Appendix D

Cost Proposal

Request for Proposal Number 4641Z1

Description of Service	Cost
Total cost of implementation planning, management, and execution necessary to implement the proposed solution. One time cost per Section IV.F.1.g.	

Description of Service	Initial Contract Period: Three Years		
	Year 1	Year 2	Year 3
Total cost of initial revalidation of existing providers. (Annual cost will be divided into monthly installments for payment.) Pricing not to include the collection of fingerprints and criminal background checks. (Estimated usage: the expected volume of providers in this Initial Revalidation includes approximately 7,959 solo practitioners, provider groups, and institutional providers. There are approximately 21,988 group members within those provider groups and institutions.)			
Total annual cost of ongoing revalidation and provider screening and enrollment activities. (Annual cost will be divided into monthly installments for payment.) Pricing not to include the collection of fingerprints and criminal background checks. (Estimated usage: Monthly, Nebraska Medicaid receives an average of 1536 MC-19 Service Provider Agreements for new providers, existing providers adding group members, and existing providers updating information. The MC-19 Service Providers Agreements received for new providers and groups adding members include an average of 1753 group members.)			

Possible Renewal Options: Three (3) additional one (1) year periods

Description of Service	Renewal 1	Renewal 2	Renewal 3
Total annual cost of ongoing revalidation and provider screening and enrollment activities. (Annual cost will be divided into monthly installments for payment.) Pricing not to include the collection of fingerprints and criminal background checks.			