

PROPOSAL FOR:

**State of Nebraska Department
of Health and Human Services**

CHARGEMASTER REVIEW SERVICES,
SOLICITATION #124273 O3

SUBMITTED BY:

Berry, Dunn, McNeil & Parker, LLC
1000 Elm Street, 4th Floor Manchester, NH 03101

Denny Roberge

Principal | Berry, Dunn, McNeil & Parker, LLC
droberge@berrydunn.com

May 19, 2026

berrydunn.com



Cover Letter

May 19, 2026

State of Nebraska Department of Health and Human Services
Attn: Angellica Shasteen, Procurement Contract Officer
301 Centennial Mall South, 5th Floor
Lincoln, NE 68508

Submitted via bid site

Dear Angellica Shasteen:

Thank you for the opportunity to submit this proposal in response to the State of Nebraska (State), Department of Health and Human Services (DHHS) Request for Proposal (RFP) Solicitation Number 124273 O3 for the purpose of selecting a qualified contractor to conduct Chargemaster Review Services at critical access hospitals (CAHs) throughout the State of Nebraska.

Berry, Dunn, McNeil & Parker, LLC (BerryDunn, we, our) is an independent professional services firm that serves clients nationally. Providing services for entities like DHHS are core strengths of our firm and the work we engage in every day. We have an extensive history of successfully assisting state agency clients with similar initiatives, and we would welcome the opportunity to assist you on this project. Our assessment framework results in a proposed best-practice future state based on DHHS's unique goals, challenges, and culture. Incorporating your realities into the proposed improvement plan and backing them with training, policies, procedures, and metrics is BerryDunn's recipe for effective and sustained change that produces the desired results.

Our approach is simple: **consistently provide high-quality services, strive for unparalleled client satisfaction, and deliver both at a reasonable cost.** As you evaluate which consultant is right for you, please consider the following:

- **Healthcare expertise.** Our firm employs medical providers, nurses, certified coders, pharmacists, and expertise and credentials across the entire clinically driven revenue cycle. With decades of experience, our advisors have tackled challenging issues for a broad range of healthcare entities, including CAH, throughout the United States. From meeting financial and regulatory compliance mandates and benchmarks to adapting to new payment methodologies, our clients work directly with our industry leading experts who take the time to understand local markets, state and federal payment challenges, and your goals and objectives. We leverage what we learn to develop clear, actionable strategies and make better-informed operational and financial decisions. Our experts not only identify opportunities but provide plans that are actionable and sustainable.
- **Sharing knowledge when and where you need it.** Our industry-specific expertise allows us to add value through client education and knowledge sharing, including benchmarks and key performance indicators to measure and track your opportunities and performance.

- **Cultivating a culture of continuous process improvement.** BerryDunn is focused on identifying immediate opportunities and providing the support and training needed to achieve them. Our assessment approach will also identify longer-term areas of opportunity and provide the glide path for success. Our assessment results include both quantifiable and qualifying results associated with each identified opportunity.
- **Timeliness throughout the engagement.** We take the quality of our work seriously and are confident we will exceed DHHS's expectations of the value and timeliness of our communications, service delivery, and final work products. We do this by understanding your expectations, developing a reasonable and achievable engagement approach, developing mutually agreed-upon milestones, and selecting knowledgeable team members who are experienced and sensitive to your needs and concerns.
- **Prioritizing communication.** Regular communication is a fundamental part of how we provide excellent client service. You can expect to hear from the project principal and managers early in your engagement and regularly throughout the project. Our knowledge of your organization will allow us to execute an efficient engagement and serve as trusted advisors.

As principal, I am authorized to bind BerryDunn to the commitments made herein. Should you have questions, please contact me directly.

After 52 years of helping clients, we still appreciate every new opportunity. Thank you for your consideration of our proposal. We sincerely hope to have the opportunity to work in collaboration with DHHS on this important project.

Sincerely,



Denny Roberge
Principal | Berry, Dunn, McNeil & Parker, LLC
BerryDunn, 1000 Elm Street, 4th Floor, Manchester, NH 03101
Tel: 603.518.2623 | Email: droberge@berrydunn.com

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Corporate Overview

a. Bidder Identification and Information

Established in 1974, BerryDunn has helped healthcare entities, government agencies, higher education institutions, nonprofits, and businesses throughout the U.S. and its territories solve their greatest challenges. Today, we are the largest independently owned professional services firm headquartered in New England. *Accounting Today* recently ranked BerryDunn the #1 firm in New England, and we are ranked #45 nationwide. We are also ranked in the Top 50 firms by *INSIDE Public Accounting*.



Founded in
1974



9
Offices nationwide



Employees in
40+ states



950+
Employees

Office locations



Portland
ME



Bangor
ME



Manchester
NH



Boston
MA



New Haven
CT



Charleston
WV



Phoenix
AZ



San Juan
PR



O'ahu
HI

BerryDunn's dedicated Healthcare Practice serves the needs of over 400 healthcare organizations across the continuum of care and is comprised of industry experts with vast healthcare experience in areas as wide-ranging as finance, revenue cycle optimization, not-for-profit tax compliance, healthcare compliance, reimbursement, cost reporting, credentialing, operations and clinical services, revenue integrity, health data analytics, and executive management. We understand that healthcare organizations operate in highly regulated and rapidly changing environments, with complex accounting, reimbursement and regulatory requirements. We apply our encompassing knowledge with an understanding of market forces and organizational dynamics to achieve unparalleled, measurable, and quantifiable results for our clients. Our firm details are below.

Full Name	Berry, Dunn, McNeil & Parker, LLC
Headquarters Address	2211 Congress Street, Portland, ME 04102
Entity Organization	LLC
State Incorporated	Maine

Year Organized	1999
Organization Details	<p>Berry, Dunn & McNeil began as a partnership on January 7, 1974. It later formed as a Maine professional liability company under the name Berry, Dunn, McNeil & Parker, LLC on February 9, 1999, and has been operating under that name through the present. On September 30, 1983, Berry, Dunn, McNeil & Parker, Inc. (BerryDunn Inc.) was formed to service the payroll functions of Berry, Dunn, McNeil & Parker, LLC. On December 31, 2024, BerryDunn Inc. merged with Berry, Dunn, McNeil & Parker, LLC, leaving Berry, Dunn, McNeil & Parker, LLC as the surviving entity.</p> <p>In 2024, the audit and attest partners of Berry, Dunn, McNeil & Parker, LLC formed a new independently owned entity—BDMP Assurance, LLP (BDMP Assurance)—to operate the audit and attest practice that was previously operated by and through Berry, Dunn, McNeil & Parker, LLC. BDMP Assurance and Berry, Dunn, McNeil & Parker, LLC now operate in an alternative practice structure pursuant to which Berry, Dunn, McNeil & Parker, LLC provides personnel and other services to support BDMP Assurance’s performance of audit and attest engagements. The partners of BDMP Assurance are responsible for the supervision of the audit and attest services performed by BDMP Assurance. Berry, Dunn, McNeil & Parker, LLC does not provide audit and attest services to clients.</p> <p>As of January 1, 2025, “BerryDunn” is the brand name under which Berry, Dunn, McNeil & Parker, LLC and BDMP Assurance, LLP, independently owned entities, provide services. The firm’s tax, advisory, and consulting services are provided by Berry, Dunn, McNeil & Parker, LLC, and its attest services are provided by BDMP Assurance, LLP, a licensed CPA firm.</p>

b. Financial Statements

Berry, Dunn, McNeil & Parker, LLC, as a privately held tax, advisory and consulting firm, is not required to have audited or unaudited financial statements regarding its own financial results and operations.

Our financial information is confidential and if released, would give advantage to business competitors and serves no public purpose. As required by the State, we are including this information in a separate file marked “PROPRIETARY INFORMATION” in the file name.

The firm is currently involved in litigation in the two cases below unrelated to the consulting services we offer. These will not materially affect the viability or stability of our organization.

Blackwood v. BerryDunn was an employment case in the Southern District of West Virginia Civil Action No: 2:18-CV-1216. All claims other than a claim of Breach of Promise/Detrimental Reliance based on a dollar amount of just over \$4,000 were dismissed. BerryDunn settled the remaining claim and the Court of Appeals went on to affirm the lower court’s decision in December of 2020. In April of 2022, Blackwood filed an amended complaint in state court, once

again raising the issues that were already litigated. BerryDunn has asked the court to recognize that the issues have already been decided, and to strike the complaint.

Shaffer v. Berry, Dunn, McNeil & Parker, LLC is a pending defamation case filed by a former employee of a BerryDunn client. BerryDunn is working to defend and resolve this matter.

c. Change of Ownership

BerryDunn does not anticipate any change of ownership in the 12 months following the solicitation response date. We understand that any change of ownership will require notifying the State.

d. Office Location

BerryDunn's Manchester office will provide DHHS's requested services. The address is 1000 Elm Street, 4th Floor, Manchester, NH 03101.

e. Relationships with the State

From 4/1/2023 to 2/2/2024, we worked with DHHS on an Afghan Refugee School Impact Services Needs Assessment. Our contact's details are below.

Name	Sara Bockelman, DHHS Program Manager
Number	402.480.8394
Email	Sara.Bockelman@nebraska.gov

f. Bidder's Employee Relations to State

No party in our response has been employed by the State or an agency of the State. We certify that we do not have any conflict of interest, either real or perceived, that would inhibit our ability to perform the services requested in DHHS's RFP and/or any resulting contract.

g. Contract Performance

Neither BerryDunn nor our subcontractor has had a contract terminated for default during the past five years.

h. Summary of Bidder's Corporate Experience

Following, we are providing three examples of chargemaster review projects that BerryDunn and Jon Menard have worked on together for CAHs within the past three years.

Chargemaster Review Joint Projects

Client Name: Uvalde Memorial Hospital	Length of Project: Six-month total engagement
Client Contact: Terri Contreras, CFO 830.278.6251 ext. 1173 te.contreras@umhtx.org	Scheduled / Completed Dates: Scheduled 05/30/2026, scheduled to be completed on time
Role: Prime and subcontractor	Budget: \$50,000 for CDM, \$300,000 total engagement
Services: CDM review and optimization, electronic health record (EHR) optimization, process improvement, CDM review and optimization	

Client Name: New London Hospital	Length of Project: Annual and ad hoc services
Client Contact: Lisa A. Cohen, CPA 603.526.5372 Lisa.cohen@newlondonhospital.org	Scheduled / Completed Dates: Various; we have met every deadline for our projects
Role: Prime and subcontractor	Budget: We have an hourly contract, which typically runs \$60,000 a year for all services
Services: Cost report development, CDM review, strategic planning, and new service development.	

Client Name: Mount Desert Island Hospital	Length of Project: Annual one month project
Client Contact: Michelle Smith, VP of Finance, CFO, Corporate Compliance Officer 207-288-5082 ext. 1331 Michelle.smith@mdihospital.org	Scheduled / Completed Dates: Various; we have met every deadline for our projects
Role: Prime and subcontractor	Budget: \$35,000 plus ad hoc services
Services: CDM review and optimization, cost report support.	

i. Summary of Bidder’s Proposed Personnel/Management Approach

We have carefully compiled the following engagement leadership team to best fit DHHS’s needs. Our proposed engagement leadership brings decades of experience working with organizations like DHHS. This familiarity with organizations like DHHS means we can quickly orient ourselves to your process and environment while bringing knowledge of industry best practices from our other engagements.

Denny Roberge, the principal on this engagement, is a nationally recognized revenue integrity leader with over 25 years of chargemaster strategic pricing expertise.

We are active in the professional and trade associations serving the healthcare industry. We frequently serve as technical experts in those areas affecting our healthcare clients, as well as being actively involved in advocacy efforts.

You can be confident in BerryDunn’s ability to manage and assign the right resources based on your unique needs. Our internal resource manager monitors staff allocations across all our projects, tracks staff availability, and provides information to our management team to help identify qualified project resources. In addition, our management team members communicate regularly about staff workloads and commitments to help effectively manage team members who are working on more than one project at any given time. BerryDunn adheres to Prosci® change management best practices to effectively support both the change management and project management needs of optimization.

Resumes for the engagement team to be assigned to this project are provided in the following pages with a brief overview of their roles below.

Proposed Team Members

Team Member	Responsibilities
Denny Roberge, <i>Engagement Principal</i>	Project oversight and communication with DHHS leadership; responsible for overall success of engagement
Jonathan Menard, MBA, CPC, CHC <i>Subcontractor</i>	Chargemaster, supply, and charge capture lead

Denny Roberge

Principal | Berry, Dunn, McNeil & Parker, LLC



EDUCATION AND CERTIFICATIONS

BS, Health Management and Policy, Honors,
University of New Hampshire

AFFILIATIONS AND MEMBERSHIPS

- Healthcare Financial Management
- University of New Hampshire, Alumni Board

RELEVANT EXPERIENCE

Over 30 years

Denny Roberge is a principal at BerryDunn and leads the revenue cycle management practice. He is a recognized leader in revenue cycle management across the entire continuum of healthcare, including hospitals, physician practices, Rural Health Centers, public health departments, and Federally Qualified Health Centers. He possesses expertise in regulatory requirements, patient accounting system (EMR/PAS) conversions and optimization, revenue cycle best practices, reimbursement transformation, and using metrics to achieve and sustain results.

Before joining BerryDunn, Denny worked for several healthcare organizations, providing specialized services, including payment transformation, technology adoption, operational improvements, pricing transparency, and expert testimony regarding healthcare reimbursement.

Denny's work includes authoring legislative reports related to recommended healthcare reform, revenue cycle technology development and integration, development and implementation of fee-for-value reimbursement models, and numerous revenue cycle transformation and optimization initiatives.

EXPERIENCE

Denny helps clients with a variety of challenges, including:

- Hospital merger and acquisition
- Revenue cycle transformation, standardization, and optimization
- Patient accounting system conversions and optimization
- Denials prevention
- Patient access transformation
- Revenue integrity program management
- Back-end revenue cycle redesign
- Healthcare reimbursement
- Pricing transparency and chargemaster compliance best practices

PERSONAL REFERENCES

The following references can attest to Denny's capabilities:

- Chelsea L. Desrosiers, CPA, MBA, Chief Financial Officer & Chief Operating Officer
Cary Medical Center
chdesrosiers@carymed.org
207.498.1140

- Lisa A. Cohen, CPA, Chief Financial Officer
The New London Hospital Association, Inc.
Lisa.cohen@newlondonhospital.org
603.526.5372
- Kayda Wescott, CPA, Chief Financial Officer
Springfield Hospital
kwescott@springfieldhospital.org
802.885.7646

Jon Menard, MBA, CPC, CHC

Subcontractor

Managing Principal | Integrated Revenue Integrity (IRI)

EDUCATION AND CERTIFICATIONS

MBA, UMass Boston
Certified Professional Coder (CPC)
Certified Hospital Coder (CHC)

AFFILIATIONS AND MEMBERSHIPS

- Massachusetts Association of Patient Account Management (MAPAM), Board of Directors, Former President

RELEVANT EXPERIENCE

Over 20 years

Prior to founding IRI, Jon Menard spent 10 years with Bolder Healthcare Solutions managing consulting across all areas of the revenue cycle. His areas of expertise include chargemaster management, charge capture, revenue integrity audits, and process improvement.

Jon's previous management experience in patient accounting focused on all third-party insurance issues including billing, coding, and denial management. He has extensive knowledge of Medicare regulations and continually participates in provider education efforts that include billing and reimbursement workshops.

EXPERIENCE

Jon helps clients with a variety of challenges, including:

- Pricing transparency and chargemaster compliance best practices

PERSONAL REFERENCES

The following references can attest to Jon's capabilities:

- Chelsea L. Desrosiers, CPA, MBA, Chief Financial Officer & Chief Operating Officer
Cary Medical Center
chdesrosiers@carymed.org
207.498.1140
- Lisa A. Cohen, CPA, Chief Financial Officer
The New London Hospital Association, Inc.
Lisa.cohen@newlondonhospital.org
603.526.5372
- Michelle Smith, VP of Finance, CFO, Corporate Compliance Officer
MDI Hospital and Birch Bay Retirement Village
Michelle.smith@mdihospital.org
207.288.5082 ext. 1331

j. Subcontractors

i. Name, Address, and Telephone Number of the Subcontractor

Our subcontractor's details are below.

Name	Jonathan Menard
Number	120 Charlton Road, STE 2 #1032, Sturbridge, MA 01566
Phone	508.330.4151

ii. Specific Tasks for Subcontractor

Jon will be responsible for the duties listed under Charge Description Master (CDM) Review.

iii. Percentage of Performance Hours

Jon will be our only contractor, totaling 100% of subcontracted hours.

iv. Total Percentage of Subcontractor Performance Hours

Jon's work will total up to 40% of total performance hours.

Technical Response

a. Understanding of the Project Description and Scope of Services

Our Understanding of the Scope of Services

We understand that DHHS requires a comprehensive review of each hospital's professional and facility chargemaster to help ensure accuracy, optimize pricing, and enhance reimbursement strategies. We understand that the intent is to have two to three hospitals reviewed annually for the duration of the contract.

Meeting DHHS's Minimum Criteria

We confirm that BerryDunn meets the minimum qualifications stated in the RFP:

- BerryDunn has over five years' experience performing chargemaster reviews that include similar size, scope and complexity as outlined in DHHS's RFP
- BerryDunn has more than three similar chargemaster review projects with CAH systems within the last 10 years.

BerryDunn recruited Denny five years ago, bringing with him over 25 years of strategic pricing expertise for CAHs. Both Denny and Jon are also actively engaged by other consulting firms to serve as subcontractors for these services.

Our Approach

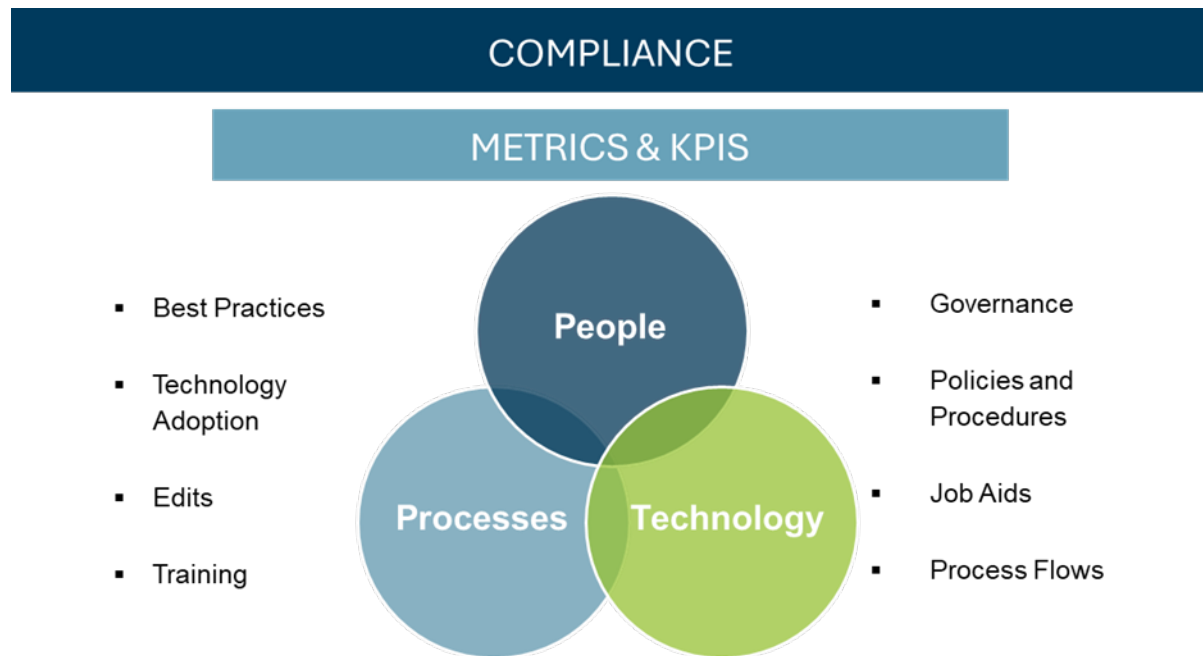
Since 1974, BerryDunn has helped clients solve their greatest challenges, and serving healthcare organizations is one of our firm's core strengths. Our team is led by nationally recognized experts with subject matter expertise in EHR selection, implementation, and optimization. We specialize in consulting services that support the entire revenue cycle continuum, including chargemaster optimization and strategic pricing, charge capture denials management and prevention, reimbursement consulting, operational optimization, coding and compliance, billing optimization, patient access transformation, and documentation improvement.

We do not leverage large teams but rather staff our projects with subject matter experts, project managers, and change management leaders that will be with you during the entire project life cycle. We focus on providing sustainable solutions, and as such, our optimization support and recommendations are backed with metrics and data, training, policies and procedures, process flows, technology optimization, governance, and other methods that sustain results. BerryDunn will contractually include service-level agreements to back our work product.

Our approach to all projects is the same: leveraging industry best practices and best-known methods. We appreciate that these are general methods and will customize a path to help build on what is best for DHHS and the patients you serve. Our expertise and collaborative approach set us apart from other professional services firms. We base our project plan on the philosophy that we must fully understand your culture, goals, priorities, and desired results as part of the process. With this in mind, we partner with you to design, implement, and support a

customized, compliant, and sustainable revenue cycle that meets or exceeds your expectations.

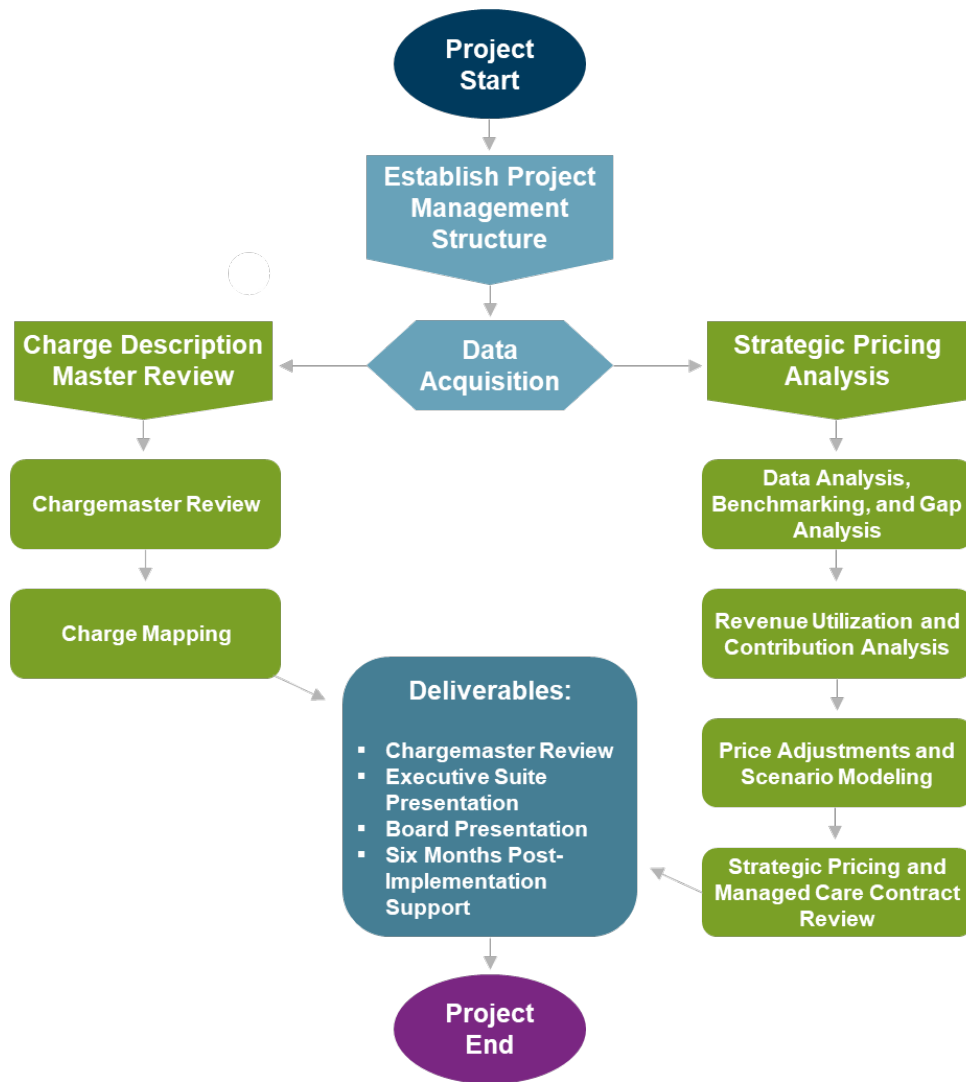
Our approach, recommendations, and deliverables use the following optimization framework.



We combine our experience, research, and expertise to create deliverables that are actionable, sustainable, and impactful. BerryDunn aligns our projects plans and approach with the hospital's goals operational realities, culture, and the communities they serve. Best practices and key progress indicators (KPIs) are national data points that any consulting firm can provide and measure you against. BerryDunn takes the extra step: identifying the metrics, goals, and plans that are right and best **for you**. This type of customized result and deliverable is possible because of our experience, passion, and dedication to the clients we serve.

Work Plan Summary

BerryDunn will perform a detailed chargemaster analysis of each hospital. These assessments often produce significant opportunities and return on investment (ROI). The goal of this workstream is a detailed supply charge policy and procedure that is fully operationalized. The process's goal is to capture and correctly charge for all individually chargeable supplies and implants. Reconciliation and Epic Charge Guardian rules should provide safeguards against charge capture or process failures. Our item master review will assess every dictionary entry for patient chargeable supplies. Following is a graphic summarizing major project milestones and tasks:



Work Plan – Charge Description Master (CDM) Review

BerryDunn will provide a thorough review of the entire CDM, including supplies and pharmacy items. The analysis will identify missing items, incorrectly coded items, and opportunities to improve charge capture and compliance.

We build our recommendations based on the hospital’s EHR and its functionality and support the hospital so they can update and maintain recommendations. These processes must be supported by policies, procedures, and workflows. Our consultants will support updating or drafting these policies.

This workstream involves thorough audits, process mapping, chargemaster and supply reviews, inventory management assessments, and all related and interrelated processing, including value added committee (VAD) processes (if present), vendor management policies and procedures, and reconciliation processes.

The goal of this workstream is a detailed supply charge policy and procedure that is fully operationalized by the hospital. The process's goal is to capture and correctly charge for all individually chargeable supplies and implants.

Task 1: Chargemaster Review

This task includes:

- Validating all Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS) codes assigned, including appropriateness of charge descriptions
- Identifying items which are missing required CPT/ HCPCS codes
- Identifying charges which may be missing from the CDM
- Validating revenue code assignments, modifiers, multipliers, charge explosions, and alternate coding assignments, if applicable
- Performing a volume analysis to reveal trends which may indicate charge capture or other deficiencies
- Identifying pricing discrepancies (e.g., higher complexity services priced less than lower complexity services, variations across cost centers)
- Identifying potential compliance concerns
- Interviewing clinical departments as needed to discuss CDM and charge capture processes
- Creating detailed spreadsheets of all CDM findings and recommendations
- Performing an exit interview at completion of review to discuss findings

Task 2: Charge Mapping

This task includes:

- Cross-walking of diagnostic tests and drugs in the CDM to their respective clinical dictionaries
- Identifying charges in the CDM which may not be linked to charge capture methodologies
- Identifying any incorrect linkages between CDM charges and clinical dictionaries

Work Plan – Strategic Pricing Analysis

Overview

BerryDunn will perform an encompassing Strategic Pricing Analysis designed to optimize each hospital's CDM and pricing structures while improving defensibility, aligning with payer reimbursement methodologies, identifying cost report opportunities, and advancing overall organizational strategy. This engagement will include a full review of hospital pricing, utilization, reimbursement, and managed care dynamics at the charge-code level.

The analysis will encompass a review of the entire CDM, including supply and pharmacy markup policies, and will result in actionable pricing strategies supported by robust financial modeling and ongoing advisory support.

Strategic Pricing Framework and Objectives

BerryDunn will develop flexible, data-driven strategic pricing models to inform both short- and long-term pricing strategies. These models will allow each hospital to evaluate multiple scenarios and adjust pricing strategies iteratively based on evolving results, organizational priorities, and market conditions. Specific strategic objectives may include but are not limited to:

- Aligning facility pricing structures across departments and service lines
- Identifying and optimizing price-sensitive services
- Maximizing or protecting net revenue while maintaining compliance
- Restructuring pricing in response to payer policy trends (e.g., non-chargeable supply denials)
- Supporting additional hospital-specific pricing strategies and initiatives

Value from this engagement extends beyond the initial modeling effort. BerryDunn will provide advisory support to monitor results, confirm that pricing changes achieve the intended financial and strategic outcomes, and recommend pricing “smoothing” or adjustments as needed. As part of this effort, BerryDunn will quantify the anticipated net revenue impact of proposed pricing changes.

Task 1: Data Analysis, Benchmarking, and Gap Analysis

BerryDunn will collect and analyze all relevant data required to assess chargemaster pricing, payer contracts, utilization, and reimbursement. This analysis will include:

- Review of payer mix, reimbursement methodologies, and profitability by payer and service
- Analysis of managed care contract terms to identify stop-loss provisions, rate increase caps, and revenue realization rates
- Benchmark of current prices against three to five relevant market competitors, national benchmarks, government payors, commercial contracts and proprietary benchmarks
- Data adjusted for volume and acuity, to identify pricing gaps and variances by service and department

The goal of this task is to fully understand existing pricing dynamics and identify opportunities to optimize pricing within contractual and regulatory constraints.

Task 2: Revenue Utilization and Contribution Analysis by Procedure

BerryDunn will conduct a detailed analysis of revenue utilization by individual charge code to evaluate utilization, payer mix, and total charges by financial class, contract, department, and care setting (inpatient and outpatient). This task includes:

- Analyzing revenue utilization by charge code and department
- Identifying the relative contribution of each charge code to overall financial performance
- Performing a contribution margin analysis to determine which procedures and departments present opportunities for targeted price increases or reductions

The objective of this task is to identify procedures and departments where pricing adjustments can improve reimbursement outcomes and pricing defensibility.

Task 3: Price Adjustments and Scenario Modeling

Based on the findings from Tasks 1 and 2, BerryDunn will identify charge codes appropriate for price increases where favorable payer mix and contribution exist. To maintain balance and compliance, BerryDunn will also identify procedures with fixed reimbursement or limited rate sensitivity where prices may be reduced to offset increases as appropriate. This task will:

- Support revenue-neutral or revenue-optimized pricing strategies based on hospital goals
- Align prices with regional benchmarks and market positioning
- Enable modeling of multiple pricing scenarios and financial impacts at the hospital's direction

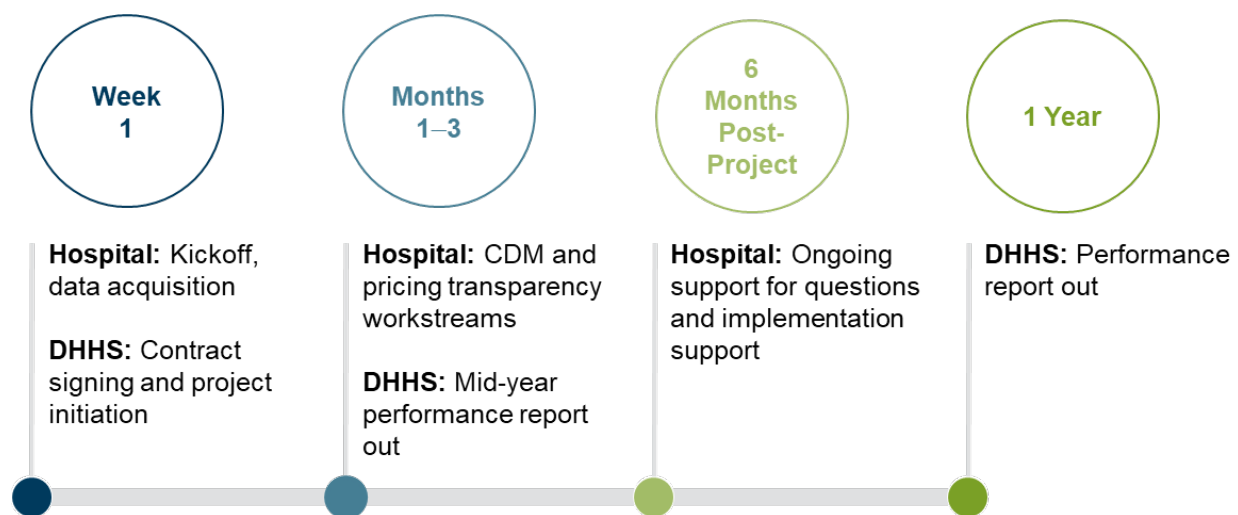
Task 4: Strategic Pricing and Managed Care Contract Review

BerryDunn's strategic pricing philosophy aligns pricing decisions with enterprise strategy. This includes shifting profitability emphasis from commodity services toward core or proprietary services with higher barriers to entry and reduced market competition. As part of this task, BerryDunn will:

- Review managed care contracts and pricing strategies
- Evaluate alignment between pricing structure, reimbursement methodology, and service line strategy
- Provide recommendations to enhance the effectiveness of pricing and contracting strategies

Timeline

Following is a representative timeline outlining key project milestones. While BerryDunn often completes CDM and strategic pricing reviews in less time, the schedule may be extended when additional client support is needed due to resource constraints. Our primary objective is the hospital's success, and we will tailor the project timeline as needed to align with the hospital's staffing, priorities, and overall readiness.



b. Deliverables

We understand that DHHS requires the following deliverables for each assigned CAH:

- Completion of chargemaster review, including providing:
 - Mid-year narrative progress summary and invoice after initiation of the kickoff meeting
 - Final narrative progress summary and invoice to include results of chargemaster review and recommendations
- Presentation to Executive Suite
- Presentation to Board
- Provide six months of post implementation planning support

BerryDunn will develop a report focused on observations, opportunities, and actionable recommendations. Our Revenue Cycle Assessment and Billing Process Analysis Report and associated deliverables will include:

- Industry-standard and proprietary KPI metrics
- Excel-formatted chargemaster review results with recommended adjustments highlighted
- Workflow analysis mapping current state processes and proposed future state opportunities with ROI projections
- Recommendations for both quick wins and a long-term strategic revenue cycle optimization plan targeted at identifying opportunities for improvement, including data and methods to sustain improvement
- Full chargemaster and supply master review with results, recommendations, and opportunity analysis
- Strategic pricing deliverables, including:
 - A price change file compatible with the hospital's EHR system
 - Gross and net revenue impact analyses by payer, department, and/or service line
 - Encompassing pricing model(s) documenting all assumptions, constraints, and results
 - Monitoring tool(s) to measure the effectiveness of implemented pricing changes (monitoring services available upon request)
 - A detailed summary plan outlining findings, assumptions, identified constraints, results, and recommended go forward strategies

BerryDunn will share the draft report with the hospital and key stakeholders to solicit and incorporate feedback. We will continue to support the hospital during implementation of the recommendations. In addition, we will provide written short-term and long-term strategic plans and goals for DHHS to use as a working tool for continuous improvement. Our commitment is to help ensure the hospital and DHHS have the guidance and support necessary to translate findings into action and fully realize the value of our work.

BerryDunn will provide a formal in-person report presentation to the senior leadership and stakeholders. Our consultants will also meet individually with process owners to facilitate learning and understanding of the recommendations and partner with DHHS to create an optimization plan that is timebound and metric-driven.

“BerryDunn” is the brand name under which Berry, Dunn, McNeil & Parker, LLC and BDMP Assurance, LLP, independently owned entities, provide professional services in an alternative practice structure in accordance with the AICPA Code of Professional Conduct. BDMP Assurance, LLP is a licensed CPA firm that provides attest services, and Berry, Dunn, McNeil & Parker, LLC, and its subsidiary entities provide tax, advisory, and consulting services.

The entities falling under the BerryDunn brand are independently owned and neither entity is liable for the services provided by the other entity. Our use of the terms “our firm” and “we” and “us” and terms of similar import denote the alternative practice structure of Berry, Dunn, McNeil & Parker, LLC and BDMP Assurance, LLP.

We will be utilizing generative AI programs where appropriate and permissible under client contracts and relevant laws. These AI tools are designed to support our team in various aspects of our work, including data analysis and project management. The integration of AI enables us to provide more accurate insights and streamline our processes, ultimately benefiting our clients through enhanced service delivery.

This proposal is the work of Berry, Dunn, McNeil & Parker, LLC and is in all respects subject to negotiation, agreement, and signing of specific contracts.

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II. TERMS AND CONDITIONS

Bidder should read the Terms and Conditions within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Terms and Conditions Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken;
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
DRA		

The bidders should submit with their solicitation response any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the solicitation response as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award has been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one (1) Party has a particular clause, then that clause shall control,
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together,
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

1. The contract resulting from this Solicitation shall incorporate the following documents:
 - a. Solicitation, including any attachments and addenda;
 - b. Questions and Answers;
 - c. Bidder's properly submitted solicitation response, including any terms and conditions or agreements submitted by the bidder;
 - d. Addendum to Contract Award (if applicable); and
 - e. Amendments to the Contract. (if applicable)

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) Executed Contract and any attached Addenda 3) Addendums to the solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda or attachments, and 5) the Vendor's submitted solicitation response, including any terms and conditions or agreements that are accepted by the State.

III. VENDOR DUTIES

Bidder should read the Vendor Duties within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Vendor Duties Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken.
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Vendor Duties Within Section as Written (Initial)	Exceptions Taken to Vendor Duties Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
DRA		

A. INDEPENDENT VENDOR / OBLIGATIONS

It is agreed that the Vendor is an independent Vendor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Vendor is solely responsible for fulfilling the contract. The Vendor or the Vendor's representative shall be the sole point of contact regarding all contractual matters.

The Vendor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Vendor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the bidder's solicitation response shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Vendor to the contract shall be employees of the Vendor or a subcontractor and shall be fully qualified to perform the work required herein. Personnel employed by the Vendor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Vendor or the subcontractor respectively.

With respect to its employees, the Vendor agrees to be solely responsible for the following:

1. Any and all pay, benefits, employment taxes and/or other payroll withholding,
2. Any and all vehicles used by the Vendor's employees, including all insurance required by state law,
3. Damages incurred by Vendor's employees within the scope of their duties under the contract,
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law,
5. Determining the hours to be worked and the duties to be performed by the Vendor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Vendor, its officers, agents, or subcontractors or subcontractor's employees).

IV. PAYMENT

Bidder should read the Payment clauses within this section and must initial either "Accept All Terms and Conditions Within Section as Written" or "Exceptions Taken to Payment clauses Within Section as Written" in the table below. If exception is not taken to a provision, it is deemed accepted as stated. If the bidder takes any exceptions, they must provide the following within the "Exceptions" field of the table below (Bidder may provide responses in separate attachment if multiple exceptions are taken):

1. The specific clause, including section reference, to which an exception has been taken.
2. An explanation of why the bidder took exception to the clause; and
3. Provide alternative language to the specific clause within the solicitation response.

By signing the solicitation, bidder agrees to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the solicitation response. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the solicitation response. The State reserves the right to reject solicitation responses that attempt to substitute the bidder's commercial contracts and/or documents for this solicitation.

Accept All Payment Clauses Within Section as Written (Initial)	Exceptions Taken to Payment Clauses Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
DM		

A. TAXES (Nonnegotiable)

The State is not required to pay taxes and assumes no such liability as a result of this Solicitation. The Vendor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Vendor's equipment which may be installed in a state-owned facility is the responsibility of the Vendor.

B. INVOICES

Invoices for payments must be submitted by the Vendor to the agency requesting the services with sufficient detail to support payment. Payments will be made in two phases per hospital Chargemaster review. **After each hospital kick-off, a 50% payment will be made. Final payment of 50% will be made upon completion each hospital Chargemaster review.** The terms and conditions included in the Vendor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract. **The State shall have forty-five (45) calendar days to pay after a valid and accurate invoice is received by the State.**

C. INSPECTION AND APPROVAL

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

D. PAYMENT (Nonnegotiable)

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. § 81-2403). The State may require the Vendor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Vendor prior to the Effective Date of the contract, and the Vendor hereby waives any claim or cause of action for any such goods or services.

E. LATE PAYMENT (Nonnegotiable)

The Vendor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408).

CONTRACTUAL AGREEMENT FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder is not owned by the Chinese Communist Party.


Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Vendor. "Nebraska Vendor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation. All vendors who are not a Nebraska Vendor are considered Foreign Vendors under Neb. Rev Stat § 73-603 (c).

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. § 71-8611 and wish to have preference considered in the award of this contract.

THIS FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN

COMPANY:	Berry, Dunn, McNeil & Parker, LLC
ADDRESS:	1000 Elm Street, 4th Floor Manchester, NH 03101
PHONE:	603.518.2623
EMAIL:	droberge@berrydunn.com
BIDDER NAME & TITLE:	Denny Roberge, Principal
SIGNATURE:	
DATE:	May 1, 2026

VENDOR COMMUNICATION WITH THE STATE CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)

NAME:	same as above
TITLE:	
PHONE:	
EMAIL:	

Cost Sheet

Request for Proposal Number 124273 O3

Chargemaster Review Services

Bidder Name: Berry, Dunn, McNeil & Parker, LLC

Bidders must complete this form and submit with their Request for Proposal response. Bidder shall bid on the cost for each year of the initial term, and all renewal options.

Do not alter existing format or content within the Cost Sheet. **Important:** In case of a mathematical error in extension of price, unit price shall govern.

BASIS OF AWARD OF POINTS: The Pricing evaluation and point distribution will be based on the sum of Lines **A through F x 2** (estimated annual hospital assignments) for the initial term of one (1) year and the optional four (4) annual renewal periods from **Part I** and **Part II**.

Part 1 – Initial Term One (1) Year.

Project section requirements as outlined in Section (V)(A-E) of the Request for Proposal (RFP) document and any related attachments. Bidder to provide pricing for each of the project deliverable categories listed.

Initial (1) Year Term			
Item	Description	Unit of Measure	Cost Dollars Initial Year
A	Per Hospital Fee for Chargemaster review (Includes providing a mid-year narrative progress summary and invoice after initiation of the kick-off meeting and final narrative progress summary and invoice to include results of Chargemaster review and recommendations).	Each	\$ \$45,000
B	Per Hospital Fee for In-Person Presentations to <u>Executive Staff</u> (C-Suite)	Each	\$ travel cost only not to exceed \$1500
C	Per Hospital Fee for Virtual Presentations to <u>Executive Staff</u> (C-Suite)	Each	\$ included
D	Per Hospital Fee for In-Person Presentations to <u>Board Members</u> for the Hospital	Each	\$ travel cost only not to exceed \$1500
E	Per Hospital Fee for Virtual Presentations to <u>Board Members</u> for the Hospital	Each	\$ included
F	Per Hospital Fee for Six months post implementation planning support.	Each	\$ included

Part II- Optional Renewals after initial contract term

Optional Four (4) Annual Renewals					
Description	Unit of Measure	Renewal Year One	Renewal Year Two	Renewal Year Three	Renewal Year Four
Per Hospital Fee for Chargemaster review (Includes providing a mid-year narrative progress summary and invoice after initiation of the kick-off meeting and final narrative progress summary and invoice to include results of Chargemaster review and recommendations).	Each	\$ 45,000	\$ 45,000	\$ 45,000	\$ 45,000
Per Hospital Fee for In-Person Presentations to <u>Executive Staff</u> (C-Suite)	Each	\$ travel only	\$ not to exceed	\$ 1500	\$
Per Hospital Fee for Virtual Presentations to <u>Executive Staff</u> (C-Suite)	Each	\$ Included	\$ Included	\$ Included	\$ Included
Per Hospital Fee for In-Person Presentations to <u>Board Members</u> for the Hospital	Each	\$ travel only	\$ not to exceed	\$ 1500	\$
Per Hospital Fee for Virtual Presentations to <u>Board Members</u> for the Hospital	Each	\$ included	\$ included	\$ included	\$ included
Per Hospital Fee for Six months post implementation planning support.	Each	\$ included	\$ included	\$ included	\$ included