



Solicitation Information
5 April 06

LOI #B06193

TITLE: External Quality Review Organization (EQRO) Services

Submission Deadline: 2 may 06 @ 2:00 PM (EDT)

Questions concerning this solicitation may also be e-mailed, in MicroSoft Word format, to the Division of Purchases at questions@purchasing.state.ri.us no later than **18 April 06 @ 12:00 Noon (EDT)**. Please reference the RFP/ LOI # on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: NO

BOND REQUIRED: NO

Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems

Vendors must register on-line at the State Purchasing Website at www.purchasing.state.ri.us.

NOTE TO VENDORS:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

**Rhode Island Department of Human Services (DHS) - External Quality Review Organization
(EQRO) Services**

The Rhode Island Department of Administration, Division of Purchases, on behalf of the State of Rhode Island, Department of Human Services (DHS), is requesting Letters of Interest (LOI) from qualified organizations to provide External Quality Review Organization (EQRO) services, in accordance with the terms of this solicitation and the State's General Conditions of Purchase, available at www.purchasing.ri.gov.

DHS is seeking expert consultant services for the Center for Child and Family Health for its RItE Care Program. RItE Care, implemented in August 1994, has the following general goals:

- To increase access to and improve the quality of care for Medicaid families
- To expand access to health coverage to all eligible pregnant women and all eligible uninsured children
- To control the rate of growth in the Medicaid budget for the eligible population

Over the years, RItE Care has continued to evolve in response to the State's experience in operating the program and as a result of national and State policy initiatives. One of the most significant changes in the project has been the increase in the number of populations eligible for RItE Care. RItE Care was initially designed for the following groups to be enrolled in licensed health maintenance organizations (HMOs, or Health Plans):

- Family Independence Program (FIP)¹ families
- Pregnant women up to 250 percent of the Federal poverty level (FPL)
- Children up to age 6 in households with incomes up to 250 percent of the FPL who are uninsured

Over time, the populations eligible for RItE Care have expanded, with Federal approval, as follows:

- Effective March 1, 1996, to expand to children up to age 8 in households with incomes up to 250 percent of the FPL who are uninsured
- Effective May 1, 1997, to expand to children up to age 18 in households with incomes up to 250 percent of the FPL who are uninsured

¹Originally Aid to Families with Dependent Children (AFDC) and then Temporary Assistance to Needy Families (TANF), FIP is Rhode Island's program for the TANF-eligible population.

- Effective November 1, 1998, to expand to families with children under age 18 including parents and relative caretakers with incomes up to 185 percent of the FPL (expansion under Section 1931 of the Social Security Act through a State Plan Amendment (SPA))
- Effective July 1, 1999, to expand to children up to age 19 in households with incomes up to 250 percent of the FPL
- Effective December 1, 2000, to maximize enrollment of children in foster care placements² from fee- for-service Medicaid to RIte Care
- Effective November 1, 2002, to establish a separate child health program to cover unborn children with family income up to 250 percent of the FPL
- Effective January 29, 2003, to enroll the following categories of children with special health care needs into RIte Care Health Plans on a mandatory basis³:
 - Blind/disabled children, and related populations (eligible for Supplemental Security Income, or SSI, under Title XVI of the Social Security Act)
 - Children eligible under Section 1902(e)(3) of the Social Security Act (“Katie Beckett” children)
 - Children receiving subsidized adoption assistance

The Section 1115 Medicaid waiver is effective through July 31, 2008.

The May 1, 1997 and July 1, 1999 expansions, because they were implemented after March 15, 1997, qualified as eligible Medicaid expansions under Title XXI (State Children’s Health Insurance Program, or SCHIP) of the Social Security Act. By Section 1115 SCHIP waiver approval (21-W-00002/1-01), effective January 18, 2001, Section 1931 parents and relative caretakers between 100 and 185 percent of the FPL, and pregnant women between 185 and 250 percent of the FPL were covered under Title XXI. Approved April 17, 2003, the separate child health program allows the State to provide comprehensive coverage for pregnant aliens who would not be otherwise eligible for Federal financial participation (FFP). These women are enrolled in RIte Care Health Plans. The Section 1115 SCHIP waiver is effective through July 31, 2008, as the two waivers were combined for administrative purposes.

It should be noted that the State received approval from the, then, Health Care Financing Administration (HCFA, now the Centers for Medicare & Medicaid Services, or CMS) on January 5, 1999 to expand SCHIP coverage to children under age 19 in households with

² Children in foster care are enrolled in RIte Care on a voluntary basis.

³ Children with special health care needs are also presently enrolled on a voluntary basis, as only one Health Plan, Neighborhood Health Plan of Rhode Island (NHPRI) has been willing to enroll this population. NHPRI is also the only Health Plan that has been willing to enroll children in foster care.

income up to 300 percent of the FPL. The State has not yet implemented the approved amendment and has no immediate plans to do so due to ongoing budgetary constraints.

As of January 31, 2006, there were 124,114 individuals enrolled in RItE Care, including 2,267 children in foster care and 4,193 children with special health care needs. Table 1 shows RItE Care enrollment by Health Plan as of January 31, 2006.

Table 1
Enrollment in RItE Care by Health Plan, As of January 31, 2006

Health Plan	Number Enrolled	Percent
BSBCRI	13,879	11.2%
NHPRI	74,733	60.2%
UHCNE	35,502	28.6%
Total	124,114	100.0%

BSBCRI = Blue Cross and Blue Shield of Rhode Island
 NHPRI = Neighborhood Health Plan of Rhode Island
 UHCNE = United HealthCare of New England

RItE Care was designed to improve access to and the quality of health services for Rhode Island’s most vulnerable populations. Until January 1, 2005, RItE Care members were enrolled in comprehensive Health Plans that were State-licensed health maintenance organizations (HMOs). In order to assure the availability of choices for RItE Care-eligible individuals, the State changed its policy to allow other than State-licensed HMOs to participate in RItE Care effective January 1, 2005. Non-HMOs must meet the following requirements:

- Be licensed as a health plan in the State
- Be accredited⁴ by the National Committee for Quality Assurance (NCQA) as a Medicaid managed care organization (MCO)
- Meet certain State regulatory requirements⁵ that HMOs must meet:
 - Have professional services under the direction of a medical director who is licensed in Rhode Island and performs the functions specified in regulation (e.g., oversight of quality management)

⁴ In Rhode Island, all HMOs must be accredited by NCQA. All three Health Plans have full three-year accreditation and received an “excellent” designation from NCQA. Of all the Medicaid plans in the nation, BCBSRI ranked first, UHCNE ranked third, and NHPRI ranked sixth in 2005. Both BCBSRI and UHCNE have their Medicaid product lines accredited, as well as their Medicare product lines.

⁵ *Rules and Regulations for the Certification of Health Plans* (R23-17.13-CHP).

- Make certain enrollees are only liable for co-payments and to have this provision in its provider contracts
- Meet “preventive health care services” requirements and provide them within time frames set by the HMO, according to accepted standards specific to age and gender
- Have a quality management program that is accredited

The Health Plans contract with the State to provide a specified scope of benefits to each enrollee in return for a capitated payment to be made on a per enrollee per month (PMPM) basis.

In addition to RItE Care, RItE Share, the State of Rhode Island’s premium assistance program for Medicaid-eligible individuals who have access to employer-sponsored insurance (ESI), had the following implementation timelines:

- *February 2001* – Initiated voluntary enrollment in RItE Share
- *April 2001* – Began transitioning RItE Care enrollees with access to ESI to RItE Share
- *February 2002* – Began mandatory enrollment in RItE Share of eligibles with access to qualified ESI

Under RItE Share, the Rhode Island Department of Human Services (DHS) pays all or a part of an eligible family’s monthly premium, based upon income and family size, for an employer’s DHS-approved ESI. RItE Share provides for coverage of all Medicaid benefits as wrap-around coverage to ESI as well as co-payments and deductibles. As of January 31, 2006, 5,465 individuals were enrolled in RItE Share. However, only RItE Care and any other managed care product the State may implement (e.g., dental benefit management (DBM) contract) are the focus of this procurement.

As a condition of its Federal waivers for RItE Care, the State is required to develop a methodology to monitor the performance of the Health Plans including the quality assurance activities of each Health Plan. As required by Federal regulations, the State must also have a strategy for assessing and improving the quality of managed care services including contracting with an EQRO. The State seeks the services of an EQRO contractor to help the State fulfill these obligations.

The initial contract period under this procurement is for three years, anticipated to begin on or about June 1, 2006. The State reserves the right to exercise three, one-year option periods.

INSTRUCTIONS AND NOTIFICATION TO OFFERORS:

Potential offerors are advised to review all sections of this solicitation carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.

Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals that depart from or materially alter the terms, requirements or scope of work defined by this Request will be rejected as being non-responsive.

The State reserves the right to award to one or more offerors.

All costs associated with development or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.

Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and may not be considered. *For the purpose of this solicitation, the "official" time clock is located in the Reception Area of the Division of Purchases, One Capitol Hill, Providence, Rhode Island.*

It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of work. Joint venture and cooperative proposals will not be considered but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used, are identified in the proposal.

In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a business address, shall have the right to transact business in the state until it shall have procured a Certificate of Authority to do so from the Secretary of State (401-222-3040). *This is a requirement only of the selected vendor(s).*

Bidders are advised that all materials submitted to the State of Rhode Island for consideration in response to this Letter of Interest will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released immediately.

- The State of Rhode Island has a goal of ten per cent (10%) participation by MBE's in all State procurements. For further information, visit the web site www.rimbe.org. To speak with an M.B.E. Officer, call (401) 222-6253.
- Interested parties are instructed to peruse the Division of Purchases web site on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP / LOI

Equal Employment Opportunity (RIGL 28-5.1)

§ 28-5.1-1 Declaration of policy. – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies in all areas where the state dollar is spent, in employment, public service, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Employment Opportunity Office, at 222-3090

EXTERNAL QUALITY REVIEW ORGANIZATION SERVICES:

The RIte Care program is administered by the Center for Child and Family Health (CCFH) of the Rhode Island Department of Human Services,

The State has contracted with a private management firm to perform a portion of its RIte Care administrative duties. In some program areas, the External Quality Review Organization (EQRO) contractor will interact directly with the private contractor rather than with the State. However, in this LOI, the term “State” is used to refer both to State Government agencies and the private contractor. The full scope of State/EQRO contractor interaction is described in the various sections of this Request.

In addition to State oversight, CMS monitors the RIte Care program activities through its Regional Office in Boston, Massachusetts and its Center for Medicaid and State Operations in Baltimore, Maryland. These activities include the use of outside contractors to perform certain research and evaluation activities.

The State developed its strategy for assessing and improving the quality of managed care under RIte Care, as required by 42 CFR 438.204. The State’s quality strategy may be viewed at: http://www.dhs.ri.gov/dhs/reports/strategy_final.pdf

The EQRO contractor may be requested to provide a number of services as part of the State’s quality strategy, as has been the case under the State’s current EQRO contract with IPRO. Except for the first item below that will definitely be performed by the EQRO contractor, the specific services sought from the EQRO contractor may also involve one or more of the other areas:

- Prepare A Detailed Technical Report

The EQRO contractor will prepare a detailed external quality review (EQR) technical report that analyzes and evaluates aggregated information on quality, timeliness, and access to health care services that each Health Plan furnishes to RItE Care enrollees. The technical report shall meet the requirements of 42 CFR 438.364. Although DHS and the Health Plans will provide the EQRO contractor with all information necessary to prepare the report, the EQRO contractor is expected to be objective and exercise independent judgment in its analysis and evaluation. If requested, the EQRO contractor will also prepare a consolidated report across Health Plans.

- Collaborate With Health Plans Regarding Quality Improvement

Health Plans must perform at least three (3) quality improvement studies annually directed at the needs of the RItE Care population. The EQRO contractor may be asked to collaborate with Health Plans on quality improvement studies specific to the RItE Care population. This may also entail, if requested, validation of Health Plan-specific performance improvement projects. Validation in this context has the meaning specified in 42 CFR 438.320. The basic elements of a quality improvement project include:

- Identification of an opportunity for improvement – May be directed by DHS or in collaboration with EQRO contractor
- Identify collaborators – Should include community stakeholders and others close to the process
- Analyze root cause – Should include a literature review and quality improvement strategies such as process flow studies, brainstorming techniques, mind mapping techniques, or other appropriate techniques
- Develop theory or theories for cause if improvement need – Should include a report on progress at this time
- Develop intervention(s) – Should be based on theories developed from root cause analysis
- Implement strategy – Should allow for mid-course correction(s) based on interim evaluation, as needed
- Re-measure – Should include comparisons to baseline data
- Prepare final report – Should include analysis of baseline and re-measurement data, any conclusions or recommendations, and lessons

learned or identified barriers; should be consistent in format with standard medical publication protocols

- Review Health Plan Compliance With Standards

As noted earlier, RItE Care-participating Health Plans must be accredited by NCQA. Each Health Plan's Medicaid product is separately accredited by NCQA. NCQA accreditation notwithstanding, the EQRO may be requested to review Health Plan compliance with established State standards including State contractual requirements.

- Review and Modify Performance Data and Standards for RItE Care

A performance-based incentive system was established to provide the Health Plans an opportunity to earn financial payments (over and above their monthly capitation payments) for attainment of certain performance goals. The performance standards for RItE Care Health Plans are defined as meeting the State's performance standards (goals) in the following areas:

- Member Services
- Medical Home/Preventive Care
- Women's Health
- Chronic Care
- Behavioral Health
- Resource Maximization

By and large, performance measures in the above areas are HEDIS[®] or CAHPS[®] measures.

Health Plans agree to cooperate fully with the State in its efforts to monitor and assess compliance with these performance standards. The EQRO contractor will, if requested, review the performance-based incentive system and suggest modifications to enhance quality performance. This may also entail, if requested, validation of performance measures.

- Conduct Focused Patterns of Care Studies

The EQRO may be requested to conduct one or more focused patterns of care studies.

Focused studies of patterns of care are detailed investigations of certain aspects of care for specific clinical areas of interest (e.g., asthma or immunizations) or for defined aspects of health services delivery which cross clinical areas (e.g., access to care or utilization of services, coordination of care, continuity of care, health education, or emergency services).

Any such studies will center on key health conditions and focus on global issues related to the RIte Care population including in comparison to other populations; clinical conditions or health service delivery issues that have the highest prevalence or incidence; or those for which appropriate care has the greatest potential for improving health outcomes.

The State's interest in using focused studies probably could be to examine the following aspects of care: emergency care, access to care/utilization of services, continuity of care, adequacy of well-women care, and management of chronic disease. Under the current EQRO contract with IPRO, a focused study of the timeliness and content of prenatal care was conducted. If the EQRO is requested to perform one or more focused studies, the State expects that the EQRO contractor will develop tentative approaches to design and conduct a review of care for the above aspects of care.

Final selection of areas of study, methods, and study questions, if any, will be deferred until an EQRO contractor has been selected. Any particular areas of study will be determined jointly by DHS and the EQRO contractor, with input from the Health Plans, taking into account the priorities of the State. The State will assure that each Health Plan will provide or allow access to clinical or health services data required for any focused study.

- *Analyze and/or Validate Encounter Data*

DHS collects encounter data from each Health Plan on all services and care provided. The EQRO contractor may be asked to use existing encounter data as one source of data in conducting focused patterns of care studies. The EQRO contractor may also be asked to analyze encounter data to construct quality of care and/or other performance measures or as a basis for performance improvement projects.

The EQRO contractor will, if requested, conduct a data validation study of the encounter and other data submitted by the Health Plans to the State. Validation in this context has the meaning specified in 42 CFR 438.320, with a particular emphasis on the following data elements: treatment service date(s), diagnosis(es), and procedure(s). If requested, the EQRO will prepare a study design to validate the encounter data, collect the data, analyze the validity of the data, and prepare a final report. The final report will summarize the study methodology, findings, and recommendations to improve the collecting, processing, editing, and use of encounter data.

- *Special Projects*

The EQRO contractor will, if requested, conduct other, special projects that address the quality, timeliness, and access to the health care services provided to Medicaid recipients.

The EQRO will submit monthly progress reports to the State by the tenth of each month that indicates: (1) activities performed during the month, (2) activities planned for the next month, and (3) any problems encountered in performing the work and proposed solutions. The EQRO will meet with the State, and Health Plan staff as needed, on an ongoing basis to assure successful completion of the work.

The contract will be paid on a time and materials (T&M) basis. Attachment A outlines the funds available for this Request. Payment will be based upon satisfactory and timely completion of tasks and associated products. Any award resulting from this Request will be subject to the State's General Conditions of Purchase, which is available from the Internet at www.purchasing.state.ri.us, as well as the terms of this Request.

QUALIFICATIONS:

The contractor selected will have the requisite experience and resources to carry out the activities detailed in this Request. More specifically, the successful contractor:

- Must be an organization that meets the competence and independence requirements set forth in 42 CFR 438.354
- Must have the corporate experience of the type required by this LOI to provide External Quality Review Organization services, including exemplary client references for successfully completing similar contracts
- Must have staff available with the required expertise and experience for this proposed contract

CONTRACTOR RESPONSIBILITIES:

1. Data, information, reports, and publications collected or prepared by the contractor in the course of performing its duties and obligations under this contract shall be deemed to be owned by the State of Rhode Island. This provision is made in consideration of the contractor's use of public funds in collecting or preparing such data, information, and reports.
2. The contractor need not be located in the State of Rhode Island. The contractor shall supply its own office space, supplies, and equipment such as computers, desks, file cabinets, and telephones.
3. Contractor will provide staff and will subcontract with approved vendors in accordance with the proposal in this Request. In the event of a vacancy in any of these positions lasting more than thirty (30) days, the contractor shall deduct the pro rata portion of the fixed fee associated with the position(s).

4. All travel and meeting costs including in-State and out-of-State travel necessary to carry out the tasks within the contract, will be the responsibility of the contractor.

RESPONSE CONTENTS:

Interested organizations should submit Letters of Interest containing the following information:

1. A *completed and signed* three-page R.I.V.I.P. generated bidder certification cover sheet (downloaded from the RI Division of Purchases Internet home page at <http://www.purchasing.state.ri.us>). It is requested that respondents provide a copy of this form in every submission to the State.
2. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in electronic format (CDRom or Diskette). Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested.
3. Understanding and Proposed Approach (MAXIMUM – THREE PAGES)

This shall include a description of the offeror's understanding of the State's requirements and proposed approach to be employed for accomplishing the goals of the project should be described. The offeror may, as an appendix to its Response, include a format for a plan-specific EQR detailed technical report to illustrate the offeror's understanding of the State's requirements. Such an appendix will not count against the page limitation specified.

4. Offeror's Organization and Staffing (MAXIMUM - FOUR PAGES)

This shall include identification of all staff and subcontractors proposed as members of the project team. Members of the proposed project team must be identified by name. No substitution or replacement will be accepted without the State's express approval. Information on staff and subcontractor qualifications and experience must be included. Other corporate resources available for this project should be identified.

5. Corporate Experience and Qualifications (MAXIMUM – THREE PAGES)

Offeror shall indicate how it meets the requirements of 42 CFR 438.320. Offeror shall also provide a comprehensive listing of similar projects undertaken and/or similar clients served, including a brief description of the projects, specific references for similar projects, and experience working with Medicaid programs and managed care organizations. The offeror may, as an appendix to its Response, include an example of a performance improvement project validation study it has performed, if any, to illustrate the offeror's experience. Such an

appendix will not count against the page limitation specified.

5. Labor Rates and Time Estimates (MAXIMUM – TWO PAGES)

Offeror shall provide full-loaded hourly labor rates and time estimates in the format provided for in Attachment A.

Any proposal over 12 narrative pages will not be considered. Attachments are permitted.

Questions concerning this solicitation may be e-mailed, in a MicroSoft Word format, to the Division of Purchases at questions@purchasing.state.ri.us no later than the date & time indicated on page one of this solicitation. Please reference the LOI# on all correspondence. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested offerors to download the information. *If technical assistance is required to download, call the Help Desk at (401) 222-2142, Ext. 134.*

Letters of interest to provide the services covered by this Request, must be received by the Division of Purchases, on or before date & time listed on page one of this solicitation. Responses (an original plus five {5}copies) should be mailed or hand-delivered in a sealed envelope marked LOI #B06193: External Quality Review Organization (EQRO) Services” to:

**RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855**

NOTE: Proposals received after the above-referenced due date and time may not be considered. Proposals misdirected to other State locations or which are otherwise not presented in the Division of Purchase by the scheduled due date and time will be determined to be late and may not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered.

EVALUATION CRITERIA:

Responses will be evaluated based on the following criteria:

- UNDERSTANDING AND PROPOSED APPROACH (25 PERCENT)

Bidders with the most insightful understanding of the project will be scored the highest. Bidders with the most definitive technical approach demonstrating solutions to potential problems also will be scored the highest. Points will be deducted for bidders who do not demonstrate a clear understanding of the tasks or effective methods for accomplishing them.

- OFFEROR'S ORGANIZATION AND STAFFING (40 PERCENT)

Bidders will be evaluated based on the proposed available staff that will be assigned to the project, the project organization, and project management approach. Evaluators will score highly, bidders who demonstrate adequate corporate resources and technology to bring to this contact immediately and sustain it throughout the project. Staff with previous experience working for an EQRO on activities related to the Medicaid population and with managed care plans will score the highest. Points will be deducted for bidders who present an organization and project management approach that, in the evaluator's best judgment, may not accomplish each task with optimum results.

- CORPORATE EXPERIENCE AND QUALIFICATIONS (35 PERCENT)

Bidders must meet the requirements of 42 CFR 438.320. Evaluators will score highly bidders who demonstrate prior experience in the tasks described, particularly bidders experienced with the Medicaid population and with managed care plans. The ability of the contractor to customize its approach to State requirements will be scored highly. Evaluators also will consider recommendation from other clients utilizing the contractor for similar work. Lack of prior experience to the tasks outlined and negative feedback from other clients will be cause for significant point deductions.

The hourly labor rates and time estimates provided by the offeror will be evaluated for reasonableness. In addition, the labor rates will be rank-ordered according to how advantageous they are to the State. A specific percentage is not be specified for these items, as the technical response is more important than cost. However, the State reserves the right to negotiate these costs prior to contract award.

Notwithstanding the above, the State reserves the right to accept or reject any or all offers. The State also reserves the right to award in whole or in part, any or all options, bids, proposals, to award on the basis of costs alone, and to act in its own interests.

The Review Committee will present written findings, including the results of all evaluations, to the State's Architect/Engineer and Consultant Services Selection Committee, who will make the final selection for this requirement.

When a final selection(s) has been made, a notice will be placed on the DOA / Purchases website (www.purchasing.ri.gov). Do not contact the Division of Purchases for an award "update".

ATTACHMENT A

The State of Rhode Island has \$112,486 available for the first year of this contract, and may have up to an additional \$100,000 available each year for special projects.

Offerors shall provide fully-loaded hourly rates for the following Labor Categories:

Labor Category	Fully-Loaded Hourly Rate
Project Manager	\$
Nurse Reviewer	\$
Physician Consultant	\$
Statistician	\$
Data Analyst/Programmer	\$

Offerors shall provide estimates of the number of hours required for the following tasks by Labor Category:

Labor Category	Prepare An Annual EQR Technical Report for One Health Plan	Validate A Performance Improvement Project
Project Manager	Hours	Hours
Nurse Reviewer	Hours	Hours
Physician Consultant	Hours	Hours
Statistician	Hours	Hours
Data Analyst/Programmer	Hours	Hours