

ATTACHMENT 18



**Department of
Civil Service**

**Ongoing Operations Monthly Fee Form -
RFP entitled: "New York State Health
Insurance Program Decision Support
System"**

Offeror Name: _____

	Year 1 (First 12-Month Period Following Implementation)	Year 2	Year 3	Year 4	Year 5
Monthly Fee:					

Instructions:

Quote in the space provided the fixed Ongoing Operations Monthly Fee that will be payable in accordance with the terms of Section 6.2 of the RFP.

The Ongoing Operations Monthly Fee must be a fixed all-inclusive rate to cover all the Offeror's costs in fulfilling its duties and responsibilities in the performance of the Project Services as set forth in Section 3 of the RFP, once Implementation activities have been completed and accepted by the Department, at its sole discretion, and the DSS is fully operational. This Fee shall include the costs of staff required as stated in Section 3.1, Incremental Ongoing Training (and any travel expenses incurred by the Contractor) and the cost of 800 hours Consulting Support Services as stated in Section 3.4(1)b-c and 3.7(1)a, respectively.

This Fee should **exclude** the cost of adding a new Data Provider to the DSS, and other fees, if any, including Additional User Fees, Additional Consulting Support Services, Additional Fees for Data Analysis and Additional Fees for CMS Rate Comparisons, if any.

Offerors may propose amounts that are different for each year. However, such amounts cannot be based on any index or variable inflation rate. For example, do not enter a quote with an increase based on CPI.

The Department will not accept modifications to this exhibit.