

**Attachment A
Cost Sheet
Request for Proposal Number 4759Z1**

Radiology management services are reimbursed on the basis of a per Member per Month (PMPM) rate. Covered recipients are those not enrolled in physical health managed care.

	Initial Contract Period			Renewal Period	
	Year 1	Year 2	Year 3	Year 1	Year 2
Estimated Member Months	34,400.00	34,400.00	34,400.00	34,400.00	34,400.00
Cost PMPM					

The payment schedule for the project is tied to specific dates and deliverables. Nebraska Medicaid's MMIS will create individual claims for each designated recipient eligible for Radiology Management per member per month (PMPM). These claims for the PMPM payment will be generated on the first working day of the month (for the prior month) with actual payment being made in the following payment cycle (each Saturday/Monday with EFT's deposited on Wednesday mornings). Invoices may be submitted by the contractor on specific dates based on the completion and acceptance of related deliverables. Invoices for payments must be submitted by the contractor to the agency requesting the services with sufficient detail to support payment. No invoice will be approved unless the associated deliverables have been approved.

Quantities shown are for informational purposes only and are not to be construed as either a minimum or a maximum quantity. The State of Nebraska reserves the right to increase or decrease any quantity.