



REDiHealth
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RFP #: 124273 O3

CDM Review Services

REDi Health Analytics, LLC
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1. Corporate Overview

a. Bidder Identification and Information

REDi Health Analytics, LLC (REDi Health) is a healthcare analytics and revenue integrity consulting firm specializing in supporting rural hospitals, Critical Access Hospitals (CAHs), and healthcare organizations through data-driven financial and operational improvement initiatives.

The corporate office is located at:

REDi Health Analytics, LLC
977 Davis Creek Lane
Farmington, UT 84025

REDi Health is organized as a Limited Liability Company (LLC) operating as a partnership under the laws of the State of Utah. The company was originally organized in 2021.

Core analytics service areas include:

- Chargemaster (CDM) review and optimization
- Revenue integrity and reimbursement strategy
- Medicare and peer pricing alignment
- Denial prevention and reimbursement improvement
- Rural hospital financial sustainability initiatives
- Healthcare analytics and strategic advisory services

Clients primarily include rural hospitals, CAHs, State Offices of Rural Health (SORH), and other healthcare organizations across multiple states. The organization has extensive experience supporting facilities with CDM analysis, pricing transparency considerations, reimbursement optimization, and implementation planning services tailored to the operational realities of rural healthcare environments.

All REDi Health resources supporting this engagement are U.S.-based in accordance with solicitation requirements.

b. Financial Statements

REDi Health is a privately held limited liability company operating as a partnership that maintains sound financial standing and sufficient financial resources to support the successful performance of the services described in this solicitation.

The company has established operational and financial processes to support ongoing healthcare analytics, revenue integrity consulting, and CDM review engagements for rural hospitals, CAHs, SORHs, and other healthcare organizations across multiple states.

REDi Health affirms its financial capacity to:

- Perform all contracted services in accordance with the requirements of this solicitation;
- Maintain adequate staffing and operational support throughout the contract term;
- Support concurrent hospital engagements as required;
- Provide ongoing implementation planning support and executive reporting; and
- Sustain business operations for the duration of the initial contract term and any optional renewal periods.

Additional information regarding REDi Health's financial stability and banking reference is included in **Attachment A – Financial Stability and Banking Reference**.

c. Change of Ownership

REDi Health has not experienced any change of ownership, merger, acquisition, or organizational restructuring that would materially impact the company's ability to perform the services described in this solicitation.

The company has received private investment to support organizational growth and operational development. These investments have not resulted in a change to the company's operational control or ability to fulfill contractual obligations.

d. Office Location

REDi Health is headquartered in the State of Utah and supports healthcare clients across multiple states through a flexible remote workforce model.

The REDi Health team includes U.S.-based employees located throughout the country, allowing for efficient support of rural hospitals, CAHs, SORH's, and healthcare organizations while maintaining responsiveness, collaboration, and access to specialized expertise.

All personnel supporting this engagement will be U.S.-based in accordance with solicitation requirements.

e. Relationship with the State of Nebraska

REDi Health has established and continues to strengthen its relationship with the State of Nebraska through recent statewide rural health initiatives and contracted engagements supporting financial sustainability and operational improvement efforts for rural hospitals.

Most recently, the company was awarded a Rural Health Transformation Program (RHTP) contract with the Nebraska Department of Health and Human Services (DHHS) to support five rural hospitals with financial sustainability and workflow adoption services, including assessment, redesign, implementation support, KPI reporting, and operational improvement initiatives. The awarded contract totals approximately \$2.2 million and spans from May 1, 2026 through July 31, 2027.

The Nebraska DHHS contract references:

- DHHS SharePoint ID: CLMS 6247
- CLMS Contract Number: 7363

Under this engagement, REDi Health will provide services focused on:

- Denials prevention and workflow optimization
- Contracts-to-actuals reimbursement analysis
- Revenue leakage and documentation gap assessments
- KPI dashboarding and structured reporting
- Financial sustainability planning and implementation support for participating rural hospitals

The program was specifically designed to align with Nebraska's statewide RHTP priorities and federal NOFO requirements supporting long-term rural hospital sustainability.

In addition, REDi Health was recently awarded a CDM project funded through the Nebraska State Office of Rural Health FLEX Program for the contract period of January 5, 2026, through August 31, 2026. This federally supported initiative is funded under the Medicare Rural Hospital Flexibility Program (Assistance Listing Number 93.241; FAIN Number U2WRH33315).

This engagement further demonstrates Nebraska's confidence in REDi Health's expertise in rural healthcare revenue integrity, reimbursement optimization, and data-informed financial sustainability initiatives supporting CAHs and rural healthcare providers.

f. Bidder's Employee Relations to the State

REDi Health confirms that no employee, officer, partner, or contractor assigned to this engagement is currently employed by the State of Nebraska or has any known conflict of interest related to the performance of services described in this solicitation.

No personnel assigned to this project are former employees of the State of Nebraska in a manner that would create an actual or perceived conflict of interest associated with this procurement or resulting contract.

g. Contract Performance

REDi Health has not had any contract terminated for default, cause, or non-performance, and maintains a strong record of successful project delivery and collaborative client relationships across its healthcare analytics, revenue integrity, and CDM consulting engagements. The company is committed to providing responsive communication, timely deliverables, and high-quality support to rural hospitals, CAHs, SORHs, and other healthcare organizations.

The company is not currently involved in any material litigation, disputes, or performance-related matters that would adversely impact its ability to fulfill the requirements of this solicitation.

h. Summary of Bidder's Corporate Experience

REDi Health is a healthcare analytics services company specializing in financial, clinical, and operational improvement initiatives for rural healthcare organizations. Using proven methodologies grounded in the strategic use of data, the team helps healthcare organizations identify opportunities, implement meaningful change, and improve long-term sustainability and performance outcomes.

Engagements often begin with financial sustainability initiatives designed to help rural hospitals stabilize operations, strengthen reimbursement performance, improve workflows, and establish greater confidence in organizational data. Over time, these foundational efforts support broader transformation initiatives, including population health models, operational redesign, clinical improvement strategies, and long-term sustainability planning.

This approach combines advanced analytics, healthcare operational knowledge, and proven improvement methodologies to help healthcare organizations translate data into actionable and sustainable operational change.

The REDi team has extensive experience supporting CAHs, rural prospective payment system hospitals, SORHs, Accountable Care Organizations (ACOs), and other healthcare entities through data-driven analytics, consulting, and implementation support services.

The CDM review methodology utilized by REDi Health is intentionally targeted and data-driven. Rather than applying broad or blanket pricing increases, recommendations are developed using a focused approach centered on:

- High-volume CPT and HCPCS codes;
- Areas priced materially below Medicare or peer benchmarks;
- Service lines with meaningful reimbursement opportunity;
- Operational feasibility and implementation readiness;
- Payer defensibility and price transparency considerations; and
- Leadership-guided pricing strategies aligned to each hospital's goals, market position, and community needs.

Collaboration with hospital leadership teams is a central component of the process, helping determine each organization's appetite for pricing adjustments and implementation pacing. Recommendations are designed to support financial sustainability while balancing community impact, operational realities, and long-term pricing governance.

Today, REDi Health supports healthcare organizations and statewide rural health initiatives across multiple states, including Nebraska, Utah, Wyoming, Nevada, Oregon, and Maine. Experience includes direct collaboration with SORHs and federally supported rural health programs focused on improving hospital sustainability and operational performance.

The following examples represent CDM review engagements performed for CAHs within the past three (3) years that are similar in size, scope, and complexity to this Solicitation.

REDi Health performed all referenced project work as the contracted service provider responsible for project delivery, analytics, reporting, recommendations, and stakeholder engagement activities. Certain engagements were funded or facilitated through statewide rural health organizations and hospital associations.

Example Project 1 – Blue Mountain Hospital

a) Time Period of Project

Project start date: 2/26/25

Project completion date: 6/18/26

b) Scheduled and Actual Completion Dates

The project was completed within the originally scheduled project schedule and deliverable timeline.

c) Bidder Responsibilities

REDi Health served as the prime vendor and was responsible for:

- Comprehensive professional and facility CDM review;
- CPT/HCPCS validation and CMS alignment analysis;
- Medicare and peer benchmarking analysis;
- Financial impact modeling using historical volume data;
- Revenue integrity analysis and pricing strategy recommendations;
- Executive reporting and presentation of findings; and
- Implementation planning support.

The engagement included detailed analysis of Surgery, Radiology, Pathology/Laboratory, and Emergency Department service lines using peer benchmarking, Medicare alignment methodologies, and volume-informed pricing strategies. REDi Health utilized a targeted pricing approach focused on high-impact codes with meaningful utilization volume rather than applying broad percentage increases across the CDM.

The project identified approximately \$2.1 million in projected gross charge improvement opportunities while maintaining a balanced and defensible pricing strategy appropriate for a rural healthcare environment.

d) Customer Reference

Denise Arthur, Business Office Manager

Blue Mountain Hospital

435-678-4604

dlarthur@bmh.utah.gov

e) Prime Vendor/Subcontractor Information

REDi Health performed this engagement as the contracted service provider under an agreement facilitated through the Utah Hospital Association (UHA). REDi Health was responsible for all project delivery, analysis, reporting, recommendations, and stakeholder engagement activities associated with the engagement.

Example Project 2 – Uintah Basin Medical Center

a) Time Period of Project

Project start date: 3/6/2025

Project completion date: 7/9/2025

b) Scheduled and Actual Completion Dates

The project was completed within the originally scheduled project schedule and deliverable timeline.

c) Bidder Responsibilities

REDi Health served as the prime vendor and was responsible for:

- Comprehensive CDM review and optimization;
- Medicare and peer pricing benchmark analysis;
- Revenue integrity assessment;
- Financial sustainability analysis;
- Volume-based pricing strategy modeling;
- Executive reporting and implementation guidance; and
- Strategic pricing recommendations aligned to organizational goals.

The engagement focused on targeted pricing optimization in high-volume service areas including Emergency Department, Radiology, and Laboratory services. REDi Health worked collaboratively with hospital leadership to identify practical and sustainable pricing opportunities aligned with operational goals and market positioning.

The review identified approximately \$3.9 million in projected reimbursement improvement opportunities while maintaining a conservative overall pricing strategy below typical payer threshold limitations.

d) Customer Reference

Jim Marshall, CEO
Uintah Basin Medical Center
435-722-6163
james_marshall@ubh.org

e) Prime Vendor/Subcontractor Information

REDi Health performed this engagement as the contracted service provider under an agreement facilitated through the Utah Hospital Association (UHA). REDi Health was responsible for all project delivery, analysis, reporting, recommendations, and stakeholder engagement activities associated with the engagement. The project was completed within the planned project schedule and budget.

Example Project 3 – Webster County Community Hospital

a) Time Period of Project

Project start date: 04/08/2025
Project completion date: 06/25/2025

b) Scheduled and Actual Completion Dates

The project was completed within the originally scheduled project timeline.

c) Bidder Responsibilities

REDi Health completed a comprehensive CDM review engagement for Webster County Community Hospital, a rural Nebraska healthcare organization, focused on strengthening revenue integrity, improving pricing alignment, and supporting long-term financial sustainability. The engagement included a detailed analysis of the hospital's facility CDM and strategic recommendations designed to balance reimbursement optimization with community affordability considerations.

Services performed included:

- Comprehensive CDM review and validation;
- Review of deleted, inactive, and outdated CPT/HCPCS codes;
- Revenue code and modifier analysis;
- Medicare benchmark analysis;

- Peer market pricing comparison utilizing regional and Statistical Analytic File (SAF) benchmarking;
- Financial impact modeling based on historical utilization and payer mix;
- Strategic pricing recommendations across key clinical service lines including Emergency Department, Pathology and Laboratory, Radiology, Integumentary, and Anesthesiology services; and
- Executive-level presentation of findings and implementation considerations.

REDi Health identified several opportunities to improve pricing alignment and reimbursement sustainability while maintaining thoughtful consideration for the needs of the rural community.

Key findings included:

- Identification of 55 rates initially below Medicare benchmark pricing;
- Identification of pricing opportunities in Emergency Department professional fees, Pathology and Laboratory, Integumentary, and Radiology service lines;
- Forecasted gross charge opportunity exceeding \$400,000 through strategic pricing adjustments; and
- Recommended pricing adjustments resulting in an overall average increase of approximately 3.94%, remaining within organizational budget considerations.

The project emphasized a balanced and data-informed pricing strategy that considered Medicare reimbursement structures, peer benchmarking, payer mix, operational sustainability, and patient affordability. REDi Health collaborated closely with hospital leadership and revenue cycle stakeholders throughout the engagement to support implementation planning and long-term Chargemaster management practices.

d) Customer Reference

Lamont Cook, CEO
 Webster Community Hospital
 402-746-5600
 lcook@websterhospital.org

e) Prime Vendor/Subcontractor Information

REDi Health was engaged directly by Webster Community Hospital and was responsible for all project delivery, analysis, reporting, recommendations, and stakeholder engagement activities associated with the engagement.

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

REDi Health proposes a collaborative, analytics-driven project management approach designed to support successful CDM review engagements for CAHs and rural healthcare organizations. This approach emphasizes structured communication, leadership engagement, operational alignment, timely deliverables, and practical implementation support throughout the duration of each engagement.

REDi Health utilizes a team-based model that combines executive oversight, healthcare analytics expertise, project management, and operational collaboration to ensure consistency, responsiveness, and quality throughout the project lifecycle.

The proposed project team for this engagement includes:

Team Member	Title	Primary Responsibilities
John Wadsworth	Co-Founder	Executive oversight, strategic guidance, stakeholder engagement, executive and board presentation support
Brant Avondet	Chief Operating Officer	Executive oversight, project coordination support, implementation planning guidance, and hospital leadership engagement.
Cy Hendricks	Vice President of Analytics	Analytics oversight, methodology governance, quality assurance, reporting strategy, data review
Amy Nielson	Project Management Support	Project coordination, scheduling, communication management, deliverable tracking, hospital coordination
Kristi Purvis	Supervisor	Lead analyst for hospital engagements, CDM review analysis, benchmarking, financial modeling, findings development, reporting
Noah Ashworth	Data Analyst	Analytical support, data validation, benchmarking support, reporting assistance, implementation support
Levi Wells (Subcontractor)	Data Support Analyst	Data preparation, normalization, file organization, validation, and analytical support

REDi Health’s management approach is structured to provide each assigned hospital with a consistent point of coordination while ensuring access to executive leadership and technical expertise throughout the engagement.

Amy Nielson, serving in a project management support role, will assist with scheduling, coordination, stakeholder communication, timeline management, and workflow support activities.

Levi Wells, serving in a subcontracted analytical support role, will assist with data preparation, normalization, organization, and validation activities supporting CDM review workflows.

Kristi Purvis will serve as the lead supervisor for assigned hospital engagements and will be responsible for leading:

- CDM review and analysis activities;
- Benchmarking and pricing evaluations;
- Financial impact modeling;
- Identification of findings and recommendations;
- Development of reporting deliverables; and
- Collaboration with hospital leadership regarding implementation considerations.

Noah Ashworth will provide analytical and project support throughout the engagement, including:

- Data preparation and validation;
- Comparative benchmarking support;
- Reporting assistance;
- Data quality review; and
- Follow-up analytical support as needed.

Cy Hendricks will provide oversight of analytics methodologies, data validation processes, reporting consistency, and quality assurance activities to support accurate, defensible, and actionable project findings.

Executive oversight will be provided by John Wadsworth and Brant Avondet to support strategic alignment, executive stakeholder engagement, quality review, and presentation of findings and recommendations when appropriate.

The proposed management approach aligns closely with the requirements outlined in the Solicitation, including:

- Kick-off meetings with hospital stakeholders;
- Comprehensive CDM analysis;

- Benchmarking and pricing strategy support;
- Reporting and narrative summaries;
- Executive and Board presentation support; and
- Post-implementation planning discussions and guidance.

REDi Health emphasizes collaborative engagement with hospital leadership and operational teams throughout each project to ensure recommendations are practical, sustainable, and aligned with each organization’s financial goals, operational realities, and community considerations.

Resumes for proposed personnel are included in **Attachment B – Proposed Personnel Resumes**.

j. Subcontractors

REDi Health intends to utilize subcontractor support for limited analytical support activities associated with this engagement.

Subcontractor	Address	Telephone Number	Specific Tasks	Estimated Performance Hours
Levi Wells	11851 s October Cove, Sandy, UT 84092	801-641-2683	Data preparation, data normalization, file validation, data quality review, and analytical support activities	Variable based on project-specific data complexity and support needs

Levi Wells will provide subcontracted analytical support services focused on data preparation, normalization, organization, and validation activities necessary to support efficient CDM analysis workflows.

Subcontractor participation is estimated to represent 20% of the anticipated performance hours per hospital engagement, with the majority of project work, analysis, reporting, recommendations, quality assurance, and executive oversight remaining under the direct responsibility of REDi Health personnel.

REDi Health will retain full responsibility for all project management, methodologies, deliverables, findings, recommendations, reporting, stakeholder engagement, and contractual obligations associated with this Solicitation.

2. Technical Response

a. Understanding of the Project Description and Scope of Services

i. Project Overview

The Nebraska Department of Health and Human Services seeks a vendor partner to provide comprehensive CDM review services for participating CAHs and rural facilities throughout Nebraska. REDi Health understands that the intent of this initiative is not simply to conduct a line-item pricing review, but to support long-term revenue integrity, pricing defensibility, regulatory alignment, and financial sustainability for rural hospitals operating in increasingly constrained reimbursement environments.

The scope of this initiative includes:

- Comprehensive review of institutional CDMs;
- Evaluation of CPT/HCPCS accuracy and CMS alignment;
- Benchmarking against peer and market pricing;
- Identification of pricing discrepancies and revenue integrity risks;
- Financial impact modeling using historical utilization data;
- Presentation of findings and recommendations to executive leadership and governing boards;
- Mid-year narrative progress summaries; and
- Six months of post-implementation planning support.

Rural hospitals continue to face unique financial and operational challenges, including high Medicare dependence, staffing limitations, evolving CMS requirements, and increasing scrutiny surrounding pricing transparency and reimbursement defensibility. REDi Health's approach is designed specifically for rural and CAH environments and emphasizes practical, data-informed recommendations that balance financial sustainability with community affordability.

REDi Health also understands the State's expectation that implementation activities remain operationally led by the participating hospitals, while the awarded vendor provides advisory guidance, prioritization support, and best-practice recommendations throughout the implementation planning phase.

ii. Project Environment

REDi Health understands the State intends to engage a vendor to support approximately two to three hospitals annually throughout the contract period. Participating hospitals may operate within varying electronic health record and billing systems and maintain differing CDM structures, workflows, and internal revenue cycle resources.

Participating hospitals are expected to vary significantly in operational complexity, staffing models, service mix, geographic location, and CDM maturity. Engagements may occur sequentially or concurrently depending on scheduling coordination, hospital readiness, and implementation timelines.

CAHs frequently operate within financially constrained rural healthcare environments where staffing limitations and competing operational priorities create challenges associated with ongoing CDM maintenance, pricing analysis, and revenue integrity oversight. REDi Health's methodology is intentionally designed to provide flexible coordination, organized communication, and practical recommendations while minimizing administrative burden on hospital staff.

Experience supporting rural hospitals and CAHs has reinforced the importance of actionable reporting, collaborative communication, and realistic implementation planning tailored to resource-constrained healthcare environments.

iii. Scope of Services

REDi Health utilizes a structured, data-driven methodology designed specifically for CAHs and rural healthcare organizations. Our approach combines CDM integrity review, Medicare and peer pricing analysis, financial impact modeling, and implementation planning support to help hospitals strengthen revenue integrity while maintaining defensible and sustainable pricing strategies.

Comprehensive CDM Review

The engagement begins with a project kickoff and data validation phase conducted in coordination with hospital leadership and revenue cycle personnel. During this phase, the REDi Health team collaborates with participating hospitals to review project timelines, confirm data requirements, establish communication protocols, and identify operational considerations unique to the facility. Interviews and operational discussions may be conducted virtually or by phone in coordination with hospital staff and scheduling availability.

Following receipt of the required CDM and utilization data, a comprehensive review is performed of institutional CDM records, including institutional CPT/HCPCS coding, modifiers, revenue codes, pricing structure, and code validity. This review includes identification of deleted, inactive, incorrect, duplicate, or outdated codes based on current CMS guidance and industry standards.

Additional analysis includes evaluation of coding consistency, revenue code alignment, and pricing methodologies to identify operational risks that may contribute to reimbursement challenges, denials, or pricing defensibility concerns.

Benchmarking and Pricing Strategy

As part of the analysis process, current pricing is evaluated against Medicare allowable rates, APC methodologies, Clinical Laboratory Fee Schedule references, and applicable Statistical Analytic File (SAF) benchmark data. This analysis identifies areas where pricing may fall below Medicare reimbursement thresholds or materially deviate from market expectations.

Peer benchmarking analysis is also performed using geographic, rural designation, hospital size, and service mix comparisons to evaluate market positioning and pricing competitiveness.

Rather than applying broad or arbitrary percentage increases, REDi Health utilizes a strategic pricing methodology focused on high-impact services, pricing defensibility, utilization patterns, reimbursement alignment, and long-term operational sustainability. This methodology allows hospitals to prioritize pricing adjustments that maximize financial impact while remaining sensitive to payer contract limitations, transparency considerations, market competitiveness, and community affordability.

Using historical utilization and volume data provided by the hospital, projected financial impact modeling is performed for recommended pricing adjustments. This analysis allows hospital leadership to understand projected gross charge impact, prioritize implementation opportunities, and evaluate pricing strategies using objective, data-informed methodologies.

This methodology has been successfully utilized across rural hospitals and CAHs throughout the region. Recent engagements identified significant opportunities for revenue integrity improvement and pricing optimization while maintaining responsible aggregate pricing adjustments across high-impact service areas including Radiology, Emergency Department, Pathology and Laboratory, Surgery, and ancillary services.

Staff Training and Workflow Alignment

REDi Health understands the importance of aligning CDM maintenance practices with operational workflows and revenue cycle processes. Throughout the engagement, collaboration with hospital leadership and revenue cycle personnel supports discussion around implementation considerations, prioritization strategies, and operational best practices associated with CDM management and pricing alignment.

At the conclusion of the review, detailed recommendations and supporting analysis are provided in an organized and actionable format to support operational review and decision-making. Findings and recommendations will be presented to executive leadership and, as requested by the State and participating hospital, governing board members through in-person presentations coordinated with hospital availability.

Following the presentation of final recommendations, REDi Health will provide six months of post-implementation planning support focused on prioritization guidance, implementation planning, operational consultation, and ongoing review discussions. Implementation activities remain the responsibility of the participating hospital, while REDi Health serves in an advisory capacity to support informed operational decision-making and sustainable long-term CDM management practices.

Reporting

REDi Health recognizes the importance of maintaining clear communication, organized coordination, and transparent reporting throughout the duration of each hospital engagement.

Reporting and narrative summaries consistent with Section V.C.4 Reporting requirements of the RFP.

A mid-year narrative progress summary and associated invoice following initiation of the hospital kick-off meeting and completion of applicable project activities consistent with the invoicing structure outlined within Section IV.B of the RFP.

Upon completion of each assigned hospital CDM review, a final narrative progress summary and associated invoice consistent with the invoicing structure outlined within Section IV.B of the RFP.

Final narrative progress summaries will include:

- Direct impact of findings;
- Identification of estimated revenue savings and financial opportunity; and

- Recommendations for ongoing revenue savings, revenue integrity improvement, and program growth.

The reporting approach is designed to provide participating hospitals and the Nebraska Department of Health and Human Services with organized, actionable, and operationally practical information to support implementation planning and long-term financial sustainability efforts.

iv. Minimum Criteria for Participation

REDi Health meets and exceeds the minimum participation criteria for this solicitation through demonstrated experience providing comprehensive CDM review and revenue integrity services to rural hospitals and CAHs across multiple states.

Over the past three years, the REDi team has completed 31 CDM review projects across 25 hospital clients in Arkansas, Colorado, Michigan, Nebraska, Nevada, Tennessee, Utah, and Wyoming. These engagements include both one-time comprehensive reviews and recurring subscription-based CDM support models designed to provide ongoing pricing strategy, compliance monitoring, and implementation guidance.

Today, REDi Health supports 10 subscription-based CDM engagements, demonstrating the team's ability to provide long-term operational support, recurring review cycles, and implementation planning assistance aligned with the intent of this solicitation.

The REDi Health CDM review methodology directly aligns with the requirements outlined in this RFP and includes:

- Comprehensive review of institutional CDM data;
- Identification of missing, incorrect, deleted, or outdated CPT/HCPCS and revenue codes;
- Evaluation of pricing against Medicare allowable rates and CMS guidance;
- Competitive benchmarking against regional, state, and national peer facilities;
- Financial impact forecasting using historical volume data;
- Strategic pricing recommendations designed to balance financial sustainability, compliance, and community considerations;
- Executive leadership and Board-level presentation of findings and recommendations; and
- Post-implementation planning support and operational guidance.

REDi Health’s experience supporting rural hospitals and rural health systems includes work related to pricing transparency, reimbursement strategy, Medicare alignment, and revenue integrity initiatives. Recent engagements have included:

- A multi-hospital rural health system in Arkansas, including a 200+ bed flagship hospital and CAH locations, where CDM pricing and reimbursement analysis supported identification of more than \$38 million in estimated gross charge opportunity while maintaining a strategic average rate increase below 2%;
- A rural Nevada CAH engagement that supported identification of approximately \$2.0 million in estimated gross charge opportunity through targeted peer benchmarking, Emergency Department pricing analysis, and Medicare alignment strategies;
- A rural Utah hospital engagement that supported identification of approximately \$3.9 million in estimated gross charge opportunity while maintaining pricing recommendations within standard payer threshold expectations; and
- A Wyoming rural hospital engagement that identified more than \$1.1 million in strategic pricing opportunities through focused code-level analysis, pricing rebalancing, and peer benchmarking methodologies.

This approach emphasizes practical implementation, sustainable pricing strategy, defensible market alignment, and collaboration with hospital leadership teams to support long-term financial stability while remaining sensitive to the needs of rural communities.

REDi Health brings the technical expertise, rural healthcare experience, and collaborative approach necessary to successfully perform the services requested under this solicitation.

v. Project Management and Communication Approach

REDi Health utilizes a collaborative and structured project management approach designed to minimize administrative burden on participating hospitals while maintaining consistent communication and project transparency throughout the engagement.

Upon project initiation and receipt of the requested CDM and utilization datasets, REDi Health schedules a virtual kickoff meeting with designated hospital stakeholders to review project objectives, discuss data structure and availability, establish timelines, and confirm communication preferences. Typical hospital participants include the Revenue Cycle Director, Business Office Manager, and Chief Financial Officer, as available.

Throughout the engagement, REDi Health typically conducts recurring weekly status meetings with hospital leadership and operational stakeholders. These meetings are used to:

- Review project progress and timeline status;
- Discuss preliminary findings and emerging trends;
- Provide CDM completeness reports;
- Identify peer groups for comparison analysis;
- Clarify operational workflows or billing practices impacting analysis;
- Address questions related to coding, pricing, or reimbursement methodology;
- Identify areas of opportunity;
- Identify implementation considerations; and
- Coordinate any additional data requests or follow-up items.

REDi Health recognizes that participating CAHs often operate with limited staffing resources and competing operational priorities. Our communication approach is intentionally designed to be flexible, organized, and responsive to hospital availability while maintaining project momentum and timely completion of deliverables.

Communication throughout the engagement may occur through scheduled virtual meetings, email correspondence, and secure file-sharing methods approved by the hospital and the State. REDi Health maintains consistent coordination with designated hospital contacts to ensure alignment on project expectations, deliverables, and implementation planning activities.

At the conclusion of the analysis phase, REDi Health conducts a detailed presentation of findings and recommendations with hospital leadership. Additional presentations may be provided to executive leadership and governing boards, either virtually or in person, based on project requirements and scheduling coordination.

vi. Post Implementation Planning Support

REDi Health provides six months of post-implementation planning support following delivery of the final CDM review recommendations and presentation. This support period is designed to assist participating hospitals with implementation prioritization, operational planning, and ongoing revenue integrity considerations associated with CDM maintenance and pricing strategy execution.

The post-implementation phase is advisory in nature and focused on supporting hospital leadership and operational teams as they evaluate and implement recommended changes. Execution of CDM updates, pricing modifications, and operational workflow adjustments remains the responsibility of the participating hospital.

Post-implementation planning support may include:

- Guidance related to implementation sequencing and prioritization;
- Clarification of pricing methodology or benchmarking recommendations;
- Discussion of operational considerations associated with recommended changes;
- Assistance interpreting Medicare, peer benchmark, or reimbursement impacts;
- Follow-up discussions regarding coding or pricing questions identified during implementation;
- Support related to ongoing CDM maintenance best practices; and
- Review of implementation progress and identification of additional opportunities for improvement.

REDi Health coordinates follow-up meetings and communications with designated hospital stakeholders based on hospital availability, implementation timelines, and operational needs. Support is typically conducted virtually to provide flexibility and minimize disruption to hospital operations.

As part of this support period, REDi Health will also provide the required mid-year narrative progress summary documenting implementation progress to date, key findings, observed impacts, and ongoing recommendations associated with the CDM review engagement.

The approach is designed to provide participating hospitals with practical, sustainable guidance that supports long-term revenue integrity, pricing transparency, and financial sustainability within rural healthcare environments.

b. Cost Sheet

REDi Health has completed and submitted the required Cost Sheet attachment consistent with the requirements of this solicitation.

c. Deliverables

For each assigned hospital engagement, REDi Health will provide deliverables consistent with Section V.E. Deliverables of the RFP. Deliverables will be tailored to the participating hospital's operational environment while maintaining consistency with State requirements.

Deliverables will include:

- Completion of comprehensive CDM review activities;
- Mid-year narrative progress summary;

- Final narrative progress summary including findings and recommendations;
- Presentation to Executive Suite leadership;
- Presentation to hospital Board leadership, as requested; and
- Six months of post-implementation planning support.

REDi Health will provide organized, actionable reporting and recommendations designed to support revenue integrity improvement, pricing defensibility, operational decision-making, and long-term financial sustainability for participating CAHs and rural healthcare organizations.

Attachment A – Financial Stability and Banking Reference

REDi Health Analytics, LLC Financial Stability Statement

REDi Health is a privately held company in good financial standing with established operational processes and sufficient resources to successfully perform the services outlined in this solicitation. REDi Health maintains a conservative financial management approach and has demonstrated consistent growth through long-term partnerships with Critical Access Hospitals, rural health systems, Accountable Care Organizations, and State Offices of Rural Health.

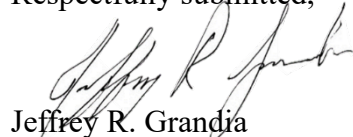
REDi Health currently supports healthcare organizations across multiple states through recurring analytics, revenue integrity, CDM, and strategic advisory engagements. The organization maintains the staffing, operational infrastructure, and financial capacity necessary to support the anticipated volume of work under this contract.

Banking Reference:

Mike Hanson, Senior Vice President/Branch Manager
ZIONS BANK
801-844-8434
michael.hanson@zionsbank.com

REDi Health confirms its ability to meet all financial obligations associated with this engagement and to provide the personnel, technology, and support resources required for successful contract performance.

Respectfully submitted,



Jeffrey R. Grandia
CEO

REDi Health Analytics, LLC
May 12, 2026

Attachment B – Proposed Personnel Resumes

John Wadsworth

Bountiful, Utah | 385-494-3805 | john.wadsworth@redihealth.com | www.redihealth.com

SUMMARY

Healthcare analytics and population health leader with 25+ years of experience improving healthcare organizations nationwide, with a specialized focus on rural and underserved communities. Experienced in healthcare IT strategy, enterprise data warehousing, population health management, and value-based care initiatives. Proven track record leading large-scale healthcare analytics operations, improving clinical and financial outcomes, and developing scalable data-driven solutions.

EXPERIENCE

REDi Health

Co-Founder & President | 2020 – Present

- Lead healthcare analytics and consulting initiatives focused on rural and underserved healthcare organizations
- Provide strategic consultancy and data-driven solutions supporting population health, mental health, and health equity initiatives
- Design and implement healthcare analytics programs addressing value-based care and public health preparedness
- Integrate complex healthcare data sources and develop scalable analytics solutions to improve clinical and financial outcomes
- Partner with organizations nationwide, including state health departments, to address healthcare disparities and strengthen rural healthcare systems

Health Catalyst

Senior Vice President of Client Operations | 2013 – 2021

- Managed a \$15M ARR portfolio supporting leading healthcare systems including Allina Healthcare, St. Jude, Unity Point, and WakeMed

- Oversaw 300+ team members and advised healthcare executives on analytics strategy, data literacy, and operational improvement
- Achieved significant recurring revenue expansion, including converting Unity Point to \$3M+ ARR within two years
- Led process improvement initiatives including technical assessments, training curriculum development, and analytics competency programs
- Developed the first professional services leveling framework for analytics and technical job families

Health Catalyst

Senior Technical Director | 2011 – 2013

- Led enterprise data warehouse implementation initiatives for hospitals and healthcare systems
- Partnered with healthcare executives to establish quality improvement and analytics sustainability programs
- Managed enterprise BI technologies and analytics deployments supporting clinical and operational initiatives
- Developed onboarding standards and architectural frameworks for analytics accelerators and subject area marts

Arup Laboratories

Data Architect | 2010 – 2011

- Designed and implemented enterprise data warehouse solutions supporting financial, clinical, operational, and HR reporting

Intermountain Healthcare

Data Architect | 2002 – 2010

- Supported inpatient and ambulatory EMR systems and enterprise reporting infrastructure
- Managed data loads, enterprise data warehouse operations, and enterprise reporting tool implementations
- Developed code extractions and reporting solutions supporting operational and clinical workflows

SKILLS

Healthcare & Population Health: Population Health Management, Value-Based Partnerships, Health Equity, Rural Healthcare, Pandemic Response

Leadership & Strategy: Leadership & Development, Change Management, Agile Methodologies, Process Improvement, Market Education & Training

Data & Technical: Data Warehousing, Data Architecture, Data Integration, Data Modeling, ETL, Informatics, SQL, EMR Systems

Business & Operations: Healthcare IT Strategy, Business Intelligence, Client Operations, Strategic Consulting

PRESENTATIONS & LEADERSHIP

Healthcare Analytic Summit – Top 5 rated presenter annually from 2014–2019

EDUCATION

The University of Utah School of Medicine
Master of Science, Biomedical Informatics

The University of Utah
Bachelor of Science, Human Genetics

REFERENCES

Jeremy Lyman | 802 S 200 W, Blanding, UT 84511 | 801-318-924

James Marshall | 250 W 300 N, Roosevelt, UT 84066 | 435-722-6163

Ashley Moretz | 195 North 1950 West, Salt Lake City, Utah 84116 | 801-350-1546

Cyrus Hendricks

801-673-5295 | cyhendricks@gmail.com | [linkedin.com/in/cyrushendricks](https://www.linkedin.com/in/cyrushendricks)

SUMMARY

Visionary healthcare analytics leader with 20+ years of experience delivering analytical solutions and business consulting to leading healthcare organizations. Expert in leveraging financial and technical data to drive strategy, operational improvement, and value-based outcomes. Skilled in business intelligence, machine learning, process optimization, and executive leadership with a proven track record of improving revenue cycle, patient outcomes, and organizational performance.

EXPERIENCE

REDi Health

Senior Manager of Healthcare Analytics | Nov 2021 – Present

- Partner with healthcare leaders to analyze data, identify financial and clinical concerns, and develop opportunities to improve patient outcomes
- Oversee cross-functional teams managing portfolios of rural healthcare systems and integrating disparate data ecosystems
- Develop data-driven strategies and prototype innovative solutions for community and rural healthcare markets
- Serve as a client advisor, defining policies and procedures to leverage client data and improve sustainable outcomes
- Led Holy Redeemer Revenue Cycle project, improving cash flow by \$1–2M
- Developed denial management tools improving revenue cycle processes and generating projected annual value of \$2.5M

Health Catalyst

Senior Vice President of Analytic Services | Mar 2016 – Nov 2021

- Managed a \$250M–\$300M annual portfolio focused on improving patient access, safety, and care quality

- Led 15 managers and 250+ indirect reports supporting analytics-driven healthcare transformation
- Improved analytics efficiency by 90%, employee engagement by 10%, and patient satisfaction by 30%+
- Generated \$10M+ in client financial gains through operational and analytics improvements
- Helped scale internal team growth from 45 to 500 employees while improving profit margins by 15%

Health Catalyst

Senior Technical Director | Jan 2013 – Mar 2016

- Managed 30 team members deploying enterprise analytics and data operation systems
- Served as subject matter expert for data-first analytics and application development platforms
- Produced 1.5X ROI per team while completing projects 15% under budget
- Designed and deployed one of the first cloud-supported Azure solutions
- Developed client data strategies and enterprise data warehouse support initiatives

Basic Research

Marketing & Finance Analyst | Jan 2003 – Jan 2013

- Leveraged data analysis to develop external marketing strategies and campaigns
- Managed monthly marketing budgets and optimized media campaigns to improve ROI
- Designed campaigns achieving 2:1 media return within the first 90 days
- Led print campaigns resulting in 300% growth in investment value

SKILLS

Healthcare & Analytics: Healthcare Analytics, Business Intelligence, Value-Based Care, Revenue Cycle Optimization, Machine Learning, Risk Assessment & Mitigation

Leadership & Strategy: Executive Leadership, Strategy Development, Leadership &

Development, Agile Project Management, Operational Research, Market Education & Training

Data & Technical: SQL, TSQL, PGSQL, PLSQL, Snowflake, SSIS, SSMS, SSRS, SAS, Stata, Tableau, Power BI, Qlik, AWS, Azure, R

Business & Operations: Financial Management, Process Improvement, Project Management, Executive Presentations

EDUCATION

Utah State University
Bachelor of Science, Accounting

REFERENCES

Craig Dreikosen | 260 26th Street, Prairie du Sac, WI 53578 | 608-370-0440

Newton Mulama | 301 N. Main Street Sheridan, MI 48884 | 989-316-5341

Mike Rossi | 350 N. Humphreys Boulevard Memphis, TN 38120 | 901-227-2424

Brant Alan Avondet

Highland, UT | avondets@gmail.com | (913) 260-8632

SUMMARY

Executive healthcare technology and analytics leader with extensive experience in product strategy, business development, operations, and client success across healthcare systems, rural health, and enterprise technology organizations. Proven ability to scale organizations, lead cross-functional teams, drive revenue growth, and develop innovative analytics and AI-focused solutions that improve healthcare delivery and operational performance.

EXPERIENCE

REDi Health

Chief Operations Officer | 2026 – Present

- Scaling operations teams and infrastructure to support the growing demand for large-scale healthcare analytics and transformation projects
- Leading operational strategy and process improvement initiatives while driving organizational alignment, efficiency, and team development across REDi Health

Health Catalyst

Senior Vice President – Product Strategy | 2025 – 2026

- Revamped product roadmap processes across 15 teams and proposed organizational alignment structures
- Led collaboration between product development and engineering teams for a new AI-focused financial solution

Health Catalyst

Senior Vice President – Analytic Services Organization | 2018 – 2024

- Grew revenue from \$20M to approximately \$40M while scaling a field services organization from 60 to 200+ team members

- Directed field service teams supporting rural health, tribal, community, IDN, and international healthcare systems
- Contributed to 300+ published client success stories impacting over 5 million lives
- Implemented operational best practices achieving TSIA world-class utilization and gross margin benchmarks
- Led adoption of EOS methodology across a 200+ person organization to improve planning, morale, and accountability
- Oversaw development of scalable custom analytics product architectures in partnership with engineering teams
- Developed and launched multiple new products and service lines to meet evolving client demand
- Led deployment of a widely adopted COVID-19 client application during the pandemic

Health Catalyst

Senior Account Executive | 2016 – 2018

- Expanded partnerships with rural and tribal healthcare organizations, including Alaska Native Tribal Health Consortium
- Achieved 112%+ annual net retention across community health and IDN accounts
- Served as strategist and product manager for custom healthcare offerings developed with clients and engineering teams

Health Catalyst

Engagement Lead and Product Manager | 2014 – 2016

- Delivered 20+ measurable client improvements resulting in over \$20M in financial savings and significant clinical outcomes
- Contributed to development of improvement methodologies and internal training programs

Cerner Corporation (Oracle)

General Manager / Managing Director – Oncology Business Unit | 2011 – 2014

- Built and led cross-functional oncology business teams including 13 direct reports and 50+ indirect reports

- Directed engineering, operations, product development, finance, sales, marketing, and support for oncology solutions
- Scaled oncology division into a \$20M+ revenue business unit

Cerner Corporation (Oracle)

Senior Business Strategist / Senior Product Manager | 2009 – 2011

- Led strategic planning, operations, finances, and product development for Cerner’s Women’s Health business unit
- Supported scalable maternity product development using Agile and XP methodologies
- Coordinated FDA clearance efforts for fetal monitoring solutions

Cerner Corporation (Oracle)

Business Development Manager / Senior Business Strategist | 2006 – 2009

- Launched Cerner’s employer clinic business line and established key strategic partnerships
- Secured first employer clinic client resulting in \$23M+ revenue
- Developed Cerner’s Community Care product supporting rural healthcare and small hospitals

EDUCATION

Harvard Business School

Master of Business Administration (MBA), With Distinction

Brigham Young University

B.A. Economics | B.S. Finance | Magna Cum Laude

LEADERSHIP & COMMUNITY

American Cancer Society – Chairman’s Circle Board Member

The Church of Jesus Christ of Latter-day Saints – Volunteer Representative and Leadership Roles in France

SKILLS

Healthcare & Strategy: Healthcare Analytics, Rural Healthcare, Product Strategy, Business Development, Operational Leadership

Leadership & Operations: Executive Leadership, Cross-Functional Team Leadership, EOS Implementation, Organizational Scaling, Client Success

Product & Technical: AI Solutions, Agile Methodologies, Product Development, Product Management, Analytics Solutions

Business & Financial: Strategic Planning, Revenue Growth, Financial Management, Business Operations

Additional: Fluent in French, Public Speaking, Executive Presentations

REFERENCES

Ammon Kemmethmueller | 9063 Mountain Iris Way, West Jordan, UT 84081 | 801 652 2002

Sarah Jenson | 5136 18th Ave S, Minneapolis, MN 55417 | 612 214 1207

Brian Eliason | 8830 McKibben Drive, Chesterfield VA 23838 | 720 586 9167

Claire Adams

Lehi, Utah | 385-494-3957 | claire.adams@redihealth.com | www.redihealth.com

SUMMARY

Healthcare analytics leader with 10+ years of experience delivering data-driven technology solutions and scalable analytics processes for healthcare organizations, ACOs, physician practices, and small hospital systems. Experienced in analytic engineering, population health, ETL development, and healthcare data strategy. Passionate about leveraging analytics to improve patient outcomes, reduce healthcare disparities, and lower the total cost of care.

EXPERIENCE

REDi Health

Vice President of Healthcare Analytics | 2021 – Present

- Lead a cross-functional analytics team supporting healthcare organizations with data-driven operational, financial, and clinical initiatives
- Utilize SQL, ETL processes, and data visualization tools to foster data-driven decision-making across health systems
- Design data models, dashboards, and reporting solutions to support quality improvement and population health initiatives
- Support Medicare and Medicaid contract analysis, care gap identification, daily census reporting, and data validation processes
- Partner with Western Healthcare Alliance (WHA) to provide provider attribution transparency, coding gap analysis, and avoidable ED utilization analytics

Health Catalyst

Senior Director of Analytics | 2017 – 2021

- Promoted from Analytics Engineer to Senior Director to lead analytics and data quality initiatives for domestic and international healthcare organizations
- Managed and trained Analytic Engineers, including leading Power BI education and analytics competency assessments

- Partnered with organizations including Mass General Brigham, AlohaCare, Agilon, and Fullerton Health to improve analytics maturity and healthcare outcomes
- Supported analytics for Medicare MSSP, Medicaid ACO, Medicare Advantage, and commercial payer contracts
- Built claims infrastructure solutions and implemented data quality checks across multiple claims data sources

Health Catalyst

Senior Data Architect | 2013 – 2017

- Developed healthcare visualizations and data models using SQL in clinical and operational healthcare environments
- Implemented HHS-HCC and CMS-HCC risk adjustment methodologies within enterprise analytics platforms
- Led Key Process Analysis initiatives across 15+ healthcare clients to identify process improvement opportunities
- Developed analytics accelerators measuring impacts of HCC coding gaps and care process variation
- Contributed analytic assets and shared data marts through the Shared Frameworks team

KEY PROJECTS

- Western Healthcare Alliance (WHA)

Provided analytics and provider attribution transparency for Medicare MSSP and Valley Health Alliance shared savings programs serving 18K+ members; developed targeted reporting packages for high-risk patient management.

- Mass General Brigham

Supported ACO analytics initiatives including HCC coding gap analysis, ROI evaluations, and analytics for Medicare, Medicaid, and commercial payer contracts.

- Fullerton Health (Singapore)

Assessed analytic maturity across healthcare operations in Singapore, Indonesia, China, Hong Kong, Australia, and the Philippines; delivered recommendations for data governance and infrastructure.

- AlohaCare (Hawaii)

Supported integration of HEDIS and AHRQ reporting while implementing predictive modeling infrastructure for readmission risk and rising-risk patient populations.

SKILLS

Healthcare & Analytics: Population Health, Accountable Care Organizations (ACOs), Medicare & Medicaid, Healthcare Analytics, Analytic Engineering

Data & Technical: SQL, SSMS, ETL Processes, Power BI, Tableau, QlikView, SAS, R, Python, Microsoft SQL Server

Leadership & Strategy: Stakeholder Engagement, Process Development, Project Management, Training & Development, Strategy Development

Business & Operations: Client Success, Research & Data Analysis, Data-Driven Solutions

EDUCATION

University of Utah

Master of Science, Information Systems

Graduate Certificate, Biomedical Informatics

Utah State University

Bachelor of Science, Biology

Business Minor | Public Health

REFERENCES

Marnell Bradfield | 715 Horizon Dr #485, Grand Junction, CO 81506 | 970-220-2182

Cari Spillman | 802 S 200 W, Blanding, UT 84511 | 435-979-2071

Denise Arthur | 802 S 200 W, Blanding, UT 84511 | 435-979-5728

Amy Nielson, MS

Logan, Utah | amynielson82@gmail.com | (435) 764-0811

SUMMARY

Project Manager and Healthcare Data Analyst with 8+ years of experience supporting public health initiatives, healthcare analytics, program implementation, and cross-functional coordination. Skilled in healthcare data analysis, stakeholder engagement, reporting, workflow optimization, and training. Proven ability to manage multiple projects, facilitate collaboration, and deliver data-driven insights that support operational and strategic decision-making.

EXPERIENCE

REDi Health

Healthcare Data Analyst & Project Coordinator | Feb 2024 – Present

- Manage multiple client-facing healthcare analytics projects, ensuring alignment of timelines, deliverables, and stakeholder communication
- Analyze healthcare data to identify trends and support strategic decision-making
- Develop and deliver client reports with clear, actionable insights
- Facilitate cross-functional meetings with internal teams and external stakeholders
- Streamlined data intake and reporting workflows to improve turnaround time and operational efficiency
- Serve as liaison between clients, analysts, and leadership to support successful project execution

3DM Proto & Fab, LLC

Co-Founder / Manager | Jun 2025 – Present

- Co-founded a startup specializing in titanium 3D printing and prototype manufacturing
- Oversee budgeting, invoicing, and financial tracking using QuickBooks
- Manage administrative operations, compliance documentation, and workflow processes
- Support business development and client engagement initiatives

Creative Computing Solutions, Inc.

Rural Health Community Coordinator | Aug 2014 – May 2015

- Coordinated outreach initiatives to increase adoption of VA health information systems
- Built relationships with healthcare providers, veterans, and program stakeholders
- Planned and facilitated trainings, community events, and health fairs
- Managed program tracking, reporting, and engagement data
- Contributed to program ranking among the top 10 nationally for participation

Utah Department of Health

Immunization Specialist | Jul 2013 – Apr 2014

- Trained healthcare staff on immunization registry systems and compliance standards
- Analyzed immunization data to monitor clinic performance and identify gaps
- Conducted site visits and maintained accurate program documentation
- Supported statewide provider initiatives and responded to stakeholder inquiries

Virginia Military Institute

Adjunct Faculty Instructor – Health Education | Oct 2012 – May 2013

- Designed and delivered health education curriculum and classroom instruction
- Evaluated student performance and maintained academic records

National Children’s Study

Field Research Specialist | Sep 2010 – Jul 2012

- Collected and managed research data and participant records
- Coordinated scheduling and milestone tracking for study participants
- Trained staff on data collection protocols and tools

Community Abuse Prevention Services Agency

Rape Prevention Education Coordinator | Aug 2008 – Sep 2010

- Developed and delivered community education and prevention programs
- Facilitated workshops for diverse audiences and coordinated outreach events

- Supported volunteer engagement and educational initiatives

SKILLS

Healthcare & Program Management: Healthcare Analytics, Public Health Programs, Program Coordination, Stakeholder Engagement, Grant Reporting

Data & Technical: Data Analysis, SQL, Power BI, Smartsheet, Reporting & Workflow Optimization

Business & Operations: QuickBooks, Budgeting, Administrative Operations, Process Improvement

Training & Communication: Staff Training, Workshop Facilitation, Client Communication, Community Outreach

Tools & Platforms: Microsoft Office Suite, Adobe Acrobat Pro

EDUCATION

Utah State University

Master of Science, Health Education and Promotion | 2008

Utah State University

Bachelor of Arts, International Studies | 2003

CERTIFICATIONS

Certified Associate in Project Management (CAPM) — In Progress

REFERENCES

Cecilia Campbell | 3127 South 225 West, Nibley, UT 84321 | 435-777-9212

Haylee Bladen | 2790 N 1400 E, Logan UT 84341 | 801-856-2106

Laura Palemberg | 715 Horizon Drive, Suite 485, Grand Junction, CO 81506 | 970-309-4473

Kristi Purvis

Jackson, Tennessee, United States

SUMMARY

Healthcare analytics and operations leader with experience supporting rural and underserved healthcare organizations through data analytics, project coordination, process improvement, and operational leadership. Skilled in healthcare reporting, revenue cycle support, stakeholder communication, and cross-functional collaboration.

EXPERIENCE

REDi Health

Supervisor of Healthcare Analytics & Delivery | Mar 2026 – Present

- Lead delivery of healthcare analytics initiatives supporting rural and underserved healthcare organizations
- Oversee project execution and alignment between analytics insights and client outcomes
- Manage cross-functional collaboration to drive operational and financial improvements

REDi Health

Analytics Engineer | Feb 2023 – Mar 2026

- Developed and delivered data-driven insights to improve operational and revenue cycle performance
- Partnered with healthcare clients to identify gaps and implement actionable solutions
- Supported analytics workflows and reporting to enhance decision-making

HORNE

Analytics Engineer | May 2022 – Feb 2023

- Provided analytics support for healthcare clients with a focus on reporting and operational improvement
- Assisted in development of data models and reporting tools

HORNE

Operations Supervisor | Oct 2020 – May 2022

- Supervised operational workflows and supported process improvement initiatives
- Managed team coordination and operational efficiency across projects

HORNE

Project Coordinator | Jun 2019 – Oct 2020

- Coordinated data analytics and BPCI-A bundled payments project timelines, reporting, resources, and communication across teams
- Ensured project deliverables were completed on time and within scope

HORNE

Operations Coordinator | Nov 2018 – Jun 2019

- Supported operational initiatives and administrative processes
- Assisted leadership with workflow management and reporting

HORNE

Administrative Assistant | Aug 2014 – Oct 2018

- Provided administrative support across teams and departments
- Managed scheduling, communication, and documentation

University of Mississippi Medical Center

Talent Acquisition Coordinator | Dec 2012 – Aug 2014

- Supported recruitment and onboarding processes for healthcare roles
- Coordinated candidate communication and hiring workflows

SKILLS

Healthcare & Operations: Healthcare Analytics, Hospital Revenue Cycle, Healthcare, Hospitals

Data & Tools: Data Analytics, Microsoft Excel, Spreadsheets, Microsoft Office, Outlook

Business & Administrative: Payroll, Accounts Payable, Administration, Administrative

Assistance, Appointment Scheduling

People & Leadership: Talent Acquisition, Human Resources, Employee Relations, Training, Management, Time Management

Client & Process: Customer Service, Client Onboarding, Process Improvement

EDUCATION

Rocky Mountain College of Art + Design (RMCAD) | 2003 – 2005

Fine/Studio Arts, General

REFERENCES

Tatiana Olivar | 4600 Kietzke Lane, Suite I -209, Reno, NV 89502 | (650) 255-4703

Jodi Price | 535 South Humboldt St. Battle Mountain, NV 89820 | 775-635-2550 Ext. 1118

Joy Coulston | 2221 West Elm Street Rawlins, WY 82301 | (307) 324-2221

Noah Ashworth

SUMMARY

Analytics Engineer with a background in Information Systems and specialized training in Data Science. Experienced in supporting rural healthcare organizations through data-driven solutions, including denials analysis, process optimization, and CDM reviews. Skilled in data wrangling, ETL, and analytics to improve operational efficiency and enable informed decision-making across healthcare systems.

EXPERIENCE

REDi Health

Analytics Engineer

- Collaborate on analytics projects addressing complex challenges in rural healthcare systems
- Perform denials analysis to identify trends and improve revenue cycle performance
- Support process implementation and optimization initiatives to enhance operational efficiency
- Contribute to CDM reviews with a focus on long-term financial sustainability
- Leverage data wrangling and ETL processes to prepare and analyze healthcare data for actionable insights

SKILLS

Healthcare & Analytics: Healthcare Analytics, Rural Healthcare, Revenue Cycle Analysis, Process Optimization, CDM Review

Data & Technical: Data Wrangling, ETL, Data Analysis, SQL, Python, Data Science

Tools & Platforms: Microsoft Power BI, Tableau, Microsoft Azure, Excel

Methods: Data Modeling, Process Improvement, Analytics

EDUCATION

Information Systems

Certifications in Data Science

REFERENCES

Taylor Thrailkill | 100 Pioneers Medical Center Drive, Meeker, CO 81641 | (970) 878-9273

Shelli Shelton | 497 W Hesse St, Buffalo, WY 82834 | (307) 684-6104

Cari Spillman | 802 S 200 W, Blanding, UT 84511 | (435) 678-4677

Levi Wells

Salt Lake City, UT | 801-641-2683 | levi.wells90@gmail.com | [linkedin.com/in/levi-wells-546566103](https://www.linkedin.com/in/levi-wells-546566103)

SUMMARY

EDI and Analytics Engineer with 10+ years of experience across retail and healthcare environments. Experienced in ANSI X12 EDI integrations, SQL analysis, healthcare claims data, and workflow automation. Proven ability to improve revenue capture, reduce claim denials, and support large-scale trading partner integrations.

EXPERIENCE

REDi Health

Analytics Engineer (Contract) | Mar 2026 – Present

- Develop analytics solutions to identify and reduce healthcare claim denials, improving revenue capture
- Analyze healthcare EDI transactions including 835 remittance and 837 claims data
- Work across multiple EMR systems to extract and analyze financial and operational data
- Deliver actionable insights to improve billing accuracy and reduce revenue leakage

Basic Research

Software Analyst | Jan 2021 – Mar 2026

- Developed and maintained ANSI X12 EDI mappings supporting 20+ retail trading partners
- Managed EDI onboarding including certification testing, validation, and deployment
- Coordinated retailer-specific compliance testing and integration requirements
- Monitored and troubleshoot OpenText EDI transactions and resolved integration errors
- Utilized SQL to analyze EDI data and diagnose system issues
- Automated workflows using Microsoft Power Automate

Basic Research

Fulfillment Manager / Materials Planner / QA Specialist / Regulatory Affairs Support | 2015 – 2021

- Supported fulfillment, planning, quality assurance, and regulatory operations across multiple business functions
- Assisted PLM system support and operational process coordination

Union Pacific Railroad

Brakeman / Conductor | 2014 – 2015

- Supported railroad operations and transportation logistics in a safety-focused environment

SKILLS

EDI & Healthcare Systems: ANSI X12 (810, 850, 852, 856, 835, 837), Healthcare EDI, EMR Systems, Trading Partner Onboarding

Data & Technical: SQL Data Analysis, EDI Mapping & Integration, OpenText EDI, Microsoft Power Automate

Operations & Compliance: GS1 Standards, PLM Systems, Workflow Automation, Integration Troubleshooting

CERTIFICATIONS

PLM Configuration Certification

REFERENCES

Scott Snell | 10377 S Jordan Gateway #550, South Jordan, UT 84095 | (801) 557-5791

Joe Gerritsen | 10377 S Jordan Gateway #550, South Jordan, UT 84095 | (385) 210-6222

Richard Stead | 7259 S. Bingham Junction Blvd., Midvale, UT 84047 | (209) 840-0894

Attachment C – Sample Chagemaster Review Final Report

Overview

REDi Health performed a comprehensive review of _____ Medical Center professional and facility Chagemaster (CDM) to ensure coding accuracy, optimize pricing structures, and strengthen reimbursement strategies. This engagement supported revenue integrity through detailed analysis and practical recommendations.

As part of the review, REDi Health:

- Conducted a thorough audit of the CDM to identify missing, incorrect, and expired codes based on CMS guidelines.
- Evaluated current CPT code pricing against Medicare-allowed rates to highlight discrepancies and uncover risks of overcharging or undercharging.
- Benchmarked the facility’s pricing against state and local competitors to assess market positioning and identify rate optimization opportunities.
- Modeled the potential financial impact of pricing adjustments using historical volume data to inform strategic pricing decisions.

This analysis provided _____ Medical Center with data-driven insights to support financial sustainability and pricing transparency moving forward.

Summary of Financial Impact

Opportunity Area	Gross Charge Opportunity
Aligned 8 codes priced below APC	\$17,339
Brought 215 codes to peer benchmarks	\$568,703
ED E/M and other pricing adjustments	\$286,272
Total Gross Opportunity	\$979,393

Key Findings

CDM Scope and Completeness

The CDM included __ active charge items. After analysis, zero codes were identified as outdated and scheduled for inactivation. This reflects strong internal CDM management and proactive oversight from the Revenue Cycle team. These codes reflect items that were inactivated without replacement codes, and items with replacement codes that need further review and implementation.

Codes Below Medicare

Analysis of codes priced below Medicare allowable levels—including APC-adjusted pricing, Statistical Analytic File (SAF) data, and the Clinical Lab Fee Schedule (CLFS)—provides a straightforward, data-driven entry point for refining a rural facility’s pricing strategy to ensure optimal Medicare reimbursement. Given that rural facilities, and particularly Critical Access Hospitals (CAHs), serve a disproportionately high percentage of Medicare patients, aligning chargemaster rates to meet or exceed Medicare benchmarks is a cornerstone of financial sustainability.

A total of 8 codes were priced below the Medicare benchmark.

Pricing Below Market

Even when Medicare alignment is achieved, pricing that falls significantly below regional or peer facility averages can result in avoidable revenue loss, especially from commercial and self-pay segments. Peer pricing analysis incorporates geographic considerations, similar size and service mix, and rural designation to identify a sustainable “market set point.” This approach ensures that pricing is competitive without undervaluing the hospital’s services, while also providing defensible justification in payer negotiations and transparency disclosures. REDi Health used both geographic and similar-sized and type peers, as well as the national SAF data file for peer pricing comparison.

A total of 215 codes were found to be priced below peers.

High-Cost Outliers

While underpricing can erode revenue, the opposite extreme—charges far above both Medicare and market norms—creates reputational risk, increases the likelihood of payer pushback, and may trigger negative findings in price transparency reviews. High cost outlier analysis identifies these variances and distinguishes between services that are truly cost-intensive versus those that are simply misaligned with benchmarks. This targeted review supports strategic repricing decisions, and includes consideration for peer and SAF comparison to ensure overall pricing alignment.

A total of 5 codes were found to be high-cost outliers, and recommended for reduction in charges to better align with local and national pricing.

CPT Category Adjustments and Strategy

Radiology

Of 206 radiology codes, 49 codes were found to be under peer pricing, and recommended for increase. 10 codes were found to be above peer pricing, and recommended for a small decrease to better align with market pricing. Radiology codes were reviewed to adjust pricing on a leveling basis for procedures using no contrast, with contrast and with/without contrast including CTs and MRIs. Additionally, Xray procedures were reviewed to ensure equal pricing between laterality and to increase with number of views. In aggregate, our recommended adjustments would increase charges by around 12% across 49 codes, and increase gross charges by almost \$60,000.

Integumentary

Wound repair is a vital part of any rural facility providing emergency care. Ensuring accurate pricing for this service as a whole is essential to maintaining financial sustainability in relation to level of care provided. Reviewing laceration repair codes 12001 through 13160, 19 CPT codes were increased to allocate appropriate pricing as to location, depth and size. Four codes are suggested for a slight decrease. Adjusting these codes would result in an increase of \$12,560 in gross charges.

Emergency Department - Evaluation & Management

ER Professional fees were found to be above peer pricing, while Facility fees were found to be around 30-40% under peer pricing overall. We recommend an increase to facility fees at least to meet peer pricing; this will help GCD maintain profitability in the high-cost department of Emergency. Increases to this area will result in a gross charge increase of \$173,179.

Laboratory

In-house labs as well as send out labs were selected for analysis. Of the 360 in-house labs with volume, 1 item was found to be under APC pricing, and 125 items were found to be over APC pricing but under local peers. We recommend bringing these items up to APC and peer, respectively, to maximize reimbursement opportunities. 42 items were found to be over peers, but are very small volumes overall. We recommend maintaining pricing levels and considering pausing increases on these items for a period of time to closely monitor alignment with local markets. A sharp increase in utilization may warrant an adjustment downwards to better serve the local community needs. Adjustments to lab items would result in a gross charge increase of \$219,700.

Send out labs were also analyzed for strategic pricing opportunities. Data provided by GCD showed that the current pricing structure applied a lower markup to lower priced items, with a maximum volume at 90th percentile of 23 or greater. This supports that data that there are a large number of send out lab items, but at low volumes. For greater financial impact, we recommend using a strategy that supports a higher markup multiplier (not exceeding 2.5), for lower volume items, and a decreasing multiplier for higher volume items. Proposed changes would bring an estimated gross charge increase of \$4,936. This amount is not easy to crosswalk back to specific CDM items, and the most recent data available was based on 2023 volumes, and so is not included in the final financial summary amount.

Medicine Category

Various injection and infusion codes were found to be over APC but under peer rates, and we recommend increases to reflect alignment with market pricing. Other codes included in this category suggested for increase are: ECG/EKG w/o interpretation (93005), Ultrasound upper/lower extremity (93971), and TDAP vaccine (90715), as well as multiple PT and OT Therapy codes. Please refer to the full change listing for detailed information. Adjustments to the Medicine Category (90281-99199) will result in a gross charge increase of \$333,395.

Outcomes

As a result of this analysis, _____ Medical Center is well-positioned to improve its revenue integrity and remain competitive in its market.

- \$979,393 in new gross charges from CDM pricing adjustments.
- 2.75% aggregate CDM rate increase, remaining under the 3% cap while focusing on codes with volume.
- Improved alignment with peer benchmarks across Emergency E/M, Laboratory, Radiology, and other codes.

Next Steps

To build on this progress, REDi recommends the following:

- Retire outdated or inactive codes to maintain billing accuracy and reduce denials.
- Continue quarterly high-level CDM reviews to ensure CMS codes updates have been properly implemented
- Implement recommended changes and monitor quarter for positive (or unanticipated negative) impact

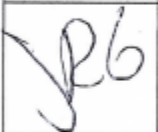
Required Forms

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.)
		

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.)
		

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.)
JR6		

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.

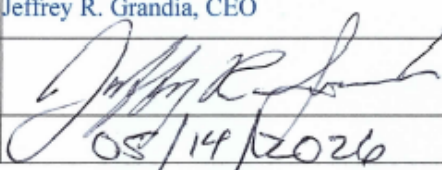
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ 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:	REDi Health Analytics, LLC
ADDRESS:	977 Davis Creek Lane, Farmington, UT 84025
PHONE:	801-891-9579 (cell)
EMAIL:	jeff.grandia@redihealth.com
BIDDER NAME & TITLE:	Jeffrey R. Grandia, CEO
SIGNATURE:	
DATE:	05/14/2020

VENDOR COMMUNICATION WITH THE STATE CONTACT INFORMATION (IF DIFFERENT FROM ABOVE)	
NAME:	
TITLE:	
PHONE:	
EMAIL:	



REDiHealth

Life is better with data

Cost Sheet

Request for Proposal Number 124273 O3

Chargemaster Review Services

Bidder Name: [REDi Health Analytics, 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	\$ 26,000
B	Per Hospital Fee for In-Person Presentations to <u>Executive Staff</u> (C-Suite)	Each	\$ 2,000
C	Per Hospital Fee for Virtual Presentations to <u>Executive Staff</u> (C-Suite)	Each	\$ 0
D	Per Hospital Fee for In-Person Presentations to <u>Board Members</u> for the Hospital	Each	\$ 3,500
E	Per Hospital Fee for Virtual Presentations to <u>Board Members</u> for the Hospital	Each	\$ 0
F	Per Hospital Fee for Six months post implementation planning support.	Each	\$ 5,000

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	\$ 26,000	\$ 26,000	\$ 28,000	\$ 28,000
Per Hospital Fee for In-Person Presentations to <u>Executive Staff</u> (C-Suite)	Each	\$ 2,000	\$ 2,000	\$ 2,500	\$ 2,500
Per Hospital Fee for Virtual Presentations to <u>Executive Staff</u> (C-Suite)	Each	\$ 0	\$ 0	\$ 0	\$ 0
Per Hospital Fee for In-Person Presentations to <u>Board Members</u> for the Hospital	Each	\$ 3,500	\$ 3,500	\$ 4,000	\$ 4,000
Per Hospital Fee for Virtual Presentations to <u>Board Members</u> for the Hospital	Each	\$ 0	\$ 0	\$ 0	\$ 0
Per Hospital Fee for Six months post implementation planning support.	Each	\$ 5,000	\$ 5,000	\$ 5,650	\$ 5,650