**Attachment 5C**

**MEDICAL-UTILIZATION REVIEW Experience**

|  |  |
| --- | --- |
| **Bidder Name:** |  |

**General Instructions**

Provide the requested information for each state in which the Bidder or Bidder’s subcontractor was contracted to perform one or more of the medical/utilization review activities identified in the RFP. (Identify the organization in the “Contract held by” cell.) Add rows if needed. Use the space provided for any necessary explanatory notes.

**Experience – Medical/Utilization Review Activities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ref** | **State** | **Contract Held by** | **Activities (check all that apply)** | | | |
| **Retrospective Reviews – Hospital Observations** | **Retrospective Reviews – PAM** | **Retrospective Reviews – DRG Validation** | **Education and Quality Interventions** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |

**Notes**

|  |
| --- |
|  |