



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



***Proposal Submitted by***

*Comagine Health  
10700 Meridian Ave N, Suite 100  
Seattle, Washington 98133-9008*

***Proposal Recipient***

*Keith Roland  
Department of Health and Human  
Services  
301 Centennial Mall S. Lower Level  
Lincoln, NE 68509  
Phone: (402) 471-0727  
Email:  
dhhs.rfpquestions@nebraska.gov*

**Cost Proposal**

*RFP 6303 Z1  
External Quality Reviews*

*RFP Closing Date and Time  
October 30, 2020  
2:00PM CST*

**Page Intentionally Blank**

## REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance

### CONTRACTOR MUST COMPLETE THE FOLLOWING

with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

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 Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_\_ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" 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.

\_\_\_\_\_ 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.

### FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	Comagine Health
COMPLETE ADDRESS:	10700 Meridian Avenue N., Suite 100 Seattle, WA 98133
TELEPHONE NUMBER:	800-949-7536
FAX NUMBER:	N/A
DATE:	10/28/2020
SIGNATURE:	<i>Marie Dunn</i>
TYPED NAME & TITLE OF SIGNER:	Marie Dunn

**Page Intentionally Blank**

**Form A**  
**Contractor Proposal Point of Contact**  
**Request for Proposal Number 6303 Z1**

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the contractor's name and address, and the specific person(s) who are responsible for preparation of the contractor's response.

Preparation of Response Contact Information	
Contractor Name:	Comagine Health
Contractor Address:	10700 Meridian Avenue N., Suite 100 Seattle, WA 98133
Contact Person & Title:	Lori Barrett, Senior Development Director
E-mail Address:	LBarrett@comagine.org
Telephone Number (Office):	(913) 484-5421
Telephone Number (Cellular):	(913) 484-5421
Fax Number:	N/A

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Contractor Name:	Comagine Health
Contractor Address:	10700 Meridian Avenue N., Suite 100 Seattle, WA 98133
Contact Person & Title:	Lori Barrett, Senior Development Director
E-mail Address:	LBarrett@comagine.org
Telephone Number (Office):	(913) 484-5421
Telephone Number (Cellular):	(913) 484-5421
Fax Number:	N/A

**Page Intentionally Blank**

## COST PROPOSAL

### RFP 6303 Z1

**Instructions:** Please complete all blank fields in the Cost Proposal below. File should retain formatting and font styles, including a minimum of 12 point Arial-type font with 0.5” margins. An estimate of one hundred twenty (120) hours per year of Ad-hoc Technical Assistance and Consultation will be used to calculate the score for cost.

Deliverable ID	Description	Period of Review	Due Date	Unit of Measure	Cost per Unit (Initial Term)	Cost per Unit (Renewal 1)	Cost per Unit (Renewal 2)	Cost per Unit (Renewal 3)
1.	EQR Report- MCO	previous three-year period	Annually, by October 15	Each	\$85,999	\$96,471	\$89,789	\$92,359
2.	EQR Report Report- DBM	previous three-year period	Annually, by October 15	Each	\$85,999	\$96,471	\$89,789	\$92,359
3.	Validation of Performance Improvement Projects (PIPs) Report- MCO	Previous calendar year	Annually, by December 31	Each	\$30,275	\$32,110	\$33,073	\$34,065
4.	Validation of Performance Improvement Projects (PIPs) Report- DBM	Previous calendar year	Annually, by December 31	Each	\$19,452	\$20,631	\$21,250	\$21,887
5.	Validation of Performance Measures Report- MCO	Previous calendar year	Annually, by December 31	Each	\$48,492	\$51,430	\$52,973	\$54,562
6.	Validation of Performance Measures Report- DBM	Previous calendar year	Annually, by December 31	Each	\$42,554	\$45,132	\$46,486	\$47,881

**Ad-Hoc Services:**

Deliverable ID	Description	Period of Review	Due Date	Unit of Measure	Cost per Unit (Initial Term)	Cost per Unit (Optional Renewal 1)	Cost per Unit (Optional Renewal 2)	Cost per Unit (Optional Renewal 3)
7.	Validation of Network Adequacy Report-MCO	Previous calendar year	Per Work Plan	Each	\$29,860	\$31,670	\$32,620	\$33,598
8.	Validation of Network Adequacy Report-DBM	Previous calendar year	Per Work Plan	Each	\$29,860	\$31,670	\$32,620	\$33,598
9.	Ad-hoc Technical Assistance and Consultation	Not applicable	Upon request	Hour	\$150	\$155	\$160	\$165

**Optional Services:**

Work may be needed that was not originally delineated in this RFP, but considered within the scope of work. This additional work may stem from legislative mandates, emerging technologies, and/or secondary research not otherwise addressed in this RFP or known at the time this RFP was issued. If additional work is needed, the Contractor must submit a Detailed Project Work Plan, Title/Role(s), number of hours, and due dates/deliverables for DHHS review and approval.

Deliverable ID	Description	Period of Review	Due Date	Unit of Measure	Cost per Unit (Initial Term)	Cost per Unit (Optional Renewal 1)	Cost per Unit (Optional Renewal 2)	Cost per Unit (Optional Renewal 3)
10.	Ad-hoc Report	Per Work Plan	Per Work Plan	Each	As needed			

The bidder should provide the hourly rate for each Title/Role used to complete optional services.

Title/Role*	Hourly Rate**
Chief Growth Officer/EQR Executive Director	\$215.84
Dir, R&I Contracts & Administration/EQR Program Director	\$154.89
Program Manager/EQR Program Manager	\$110.68
Senior Director, Analytic Services/EQR Analytic Director	\$167.38
Medical Director, Informatics/EQR Physician Advisor	\$351.23
Program Manager/EQR Quality Reviewer	\$159.36



EQR QI Associate	\$73.37
Sr. Communications Strategist/EQR Communications Lead	\$106.24
Principal Healthcare Analyst/EQR Lead Analyst	\$148.70
Assoc Healthcare Data Analyst/EQR Analyst	\$86.26

\*Bidder may add additional lines as needed.

\*\* A 3% increase will be applied to the hourly rates annually on January 1<sup>st</sup>.