

**Mental Health and Substance Abuse Program RFP for the Empire Plan, Excelsior Plan
and Student Employee Health Plan
Instructions for Completing Exhibits V.A.2 and V.A.3**

1. Using Exhibit V.A.2, the Offeror shall quote its Guaranteed Average Unit Cost (GAUC) for Network Outpatient Services. This Exhibit includes a listing of outpatient CPT and HCPCS codes based on 2013 paid MHSA claims submitted on behalf of Empire Plan enrollees. The Offeror is directed to support its 2015 Plan Year GAUC quote with its projected utilization of Plan primary services and Network Provider contracted amounts for each CPT and HCPCS code by provider licensure (where applicable) as presented on Exhibit V.A.2.
2. Using Exhibit V.A.3, the Offeror shall quote its Guaranteed Average Unit Cost (GAUC) for Network Inpatient/ALOC Services. This Exhibit includes a listing of inpatient Revenue Codes based on 2013 paid MHSA claims submitted on behalf of Empire Plan enrollees. The Offeror is directed to support its 2015 Plan Year 2015 GAUC quote with its projected utilization of Plan primary services and Network Provider contracted amounts for each Revenue Code as presented on Exhibit V.A.3.
3. The quoted Network Provider average contracted amounts for the CPT, HCPCS and Revenue codes listed in Exhibits V.A.2 and V.A.3 (column b) should be on a unit basis. For example, if the code is an inpatient service, the quote should represent the average contracted amount per day. If the code is an outpatient or office service, the quote should represent the average contracted amount per service. Further, the quoted amounts shall be based on MHSA Plan primary claims only and be prior to the application of Copayment or Bad Debt and Charity assessments.
4. The amounts quoted shall represent the Offeror's weighted average contracted amount for the 2015 Plan Year for each code, provider licensure (CPT and HCPCS services only) and projected utilization for the 2015 Plan Year.

IMPORTANT: The Network Provider average contracted amounts presented in Exhibits V.A.2 and V.A.3 (column b) are not binding to the Offeror. These amounts are required to support the Offeror's GAUC for the Network Services, which is binding.

The 2013 MHSA Claim Detail file is available for informational purposes. Offerors may utilize the detail claim file to gain insight of the current distribution of claims by provider and service to develop its GAUC quotes. See Exhibit III.A for instructions on how to obtain this file.

The development of the Offeror's Network Provider average contracted amounts and completion of Exhibits V.A.2 and V.A.3 are solely the Offeror's responsibility. The Department makes no guarantees that either the services mix or utilization contained in the 2013 MHSA Claim Detail File is representative of future MHSA utilization.