THE INS COMPANIES

State of Nevada
Purchasing Division
Response to Request for Proposal: 3509
for
Provider Network Adequacy Analysis
Part II-Cost Proposal

INS Regulatory Insurance Services, Inc.
419 South 2nd Street
New Market, Suite 206
Philadelphia, PA 19147
Contact Person: Michael B. Kogut, CPA
MKogut@insris.com
(215) 625-9877
Due Date: January 3, 2018
Opening Time: 2PM CT

INS Regulatory Insurance Services, Inc.
Regulatory Consultants

New Market
Suite 206
419 S. 2nd Street
Philadelphia, PA 19147
Phone: (215) 625-2927
Fax: (215) 625-8323

Rodney Building
2nd Floor
841 Silver Lake Blvd.
Dover, DE 19904
Phone: (302) 678-2444
Fax: (302) 678-4822

TO: Gail Burchett, Purchasing Officer II
State of Nevada, Purchasing Division
515 Musser Street, Suite 300
Carson City, NV 89701

FROM: Michael B. Kogut, CPA

DUE DATE: January 3, 2018

SUBJECT: RFP: 3509-Provider Network Adequacy Analysis

Dear Ms. Burchett:

INS Regulatory Insurance Services, Inc. (InsRis) is pleased to submit this cost proposal to provide network carrier adequacy analysis of Nevada licensed health insurance carriers in compliance with the adequacy standards developed by the Nevada Division of Insurance. We have submitted three proposals for your review, Part IA-Technical Proposal, Part IB-Confidential Technical Proposal and Part II-Cost Proposal. Part IB-Confidentiality Technical Proposal has been submitted as confidential to honor the request of our regulatory partners to keep the identities of ongoing and current examinations private.

If you have any questions regarding our proposal submission during the selection process, please contact me at 215-625-9877.

Sincerely,

Michael B. Kogut, CPA

Michael B. Kogut, CPA
Chief Operating Office

VENDOR INFORMATION SHEET FOR RFP 3509

Vendor Shall:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 shall be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Section III of the Technical Proposal.

V1	Company Name	***INS Regulatory Insurance Services, Inc.***

V2	Street Address	***419 S. 2nd Street, New Market, Suite 206***

V3	City, State, ZIP	***Philadelphia, PA 19147***

V4	Telephone Number		
	Area Code: ***215***	Number: ***625-9877***	Extension:

V5	Facsimile Number		
	Area Code: ***215***	Number: ***625-8323***	Extension:

V6	Toll Free Number		
	Area Code: ***NA***	Number:	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: ***Michael B. Kogut***
	Title: ***Chief Operating Officer***
	Address: ***same as above***
	Email Address: ***mkogut@insris.com***

V8	Telephone Number for Contact Person		
	Area Code: ***215***	Number: ***625-9877***	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: ***215***	Number: ***625-8323***	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: ***Michael B. Kogut***	Title: ***Chief Operating Officer***

V11	Signature ***(Individual shall be legally authorized to bind the vendor per NRS 333.337)***	
	Signature: Michael B. Kogut, CPA	Date: ***01/03/2018***

Section I: Title Page

Part II – Cost Proposal	
RFP Title:	Network Carrier Adequacy Analysis
RFP:	3509
Vendor Name:	INS Regulatory Insurance Services
Address:	419 S. 2nd Street, New Market, Suite 206 Philadelphia, Pa 19147
Opening Date:	January 3, 2018
Opening Time:	2:00 PM

Section II - Cost Proposal

RFP 3509 - Network Carrier Adequacy Analysis

ATTACHMENT G – COST SCHEDULE

Vendor Name ***INS Regulatory Insurance Services, Inc.***

The cost of the examinations, reports and any corresponding travel will be passed on to the carrier being examined. There are approximately ten (10) HMO and nine (9) PPO companies actively doing business in Nevada with some carriers having more than one (1) network per line of business.

There is a possibility that the scope of the examinations may include companies offering standalone dental plans. Currently there are ten (10) companies offering dental plans.

ITEM	***INDIVIDUAL COST***
Analysis	***$222,300***
Reports	***$183,825***
Travel	***$3,500****
Miscellaneous Costs: These must be itemized.	***$0***
Total Cost Year One	***$409,625***
Total Cost Year Two	***$409,625***

**** If any on-site travel is required, we anticipate $3,500 in travel expenses for two visits, for two examiners, for two days. Transportation is charged at receipted actual. Transportation is charged at receipted actual. Meals and incidentals are charged at the flat CONUS allowance, with no receipt required. InsRis will adhere to the Division's travel related policy.***