ |
| PD-8: System Design Document (Architecture Specifications) | $ |
| PD-9: Implementation Plan/Software Release Plan | $ |
| PD-10: Contingency Plan (for Disaster Recovery and Business Continuity) | $ |
| PD-11: Test Plan | $ |
| PD-12: Customer Experience Integration | $ |
| Training |  |
| PD-13: Organizational Change Management | $ |
| PD-14: Training Approach and Plan | $ |
| PD-15: Training Materials | $ |
| PD-16: Training Delivery | $ |
| PD-17: Operations and Maintenance Manual | $ |
| Implementation |  |
| PD-18: Production Readiness Review and Stage Gate Review | $ |
| PD-19: Post Implementation Report | $ |
| PD-20: Warranty Completion Report | $ |
| PD-21: Annual Operational Analysis | Unpaid Deliverable |
| Project Close Out |  |
| PD-22: Vendor Turnover Plan | $ |
| **GRAND TOTAL**  **(DDI DELIVERABLES PD-1 thru PD-20, & PD-22)** | $ |

**VENDOR NAME:**

**\*Note:** The cost sum of the DDI Deliverables under the category of Project Planning Deliverables (PD-1, PD-2, PD-3, and PD-4) cannot exceed more than fifteen percent (15%) of the Grand Total in Table A – DDI Deliverables, above.

1. **OPERATIONS AND MAINTENANCE**
2. **Instructions for completing Table B – Operations and Maintenance (Original Contract Term):**

The Respondent shall provide the annual total for Operations and Maintenance in the “Total” Column of Table B, below, for each year of the Original Contract Term (Years 1 thru 7). All total annual costs provided in Table B should represent accurate summations of the respective cost detail included in **Exhibit A-5-a, Detailed Budget, Tab H, and summarized in Tab B**.

|  |  |
| --- | --- |
| **TABLE B**  **OPERATIONS AND MAINTENANCE** | |
| **ORIGINAL CONTRACT**  **TERM YEAR** | **TOTAL**  **(ANNUAL COST)** |
| **Year 1[[1]](#footnote-2)** | **$** |
| **Year 2** | **$** |
| **Year 3** | **$** |
| **Year 4** | **$** |
| **Year 5** | **$** |
| **Year 6** | **$** |
| **Year 7** | **$** |
| **Original Contract Term**  **Grand Total** | **$** |

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**VENDOR NAME:**

1. **Instructions for completing Table C – Operations and Maintenance (Contract Renewal Term):**

The Respondent shall provide the annual sum for Operations and Maintenance in the “Total” Column of Table C, below, for each year of the Contract Renewal Term (Years 8 thru 14). All total annual costs provided in Table C should represent accurate summations of the respective cost detail included in **Exhibit A-5-a, Detailed Budget, Tab H, and summarized in Tab B**.

|  |  |
| --- | --- |
| **TABLE C**  **OPERATIONS AND MAINTENANCE** | |
| **CONTRACT RENEWAL**  **TERM YEAR** | **TOTAL**  **(ANNUAL COST)** |
| **Year 8** | **$** |
| **Year 9** | **$** |
| **Year 10** | **$** |
| **Year 11** | **$** |
| **Year 12** | **$** |
| **Year 13** | **$** |
| **Year 14** | **$** |
| **CONTRACT RENEWAL TERM GRAND TOTAL** | **$** |

1. **O&M Pricing Key Assumptions**

Respondents shall also provide an explanation of the key assumptions driving O&M pricing. Respondents should review historical Medicaid program data, such as the information included in the table below, and any other information sources needed to suggest variable pricing triggers or variables that are relevant to its solution and operating model that could be mutually beneficial to the PSM Vendor and the Agency. These will be discussed during the Negotiations phase of the ITN.

|  |  |  |
| --- | --- | --- |
| **Base PSM Populations Levels from May 2021** | |  |
| Florida Medicaid Active Enrolled Group Provider Population | 32,524 |
| Florida Medicaid Active Individual Enrolled Provider Population | 162,787 |

**NOTES:**

1. The Respondent must complete **Exhibit A-5-a**, **Detailed Budget**, to support and justify its proposed total costs outlined in this **Cost Proposal** and submit it with the completed **Cost Proposal**. Pricing must be included for all of the specified items outlined in this **Cost Proposal** and **Exhibit A-5-a, Detailed Budget**, or the response will be rejected. If it is the intention of the Respondent to propose a “No Cost” to the Agency for a specified item, it should be proposed as $0.00.
2. Failure to submit with the response, **Exhibit A-5, Cost Proposal** and **Exhibit A-5-a, Detailed Budget**,signed by an authorized official, **will result in the rejection of the response**.
3. The Vendor shall not provide a pricing range in this **Cost Proposal** or **Exhibit A-5-a, Detailed Budget**.
4. Supplemental documentation for this **Cost Proposal** and **Exhibit A-5-a, Detailed Budget** will not be accepted.
5. The Agency will not agree to caveats in the proposed prices within this **Cost Proposal** and **Exhibit A-5-a, Detailed Budget**.
6. The Agency will not evaluate costs proposed in this **Cost Proposal** and **Exhibit A-5-a, Detailed Budget,** as part of the evaluation and scoring process. Proposed costs will be a discussion topic during the Negotiations phase of this ITN.
7. If the resulting Contract is renewed, it is the Agency’s policy to reduce the overall payment amount by the Agency to the successful PSM Vendor by at least five percent (5%) during the Contract Renewal Term, unless it would affect the level and quality of services.
8. Payments will be made in accordance with Attachment B, Scope of Services, Section C., Payment Provisions.

**Vendor Name**

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

**Authorized Official Printed Name**

**Authorized Official Title**

1. Number of months included in Year 1 is dependent upon the contract execution date and the total cost will be reflective of that number. [↑](#footnote-ref-2)