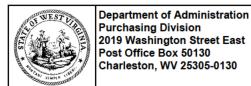


2019 Washington Street, East Charleston, WV 25305 Telephone: 304-558-2306 General Fax: 304-558-6026

Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.





State of West Virginia Solicitation Response

Proc Folder: 1117410

Solicitation Description: SCHOOL BASED HEALTH SERVICES

Proc Type: Central Master Agreement

 Solicitation Closes
 Solicitation Response
 Version

 2023-03-16 13:30
 SR 0511 ESR03152300000004326
 1

VENDOR

000000100824

PUBLIC CONSULTING GROUP LLC

Solicitation Number: CRFQ 0511 BMS2300000002

Total Bid: 3997890 Response Date: 2023-03-15 Response Time: 17:01:40

Comments:

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead (304) 558-2402 crystal.g.hustead@wv.gov

Vendor

Signature X FEIN# DATE

All offers subject to all terms and conditions contained in this solicitation

Date Printed: Mar 16, 2023 Page: 1 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Base Year One (1) Mandatory Svc 4.1.1 through 4.1.8.8				573750.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments: Maintaining current pricing, prorated for a nine month period

Extended Description:

Mandatory Services for Base Year One (1) Section 4.1.1 through 4.1.8.8, all-inclusive annual cost. Service from 8/01/2023 to 04/30/2024 (9 months)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Optional Renewal Year 1 Mandatory Svc. 4.1.1 though 4.1.8.8				800000.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments:

Extended Description:

Mandatory Services for Optional Renewal Year One (1) Mandatory Requirements Section 4.1.1 through 4.1.8.8, all inclusive annual cost. Service from 5/01/2024 to 04/30/2025

Line Comm L	n Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
	Renewal Year 2 Mandatory Svc.				840000.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments:

Extended Description:

Mandatory Services for Optional Renewal Year Two (2) Mandatory Requirements Section 4.1.1 through 4.1.8.8 all inclusive annual cost. Service from 05/01/2025 to 04/30/2026

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Optional Renewal Year 3 Mandatory Svc. 4.1.1 though 4.1.8.8				885000.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments:

Extended Description:

Mandatory Services for Optional Renewal Year Three (3) Mandatory Requirements Section 4.1.1 through 4.1.8.8, all inclusive hourly cost. Service from 05/01/2026 to 04/30/2027

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Add Svc Base Year One (1) - 1000 Hours (4.1.9-4.1.9.2)				200000.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Date Printed: Mar 16, 2023 Page: 2 FORM ID: WV-PRC-SR-001 2020/05

Commodity Line Comments: Hourly rate of \$200/hour.

Extended Description:

Additional Services Base Year One (1) Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.)) Service from 08/01/2023-04/30/2024 (9 months)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Add Svc Optional Renewal Year 1-1000				210000.00
	hours (4.1.9-4.1.9.2)				

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments: Hourly rate of \$210/hour.

Extended Description:

Additional Services Optional Renewal Year One (1). Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))

Service from 05/01/2024-04/30/2025.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Add Svc Optional Renewal Year 2-1000 hours (4.1.9-4.1.9.2)				220000.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments: Hourly rate of \$220/hour.

Extended Description:

Additional Services Optional Renewal Year Two (2). Section 4.1.9 -4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))

Service from 05/01/2025-04/30/2026.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Add Svc Optional Renewal Year 3-1000 hours (4.1.9-4.1.9.2)				230000.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments: Hourly rate of \$230/hour

Extended Description:

Additional Services Optional Renewal Year Three (3) Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))

Service from 05/01/2026-04/30/2027.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Pr Yr Settlement-11 BY1 (4.1.10-4.1.10.1)				9785.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments:

Extended Description:

Prior year settlement Base Year One (1). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.))

Service from 05/01/2023-04/30/2024. (12 months)

Date Printed: Mar 16, 2023 Page: 3 FORM ID: WV-PRC-SR-001 2020/05

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Pr Yr Settlement-11 OY1 (4.1.10-4.1.10.1)				9785.00

cturer Specification	Model #
IIa	nacturer Specification

Commodity Line Comments:

Extended Description:

Prior year settlement Optional Renewal Year One (1). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.))

Service from 05/01/2024-04/30/2025.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Pr Yr Settlement-11 OY2 (4.1.10-4.1.10.1)				9785.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments:

Extended Description:

Prior year settlement Optional Renewal Year Two (2). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.)) Service from 05/01/2025-04/30/2026.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Pr Yr Settlement-11 OY3 (4.1.10-4.1.10.1)				9785.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments:

Extended Description:

Prior year settlement Optional Renewal Year Three (3). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.)) Service from 05/01/2026-04/30/2027.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Start Up Costs (4.1.8.9-4.1.8.10)				0.00

Comm Code	Manufacturer	Specification	Model #	
85100000				

Commodity Line Comments: As the incumbent there is no implementation cost

Extended Description:

Year 1 Start Up Costs Section 4.1.8.9-4.1.8.10-(3 Months) Service from 05/01/2023 to 07/31/2023

 Date Printed:
 Mar 16, 2023
 Page: 4
 FORM ID: WV-PRC-SR-001 2020/05



TECHNICAL PROPOSAL

State of West Virginia -Department of Administration, Purchasing Division

School-Based Health Services

RFP #: CRFQ-0511-BMS2300000002

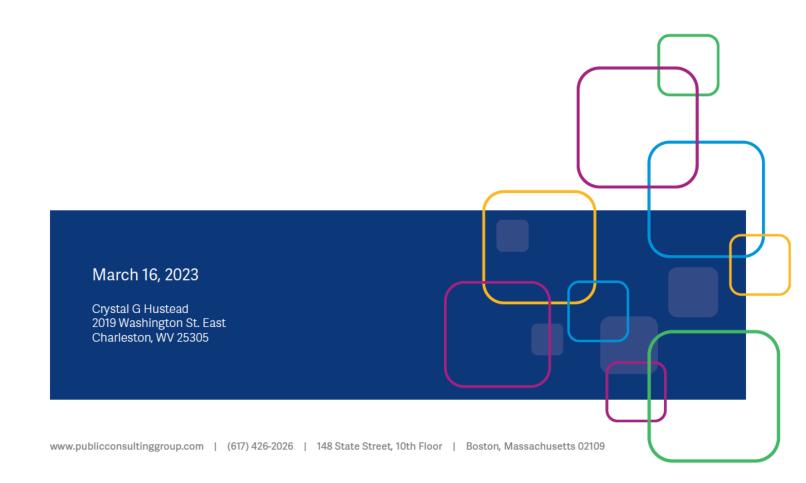


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I. Required Forms

Designated Contact Form
Addendum Acknowledgement Form
Contract Manager Form
HIPPA Business Associate Addendum
Federal Funds Amendment
Disclosure of Interested Parties to Contracts



Designated Contact Form

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) James	Waldinger, Manager			
(Address) 148 State Street, 10th Floor, Boston, MA 02109				
(Phone Number) / (Fax Number)	(617) 717-1123 / (617) 426-4632			
(Email address) jwaldginer@pc	gus.com			

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Public Consulting Group LLC	
(Company) Marc Hantley	
(Signature of Authorized Representative)	
Marc Staubley, Practice Area Director, March, 14 2023	
(Printed Name and Title of Authorized Representative) (Date) (512) 287-4662 / (617) 426-4632	
(Phone Number) (Fax Number)	
mstaubley@pcgus.com	

(Email Address)



Addendum Acknowledgement Form

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: BMS2300000002

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

(Chec	k the	e bo	ox next to each addendum rece	eive	d)	
	[3	ζ]	Addendum No. 1	[]	Addendum No. 6
	[]	Addendum No. 2	[]	Addendum No. 7
	[]	Addendum No. 3	[]	Addendum No. 8
	[]	Addendum No. 4	[]	Addendum No. 9

Addendum No. 5 Addendum No. 10

Addendum Numbers Received:

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Public Consult	ting Group LLC			
Company				
1	Mare Hantley			
	Authorized Signature			
March, 14 2023	}			
	Date			

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 6/8/2012



Contract Manager Form

REQUEST FOR QUOTATION CRFO BMS2300000002

School Based Health Services

and

Reimbursement Strategies for Medicaid Services

10. VENDOR DEFAULT:

- **10.1.** The following shall be considered a vendor default under this Contract.
 - **10.1.1.** Failure to perform Contract Services in accordance with the requirements contained herein.
 - **10.1.2.** Failure to comply with other specifications and requirements contained herein.
 - **10.1.3.** Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.
 - **10.1.4.** Failure to remedy deficient performance upon request.
- 10.2. The following remedies shall be available to Agency upon default.
 - **10.2.1.** Immediate cancellation of the Contract.
 - **10.2.2.** Immediate cancellation of one or more release orders issued under this Contract.
 - **10.2.3.** Any other remedies available in law or equity.

11. MISCELLANEOUS:

11.1. Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: James Waldinger
Telephone Number: (617) 717-1123
Fax Number: (617) 426-4632
Email Address: jwaldginer@pcgus.com

Revised 12/12/2017



HIPPA Business Associate Addendum

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

- 1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
 - a. Agency Procurement Officer shall mean the appropriate Agency individual listed at: http://www.state.wv.us/admin/purchase/vrc/agencyli.html.
 - b. Agent shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
 - c. Breach shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
 - **d. Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
 - e. HITECH Act shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

- f. Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.
- g. Protected Health Information or PHI shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.
- h. Security Incident means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.
- i. Security Rule means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.
- j. Subcontractor means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. Permitted Uses and Disclosures.

- a. PHI Described. This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.
- b. Purposes. Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.
- c. Further Uses and Disclosures. Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

3. Obligations of Associate.

- a. Stated Purposes Only. The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.
- b. Limited Disclosure. The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.
- c. Safeguards. The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:
 - i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;
 - ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;
 - iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;
 - iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- d. Compliance With Law. The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
- e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

- f. Support of Individual Rights.
 - i. Access to PHI. Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.
 - ii. Amendment of PHI. Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.
 - Accounting Rights. Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:
 - the date of disclosure:
 - the name of the entity or person who received the PHI, and if known, the address of the entity or person;
 - a brief description of the PHI disclosed; and
 - a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
 - iv. Request for Restriction. Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."
 - v. Immediate Discontinuance of Use or Disclosure. The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

- g. Retention of PHI. Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.
- h. Agent's, Subcontractor's Compliance. The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.
- j. Federal and Agency Access. The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.
- k. Security. The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.
- Notification of Breach. During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incident@wv.gov or https://apps.wv.gov/ot/ir/Default.aspx.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

m. Assistance in Litigation or Administrative Proceedings. The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. Addendum Administration.

- a. Term. This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.
- b. Duties at Termination. Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

- and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.
- c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. Judicial or Administrative Proceedings. The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- **e. Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. General Provisions/Ownership of PHI.

- a. Retention of Ownership. Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- **b. Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- c. Electronic Transmission. Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. No Third-Party Beneficiaries. Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. Interpretation. The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- **g.** Amendment. The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- **h.** Additional Terms and Conditions. Additional discretionary terms may be included in the release order or change order process.

AGREED;	
Name of Agency:	Name of Associate: Public Consulting Group LLC
Signature:	Signature:Manc Hantley
Title:	Title:
Date:	Date:March 14, 2023

Form - WVBAA-012004 Amended 06.26.2013

APPROVED AS TO FORM THIS 20 11

Retrick Morrisey
Attorney General



Federal Funds Amendment

FEDERAL FUNDS ADDENDUM

2 C.F.R. §§ 200.317 - 200.327

<u>Purpose:</u> This addendum is intended to modify the solicitation in an attempt to make the contract compliant with the requirements of 2 C.F.R. §§ 200.317 through 200.327 relating to the expenditure of certain federal funds. This solicitation will allow the State to obtain one or more contracts that satisfy standard state procurement, state federal funds procurement, and county/local federal funds procurement requirements.

<u>Instructions:</u> Vendors who are willing to extend their contract to procurements with federal funds and the requirements that go along with doing so, should sign the attached document identified as: "REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317)"

Should the awarded vendor be unwilling to extend the contract to federal funds procurement, the State reserves the right to award additional contracts to vendors that can and are willing to meet federal funds procurement requirements.

<u>Changes to Specifications:</u> Vendors should consider this solicitation as containing two separate solicitations, one for state level procurement and one for county/local procurement.

State Level: In the first solicitation, bid responses will be evaluated with applicable preferences identified in sections 15, 15A, and 16 of the "Instructions to Vendors Submitting Bids" to establish a contract for both standard state procurements and state federal funds procurements.

County Level: In the second solicitation, bid responses will be evaluated with applicable preferences identified in Sections 15, 15A, and 16 of the "Instructions to Vendors Submitting Bids" omitted to establish a contract for County/Local federal funds procurement.

Award: If the two evaluations result in the same vendor being identified as the winning bidder, the two solicitations will be combined into a single contract award. If the evaluations result in a different bidder being identified as the winning bidder, multiple contracts may be awarded. The State reserves the right to award to multiple different entities should it be required to satisfy standard state procurement, state federal funds procurement, and county/local federal funds procurement requirements.

State Government Use Caution: State agencies planning to utilize this contract for procurements subject to the above identified federal regulations should first consult with the federal agency providing the applicable funding to ensure the contract is complaint.

County/Local Government Use Caution: County and Local government entities planning to utilize this contract for procurements subject to the above identified federal regulation should first consult with the federal agency providing the applicable funding to ensure the contract is complaint. For purposes of County/Local government use, the solicitation resulting in this contract was conducted in accordance with the procurement laws, rules, and procedures governing the West Virginia Department of Administration, Purchasing Division, except that vendor preference has been omitted for County/Local use purposes and the contract terms contained in the document entitled "REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317)" have been added.

FEDERAL FUNDS ADDENDUM

REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317):

The State of West Virginia Department of Administration, Purchasing Division, and the Vendor awarded this Contract intend that this Contract be compliant with the requirements of the Procurement Standards contained in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements found in 2 C.F.R. § 200.317, et seq. for procurements conducted by a Non-Federal Entity. Accordingly, the Parties agree that the following provisions are included in the Contract.

1. MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS:

(2 C.F.R. § 200.321)

- a. The State confirms that it has taken all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Those affirmative steps include:
 - (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
 - (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
 - (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
 - (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
 - (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and
 - (6) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (1) through (5) above.
- b. Vendor confirms that if it utilizes subcontractors, it will take the same affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.

2. DOMESTIC PREFERENCES:

(2 C.F.R. § 200.322)

a. The State confirms that as appropriate and to the extent consistent with law, it has, to the greatest extent practicable under a Federal award, provided a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United

States (including but not limited to iron, aluminum, steel, cement, and other manufactured products).

- b. Vendor confirms that will include the requirements of this Section 2. Domestic Preference in all subawards including all contracts and purchase orders for work or products under this award.
- c. Definitions: For purposes of this section:
 - (1) "Produced in the United States" means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.
 - (2) "Manufactured products" means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

3. BREACH OF CONTRACT REMEDIES AND PENALTIES:

(2 C.F.R. § 200.327 and Appendix II)

(a) The provisions of West Virginia Code of State Rules § 148-1-5 provide for breach of contract remedies, and penalties. A copy of that rule is attached hereto as Exhibit A and expressly incorporated herein by reference.

4. TERMINATION FOR CAUSE AND CONVENIENCE:

(2 C.F.R. § 200.327 and Appendix II)

(a) The provisions of West Virginia Code of State Rules § 148-1-5 govern Contract termination. A copy of that rule is attached hereto as Exhibit A and expressly incorporated herein by reference.

5. EQUAL EMPLOYMENT OPPORTUNITY:

(2 C.F.R. § 200.327 and Appendix II)

Except as otherwise provided under 41 CFR Part 60, and if this contract meets the definition of "federally assisted construction contract" in 41 CFR Part 60–1.3, this contract includes the equal opportunity clause provided under 41 CFR 60–1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964–1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

6. DAVIS-BACON WAGE RATES:

(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that if this Contract includes construction, all construction work in excess of \$2,000 will be completed and paid for in compliance with the Davis—Bacon Act (40 U.S.C. 3141–3144, and 3146–3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must:

- (a) pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor.
- (b) pay wages not less than once a week.

A copy of the current prevailing wage determination issued by the Department of Labor is attached hereto as Exhibit B. The decision to award a contract or subcontract is conditioned upon the acceptance of the wage determination. The State will report all suspected or reported violations to the Federal awarding agency.

7. ANTI-KICKBACK ACT:

(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that it will comply with the Copeland Anti-KickBack Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). Accordingly, Vendor, Subcontractors, and anyone performing under this contract are prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The State must report all suspected or reported violations to the Federal awarding agency.

8. CONTRACT WORK HOURS AND SAFETY STANDARDS ACT

(2 C.F.R. § 200.327 and Appendix II)

Where applicable, and only for contracts awarded by the State in excess of \$100,000 that involve the employment of mechanics or laborers, Vendor agrees to comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, Vendor is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. (2 C.F.R. § 200.327 and Appendix II)

If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

10. CLEAN AIR ACT

(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that if this contract exceeds \$150,000, Vendor is to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

11. DEBARMENT AND SUSPENSION

(2 C.F.R. § 200.327 and Appendix II)

The State will not award to any vendor that is listed on the governmentwide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

12. BYRD ANTI-LOBBYING AMENDMENT

(2 C.F.R. § 200.327 and Appendix II)

Vendors that apply or bid for an award exceeding \$100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non–Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non–Federal award.

13. PROCUREMENT OF RECOVERED MATERIALS

(2 C.F.R. § 200.327 and Appendix II; 2 C.F.R. § 200.323)

Vendor agrees that it and the State must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

14. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT.

(2 C.F.R. § 200.327 and Appendix II; 2 CFR § 200.216)

Vendor and State agree that both are prohibited from obligating or expending funds under this Contract to:

- (1) Procure or obtain;
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115–232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - (i) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - (ii) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - (iii) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

Attachment 1

In implementing the prohibition under Public Law 115–232, section 889, subsection (f), paragraph (1), heads of executive agencies administering loan, grant, or subsidy programs shall prioritize available funding and technical support to assist affected businesses, institutions and organizations as is reasonably necessary for those affected entities to transition from covered communications equipment and services, to procure replacement equipment and services, and to ensure that communications service to users and customers is sustained.

State of West Virginia	Vendor Name: Mare Hantley				
Ву:	Ву:				
Printed Name:	Printed Name: Marc Staubley				
Title:	Title: Practice Area Director				
Date:	Date: March 14, 2023				



Disclosure of Interested Parties to Contracts

Disclosure of Interested Parties to Contracts Form

Public Consulting Group LLC (PCG) agrees to provide the State of West Virginia Department of Health and Human Resources, Bureau of Medical Service (the Agency) a copy of the Disclosure of Interested Parties to Contracts form upon request.



II. Transmittal Letter



March 16, 2023

Crystal G Hustead State of West Virginia Department of Administration, Purchasing Division 2019 Washington Street East Charleston, WV 25303-0130

Dear Ms. Hustead:

Public Consulting Group LLC (PCG) is pleased to present a response to the State of West Virginia Department of Health and Human Resources, Bureau for Medical Services' (the Agency) request for a vendor to provide *School Based Health Services* (SBHS) and Reimbursement Strategies for Medicaid Services, CRFQ-0511-BMS2300000002.

PCG is pleased to have been your SBHS vendor since 2011 and we very much would like to continue our relationship with you. Partnering with the local education agencies (LEAs), PCG and the Agency have achieved great success in working together to establish a reformed SBHS program over the last 11 years. Our intricate knowledge of the SBHS program and our existing relationships with the LEAs will allow us to hit the ground running and continue providing high-quality and cost-effective services to the Agency.

The PCG SBHS model that is used in West Virginia, as well as numerous other states, features:

- ► An efficient and robust web-based claiming system;
- ▶ High-level customer service to facilitate compliant LEA participation; and
- Seasoned professionals with the necessary expertise and West Virginia experience to continue to manage on-going program operations.

Our model ensures that West Virginia will continue to capture funding for the health-related services provided to students with disabilities while maintaining regulatory compliance and sufficient financial reporting requirements.

PCG is the Market Leader in Medicaid School-Based Consulting

PCG offers unrivaled experience to the Agency as we have provided school-based Medicaid claiming services across the country for nearly three decades. PCG understands the funding and operational challenges faced by local and state governments and the need to maximize all allowable revenue sources possible, particularly in the school-based arena. Our team brings decades of experience working with state Medicaid and Education agencies to implement and manage successful school-based Medicaid billing and reimbursement programs to capture funding for the health-related services provided to students with disabilities. No vendor in the country has more experience operating school-based programs on a statewide basis. PCG supports Medicaid school-based service claiming operations on a statewide basis in 17 states, thus meeting and exceeding the minimum requirements. Furthermore, no vendor has generated more allowable revenue than PCG. PCG has generated more than \$10 billion dollars in Medicaid reimbursements and currently has school-based Medicaid engagements with thousands of school districts nationwide.

PCG Has Extensive Administrative Claiming and Cost Settlement Experience

PCG deploys a uniform process to leverage the financial data collected from LEAs for Medicaid administrative claiming and cost settlement purposes. We have designed a nationally recognized cost

reporting software solution to streamline and simplify administrative claiming and cost reporting for school districts. Our robust, web-based application minimizes burden on the users while maintaining strict compliance with Centers for Medicare and Medicaid Services (CMS) regulations with data entry edits and built-in quality review functions.

PCG is a Trusted Partner of the Agency

PCG has had a proven track record as the vendor for the SBHS program's administration for over a decade and demonstrated a strong presence in West Virginia through numerous other engagements with the state. Our experience includes several revenue enhancement and cost savings engagements on behalf of the Agency, including a behavioral health system redesign, a comprehensive assessment and implementation plan maximizing Federal recoveries for the state, as well as the current operation of the transformed SBHS program.

PCG is Committed to Meeting Industry Standards

PCG is committed to best practices, continual improvement, and helping our clients meet their compliance and audit needs. Each year we engage an independent audit firm to complete a SOC 1 Type 2 report on the PCG Claiming System and associated operational controls for processing quarterly MAC and Annual Cost Settlement claims and payments. All PCG statewide MAC and/or Annual Cost Settlement clients are included in the resulting report. The overall result from the most recent report for the period of July 1, 2020 to June 30, 2021 verified that we have an established internal process and control structure that facilitates the processing of accurate and reliable Medicaid claims and payments.

PCG Offers the Agency Unmatched Value

We believe our talented team possesses the experience necessary to fulfill the requirements of this RFP. Backed by over 25 years of school-based health experience, PCG brings an expert team with decades of experience and proven processes to this engagement, providing the Agency with the confidence and comfort that your SBHS program is administered in full compliance with government regulations in the most efficient and cost-effective manner possible.

We have developed a high level of loyalty and trust amongst our clients and our response demonstrates our deep understanding of the Agency's needs and our ability to continue to successfully meet and exceed the expectations outlined in the scope of work.

If you have any questions regarding this proposal, please contact:

James Waldinger 148 State Street, 10th Floor Boston, MA 02150 Phone: (617) 717-1123

Email: jwaldinger@pcgus.com

PCG looks forward to working with you on this important engagement, and we hope that this proposal will be viewed favorably.

Sincerely.

Marc Staubley

Mare Hantley

Health Practice Area Director Public Consulting Group LLC



III. Qualifications

Professional Experience with School-Based Services CMS Approved Program Implementation

Arizona

Colorado

Michigan

Utah

Medicaid Reimbursement Strategy Experience

Project Manager Experience



Professional Experience with School-Based Services

III. QUALIFICATIONS

1. Professional Experience with School-Based Services

Minimum of three (3) years of professional experience in administering and performing School-Based Administrative Claiming, Cost Reporting and RMTS on a statewide basis. Upon request, the vendor shall provide a detailed description of its experience that includes specific examples of prior work performed in a minimum of three (3) separate states, not including West Virginia, that list the following information: name of clients served, narrative description of type of services provided, dates, quality results (CMS acceptance or denial of any aspect of the work product, description of the results of audits of the work product, CMS disallowances (if any), and any other information related to the work product and whether it met with approval). The vendor may include in its response any other information that demonstrates the Vendor's relevant experience. The response should correlate the components described above with the requirements of this solicitation to indicate specifically which have been successfully achieved (e.g., implemented on time, methodologies and supporting materials accepted by CMS, post-implementation successful operations and acceptance by CMS of resulting claims).

General Company Overview

Public Consulting Group LLC (PCG) is a Delaware limited liability company and a subsidiary of Public Consulting Group Holdings, Inc. PCG and its affiliates employ 2,000+ professionals worldwide—all committed to delivering solutions that change lives for the better. Since 1986, PCG has operated as a leading public sector solutions implementation and operations improvement firm that partners with health, education, and human services agencies to improve lives. Together with its affiliates, PCG offers clients a multidisciplinary approach to solve their challenges or pursue opportunities. The PCG family of companies has extensive experience in all 50 states, in six Canadian provinces, and a growing practice in Europe.

PCG's mission is to be the market leader in delivering outstanding financial and operational results to education, health, human services, and other government or public clients so they can further promote improved outcomes for the people and communities they serve.

Public Consulting Group LLC (PCG)

Founded in 1986 and headquartered in Boston, Massachusetts, PCG is a consulting, operations, and technology firm that has dedicated itself almost exclusively to serving the public sector for more than 35 years. As a result, the firm has developed a deep understanding of the legal and regulatory requirements and fiscal constraints that often dictate a public agency's ability to meet the needs of the populations it serves. We are honored to have helped thousands of public sector organizations improve client outcomes by implementing a range of solutions to maximize resources, make better management decisions using performance measurement techniques, improve business processes, achieve and maintain federal and state compliance, and promote equitable systems and practices. Many of PCG's employees have extensive experience and subject matter knowledge in a range of government-related topics, from child welfare, public assistance, and Medicaid and Medicare policy to special education, literacy and learning, and school-based health finance.



Figure 1: PCG's Depth of Experience.

Our seasoned professionals work closely with agency leaders to achieve more effective and efficient business, human, and systematic processes by:

- Analyzing and assessing service needs;
- Evaluating and designing programs, services, and systems;
- Increasing program revenue; and
- Improving compliance with state and Federal regulations.

PCG Practice Areas

PCG is comprised of four unique practice areas and three core competencies, the latter of which are foundational to each practice area's offerings.

PCG's four practice areas are Education, Human Services, Technology Consulting, and Education. Leading each practice is a Practice Area Director (PAD) who reports directly to the firm's Chief Operating Officer, Gary Garofalo. The following descriptions—including affiliate companies—are intended to provide a broader perspective of the depth and breadth of services the PCG family of companies brings to the public sector.

Education

Our Education practice offers consulting services and technology solutions that help schools, school districts, and state education agencies promote student success, transform teaching and learning, improve programs and processes, advance equity, and optimize financial resources. Together with its state-of-the-art technology, PCG's consulting approach helps educators make effective decisions by transforming data into meaningful results. The practice area has active projects across 46 U.S. states and territories plus the District of Columbia. Current and recent clients include 21 state education agencies, 18 of the 25 largest urban U.S. school districts, more than 5,600 school districts, and more than 73,000 schools. Our special education management systems, including EDPlan™, EasyIEP™, GoalView™, and iep.online™, serve over two million special education students across the U.S. PCG has also recovered more than \$7.1 billion in Federal Medicaid funds for school district clients, more than any other consulting firm.

Health

Our Health team offers in-depth programmatic knowledge and regulatory expertise to help state and municipal health agencies respond to regulatory change, improve access to health care, maximize program revenue, improve business processes, and achieve regulatory compliance. Using industry best practices, our Health team helps organizations deliver quality services with constrained resources to promote improved client outcomes. PCG is a recognized leader in health care reform and health benefits exchange consulting, and a leading provider of services in cost reimbursement, rate setting, cost settlement, and health care expense management. Our experience as seen in *Figure 3* below includes providing policy and

program operational support and strategic decision-making guidance across all the populations covered by the Medicaid program.



Figure 2: PCG's Health Team Experience and Expertise with the Medicaid Program.

Human Services

Our Human Services team helps state, county, and municipal human services agencies achieve their performance goals and better serve populations in need. The practice area's seasoned professionals offer proven solutions to help agencies design programs, services, and systems, increase program revenue, cut costs, and improve compliance with state and federal regulations. PCG is a proven national leader in management consulting services for state Temporary Assistance for Needy Families (TANF) programs, state child welfare and juvenile justice programs, workforce investment boards, Social Security advocacy management, early childhood programs, and state Supplemental Nutrition Assistance Programs (SNAP). Currently, PCG has more than 286 active human services contracts spanning 43 states.

Technology Consulting

Technology Consulting offers a full spectrum of information technology (IT) services to help government agencies at every stage of the IT life cycle. Services include Independent Verification and Validation (IV&V) and Quality Assurance (QA), enterprise and technical architecture assessments, project management, procurement support, requirements definition, feasibility studies, application development, management consulting, disaster recovery and business continuity planning, security assessments, and infrastructure support services. These IT services put PCG in a unique position to be able to offer clients specialized IT services with programmatic perspective provided by our other practice areas. Currently, the Technology Consulting team has more than 90 active contracts across 28 states and territories.

PCG's organizational structure allows the firm to assemble multidisciplinary teams when required, taking advantage of the specialized expertise and experience of each practice area to address the multi-dimensional objectives of the public sector. To support the requirements of this engagement, PCG will coordinate as necessary with Local Education Agencies (LEAs) and the West Virginia Department of Education, across all services, Medicaid Administrative Claiming (MAC), Random Moment Time Study (RMTS), and Medicaid Cost Reporting, to assure responsibilities are attended to and participant questions are appropriately directed.

PCG West Virginia and National Experience with School-Based Services

PCG understands the State of West Virginia Department of Health and Human Resources, Bureau of Medical Service (the Agency) is seeking information on qualified vendors with the organizational capacity and experience to successfully administer the Medicaid School-Based Health Services (SBHS) Program and Administrative Claiming calculation support. Because PCG is the current vendor for the program, we will be able to hit the ground running and continue to provide high-quality deliverables and outstanding customer service to the Agency.

PCG has provided school-based Medicaid claiming services since the mid-1990's. PCG understands the funding and operational challenges faced by local and state governments, resulting in the need to maximize all allowable revenue sources possible. We also understand the importance of adhering to program requirements that ensure compliance with Federal rules and regulations and claiming best practices. Our team brings years of experience working with state Medicaid agencies and state Education agencies to implement and manage successful services provided to students with disabilities.

PCG has a proven history of providing innovative and compliant claiming solutions to optimize reimbursement through the Medicaid Program. Our industry experience with state agencies will continue to allow the Agency to optimize reimbursement, maintain Medicaid and Individuals with Disabilities Education Act (IDEA) compliance, and streamline the administrative burden of coordinating special education programs. PCG has unparalleled and extensive national Medicaid experience within school-based Medicaid billing and reimbursement programs to capture funding for health-related services. Our knowledgeable teams have successfully designed, developed, and implemented the services described throughout this proposal in over a dozen states. No vendor in the country has more experience operating school-based Medicaid-related programs, and no vendor has generated more reimbursement for such programs than PCG.

Our ability to perform at a high level as your partner in West Virginia is attributable to PCG's commitment to this engagement and the needs of the Agency. We understand better than any other vendor that a

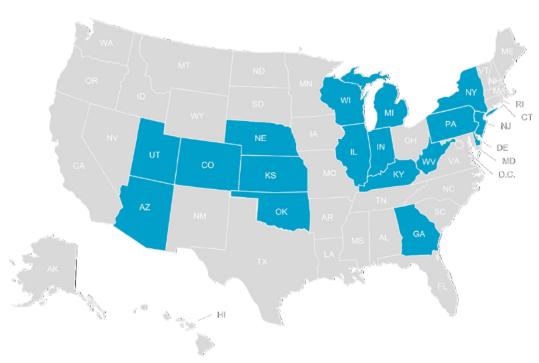
PCG has generated \$10.6 billion in school-based Medicaid reimbursement for administrative direct medical services, and IEP transportation services.

successful school-based Medicaid program must address the issues that are most important to the Medicaid agency: program design, CMS/OIG compliance, and Federal reporting. Supporting over 5,000 local education agencies (LEAs), PCG recognizes that a successful program must address issues most important to LEAs: minimize administrative burden, improve reimbursements for services, and provide training.

PCG's proven approach is "tried and true" and distinguishes us from many other organizations. Our approach has been

grounded in our extensive experience administering the program in West Virginia as well as implementing and operating similar services nationwide. The firm is currently managing 17 statewide school-based service contracts across the country, more than any other firm. Each engagement provides PCG with additional opportunities to continuously improve our processes, collaborate with new clients, and share knowledge and insights across programs. We are continually building upon our working relationships, improving methods, and working to execute high-quality deliverables. Our constantly evolving and expanding experience with school-based Medicaid services will allow us to bring new ideas and best practices to West Virginia's SBHS program.

PCG is currently serving the following 17 states with statewide Medicaid initiatives: Arizona, Colorado, Delaware, Georgia, Illinois, Indiana, Kansas, Kentucky, Michigan, Nebraska, New Jersey, Oklahoma, Pennsylvania, Utah, West Virginia, and Wisconsin. (See *Figure 3* below). Furthermore, PCG is supporting school-based service programs at the local level within the Commonwealth of Massachusetts as well as the states of Nevada, North Carolina, and Texas.



PCG's Current Statewide School-Based Medicaid Service Contracts

Figure 3: PCG's Current Statewide School Based Medicaid Service Contracts.

PCG has extensive experience in assisting states in the development, implementation, and operation of school-based Medicaid programs that meets the current guidelines set forth by CMS. The services PCG has provided to statewide school-based Medicaid programs have allowed our clients to maximize Medicaid allowable revenue while maintaining highly compliant programs. *Figure 4* below highlights a historical summary of PCG's national Medicaid reimbursement as we have assisted over 35 states and the District of Columbia to recover over \$10.6 billion in Medicaid direct service reimbursement through FFS claiming and annual cost settlement programs. The states highlighted in the table below include not only those states where PCG is serving as the statewide vendor for cost settlement programs but also those states in which PCG is contracted with LEAs to provide FFS claiming services.

Medicaid School-Based Reimbursement Strategy							
State	Administrative Claiming	Fee-For-Service	Total				
Alaska	n/a	\$1,870,193	\$1,870,193				
Arizona	\$80,395,867	\$562,726,899	\$643,122,766				
Arkansas	n/a	\$1,344,801	\$1,344,801				
California	n/a	\$19,394,480	\$19,394,480				
Colorado	\$54,928,175	\$453,011,281	\$507,939,456				
Connecticut	n/a	\$434,023	\$434,023				
Delaware	n/a	\$58,836,208	\$58,836,208				
District of Columbia	n/a	\$120,000,000	\$120,000,000				
Florida	n/a	\$34,185,665	\$34,185,665				
Georgia	\$140,975,864	\$111,212,492	\$252,188,356				
Idaho	n/a	\$1,655,815	\$1,655,815				
Illinois	\$358,835,919	\$525,943,611	\$884,779,530				

State	Administrative Claiming	Fee-For-Service	Total
Indiana	\$66,461,763	\$21,585,515	\$88,047,278
Kansas	\$153,007,542	\$179,808,978	\$332,816,520
Kentucky	\$42,840,746	\$13,526,270	\$56,367,016
Louisiana	n/a	\$4,500,000	\$4,500,000
Massachusetts	\$234,715,475	\$412,320,346	\$647,035,821
Michigan	\$299,376,322	\$1,326,098,119	\$1,625,474,441
Minnesota	n/a	\$207,254,101	\$207,254,101
Missouri	\$3,000,000	\$2,000,000	\$5,000,000
Nevada	\$12,367,755	\$104,608,489	\$116.976,244
New Jersey	\$168,771,611	\$1,253,030,695	\$1,421,802,306
New York	n/a	\$224,714,983	\$224,714,983
North Carolina	\$128,122,645	\$631,173,177	\$759,295,822
Pennsylvania	\$294,022,538	\$665,508,079	\$959,530,617
Ohio	n/a	\$8,912,736	\$8,912,736
Oklahoma	n/a	\$4,814,095	\$4,814,095
Rhode Island	\$13,271,010	\$88,085,648	\$101,356,658
South Carolina	n/a	\$179,716,968	\$179,716,968
South Dakota	\$23,728,293	\$2,161,925	\$25,890,218
Tennessee	n/a	\$9,239,677	\$9,239,677
Texas	n/a	\$133,247,179	\$133,247,179
Utah	\$2,621,133	\$24,964,689	\$27,585,822
Virginia	n/a	\$185,733,114	\$185,733,114
Vermont	n/a	\$1,200,000	\$1,200,000
Washington	n/a	\$27,633,803	\$27,633,803
West Virginia	\$21,873,340	\$173,843,890	\$195,717,229
Wisconsin	\$205,848,720	\$525,943,661	\$731,792,381
Total	\$2,305,164,717	\$8,302,241,605	\$10,607,406,322

Figure 4: PCG Medicaid School-Based Reimbursement Summary.

To further substantiate our expertise, *Figure 5* below provides a list of some of PCG's contracts in other States and illustrates the wide-ranging experience and services we have provided that are like the scope of this RFP.

State	Agency	Start Date	State Plan Development	MAC/RMTS Implementation Guide Development	RMTS Administration	MAC Claiming	Cost Settlements*	Training to Providers	Audit Support
Arizona	Arizona Health Care Cost Containment System	2009	✓	✓	✓	✓	√ *	✓	✓
Colorado	Department of Health Care Policy and Financing	2006	✓	✓	✓	✓	√ *	✓	✓
Delaware	Department of Education	2011	✓	✓	✓	✓	✓	✓	✓
Georgia	Department of Community Health	2010	✓	✓	✓	✓	✓	✓	✓

State	Agency	Start Date	State Plan Development	MAC/RMTS Implementation Guide Development	RMTS Administration	MAC Claiming	Cost Settlements*	Training to Providers	Audit Support
Illinois	Department of Healthcare and Family Services	2020	✓	✓	✓	✓	√ *	✓	✓
Indiana	Department of Education	2010		✓	✓	✓		✓	✓
Kansas	Department of Health and Environment	2006	✓	✓	✓	✓	√ *	✓	✓
Kentucky	Department of Education	2008	✓	✓	✓	✓		✓	✓
Michigan	Department of Community Health	2003	✓	✓	✓	✓		✓	✓
Missouri	Department of Social Services	2017	✓						
Nebraska	Department of Health and Human Services	2022			✓	✓	√ *	✓	✓
New Jersey	Department of Treasury	2011	✓	✓	✓	✓	√*	✓	✓
New York	Department of Health	2011	✓	✓	✓		√*	✓	✓
Oklahoma	Department of Education	2021	✓	✓	✓	✓		✓	✓
Pennsylvania	Department of Education	2012	✓	✓	✓	✓	√*	✓	✓
Utah	Department of Health	2021	✓	✓	✓	✓	✓	✓	✓

^{*}includes cost settlement and reconciliation for IEP Transportation

Figure 5: Summary of PCG Medicaid School-Based Services Past Performance (Exhibit D).

PCG has developed numerous special techniques that apply to its cost settlement approach. Our approach has been fine-tuned through years of actual experience across school-based Medicaid programs. No other vendor can provide the Agency with the breadth and depth of knowledge in both Medicaid and Education, including special education, as PCG can. The techniques PCG will employ to implement a Medicaid cost settlement process are borne of more than two decades working with Medicaid and Education agencies on this type of scope of work. PCG completed its first cost settlement project for Massachusetts in 1990, signed its first school district contract with Boston Public Schools in 1993, and performed its first cost-based rate setting project for Texas school districts in 2003.

Other firms may have limited relevant experience, but in many instances their experience and associated pricing is well below the expectations and services the Agency has been accustomed to receiving. Where many of our competitors must stretch their experience to meet the minimum experience requirements, PCG has clearly demonstrated this throughout our response.

The following represents some of the key ways in which PCG's experience differentiates us from other vendors:

- PCG's experience spans both assisting Medicaid agencies to navigate through the Medicaid State Plan Amendment (SPA), and operating the approved programs. Other vendors cannot claim similar experience.
- 2. PCG's cost settlement experience is broad and diverse—serving programs with less than 50 providers to programs with hundreds of providers. It encompasses programs with the most basic cost elements of personnel and material and supply costs to complex programs with tuition costs and interagency expense and revenue offsets. There is no other vendor that can demonstrate the same breadth and depth of PCG's experience.
- 3. PCG's CPE experience covers both direct service cost settlement programs and Medicaid administrative claiming (MAC) programs. The CPE experience presented by other vendors is limited or highly focused on one of three programs requested in this RFP.
- 4. PCG brings national expertise as a leader in school-based CPE programs to the Agency. The CPE experience of other vendors is limited and does not match the national expertise that PCG clearly demonstrates.
- 5. PCG provides high-touch customer service through both a dedicated email address and telephonic help desk support; an approach needed to make sure that the districts and counties participate in compliance with pertinent regulations and program requirements of the complex SSHSP. Other vendors limit their customer service to email support and limited or no help desk.

West Virginia-Specific Experience

Since July 1, 2011, PCG has been successfully performing most of the school-based service claiming services outlined within this task order on behalf of the Agency. Since that time, PCG has successfully assisted in the Agency transforming the school-based cost settlement and MAC programs to achieve a number of significant programmatic milestones and enhancements.

Thus far during the term of this contract, PCG has successfully:

- ► Implemented an automated time study process through PCG's proprietary Random Moment Time Study (RMTS) web-based system, EasyRMTS™.
- ▶ Implemented a centralized coding methodology for the RMTS, thereby reducing programmatic risk and enhancing program compliance. PCG is responsible for the coding of all moments, ensuring consistency, and reducing programmatic risk in case of a CMS or Office of Inspector General (OIG) audit.
- ▶ Automated a financial collection process for the Medicaid administrative claiming program and Medicaid cost reporting through the deployment of PCG's web-based Medicaid Claiming System.
- ▶ Restructured the Medicaid State Plan to enhance Medicaid cost settlement reimbursement.
- ▶ PCG authored a Medicaid State Plan to change cost allocation processes and introduce a new direct medical service, Targeted Case Management.
- ▶ Implemented Medicaid cost reporting and MAC training and support functions.

- Developed training programs surrounding both the MAC and Medicaid cost settlement programs.
- Developed a toll-free hotline and email support to provide school districts with the necessary guidance and support to successfully and compliantly participate in the school-based service program.
- Supported the Agency throughout a comprehensive CMS program audit.

Given PCG's past accomplishments and successful partnership with the Agency, we are confident that we can continue to meet and exceed West Virginia's expectations in performing the services outlined in this RFQ.

CMS Audits of Medicaid School-Based Services Projects

PCG has conducted numerous Medicaid school-based services projects, detailed throughout this proposal, which were subject to Federal oversight. In addition, PCG has conducted multiple revenue enhancement projects subject to Federal scrutiny. The following list identifies and describes the projects in which PCG claiming services for clients have been subject to an OIG audit. PCG works with states throughout the audit process, providing audit assistance. In many of these cases, the audit results have been overturned or settled, and have had minimal financial impact on the state.

- 1. West Virginia #1: Retroactive Claims: The OIG issued its initial retroactive costs findings in late January 2009. The findings were limited to the narrow issue of whether \$4.1 million in retroactive costs claimed for a six-month period in 2001 were truly "retroactive" claims, as opposed to "new" claims. The OIG accepted a portion of the claim as retroactive but recommended a disallowance of \$2.3 million of the remainder. In April 2009, the OIG rejected the West Virginia objections and recommended to CMS that the disallowance be upheld. West Virginia appealed the decision to the HHS Department Appeals Board (DAB) and argued that the adjustment in prior year costs was permissible and not a basis for a disallowance. The decision was affirmed by the federal district court in September 2012.
- 2. **West Virginia #2: Operating and Indirect Cost Calculation:** The OIG also investigated the West Virginia rate calculations from 2001-2003 and the application of older claiming methodology used by WV. In April 2011, the OIG issued a final report and recommended a \$23 million disallowance. The report was submitted for final review to CMS, which adopted the OIG report in November 2012 and ordered a \$23 million disallowance. In December 2013, the Department Appeals Board overturned the disallowance and confirmed that the interpretation advanced by West Virginia was a reasonable exercise of the state's rate calculation authority under the state Medicaid plan.
- 3. Colorado: Cost reporting: In 2009, the OIG initiated a review of Colorado school billing projects. The OIG's focus was the sufficiency of service documentation maintained by the school districts and the accuracy of documentation for the cost-based billing system that had been previously approved by CMS. The OIG issued a draft report in August 2011 that found errors in the RMTS methodology in two percent of the 9,000 samples reviewed. The State objected to the recommended OIG disallowance and contended that the miscoding error rate was negligible and did not warrant a disallowance. PCG's involvement only pertained to the RMTS and PCG was not responsible for any of the fee for service billing issues. In addition, our client found no deficiencies in the RMTS processes completed by PCG.
- 4. New Jersey Medicaid School-Based Health Claiming:

A. 2003-2006 Audit Period

Two OIG reports related to the Medicaid school-based health claiming program in New Jersey have been issued. The first, issued in April 2010, addressed deficiencies in claims filed by Maximus, PCG's predecessor, during the period of 2001 to 2004. The primary causes of the deficiencies were

documentation errors, for which the OIG has directed a return of funds to the federal government. Although Maximus and the school districts were responsible for most of the claims, PCG inadvertently submitted a small portion of the disallowed claims retroactively during the transition period from the Maximus contract, at the beginning of the PCG contract in 2005, as resubmitted claims.

B. 2005-2007 Audit Period

A second, more recent OIG report related to claiming during the 2005 – 2007 audit period. The OIG issued a final report in September 2010, concluding that New Jersey was improperly reimbursed \$5.6 million for claims during that period. The disallowance was derived from a small sample that found deficiencies in credentialing and service documentation. The report was critical of school-based health providers who did not comply with federal guidance and of officials for not adequately monitoring the claims and providing sufficient documentation. Following its review of the OIG report and recommendations, CMS concurred with most of the disallowances. Following a further appeal by New Jersey to the Department Appeal Board, New Jersey and CMS in April 2013 reached a settlement agreement, to the satisfaction of the state, which finally resolved both of the long-standing audits.

C. 2017 Audit

The OIG issued a report in November 2017 stating that New Jersey did not follow Federal regulations and CMS guidance when it developed its payment rates for Medicaid school-based services. The State objected to the audit report findings.

D. 2019 Audit

The HHS OIG issued a final report stating that New Jersey claimed Medicaid school-based administrative costs based on random moment sampling that did not meet Federal requirements. The State objected to the audit report findings, noting among other things that the OIG audit did not reflect a State Plan Amendment and revised Random Moment Time Study Implementation Guide submitted to CMS by the State in 2011.

E. 2022 Audit Period

The HHS OIG issued a report stating that CMS should require New Jersey to make certain changes to its cost-settlement processes, which CMS previously had approved.

Per the RFP requirements, PCG is willing to provide additional detail on this audit prior to award.

- 5. Michigan: Cost Settlement: In 2016, the OIG initiated a review of the cost settlement practices for Michigan's School-Based Services program. The major finding resulting from this review stemmed from the incorrect reporting of financial expenditures by school districts. In Michigan, the state pulls a report from its financial systems to report the costs to be included on the cost report. That report, created by the State, included costs for staff that were not included in the time study. This resulted in districts reporting the full costs for all staff, not just those that were included on the RMTS. PCG was not aware of and did not contribute to the findings identified in this review. The audit resulted in a refund of \$954,000 to the Federal Government.
- Kentucky School-Based Health Claiming: In 2021, the HHS OIG issued a final report alleging that Kentucky used invalid random moment sampling to allocate costs to Medicaid, and included unallowable costs in its cost pools. The State generally disagreed with the OIG findings.

7. **New York Medicaid School-Based Health Claiming:** In 2021, The HHS OIG issued a final report alleging that New York did not support that all random moments coded as health care were for Medicaid-eligible health services. The State generally disagreed with the OIG findings.



CMS Approved Program Implementation

Arizona

Colorado

Michigan

Utah

2. CMS-Approved Program Implementation

Implemented a CMS-approved program in a minimum of three (3) separate states, not including West Virginia, Medicaid programs. The Vendor's response should include documentation of CMS approval of implemented programs, such as CMS approval letter(s).

Client References

Public Consulting Group LLC (PCG) has unparalleled and extensive Medicaid experience within school-based service programs, having successfully designed, developed, and implemented the services described in this engagement in more than a dozen states.

PCG provides quality support and administration of Medicaid school-based services programs and our client references can speak to all our accomplishments and the relationships we have held with each over the past years. As client satisfaction is one of the main goals of PCG, current clients are proud and have agreed to provide references to potential PCG clients about all our hard work and services that we provide.

Below, we have listed the business reference information required by this Request for Quote (RFQ) for the following Medicaid school-based clients:

- Arizona Health Care Cost Containment System
- Colorado Department of Health Care Policy and Financing
- Michigan Department of Community Health
- ▶ Utah Department of Health & Human Services

On the following pages you will find information around each of the above-listed projects as well as direct links to the Centers for Medicare and Medicaid Services (CMS) approval letters and State Plan Amendments (SPA).



Arizona

Client	Arizona Health Care Cost Containment System (AHCCCS), State of Arizona
Project	Medicaid School-Based Claiming Services
Timeframe	February 2009–Present
Scope	PCG was selected as the third-party administrator for the Medicaid Direct Service and Administrative Claiming programs for over 150 Local Education Agencies (LEAs) that participate or would like to participate in Medicaid School-Based Claiming. Program promotion, education, training, and technical assistance to LEAs Develop Administrative Claiming Methodology and Manual Administer quarterly random moment time study Implement the PCG Claiming System, a web-based cost reporting system used for collecting quarterly and annual expenditures Prepare and submit financial Medicaid administrative claims Pevelop and implement a comprehensive School Based Claiming Program Handbook Conduct prepayment reviews for all personal care or health aide services (review request against IEP documentation) and report review outcome to LEA Process and pre-adjudicate direct service claims from all LEAs prior to submission for approval to AHCCCS Disburse Medicaid interim direct service and administrative claim payments to LEAs Conduct Annual LEA Compliance reviews Provide in-depth training during regional information sessions and webinars Provide ongoing compliance and program support to AHCCCS
Key Achievements	In 2011, PCG supported AHCCCS in the development of a cost-based reimbursement methodology and state plan amendment. The change from a Fee-for-Service model to cost based reimbursement was requested by CMS. PCG assisted the Agency in negotiations with CMS, identified, and implemented program and operational changes needed and conducted state-wide trainings and communications regarding the changes to the program. PCG has processed approximately 45,000 claims.
Link to CMS Approval Letter and SPA	AZ-21-0006 (medicaid.qov) Summary: This plan amendment updates the methods and standards for reimbursing Arizona's School-Based Services Program.



Colorado

Client	Department of Health Care Policy and Financing (DHCPF), State of Colorado			
Project	CO School Health Services (SHS) Program			
Timeframe	2008-Present			
Scope	SHS Program administration in partnership with the Department including calculation of school district annual cost settlements, quarterly Medicaid Administrative Claims (MAC), and management of all supporting processes including the quarterly Random Moment Time Study (RMTS).			
Key Achievements	 Developed SHS reimbursement program that complies with evolving Centers for Medicare & Medicaid Services (CMS) guidance featuring interim rates and annual cost settlement process with original State Plan Amendment (SPA) approval in July 2008 and an expansion of services to include Free Care in October of 2020 Implemented the PCG Claiming System, a web-based system that integrates time studies with cost, and cost reporting both quarterly and annual and support reimbursement calculations Worked closely with the Department to develop and publish the SHS Program Manual documenting all components of the program; updated in 2020 to include Free Care Worked with the Department and the Colorado Department of Education (CDE) to design and develop a multiple grade student Medicaid eligibility matching process Provided comprehensive annual and mid-year trainings and conducted Comprehensive Compliance Reviews to increase program compliance 			
Link to CMS Approval Letter and SPA	CO-19-0021.pdf (medicaid.gov) Summary: Reimbursement update for School Health Services			
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Michigan

Client	Michigan Department of Health and Human Services
Project	Michigan Statewide Administrative Outreach Program (AOP)
Timeframe	2003-Present
Scope	This scope of PCG's responsibilities includes all operational aspects of the RMTS process for four (4) staff pools. PCG also supports the statewide direct service Medicaid program by providing training for the cost settlement reimbursement process and financial collection of Targeted Case Management and Personal Care Services.
Key Achievements	 Trained centralized RMTS coders in collaboration with MDCH and CMS Developed training materials for program Trained 75 Independent School District coordinators on program Established program support hotline Developed partnership with CMS, MDCH and schools Completed first quarter of RMTS using centralized moment coding Worked with MDCH and CMS to include activities that were originally not reimbursable Enhanced program by identifying reimbursable activities that were missing from the program policy Achieved a RMTS return rate compliance of 99.0% Trained 700 financial contacts on program Developed comprehensive quality assurance procedures for financial data including a database for performing standard edit checks on data Implemented AOP Advisory Group consisting of representatives from CMS, MDCH, MDE, PCG and the schools Re-negotiated requirements of the summer quarter time study to alleviate administrative burden on the schools Worked with MDCH and CMS to change the Medicaid Eligibility Rate (MER) calculation from a one-to-one match to a county-based calculation resulting in around 30% claim increase each quarter
Link to CMS	MI-18-0013.pdf (medicaid.gov)
Approval Letter and SPA	Summary: Authority to expand health related services in the school setting.



Utah

Client	Utah Department of Health & Human Services (UDHHS)
Project	UT Medicaid Administrative Claiming and Direct Care Cost Settlement
Timeframe	2022-Present
Scope	A high-level summary of PCG's roles and responsibilities includes: ▶ Implements the quarterly Random Moment Time Study (RMTS) process ▶ Maintains and hosts system for Medicaid Administrative Claiming (MAC) and Direct Care Cost Settlement requirements ▶ Prepares and submits quarterly MAC claims ▶ Prepares and submits Direct Care Cost Settlement payments ▶ Prepares and submits annual interim rates for or the direct care (Fee-For-Service) program ▶ Provides a toll-free telephone hotline and email address to provide technical assistance to LEAs ▶ Trains LEA coordinators and RMTS participants ▶ Administers ongoing compliance monitoring
Key Achievements	Since partnering with the with UDHHS, PCG and UDHHS have made significant program enhancements to the school-based Medicaid program. PCG and UDHHS in partnership can speak to some collaborative accomplishments, including but not limited to: Dupdated the time study methodology to a quarterly RMTS process from a paper worker log process Implemented a cost settlement methodology for the direct care (Fee-For-Service) program Received CMS approval of the State Plan Amendment (SPA) as well as the Time Study Implementation Guide (TSIG)
Link to CMS Approval Letter and SPA	UT-21-0019.pdf (medicaid.gov) Summary: This SPA for school-based payments amends the current payment methodology to a cost-based payment model and services.



Medicaid Reimbursement Strategy Experience

3. Medicaid Reimbursement Strategy Experience

Minimum of one (1) year experience in development of Medicaid reimbursement strategies. Upon request, Vendor shall provide documentation that demonstrates experience that includes a detailed description of the types of reimbursement methodologies developed, implemented, and supported in other States, specifically those types of methodologies that support pay for performance or that are tied to quality outcomes. Documentation shall also describe whether the methodologies were accepted by CMS (i.e., State Plan Amendment) and whether any claims calculated utilizing the developed methodologies have been audited by CMS (and if so the audit outcomes), as well as whether any such claims have been disallowed by CMS.

Public Consulting Group LLC (PCG) is eager to assist West Virginia in strategizing reimbursement reform initiatives throughout the term of this engagement. As a firm, PCG provides Medicaid rate setting and reimbursement services for an array of healthcare services and provider types. These are core competencies of PCG, borne of 30+ years of rate-setting experience. PCG is nationally known for evaluating and assessing historical payment methodologies and working with states to identify and recommend alternative payment methodologies in order to more appropriately align reimbursement to services provided and/or outcomes, as Medicaid moves towards value-based purchasing. We compare predictive models to outcomes, communicate complex reimbursement issues to the provider community, conduct peer-state analyses, and implement pay-for-performance measures to improve quality of care and ensure that Medicaid programs receive value for services rendered and reimbursed.

PCG worked directly with the State of Utah to transform their School-Based Services program and receive Centers for Medicare & Medicaid Services (CMS) approval of their State Plan Amendment (SPA) as well as their Time Study Implementation Guide (TSIG) for Medicaid Administrative Claiming. Utah transitioned their School-Based Service program from a per-diem claiming model to a traditional Fee-for-Service model. While transforming the program, PCG worked with Utah to update their Medicaid Administrative Claim Program to a Random Moment Time Study (RMTS) as well as implement a cost settlement methodology for their direct services program. Utah received approval of their SPA and TSIG in 2022.

PCG also worked with the States of Colorado, Georgia, and Michigan to expand their school-based direct services program to include what CMS had previously referred to as "Free Care" Services. The expansion of this program allowed school districts to seek reimbursement for direct medical services provided to Medicaid Eligible students that have medical necessity documented in a way other than an IEP/IFSP. The program expansion allowed for additional services and providers to also have their services reimbursed for both the Special Education and General Education Student populations. Colorado, Georgia, and Michigan received CMS approval in 2020. PCG worked with these states to update their SPAs and TSIGs and obtain CMS approval. All four states, Colorado, Georgia, Michigan, and Utah, have not been audited by CMS or had any disallowances since approval.

We are confident that you will find that PCG is far and away the most qualified vendor to assist West Virginia with strategizing about how to transform the way the state utilizes reimbursement methodologies to incentivize the type of service utilization that will result in high-quality care, while also containing cost growth. Per the RFQ, we have provided tables below to highlight the types of projects PCG has been involved in over the years.

To our knowledge, the project listed below, or any rate-setting or P4P project PCG has performed, have ever resulted in a CMS or audit finding. As you will see, we easily exceed the one-year requirement of experience in developing innovative reimbursement methodologies.

Free Care Nursing

States and Time Period Colorado (2020) Georgia (2019–Present) Michigan (2020–Present)

Colorado: PCG and the Department Health Care Policy and Financing (HCPF) worked closely to explore Colorado specific Free Care program expansion opportunities. PCG and HCPF worked through multiple phases to determine whether the HCPF should move forward with Free Care or to keep the program as is. Based on data and analysis coupled with Free Care pilot results, HCPF determined the state would move forward with Free Care and program expansion. PCG worked with the HCPF to revise the SPA, Time Study Implementation Guide (TSIG) and other supporting documents that were submitted to CMS. We focused on new licensure requirements that had an impact on the expansion of services. Any updates to program requirements were addressed within communications from HCPF to districts and other program stakeholders as well as during PCG provided training sessions. PCG created and delivered targeted Free Care trainings during a live annual training (2019), midyear trainings (2020), mini web-based trainings (2020), and the web-based annual training 2020. The topics covered a general overview, RMTS, licensure, and plans of care. In addition to meetings and trainings, PCG updated all affected aspects of the PCG Claiming System, user guides, and program materials to reflect program expansion. The SPA and TSIG were approved in February 2020 and implemented October 2020.

Description of the type of reimburse ment methodolo gy Michigan: PCG worked with the Michigan Department of Health and Human Services in 2020 to expand their school-based Medicaid Program to expand the program as a result of the CMS policy change in regards to the Free Care Rule. Michigan expanded the school-based services program to allow for the reimbursement of medical services to Medicaid enrolled students that have medical necessity documented in a manner other than an IEP/IFSP. Michigan called their program expansion Care For Students or C4S. PCG helped Michigan to revise their SPA, Time Study Implementation Guide (TSIG) and other support documents. PCG helped Michigan communicate changes in policy to the participating school districts. PCG also helped Michigan update their State Policy Manuals. PCG also updated all affected areas of the PCG Claiming System, user guides, and program materials to reflect the program expansion. The SPA and TSIG were approved in 2020.

Georgia: Beginning in 2019, PCG partnered with the Georgia Department of Community Health (DCH) to expand the Children's Intervention School Services Program in response to the Center for Medicare and Medicaid Services (CMS) removing their "Free Care" Rule that limited the billing of Medicaid services in schools to just those students with a Medicaid covered services on their IEP / IFSP. The CISS program in Georgia was expanded to allow for the billing of Nursing Services to Medicaid Enrolled school students that had medical necessity documented beyond those on the IEP/ IFSP. The billing of Nursing Services was expanded to include those students where medical necessity was documented on 504 plans, Individual Health Plans, Prescriptions, Doctor's orders and other methods in which medical necessity had been established. Throughout this process, PCG helped Georgia to revise their SPA, Time Study Implementation Guide (TSIG) and other support documents. Additionally, PCG developed and led training's on the expansion of school nursing services throughout Georgia. The expansion was successfully implemented for the start of FY2021..

Were methodolo gies accepted by CMS?

Yes, these methodologies were approved and have been implemented

Nursing Facility Pay-for-Performance (P4P) and Hospital Quality Improvement Payment (HQIP) Program

States and Time Period

Colorado Pay for Performance (2009 - Present)

Colorado Hospital Quality Incentive Payment Program (December 2011–June 2015, September 2017-Current)

The Colorado Nursing Facility Pay for Performance (P4P) program is sponsored by the Colorado Department of Health Care Policy and Financing (the Department). The purpose of the P4P program is to encourage and support the implementation of resident-centered policies and home-like environments throughout the nursing homes of Colorado. Homes that execute these changes are incentivized with supplemental payments. PCG has reviewed, evaluated, and validated whether nursing homes that applied for additional reimbursement related to the P4P program are eligible for these additional funds. The performance measures serve to gauge how homes provide high quality of life and high quality of care to their residents.

The 2023 P4P application included 25 measures that reside in two domains: 1) Quality of Life and 2) Quality of Care. The reimbursement for facilities is based on cumulative points received for all performance measures.

Description of the type of reimbursement methodology

PCG has played roles in developing and implementing the evaluation tool that will be used to measure compliance with each P4P subcategory measure, making recommendations to the Department for which homes should have onsite visits and conducting review and validations of no less than 10 percent of the P4P applicant,; and providing evaluation results of the P4P applications to the Department in a standardized format developed by the Contractor and approved by the Department.

The Colorado Hospital Quality Incentive Payment (HQIP) program provides incentive payments to hospitals for improvement health care and patient outcomes. In September of 2017, PCG was engaged by the Colorado Department of Health Care Policy and Financing to perform as the program's contractor. As part of this project, PCG developed a robust web-based Data Collection Too (DCT) that is critical to HQIP program implementation.

PCG has assisted in developing from participating hospitals across the state of Colorado, identify potential hospital quality metrics relating to areas of improvement within Colorado, and calculate and report hospital specific incentive payments for the HQIP program.

PCG has played roles in consulting with the HQIP subcommittee about how to best structure the measures, completing calculations to distribute approximately \$90,000,000 of HQIP pool money to participating qualifying hospitals, conducts site visits to providers to ensure that the data reported to the state by its hospital providers reconcile with the actual events that occur within those hospitals.

Were methodologies accepted by CMS?

Yes, these methodologies were approved and have been implemented

PCG has spent the last three-plus decades in the public sector getting approval for SPAs across a variety of different provider types included Emergency Medical Services (EMS), hospitals, and others. If the agency is interested in those details, they can be supplied upon request.



Project Manager Experience

4. Project Manager Experience

The Project Manager must have at least three (3) years professional experience in School-Based Administrative Claiming, Cost Reporting and RMTS on a statewide basis.

Our Project Manager, Rachel Moran, has at least three (3) years professional experience in School-Based Administrative Claiming, Cost Reporting, and Random Moment Time Study on a statewide basis, including West Virginia. More information can be found in section 4.1.7 Key Staff Requirements.



IV. Mandatory Requirements

Random Moment Time Study (RMTS)

Administrative Claiming

Direct Service Claiming - Cost Reporting Requirements

Training

Other Administrative Functions

Reports

Key Staff Requirements

Deliverables

Additional Services

Prior Year Settlement

Service Level Agreements Included in Exhibit B



Random Moment Time Study (RMTS)

IV. MANDATORY REQUIREMENTS

4.1.1 Random Moment Time Study

4.1.1.1. The Vendor shall be responsible for developing, implementing, and reporting to the Agency the results of a quarterly, statewide time study that is consistent with State Plan authority and based on a Random Moment Sampling methodology to determine the amount of time and associated costs LEA staff provides in support of the Medicaid SBHS program.

Overview

Public Consulting Group LLC (PCG) brings a unique and unmatched set of skills and experience to the scope of work outlined by the Department of Health and Human Resources, Bureau of Medical Services (the Agency), as PCG has generated over \$10B in school-based service Medicaid Revenue for our clients. PCG is currently the preferred statewide vendor of all states that have hired a vendor for this type of work, and we have experience in many of the states participating in Random Moment Time Study (RMTS) and the Medicaid Administrative Claiming (MAC) programs. The RMTS component within the PCG Claiming System is used for school-based Medicaid in 20 states including: Arizona, California, Colorado, Delaware, Georgia, Illinois, Indiana, Kansas, Kentucky, Michigan, Nebraska, Nevada, New York, New Jersey, North Carolina, Oklahoma, Pennsylvania, Utah, West Virginia, and Wisconsin. PCG also currently provides MAC support services directly to LEAs in the states of California, Massachusetts, and North Carolina. We have worked with states to implement new programs, transition from existing practices or vendors, as well as provide enhancements to existing programs to generate additional revenue sources. While this national experience is unmatched by other vendors, we also recognize the fact that every state is different. To complement our national experience, PCG will continue to bring over 20 years of experience in schoolbased Medicaid claiming to West Virginia. With our national and proven West Virginia experience, PCG is confident we can successfully complete the services requested under this Request for Quote (RFQ) and not only meet but exceed the mandatory requirements outlined in the RFQ.

The RMTS is a necessary component to calculate the Medicaid reimbursement percentage for quarterly Administrative Claiming and is used to support the calculation of Medicaid cost settlements under the SBHS program. As described below, the time study process includes the collection of eligible participants to participate in the time study, the generation of the random moments, the completion of the random moments, the centralized coding of the random moments, and the performance of quality checks on all received data.

PCG has an established and implemented RMTS process in West Virginia that is comprehensive and CMS compliant. Our process and proven approach include a streamlined process to collect the information and ascertain the tasks SBHS participants are performing during the work day, along with a centralized coding process to accurately record the activities of SBHS staff.

The LEAs are guided by PCG to update their staff pool list from the previous quarter through our web-based application. LEAs are provided with detailed instructions on how to log in to PCG's Claiming System website, where they will be able to construct their staff pool list. However, since West Virginia is an existing customer, LEAs will be able to see the list of staff members that they previously added to their roster. If there have been any staff additions, subtractions, or changes, LEAs have the ability to simply make the necessary updates and click 'Certify.' One of the major benefits of PCG's web-based RMTS system is that the staff that are verified by the district prior to each quarter are the same staff members that the district's business/finance director sees when logging into the financial reporting side of the same site. This allows the LEAs to ensure that the participants match up properly, increasing compliance and decreasing the audit risk of claiming costs for unallowable participants.

District contacts in West Virginia have become familiar with navigating through the PCG Claiming System website to update their staff pool list, navigate through the application to view whether participants completed assigned random moments and generate reports from the system. Furthermore, our system has been configured to meet the program needs of West Virginia. We know that LEAs will be ready and able to use our system because they have been trained and the system is currently in operation. <u>PCG is the only vendor that can remove 100 percent of the transition risk and cost from both the state and participating LEAs for this project.</u>

On the following several pages we outline the functionality and features of our proprietary, web-based system. Our RMTS Claiming System process is user friendly and comprehensive in regard to documenting and reporting to ensure that proper time study administration processes comply with Federal reporting requirements.

Generating Random Moments

When randomly generating moments, our system takes into account each district's calendar and school shifts (shifts are staff work hours) in order to properly generate moments only for those time periods in which LEAs are in session. We are the only vendor with a system that allows for not only district and school level calendars, but also the ability to differentiate part-time staff hours from full-time staff hours in the sampling process. This functionality allows for a more accurate sampling and RMTS process. Our time study sampling process then uses random sampling with replacement moments, in which moments from the available pool are randomly selected, and then randomly matched with staff eligible on that date and time. This process meets the CMS sampling rules and regulations required for the Medicaid School Based Administrative Claiming Program. The use of district specific calendars, as well as individual shifts, results in a more accurate sample and reduces significantly the times when a staff person at a local district may be sampled at a moment in which they are not working, while allowing the full universe of work time to be included in the sample universe.

PCG's random moment time study sampling methodology meets statistical validity at a confidence level of 95 percent with a precision level of +/- 2 percent. For West Virginia, we will sample 3,000 moments each for the four time-study pools: Direct Service Providers, Targeted Case Management Providers, Personal Care Providers, and Administrative Service Providers in accordance with Centers for Medicare & Medicaid Services (CMS)-approved processes.

The number of moments selected each quarter is monitored based on return rates from previous quarters to meet statistical sampling requirements. The size of the sample for each cost pool can be increased or decreased based on return results. For example, if one of the cost pools has a decrease in the number of working moments, PCG will inform the Agency so that we can discuss the possibility of increasing the number of sampled moments for that particular cost pool. PCG recommends discussing these options with the Agency prior to generating the quarterly sample. Even if there are more completed random moments than needed in a given quarter, all returned moments would be utilized in the calculation of the time study results.

Completing a Random Moment

When a participant is chosen for a random moment, they will first receive an email notification with information on the RMTS, as well as a link that will direct the participant to the Claiming System. Additionally, the system also automatically generates reminder and late notifications for participants who have not responded to their moment. PCG's system also copies district RMTS coordinators on late notifications so that they can perform follow up individually with participants who did not complete a random moment in a timely manner.

The first notification to the random moment participant is an auto-generated email that is sent at the time of the assigned random moment and includes the time and date of the moment as well a site link, which will direct the participant to the RMTS system.

After clicking on the link to and logging on to the Claiming System, participants are directed to an instruction screen, which provides a brief overview of the RMTS program as below. This allows PCG and our customers to demonstrate that every sampled participant completed training on the RMTS process prior to completing the sampled moment.

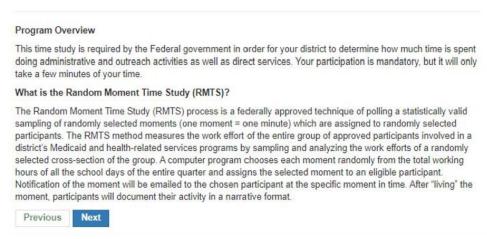


Figure 6: Program Overview Screen

After pressing the "Next" button, participants are then directed to five questions required to complete the RMTS is seen in *Figure 7*.

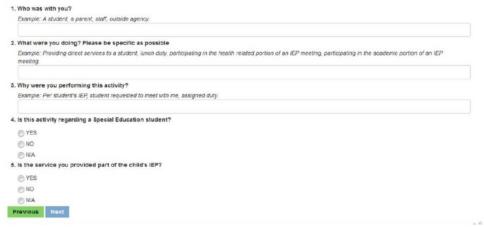


Figure 7: RMTS Survey Questions

After answering the questions, the system will ask the participant to review their responses for accuracy, then check the 'Submit' checkbox along with clicking the 'Submit Moment' button as shown in *Figure 8*.

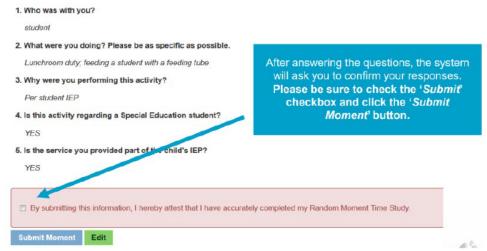


Figure 8: RMTS Survey Submission

As the RMTS is taking place throughout the quarter, sampled participants respond to their moments via the above web-based system. As part of the ongoing process, PCG uses the approved activity codes to centrally code all moments that are completed and have responses. Follow-up activities are performed as necessary. This allows the PCG team to obtain the necessary clarification or gather additional information about a moment response in order to select the correct activity code; PCG's follow-up activity and responses are recorded within the RMTS site. This allows for all information regarding a moment that may be requested in the event of an audit or review to be housed within the system and easily retrievable. PCG has a series of on-demand reports that can be run at any time, allowing for instantaneous data extraction. Additionally, our centralized coding team and quality control group keep up to date on coding, meaning that when current RMTS results are requested, they can be provided quickly.

Upon completion of the coding and QC process, PCG runs a Time Study Results Summary Report. This report shows the number of responses assigned to each activity code. This information will be quality checked for accuracy and then sent to the Agency. We also have a report that can compile every RMTS form into a single Microsoft Excel file, allowing staff at PCG and the state agency to comprehensively review participant responses in one convenient location.

4.1.1.2. The Vendor shall be responsible for documenting RMTS procedures and providing the Agency with support of its Time Study Implementation Guide within five (5) business days of request. The Time Study Implementation Guide must be approved by the Agency prior to distribution.

PCG will document RMTS procedures and provide the Agency with guidance regarding any changes to the Agency's Time Study Implementation Guide. Components of the Time Study Implementation Guide include required personnel, RMTS methodology, RMTS sampling requirements, RMTS process, Time Study participants, Time Study compliance, oversight and monitoring, Time Study activity definition and coding, Medicaid eligibility rate development, and financial data collection. The implementation guide will be kept current and revised on an ongoing basis based on any changes to process or to the program. In terms of CMS approval, PCG has extensive knowledge and experience in all components of the approval process including guide drafting and development, internal (state) approval, CMS submission, responses to CMS inquiries, and final approval.

4.1.1.3. The Vendor shall not implement changes to the RMTS procedure without prior approval of CMS and the Agency

PCG understands that CMS approval of RMTS procedure is required prior to implementation of RMTS methodology. Any proposed changes would be submitted to the Agency prior to implementation for approval. We also fully understand that the RMTS process is outlined by the Time Study Implementation Guide that has been approved by CMS and that any changes to that guide would also require CMS approval prior to implementation. We anticipate that CMS will be issuing new program guidance in 2023 and PCG is prepared to work with the Agency to highlight any changes that affect the West Virginia program, implication of those changes on the program and participating districts as well as process to address those changes. In fact, PCG has assisted the Agency to submit and receive approval of the previous RMTS implementation plan.

4.1.1.4. The Vendor shall conduct the RMTS on a quarterly basis. Quantified results from the time study will be used to allocate the amount of time staff spent on Medicaid and non-Medicaid reimbursable activities. The results will also be used to calculate costs associated with an Administrative Claim, as well as to calculate the relevant statewide percentages used in the calculation of LEA-specific Direct Services rates. The Vendor will perform these calculations and provide no later than the 15th of the month following the quarter end.

As outlined throughout Section 4.1.1 Random Moment Time Study RMTS, PCG remains committed to conducting the quarterly RMTS using our Claiming System. PCG understands the premise of the RMTS is to calculate the relevant statewide percentages used in the calculation of LEA-specific Direct Service rates. As part of this process and highlighted through this section, PCG codes all moments, conducts thorough QA processes, and aggregates the moments by activity code to calculate statewide time study percentages. Furthermore, PCG understands these calculations are to be provided in a mutually agreed-upon format no later than the 15th of the month following the quarter end.

4.1.1.5. The Vendor should include with bid, but must submit within three (3) business days upon request, a sampling methodology for the RMTS that complies with the sampling plan criteria delineated in /CMS-approved West Virginia SBHS Claiming Guide, revised May 8, 2020, which can be found here [https://dhhr.wv.gov/bms/ProgramsDocuments/WV%20SBHS%20MAC-//20%20%281%29.pdf] and any applicable federal rules, which can be found at: [https://www.whitehouse.gov/omb/information-foragencies/circulars/]. If subsequent guidance(s) is issued by CMS, the Vendor will be responsible for modifications to the sampling methodology to comply with any such changes upon request.

PCG will propose a sampling methodology for the RMTS process that is consistent with federal guidance and SBHS claiming rules. Generally, PCG recommends the implementation of a quarterly RMTS process. The following are the quarters typically followed for the RMTS program:

- October 1 December 31
- ▶ January 1 March 31
- ► April 1 June 30
- ▶ July 1 September 30

On an annual basis, PCG will review LEA calendars for each quarter to determine the date parameters for which ALL schools are in session during that quarter. Those dates and times will be included in the sample. Additional details on specific sampling methodology is listed in Section 4.1.1.7. PCG will document and report this process annually to the Agency.

PCG will use an average of the three (3) subsequent quarter's time study results to calculate a claim for the July – September period. The three quarters utilized for the average for the July – September quarter would be the subsequent October – December, January – March, and April – June quarters. This is in accordance with the May 2003 Medicaid School-Based Administrative Claiming Guide, specifically on page 42. This means there will be no time study conducted for the July to September quarter, as most SBHS staff are not working due to summer recess. The average results of the RMTS process for the prior or subsequent three (3) quarters are typically applied to the July – September period in order to allocate the associated permissible costs paid during the summer. In general, this is acceptable if administrative activities are not actually performed during the summer break, but salaries (reflecting activities performed during the regular school year) are prorated over the year and paid during the summer break.

PCG understands and will fully comply with any directives or modifications made by CMS to the sampling methodology.

4.1.1.6. The Vendor will establish cost pools, at a minimum, for Direct Service Providers, Targeted Case Management Providers, Personal Care Providers and Administrative Service Providers. For the quarter October — December 2021, approximately 4,469 medical and non-medical personnel participated in RMTS.

Since 2011, PCG has been responsible for conducting the quarterly RMTS for West Virginia using the established four required cost pools and will continue to fulfill this requirement. Additionally, PCG will continue to analyze and present quarterly results to ensure that West Virginia is maximizing reimbursement based on the current cost pool structure. During the October – December 2022 RMTS quarter, there were 4,499 active statewide participants throughout the four established cost pools. The below chart highlights the number of participants per cost pool, as well as an average number of moments per participant.

Cost Pool	Number of Participants	Number of Moments	Average Moments Per Participant
Administrative Service	365	3000	8.21
Direct Service	794	3000	3.77
Targeted Case Management	2374	3000	1.26
Personal Care	966	3200	3.31

The rationale for utilizing multiple time study cost pools in West Virginia is to best group 'like' professionals together to ensure that LEAs are receiving an appropriate amount of reimbursement for these services. This allows for the most accurate depiction of how health professionals, operating in the school setting, spend their time.

4.1.1.7. The Vendor shall assure that the sample size is statistically valid, and at a minimum, includes a confidence level of ninety-five percent (95%) with a precision level of+/- two percent (2%). The response shall include a description of the sample size determination methodology and calculations used to determine actual sample size that will be used.

In order to achieve statistical validity, PCG will maintain program efficiencies and reduce unnecessary administrative burden for providers. PCG will continue to implement a consistent sampling methodology for

all activity codes and groups to be used. PCG has constructed the Statewide RMTS sampling methodology to achieve a level of precision of +/- 2 percent with a 95-percent confidence level for activities.

Statistical calculations show that a minimum statewide sample of 2,401 completed moments quarterly, per cost pool, is adequate to obtain this precision when the total pool of moments is greater than 3,839,197. Additional moments are selected quarterly to account for any invalid moments. Invalid moments are observations that cannot be used for analysis, e.g., moments selected for staff who are no longer at the school, or who changed jobs and are no longer in an allowable position and their old position has not been filled.

The following formula is used to calculate the number of moments sampled for each time study cost pool:

where:

Z = Z value (e.g. 1.96 for 95% confidence level)

p = percentage picking a choice, expressed as decimal (0.5 used for sample size needed)

c = confidence interval, expressed as decimal (e.g., $.02 = \pm 2$)

Correction for Finite Population

where:

pop = population

The following table shows the sample sizes necessary to assure statistical validity at a 95-percent confidence level and tolerable error level of two percent. Additional moments will be selected to account for invalid moments, as previously defined. An over sample of 15 percent will be used to account for invalid moments as seen in the table in *Figure 9*.

N=	Sample Size Required	Sample Size plus 15% Oversample
100,000	2345	2697
200,000	2373	2729
300,000	2382	2740
400,000	2387	2745
500,000	2390	2749
750,000	2393	2752
1,000,000	2395	2755
3,000,000	2399	2759
>3,839,197	2401	2762

Figure 9: Sample Size

4.1.1.8. The Vendor shall have sample selection procedures, to be approved by the Agency, to randomly select a sample of staff and moments using a statistically valid methodology, including procedures of how Vendor will notify the participants of their selected moment and the timing of the notification via email, including timelines for reminder emails in the event the sampled participant does not respond. Notification procedures shall include capacity to include other staff (e.g., supervisor) on the individual notification email and reminder emails.

PCG will continue to utilize our proven approach in sampling staff and moments using a CMS-approved methodology. Part of this approach involves a moment notification and reminder process to ensure that the RMTS response rate is statistically valid while producing accurate representative time study results.

When a participant is chosen for a random moment, they will first receive an email notification that includes information on the RMTS, the date and time of their selected moment, as well as a link that will direct the participant to the Claiming System site. Additionally, the system also generates reminder and late notifications for participants who are late in completing their moment. PCG's system also copies district RMTS coordinators on late notifications so that they can follow up individually with participants if they did not complete a random moment in a timely manner.

The first notification to the random moment participant is an auto-generated email that includes the time of the moment as a link to directly access the Claiming System site. The participant receives additional late notifications and the district contact is copied on these email notifications if the random moment was not completed within 24 hours following the time of the random moment. Reminder notifications give the district contact alerts that the participant has not yet completed their random moment. They have the option to personally follow-up with the participant at this time. The district contact can always directly check the compliance information at any time in the RMTS system.

The system is very flexible and can be updated easily to increase or decrease the number (and frequency) of notification and reminder messages to the participant and the coordinator. The process outlined above has been utilized to help achieve high return rates of sampled moments. PCG monitors these return rates and discusses any trends with the Agency. We would discuss with the Agency the value of increasing or decreasing these notifications if the return results warrant a change, prior to implementation of any change.

For West Virginia RMTS coordinators, PCG provides multiple tools to help ensure that the participants from their staff pool list are completing their RMTS moments. Each district coordinator creates a unique password for accessing district-specific RMTS information. This gives them access to real-time RMTS return compliance data which can be accessed through the Compliance Report.

▶ Compliance Report – The compliance report is used to ensure that all moments have been completed and that all LEAs remain in compliance. The report allows coordinators to view all moments that have occurred through the generation of the report and also displays the time and date the moment was submitted to PCG. Coordinators can easily view which participants have not completed their moments, and conduct follow-up with them to assure completion of the moment within the allowed timeframe.

In addition to running the Compliance Report, access to the RMTS website also allows coordinators to easily update contact information for staff members, as well as add/remove staff members each quarter as needed. This ability is extremely helpful in ensuring high compliance rates.

4.1.1.9. The Vendor shall provide for oversampling of moments to ensure sampling objectives are met.

PCG will continue to account for invalid moments and help ensure a valid sample by sampling a minimum of 15% oversample of quarterly moments. The Time Study will require an 85 percent response rate. Moments not returned or not accurately completed and subsequently resubmitted by the LEA will not be included in the database unless the return rate for valid moments is less than 85 percent. If the return rate of valid moments is less than 85 percent, all non-returned moments will be included and coded as a non-allowable/non-Medicaid time. The time study questionnaire or survey forms will be kept open no longer than five (5) business days after the end of the time study period to ensure the accuracy of the time. To ensure that enough moments are received to have a statistically valid sample, West Virginia will oversample at a minimum of 15 percent more moments than needed for a valid sample size. To ensure that LEAs are properly returning sample moments, the LEA's return percentage for each quarter will be analyzed.

4.1.1.10. The Vendor shall have procedures, to be approved by the Agency, to address non-responsiveness to requested moments.

As outlined thoroughly in *Section 4.1.1.8*, PCG utilizes, and will continue to exercise, a systematic approach to both notify participants of their selected moments, as well as informing coordinators of any non-response to assigned moments in their district. This process also enables coordinators to run real-time compliance reports, which will apprise key staff to any responded moments. Furthermore, PCG staff will follow up with school districts when non responsiveness trends are identified to re-enforce the importance of compliance. If certain districts continuously do not meet program requirements, PCG will alert the Agency staff to discuss options and potential penalties to the district, including the potential of removing them from participation in the program if appropriate.

4.1.1.11. The Vendor shall create a universal sample pool database of LEA staff members eligible to participate in the time studies. The Vendor's sampling methodology must ensure that the universe of sample units is adequately represented to a ninety-five percent (95%) confidence level as described in 4.1.1.7 and provide for oversampling as described in 4.1.1.9.

As described in Section 4.1.1.4, PCG will continue to utilize our web-based Claiming System to create a universal sample pool database of eligible LEA staff members. PCG's random moment time study sampling methodology meets statistical validity at a confidence level of 95 percent with a precision level of +/- 2 percent. For West Virginia, we sample 3,000 moments for each of the four cost pools representing Direct Service Providers, Targeted Case Management Providers, Personal Care Providers and Administrative Service Providers. These four cost pools are specific to the West Virginia SBHS program, and PCG has configured our web-based application in accordance with the State's approved methodology. The number of moments selected each quarter are monitored based on return rates from previous quarters to meet statistical sampling requirements. The size of the sample for each cost pool could be increased or decreased based on return results. For example, if one of the cost pools has a decrease in the number of working moments, PCG will inform the Agency so that we can discuss the possibility of increasing the number of sampled moments for that particular cost pool. PCG always discusses these results with the Agency prior to generating the quarterly sample. Even if there are more completed random moments than needed in a given quarter, all returned moments would still be utilized in the calculation of the time study results.

4.1.1.12. The Vendor's sampling methodology must include a specification for single source interpretation and coding of all time study participants' activities. This requirement necessitates a process that participants only describe and report their activity at the sample moment. The Vendor will be responsible for coding all moments.

PCG's Claiming System only allows a participant to report activity on their single assigned sample moment. If a participant is selected for more than one moment in a given day or quarter, they are required to independently complete the required questions completely separate from all other moments.

During the course of the quarter, PCG will continue to be responsible for completing a comprehensive centrally coding review of all moments based on the participants reported activities. A breakdown of PCG's four-phase approach to coding moments can be found next in Section 4.1.1.13.

4.1.1.13. The Vendor's methodology must include a specification for primary and secondary review of the sampled moment activity descriptions and assigned codes to ensure coding accuracy and consistency, maintaining a tracking system to document all instances of reported errors in coding and ensuring corrective action is taken when errors are identified. The Vendor will be responsible for conducting follow-up as necessary to ensure proper coding and that data can be used.

PCG has a great deal of experience in the RMTS and will continue to apply our comprehensive sample moment and coding review methodology to this project. We approach coding in four phases, with phase one and two happening on an ongoing basis throughout the guarter.

- Phase 1: During the quarter, sampled participants respond to their moments via the participant-specific random moment hyperlink. The response from the participant is evaluated to determine if there is enough information to code the moment. If there is enough information to code the moment, an activity code is assigned to that moment. With the PCG Claiming System, that assignment can be done automatically through a proprietary automated review algorithm that PCG developed or by a primary coder. If the moment is vague, or lacks enough information to assign an activity code, the follow-up procedure is initiated. Moments are coded in a timely fashion as they are submitted into the PCG Claiming System by participants.
- ▶ Phase 2: A second coder quality checks the moment. If the coder and QC staff person disagree, they can discuss the moment amongst themselves, talk to their supervisor, follow-up with the participant for clarification on their response, or pursue other options.
- Phase 3: At the end of the quarter, a randomly selected portion of the moments are reviewed again internally for a final quality assurance process. If the review process is completed successfully, the results are submitted to the state for review.
- Phase 4: The Agency will review a sample of moments each quarter for accuracy. This allows an extra set of review and works to reduce the audit risk associated with the coding of moments. Additionally, coders, QC staff, and their supervisor meet frequently to review moments and tracking coding trends and errors. These meetings are an opportunity to discuss the moments, further develop familiarity with the codes and the state methodology and ensure that moments are being coded accurately and consistently.

4.1.1.14. The Vendor shall be responsible to maintain each LEA's roster data. Results of roster data will be made available to the Agency in a mutually agreed format upon request.

As described previously, PCG will continue the responsibility in maintaining all RMTS data, including but not limited to LEA roster data, within PCG's Claiming System. This data is maintained permanently within PCG's systems for easy retrieval and review. PCG agrees that the results of roster data will be made available to the Agency in a mutually agreed format upon request.



Administrative Claiming

4.1.2 Administrative Claiming

4.1.2.1. The Vendor shall be responsible for using web-based software to collect accurate LEA staff, salaries, and other information, as required by the in CMS-approved West Virginia SBHS Claiming Guide, revised May 8, 2020 (See 4.1.1.5 for reference), to calculate aggregate LEA-specific Administrative Claim information.

Public Consulting Group LLC (PCG) will continue to utilize its Web-based Claiming System in order to collect accurate Local Education Agency (LEA) staff, salaries, and other information required to calculate aggregate LEA-specific Administrative claim information. A comprehensive outline of these processes can be found below in Section 4.1.2.2.

4.1.2.2. The Vendor shall be responsible för collecting all allowable expenditure information per the CMS-approved West Virginia SBHS Claiming Guide, revised May 8, 2020, (See 4.1.1.5 for reference), from participating LEAs to compute individual LEAs' Administrative Claims.

Within this section, PCG outlines our approach and proposed continued responsibilities for providing a web-based application to support the financial collection process for the calculation of the quarterly Administrative Claim. West Virginia will continue to utilize PCG's Claiming System, a robust web-based application developed to facilitate the collection of financial and statistical information in a streamlined and efficient fashion to support School-Based Administrative Claiming. PCG's Claiming System has the necessary functionality to support the needs of the Department of Health and Human Resources, Bureau of Medical Services (the Agency) and has been successfully deployed on behalf of Medicaid programs across the country at a statewide implementation level, including Arizona, Colorado, Delaware, Georgia, Illinois, Indiana, Kansas, Kentucky, Michigan, New Jersey, New York, Oklahoma, Pennsylvania, Utah, West Virginia, and Wisconsin, to support school-based Medicaid claiming and cost reporting needs.

PCG has a successful record of accomplishment with West Virginia LEAs, as web-based applications have been successfully implemented and utilized to support Medicaid school-based administrative claiming since state fiscal year 2011. PCG's Claiming System is customized and configured to meet the specific needs of West Virginia. By selecting PCG, the Agency will ensure that there is no disruption in school-based service claiming, as our proven application is already deployed, and meets and exceeds the requirements outlined within the scope of work. On the following pages, PCG provides an overview of the Claiming System to demonstrate system capabilities and how West Virginia school district financial contacts will utilize the system to submit the necessary data for Administrative Claiming purposes.

Claiming System Administrative Claiming Functionality

When a district staff person visits the PCG's web-based secure Claiming System, he/she is taken to the login screen as seen in *Figure 10*. Each district contact receives a unique password upon registering and is prompted to specify his/her login credentials prior to accessing any district specific information.



Figure 10: Login Screen

After logging in, the user is taken to the dashboard page seen in *Figure 11 Claiming System Home Page*. The dashboard includes important documents and resources including upcoming due dates, user guides, and training manuals. Any additional helpful resources, guides, manuals, or state plans can be added upon request. These documents are updated regularly to provide the school districts with the most current information. LEAs in West Virginia have found these documents helpful.

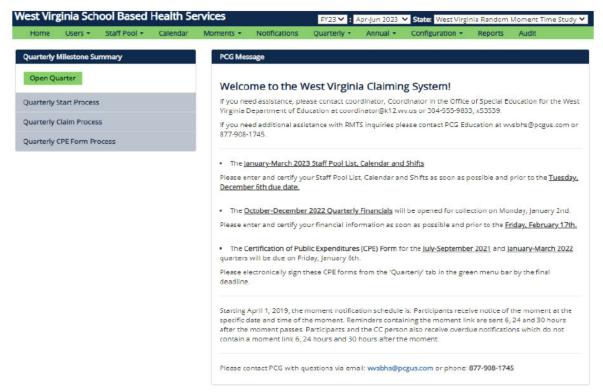


Figure 11: Claiming System Home Page

To submit quarterly financial information, the user clicks the "Financials" tab, and then selects the appropriate time period in the upper right corner of the page under "Quarter." The user is then presented with separate cost categories in which to submit the district's quarterly financial information. The user begins the process by clicking on the first category, "Salaried Staff," as shown below in *Figure 12*.

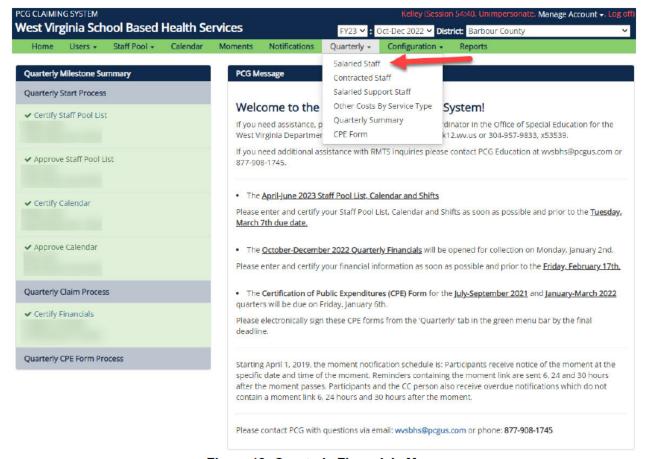


Figure 12: Quarterly Financials Menu.

Each LEA identifies the eligible participants on their staff pool list prior to the start of the quarter when certifying their Staff Pool List. After the close of the quarter, the "Financials" tab allows the user to enter the allowable salary and benefit information for eligible participants. *Figure 13 Salaried Staff Page* is an overview of the process for entering costs for "Salaried Staff."



Figure 13: Salaried Staff Page.

The fields that are pre-populated prior to the start of the quarter are pulled directly from the certified staff pool list and include Last Name, First Name, Job Category, Cost Pool, Staff Employment Status, District

Job Title, and District Employee ID. The process in which district contacts enter LEA staff rosters, make adjustments to staff rosters, report school calendars, and enter shifts can be found in Section 4.1.1.1.

This is an automated process that ensures only certified participant specific data is available for the financial district contact entering the quarterly cost data. This process ensures that only eligible participants will appear, saving the district contact from re-entering this information, and ensures proper reporting. PCG requires LEAs to enter their costs on a per-provider basis to ensure that each dollar is accounted for and can easily be traced back in the case of an audit.

To enter data for a participant, the user clicks on the participant's name as seen below in Figure 14.



Figure 14: Participant Data.

This allows the user to enter salary and benefit information for an individual participant. Here, Amber Airplane in *Figure 15* has a quarterly salary of \$10,000, quarterly health insurance costs of \$5,000, life insurance costs of \$1,000, and 401(k) cost of \$1,000. To save this information, the user clicks "Save Changes" on the bottom right of the box.



Figure 15: Participant Data Entry.

As shown in below in Figure 16, payroll information has now been entered for Amber Airplane.



Figure 16: Participant Data – Populated.

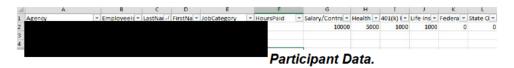
While the ability to enter costs by individual is advantageous for smaller LEAs with limited numbers of staff, it is not a time-efficient process for larger LEAs. For LEAs with a larger number of staff, the system allows them to export the data into a document that can be used in conjunction with the district's accounting

system, or the district can use the exported document to enter information for multiple staff at one time in Microsoft Excel. The system has an import/export feature to pull the populated data from the system, allowing the user to update the cost fields, and then import the data back into the Claiming System. First, the user clicks "Export" at the top of the screen to export a CSV document that can be completed in Microsoft Excel, as seen below in *Figure 17*.



Figure 17: Export of Participant Data.

An example of the CSV document opened in Microsoft Excel is shown in *Figure 18* with the corresponding columns from the "Salaried Staff" page.



Leveraging this utility, the user can quickly enter all payroll information for every participant in their staff pool list. LEAs can use this file in conjunction with their specific financial reports, which decreases the burden on the school district by reducing the overall manual data entry for the user. After completing this spreadsheet as seen in *Figure 19*, the user can import it back into the PCG financial system.



To import this document back into PCG's financial system, the user returns to the "Salaried Staff" screen and selects "Choose File." A dialogue box appears as seen in *Figure 20*, and the user selects the saved CSV document. Lastly, the user clicks "Upload."



Figure 20: Upload Participant Data.

As seen in Figure 21, the "Salaried Staff" page is now completely updated with the information that was entered into the CSV document.



On the "Other Costs by Service Type" screen, the user has the option to enter in other costs associated with the various service types listed in the district's staff pool list as seen in *Figure 22*. Such "Other Costs" include materials and supplies, staff professional dues and fees, and staff travel and training costs. If the district incurred costs for any of these categories that were not paid using Federal funds and can be directly associated with someone listed on the staff pool list, then the district could report them below. If Federal funds were used to pay for any of the "Other Costs," they could be reported in the "Federal Offset" column.



Figure 22: "Other Costs" Page.

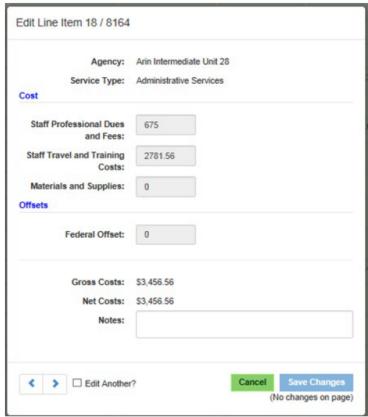


Figure 23: "Other Costs" Data Entry.

To enter other costs for each service type as shown in *Figure 23*, the user first clicks on the service type. The West Virginia district contacts have been trained to understand that federal funds are not claimable but can be listed in the "Federal Offset" column. The system will automatically subtract these costs from the total reported costs. In addition, contacts have been informed that costs reported in the "Other Costs" section must be able to be tied back to a participant listed on the staff pool list.

PCG's Claiming System has many quality control measures that PCG implemented for West Virginia to ensure accurate data is reported throughout the financial submission process. PCG has developed a number of edit checks to ensure the information submitted by LEAs is reasonable and that obvious errors are caught. Each of the edit checks are customizable and configurable to meet the needs of our specific clients. PCG reviews the list of edit checks with our clients to work together to identify any additional edit checks that could improve program compliance. One such edit check we regularly perform is an analysis on the reasonableness of salaries/benefits reported by LEAs. For example, for this specific edit check calculations are performed by taking the statewide salary and benefits per job category for the previous fiscal year, and then calculating one standard deviation above the mean for each job category. This number is used as the salary and benefit threshold for each job category.

Below is a list of some of the edits that are conducted automatically by this system. The list is not an all-inclusive list of system edits:

- ► Contracted staff costs for staff identified as "employees"
- ► Employee Salary costs for staff identified as "contractors"
- ▶ No Cost data reported for an individual
- ► High Reported Salary Amount
- ► High Reported Benefits Amount
- ► High Reported Direct Support Staff Salary Amount
- ► High Reported Direct Support Staff Benefits Amount
- ▶ Reporting Non-compensation costs (ex. Materials and Supplies) in a job category without reported compensation costs
- ► Federal Revenues Exceeds Total Reported Payroll Costs

There are three levels of edit checks in the system:

- ▶ Level 1: This type of edit check will not allow information to be saved when entering it directly into the system in an inappropriate field. An error message will appear, describing the error and how to correct it. For example, if a school district tries to enter a negative number in a salary or benefit field, or if they try to enter contracted costs and a salary for the same employee.
- ▶ Level 2: This type of edit check will flag an unexpected entry. The system will allow the district to provide an explanation.
- ▶ **Level 3**: This type of edit check will not allow the flagged entry to be certified. The entry must be corrected before saving an employee's costs.

The screenshot shown in *Figure 24* notifies the user that there are edits that need to be resolved or explained before submitting a participant's financial data (ex: Salary is low for job).



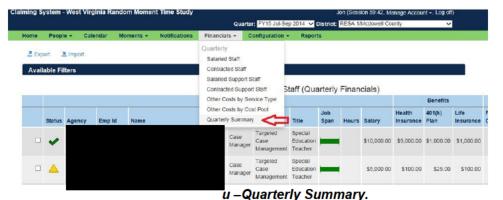
Figure 24: Edits Triggered.

As reflected in *Figure 25*, once the flagged costs have been corrected, or an explanation has been given, the user is then able to save changes to that participant's costs.



Figure 25: Saving Edits.

Since the system notifies the district immediately when costs are reported outside of predefined ranges, LEAs are able to instantly correct mistakes either identified through the edit checks or provide further explanation without receiving unnecessary emails requesting follow-up.



After entering all costs and resolving edit checks, the user returns to the "Financials" tab and proceeds to the last step, "Quarterly Summary" as shown in Figure 26 Menu – Quarterly Summary.

The "Quarterly Summary" page, as displayed in *Figure 27*, reflects the summary of costs reported in the previous steps, as well as a summary of the edit checks that were performed in the financials. The West Virginia district contacts have found this screen helpful as they can see the aggregated costs per job category and confirm that what they entered is accurate.

Quarterly Financial Summary

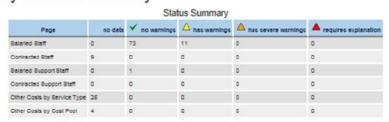




Figure 27: Quarterly Summary Page.

Costs are totaled by job category, which allows the user to verify total costs prior to certifying. Allowing the district to view the total costs that will be included in the claim prior to submission allows the district to confirm accuracy one final time prior to locking the data.

After reviewing all summaries, the user scrolls to the top left of the screen and clicks the "Certify Quarterly Financial" button to certify the district's financials.

After clicking the "Certify Quarterly Financial," the "Quarterly Financial" tab now shows that the quarter has been successfully certified. The system stores which user in the district certified the data, as well as a timestamp of when they certified. This is helpful in the case of an audit to verify exactly when and who within the district completed the certification.

Once all LEAs have submitted and certified their financial data on the Claiming System, PCG begins its claim generation process.

4.1.2.3. The Vendor shall be responsible for developing a standardized, Internet-based system for collection of RMTS information which may include, but not be limited to, collection of LEA staff rosters, adjustments to staff rosters and school calendars.

PCG will fulfill this responsibility by continuing to utilize PCG's Claiming System, an advanced and user-friendly RMTS website, which is suitable to meet all of the requirements specified and is currently implemented in West Virginia, as well as an additional 19 states nationally. The following section is an overview of the streamlined approach PCG has implemented to ensure that staff rosters are accurate and complete for both RMTS and Administrative Claiming, in addition to making certain that moments are being sampled and assigned correctly based on our school calendar and "Shift" features.

Staff Roster and School Calendar Overview

Once district contacts are added to the PCG Claiming system, they will receive an email with the subject 'New Account Registration' from a 'do not reply' email address. First-time users need to click the web link in the email and will then be brought to a web page to enter their password in the 'Password' and 'Confirm Password' fields. Users then click the 'Complete Registration' button and will be brought back to the main page to enter the email and new password to log in to the site.

If the district contact does not have their password, they can select the "Forgot Password" button, which will instantly connect them with instructions on how to enter the system. In addition to the "Forgot Password" button, for assistance they can either:

- Call our PCG Hotline at (877) 908-1745
- Email wvsbhs@pcgclaimingsystem.zendesk.com

Allowing various methods for the district to contact PCG increases the probability that they will update their staff pool list on time, feel comfortable asking questions, and confirm their participant's compliance.

Below is the home screen available after logging into the website. The home screen contains links to all of the functionality within the system, such as People, Calendars, and Moments. Users can navigate through the staff pool and calendars sections of the Claiming System from this page. The home screen dashboard also contains quick access points that display information regarding quarterly milestone summaries, moment status, and resources uploaded by PCG. Users can click on the 'Home' link at any time to return to the home screen.

Updating Users

Figure 28 shows the 'People' dropdown where Coordinators can add users (LEA Admin users can add or update LEA Users) by selecting the identifying menu (LEA Users).

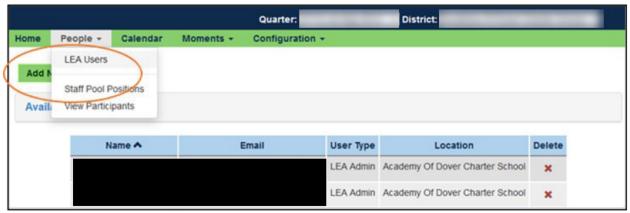


Figure 28: Adding Users

By selecting the green button 'Add New User' a screen will appear to add the user's information as seen in *Figure 29*:



Figure 29: Adding Users

Coordinators enter all required new users' information, including contact information, the location the contact will have access to (only locations the user has access to will appear), and user type. Additionally, they can identify if the new user 'Is Contact' and should receive program and system information and 'Is CC' if the user should receive RMTS late notifications for participants at the assigned location. Once all of the information has been entered, users click 'Create New User' to save the information in the site. Figure 30 below shows the available fields for creating new users. The user then receives an email with instructions to access the Claiming System.

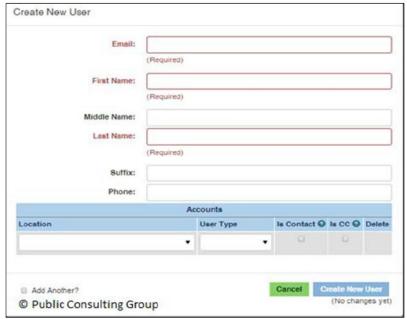


Figure 30: Adding Users

Updating & Certifying the Staff Pool Lists (SPL)

It is important for LEAs to have an accurate Staff Pool List (SPL), as the information is used to identify the job positions available for random moments in the appropriate quarter as well as to claim the costs associated with the staff who fill those positions on this list. In order to verify the information included in the SPL, it is important for coordinators to routinely work with LEA staff responsible for the financial duties. Coordinators update and certify their SPLs at the beginning of each quarter using the web-based PCG Claiming System.

To view, create and/or update the SPL, district contacts click on the 'People' tab on the home screen and select 'Staff Pool Positions.' The two main components of the 'Staff Pool' page are the 'Add New Job Position' and 'Certify Staff Pool' buttons. These are shown in *Figure 31* below. The 'Add New Job Position' button is how users can add new job positions to their staff pool list. The 'Certify Staff Pool' button is the button that users select to certify and lock their staff pool in the Claiming System.



Figure 31: Updating Staff Pool Lists

After clicking 'Staff Pool Positions' under the 'People' dropdown, all current active staff members in the particular school district will appear with the following information seen in *Figure 29* updating Staff Pool List below:

- Agency (the District or LEA)
- Cost Pool (Targeted Case Management, Direct Service, Admin, Personal Care)
- Job Category
- Job Title

- Full Name
- Email
- Indication of Inactive Status (a red X in the 'Inactivate' column means that the positions are currently active but can be inactivated by clicking the red X)



Figure 32: Updating Staff Pool Lists.

Adding a New Job Position

1. To add a new user, district contacts select the green button 'Add New Job Position' and a fill-in screen appears to add the user's information. *Figures 33 and 34* below show fields that should be filled in to add participants to new job positions.

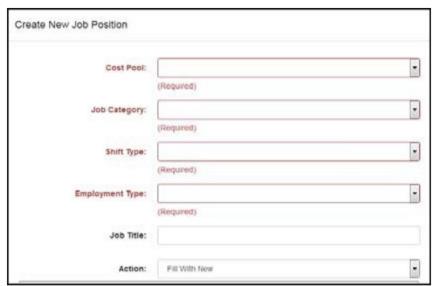


Figure 33: Updating Staff Pool Lists.

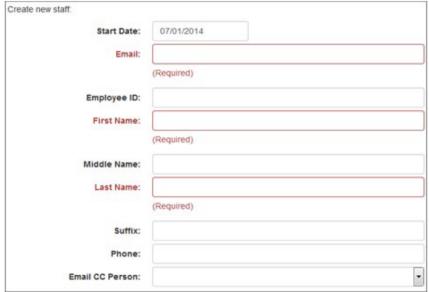


Figure 34: Updating Staff Pool Lists.

2. Users enter in all of the required information (noted with "Required" text below each required field). When adding a new staff person, users select 'Fill With New' from the 'Action' dropdown and are careful to select one of the names in the 'Email CC Person' dropdown to designate who will receive notifications regarding pending moment submissions. Once all of the information has been entered, users click 'Create New Job Position' to save the information on the site.

Adding a New Vacancy Position:

Users can add a position as a 'vacancy' if they expect to fill the position during the quarter. When adding a vacancy, users select the 'Create as Vacancy' option from the 'Action' dropdown shown in *Figure 35*.



Figure 35: Adding a Vacancy.

Filling a New Position with an Existing Staff Member:

When selecting an existing staff, users select the 'Fill with Existing' option seen in Figure 36.



Figure 36: Adding a Vacancy.

Note: Only staff that are inactive and not assigned to another position can be selected to fill a position. If changing a staff person from one cost pool to another, users delete the position in the current cost pool then add a position in the correct cost pool and select 'Fill With Existing' to choose an existing staff person.

The PCG Claiming System makes searching for the staff person simple by entering specific criteria in the search fields. *Figure 37* below shows these search options.



Figure 37: Search for Staff Function.

All staff, both inactive and active, will appear in the search results based on the criteria selected. 'Yes' under the column header 'Inactive' means the participant is inactive and can be selected to fill the position. 'No' in the 'Inactive' column indicates the staff is active in the district as shown in *Figure 38*. Only a participant that is not assigned to a current position (having a 'Yes' in the column 'Inactive') can be selected. Select the 'Back' button to redo search criteria or to return to the adding participants screen.

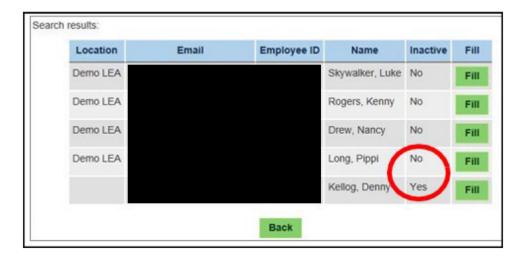


Figure 38: Inactivating Staff.

A user clicks the 'Fill' button once the desired staff is located to populate the job position.

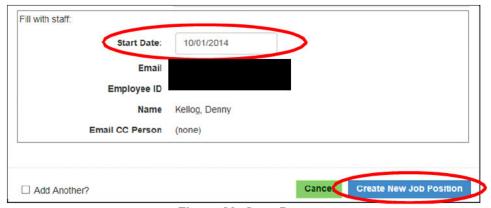


Figure 39: Start Dates.

Figure 39 above shows how users can enter the start date the existing staff person is beginning the new position. The system will default to the first day of the quarter. Users then select 'Create New Job Position' to save it.

Delete & Edit a Staff Member

To edit a contact's information, district contacts simply click on the desired name highlighted in blue. To inactivate a participant, simply click on the red 'X' mark shown in *Figure 40* below.



Figure 41: Deleting Staff

A 'Delete Job Position' form will display like the one shown in *Figure 41* with an 'End Date' required field. Users enter the staff member's last day if it remains within the current quarter. If the staff member's last day falls outside of the current quarter and the participant no longer wishes to receive moments following the current quarter, enter the last day of the quarter as the end date.

Certifying the Staff Pool

Once all staff members' contact details have been updated and verified, the LEA must certify the Staff Pool List. Before certifying the SPL, please be sure the list is accurate and complete.

- 1. Users click on the 'Staff Pool Positions' link from the 'People' dropdown on the 'Home' screen.
- 2. The staff pool will display. Users will select the 'Certify Staff Pool' box to certify the staff pool as shown in *Figure 42*.

Figure 42: Certifying the Staff Pool List.

The system will display the message that the list has been certified successfully.

Exporting and importing the Staff Pool List

As an additional option, staff can export the SPL, make updates, and then import the file into the site. To export the file, users will go to the 'People' tab and choose 'Staff Pool Positions' and select 'Export' on the top of the screen as shown in *Figure 43*.



Figure 44: Exporting Staff Data.

A pop-up box will appear. Users will click 'OK' as shown in Figure 45.

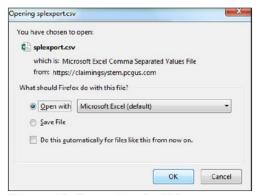


Figure 45: Exporting Staff Data.

This will allow the file to open. It will open in CSV format and the user will need to save this file in Excel format as shown in *Figure 46*.

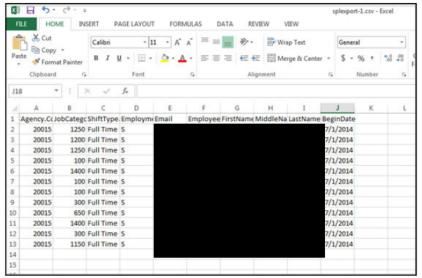


Figure 46: Exporting Staff Data to Excel.

Calendar Completion

Staff who have filled the positions on the SPL are eligible to receive Random Moment Time Study (RMTS) surveys throughout each quarter. Because each LEA has a different schedule, PCG ensures that staff members have a high likelihood of receiving a moment during hours when they will be at work. To do this, we collect calendar information for each participating LEA. At the beginning of each quarter, LEAs are notified that their SPL is open to be updated for the upcoming quarter. Roughly one month before each quarter begins, non-work days must be selected on the calendar (ex: users enter non-work days in December for the January – March quarter) and the calendar must be certified. The RMTS system uses this information when assigning moments to ensure they are distributed during working hours.

LEAs enter non-work days directly into the PCG Claiming System to prevent staff from being selected for a moment on days that they will not be at work. After entering all dates, the LEA certifies the calendar.

LEAs must certify the calendar first, and then State Administrators will be able to approve the calendar. Each LEA must certify the calendar before EACH quarter in order for the non-working days to be excluded from being selected for moments.

To enter staff days off:

- Users will click the 'Calendars' link at the top of the home page.
- 2. Holiday/Non-Work Day is the only selection that indicates non-work days for staff. The Teacher In-service Work Day and Early Release Day-Optional selections can both be used if the LEA wishes to indicate them on the calendar, but they will not be days that are removed from the time study. As shown in *Figure 47*, in the PCG Claiming System, users select Holiday/Non-Work Day and then click on the days on the calendar that correspond to the days off for the district. If a day is selected in error, users simply click it again to refresh.

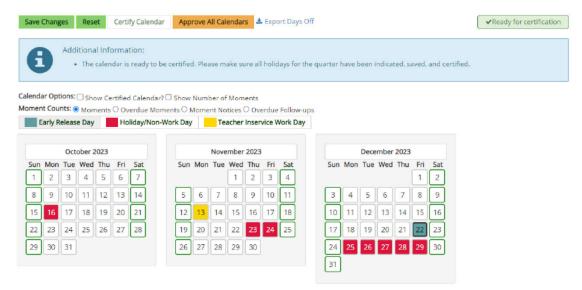


Figure 47: Calendars in the PCG Claiming System

Users select 'Save Changes' to lock in the non-work days and then click 'certify calendar.' Users
can contact PCG to make changes to the calendar if certification is selected prematurely. Only
PCG can unlock a district calendar.

Once a calendar is certified, it locks, and the unplanned closure selection is displayed. Users can utilize this throughout the quarter to identify any days off that the district schedules unexpectedly. PCG will use this information to assist in completing moments.

Show Certified Calendar?

Checking this box will refresh the calendar and show the calendar that was originally certified. It will hide the changes made since certification.

Show Moments?

Checking this box will refresh the calendar, and instead of days of the month, the calendar will display how many moments are generated on each day. You can use this feature to make sure that moments were not generated on holidays. You can also use this feature to get a sense of the distribution of the moments.

Entering Shifts

As part of the SPL collection and RMTS preparation process, PCG collects Shifts data from the districts. By submitting this information, the districts can indicate the specific working days and hours for their staff. For example, if a particular staff member only works Monday, Wednesday, and Friday, the district can capture their working time by creating a Shift for this person.

Shifts can be created at an individual level or for a group of staff members. Like the calendars, Shifts help ensure that RMTS participants are selected for RMTS surveys during times they are actually working. If staff end their day at 4:00 PM, it is not helpful for them to receive a RMTS survey for 4:15 PM.

To create Shifts in the PCG Claiming System, districts select 'Shifts' from the 'Configuration' drop down menu as show in *Figure 48*.

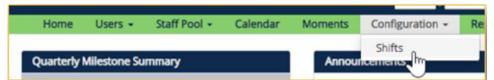


Figure 49: Shifts

Figure 50 below the shifts that the district has previously created. In this example, the district setup a full-time shift and multiple part time shifts for only certain days of the week. To add a new shift, the district selects 'Add New Shift'.

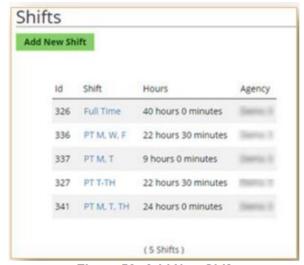


Figure 50: Add New Shift

The district can now name the shift and identify the days of the week and the hours within the day that certain staff may work. Staff who have their shift type selected will not receive any random moments outside of the start and end time of that shift.

For example, the district may have contracted employees who provide services for the district on only Monday and Tuesday. The district can set a shift named 'Mon Tues' and select this shift type for any of their staff that work during this shift. Those participants will not receive any random moments on Wednesday, Thursday, or Friday.

The benefit of districts having the ability to setup shifts is that it increases the compliance and number of working moments for the statewide sample since staff will not receive random moments outside of their shift. The below example is for the district Social Worker who works from 7:30 AM to 2:00 PM every day except on Tuesday and Wednesdays. This person will not receive any random moments on Tuesday or Wednesdays. Also, moments will not be sent before 7:30 AM or after 2:00 PM.

When complete, the district contact selects 'Create New Shift' as shown in Figure 51 below.

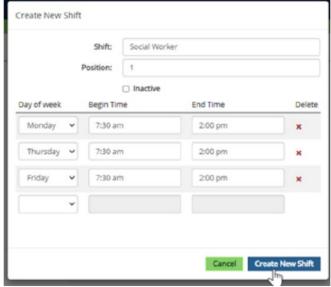
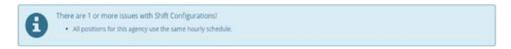


Figure 51: Create New Shift

Additional edit checks review the specific shifts added by the LEA. They warn if additional review may be needed for the following reasons:

All staff pool positions have the same shift/hourly schedule



A shift is created but positions are not assigned to it.



All staff pool positions have the same shift/hourly schedule and a shift is created but positions are not assigned to it.



LEAs have the opportunity to review any shift warnings that appear and make appropriate changes or verify and confirm.

If an LEA attempts to certify the SPL with only one shift or with at least one shift that has been created but not assigned to any position, then the below Confirmation box will appear.

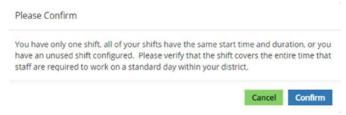


Figure 52: SPL Certification Confirmation

After LEAs review their shifts and confirm they cover all the times the position is working or making the appropriate changes, the below Confirmation box will appear.



Figure 53: SPL Certification Confirmation

4.1.2.4. The Vendor shall ensure that the web-based system is populated with all required LEA information for RMTS activities that is necessary to calculate LEA-specific Administrative Claims. The Vendor shall be responsible for implementing the Administrative Claiming Process.

As described throughout this proposal, PCG will ensure that the Claiming System implemented in West Virginia will continue to contain all information necessary for both implementing the RMTS and calculating quarterly Administrative Claims. One of the major benefits of PCG's web-based Claiming System is that the staff that are certified by the district prior to each quarter are the same staff members the district's business/finance director sees when logging into PCG's financial reporting site. This allows the LEAs to ensure that the participants match up properly, increasing compliance and decreasing the audit risk of claiming costs for unallowable participants.

Once LEAs have certified staff pool lists, adjusted school calendars, and created correct working shifts, PCG has all of the components necessary to implement the RMTS, code and monitor responses, and use those results to implement the Administrative Claiming Process based on district reported allowable costs. *Information on the Administrative Claiming process is detailed in Section 4.1.2.8.*

4.1.2.5. The Vendor shall ensure that its data stores, process, and calculation methodologies include the capacity to adjust any prior period or current period data necessary for claim adjustment and/or recalculation.

Once a quarter has been certified by financial contacts in the Claiming System, the district cannot edit any financial information without contacting PCG. This limitation enables PCG to control when LEAs are making changes to their certified financials. In certain situations, the district may realize that they incorrectly reported costs for a previous quarter. If they realize their error before the quarterly claim has been

generated, PCG has the capability to roll-back the quarter and allow the district contact to make his/her changes and certify again. However, in other cases, the district may want to make changes to their costs after the claim has been paid. PCG's quarterly amendment process allows the district to make changes while still capturing the originally certified data. This is important to track the originally claimed data in the case of an audit. All historical data is captured and stored securely for accurate claiming and to ensure a clean audit trail. In addition, the newly amended data is captured to keep a trail of the most recently processed claim data.

West Virginia school district contacts also have access to their previously submitted financial data and amended data dating back to July 2012. This historical data is securely stored within PCG's previous Medicaid Cost Reporting system (MCRCS), which offers easy access for the LEAs to view the previous data that they reported. Storing this historical data will become very useful to the district in the case of an audit. If requested, years of this historical data can be easily extracted and provided to agency staff.

4.1.2.6. The Vendor shall maintain LEA-specific information for the Administrative Claim, including, but not limited to, quarterly claim summaries, staffing information supplied by the LEAS, and other pertinent information that the Vendor utilized in calculating the claim along with any relevant documentation, concerning the Administrative Claim, for access by the respective LEA.

PCG is currently providing Administrative Claiming support services on a statewide, consortium, or district level in over 20 states. This experience allows us to provide extensive reporting and analysis around Administrative Claiming reimbursement levels by LEAs. Our experience not only allows us to draw comparisons within a state but against other states and LEAs throughout the country. Several factors can affect the level of Administrative Claiming reimbursement: expenditure data, non-restricted indirect cost rates, Medicaid eligibility rates, time study results, staff listed on the staff pool, and the use of federal funds to name a few. We provide quarterly reports that are designed to look at all of these factors independently as well as their cumulative effect. This is a critical factor in determining whether or not a district is optimizing their Administrative Claiming revenue. PCG looks at data to provide LEAs insight into the creation and maintenance of their quarterly staff list. Our reporting is another factor that distinguishes PCG from others in the marketplace.

4.1.2.7. The Vendor will be responsible for coordinating with and assisting the Agency with the collection and editing of all data from State agencies, including, but not limited to, total enrollment and enrollment of special education students that is necessary to carry out this program and meet School-Based Health Services requirements based on the relevant regulations and CMS guidance. The Vendor will evaluate the collection methods to ensure that all necessary data is collected and stored within timely filing timeframes to meet applicable requirements and comply with the WV State Plan, which can be found at: https://dhhr.wv.gov/bms/CMS/SMP/Documents/SPAs/SPAs%202012/SWIFT-091220124038-FinalResponse-WV-SPA12-006.pdf.

As the current WV SBHS vendor, PCG will continue to facilitate the process with the Agency of capturing <u>all</u> required data collection needed in order to submit judicious quarterly Administrative Claims. PCG understands that this practice needs to be in ordinance with all CMS and WV regulations and guidelines.

4.1.2.8. The Vendor will be responsible for preparation of financial information used for MAC claiming.

Calculating a valid quarterly administrative claim requires a proven cost-allocation method. The cost-allocation method is a combination of complex computations and an automated integrated system. PCG has developed an approved cost-allocation model that has been utilized for other clients to obtain reimbursement for administrative activities performed. In particular, this model focuses on the following areas:

- ▶ Reimbursable Costs: The first step of our cost-allocation methodology is to ensure that all items of allowable costs are identified and included in the trial balance of expenses. These costs are aggregated into cost pools. PCG's claiming mechanism takes each cost pool and applies the appropriate time study information and/or other methodologies in order to calculate the reimbursable cost. As previously mentioned, PCG will utilize its Claiming System and web-based tool in WV to streamline cost capture and compliance.
- ▶ *Time Study Results:* The time study results are entered into our claiming model and applied against the expenditures (e.g. salary, fringe benefits, materials, supplies, and capital) of participating groups in the time study.
- ▶ *Eligibility Ratios:* A key component of the claim is the calculation of the Medicaid eligibility rate, the special education Medicaid eligibility rate, and the general administration overhead factor. PCG will determine these percentages on a quarterly basis and use them in determining the reimbursable amount of each cost pool.
- ► Federal Match Rate: Each area of reimbursable cost will be applied against the appropriate federal financial participation rate of 50 percent or 75 percent.

The final step is to prepare, perform quality assurance checks, and submit the actual claim. Claims will be submitted in the required format. All administrative claims prepared on behalf of divisions will be consistent with Office of Management and Budget Circular A-87 (OMB A-87) Federal cost allocation guidelines. We will use our knowledge of these regulations to ensure full compliance with all Federal requirements. It is important that the claim contains all supporting documentation in the event of an audit.

- ▶ Check Claim: PCG is committed to submitting all claims accurately. We've built into our claim preparation process both automated and manual quality assurance procedures. Our claim program contains many automated checks that ensure that the integrity of equations and data is maintained. In addition, after a claim is prepared, various elements of the claim are compared to past quarter results to see if there are any conspicuous differences.
- Supporting Documentation: All costs must be identified, organized, and easy to trace to the various cost centers. PCG maintains computerized versions of the claims in addition to meticulous hardcopy files of all backup documentation arranged by quarter. The documentation is securely stored and can be easily accessed in the event of an audit.
- ▶ Claim Certification: As required by the State Medicaid Agency, a claim certification statement or Certified Public Expenditure (CPE) form must be signed by a financial representative of the school or city prior to submission of the claim. PCG generates the CPE in the Claiming System and collects LEA's signed forms per participating quarter.
- Claim Submission: Finally, PCG provides the Agency with all signed CPEs, claims and supporting documentation (including adjustments) to be submitted on the CMS-64 by the agreed upon timeline per quarter.

4.1.2.9. The Vendor will be responsible for any component not previously communicated that is required to support MAC claiming.

PCG understands and will continue the responsibility of fully supporting all aspects of MAC claiming. PCG also recognizes that components of MAC claiming which have not been previously communicated are the full responsibility of the vendor.



Direct Service Claiming – Cost Reporting Requirements

4.1.3 Direct Service Claiming - Cost Reporting Requirements

4.1.3.1. The Vendor shall be responsible for development and implementation of a CMS approved, web-based cost reporting system that will be based on the State Fiscal Year End (June 30). The cost reporting system must be operational within three (3) months of contract award.

Public Consulting Group LLC (PCG) features technologies that simplify, streamline, and satisfy state and federal requirements for a successful cost settlement program. PCG will deploy our proprietary web-based Claiming System that incorporates both time study and financial reporting capabilities to support Local Education Agency (LEA) claiming, with extensive and proven track records in jurisdictions across the country. PCG's Claiming System is a robust, automated, web-based time study and cost reporting software solution specifically designed with LEAs in mind to assist them with the complexity of the time study, administrative claiming, and cost reporting processes for Medicaid reimbursement.

This solution is unlike other solutions offered by competing firms in that the financial reporting component of the system requires discrete cost reporting that enables our analysts to conduct tailored desk reviews to ensure compliance and avoid reporting errors. PCG's Claiming System provides a simple step-by-step process to direct the end user through the cost reporting process. There are a number of comprehensive edit and error checks in order to ensure information is reported accurately, which will provide the Department of Health and Human Resources, Bureau of Medical Services (the Agency) and Centers for Medicare and Medicaid Services (CMS) the confidence that the Medicaid cost settlement results will withstand federal scrutiny. Our financial reporting system currently supports statewide school-based claiming programs for administrative claiming, direct services cost settlement, or the combination of both in 17 states.

PCG's Claiming System

Participating LEAs will submit annual Medicaid cost reports and complete quarterly financial data through PCG's web-based Claiming System. PCG's Claiming System is an automated, web-based software solution which is used nationally to assist states and LEAs with Certified Public Expenditure (CPE) reimbursement implementation. The Claiming System is designed specifically to assist LEAs with reporting necessary financial and statistical data and may be customized to address the specific reporting requirements of the Agency and the CPE reimbursement methodology approved by CMS. PCG is fully responsible for hosting and maintaining the Claiming System on PCG servers. Also, PCG's Claiming System does not require any installation on local hardware and can be accessed by any LEA or the Agency through an internet connection.

PCG's Claiming System reduces the amount of time LEAs spend to complete the cost report while enhancing understanding of the cost settlement process through a simple step-by-step process directing

the end user. Each quarter and annually, PCG's Claiming System will contain the necessary data to facilitate cost reconciliation and settlement such as: salary and wage expenses, contractor costs, materials and supplies expenses, transportation costs, unrestricted indirect cost rates, the time percentage pertaining to direct care derived from time study results, Medicaid eligibility rates, and any additional operating costs permitted by CMS and approved in the West Virginia State Plan.

fields within the cost reporting form, PCG's Claiming System simplifies the cost reporting process.

By populating certain

PCG's Claiming System simplifies the cost reporting process by populating certain fields within the cost reporting form to reduce

the administrative burden on LEAs to the greatest extent possible. PCG has worked with the Agency and other stakeholders to identify data elements during the design and development phases that could be pre-

populated in the Claiming System. These data elements include district Medicaid provider numbers, national provider identifier (NPI) numbers, the direct medical services time study percentage from the Random Moment Time Study (RMTS), LEA-specific indirect cost rates, and the total Medicaid reimbursement received through the interim payment process from the state Medicaid Management Information System (MMIS).

The screen shots on the following pages are examples of the annual Medicaid cost report pages from our current web-based claiming system developed for LEAs in West Virginia. Additional customization can be accommodated upon request.

LEAs can navigate through the Medicaid cost report process following the easy-to-use drop-down screens, demonstrated in the graphic below. In addition, if an LEA has questions on allowable financial data or requires additional assistance, PCG provides comprehensive support throughout the cost report preparation process. This support is offered through our WV-specific toll-free hotline, as well as by a dedicated email account that is constantly monitored by PCG staff. PCG strives to provide the necessary resources to ensure LEAs have the proper support throughout the submission process.

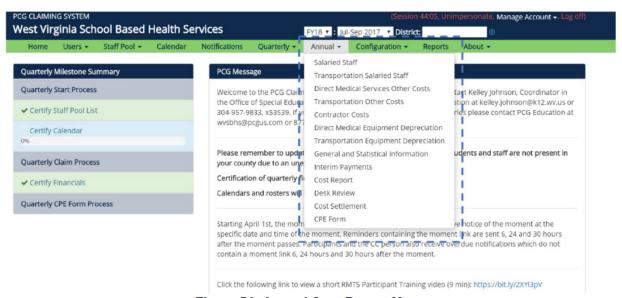


Figure 54: Annual Cost Report Menu.

Each link available on the Direct Medical Services Cost Report contains pertinent information on the completion of the report by the LEA user. LEAs are encouraged to complete each link in a sequential manner, beginning with the "Salaried Staff" tab. The image in *Figure 54* outlines what the user will view once this tab is selected.

Annual Salaried Staff

This page will include the direct medical services payroll information reported by job category and employment status, e.g., total number of full-time speech language pathologists. The system will use this data to automatically calculate and generate cost settlement results based upon the information entered. Much of the information on this page will be pulled from the three Quarterly staff pool lists to help reduce the administrative burden on LEAs. *Figure 55* below shows an example of the Annual Salaried Staff page. The salaried staff page will provide important cost reporting reference information such as the length of time the staff member was active on the staff pool list, thus reducing the need to for LEAs to refer back to quarterly staff pool list rosters.

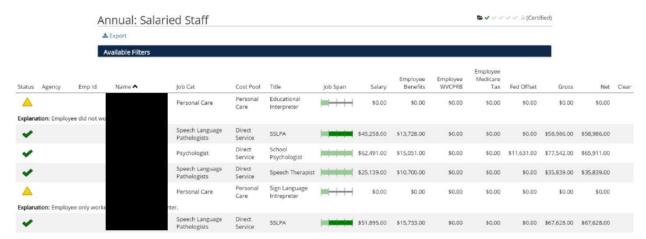


Figure 55: Annual Salaried Staff Page.

An integral feature of the PCG Claiming System is the addition of the status column which is used to prompt the user when edit checks are triggered. These edit triggers have been put in place to flag any disparities or questionable costs reported—for example, if a reported salary appears to be too high for a reported job category. This mechanism has repeatedly proved successful in catching erroneous costs reported before certification of the report.

While completing the annual payroll page, the following icons may appear:

- A green check will appear if no edits were triggered and no further action is needed.
- A yellow yield sign will appear if edit checks were triggered that exceed the statewide threshold by one deviation of the average. An explanation will need to be entered before certifying.
- An orange yield sign will appear if edit checks were triggered that exceed the statewide threshold by **two** deviations of the average. An explanation will need to be entered before certifying.

The LEA user has two options for completing the Annual Payroll Information and may use whichever method is easiest for them. The first option is to enter data by line item, as exhibited in *Figure 56*, where information for each individual may be completed on a line-by-line basis. This option may be useful for users of small LEAs with few employees on the Staff Pool List, or to make edits to a single employee's payroll information.

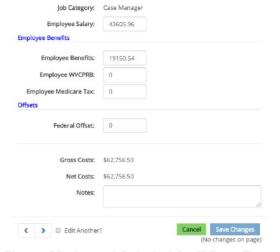


Figure 56: Annual Salaried Staff Data Entry.

The second option is for users to export and import information using an Excel file. By exporting the file, the user is provided with an easy-to-edit spreadsheet where the necessary information may be entered.

Once the information is entered, this file may be imported back into the system and the fields are updated instantaneously.

Contractor Costs

This page will allow district users to input costs for vendors or outside contractors providing eligible school-based health services to students. As shown in the following figure, district users will be able to simply add each provider/vendor and indicate: the service type, total costs, and any federal funding that was used in the provision of these services.

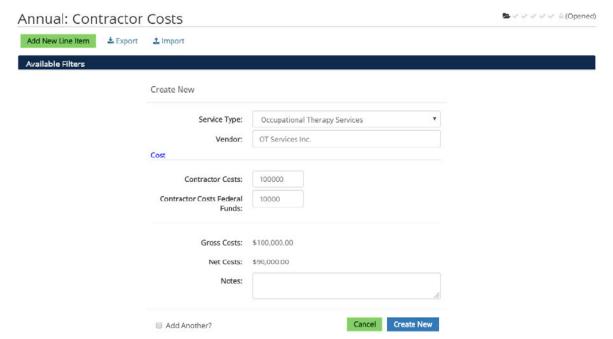


Figure 57: Contractor Costs Page.

Direct Medical Services Other Costs

The following image illustrates the Direct Medical Services Materials and Supplies reported in an example cost report:



Figure 58: Direct Medical Services Other Costs Page.

LEAs are allowed to enter the cost of any materials and supplies purchased for the provision of direct medical services for the use of Special Education students. These items must be listed on the CMS list of approved materials and supplies and cost less than \$5,000.

As illustrated in *Figure 59*, to input costs for these items, users would simply select 'Service Type' on the relevant direct medical service type and enter the amount of materials and supplies purchased, as well as the portion of these costs paid by Federal funds, if applicable.



Figure 59: Entering Costs for Materials and Supplies.

Once an LEA completes this section, they have the option to report "Direct Medical Services Equipment Depreciation" (if applicable).

The screen in *Figure 60* below will appear after clicking on the 'Direct Medical Equipment' link on the 'Assets' dropdown.



Figure 60: Direct Medical Equipment Depreciation Page.

On this page, the LEA has the option of reporting any "Direct Medical Services Equipment Depreciation" for items on the approved CMS list that individually cost more than \$5,000.

These assets must be depreciated according to a straight-line depreciation method. This method assumes that the asset depreciates an equal amount of value from one year to another during the useful life defined for the asset. The annual depreciation is calculated by dividing the purchase price by the estimated useful life of the asset. To further ease district burden, this calculation automatically occurs within PCG's Claiming System once the required fields are entered as indicated in *Figure 61*.

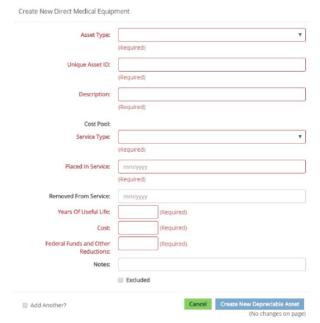


Figure 61: Entering Asset Costs.

General and Statistical Information

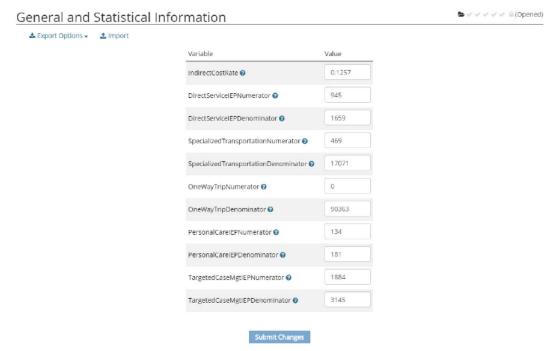


Figure 62: Ratios Reported on the General and Statistical Information Page.

Several sections of the "General and Statistical Information" page may be pre-populated by PCG with information provided directly from the Agency. Some of these items may include: IEP Numerators and Denominators, the Specialized Transportation Numerator and Denominator, and the Unrestricted Indirect Cost Rate. These variables can be inputted at any time by PCG and therefore will not interfere with the district's ability to edit and certify their cost reports in a timely manner.

Certain information for the following categories may be required to be entered by the LEAs (or prepopulated per the Agency request). An example would be the One Way Trip denominator, which is only required when the district reports transportation costs.

Transportation

The transportation section of the claiming system will include a Transportation Payroll page where LEAs will report payroll information for bus drivers, bus aides, mechanics, and substitute drivers who work on modified vehicles for special education students. These individuals may be categorized as "only specialized transportation" if they only work on special education transportation vehicles, or "not only specialized transportation" if they work on both special education and general education transportation vehicles. As shown in *Figure 63* below, the Transportation Payroll page will function similarly to the Salaried Staff page, allowing for edit checks and explanation entries.

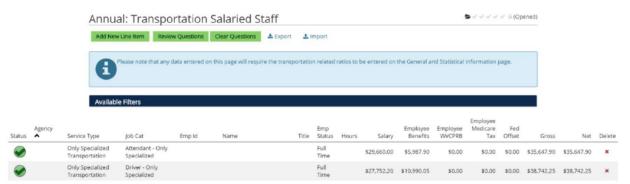


Figure 63: Transportation Costs – Salaries.

The Transportation Other Costs page will allow LEAs the opportunity to report the following costs relating to the provision of special education transportation: lease/rental, insurance, maintenance and repairs, fuel and oil, purchased professional services-transportation services, and purchased professional services-transportation equipment and other related costs. These costs can be reported as "only specialized transportation" if LEAs are able to discretely break out their special education transportation costs from their general education transportation costs. If an LEA is unable to separate these costs from their total transportation costs, they may report the total costs for each cost category under "not only specialized transportation."

LEAs can use the Transportation Equipment Depreciation page to report any transportation purchases in excess of \$5,000. LEAs will record pertinent information on this page, such as the cost of the asset, whether the asset is considered "not only specialized transportation" or "specialized transportation only," and the month and year placed in service and removed from service (if applicable). Through this information, PCG's claiming system will calculate for the user the total claimable amount of depreciation for these assets for the fiscal year.

The PCG Claiming System will apply ratios to all transportation costs, as appropriate, based on the LEA's categorization of these expenses. For those costs listed at "not only specialized transportation," the Specialized Transportation Ratio will be applied to determine which portion of the total transportation costs can be attributed to special education transportation. The One-Way Trip Ratio would then be applied to determine which portion of these costs are Medicaid Allowable. For those costs categorized as "only specialized transportation," only the One-Way Trip Ratio will be applied, whereas for those costs categorized as "not only specialized transportation", both the Specialized Transportation and One Way Trip Ratio will be applied. The application of these ratios and the calculation of Medicaid allowable costs can be viewed in the Cost Summary Report.

Cost Summary Report

The Cost Summary Report is the most comprehensive of all the pages on the Annual Medicaid Cost Report, as it details and aggregates all financial cost reported, along with the application of key ratios, resulting in the total Medicaid Allowable Costs reported for the district.

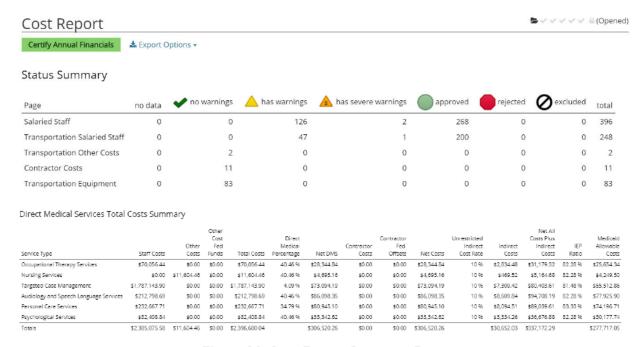


Figure 64: Cost Report Summary Page.

Once the LEA reviews the summarized data and deems it correct, the LEA can select the 'Certify Financials' button. Only the District Administrator user profile type, as identified in the PCG Claiming System by the LEA, can certify the Annual Cost Report. Once the cost report has been certified by a user, the report is locked, and no further edits can be made. If a report has been submitted in error, an LEA can contact PCG to roll back the certification of the report for further edits to be made. Once the cost report has been certified, PCG will begin the desk review process, which is outlined further in Section 4.1.3.3.

As the current vendor of these services, PCG provides this functionality for West Virginia LEAs to complete their quarterly Medicaid Administrative Reporting and annual Direct Service Cost Reporting.

4.1.3.2. The Vendor shall be responsible for conducting interim LEA annual cost reconciliation of actual incurred costs to interim Medicaid payments and completing final cost settlement of the difference between actual incurred costs and interim payments. Providers are required to submit an annual cost report on or before December 31st of the same year following the end of the cost reporting period. Interim settlement shall occur within six (6) to twelve (12) months following the submission of the annual cost report. Final cost settlement will occur within twenty-four (24) months following the submission of the annual cost report.

PCG will conduct an interim LEA annual cost reconciliation of actual incurred costs to interim Medicaid payments, and will also complete a final cost settlement of the difference between actual incurred costs and interim payments.

PCG is a proven leader and understands the responsibilities needed to successfully facilitate the development of Direct Medical Services Cost Reports and Settlements. Our firm has wide-ranging nationwide experience collecting LEA data related to all facets of reporting, along with the calculation of Cost Settlements throughout the country. LEAs utilize PCG's dynamic online system, the PCG Claiming System, to report all data. The PCG Claiming System calculates the settlement information through a robust and comprehensive process, described in detail below. The PCG Claiming System seamlessly completes all components of the Medicaid cost settlement calculation and the resulting information is easily accessible and can be viewed by each individual LEA. All of this data, including the settlement figures, is thoroughly cross-checked by PCG staff in order to ensure accuracy.

The Medicaid cost settlement process is a function of comparing Medicaid costs to Medicaid fee-for-service interim payments billed and received by LEAs throughout the applicable school year. PCG will work hand-in-hand with the Agency to obtain the necessary Medicaid interim payment financial information to complete the Medicaid cost settlement calculations. PCG has a comprehensive understanding of the intricacies of Medicaid MMIS data. Our team has the ability to accurately and appropriately aggregate paid claims data to ensure Medicaid cost settlements are calculated and processed correctly. As the incumbent vendor, PCG has a detailed understanding of the nuances of West Virginia's interim payment information. We are familiar with the format in which the interim payment information is provided and understand the various procedure codes and related service categories that are associated with the West Virginia School Based Health Services program. Our experience allows us to not only quickly identify variances and outliers but also provide possible justifications or insights that can be brought to the attention of the Agency.

Upon completion of the aggregation of the Medicaid paid claims data, we load the results into our webbased PCG Claiming System platform to seamlessly calculate and process Medicaid cost settlements. To ensure continued compliance, prior to the loading of the data into the PCG Claiming System, PCG will offer

West Virginia a series of validation checks including verifying interim payments, which may have fluctuated significantly from the previous fiscal year. We will work with the Agency to develop additional quality assurance processes to ensure the proper control mechanisms are implemented to produce accurate Medicaid cost settlement calculations.

In order to facilitate the processing of the Medicaid cost settlement calculations, all LEAs are required to view and electronically approve cost settlement amounts in the PCG Claiming System. These amounts flow directly from costs reported. Additionally, LEAs are

PCG's web-based Claiming System platform seamlessly calculates and processes Medicaid cost settlements.

required to sign a Certification of Public Expenditures (CPE) form, which is also easily accessed via the PCG Claiming System. Prior to payments being made, this form must be signed by the appropriate representative at the LEA and received by PCG. PCG is able to track and manage the collection of the cost reporting forms on behalf of the Agency and the LEAs. Only those LEAs in which a CPE form has been properly completed and submitted are able to proceed with the processing of the Medicaid cost settlement.

LEAS will have the opportunity to review and approve their final cost settlement in the PCG Claiming System. All final LEA Medicaid cost settlement detail will be shared with the Agency upon LEA approval.

PCG has customized and configured our PCG Claiming System to calculate Medicaid cost settlements and will ensure that this interim settlement occurs within six to 12 months following the submission of the annual cost report, and that final cost settlement will occur within 24 months following the submission of the annual cost report.

4.1.3.3. The Vendor shall be responsible for reviewing data submission by LEA's and comparing to anticipated results (e.g., based on prior period data submissions and any other available data) to determine data accuracy and reasonableness and to follow-up with LEA's and amending specific

cost calculations when necessary.

Following the submission and certification of the annual cost reports in the PCG Claiming System, PCG will conduct desk reviews during which we will review the data submissions of the LEA's and compare these submissions to anticipated results using prior period data submissions and available data, as applicable. The desk review and the monitoring review processes associated with the annual cost report occur prior to the LEA receiving their final cost settlements in order to eliminate the need for adjustments. As questions arise regarding data accuracy and the reasonableness of the included costs, PCG will reach out to LEAs to address concerns and request revisions to the cost report, if necessary, throughout the duration of desk reviews.

The desk review was specifically constructed as a tool to identify outlier costs and variances against national and state averages, using industry experience to review particular components of each cost report. This process includes reviewing each edit triggered based on the LEAs submitted costs and data when compared against determined thresholds. Each response is carefully reviewed to verify accuracy and compliance with the requirements and guidelines of West Virginia's school-based Medicaid program. PCG staff will review each and every financial and statistical data element submitted by LEAs for reporting outliers and errors. Additionally, PCG is willing to work with the Agency to develop additional desk review processes and procedures to ensure that all parties understand the areas we target for review and the breadth of the review process. PCG's experience performing a consistent review process is outlined in detail on the following pages.

The desk review process involves a comprehensive list of edit checks and procedural review. The following is a list of desk review protocols that PCG typically performs:

- Review salary and benefit data for reasonableness. PCG will examine salary and benefit data and validate against peers and the Agency guidance.
- Review LEA explanations to flagged edits. PCG reviews all explanations from LEAs for why costs exceeding thresholds should be permissible.
- Review salary and benefit costs by service type to total time study count. PCG verifies that
 only costs of clinicians participating in the time study are included in the cost settlement.
- 4. Compare employee benefit to salary ratios for reasonableness. PCG calculates the statewide average benefit to salaries ratio and uses it as a benchmark for reasonableness.
- Test the reasonableness of other costs. The West Virginia state plan allows for the reporting of
 other direct medical materials and supplies. PCG will test the expenditure data reported and identify
 outliers with unusually high other costs relative to salary and benefits.
- 6. **Evaluate the reasonableness of Medicaid eligibility for transportation services.** PCG verifies the number of one-way trips reported in the numerator and denominator for reasonableness.
- Review of Allowable Transportation Costs. PCG reviews all allowable specialized transportation costs to ensure reasonableness and that the costs reported are eligible for reimbursement.

The desk review feature is contained entirely within the PCG claiming system and, therefore, all correspondence is preserved, and any identified confirmations or corrections are available to reference at any time. LEAs are notified of any new desk review correspondence via system notifications, and LEAs are provided with a pre-defined amount of time to respond to the desk review process. As shown in the figure

below, for every desk review item, the LEA has the ability to mark the item as correct or incorrect, as well as offer an explanation to further justify the item.

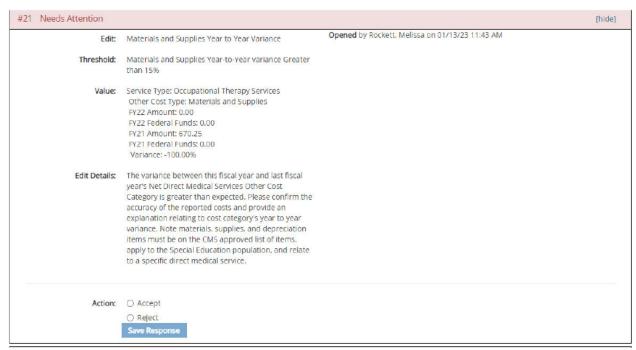


Figure 65: Desk Reviews in the PCG Claiming System.

If PCG receives feedback from the LEA on the identified issues, PCG will review supporting documentation or explanations to determine whether any adjustments or actions are required. If adjustments are required, PCG reopens the LEA's report in the PCG Claiming System and works with them to adjust the appropriate costs and recertify. If a response is not received in a timely manner, PCG proceeds with continuous customer service outreach including phone calls and e-mails. In the event that a district is completely unresponsive, PCG will provide notification to the Agency for further guidance on approaching the non-responsiveness of the LEA and determining an appropriate course of action.

If any potential policy or programmatic issues are identified during the desk review process, PCG will involve the Agency as appropriate and necessary. Historically, PCG is proactive in bringing issues to the attention of our clients in order to facilitate statewide memorandums on policy issues. Additionally, PCG maintains all audit documentation and work papers as an audit trail in case the desk review process is reviewed prospectively by CMS, OIG, or any other auditing body.

The desk review process associated with the annual cost report occur prior to the school provider receiving their final cost settlements eliminating the need for adjustments. All reported cost and apportioning ratio data identified in error because of monitoring review or desk review is required to be corrected on the cost report within the PCG Claiming System prior to cost settlement and payment.

4.1.3.4. The Vendor shall be responsible to obtain and provide to the Agency an annual certification, as requested by the Agency, from each LEA of actual, incurred allowable costs, including the federal and nonfederal share of each expenditure.

PCG will be responsible for obtaining an annual certification from each LEA of their actual, incurred allowable costs. These will include the federal and non-federal share of each expenditure.

Upon PCG's completion of the LEA's desk review, and once the cost settlement claim is approved by the Agency, each LEA must certify their CPE form and approve the cost settlement within the PCG Claiming System. Both actions are seamless, and easily made by the appropriately authorized representative by the click of a button, which is typically the CPE, Superintendent, Business Officer, or other appropriate representative. The CPE form informs school providers of their final calculated Medicaid costs, along with the comparison to interim payments and calculated the final cost settlement. PCG tracks and manages the collection of the CPEs on behalf of the Agency and LEAs. PCG has previously worked with the Agency to format the CPE form specifically for West Virginia. Only those LEAs in which a CPE form has been properly completed and submitted are able to proceed with the processing of the Medicaid cost settlement. All CPE forms prior to January 2022 are archived securely for audit purposes, uploaded as a document in the PCG Claiming System, and copies are also provided to the Agency if desired or requested. PCG has developed the ability to capture electronic signatures and store CPE forms electronically within the PCG Claiming System as of January 2022. Any CPE form that was signed after January 2022 is available for download immediately after it has been electronically signed in the claiming system.

Annual CPE Form

Certification of Public Expenditures for State of West Virginia Annual Medicaid Cost Report

Figure 66: CPE Form Collection.

4.1.3.5. The Vendor will be responsible for providing the Agency with information needed for payment or recoupment of interim and final cost settlement amounts.

PCG commits to providing the Agency with any information required for payment or recoupment of interim and final cost settlement amounts. This information may include any cost reporting data as submitted in the PCG Claiming System, and any documentation including e-mails and backup data collected throughout the desk review and/or monitoring review process.

As the national leader in providing school-based health service cost settlement services, PCG has extensive experience in providing state Medicaid agencies with various reports to present interim and final cost settlement calculations. PCG will be able to provide the Agency with multiple report format options in order to determine the structure and the content of the reports for cost settlement results, as shown in Figure 67 below. This information is available under the statewide view in the PCG Claiming System, on the 'Cost Report' page.



Figure 67: PCG Claiming System Cost Report/Cost Settlement Calculation Export Options.

PCG will support all questions related to the results of the cost settlement calculation process and PCG will inform the provider of any appeal rights, if applicable. If necessary, PCG can file amendments to the annual cost settlement claim in the PCG Claiming System to correct any errors identified after payment, as confirmed by the Agency. While not common, the amendment process is sometimes necessary and amended filing within the PCG Claiming System is simple. The PCG Claiming System preserves the original claim, in addition to the amended claim, which is important for auditing purposes. As in the same instance of an original claim, PCG would provide exportable cost reports and LEA results from the PCG Claiming System in accordance with agreed upon formats with the Department for the amended claim as well.

PCG also performs analytical work to summarize the general findings of the Medicaid cost settlement results, particularly for those LEAs that are in payback, or recoupment, situations. Our team identifies and explains the reason(s) for recoupment, such as billing for services in which services were funded primarily with federal funds that were offset in reported costs, failing to include all permissible costs within the cost report, or cost base being simply lower than the current interim rates, as a few examples. In addition, PCG performs year to year cost settlement comparisons to validate results are consistent with prior year settlements. PCG will also provide suggestions on the type of analytical information we have provided to other state Medicaid agencies, which they have found to be beneficial and informative.

4.1.3.6. The Vendor will be responsible for calculating and providing the Agency with interim payment rates that will be paid by the West Virginia Medicaid program for each SBHS service for each LEA on an annual basis following cost report reconciliation.

PCG will assume responsibility for calculating and providing the Agency with interim payment rates on an annual basis following cost report reconciliation. It is vital that interim rates are closely aligned with provider costs, and PCG recognizes that this is a delicate balance to maintain. Rates should not be over inflated as this would result in providers owing money back to the Medicaid program after the cost settlement and cost reconciliation process; however, it is equally important to ensure rates are maximized so providers do not experience a loss in revenue streams throughout the fiscal year.

In order to equate interim rates closely to provider costs, PCG will review data extracted from MMIS and the PCG Claiming System to establish provider specific interim rates on an annual basis by service type. PCG will develop a comprehensive Excel workbook, which will automate the rate setting process. The Excel workbook will calculate provider-specific rates once essential data is extracted into the application, including Medicaid eligibility rates, provider costs, provider-specific unrestricted indirect cost rates, and aggregate time study data. The results will then be diligently reviewed by PCG staff to ensure rates are accurate and maximized in comparison to provider costs. PCG has experience in multiple states successfully implementing interim rate setting under our school-based health service contracts with the District of Columbia, Colorado, Louisiana, New Jersey, Texas, and Wisconsin.

4.1.3.7. The Vendor will be responsible for obtaining on a quarterly basis, Certification of Public Expenditure (CPE) from each LEA. Certification forms must be submitted to the Agency no later than the 15th of the month following the quarter end.

PCG will collect a Certification of Public Expenditure (CPE) from each LEA for their Medicaid Administrative Claiming on a quarterly basis and a CPE for Direct Service Claiming from each LEA on an annual basis. LEAs will be able to electronically sign their CPE form via their unique user credentials directly in the PCG Claiming System. While these CPEs will be housed in the PCG Claiming System, PCG staff will also be able to submit the PDF forms to the Agency upon request.

4.1.3.8. The Vendor will be responsible for collection of an annual Non-Restricted indirect cost rate (ICR) from each LEA.

PCG will assume responsibility for collecting an annual Non-Restricted indirect cost rate (ICR) from each LEA. To encourage consistency and ease the administrative burden, PCG will leverage current relationships with the West Virginia Department of Education (WVDE) to compile the indirect cost rate for all LEAs. As the cognizant agency responsible for calculating the indirect cost rates on behalf of all LEAs in the state, WVDE can be called upon to facilitate the collection of the indirect cost rates for all LEAs. These Non-Restricted ICRs will be loaded into PCG's Claiming System so that indirect costs may be captured within the cost report.

4.1.3.9. The Vendor will be responsible for the collection of any item that was not included in the Vendor's cost report or other data collection tools that subsequently is identified as required to complete cost settlement. The Vendor will be responsible for any such omissions and ensuring that any and all information that is required to comply with the WV State Plan, CMS guidance related to SBHS, and applicable regulations has been collected and is documented accordingly. Reference to WV State Plan can be found at 4.1.2.7.

Following cost report submission, PCG will complete a desk review process where we will review LEA cost reports for any missing data required to complete cost settlement. PCG will reach out to any LEAs who may be missing this data in their initial cost report submission and request its inclusion. During this process, PCG will also ensure that all included information complies with the WV State Plan, CMS guidance and applicable regulations, and that this information has been collected and is documented accordingly.

PCG's familiarity with the West Virginia School-Based Health Services program provides us with substantial knowledge regarding the validation and data collection that happens "behind the scenes" for West Virginia. For example, PCG is acutely aware of the historical issues that LEAs have had with double billing specialized transportation procedure codes T2001 and/or T2002. To mitigate these problems, PCG has developed a methodology with the Agency that identifies all potential duplicate claims as well as claims that exceed the limit of four trips per day per student. Each year, we identify the districts that have issues with specialized transportation claiming and bring them to the attention of the Agency. As a result, each year West Virginia has experienced a decrease in the amount of double-billed specialized transportation claims, which has improved the accuracy of the One Way Trip Numerator calculations.

4.1.3.10. The Vendor will be responsible for assisting the Agency in monitoring of the time study and MAC program to ensure compliance with federal requirements (See 4.1.1.5 for reference). The areas of review include, but are not limited to: Participant List/Roster to ensure only eligible categories of staff are reported on the participant list based on the approved RMTS categories in the implementation plan;

RMTS Time Study which includes sampling methodology, actual sample and time study results; RMTS Central Coding,- review at a minimum of five percent (5%) sample per quarter of the completed coding; Compliance with Training requirements and Financial Reporting to ensure that costs are only reported for eligible cost categories and meet reporting requirements.

PCG agrees to assist the Agency in the monitoring of the time study and MAC program for compliance with federal requirements. With more than 25 years of experience working with school-based Medicaid programs, PCG has extensive knowledge of State and Federal Medicaid billing and claiming requirements, supporting both MAC and Medicaid cost settlement programs. As a national leader in this particular arena, PCG has legal and regulatory staff review at our disposal that constantly monitor the Office of Inspector General (OIG) and other national school-based service programmatic audits. We use these reports to inform our staff, as well as aid in establishing national best practices for constructing highly compliant school-based programs.

PCG understands the utmost importance and necessity to work with the Agency and other agency divisions and units to support fraud detection and pursuit activities. PCG will serve as a trusted partner to support all participating LEAs in appropriately claiming for services available under the Medicaid Administrative Claiming and the Medicaid cost settlement program. We have established processes, as well as built-in edit checks within our automated financial reporting systems, to aid in these efforts. We will work with the Agency to customize and configure our program integrity efforts to meet the specific needs and expectations of the Agency.

Areas of review will include, but will not be limited to:

- Participant List/Roster of eligible categories of staff are reported based on the approved RMTS categories in the implementation plan;
- RMTS which includes sampling methodology, actual sample and time study results;
- ▶ RMTS Central Coding review at a minimum 5% sample per quarter of the completed coding;
- Compliance with Training requirements and Financial Reporting so costs are only reported for eligible cost categories and meet reporting requirements; and
- And any other areas of review as determined by the Agency and agreed by PCG.

4.1.3.11. The Vendor will assist the Agency with monitoring of all LEA's at least once every three (3) years. Monitoring will consist of either on-site or desk review, or a combination of both. The goal of the monitoring will be to ensure that the LEA's are maintaining appropriate documentation as required by CMS (e.g., in the event of CMS audit the LEA's would be able to provide documentation to support data submitted and utilized in the RMTS, cost report and administrative claiming).

PCG appreciates the value of a comprehensive oversight and monitoring program to ensure that the school-based health services program is implemented and operated in compliance with all state and federal regulations. PCG will implement, in conjunction with the Agency, a comprehensive program oversight and monitoring program for the school-based direct services program that will include comprehensive desk reviews and on-site audits of LEAs. PCG agrees to assist the Agency with in-depth cost report reviews of all LEA's at least once every three years, either through on-site meetings, by desk review, or a combination of both. PCG proposes reviewing one-third of West Virginia LEAs each fiscal year, with the expectation that each LEA would be reviewed once in a three-year cycle.

Through these in-depth reviews, PCG would request appropriate documentation to substantiate the inclusion of reported costs on the cost report. LEAs will be notified with ample time before the desk review begins to collect the required backup. PCG will then review this information and discuss any questions that

arise with the LEA. Once all questions have been answered and the desk review has been completed, PCG will compile a summary with the results of the desk review to the LEA and to the Agency. A revision of the cost report may be requested if an LEA's documentation is insufficient. This review would ensure that appropriate documentation as required by CMS is being maintained by the LEA, and that in the event of CMS audit the LEA would be able to provide adequate documentation as requested by CMS.



Training

4.1.4 Training

4.1.4. Training: The Vendor shall be responsible for training LEAs on all aspects of the SBHS Program, as described in this solicitation, at no additional cost. Telephone training and web-based training shall be compatible with the most recent State of WV updates (e.g., Internet Explorer, Google Chrome, etc.) and comply with any applicable polices of the WVDHHR Management Information Systems (MIS) or WV Office of Technology, which can be found at: https://technology.wv.gov/ot-policies.

Overview

Comprehensive Administrative Claiming and Direct Service Program and Cost Report trainings will continue to be held each year. Trainings will consist of live-virtual and recorded sessions unless otherwise determined and agreed to by Public Consulting Group LLC (PCG) and the Department of Health and Human Resources, Bureau of Medical Services (the Agency). These live-virtual trainings incorporate a presentation, comprised of reinforcing visuals and examples, as well as references to other helpful materials online such as step-by-step user guides at-a-glance documents to complete operational tasks, memos, and handouts. Appropriate participatory activities or surveys may also be incorporated in the trainings to address different learning styles of district staff.

PCG will continue to utilize our in-depth knowledge of the School Based Health Services (SBHS) program to develop comprehensive training programs that focus on all aspects of School-Based Medicaid. PCG has found that training is a critical component both for help with program compliance and for building relationships with districts. Upon award, PCG is committed to partnering with the Agency for continuously improving training efforts to enhance program comprehension and strengthen program integrity.

PCG will draft training presentations and instruction manuals as resources for state and school district staff in order to assist them through the required processes. We know that the training of Local Education Agencies (LEAs) is essential to the success of this project. PCG will identify the appropriate staff by title and obtain contact information within each LEA to participate in training. For example, it is essential that school business officers participate in the quarterly financial and annual Medicaid cost report training sessions.

By participating in our detailed training program, district staff will clearly understand the goals and structure of PCG's solution, their responsibilities, and the importance of complete and accurate data and documentation. PCG's training program not only covers the specific Random Moment Time Study (RMTS) and financial requirements of staff, but also reviews the complete process of generating claims and completing the annual Medicaid cost report. We will provide ongoing support for school district staff involved in cost settlement and reconciliation processes through a toll-free hotline.

PCG will continue to provide training and technical assistance to West Virginia staff and LEA coordinators on both the RMTS and cost reporting components of our comprehensive web-based site. PCG will coordinate training dates and topics with the Agency. We typically utilize trainings via Microsoft Teams training sessions. Teams is an online training tool that allows staff to view the training presentation locally from their office as if they were in a live training. While Teams has audio and visual functionality there is also a toll-free dial-in number available for training. Both methods allow users to participate actively in training through the ability to ask questions by speaking or typing in chat windows or for the trainer to solicit feedback from the participants. In addition, PCG records training sessions and will make these accessible via the web for district staff to review on their own time. Virtual trainings have been favorably received by West Virginia counties and save time and travel expenses for LEA staff.

The PCG project team is comprised of staff with the specific Medicaid claiming experience needed to perform all required trainings. The following components are essential in providing successful training:

▶ West Virginia-Specific Terminology: PCG takes special care to use West Virginia-specific examples in the training process. By working directly with County staff, we will leverage

understanding and examples from one division that may be directly applicable to how another division does business.

- Consistency of Message: PCG maintains a database of frequently asked questions and uses it to enhance trainings in an effort to address questions before they are asked. These questions and answers are posted to our web-based tools for future access. PCG staff also meets regularly so a consistent message is being communicated during trainings and unique examples are vetted throughout the team for a consistent message.
- Adult Learning Techniques: PCG staff understands best practices techniques for adult education and learning and applies them in our training environments. We also know that not all school level participants will respond to training in the same way.
- Subject Matter Expertise: You can be assured our team will understand the broader scope of RMTS, Administrative Claiming, and Medicaid cost settlement and use that understanding as it relates to training LEA personnel.
- ▶ Active Participation: We have found that active participation leads to better program results. One example is post-training tools or other check for understanding methods can increase the level of training involvement, understanding, and ultimately the accuracy of the data that is used in claim development.
- Questions and Answers: Staff often have fundamental questions regarding the RMTS process, PCG's Claiming System, or the Medicaid cost settlement process. We may send follow-up e-mails to trainees outlining key points that need further emphasis based on these questions. In addition, all training materials will be posted on our websites for staff to access as resources.

4.1.4.1. Training for RMTS: The Vendor will create, distribute, and present a complete RMTS training program to LEA's, which must be prior approved by the Agency. This training is necessary for the initial and ongoing implementation of the statewide RMTS. In addition, telephone training, as requested, and web-based training modules shall be developed and provided by the Vendor. Any aspects of the RMTS that are not covered in the Vendor's training programs and which are requested by the LEA or the Agency, shall also be made available to the LEA staff. The initial training must be provided at mutually agreed upon state-wide sites, in person, selected by the Agency or when a significant change in procedure or process is identified.

Upon receiving content approval from the Agency, the comprehensive training curriculum will cover all facets of the RMTS program and include, at a minimum, the following components: RMTS Staff Pool List preparation and RMTS process. Details for each component of the training are described below. This level of organization ensures LEAs understand not only the process but also the purpose of the SBHS program.

▶ RMTS Staff Pool List Preparation: The Staff Pool List (SPL) is the foundation of both programs, updated three times per year with each district's "list" of staff employees and contractors eligible to undergo the RMTS survey. PCG trains LEAs how to both update and closely review the SPL, as the quality of such directly correlates to a district's Medicaid reimbursement. LEAs are educated to analyze each potential individual listed, not only on their job title but also on their involvement in completing time study moments with their activities. They are also taught which staff should be included in which cost pool. LEAs should leave the training with an in depth understanding of completing the SPL.

▶ RMTS Process: The RMTS is the survey process used to identify the amount of time spent performing reimbursable activities under the Medicaid program, both from a Medicaid administrative claiming and direct medical services standpoint. Based on statistically valid and approved methods, the results of RMTS are used to apportion costs reported by LEAs. In trainings, PCG emphasizes the purpose of the RMTS and its web-based process. The RMTS District Coordinators are of particular interest in this section of the training. LEA coordinators are presented with instruction and tips on how to educate their own providers and staff listed on the SPL on the requirements for proper participation. These tips and examples include providing adequate detail when answering Random Moments and maintaining district-specific and state-wide compliance.

PCG recognizes that RMTS questions may arise during the course of the year that may not have been covered during these trainings. PCG will continue to provide our toll-free hotline, upon request ad hoc telephone training support, as well as providing web-based training manuals on the dashboard of our Claiming System site. In the event that the RMTS program undergoes a procedural or process change, PCG understands that additional trainings may be needed.

4.1.4.2. Training for Administrative Claim: The Vendor will create, distribute, and present a complete Administrative Claim training program, which must be prior approved by the Agency. This training is necessary for the initial and ongoing implementation of Administrative Claiming based on results of the statewide RMTS. In addition, telephone training, as requested, and web-based training modules shall be developed and provided by the Vendor. Additional training, as requested by the LEA or the Agency, shall also be made available to the LEA staff. The initial training must be provided at mutually agreed upon state-wide sites, in person, selected by the Agency or when a significant change in procedure or process is identified.

Upon receiving content approval from the Agency, the comprehensive training curriculum will cover all facets of the Administrative Claiming program and include, at a minimum, the following components: Staff Pool List preparation, utilizing our Claiming System cost edit checking process, and the completion/certification of financials. Specific details for the completion of the financials segment of the training is below. This level of organization ensures LEAs understand not only the process, but also the purpose of the Administrative Claiming program.

PCG provides the background, purpose, and technical instructions for completing the quarterly Administrative Claiming financials. PCG presents the details behind approved methodologies for reporting payroll information (allowable salaried and contractor costs), costs for eligible staff travel and training, professional dues and fees, etc. Additionally, LEAs are provided instructions on how to take the financial information and report it using the web-based system. This will also include completing the quarterly Certified Public Expenditure (CPE) form. PCG links concepts behind RMTS results and reported costs, teaching LEAs that the results of the survey process directly affect the Medicaid claim.

PCG understands that Administrative Claiming questions may arise during the course of the year that may not have been covered during these trainings. PCG will continue to provide upon request ad hoc telephone training support, telephone hotline support, as well as continue to provide web-based training manuals on the dashboard of our Claiming System site.

4.1.4.3. Training for Direct Service Program and Cost Reporting: The Vendor shall provide training and technical assistance to the LEAs on the Agency program policies and regulations relative to Cost Reporting requirements. The training shall include, at a minimum, covered services, cost reporting submission and certification procedures, and must be prior approved by the Agency. After the initial training, the Vendor shall provide on-going training either via telephone and/or through a

web-based training program no less than on an annual basis, as developed by the Vendor and prior approved by the Agency. The initial training must be provided at schedule established by the Agency or when a significant change in procedure or process is identified.

Comprehensive Direct Service Program and Cost Reporting trainings will continue to be held each year. PCG will continue to conduct these comprehensive direct service program and cost reporting trainings both in person and through web-based training programs. PCG will also continue to present a comprehensive direct service program and cost reporting training on-site, typically during the Fall/Winter WVDE ASBO conference. PCG will work with the Agency to schedule this training on an annual basis as well as provide on-going training through the telephone and/or through web-based training programs.

PCG has conducted Direct Service Program and Cost Reporting trainings for thousands of school-based personnel and has a finely-honed approach to training. This approach is comprised of five components: Materials, Attendees, Schedule, Content, and Delivery. PCG will utilize our in-depth knowledge of Medicaid cost settlement and reconciliation processes to develop a comprehensive training program that encompasses all aspects of the cost reporting and settlement process in a format that is easy to understand and implement.

- Materials: PCG will draft training presentations and instruction manuals that will be shared with the Agency for review and approval prior to conducting training sessions. These documents will be made available as resources for state and school district staff in order to assist them through the required processes.
- ▶ Content: PCG's training program not only covers the specific financial requirements of staff, but also reviews the Medicaid covered services and the entire process of generating claims and completing the annual Medicaid cost report. PCG will provide training on our Web-based Claiming System. We will provide ongoing support for school district staff involved in cost settlement and reconciliation processes through a toll-free hotline and email address. By participating in our detailed training program, staff will clearly understand the goals and structure of PCG's solution, their responsibilities, and the importance of complete and accurate data and documentation. This detailed training approach will lead to fewer errors.
- ▶ Attendees: The training of school district coordinators is essential to the success of this project, as is participation by school business officials. PCG will identify the appropriate staff by title, obtain contact information for identified personnel within each school district and solicit the Agency approval of the recommended list of staff that should be trained.
- Schedule: PCG will coordinate training dates with LEAs and identify opportunities to consolidate travel to the greatest extent possible. PCG understands and will provide at minimum the required four statewide initial trainings. PCG will hold the initial training at schedule established by the Agency and additional training to be offered when a significant change in procedure or process is identified.
- Delivery: In order to reach the greatest audience, PCG intends to offer trainings both in-person and via Microsoft Teams, an online training tool that allows staff to view the training presentation locally as if they were at a live training. A toll-free dial-in number allows interactive participation (users can ask questions and trainers can solicit feedback). In addition, PCG records each training session and will make these accessible via the web for staff to review on their own time. Microsoft Teams trainings are increasingly common as a means of saving time and ensuring all LEA staff are able to attend trainings based on their own individual schedules.

Once all training sessions have been completed, PCG will provide the Agency with a report of the LEAs and staff that participated. PCG will also conduct outreach activities to arrange additional training opportunities for those LEAs that did not participate in the scheduled training sessions to promote compliance with requirements of the revised reimbursement methodology.

Throughout the training and cost reporting process, PCG will operate the cost report help desk to receive and respond to communications from district providers regarding cost reports, via telephone and e-mail. PCG shall have voicemail capability to receive calls when the help desk is not staffed.

The cost report help desk will be staffed to receive and respond to calls, at a minimum, between 8:30 AM and 5:00 PM Eastern Time, every business day.

PCG will track call volume per hour during all times that the cost report help desk is available to receive and respond to calls. For each call received, PCG will document all of the following:

- ► The name of the provider;
- ► The District in which the provider practices;
- ▶ The general nature of the call; and
- The resolution to the call.

PCG understands that questions may arise during the course of the year, that may not have been covered during these trainings. PCG will continue to provide upon-request ad-hoc telephone training, as well as continue to provide web-based training manuals on the dashboard of our Claiming System site. PCG is able to give the initial training at a schedule established by the Agency as well as when significant changes in procedure or process is identified.

4.1.4.4. The Vendor shall provide training to the Agency regarding all components of the SBHS and rate setting services provided under the scope of this solicitation and will assist in development of policy and procedure manuals regarding such tasks.

PCG is not only an expert in school-based health services, but also in terms of rate setting. Once cost settlement is implemented throughout the State, PCG will be able to assist the State with rate setting services. Our team has expertise with Medicaid and Medicare rate-setting. The PCG team's rate setting and reimbursement consulting knowledge and experience is grounded in a core set of principles, including:

- Knowledge and understanding of all costs, utilization, productivity standards, and/or efficiency factors, which affect specific rate calculations;
- Experience assisting county and state agencies to defend rate setting methodologies to legislative bodies, the provider community, media, and other relevant stakeholders;
- ► Experience helping public-sector agencies to reform payment methodologies to change provider behavior and promote higher quality of care;
- Knowledge of reimbursement best practices; and
- ► A comprehensive understanding of the Medicaid principles of reimbursement established in Provider Reimbursement Manual (PRM).

PCG will train the Agency staff on the SBHS program and demonstrate how the program relates to establishing rates for services throughout the State. PCG will also provide thorough trainings to the Agency on our rate setting methodologies and document the process of rate setting for each service so that rates can be updated on an as-needed basis. Documentation will include developing policy and procedures manuals with a clear set of tasks outlining the rate setting process.

4.1.4.5. The Vendor shall provide the Agency a training plan within ten (10) business days of contract award that fully describes the training approach for each of the above referenced tasks in 4.1.4 and all subcomponents therein.

As stated above, PCG will continue to conduct comprehensive virtual trainings. PCG will make sure that the trainings are offered on various days and times so LEAs will have multiple opportunities to attend. Even though multiple days and times may be offered, these training times may not always work with the contacts at every district. PCG will offer recorded trainings posted on our Claiming System website for future play back. This is done to ensure that every district in West Virginia has options to receive the training. We want to be as flexible as possible because we realize this is only one of the many job responsibilities the district contacts have each day. The more we can reduce the administrative burden on a district, the more willing the district is to participate fully in the other aspects of the program.

PCG has placed particular emphasis on comprehensive training so district staff members are fully informed about the entire school-based Medicaid program throughout West Virginia. Training is a critical program component to program compliance. It is a process that PCG takes seriously and we work with our clients and other stakeholders to continuously improve our training efforts to enhance program comprehension. PCG has developed a comprehensive and detailed training program that includes the development and distribution of in-depth training materials, facilitation of informative training sessions, and provides a toll-free support line for questions following trainings. Our training program includes a variety of online webinar sessions throughout the fiscal year. Furthermore, all trainings are also recorded and posted to the dashboard of our web-based application in order to allow LEAs to access and review the training materials at their convenience prospectively on an as needed basis.

In each training, PCG takes special care to use school-based terminology and relevant examples so staff members are trained appropriately. Through best practices for adult education and learning techniques, PCG engages district staff to understand the broader scope of the school-based program. PCG trainers are experts in school-based Medicaid and are well-equipped in promoting the most current industry practices in training, supporting active participation and enhanced learning. Once trainings are completed, PCG may follow up with post-training tasks. These post-training tasks wrap up the event and are an additional attempt to resolve any outstanding questions or needed clarification. The post-training process includes the:

- ▶ Development and distribution of a Frequently Asked Questions document:
- ► Recording and posting of training sessions so LEAs can easily access them at their convenience, multiple times if needed; and
- Publishing of training materials on the Dashboard of PCG's Claiming System website for ease of use for existing and new program participants.

PCG has proven to be an established industry leader in the comprehensive trainings of LEAs in West Virginia on the school-based Medicaid program. West Virginia specific knowledge and experience has allowed our team of experts, over the last several years, to properly train schools' LEAs on Medicaid school-based services. There is no other firm that has this type of experience working cooperatively with LEAs in West Virginia. PCG is able to provide a training plan within ten (10) business days of contract award that fully describes the training approach for each of the above referenced tasks in 4.1.4 and all subcomponents therein.



Other Administrative Functions

4.1.5 Other Administrative Functions

4.1.5.1. Toll-Free Telephone Line: The Vendor must maintain a toll-free telephone number to provide customer service and technical assistance as needed for both Administrative and Direct Service Claiming. The Vendor shall ensure that a statewide, toll-free telephone system is installed with an automated answering system. The call volume on a daily basis shall be handled so that any calls not answered at the time of the call and for which a message is left shall be returned within one (1) business day. The toll-free number shall be answered by Vendor staff between the hours of 8:30 a.m. to 5:00 p.m. Eastern Standard Time (EST), Monday through Friday, except for Federal and State Holidays, which can be found at: https://personnel.wv.gov/employees/benefits/pages/holidays.aspx.

- Public Consulting Group LLC (PCG) support staff are accessible by e-mail or phone and can be reached during all regular business hours, from Monday-Friday, 8:30 AM to 5:00 PM eastern standard time, except for Federally observed holidays (New Year's Day; Birthday of Martin Luther King, Jr.; Memorial Day; Veterans Day; Thanksgiving Holiday; and Christmas Holiday).
- Statewide Toll-Free Customer Support Line: PCG's toll-free phone line provides convenient, easily accessible customer service and technical assistance for all program areas, including Administrative and Direct Service Claiming assistance. The toll-free phone line is supported by the same experienced PCG staff that conduct the training sessions. All support staff members are available to answer incoming calls. When all staff members are assisting customers during regular business hours, any incoming calls automatically go to voicemail, where customers can leave a detailed message for the support team. Also, outside of regular business hours, incoming customer calls are immediately directed to voicemail. PCG aims to respond to all voicemails as soon as possible, but no later than one business day from receipt.
- ▶ PCG staff are also accessible via the email customer support email box. Customers may submit emails to this email address, 24 hours per day, 365 days per year. This email box is constantly monitored, and responses to customer emails are provided within 48 hours (two business days).
- Regional and District level support: PCG staff will provide on-site, customized assistance to all participating LEAs as needed.

4.1.5.2. The Vendor must maintain an automated answering system that will allow the caller to leave a message after 5:00 p.m., Monday through Friday, state and federal holidays, and on weekends. The Vendor's staff must contact the LEAs leaving messages within one (1) business day of the Vendor's receipt of the message.

PCG's Statewide Toll-Free Customer Support Line provides an automated answering system that allows customers to leave a detailed message. When all staff members are assisting customers during regular business hours, any incoming calls automatically go to voicemail, where customers can leave a detailed message for the support team. Also, outside of regular business hours, incoming customer calls are immediately directed to voicemail.

The Customer Support Line voicemail box is checked regularly during standard business hours. Return calls are typically made to customers on the same day the call was received, but in all cases, customers receive return calls within one (1) business day.

4.1.5.3. The Vendor shall be responsible to communicate with all individuals on its toll-free lines, which must be able to accommodate such issues as hearing impairment, or other communication barriers, or physical or mental disabilities.

PCG also provides a communications channel on its toll-free hotlines for customers with auditory challenges through PCG's teletypewriter (TTY) and telecommunications device for the deaf (TTD). All project staff are trained in cultural diversity and can communicate effectively by voice and by TTY/TTD technology with callers who have disabilities, including deaf and the hard of hearing.

4.1.5.4. Website: The Vendor shall be responsible for the development and maintenance of a Website. All materials on the Website must be prior approved by the Agency before appearing on Website. The Website must be kept current. The Website shall be compliant with readability requirements as set forth in the Americans with Disabilities Act standards, which can be found at: https://www.ada.gov/regs2010/titleII 2010/titleII 2010 regulations.htm.

PCG will continue to utilize and maintain a website, the PCG Claiming System, to provide all the necessary and critical information for the statewide school-based health services program. PCG's Claiming System site includes important documents and resources for LEAs such as upcoming due dates, user guides, recorded Teams trainings, and PowerPoint presentations of the training material. Any additional Agency approved resources (including user guides, manuals, or state plans) can be added upon request. These documents are updated regularly to provide the LEAs with the most current information. LEAs in West Virginia have found the Claiming System site to be a helpful SBHS resource. Furthermore, PCG's Claiming Site is compliant with readability requirements as set forth in the Americans with Disabilities Act (ADA) standards.

4.1.5.5. The website shall include all training modules related to RMTS, Administrative and Direct Service Claiming, training manuals, frequently asked questions, important dates or approaching deadlines, and links to relevant Website materials as requested by the Agency.

As mentioned above, PCG will continue to maintain a website specifically to provide information for the statewide school-based health services program. Program information will include: links to all training modules related to Random Moment Time Study (RMTS), Administrative and Direct Service Claiming, training manuals, frequently asked questions, important program dates and deadlines, as well as links to relevant websites such as CMS, BMS, or other state programs. In all states where PCG has provided Medicaid claims services, the program website has included training schedules and registration links (if appropriate), selected state agency-created memoranda and information sheets, presentation slides, and handouts from statewide training events, video links to statewide training events, and a document library.

4.1.5.6. Data Systems: The Vendor shall have a reporting system in place to facilitate access to and receipt of all information necessary for RMTS, and Administrative and Direct Service Cost Reporting.

As cited throughout the proposal, PCG will continue to provide a web-based comprehensive reporting system to facilitate access to and receipt of all information necessary for RMTS, Administrative and Direct Service Cost Reporting.

4.1.5.7. The Vendor shall assist the Agency in development of State Plan Amendments regarding SBHS program or any reimbursement methodologies. This requirement also includes drafting responses to any CMS inquiry whether designated as informal or formal request for additional information.

PCG will assist the Agency in the development of the necessary State Plan Amendment (SPA) language to support proposed changes to the School-Based Direct Services Program. Our services are comprehensive, and our team has the necessary experience and skill set to assist the Agency with this important process. PCG's qualifications are evident as demonstrated by PCG's prior work with the Agency to obtain approval of their Medicaid cost settlement and reconciliation SBHS state plan.

PCG will prepare draft SPA language and work closely with the Agency staff to review and provide feedback on the coverage and reimbursement sections to ensure that they meet the goals for this project and the overall needs of the agency. In addition to drafting SPA language, PCG will prepare the supporting materials commonly requested by Centers for Medicare and Medicaid Services (CMS) specific to SBHS program. This includes developing implementation plans to support RMTS processes, developing supportive manuals that describe the policies and procedures that will be implemented by the Agency, such as cost reporting procedure manuals, and developing accounting crosswalks to ensure consistent reporting processes are established for LEAs, to name a few.

Upon the submission of SPA and other materials to CMS, PCG will guide the Agency throughout the approval process. PCG will assist the Agency in responding to any Requests for Additional Information (RAI), both formal and informal by preparing draft responses to questions raised by CMS for the Agency consideration. *PCG understands the urgency to respond to CMS inquiries in a timely fashion in order to expedite the approval process* and therefore PCG will draft responses to formal CMS inquiries the following business day, when feasible. If PCG determines additional time is needed to prepare a proper response, PCG will alert the Agency and provide an alternative timeline. As needed, PCG will also assist the Agency in addressing and drafting responses to all informal questions or comments from CMS related to the SPA. Furthermore, PCG will support the Agency by participating in conference calls with CMS as requested and will provide any additional support processes to ensure SPAs and related documents are approved in a timely fashion.

4.1.5.8. The Vendor must provide all services within the scope of this contract per the approved Medicaid State Plan.

PCG will continue to provide all services within the scope of this contract per the approved Medicaid State Plan and that meet all CMS requirements. Details of PCG's approach on all services for this engagement are described throughout the proposal.

4.1.5.9. The Vendor must participate in all levels of provider appeals or audits initiated by State or Federal entities. Participation includes, but is not limited to, providing all supporting documentation, preparation of written responses and providing subject matter experts, as needed, to testify in person during appeal or audit at no additional cost to the Agency.

PCG will participate in all levels of provider appeals or audits initiated by State or Federal entities. Participation would include, but not be limited to: providing all supporting documentation, preparation of

written responses, and providing subject matter experts, as needed, to testify in person during appeal or audit.

PCG is the largest provider of Medicaid services to states and LEAs in the nation. No other vendor matches the number of implementations, revenues generated, or number of qualified staff that PCG brings to this engagement. As such, it would make intuitive sense that we also have the broadest experience with Medicaid audits. In continuing with PCG, West Virginia would have full access to this unparalleled audit support.

PCG outperforms other vendors to match the number of implementations, revenues generated, and number of qualified staff brought to this engagement.

4.1.5.10. The Vendor and the Agency shall meet regularly throughout the term of the Contract. Such meetings shall be held at least monthly for the first year of the Contract and not less often than quarterly thereafter at the discretion of the Agency. Meetings may be conducted in person, by teleconference or by videoconference as directed by the Agency. The initial contract kickoff meeting shall occur at a mutually agreed upon date and time.

PCG and the Agency will meet regularly throughout the duration of the Contract, and at least monthly for the first year of the Contract. Regular status meetings are a key component of PCG's overall project management approach. PCG will adhere to the specified requirements for meeting frequency but will offer flexibility in scheduling regular status meetings held daily, weekly, bi-weekly, or monthly, depending on the needs of the project. PCG can conduct meetings with the Agency either in-person, by teleconference, or videoconference. Prior to each status meeting, PCG will provide the Agency with a detailed status report outlining project status, recent accomplishments, current activities, project issues, and next action steps. PCG has the capabilities and resources to conduct meetings at the discretion the Agency. PCG agrees to meet with the Agency for the initial contract kickoff meeting at a mutually agreed upon date and time.



Reports

4.1.6 Reports

4.1.6.1. Administrative Claim Reports: The Vendor shall design and provide reports related to the quarterly SBHS Administrative claims for each LEA that contain detail data that the Vendor utilized to calculate the administrative claim by LEA. The Vendor shall detail the design of the report and data to be included; the format and final data elements included shall be approved by the Agency. These reports are due to the Agency by the 15th of the month following the quarter end.

As the current vendor, Public Consulting Group LLC (PCG) produces quarterly reports related to the Administrative Claiming process that are in an agreed upon format with the Department of Health and Human Resources, Bureau of Medical Services (the Agency). Quarterly reports are submitted to the Agency no later than the 15th of the month following the quarter end or by a mutually agreed alternative date when requested. Due to the quarterly nature of the School Based Health Services (SBHS) program, district coordinators see only pieces of the program at a time. The program contact updates the staff pool list at the beginning of the quarter, monitors compliance of the random moment time studies during the middle of the quarter, and the business officer submits financial information at the end of the quarter. The report includes the total expenditures by the Local Education Agency (LEA), as well as a breakdown of costs from each of the four staff pools:

Cost Pool 1	Cost Pool 2	Cost Pool 3	Cost Pool 4
(Admin)	(Direct Service)	(Personal Care)	(Targeted Case Management)

4.1.6.2. The Vendor shall produce quarterly claim reports that summarize the information required for the Agency to receive Federal Financial Participation (FFP) from CMS. The Vendor shall detail the design of the report and data to be included; the format and final data elements included shall be approved by the Agency. These reports are due to the Agency by the 15th of the month following the quarter end.

As the incumbent, PCG produces quarterly claim reports that summarize the information required for the Agency to receive Federal Financial Participation (FFP) from the Centers for Medicare & Medicaid Services (CMS). Specifically, PCG has developed detailed reports that summarize the required data according to the Agency specifications. The quarterly Claim Summary reports are provided by the 15th of the month following the quarter end or by a mutually agreed alternative date when requested. PCG submits to the Agency comprehensive reports with details of each LEA's quarterly claim and a breakdown of the Total Gross Claim Amount, Unrestricted Indirect Cost Rate (UICR), FFP (50 percent and 75 percent when appropriate based on Random Moment Time Study (RMTS) responses) and Net Claim Amount.

Gross Claim	50% FFP Net	75% FFP Net	Net Claim
Amount + UICR	Claim	Claim	Amount

4.1.6.3. The Vendor shall produce annual reports related to the cost calculation process, including LEA-specific information submitted. Annual reports are due no later than the 15th of the month following year end.

PCG will produce annual reports related to the cost calculation process, including LEA-specific information submitted. Annual reports will be submitted no later than the 15th of the month following year end. Upon the completion of cost settlement results for all LEAs, PCG submits to our clients an approved comprehensive cost settlement file detailing the settlement and recoupment amounts for each district, breaking down both the state and federal shares. PCG will work with the Agency to understand the specific reporting needs and Medicaid cost settlement analysis necessary in West Virginia. Frequently, Medicaid agencies we work with will want to use Medicaid cost reporting results to update interim Medicaid rates, particularly if rates are too low or too high. Medicaid cost report data provides Medicaid programs with the necessary information to make informed decisions on whether interim rate adjustments are necessary.

Other common reporting requested of PCG is a listing of cost settlement amount by LEA and cost settlement amount by LEA and service type (e.g. speech therapy, PT, OT). This type of information provides our clients with the appropriate information to make informed program decisions. Finally, PCG will work with the Agency to ensure Medicaid cost settlements are calculated and processed in a timely fashion. We will work with the Agency to make sure all West Virginia timelines are met according to programmatic requirements.

4.1.6.4. Additional Reports: the Agency may require additional reports of the Vendor. Such report formats are to be developed by the Vendor and must be approved by the Agency prior to implementation of the report. Such required reports may include, but not be limited to, the following: Quality Assurance and Improvement Measures such as quarterly data collected from the Vendor's phone system and monitoring activities; Annual Report of Website Improvements, including updates to the Vendor's Website training materials; Annual Summary Log of Training Activities, including the name of LEAs trained; technical assistance provided; Log of outstanding questions with responses provided by the Vendor; Issues Log of Outstanding Issues and Resolution and Plan of Action, including areas of concern expressed by LEAs or identified by the Vendor; Ad hoc reporting as requested by the Agency, which would be limited to data already contained in the system. Each report identified must be available within thirty (30) calendar days of request.

PCG will develop draft reports for approval by the Agency before creating and implementing the final requested reports.

PCG will be able to produce the following required reports as indicated by the Agency in this RFQ within thirty (30) calendar days of request:

- Quality Assurance and Improvement Measures such as quarterly data collected from the Vendor's phone system and monitoring activities;
- Annual Report of Web Site Improvements, including updates to the Vendor's Web site training materials;
- ▶ Annual Summary Log of Training Activities, including the name of LEAs training technical assistance provided and log of outstanding questions with responses provided by the Vendors;
- ▶ Issues Log if Outstanding Issues and Resolution and Plan of Action, including areas of concern expressed by LEAs or identified by the Vendor; and
- Ad hoc reporting as requested by the agency.

If requested by the Agency, PCG will be able to produce supplementary reports based on data contained in our PCG Claiming System. With our experience as the largest national Medicaid vendor for school-based services, we understand the need for providing the information requested in a timely fashion while recognizing that flexibility and innovation regarding the information being provided is just as important. PCG will submit all reports and deliverables within thirty (30) calendar days of the initial report request in an electronic format that is widely used such as Microsoft Excel, Word, PowerPoint, and PDF which is also deemed acceptable by the Agency.



Key Staff Requirements

4.1.7 Key Staff Requirements

4.1.7.1. The Vendor shall employ a full-time Project Manager who shall have day-to-day authority to manage all aspects of administering the SBHS program. The Project Manager shall be available Monday- Friday, 8:30 am - 5:00 p.m. EST.

Rachel Moran, a Senior Consultant in the Health division at Public Consulting Group LLC (PCG), will serve as the **Project Manager** for this engagement. As the Project Manager, Ms. Moran will be responsible for overseeing the day-to-day operations of the project and communicating project status or issues to the Department of Health and Human Resources, Bureau of Medical Services (the Agency).

Ms. Moran has over five years of experience working on healthcare finance projects ranging from cost reporting and rate setting to healthcare auditing. In fact, she has worked on the WV School Based Health Services (SBHS) program since 2018, exceeding the three-year minimum experience requirement and demonstrating the necessary skill sets and experience to serve this important role into the future. Ms. Moran has assisted with all facets pertaining to school-based service programs, from managing Random Moment Time Study (RMTS) processes, calculation of Medicaid Administrative Claiming (MAC) claims, and performing Medicaid cost settlement and reconciliation calculations.

In addition to West Virginia, Ms. Moran has assisted the states of New Jersey and Delaware with the completion of school-based health services cost reports for public schools. She also has created and conducted trainings regarding the completion of the annual cost report and cost settlement and has assisted Local Education Agencies (LEAs) with questions about the cost reporting process.

Ms. Moran understands the extensive amount of details and work steps required to successfully manage SBHS projects. In leading these efforts, Ms. Moran leverages and applies best practices surrounding project management to ensure project goals and milestones are successfully completed and more importantly in a timely manner. She will be available Monday through Friday, 8:30 AM to 5:00 PM EST, excluding any Federal holidays as identified by the Agency.

4.1.7.2. The Vendor shall employ staff with documented experience (and provide the necessary staff training) to perform the following services required in this solicitation: Software development, policy and program planning and execution, LEA relations and training, data systems support and data entry staff to enter the information necessary to support the development and creation of Administrative Claim records for all participating LEAs. The Vendor shall employ and assign to this project sufficient staff to ensure that timeframes approved in the Project Implementation Plan are achieved.

PCG's team leverages exceptional experience in the fields of school-based services, RMTS services, MAC, and Medicaid cost settlement. PCG is confident that our experienced team possesses the necessary qualifications and has the proven track record to perform the scope of services required by the Agency. Furthermore, our respective teams have unparalleled familiarity with the specific operations of these programs, as demonstrated through our prior success in performing these services on behalf of the Agency.

The professionals assembled within this project team understand all facets and best practices in operating successful Medicaid school-based services programs. This includes developing and implementing software to support SBHS programs, policy and program planning and execution, RMTS processes, LEA training, and the necessary expertise to develop and calculate Medicaid administrative claims and process Medicaid cost settlements. Our team's expertise and experience include the following:

- ► A comprehensive understanding of Medicaid reimbursement programs, established for school-based service providers;
- Knowledge of the Medicaid State Plan amendment development and approval processes;
- ▶ National experience of operating RMTS systems, including coding processes;
- Knowledge of Medicaid Administrative Claiming, as well as established best practices to accurately calculate and document MAC claims;
- Knowledge of Annual Medicaid Cost Settlement and Reconciliation calculations;
- ► Knowledge of school-based Medicaid fee-for-service MMIS Claims Data;
- Experience in implementing comprehensive training programs for school-based service providers;
- Experience in providing in depth customer service to school-based service providers through the usage of a toll-free hotline and comprehensive e-mail support; and
- ▶ Experience assisting States in implementing and operating SBS initiatives.

PCG's staff members have demonstrated experience performing the specific services required in this RFP, as shown in the chart below:

Staff Member	Software Development Experience	RMTS Experience	Policy and Program Planning & Execution Experience	LEA Relations and Training Experience	MAC Claims & Medicaid Cost Settlement Calculation Experience
Matthew Sorrentino	✓	✓	✓	✓	✓
Jim Waldinger	✓	✓	✓	✓	✓
Rachel Moran	✓	✓	✓	✓	✓
Peter Gilles	✓	✓	✓	✓	✓
Melinda Hollinshead		✓	✓	✓	✓
Arathi Prasad	✓				
Patrick Cassidy	✓	✓		✓	✓
Bill Wagner	✓	✓	✓	✓	✓
Garrett Abrahamson	✓		✓	✓	✓
Melissa Rockett	✓		✓	✓	✓
Nate Erickson	✓	✓	✓	✓	✓
Meghan Balmer	✓	✓	✓	✓	✓
Samantha Schneider- Behen		✓		✓	
Connor Staubley	✓				✓
Tiffany Yang					✓

As a leading national vendor of SBHS programs and more importantly, as the incumbent, our staffing levels reflect what our prior experience has taught us—administrative claiming and cost settlement projects can require intense staffing needs for the initial development and operation of a successful school-based health services program. Our existing team is sufficiently staffed to perform the necessary services required by this RFP.

4.1.7.3. The Vendor shall provide a staffing or organizational chart within three (3) business days of request indicating the Vendor's key staff assignment and their role for each of the following: RMTS, Cost Reporting, Administrative Claiming, Training and Reporting, in addition to key staff in leadership roles on the project, as well as those with subject matter expertise that are considered essential to the successful achievement of the project in this solicitation.

Following is an organizational chart indicating PCG's key staff for this engagement. Each key staff member's role is identified. PCG also included the names of the support staff team members who will provide support to the key staff members throughout this project.

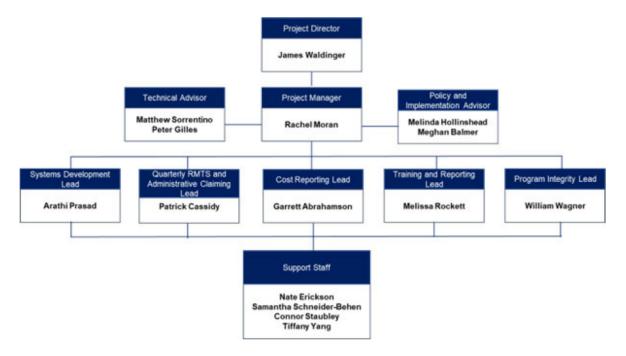


Figure 68: PCG Organizational Chart

PCG's project Manager, Rachel Moran's biography is included in Section 4.1.7.1. Below are biographies for all other proposed key staff members. Resumes for all key staff members can also be submitted to the Agency within three days of the request.

Project Director

James Waldinger, a Manager in our Boston office, will serve as the Project Director for this project. Mr. Waldinger focuses on using data to measure outcomes and aid in the development of Medicaid reimbursement policies. His specific areas of focus are using data to assist in the implementation of behavioral health integration and movement of outcomes driven by reimbursement policy. Mr. Waldinger is responsible for teams performing school-based and Medical Services (EMS) cost reporting and cost settlement projects nationally. Additionally, over the past few years Mr. Waldinger has also played a primary role in PCG's health care reform efforts in New Mexico, Arkansas, and North Carolina, also working with the Medicaid agency to implement the numerous Affordable Care Act (ACA) provisions. He has led PCG's health homes and care management efforts, assisting in the identification of high-cost utilizers and policy discussions about appropriate interventions.

Quarterly RMTS and Administrative Claiming Lead

Patrick Cassidy, a Client Success Partner in the Education practice area at PCG, provides management consulting, technology solutions, IDEA subject matter expertise and operational implementation services to help public-sector education clients achieve performance goals. Mr. Cassidy has managed the RMTS response collection for three states during his five years with PCG. He manages staff, contractors, clients, resources, and timelines to track and improve program results while helping states recover costs for providing health-related services to students. He will continue to lead the RMTS work for the WV SBHS program and will be responsible for managing the development and implementation of the quarterly statewide time study. He will also ensure all RMTS results are reported to the Agency in a timely manner.

Cost Reporting Lead

Garrett Abrahamson, an Associate Manager in our Boston office, focuses on using data to measure outcomes and aid in the development of Medicaid reimbursement policies. He has a background in Medicare and Medicaid cost reporting, provider fee modeling, healthcare auditing, pay-for-performance evaluation, discrete cost analysis, and rate setting. Mr. Abrahamson is responsible for teams performing school-based and Emergency Medical Services (EMS) cost reporting and cost settlement projects nationally.

For this project, Mr. Abrahamson will be the Cost Reporting lead. He will work with the Agency and PCG's project manager to oversee the LEA cost reporting process, the desk review process, and cost settlement process throughout this engagement.

Training and Reporting Lead

Melissa Rockett is a Consultant in the Health division at PCG. Her primary project work is revenue optimization and cost reporting through Medicaid and Medicare cost settlement. She currently works with the states of West Virginia, Colorado, New Jersey, and Washington—supporting public school districts and local emergency medical services departments. She has assisted LEAs with questions about the cost reporting process in both the states of West Virginia and New Jersey. Ms. Rockett will be the Training and Reporting lead for this engagement and will be responsible for coordinating and conducting trainings for the LEAs on all aspects of the SBHS Program. She will also be responsible for ensuring all reports related to SBHS activities will be accurate and generated on time.

Program Integrity Lead

William Wagner, a Senior Consultant located in Chicago, and has over 20 years of experience building and improving the financial, operational, and compliance performance for public sector clients. Mr. Wagner currently serves as the Director of Internal Program Integrity and responsible for developing the strategy and executing plans to improve the effectiveness of risk management, compliance, and governance activities for the School Based Services practice area. In a prior role at PCG, Mr. Wagner coordinated operational and compliance best practices to statewide and district school-based Medicaid programs across 20 plus states and provided project management, transition management, and national perspective during new statewide program start-up in the states of Illinois, Kentucky, and Utah. Before joining PCG, Mr. Wagner spent 12 years providing management consulting services to public sector clients in the areas of federal claiming optimization, organizational redesign, system development and implementation, and audit preparation and defense.

Technical Advisors

Matthew Sorrentino, a Manager located in PCG's Austin office, will serve as a Technical Advisor for this project. Mr. Sorrentino has over 19 years of experience in assisting Medicaid state agencies, healthcare providers, and school districts in performing financial management services. Mr. Sorrentino has an in-depth understanding of Medicaid, CHIP, Medicare, and other publicly funded health care programs. Mr. Sorrentino is a Medicaid reimbursement expert and has worked with states across the country to implement Medicaid claiming and cost settlement programs, including designing programs, successfully assisting States to navigate through the Centers for Medicare and Medicaid Services (CMS) approval processes, designing web-based applications to automate and streamline financial reporting requirements, and developing program review processes to promote compliant program participation.

Furthermore, Mr. Sorrentino is an expert in Medicaid payment methodologies. Mr. Sorrentino has led numerous studies and evaluations of Medicaid reimbursement rates for community-based services, such as: physician services, school-based services, mental health services, substance abuse services, and long-term care services, among others. Mr. Sorrentino understands the extensive amount of details and work steps required to perform and assist rate setting activities and projects. In leading these efforts, Mr. Sorrentino leverages and applies best practices surrounding project management to ensure project goals and milestones are successfully completed in a timely manner. Other projects Mr. Sorrentino has led and has been involved with include projects such as: supplemental payment programs, cost reporting and

settlements, cost allocation plans, and other revenue maximization efforts. Mr. Sorrentino will serve as a technical resource to the Project Manager and work to ensure the project stays on track throughout the life of the contract.

Peter Gilles is a Manager located in Public Consulting Group's Chicago office. Mr. Gilles has over twenty-five years of experience in public sector work, with his focus being large scale project management, special education and school-based Medicaid reimbursement experience. He is the manager for the Illinois School-Based Project with the Illinois Department of Healthcare and Family Services. Mr. Gilles has managed several large scale and statewide projects. He has negotiated programs in the states of Arizona, Colorado, Nebraska, Illinois, Indiana, Michigan, Pennsylvania, Texas, and Wisconsin in the administrative claiming and fee for service billing programs. He has also coordinated work and reviewed procedures for school-based projects in the states of California, Delaware, Florida, North Carolina, Ohio, Tennessee and West Virginia. In addition to his work with Medicaid Reimbursement, Mr. Gilles has led the project teams for the implementation of Public Consulting Group's EasylEP (Web based Individual Education Plan software) for over 160 school districts in Illinois, St. Paul and Minneapolis Public Schools as well as the Indiana Department of Education statewide implementation.. Alongside Mr. Sorrentino and Dr. Hollinshead as a technical advisor, Mr. Gilles' experience and understanding of SBHS programs will allow him to play a key role in this project.

Policy and Implementation Advisor

Melinda Hollinshead is a Senior Advisor with PCG Education and serves as a subject matter expert for health policy, Medicaid and managed care. She holds a PhD in Public Administration and has more than 25 years of health policy and program experience. Before joining PCG Dr. Hollinshead spent 12 years directing the administration of the Medicaid School Based Claiming program for the Arizona state Medicaid agency. Since joining PCG in 2015, Dr. Hollinshead has worked closely with PCG project management teams around the country providing analysis and leadership on Medicaid policies and regulations. Dr. Hollinshead's breadth of experience at the national, state and local levels, both in direct program administration as well as in research and program analysis, makes her uniquely qualified to address the needs of states and school districts in maintaining successful and compliant school-based health programs.

Meghan Balmer, a Senior Consultant located in Phoenix, Arizona, has over 17 years of Medicaid experience. She brings a wealth of knowledge to the area of reimbursement optimization and cost settlement in schools. Ms. Balmer has assisted various government entities throughout the country recover millions of federal Medicaid dollars through administrative, case management, and direct service claiming both fee for service and cost settlement. Ms. Balmer has implemented multiple Random Moment Time Study (RMTS) and cost reporting systems used for Medicaid claiming. Her blend of project and policy experience, focus on quality assurance, and technical knowledge allows her to handle a wide variety of Medicaid projects in a unique and highly effective manner.

Systems Development

Arathi Prasad, is our Software Development Manager for EasyIEP®, EdPlan, EasyTrac, Behavior Plus products at PCG. Ms. Prasad provides leadership and direction for the software team in developing quality software for the Company's Education product Line. Ms. Prasad is responsible for managing the design, implementation, testing, and documentation of software for multiple products and improving an automated web-based system Easy IEP. Ms. Prasad was responsible for implementing the Process Wizard which allows customers to specify a process-driven interface that matched the customer's IEP creation process. She designed and developed the Flexible Interface that allows customers to have custom, specific interfaces where the user interface matched the customer's IEP document. She implemented the Gifted Education Program feature to keep track of Education Plan events for gifted children in EasyIEP. She has designed and implemented the EDplan/RTI, a solution for early intervention services. Ms. Prasad implemented compliance tracking for schools and users over time. She setup several Service Level Management Processes for the software development and hosting support of EasyIEP. She has experience rolling out for large customers like Tennessee; New Jersey; Miami, Florida; and the District of Columbia.

Ms. Prasad will serve as the lead of systems development. She will be responsible for managing all aspects of the web-based systems for Administrative Claiming and Cost Reporting and leading the development, implementation, and operational functionality of the systems.

Support Staff

In addition, PCG will provide a team of staff members to support the key staff and project leads, many of which already have experience working on various aspects of the WV SBHS program. This group has demonstrated experience working on PCG's past school-based services projects and will be able to provide support to the project leads and successfully perform and complete the required services for this project.

4.1.7.4. The Vendor shall provide resumes within three (3) business days of request for each key staff included on the organizational chart which includes prior work experience for similar projects.

PCG agrees to provide resumes within three (3) business days of request for each key staff included on the organizational chart which includes prior work experience for similar projects.

4.1.7.5. The Vendor shall agree that the Agency has right of refusal for any key staff.

PCG agrees that the Agency has the right of refusal for any key staff proposed.

4.1.7.6. The Vendor shall provide the Agency written notification within seven (7) calendar days of any proposed changes to key staff as identified in the organizational chart throughout the term of the Contract.

PCG agrees to provide written notification to the Agency within seven (7) calendar days of any proposed changes to key staff as identified in the organizational chart throughout the term of the Contract.



Deliverables

4.1.8 Deliverables

4.1.8.1. The Vendor shall have an Agency approved finalized staffing plan within thirty (30) calendar days of the contract award date.

Our team of school-based cost reporting, cost settlement, and Random Moment Time Study (RMTS) professionals have the right balance of experience and expertise necessary to perform the scope of services required and detailed within the RFQ. As the incumbent, Public Consulting Group LLC (PCG) commits to updating our staffing plan with the Agencies approval within thirty (30) calendar days of the contract award. PCG will work with the Department of Health and Human Resources, Bureau of Medical Services (the Agency) to determine the level of detail and content that should be captured in the staffing plan to ensure it meets and exceeds the Agency's expectations. At a minimum, the staffing plan will formally document the roles and responsibilities of each team member, confirm key staff and include contact information for all PCG staff. PCG will maintain the staffing plan throughout the life of the project and make updates as necessary each contract year or period.

4.1.8.2. The Vendor shall submit the Operations and Procedure Manual within thirty (30) calendar days of the contract award, including staff training materials. The Vendor is required to submit all updates to such manual within seven (7) calendar days of a change occurring. The Manual shall include, but not be limited to, the policy and procedures of the Agency and the Vendor relative to the SBHS Program. The Operations and Procedures Manual shall be given to all Vendor staff assigned to this program and incorporated in the training of all new employees assigned to this program. The Operations and Procedures Manual shall include, but not be limited to, the following: Vendor policies and procedures regarding customer service; call center protocols/standards; RMTS process; collection and verification of financial data; web-based software and training modules; regional, face-to-face, virtual, and telephone training (for both Administrative Claiming and Direct Service Claiming); and follow-up reporting to the LEAs.

PCG will submit a comprehensive Operations and Procedure Manual within thirty (30) calendar days of the contract award, including staff training materials. PCG understands the importance of having formal documented policies and procedures. Our procedures will include all aspects of our program operations, as well as internal training processes. This rigorous documentation process is necessary to ensure PCG staff are performing operational tasks in a consistent manner that adheres to the Medicaid State Plan, Medicaid administrative claiming Implementation Plan, and any other formal policies established by the Agency and approved by Centers for Medicare & Medicaid Services (CMS). Furthermore, the Operations and Procedure Manual will ensure there is clear guidance given to Local Education Agencies (LEAs), particularly through the completion of in person and online training processes. PCG will develop the content of the manual in collaboration with the Agency; however, at a minimum, the Operations and Procedures Manual will include but not be limited to the following:

▶ PCG's customer service policies and procedures – PCG strives to provide excellent and informative customer service to LEAs, as we understand that a program's success is founded on the LEAs overall comprehension of SBHS program requirements. We will establish and outline standardized documentation processes to ensure all calls from LEAs are formally documented and consistently addressed. This will allow our staff to be successful in providing excellent customer service, as well as position our employees to identify issues and trends that need to be raised to the Project Manager and program leads.

- ▶ PCG's all center protocols/standards PCG will outline standard protocols on how calls are handled upon intake, as well as standards for responsiveness for other methods of outreach such as email. PCG staff assigned to this project will undergo a training program before being assigned to this important project. PCG will define our protocols and standards and review these in depth with the Agency to ensure our processes meet or exceed expectations.
 - Furthermore, PCG will develop standards in terms of call center availability, reports on call center statistics, as well responsiveness to emails consistent with the contract requirements.
- ▶ PCG's RMTS processes As the market leader in providing RMTS processes, PCG has established best practices in all aspects of RMTS processes, including: training coders on how to accurately code moments, establishing quality assurance and peer review processes on coding processes, and defining state come behind review processes. Furthermore, PCG has established best practices in standardized sampling process, moment generation and follow up procedures. PCG will work with the Agency to determine the processes that must be established to ensure compliance with the CMS-approved RMTS processes outlined in the implementation plan.
- ▶ PCG's process for the collection and verification of financial data PCG will establish validation edits within our cost collection software, as well as develop standards on our financial desk review processes for both Medicaid administrative claims and Medicaid cost reports. The edits within our web-based financial collection system can be customized to meet West Virginia specific thresholds and updated throughout the life of the project. Furthermore, when our team is completing reviews of financial data, we will establish comprehensive desk review processes go beyond system edit capabilities. This includes processes for reviewing explanations provided by LEAs for records flagged, as well as requesting supporting documentation for expenditures and statistical information.
- ▶ PCG's web-based software and training modules, both regional face-to-face and telephone trainings A comprehensive training program is critical to the success of any SBHS program. PCG will develop web-based training modules within our software tools, as well as hold regular inperson trainings each contract year. We will develop a training curriculum that encompasses all components of the SBHS program, from RMTS processes, to the submission of financial data to support Medicaid Administrative Claiming (MAC) claims and Medicaid cost settlements. We have developed numerous training modules and processes and we will work to determine the best and most appropriate model for the Agency and West Virginia LEAs.

These are just some of the elements of the Operations and Procedures Manual. We will collaborate with the Agency to outline all of the components to ensure the manual is appropriately comprehensive and addresses all of the intricacies of the operational components of the SBHS program.

4.1.8.3. The Vendor shall have an Agency approved Training Plan within thirty (30) calendar days of the contract award.

PCG commits to finalizing our Training Plan with the Agency within thirty (30) calendar days of the contract award. PCG's training plan is a compilation of best practices that PCG has developed and finely honed over its extensive history of providing school-based cost reporting, cost settlement, and RMTS management services. As outlined in *Section 4.1.4*, *Training*, we will continue to provide a comprehensive training program that includes web-based training programs, development of supplemental training materials, such as frequently asked questions (FAQs) and detailed policy briefs on issues requiring clarification, performing annual in-person trainings, and execution of online trainings in particular focus areas. PCG will work with the Agency to ensure this training module meets and exceeds the needs of the agency. PCG is a firm

believer that training is a critical to the success of the SBHS program and, as a result, we will ensure our training efforts are sufficient to promote compliance and informed participation by the LEAs.

4.1.8.4. The Vendor shall provide a turn-over plan for Agency review and approval that provides for transfer of process and/or contract to the Agency or subsequently awarded Vendor to ensure continuity of program within thirty (30) calendar days upon request by the Agency. Any revisions requested by the Agency shall be addressed and returned to the Agency within five (5) business days. The final approval of the Turn-Over plan shall be approved by the Agency no later than six (6) months prior to the expiration of the contract.

PCG will provide the Agency an approved Turn-Over Plan within thirty (30) calendar days upon request by the Agency. The organization and content of this Plan will be discussed and finalized with the Agency at the necessary time. If there are any revisions, PCG will return them to the Agency within five (5) business days. PCG understands the importance of working with our clients to transition processes both to our clients, as well as new partners.

4.1.8.5. The Vendor shall provide access to a fully operational Website, with capacity to accept LEA inquiries, and shall post its training schedule within sixty (60) calendar days of contract award.

PCG will be able to demonstrate its fully operational West Virginia school-based services website with the capacity to accept LEA inquiries and post the training schedule within sixty (60) calendar days of contract award. As the incumbent vendor, PCG will be able to deploy our RMTS and financial reporting web tool immediately upon contract execution. PCG recognizes that it is critical that LEAs have access and understand when upcoming trainings will occur to ensure active participation. Therefore, our web-based application will include all upcoming trainings, and the specific schedule in which trainings will occur, as well as the location of the training if conducted in-person.

4.1.8.6. The Vendor shall provide a fully operational, user friendly, web-based training system with a training manual available for download by each LEA, within sixty (60) calendar days of contract award.

PCG commits to developing all-encompassing training manuals and making these materials available to LEAs within sixty (60) days of contract award. The training materials will include all facets of the SBHS program, such as RMTS, MAC, and Medicaid cost reporting requirements and will be accessible on our web-based tool. As the incumbent vendor, PCG has already developed comprehensive materials and will update these training documents based upon the latest CMS guidance and approval.

4.1.8.7. The Vendor shall ensure that all LEAs have received training, including RMTS, Administrative Claiming, and Cost Reporting prior to the implementation of each task.

PCG will ensure that all LEAs receive PCG's training on RMTS, Administrative Claiming, and Cost Reporting prior to the implementation of each task. For more information about PCG's training program, please refer to Section 4.1.4.

4.1.8.8. The Vendor shall have and maintain a statewide toll-free telephone system capable of handling and addressing LEA calls thirty (30) calendar days prior to the operational go-live of the resultant contract, at no additional cost.

PCG will maintain a statewide toll-free telephone system capable of handling and addressing LEA calls thirty (30) calendar days prior to the operational go-live of the resultant contract, at no additional cost. PCG has established call centers for each of the SBHS programs we operate on behalf of Medicaid agencies across the country, including the Agency. We will continue to ensure our call center is available in accordance with the timeframes and workdays established by the Agency.

4.1.8.9. The vendor must agree to complete all implementation activities within three (3) months.

PCG agrees to complete all implementation activities within three (3) months. As the current vendor, PCG will not require implementation time as current processes and systems are in place and operational. A seamless transition right into the next quarter for participating LEAs will eliminate any transition risk across systems. LEAs will not experience any disruptions or be required to learn new procedures or processes. The PCG Claiming System is ready to continue serving West Virginia LEAs on day one.

4.1.8.10. The Vendor should submit with bid but must submit within three (3) business days of request, a draft implementation plan establishing key requirements and time frames for implementing RMTS, Administrative and Direct Service Claiming and Cost Reporting activities. The Vendor must agree to submit any revisions to its implementation plan for review and approval by the Agency within fifteen (15) calendar days from the date of contract award. In addition, the vendor must agree to complete implementation activities within the timeframe allotted in the implementation plan.

As the incumbent, PCG is prepared to be fully operational to provide the Agency RMTS, Administrative and Direct Service Claiming, and Cost Reporting activities upon contract execution. PCG has prepared a Project Implementation Plan, included below, identifying key tasks and detailing personnel for each activity. Because PCG is already doing all of the items included in the implementation plan, there is no implementation risk for the Agency or potential for missed targets that could result in regulatory and funding complications.

	Task or Event	Assigned Personnel		
Development and Start-Up Requirements				
1.0	The contractor shall be fully operational (which shall include providing the required personnel and full implementation of all required services pursuant to the requirements of this document	PCG		
1.1	Assign a liaison staff person to coordinate communication, deliverables, and progression between the state agency and the contractor. The liaison shall be a key position that must have advanced communication (oral and written), organizational and time management skills	PCG		
1.2	Provide the state agency with a draft of all required correspondence templates, training material, and reporting templates for review and approval by the state agency	PCG / the Agency		

1.3	Incorporate and implement any revisions identified by the state agency to correspondence templates, training material and reporting templates within the time frame specified	PCG / the Agency			
1.4	Submit any modifications, alterations, or changes to the correspondence templates, training material, and reporting templates to the state agency for review and approval	PCG / the Agency			
Random	Random Moment Time Study Administration				
1.5	Train LEAs on all elements of the School District Administrative Claiming program	PCG / the Agency			
1.6	Administer a statistically valid Random Moment Sample process	PCG			
1.7	Implement a centralized coding process	PCG			
1.8	Implement required School District Administrative Claiming performance monitoring activities and report all activities to the state agency	PCG			
School I	District Administrative Claiming Training				
1.9	Train all participating school district cost pool staff on the School District Administrative Claiming program requirements including: a) Cost pool criteria; b) RMTS process and form completion; c) Total expenditure certification; d) Invoicing process; and e) Appropriate documentation requirements	PCG			
2.0	Assure all participating school district cost pool staff are trained in accordance with the time frames listed below: a. Initially when the School District Administrative Claiming Program begins in the district; b. At least annually (at least one hour each year); c. Prior to the time a new staff is to be sampled; and d. When the results of the time study indicate that one or more school district cost pool staff in the sample pool may not be responding correctly.	PCG			
School [District Administrative Claiming RMTS Development & Admi	nistration			
2.1	Develop and submit to the state agency for approval a statistically valid process for all of the LEAs participating in School District Administrative Claiming	PCG			
2.2	Administer the quarterly RMTS process using PCG's Web-based Claiming System	PCG			
2.3	Implement a process to ensure that the appropriate school staff are assigned to the cost pool	PCG			
	District Administrative Claiming RMTS Coding Requirements				
2.4	Develop and submit to the state agency for approval a RMTS centralized coding process	PCG			
2.5	Administer the approved RMTS centralized coding process simultaneously with the approved RMTS process as approved by the state agency	PCG			
School District Administrative Claiming Monitoring and Reporting Requirements					
2.6	Open web-based cost reporting system for use by LEAs	PCG			
2.7	Review and conduct edits checks on reported costs by LEAs to ensure compliance	PCG			

2.8	Provide performance monitoring activities to assure that the participating LEAs are appropriately claiming for services provided	PCG
2.9	Calculate Administrative Claims based on reported allowable costs and results of the Random Moment Time Study	PCG
3.0	Provide LEAs with Certification of Public Expenditure (CPE) for signature, along with required summary report detailing elements used to calculate the claim	PCG
3.1	Randomly select one percent of LEAs participating in the April-June quarter and October-December quarter and verify the provider participation rate was calculated accurately and appropriately	PCG
3.2	Select a sample of participating LEAs to verify the appropriate staff costs are being included and that all federal funding sources are removed	PCG
3.3	Verify accuracy and maintenance of the School District Administrative Claiming program documentation by conducting desk audits, interviews and periodic site visits with LEAs	PCG
3.4	Maintain documentation of all School District Administrative Claiming requirements contained in this section and provide the information quarterly to the state agency in the format specified	PCG
3.5	Provide the state agency with a quarterly report including, but not limited to, the information outlined in this section of the RFP	PCG
School-E	Based Direct Service Functions	
3.6	Train the appropriate state agency and school district staff on the approved School-Based Direct Services Medicaid Cost Settlement Process	Cost Reporting Team
3.7	Develop and implement school district cost reporting procedures including but not limited to collection of expenditure data, calculation of costs, and submission of certifications of expenditures by school districts	Cost Reporting Team
3.8	Report quarterly all audit activities to the state agency; reports shall include those elements outlined in this section of the RFP	Cost Reporting Team
3.9	Develop, implement and administer a Compliance Review program, in accordance with the requirements outlined in this RFP, to ensure that the participating school districts are appropriately claiming School-Based Direct Services.	Regulation Team
4.0	On a quarterly basis, provide the state agency with a report including, but not limited to, the information outlined in this section of the RFP	Regulation Team



Additional Services

4.1.9 Additional Services

4.1.9.1. Upon request from the Agency, the Vendor shall submit a Statement of Work (SOW) including a cost estimate to provide assistance in development of requested reimbursement strategies. The Statement of Work shall include at minimum: Scope of Work, Project Assumptions/Constraints/Risks, Deliverables, Schedule, Cost, and signature area to indicate acceptance by Vendor and Agency.

Public Consulting Group LLC (PCG) is eager to assist West Virginia with reimbursement reform throughout the term of this engagement. We will be proactive in discussing reimbursement strategy opportunities with the Department of Health and Human Resources, Bureau of Medical Services (the Agency) and will follow the statement of work protocol outlined in this RFP.

PCG provides Medicaid rate setting and reimbursement services for a wide array of healthcare services and provider types. It is core competency borne of 36 years of experience. PCG is nationally known for evaluating and assessing historical payment methodologies and working with states to identify and recommend alternative payment methodologies to more appropriately align reimbursement to services provided and/or outcomes as Medicaid moves towards value-based purchasing. We compare predictive models to outcomes, communicate complex reimbursement issues to the provider community, conduct peer state analyses, and implement pay-for-performance measures to improve quality of care and ensure Medicaid programs receive value for services rendered and reimbursed.

We take a great deal of pride in the fact that PCG has unmatched expertise assessing payment options and developing rate structures across such a broad range of health and human services programs. PCG has assisted agencies with thinking through the various internal and external factors that impact the successful implementation of new reimbursement methodologies. This includes the obstacles and barriers that may impede or prohibit certain strategies for particular services.

Reimbursement strategy is much more than just developing a rate for a service. PCG also takes into account the following:

- ▶ Payment Types PCG's team has experience in developing and updating a variety of payment types including grants, Fee-For-Service, Per Diems, Bundled Payments, Episodes of Care, Condition Specific Capitation (commonly referred to as "Global"), and capitation rates.
- Costs of Care PCG is a leading expert on cost reporting. We have a deep understanding of federal guidance surrounding allowable costs versus non-allowable costs and understand how to identify all expenditures at both the institutional and community-based provider levels.
- Adjustments PCG understands the various adjustments that need to be accounted for during the rate-setting process, including metrics associated with case mix, provider geography, level of staff effort required for a service, etc.
- Reimbursement and Risk The health care system's shift to paying for outcomes means that risk is being shifted from the payers to the providers. PCG's experience provides us with in-depth knowledge of how best to analyze and discuss risk with provider and states.

This is by no means an exhaustive list but is meant to highlight PCGs relative expertise in a wide range of rate-setting strategies. PCG knows there is no one "right" answer to which approach is "best." Each rate setting project is unique. Not only does each population, program, and provider community have variation in cost, utilization, and other statistics, but the exact structure and interactions of these systems will always

vary from location to location. These differences require a customized approach to rate setting and that is what PCG brings to our clients.

Reimbursement strategy is not just about setting rates. This is not an exercise performed in a vacuum. During any reimbursement strategy discussion, PCG will be sure to discuss the following topics:

- ▶ Budget Constraints: PCG understands the financial constraints that states encounter when administering their health and human service programs. Our consulting services will evaluate the availability of funding when developing the pros and cons of the various rate setting methodologies. The PCG team understands that rates need to provide equity to the provider community, but we also recognize that each program must live within the funding levels approved by the legislature.
- Quality: PCG will examine each methodology to determine if the reimbursement method considers quality measurements and benchmarks. Quality can be evaluated through the review of established criteria for credentialing staff, through outcome measures, incident reporting, and through program audits. While quality benchmarks may be difficult to establish initially, the overall impact of this issue cannot be ignored and should be at least a long-term goal for public sector payers to build measures of quality into reimbursement rates.
- ▶ Simplicity: The PCG team will assess the administrative burden and process requirements of each viable rate setting method it proposes. Simplicity will be considered with regard to the required changes to the claims processing system and any additional tasks that state staff will have to undertake to calculate rates under the methodology outlined in our recommendations. We will also consider how potential changes may impact the requirements of providers. It is important that providers do not realize an interruption in reimbursement as a result of any changes that will be required of the claims processing systems when adjudicating claims under a new rate setting methodology.
- ▶ Access: West Virginia needs to ensure that any changes to the rate setting methodology do not reduce or hinder access to services for recipients. The PCG team will evaluate the potential effects on access associated with each rate setting methodology in order to determine whether it is viable.
- ▶ Build upon Existing Processes: PCG understands the importance of building upon the foundation of rate setting processes already established. The unique network of providers and distinct needs of the clients West Virginia serves must be seriously considered in our recommendations as we evaluate the impacts of our proposed rate structure.

The rate methodology recommendations that the PCG team will produce will be consistent with the requirements of this procurement. The PCG team can assist in the development of brand-new rate setting methodologies or build upon the current rate structure and the intended service delivery system, updating the rates based upon available data and if needed, supplemental data resources.

We can apply the lessons learned and best practices from our hospital, behavioral health, school-based health centers, and other area rate setting and cost report collection. We have worked with rehabilitation service agencies to collect costs, analyze fees, and make payment recommendations. the Agency will benefit from our qualified staff as well as a breadth of related project work throughout the health and human services sector.

PCG already has some areas of additional services we would be able to discuss further with the Agency. Some of these services are highlighted below:

▶ EdPlan Health: EDPlan Health delivers an integrated, end-to-end health management system that focuses on the whole child while removing health disparities. Combined with PCG's Medicaid program divisions can reduce double documentation, ensure compliance within the HER system

- and increase reimbursement for eligible school-based nursing services. An implementation fee would apply.
- Behavioral Threat and Suicide Risk Assessment: Allows collaborative tracking and assessing of student risk and behaviors before they become high-risk threats by guiding users through a comprehensive workflow to assess an incident's risk level. An implementation fee would apply.
- ▶ SPED Medicaid Documentation and Billing Program: Streamlined web-based tool for service documentation that supports adherence to compliance of services and optimizes reimbursement through reporting and review of revenue. Includes electronic submission of services through to the Medicaid agency and subsequent reporting on denials, interim revenue, and compliance points. An implementation fee would apply.
- School Based Services Program Expansion: PCG would work with West Virginia to expand the School-Based Medicaid Program to allow for the reimbursement of direct medical services to beyond those Special Education students with the service outlined on an IEP. This has been referred to as Free Care services in several states.

4.1.9.2. The Vendor shall also assist the Agency with any State Plan or waiver requirements including submissions of any CMS required demonstrations regarding reimbursement services provided under the scope of an approved SOW.

PCG's team is comprised of individuals who have extensive experience in writing state plans and waivers, both as consultants and as Medicaid state employees. With our deep understanding of Medicaid, PCG will be able to assist the Agency with any Medicaid State Plan or waiver requirements, including submissions of any CMS-required demonstrations about the reimbursement services provided under the approved SOW. We have a proven track record of this expertise, as demonstrated by successfully assisting the Agency to obtain approval of the SBHS Medicaid cost settlement and reconciliation SPA. PCG will assist with all facets of SPA and waiver requirements, from state plan development, to preparing responses to requests for additional information (RAIs), to performing budget neutrality analyses, to evaluating waiver program components. PCG is prepared to leverage this expertise to assist the Agency and ensure the success of the program.



Prior Year Settlement

4.1.10 Prior Year Settlement

4.1.10.1. Upon Request by the Agency, the Vendor will be required to assist the Agency in performing prior year cost settlements of all SBHS services beginning with SFY2004 through current period.

Public Consulting Group LLC (PCG) will assist the Agency with all prior year Medicaid cost settlements and reconciliations upon request by the Agency. As the incumbent vendor, PCG understands the Medicaid cost settlement process was approved retroactively to July 1, 2014, but that there are 10 additional years of cost settlements that require processing prior to the implementation of the latest version of the State Plan Amendment.

PCG will work with the Agency and the WV Department of Education to compile the necessary Random Moment Time Study and financial data to complete the calculated retroactive settlements in a streamlined manner. PCG will complete all prior settlements in accordance with the cost settlement and reconciliation processes established in partnership with the Agency.



Service Level Agreements Included in Exhibit B

4.1.11 Service Level Agreements included in Exhibit B

4.1.11. The Vendor must agree to be bound by service level agreements included in Exhibit B.

Public Consulting Group LLC (PCG) agrees to be bound by the service level agreements included in Exhibit B.



Appendix A: PCG Exceptions and Clarifications

Appendix A: Exception and Clarifications

The Solicitation contains the specifications that shall form the basis of a contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in a bid disqualification.

Public Consulting Group LLC (PCG) accepts the specifications and does not condition its bid on any exceptions, clarifications, or modifications. PCG does however offer the following addition to the General Terms and Conditions regarding the PCG Claiming System. PCG will use its proprietary web-based PCG Claiming System to perform their duties under this contract, after demonstrating to the Agency that it is able to meet the system related requirements described in the RFP, and proposes for your consideration the additional license terms and conditions for the PCG Claiming System included in the Additional License Terms and Conditions for the PCG Claiming System on the following pages.



ADDITIONAL LICENSE TERMS AND CONDITIONS FOR THE PCG CLAIMING SYSTEM

1. **DEFINITIONS**

In addition to the terms defined elsewhere in this Agreement, terms appearing in initial capital letters shall have the following meanings:

- **1.1.** "Documentation" means all technical information, training materials, instructions, manuals, and diagrams (in printed, electronic, or other media) pertaining to the System.
- 1.2. "System" means: (i) the Internet-based functionality and Claiming System identified in this Agreement; (ii) all products and services related to such services within this scope of work; (iii) all PCG initiated Releases, Updates, and Upgrades applicable to the foregoing and offered the Agency by PCG; and (iv) the Documentation developed by PCG for distribution and use in combination with the foregoing.
- **1.3.** "Intellectual Property Rights" means patent rights, copyrights, trade secret rights, trademark rights, and any other intellectual property rights recognized by the law of each applicable jurisdiction in which PCG may market or license the System.
- **1.4.** "New Releases" means any new revision of the System that includes significant enhancements which add new features to the System and which generally will be designated by a new version number either to the left of the decimal point (e.g., from v2.03 to v3.00) or one decimal place to the right of the decimal point (e.g., from v2.03 to v2.10).
- **1.5. "Permitted Use"** means use of the System by employees, contractors, and others affiliated with or authorized by the Agency only for purposes described in the PCG-the Agency contract.
- **1.6. "The Agency User"** means any employee, contractor, and other user authorized the Agency who will be granted access to the System.
- 1.7. "Trademarks" means all trademarks, trade names, service marks, and logos now owned or hereinafter acquired by either party, and all other trademarks, trades names, service marks, and logos identifying or used in connection with their product or service offerings, whether or not registered under the laws of a particular jurisdiction or territory.
- **1.8.** "Updates" means any new revisions and/or modifications made to the System and/or Documentation in order to correct operational errors.
- **1.9.** "Upgrades" means any new revision of the System that includes corrections and minor modifications to existing features and which generally will be designated by a new version number which has changed from the prior number only two places to the right of the decimal point (e.g., from v2.02 to v2.03).

2. PCG'S CLAIMING SYSTEM.

Subject to the terms and conditions of this Agreement, including the Agency's performance of its obligations hereunder, PCG shall provide the System (including application and related supporting services) to the Agency, as more fully described below.

2.1. Grant of License for the System. PCG grants the Agency, and the Agency accepts, a non-exclusive, non-transferable, non-sublicensable right and license, during the Term only, to access via the Internet and use the System to the extent reasonably necessary in performing related school business functions.



- **2.2. Grant of License for Documentation.** PCG grants to the Agency, and the Agency accepts, a non-exclusive, non-transferable, non-sublicensable (except to participating LEAs) royalty-free license under PCG's copyrights in PCG's Documentation, during the Term only:
 - **2.2.1.** to incorporate PCG's Documentation, in whole or in part, into other written materials prepared by or for the Agency with respect to the System; and
 - **2.2.2.** to reproduce and distribute modified and original versions of PCG's Documentation, in hard copy or in an on-line format, as part of the Agency's Documentation for the System, and, if such the Agency's Documentation is in an on-line format, allow the Agency Users to make print copies of the same.

2.3. Restrictions on License Grant

- **2.3.1.** The Agency shall not use or grant to any person or entity other than authorized Agency Users or participating LEAs the right to use the System, which users shall be subject to the terms set forth herein. The Agency shall not distribute, market, or sublicense the System, and shall not permit any Agency User or third party to do so.
- **2.3.2.** The Agency shall ensure that appropriate proprietary notices indicating PCG's Intellectual Property Rights in the System and related Documentation are placed on all copies of written materials distributed by the Agency relating thereto. Examples of such documentation include training materials and manuals. The Agency shall not remove, modify, or suppress any confidentiality legends or proprietary notices placed on or contained within the System, and shall not permit any Agency User or third party to do so.
- **2.3.3.** The Agency shall not distribute any PCG documentation or intellectual property made available through this contract to any individual or organization that is not part of the Agency or an authorized Agency User, and shall not permit any Agency User or third party to do so.
- **2.3.4.** The Agency shall not transfer, rent, or permit access to the System to any third party other than participating LEAs, and shall not permit any Agency User or third party to do so.
- **2.3.5.** The Agency shall not modify, decompile, disassemble, or otherwise attempt to reverse engineer the System or any portion thereof, and shall not permit any Agency User or third party to do so.
- **2.3.6.** The Agency shall not circumvent any security protection within the System, and shall not permit any Agency User or third party to do so.

2.4. Reservation of Rights.

2.4.1. Subject to the license rights granted to the Agency by this Section, all right, title, and interest in and to the System, including the Intellectual Property Rights and technology inherent in the System, are and at all times will remain the sole and exclusive property of PCG. No right to use, print, copy, distribute, integrate, or display the System, in whole or in part, is granted in this Agreement, except as is explicitly provided in this Agreement. Nothing contained in this Agreement will directly or indirectly be construed to assign or grant to the Agency any right, title, or interest in or to PCG's Intellectual Property Rights or other rights in and to the System or PCG's Trademarks.



2.4.2. Except as expressly authorized by this Agreement, the Agency shall not use, display, copy, distribute, modify, or sublicense the System, these terms, and the Agency's relationship with the Agency. PCG reserves all rights not expressly granted to the Agency by this Agreement.

3. PROPRIETARY RIGHTS; PROTECTION OF CONFIDENTIAL INFORMATION

- **3.1. Ownership.** The Agency acknowledges that PCG owns the System, that the System is not generally published, and that the System embodies the Confidential Information of PCG. All right, title, and interest in and to the System, including, without limitation, all copyrights, trade secret rights, and other intellectual property rights pertaining in and to the System shall remain vested in PCG and its third-party licensors. PCG acknowledges that the Agency or the participating LEAs, as applicable, own all of the data inputted by each Agency User for purposes of creating a Time Study.
- **3.2.** The Agency Duties. The Agency will take reasonable steps to protect the System from unauthorized access, copying, dissemination, and disclosure, and from other unauthorized use, and will report promptly to PCG any such use of which [ENTER STATE AGENCY / SCHOOL DISTRICT NAME] becomes aware. The Agency or the participating LEAs shall be responsible for the quality, integrity, and accuracy of all data entered and used in connection with the System, including all deletions or modifications of such data by Agency Users. The Agency is responsible for establishing and enforcing any Agency policies related to data security, information management, account management of Agency Users, and the proper handling of data extracted, reported, or otherwise removed by the system Agency personnel.
- **3.3. PCG Duties.** PCG will take reasonable steps to protect the data that [ENTER STATE AGENCY / SCHOOL DISTRICT NAME] or participating LEAs enter as part of their use of the System. PCG will use technical, administrative, and physical safeguards to protect against unintentional loss and against unauthorized access, destruction, misuse, modification, and disclosure. Although no computer system or information can ever be fully protected against every possible hazard, PCG is committed to providing reasonable and appropriate security controls to protect information against foreseeable hazards.
- **3.4. Third Party Infringement.** PCG reserves the sole and exclusive right at its discretion to assert claims against third parties for infringement or misappropriation of its Intellectual Property Rights in the System.

4. PRODUCT MARKING

- **4.1. Ownership of PCG Trademarks.** The Agency acknowledges that PCG is and shall remain the owner of all right, title, and interest in and to each of PCG's Trademarks in any form or embodiment thereof, and is also the owner of all goodwill associated with PCG's Trademarks. All goodwill generated by the Agency or participating LEA use of the System with respect to PCG's Trademarks shall inure exclusively to the benefit of PCG.
- **4.2. Infringements.** The GENCY shall promptly notify PCG of any third-party infringements of any of the PCG Trademarks used in connection with the System, or any act of unfair competition by third parties relating to the PCG Trademarks, within a reasonable time of the Agency's knowledge of such infringements or acts

5. WARRANTIES

5.1. Limited Warranty. PCG represents and warrants that it has the right to license the System as specified by this Agreement, and that the use of the System contemplated in this Agreement does not infringe upon, violate, or constitute a misappropriation of any copyright, trademark, trade secret, or any other proprietary right of any third party. Under no circumstances will PCG be responsible for Agency or participating LEA's hardware, software, browsers, or Internet connections that provide access to the System. PCG shall use



reasonable efforts to maintain the System and to correct any problems that may arise with the use of the System. PCG's scheduled maintenance of the System, or the scheduled maintenance of PCG's Internet PCG, shall not be deemed a failure to provide the System. Otherwise, the data entered or uploaded by the Agency or participating LEAs into the System is processed by PCG on an 'as is' basis.

5.2. DISCLAIMER. PCG specifically disclaims any other warranties, whether written or oral, expressed or implied, with respect to the System or related services provided by PCG under this contract, including any implied warranties or merchantability or fitness for a particular purpose.