



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia Delivery Order

Order Date: 06-10-2022

CORRECT ORDER NUMBER MUST APPEAR
ON ALL PACKAGES, INVOICES, AND
SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CDO 0511 2688 BMS2200000054 1	Procurement Folder:	1059201
Document Name:	HCPAD Reimbursement-MHT	Reason for Modification:	
Document Description:	HCPAD Reimbursement-MHT		
Procurement Type:	Central Delivery Order		
Buyer Name:	Crystal G Hustead		
Telephone:	(304) 558-2402		
Email:	crystal.g.hustead@wv.gov		
Shipping Method:	Best Way	Master Agreement Number:	CMA 0511 BMS2200000001 1
Free on Board:	FOB Dest, Freight Prepaid		

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000191225 MYERS & STAUFFER LC 1349 Peachtree ST NE Atlanta GA 30309 US Vendor Contact Phone: 800-374-6858 Extension: Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Kelly (Jimmy) Dowden Requestor Phone: (304) 356-4861 Requestor Email: jimmy.k.dowden@wv.gov 22 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Total Order Amount: \$310,000.00

Purchasing Division's File Copy

ENTERED

PURCHASING DIVISION AUTHORIZATION

DATE: *Linda Harper 6/16/22*
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: *Beverly Tolar 6-16-22*
ELECTRONIC SIGNATURE ON FILE

Extended Description:

High-Cost Physician Administered Drug Reimbursement-Mountain Health Trust (MHT)

Dates of Service: 07/01/2022-02/14/2023

Total Cost: \$310,000.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$30,000.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-07-01	2023-02-14				

Commodity Line Description: Technical Support Staff (non-actuary) \$200.00 per hour**Extended Description:**

Technical Support Staff (non-actuary)

\$200.00 Per Hour

150 Hours @ \$200.00=\$30,000.00

Dates of Service: 07/01/2022-02/14/2023

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$280,000.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2022-07-01	2023-02-14				

Commodity Line Description: Managed Care Oversight Ad Hoc Services \$175.00 per hour**Extended Description:**

Managed Care Oversight Ad Hoc Services

\$175.00 per hour

Jerry Dubberly: 280 Hours @ \$175.00=\$49,000.00
Toni Prine: 240 Hours @ \$175.00=\$42,000.00
Bobby Courtney: 120 Hours @ \$175.00=\$21,000.00
Allan Hansen: 40 Hours @ \$175.00=\$7,000.00
Natalie Hosier, PharmD: 120 Hours @ \$175.00=\$21,000.00
Mariya Baranova, PharmD: 120 Hours @ \$175.00=\$21,000.00
Luke Slindee, PharmD: 120 Hours @ \$175.00=\$21,000.00
Edwinlyn Heyward: 80 Hours @ \$175.00=\$14,000.00
Paige Ferise: 80 Hours @ \$175.00=\$14,000.00
Joe Connell: 100 Hours @ \$175.00=\$17,500.00
Jillian Kuether: 100 Hours @ \$175.00=\$17,500.00
Mitch Keister: 100 Hours @ \$175.00=\$17,500.00
Terri Branning: 100 Hours @ \$175.00=\$17,500.00

Total: 1,600 Hours @ \$175.00=\$280,000.00

Dates of Service: 07/01/2022-02/14/2023



June 9, 2022

VIA EMAIL

Mr. Jimmy Dowden
Director, Procurement Services
West Virginia Department of Health & Human Resources
Bureau for Medical Services
350 Capitol Street
Charleston, WV 25301

Subject: Statement of Work for High-Cost Physician Administered Drug Reimbursement – Mountain Health Trust (MHT)

Reference: Master Agreement CMA 0511 2688 BMS2200000001 1

Dear Mr. Dowden:

The Bureau for Medical Services (BMS) has requested that Myers and Stauffer, LC (MSLC) provide consulting and actuarial services related to High-Cost Physician Administered Drug (HCPAD) Reimbursement for the Mountain Health Trust (MHT) program under the above referenced Master Agreement Order Number. Myers and Stauffer will utilize its subcontractor, Milliman, for the provision of any actuarial services. This SOW details the scope of work, tasks, deliverables and targeted due dates for those deliverables, and cost estimates required to perform the requested services from July 1, 2022 through February 14, 2023.

This following are the major components of this SOW:

1. Development of HCPAD reimbursement options for the MHT program;
2. MHT Data Management Support; and
3. Actuarial Support.

Development of HCPAD Reimbursement Options for MHT Program

In the development of viable options for HCPAD reimbursement, Myers and Stauffer will provide consulting services and conduct the following activities:

1. Convene and facilitate meetings with the BMS HCPAD Policy workgroup;
2. Convene and facilitate individual meetings with the Office of Pharmacy Services team and the BMS Finance team to discuss administrative and operational aspects of HCPAD reimbursement;
3. Develop a HCPAD reimbursement implementation plan and proposed timeline;



4. Conduct research on high cost drug (HCD) reimbursement approaches implemented in other state Medicaid programs;
5. Review HCD utilization data for the MHT program;
6. Develop draft HCPAD reimbursement options for BMS review and discussion, including the fiscal and administrative impact of each option;
7. Facilitate meetings with key stakeholders on the HCPAD reimbursement options, as needed, including provider associations, WV CHIP, and managed care organizations (MCOs);
8. Finalize HCPAD reimbursement approach with BMS;
9. Provide support in finalizing the HCPAD reimbursement policy;
10. Develop and implement communication plan addressing all key stakeholders; and
11. Draft MHT MCO contract language addressing the HCPAD reimbursement policy.

Deliverables and Due Dates

1. HCPAD implementation plan and proposed timeline (July 8, 2022);
2. Meetings with HCPAD Reimbursement Workgroup (ongoing);
3. Finalize HCPAD reimbursement approach and policy (TBD);
4. Draft and implement HCPAD stakeholder communication plan (TBD); and
5. Draft MHT MCO contract language addressing HCPAD reimbursement (TBD).

MHT Data Management Support

Myers and Stauffer will provide data management support required for high-cost drug utilization analysis and support for actuarial services under this SOW, including requesting, processing, managing, and validating the data.

MHT Actuarial Support

In the development of the approach for HCPAD reimbursement, Milliman's actuarial and technical support team will conduct the following activities:

1. Conduct research on HCPAD reimbursement approaches in other states;
2. Analyze HCPAD utilization for the MHT program;
3. Participate in HCPAD Reimbursement Workgroup meetings; and
4. Provide actuarial input regarding the development of the recommended HCPAD reimbursement approach.



MHT Cost Estimates

In Table 1 below, we estimate hours and costs across the below contract categories and rates to perform the services described herein.

Table 1 Estimated MHT Hours and Costs (Billable Hours)

July 1, 2022 – February 14, 2023			
Contract Role	Hourly Rate	Hours by Category	Cost Estimate
Managed Care Oversight Ad Hoc Services	\$175	1,600	\$280,000
Technical Support Staff (non-actuary)	\$200	150	\$30,000
TOTAL		1,750	\$310,000

Table 2 provides details on the Managed Care Program Ad Hoc services to be performed under this SOW.

Table 2 Managed Care Program Ad Hoc Services

July 1, 2022 – February 14, 2023			
Contract Role	Hourly Rate	Hours by Category	Cost Estimate
Managed Care Oversight Ad Hoc Services	\$175		
Jerry Dubberly	\$175	280	\$49,000.00
Toni Prine	\$175	240	\$42,000.00
Bobby Courtney	\$175	120	\$21,000.00
Allan Hansen	\$175	40	\$ 7,000.00
Natalie Hosier, PharmD	\$175	120	\$21,000.00
Mariya Baranova, PharmD	\$175	120	\$21,000.00
Luke Slindee, PharmD	\$175	120	\$21,000.00
Edwinlyn Heyward	\$175	80	\$14,000.00
Paige Ferise	\$175	80	\$14,000.00
Joe Connell	\$175	100	\$17,500.00
Jillian Kuether	\$175	100	\$17,500.00
Mitch Keister	\$175	100	\$17,500.00
Terri Branning	\$175	100	\$17,500.00
TOTAL		1,600	\$280,000



Table 3 provides details on the actuarial services to be performed under this SOW.

Table 3 Actuarial Services

July 1, 2022 – February 14, 2023			
Contract Role	Hourly Rate	Hours by Category	Cost Estimate
Lead Actuary	\$0	200	\$0
Annie Hallum		100	
Justin Birrell		50	
Mac Xu		50	
Staff Actuary	\$0	50	\$0
Nick Gersch		50	
TOTAL		250	\$0

Table 4 provides details on the actuarial services to be performed under this SOW.

Table 4 Technical Support Staff (non-actuary) Services

July 1, 2022 – February 14, 2023			
Contract Role	Hourly Rate	Hours by Category	Cost Estimate
Technical Support Staff (non-actuary)	\$200	150	\$30,000
TOTAL		150	\$30,000

Resumes

Resumes for Myers and Stauffer and Milliman staff are provided in Appendix A of this SOW.

Invoices

Services provided will be billed hourly on a monthly basis as incurred.

Conclusion

Myers and Stauffer is pleased to submit this SOW for consulting and actuarial services under Master Agreement CMA 0511 2688 BMS2200000001 1. If you require additional information on this SOW, please contact me at JDubberly@mslc.com or 404.290.8370. We look forward to working with the Bureau to support the success of the West Virginia Medicaid program.

Sincerely,

Jerry Dubberly, PharmD, MBA
Principal

Agree
Robert Price






**MYERS AND
STAUFFER^{LLC}**
CERTIFIED PUBLIC ACCOUNTANTS

Approved Statement of Work

West Virginia Bureau for Medical Services:


Frederick S. Lewis, Deputy Commissioner


Date

Cc: Frederick Lewis, Susan Hall



Appendix A: Resumes

Jerry Dubberly, PharmD, MBA

Principal (Partner), Myers and Stauffer LC

Dr. Dubberly leads the Consulting practice area within the firm. He focuses on providing executive support and strategic planning assistance to Medicaid and other government-sponsored health care programs. He has assisted our clients with delivery system and payment transformation initiatives including integration of behavioral and physical health, design and implementation of managed care, architecture of value-based payment (VBP) programs, advancing home and community-based services (HCBS) and support models, and other delivery system and payment enhancements. He has also been on the forefront of analytics and evaluation of programs and developing continuous improvement strategies to improve the effectiveness and efficiency of those programs.

Prior to joining Myers and Stauffer, Dr. Dubberly served as Georgia's Medicaid Director for more than six years, where he was responsible for health care coverage for 1.9 million Georgians and an annual benefits budget of \$10 billion. Dr. Dubberly brings a wide range of experience with Medicaid policy and financing, delivery of integrated care models, pharmacy services, clinical practice, health information technology (health IT), and experience with a variety of other state and federal health care programs. He was responsible for oversight and management of the MCO contracts and the contractors' performance.

Education

PharmD, Pharmacy, University of Arkansas Medical Sciences, 2005/M.B.A., Health Services Management, University of Tennessee at Chattanooga, 1995/B.S., Pharmacy, University of Georgia, 1990

Experience

30 years of professional experience

Certifications

Registered Pharmacist

Relevant Work Experience

Myers and Stauffer LC (2015 – Present), Principal (Partner)

- **Hawaii Department of Human Services:** Support managed care procurement and aspects of VBP program design for the State's delivery system reform efforts for the, including:
 - Serves as the partner in charge and subject matter expert (SME) for this engagement with ultimate internal accountability for the firm's performance and delivery of services.
- **Kentucky Cabinet for Health and Family Services:** Provide technical assistance for Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs, including:
 - Serves as the partner in charge and SME for this engagement with ultimate internal accountability for the firm's performance and delivery of services.
- **Nevada Department of Health and Human Services:** Implementation and onboarding of four Medicaid MCO contracts; the development of a managed care information strategy; and reviewed key business processes for redesign and reengineering to improve the effectiveness and efficiency of the Medicaid Division, including:
 - Served as partner in charge of this engagement and SME.



APPENDIX A: RESUMES

March 1, 2022

- **Nevada Department of Health and Human Services:** Design, development, and Centers for Medicare & Medicaid Services (CMS) negotiation of section 1915(c) waiver application for the therapeutic foster care population, including:
 - Advised on integration of physical and behavioral health, delivery system models, criteria for certified community behavioral health centers (CCBHCs), and VBP models within a CCBHC environment.
- **Nevada Division of Public and Behavioral Health:** Support activities associated with submitting a Section 1115(a) Demonstration waiver application for substance use disorder (SUD) services.
 - Provide subject matter expertise and consulting services to the State.
 - Active participation in strategic planning sessions and CMS negotiations.
 - Serve as partner in charge with responsibilities for all service delivery and team performance.
- **Kentucky Cabinet for Health and Family Services:** Independent assessment of the Department for Medicaid Services' 1915(b) waiver for the Medicaid managed care program.
 - As Project Manager for this engagement, responsible for the quality and timeliness of deliverables and ongoing communications with the client.
 - Managing analysis of quality, access, and cost effectiveness of the Commonwealth's Medicaid managed care program.
 - Supported development of research design, data request, and implementation plan.
 - Managing development of the independent assessment report for submission to the Department and CMS.

Georgia Department of Community Health (2004 – 2015), Medicaid Director, Deputy Director Medical Assistance Policy Section, Director of Pharmacy Services

- **Oversight and Expansion of Medicaid MCOs.** As the Medicaid Director, Dr. Dubberly held ultimate responsibility for oversight and monitoring of three Medicaid MCOs covering more than 1.4 million Georgians. He also led an initiative to build an enhanced care coordination and increased medical oversight managed care model for children in foster care, adoption assistance, and certain children in the juvenile justice system to achieve improved health outcomes.
- **Aged, Blind, and Disabled (ABD) Care Coordination Project.** Recognizing the ABD population's absence of meaningful access to medical coordination and case management, along with their significant fiscal contribution to total Medicaid expenditures, a program was designed to address this gap. The program was developed to include features of patient-centered medical homes, primary care case management (PCCM), disease management, and care coordination.
- **Executive Sponsor of Medicaid Management Information System (MMIS) Implementation.** This effort replaced the Georgia MMIS system utilized to pay claims, manage utilization, and provide all federal and state reporting. To accomplish this objective, the implementation approach was defined by the business owners with the systems staff supporting the business needs of the organization. This project culminated with what providers and CMS deemed as the smoothest implementation in recent history.
- **Procurement of a Medicaid Pharmacy Benefits Manager Contract.** As Pharmacy Director, his responsibilities included Request for Proposal (RFP) creation, evaluation of responses, contracting, and implementation of the Pharmacy Benefit Manager (PBM) vendor contract. This effort resulted in savings of more than \$12.2 million over the 5.5 year life of the contract. Designed end-user functionality of new pharmacy claims processing platform. This project required analysis of current system functionality, current and future business needs, and efficiency and ease of use for end-users. Each of these parameters had to be evaluated and implemented under the guidance and limitations of industry transaction standards.



Toni Prine, RPh, CPC, CIG, AHFI

Senior Manager

• Summary

Ms. Prine serves as a subject matter expert utilizing her extensive background in the state of Georgia Medicaid program. Myers and Stauffer leverages her knowledge of policy development, enforcement, and governance to provide clients with thought leadership and cutting edge fraud, waste, and abuse detection methods. Her background with Georgia Medicaid also makes her well versed in the oversight of managed care organizations. Additionally, Ms. Prine draws from her background as a pharmacist to support clients in payment integrity related to their respective Medicaid Rx programs. Her unique ability to know and understand issues from the government perspective allows her to assist clients in navigating the ever-changing state Medicaid and CMS landscapes.

• Education

B.S., Pharmacy, Auburn University, 1993

• • Experience

29 years of professional experience

• Affiliations

American Academy of Professional Coders
Association of Inspectors General
Georgia Chapter of the National Association of Drug
Diversion Investigators
Medicaid Integrity Institute, Columbia, S.C.
National Association of Medicaid Program Integrity

• • Licenses/Certifications

Registered Pharmacist
Certified Professional Coder
Certified Inspector General
Accredited Health Care Fraud Investigator

• Relevant Work Experience •

Centers for Medicare & Medicaid Services (2020 – Present)

State Medicaid Education

Scope of Work:

Myers and Stauffer is a subcontractor to L&M Policy Research to assess State Medicaid Agencies' current program integrity (PI) processes and strategies, and to provide education and technical assistance to improve the integrity of their Medicaid programs.

Responsibilities:

- Develop strategic blueprint of states program integrity activity.
- Identify Program Integrity best practices.
- Develop educational material.
- Provide education, outreach and technical assistance as needed to the states.

Centers for Medicare & Medicaid Services (2015 – Present)

Unified Program Integrity Contractor (UPIC)

Scope of Work:

As a subcontractor, Myers and Stauffer provides audit management, quality assurance, subject matter expertise, performance of audits, reviews and investigations, stakeholder communications, and project management in support



APPENDIX A: RESUMES

March 1, 2022

Qlarant Integrity Solutions, a Unified Program Integrity Contractor (UPIC) with CMS for the Southwestern and Western jurisdictions.

Responsibilities:

- Provide Subject Matter Expertise to the UPIC.

Centers for Medicare & Medicaid Services (2014 – Present)

Audit, Oversight, and Technical/Operational Support

Scope of Work:

Myers and Stauffer (as a significant subcontractor to with Conrad LLP) provides audit, oversight, technical, and operational support of Medicare Advantage, Prescription Drug Plan, PACE and other organizations related to the Part C and Part D Program.

Responsibilities:

- Developed training materials for the Part D Compliance audits.
- Developed the processes for and prepared the Negative Cross Year Formulary Changes documents for the Part D Compliance audits.

Louisiana Department of Health (2019 – Present)

Payment Error Rate Measurement

Scope of Work:

Myers and Stauffer provides the initial planning, internal organization and education, as well as preparing surveys and attending CMS education webinars.

Responsibilities:

- Provide a representative to spearhead PERM.
- Provide claims and payment data to Statistical Contractor.
- Educate providers on PERM process and assist with medical record collection.
- Assist Review Contractor with accessing state policies for review.
- Assist Review Contractor with on-site and/or remote data processing reviews.
- Request difference resolution/appeals for differences and re-price partial errors.
- Participate in cycle calls with CMS.
- Develop and implement corrective actions to reduce improper payments.

Louisiana Department of Health (2014 – 2015)

Recovery Audit Contractor (RAC)

Scope of Work:

Myers and Stauffer assisted the department by enhancing overall program integrity efforts through the recovery audit contractor (RAC) program in accordance with federal and state laws.

Responsibilities:

- Provided State Medicaid knowledge on this project for potential audits as well as serving as SME for Program Integrity.

Medicaid and CHIP Payment and Access Commission (MACPAC) (2015 – 2018)

Performance Measures and Return on Investment in Medicaid Program Integrity

Scope of Work:

Myers and Stauffer performed environmental scanning and summarized Medicaid program integrity activities, interviewed program integrity leaders from eight states, interviewed other program integrity subject matter experts, and produced a paper synthesizing information about 10 Medicaid program integrity approaches including the quantitative results of the approaches and the estimated return on investment.

Responsibilities:

- Oversees the day-to-day aspects of the project.
- Attends project meetings and directs activities of the project team.



APPENDIX A: RESUMES

March 1, 2022

- Available to MACPAC on a daily basis.

Minnesota Department of Human Services (2019 – Present)

Recovery Audit Contractor

Scope of Work:

Myers and Stauffer provides a comprehensive RAC solution, offering expertise to address both the fee-for-service (FFS) and managed care delivery systems, to the Minnesota Medicaid or Minnesota Health Care Program (MHCP).

Responsibilities:

- Provided State Medicaid knowledge on this project for potential audits as well as serving as SME for Program Integrity.

Nebraska Department of Health & Human Services (2019 – 2020)

Data Management and Analytics Services

Scope of Work:

Myers and Stauffer supports Deloitte Consulting in implementing a data warehouse solution for the Department's Medicaid and Long-Term Care Medicaid Managed Care enterprise.

Responsibilities:

- Provided State Medicaid knowledge on this project for developing a Program Integrity Module and Case Management System, as well as serving as SME for Program Integrity.

Tennessee Department of Finance and Administration (2020)

Third Party Liability Evaluation and Recommendations

Scope of Work:

The Bureau of TennCare (TennCare or the State) engaged Myers and Stauffer LC to review the current third party liability (TPL) processes.

Responsibilities:

- Review TennCare's contract requirements with the MCOs applicable to TPL (cost avoidance and recoveries).
- Review supporting TPL policies and procedures from each MCO.
- Review each MCOs' treatment of claims for TPL to ensure proper identification and handling. Through this review, we will gain an understanding of current procedures used to identify potential TPL claims. Through interviews with key staff members, we also will gain an understanding of the subsequent handling of these claims.
- Review the recovery and cost avoidance monthly reports submitted to the Bureau by the MCOs.

Texas Health and Human Services Commission (2019 – Present)

Office of the Inspector General – Provider Audit Services

Scope of Work:

Myers and Stauffer supports the HHSC OIG by performing medical review and claims auditing services of provider fee-for-service and managed care claims.

Responsibilities:

- Provided State Medicaid knowledge on this project for potential audits as well as serving as SME for Program Integrity.

Prior Relevant Work Experience

Myers and Stauffer LC, Senior Manager, (September 2014- present)

Georgia Dept. of Community Health, (June 2005 – September 2014)

Deputy Inspector General (August 2009 – September 2014)

- Oversee the Program Integrity Unit for DCH, Office of Inspector General.
- Represent the Division as part of the OIG Leadership Team.



APPENDIX A: RESUMES

March 2018

- Assisted the Inspector General in restructuring the Division.
- Business Owner of Georgia Medical Care Foundation ASO contract.
- Business Owner of the Georgia Medicaid Recovery Audit Contractor (RAC).
- Implemented the CMS Medi-Medi Program in Georgia.
- Oversight of the Pharmacy Audit Vendor contract.
- Acted as States' Witness in Administrative Hearings.

Interim Inspector General (May 2012 – November 2012)

- Responsible for internal and external oversight and monitoring of \$11 billion State Agency
- Knowledge and familiarity with analyzing state and federal policy related to government agencies and the proper development/implementation of accepted business procedures.
- Ability to develop, communicate and implement both long and short range strategic plans tailored to meet specified goals and objectives.
- Ability to analyze, interpret, and document established business rules and provide valid suggestions/recommendations for improved efficiency.
- Experience in working with multiple local, state, and federal agencies to investigate and prosecute incidents of waste, fraud, and abuse.

Pharmacist Team Manager (June 2005- August 2009)

- Examine and analyze pharmacy providers for aberrant/wasteful billing.
- Develop algorithms and perform analysis of pharmacy and medical claims.
- Utilizes Medicaid Policies and Procedures to identify alleged violations by providers.
- Perform drug utilization reviews.
- Perform complex data extracts and reviews for special projects.
- Review patient profiles and make necessary recommendations for Pharmacy Lock-In Program.
- Made Presentations to professional pharmacy associations regarding the Georgia Medicaid Program Integrity activities.

Presentations

"The Perils of Program Integrity in Long Term Care," State Medicaid Program Integrity Employees, NAMPI, Miami, FL, 2017.

"Health Care Transformation and the Changing Tides of Medicaid Program Integrity," State Medicaid Program Integrity Employees, NAMPI, Baltimore, MD, 2016.

"A Medicaid Director's View of Program Integrity in Managed Care," State Medicaid Program Integrity Employees, NAMPI, New Orleans, LA, 2015.

"Diversion of Non-Controlled Substances," State Medicaid Program Integrity Employees, Medicaid Integrity Institute, Columbia SC, 2014.

"Pharmacy Lock In Program," State Medicaid Program Integrity Employees, NAMPI, Baltimore, MD, 2013.



APPENDIX A: RESUMES

Revised 1/2022

"What you need to know: Program Integrity Reviews by CMS," State Medicaid Program Integrity Employees, Medicaid Integrity Institute, Columbia SC, 2013.

"Pharmacy Issues and the Affordable Care Act," State Medicaid Program Integrity Employees, Medicaid Integrity Institute, Columbia SC, 2010.



Bobby Courtney, JD, MPH

Principal (Partner), Myers and Stauffer LC

Mr. Courtney specializes in public health law and policy, and has 20 years of experience working in the health care industry. He provides a broad range of consulting services, including issues related to Medicaid SPAs and waivers (e.g., 1915(b), 1915(c), 1915(b)/(c) combined, and 1115 demonstration), Medicaid managed care, long-term services and supports, value-based purchasing/alternative payment models (APMs), Medicaid pharmacy reimbursement policy, as well as federal health care regulations and policies. Recently, he led an internal initiative to understand, track, and communicate information regarding new CMS flexibilities available to support states in their response to COVID-19.

Education

J.D., Health Law, Indiana University, 2012/ M.P.H, Health Policy, Indiana University, 2012
M.A., English, Bradley University, 2001/ B.A., Philosophy, University of Illinois, 1999

Experience

20 years of professional experience

Certifications

Juris Doctor

Relevant Work Experience

Myers and Stauffer LC (2017 – Present), Principal (Partner)

- **Hawaii Department of Human Services:** Support managed care procurement and aspects of value-based purchasing program design for the state's delivery system reform efforts.
 - Provides technical assistance regarding various Medicaid policy initiatives.
- **Centers for Medicare & Medicaid Services:** Rate setting for the National Average Drug Acquisition Cost (NADAC) via a monthly voluntary national survey process and weekly through changes in published prices. Additional ad-hoc analysis is performed as requested.
 - Provides technical assistance regarding value-based purchasing and drug pricing transparency issues.
 - Provides legal and policy research and analysis.
- **Kentucky Cabinet for Health and Family Services:** Independent assessment of the Department for Medicaid Services' 1915(b) waiver for the Medicaid managed care program.
 - Supported the State by drafting its 1915(b) managed care waiver amendment.
- **Nebraska Department of Health and Human Services:** Support the effort to merge all of the State's HCBS 1915c waiver operations and administration under a single organizational structure. Conduct an organizational analysis of the new agency structure, the development of a combined eligibility and assessment team, the review and gaps analysis of the organizational structure for both direct services and administration, and the development of revised job classifications to meet the needs of the different waivers staffing requirements.
 - Provide research and support for HCBS program redesign, including 1915(c) waiver amendments.
 - Perform state and federal statutory and regulatory analyses, as well as Medicaid State Plan research.
- **Nevada Department of Health and Human Services:** Consulting services to ensure compliance with Medicaid and Medicare regulations, principles, and policies and to assist the agency with the implementation or development of new Medicaid programs or policies.
 - Serves as SME and provides technical assistance regarding federal waiver authorities.
 - Serves as presenter for annual Department staff training.



APPENDIX A: RESUMES

March 1, 2022

- **New Hampshire Department of Health and Human Services:** Professional services necessary to develop, operate, and lead the Delivery System Reform Incentive Payment (DSRIP) Learning Collaborative – a required element of the Department of Health and Human Services’ Building Capacity for Transformation, Section 1115 Medicaid Demonstration Waiver.
 - Serves as Project Manager; responsible for communications with state and industry leadership.
 - Provides oversight of the DSRIP Learning Collaboratives.
 - Provides technical assistance provided to the program’s IDNs.
- **Washington Health Care Authority:** Support DSRIP program, which is composed of nine ACHs. Through this engagement, Myers and Stauffer’s responsibilities include but are not limited to: receipt and evaluation of ACH project plans; provision of technical assistance regarding project plan improvement opportunities; conducting semi-annual assessments of ACH projects; performing a mid-point assessment of the DSRIP program; assessing value-based purchasing contracting by the MCOs; collaboration with other HCA contractors; and assisting with certain training and communication efforts.
 - Serves as independent reviewer of project plans and semi-annual reports submitted by ACHs.

Richard M. Fairbanks School of Public Health (2014 – Present), Adjunct Faculty

- Teaches annual course on health care emergency preparedness and policy to group of 10 to 20 students.
- Researches and publishes findings on health care emergency preparedness policy.

SVC Inc. (2014 – 2017) (currently HMA Medicaid Market Solutions), Senior Health Policy Analyst

- Assisted states in the design, implementation, and oversight of public health insurance programs – Indiana, Iowa, Kentucky, and Ohio.
- Supported states with drafting and submission of 1115, 1919(b), and 1915(c) waivers, CMS readiness review, and waiver negotiations (Iowa [included Medicaid managed long-term services and supports 1915(b)/(c) combined waivers], Indiana, Kentucky, and Ohio).
- Performed compliance analysis of state Medicaid managed care programs based on 2016 revised Medicaid managed care rule (including contract, waiver, and administrative rule review) (Indiana, Iowa, and Ohio).
- Supported state managed care contract revisions (Indiana and Iowa).
- Provided training on 2016 revised Medicaid managed care rule to state staff (Iowa and Ohio).
- Assisted with drafting emergency, proposed, and final rules (Indiana).

MESH, Inc., (2011 – 2014), Interim CEO, Chief Programing Officer, Director of Policy and Planning

- Collaborated with government and private entity clients to ensure effective service delivery.
- Drafted and presented testimony, legal memoranda, policies, and other related documents.
- Served as executive leader for the National Healthcare Coalition Resource Center.
- Monitored state and federal legislation of potential impact to the organization and coalition partners.
- Provided consulting services to developing healthcare coalitions across the United States.

OSF Saint Francis Medical Center (2000 – 2008), Strategic Planning Specialist



T. Allan Hansen

Principal/Partner

Summary

Mr. Hansen has managed a variety of projects including pharmacy consulting, program integrity, litigation support, and rate setting. He has played a significant role in pharmacy reimbursement consulting engagements with numerous state and federal clients. He has advised state Medicaid programs regarding pharmacy dispensing fees and managed dozens of pharmacy cost of dispensing (COD) surveys. Mr. Hansen has also been involved in the firm's pharmacy ingredient cost studies, state maximum allowable cost (SMAC) projects, and average actual acquisition cost (AAAC) engagements, including Myers and Stauffer's contract with the Centers for Medicare & Medicaid Services (CMS) to develop and maintain the National Average Drug Acquisition Cost (NADAC) benchmark.

Mr. Hansen has also consulted with state Medicaid programs on reimbursement rates for physician-administered drugs and performing audits of pharmacy benefit manager (PBM) contracts. He has provided pharmacy reimbursement-related litigation support activities to several states, and to the United States Department of Justice (DOJ).

Mr. Hansen has managed program integrity audits of hundreds of Medicaid providers including a wide variety of provider types. He has also assisted in a number of other Medicaid reimbursement consulting engagements, including rate setting for home and community-based services, mental health services, hospital reimbursement through diagnosis-related groups (DRG), and physician reimbursement through Resource-Based Relative Value Scale (RBRVS).

• Education

B.S., Actuarial Science, Northern Arizona University,
1993

• Experience

29 years of professional experience

• Relevant Work Experience

Alabama Medicaid Agency (2020 – Present)

Medicaid Pharmacy Average Acquisition Cost Program

Scope of Work:

Myers and Stauffer calculates and updates single and multi-source brand and generic AAC reimbursement rates through semi-annual acquisition cost surveys, changes in published pricings and inquiries through the pharmacy help desk.

Responsibilities:

- Coordinates with project manager and other staff to provide project direction and supervision; coordinates with the quality assurance director to ensure high-quality project deliverables.

Alaska Department of Health and Social Services (2003 – Present)

Medicaid Provider Compliance Audits

Scope of Work:



Myers and Stauffer performs desk reviews and on-site field examinations of state Medicaid providers to validate proper reimbursement for a sample of Medicaid claims.

Responsibilities:

- Supervised a team of nurses, accountants and analysts to perform provider desk reviews and on-site field examinations behalf of DHSS.
- Assisted DHSS to transform the auditing requirement from its conceptual legislative framework to a functioning reality.
- Worked with DHSS to establish clearly defined processes to perform annual cycles of desk reviews and on-site field examinations of providers.
- Complete desk reviews and on-site field examination that have resulted in the identification and reporting of numerous claims overpayments and netted valuable information to assist DHSS with its efforts to promote provider compliance.

Alaska Department of Health and Social Services (2019 – 2020Present)

Pharmacy Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer conducted a Medicaid pharmacy cost of dispensing survey for Alaska.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

2012 and 2019 - 2020

Alaska Department of Health and Social Services (2012 – 2015Present)

Alaska HCBS and Behavioral Health Rate Study

Scope of Work:

Myers and Stauffer collaborated with DHSS to explore options for incorporating an acuity adjustment methodology into the Medicaid reimbursement methodology for home and community-based services and behavioral health services.

Responsibilities:

- Worked with DHSS to explore options for incorporating an acuity adjustment methodology into the Medicaid reimbursement methodology for home and community-based services and behavioral health services.

Alaska Department of Health and Social Services (2007 – 2010Present)

Rate Setting Methodology for Home and Community Based Services

Scope of Work:

Myers and Stauffer assisted DHSS with an initiative to revise the reimbursement methodology for home and community-based services. This project included the collection of provider cost data and the development of a new rate methodology.

Responsibilities:

- Meet with stakeholders to understand current reimbursement methodologies and goals and objectives for refinement of those methodologies.
- Conduct further research of reimbursement methodologies used in other states for home and community-based services.
- Develop and implement a cost survey of home and community-based services providers.
- Prepared a report describing the study methodology and conclusions.



Arizona Industrial Commission (2020 – Present)

Workers' Compensation Pharmacy Reimbursement White Paper

Scope of Work:

Myers and Stauffer conducted research and data analysis on the pharmacy reimbursement methodology in use by the Arizona Workers' Compensation system and provided a white paper report with recommendations on alternative methodologies

Arkansas Department of Human Services (2015 – 2016Present)

Pharmacy Cost of Dispensing Survey and Ingredient Reimbursement

Scope of Work:

Myers and Stauffer conducted a comprehensive study of the cost of dispensing prescription drugs for pharmacies participating in the state Medicaid program.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

California Department of Health Care Services (2001 – 2007Present)

Study of Medi-Cal Pharmacy Reimbursement

Scope of Work:

Myers and Stauffer conducted a comprehensive study of the cost of dispensing and acquiring prescription drugs for pharmacies participating in the state Medicaid program.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

California Department of Health Care Services (2011 – 2012Present)

Study Medi-Cal Reimbursement for Physician-Administered Drugs (PADs)

Scope of Work:

Myers and Stauffer conducted an acquisition cost survey for PAD products from relevant provider types including physician practices, clinics and outpatient hospitals. Acquisition cost data was used to develop potential Healthcare Common Procedure Coding System (HCPCS) level rates for PAD products. The cost-based rates were compared to Medi-Cal and Medicare reimbursement rates.

Responsibilities:

- Developed a methodology to survey the acquisition cost of PADs from physicians, clinics, and outpatient hospitals.
- Participated in stakeholder meetings to describe survey process.
- Implemented drug acquisition cost survey of physicians, clinics, and outpatient hospitals.
- Calculated average actual acquisition costs (AAC) at NDC and Healthcare Common Procedure Coding System (HCPCS) level.
- Prepared comparison of HCPCS level AAC costs to current Medi-Cal reimbursement rates for PAD products.
- Prepared comparison of Medicare rates to current Medi-Cal reimbursement rates for PAD products.
- Prepared consulting report of survey methodology, analysis, and findings.



Colorado Department of Health Care Policy and Financing (2018 – 2019Present)

Physician Administered Drug (PAD) Survey

Scope of Work:

Myers and Stauffer conducted an acquisition cost survey for PAD products from relevant provider types including physician practices, clinics and outpatient hospitals. Acquisition cost data was used to develop potential Healthcare Common Procedure Coding System (HCPCS) level rates for PAD products. The cost-based rates were compared to Colorado PAD rates and Medicare reimbursement rates.

Responsibilities:

- Supervised a team of pharmacists, accountants and analysts to perform a comprehensive study of the acquisition cost of PAD products.
- Collaborated with the state Medicaid agency and stakeholders to develop a survey process to collect data on the cost of PADs from physician practices, outpatient hospitals and clinics.
- Reviewed and analyzed acquisition cost data and developed algorithms to aggregate National Drug Code (NDC)-level acquisition cost into corresponding HCPCS codes.
- Prepared a report describing the survey methodology and findings with comparisons to current Colorado and Medicare rates for PADs.

Colorado Department of Health Care Policy and Financing (2020 – Present)

Colorado Average Acquisition Cost (AAC) Price List

Scope of Work:

Myers and Stauffer provides calculation and updating of single and multi-source brand and generic upper limit reimbursement rates through quarterly acquisition cost surveys. This also includes changes in published pricing as well as provider inquiries maintained through the pharmacy help desk. Myers and Stauffer also conducts an annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Responsibilities:

- Coordinates with project manager and other staff to provide project direction and supervision; coordinates with the quality assurance director to ensure high-quality project deliverables.

Colorado Department of Health Care Policy and Financing (– Present)

Average Acquisition Cost Price List

Scope of Work:

Myers and Stauffer provides calculation and updating of single and multi-source brand and generic upper limit reimbursement rates through quarterly acquisition cost surveys. This also includes changes in published pricing as well as provider inquiries maintained through the pharmacy help desk. Myers and Stauffer also conducts an annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Responsibilities:

- Coordinates with project manager and other staff to provide project direction and supervision; coordinates with the quality assurance director to ensure high-quality project deliverables.

Colorado Department of Health Care Policy and Financing (2019 – 2020Present)

Pharmacy Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer performed a comprehensive study of the cost of dispensing prescription drugs for pharmacies participating in the Colorado Medicaid program.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Review and analyze all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepare reports describing the survey methodology and conclusions.



Georgia Department of Community Health (2005 – 2005Present)

Payment Error Rate Measurement

Scope of Work:

Myers and Stauffer assists the state in developing PERM universes to submit to the federal contractors.

Responsibilities:

- Supervised a team of nurses, accountants and analysts to review sampled claims and eligibility files as part of the pilot for the Payment Error Rate Measurement project.

Georgia Department of Community Health (2018 – 2019Present)

Pharmacy Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer performed a comprehensive study of the cost of dispensing prescription drugs for pharmacies participating in the Georgia Medicaid program.

Responsibilities:

- Supervise a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborate with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Review and analyze all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepare reports describing the survey methodology and conclusions.

Centers for Medicare & Medicaid Services (CMS) (– Present)

Survey of Retail Prices

Scope of Work:

Myers and Stauffer performs CMS rate setting for the (NADAC). These rates are updated via a monthly voluntary national survey process and weekly through changes in published prices. Additional ad hoc analysis is performed as requested. Myers and Stauffer also consults in areas of reimbursement including specialty drugs, blood clotting factor and the 340B drug program.

Responsibilities:

- Designed and performed a monthly statistically acceptable nationwide survey of pharmacies to determine national average prices that cash paying customers, Medicaid, and commercial third party insurers pay for covered outpatient brand and generic drugs.
- Designed and performed a monthly statistically acceptable nationwide survey of pharmacies to determine a national average cost that pharmacies pay for covered outpatient brand and generic drugs based on actual market transactions.

Centers for Medicare & Medicaid Services (CMS) (2011 – Present)

Survey of Retail Prices

Scope of Work:

Myers and Stauffer performs CMS rate setting for the (NADAC). These rates are updated via a monthly voluntary national survey process and weekly through changes in published prices. Additional ad hoc analysis is performed as requested. Myers and Stauffer also consults in areas of reimbursement including specialty drugs, blood clotting factor and the 340B drug program.

Responsibilities:

- Designed and performed a monthly statistically acceptable nationwide survey of pharmacies to determine national average prices that cash paying customers, Medicaid, and commercial third party insurers pay for covered outpatient brand and generic drugs.
- Designed and performed a monthly statistically acceptable nationwide survey of pharmacies to determine a national average cost that pharmacies pay for covered outpatient brand and generic drugs based on actual market transactions.



Idaho Department of Health and Welfare (2020 – Present)

Medicaid Pharmaceutical Average Acquisition Cost Program Administration

Scope of Work:

Myers and Stauffer calculates and updates single and multi-source brand and generic AAC reimbursement rates through annual acquisition cost surveys, changes in published pricing, and inquiries through the pharmacy help desk. Myers and Stauffer also conducts an annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Responsibilities:

- Coordinates with project manager and other staff to provide project direction and supervision; coordinates with the quality assurance director to ensure high-quality project deliverables.

Idaho Department of Health and Welfare (2008 – 2011 Present)

State Maximum Allowable Cost (SMAC) Reimbursement for Drugs

Scope of Work:

Myers and Stauffer calculated and updated single and multi-source brand and generic upper limit reimbursement rates through semi-annual acquisition cost surveys, changes in published pricings, and inquiries made through the help desk.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

Indiana Family & Social Services Administration (2003 – Present)

Medicaid Rate Setting Services

Scope of Work:

Myers and Stauffer provides reimbursement methodology consulting, compliance analysis, fiscal impact analysis, provider tax calculations, and monitoring services for long-term care facility provider tax programs.

Responsibilities:

- Provide oversight and analytical support to a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborate with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Review and analyze all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepare reports describing the survey methodology and conclusions.

Iowa Department of Human Services (2012 – Present)

Provider Cost Audits and Rate Setting Services

Scope of Work:

Myers and Stauffer provides professional accounting and consulting services as the Provider Cost Audit and Rate Setting Unit of the Iowa Medicaid Enterprise.

Responsibilities:

- Supervise a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborate with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Review and analyze all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.



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March 1, 2021

- Prepare reports describing the survey methodology and conclusions.

Kansas Department of Health and Environment (2016 – 2017Present)

Pharmacy Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer conducted a comprehensive study of the cost of dispensing prescription drugs for pharmacies participating in the state Medicaid program administered by the department.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the COD prescription drugs to Medicaid recipients.
- Directed activities of the project team to ensure the successful completion of the project.
- Supervised the distribution of provider communications and the desk reviews of the submitted cost data.
- Prepared a report describing the survey methodology and conclusions.

Kansas Department for Aging and Disability Services (2014 – 2015Present)

Review of Rate Structures of State Intellectual and/or Developmental Disability Home and Community- Based Services Programs

Scope of Work:

Myers and Stauffer is engaged to conduct rate studies and provide recommendations to the state on the rates.

Responsibilities:

- Review the reimbursement methodology for home and community-based services. This project includes the collection and review of provider cost data.

Kentucky Cabinet for Health and Family Services (2020 – Present)

Medicaid Rate Setting

Scope of Work:

Myers and Stauffer provides Medicaid rate setting, reimbursement methodology consulting, compliance analysis, fiscal impact analysis, provider tax calculations, and monitoring services for long-term care facilities.

Responsibilities:

- Supervised a team of pharmacists, accountants and analysts to perform research, analysis and reporting of a preliminary fiscal impact calculation for a carve-out model of pharmacy reimbursement.

Louisiana Department of Health (1999 – Present)

Average Actual Acquisition Cost Program and Consulting Services for National Average Drug Acquisition Cost Program for Prescription Drugs

Scope of Work:

Myers and Stauffer provides consulting and pharmacy help desk services for the NADAC reimbursement program. Myers and Stauffer also consults in areas of reimbursement including specialty drugs, blood clotting factor and the 340B drug program.

Responsibilities:

- Supervise a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborate with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Review and analyze all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepare reports describing the survey methodology and conclusions.

Maryland Department of Health (2019 – 2019Present)

Auditing, Accounting and Consulting Services

Scope of Work:



Myers and Stauffer provides nursing facility, hospital, residential treatment centers, ICF-alcoholic and state facility auditing, rate setting, and consulting services to ensure that medical assistance reimbursements are in compliance with state and federal laws and regulations.

Responsibilities: Maryland Department of Health (2019)

Medicaid Managed Care Pharmacy Spread Pricing Analysis

Scope of Work:

Myers and Stauffer performed a comprehensive review of pharmacy pricing transparency issues and spread pricing for managed care plans and pharmacy benefit managers (PBMs) delivering pharmacy benefits through the Maryland HealthChoice program.

Responsibilities:

- Supervised a team of pharmacists, accountants and analysts to collect and analyze pharmacy claims data from managed care plans and PBMs participating the Maryland HealthChoice program.
- Collaborate with the state Medicaid agency to develop and distribute data request templates and questionnaires to managed care plans and PBMs.
- Review and analyze all pharmacy claims data and questionnaire responses to determine impact of spread pricing and other pricing transparency issues on the Maryland HealthChoice program.
- Perform contract reviews impacting relationships and transactions between managed care plans, PBMs and network pharmacies.
- Prepared reports describing the project methodology and findings.

Maryland Department of Health (2011 – 2016Present)

Pharmacy Dispensing Cost Analysis

Scope of Work:

Myers and Stauffer conducted a Medicaid pharmacy cost of dispensing survey for Maryland.

Responsibilities:

- Coordinates with project manager and other staff to provide project direction and supervision; coordinates with the quality assurance director to ensure high quality project deliverables.
- Supervise a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborate with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Review and analyze all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepare reports describing the survey methodology and conclusions.

Maryland Department of Health (2016 – Present)

Pharmacy Reimbursement Methodology

Scope of Work:

Myers and Stauffer performs services concerning Pharmaceutical Dispensing and State Average Acquisition Cost (SAAC) rate setting which includes calculating and updating single and multi-source brand and generic upper limit reimbursement rates through semi-annual acquisition cost surveys, changes in published pricing, and inquiries through the pharmacy help desk. Myers and Stauffer also conducts semi-annual acquisition cost surveys to set and maintain reimbursement rates for nutritional and compounding products.

Responsibilities:

- Coordinates with project manager and other staff to provide project direction and supervision; coordinates with the quality assurance director to ensure high quality project deliverables.
- Supervised a team of pharmacists, accountants and analysts to collect and analyze pharmacy claims data from managed care plans and PBMs participating the Maryland HealthChoice program.
- Collaborate with the state Medicaid agency to develop and distribute data request templates and questionnaires to managed care plans and PBMs.
- Review and analyze all pharmacy claims data and questionnaire responses to determine impact of spread pricing and other pricing transparency issues on the Maryland HealthChoice program.



- Perform contract reviews impacting relationships and transactions between managed care plans, PBMs and network pharmacies.
- Prepared reports describing the project methodology and findings.

Michigan Department of Community Health (2016 – 2016Present)

Pharmacy Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer conducted a Medicaid pharmacy cost of dispensing survey for Michigan.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

Minnesota Department of Human Services (2007 – 2007Present)

Pharmacy Dispensing Fee Survey

Scope of Work:

Conducted a Medicaid pharmacy cost of dispensing survey for Minnesota.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaboration with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

Mississippi Division of Medicaid (2021 – Present)

Pharmacy Rate Setting Maintenance

Scope of Work:

Myers and Stauffer was contracted to maintain and administer the current rate setting methodology and pricing benchmarks, rates for physician administered drugs, and to maintain and update the Mississippi-specific specialty drug list.

Responsibilities:

Mississippi Division of Medicaid (2011 – 2015Present)

Pharmacy Cost of Dispensing Survey and State Maximum Allowable Cost Reimbursement for Drugs

Scope of Work:

Myers and Stauffer calculated and updated single and multi-source brand and generic upper limit reimbursement rates through semi-annual acquisition cost surveys, changes in published pricing and inquiries through the pharmacy help desk.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.



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March 1, 2022

Montana Department of Justice (1998 – 2008Present)

Hospital Consolidation

Scope of Work:

Myers and Stauffer provided assistance to the Montana Department of Justice to monitor the financial performance and price changes of two consolidating hospital systems.

Responsibilities:

- Assisted the Montana Department of Justice with a project to monitor the financial performance of two consolidating hospital systems.
- Performed an annual review of facility revenues and cost and reported findings to the state using an economic model that incorporated expected enhancements to facility efficiency, inflation changes and acuity trends.

Nevada Department of Health and Human Services (2007 – 2015Present)

Pharmacy Cost of Dispensing Survey and Ingredient Reimbursement Consulting

Scope of Work:

Myers and Stauffer conducts a comprehensive study of the current COD prescription drugs for pharmacies participating in the Nevada Medicaid program administered by the Nevada Department of Health and Human Services.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the COD prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the COD at each pharmacy, as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

North Carolina Department of Health and Human Services (2016 – Present)

Analytical & Clinical Services for the Medicaid Pharmacy Program

Scope of Work:

Myers and Stauffer provides a wide variety of clinical, consulting and reimbursement analyses for the State of North Carolina Department of Health and Human Services.

Responsibilities:

- Supervised collaboration with the client and stakeholders to develop a COD survey instrument for clotting factor.
- Distributed provider communication and survey instruments and conducted one-on-one outreach to all providers to promote survey compliance and to provide survey support.
- Prepared a report describing the survey methodology and conclusions.

North Dakota Department of Human Services (2014 – 2015Present)

Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer conducted a comprehensive study of the current cost of dispensing prescription drugs for pharmacies participating in the North Dakota Medicaid program administered by the North Dakota Department of Human Services, Medical Services Division.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.



APPENDIX A: RESUMES

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Ohio Department of Medicaid (2014 – 2019Present)

Pharmacy Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer performed a comprehensive study of the cost of dispensing prescription drugs for pharmacies participating in the Ohio Medicaid program administered by the Ohio Department of Medicaid.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

Oregon Health Authority (2018 – 2018Present)

Preferred Drug List Consulting

Scope of Work:

Myers and Stauffer provides analytical and consultative services related to Oregon Medicaid's pharmacy program and options involving preferred drug lists as a tool to manage cost in fee-for-service (FFS) and managed care environment.

Responsibilities:

- Collaborated with team of pharmacist and analysts in the review of the preferred drug lists of the FFS and managed care Medicaid programs.

Oregon Health Authority (2010 – Present)

Average Actual Acquisition Cost

Scope of Work:

Myers and Stauffer calculates and updates single and multi-source brand and generic upper limit reimbursement rates through semi-annual acquisition cost surveys, changes in published pricings and inquiries through the pharmacy help desk. The rates are then utilized for fiscal impact analyses, aggregate reimbursement tests, methodology modeling, and policy advisement. Myers and Stauffer also conducts an annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Responsibilities:

- Supervise a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborate with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Review and analyze all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepare reports describing the survey methodology and conclusions.

Pennsylvania Department of Human Services (2021 – Present)

Disproportionate Share Hospital and other Supplemental Payments

Scope of Work:

Myers and Stauffer provides healthcare consulting, research, and analytical and financial services relating to Disproportionate Share Hospital ("DSH") and other supplemental payment.

South Dakota Department of Social Services (– Present)

Pharmacy 340B Analysis

Responsibilities:

- Reviewed cost of dispensing surveys from other states; prepared economic comparisons between other states and South Dakota; made recommendations for an appropriate professional dispensing fee for South Dakota pharmacies.



- Supervise a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborate with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Review and analyze all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepare reports describing the survey methodology and conclusions.

South Dakota Department of Social Services (2019 – 2020Present)

Pharmacy Reimbursement Analysis

Scope of Work:

Myers and Stauffer performed a comprehensive study of the cost of dispensing prescription drugs for pharmacies participating in the South Dakota Medicaid pharmacy program.

Responsibilities:

- Reviewed cost of dispensing surveys from other states; prepared economic comparisons between other states and South Dakota; made recommendations for an appropriate professional dispensing fee for South Dakota pharmacies.
- Supervise a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborate with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Review and analyze all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepare reports describing the survey methodology and conclusions.

Tennessee Department of Finance and Administration (– Present)

Pharmacy Average Actual Acquisition Cost

Scope of Work:

Myers and Stauffer calculates and updates single and multi-source brand and generic upper limit reimbursement rates through semi-annual acquisition cost surveys, changes in published pricing and inquiries through the pharmacy help desk. These rate calculations and updates also include specialty drugs and blood clotting factor.

Myers and Stauffer also calculates 340B estimated ceiling price rates on a quarterly basis. Rates are calculated at the NDC level by using the Average Manufacturer Price (AMP) and the Unit Rebate Amount (URA). The data is reviewed for reasonability and necessary unit conversions are applied to ensure all NDCs are at the base unit of measure for proper claims processing and payment.

Responsibilities:

- Coordinates with project manager and other staff to provide project direction and supervision; coordinates with the quality assurance director to ensure high-quality project deliverables.

Texas Health and Human Services Commission (2002 – 2015Present)

Pharmacy Cost of Dispensing

Scope of Work:

Myers and Stauffer performed a comprehensive study of the cost of dispensing prescription drugs for pharmacies participating in the Texas Medicaid pharmacy program.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.



New England States Consortium Systems Organization (NESCO) (2016 – 2017Present)

New England Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer conducted a Medicaid pharmacy cost of dispensing survey for six New England States (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont).

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

Utah Department of Health (2016 – 2016Present)

Pharmacy Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer conducted a Medicaid pharmacy cost of dispensing survey for Utah.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaboration with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

Utah Department of Health (2019 – Present)

Utah Maximum Allowable Cost (UMAC) Rate Setting

Scope of Work:

Myers and Stauffer calculates and updates brand and generic UMAC reimbursement rates through regular acquisition cost surveys, changes in published pricing and inquiries through the pharmacy help desk.

Responsibilities:

- Supervised a team of pharmacists, accountants and analysts to perform a comprehensive study of the acquisition cost of prescription drugs for pharmacies participating in the Utah Medicaid program and develop reasonable reimbursement rates.

Virginia Department of Medical Assistance Services (2013 – 2014Present)

Pharmacy Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer conducted a pharmacy cost of dispensing survey for the Virginia Medicaid program.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.



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Myers and Stauffer

Virginia Department of Medical Assistance Services (2019 – Present)

Pharmacy Cost of Dispensing Survey

Scope of Work:

Myers and Stauffer conducted a comprehensive study of the cost of dispensing prescription drugs for pharmacies participating in the state Medicaid program administered by the department.

Responsibilities:

- Supervised a team of accountants and analysts to perform a comprehensive study of the cost of dispensing prescription drugs.
- Collaborated with the state Medicaid agency and stakeholders to develop and distribute a survey instrument.
- Reviewed and analyzed all surveys to determine the cost of dispensing at each pharmacy as well as statewide averages for all pharmacies and various subsets of pharmacies.
- Prepared a report describing the survey methodology and conclusions.

West Virginia Office of the Attorney General (2018 – Present)

Consulting Services

Scope of Work:

Myers and Stauffer provided assistance to the West Virginia Office of the Attorney General to review proposed price increases and other areas of compliance for two consolidating hospital systems.

Responsibilities:

- Assisted the West Virginia Office of the Attorney General to review proposed price increases of two consolidating hospital systems.
- Assisted the West Virginia Office of the Attorney General to monitor various aspects of a merger agreement for two consolidating hospital systems.

West Virginia Public Employees Insurance Agency (2021 – Present)

Specialty Pharmacy Audit

Scope of Work:

Myers and Stauffer performed a review of claims for specialty medications submitted on behalf of members of the West Virginia Public Employees Insurance Agency (PEIA). The review included testing that payment methodologies were properly applied to claims submitted through both the pharmacy and medical benefit. Additional procedures were performed for sampled claims to test that medications had been properly authorized, dispensed by providers and received by PEIA members.



Natalie Hosier, PharmD, MBA

Health Care Manager

• Summary

Dr. Hosier is a registered pharmacist and health care manager with Myers and Stauffer LC and serves as a clinical and technical advisor for the Centers for Medicare and Medicaid Services NADAC, the state of Iowa's Medicaid Enterprise, the state of Mississippi's Division of Medicaid, the state of North Carolina's Pharmacy Medicaid program, the state of Ohio's Division of Medicaid, and the state of Tennessee's Department of Finance Administration. She is the team lead for a comprehensive pharmacy program overview for the Kentucky Cabinet for Health and Family Services. Dr. Hosier is involved in a number of analytical and clinical services surrounding evaluation and reimbursement recommendations for rate setting, physician administered procedure coded drugs, 340B program evaluation, cost/benefit analyses of preferred drug list/prior authorization programs, specialty drugs, pharmacy claims analysis, drug rebates and cost containment opportunity evaluations.

Prior to joining Myers and Stauffer, Dr. Hosier was a pharmacist for a retail chain and pharmacy manager for a long-term care pharmacy. Dr. Hosier was responsible for the day to day operations of a long-term care pharmacy including development of all policies and procedures, as well as providing excellent customer service. In addition, Dr. Hosier was responsible for training pharmacy support staff.

• Education

PharmD, Butler University, 2008
M.B.A., Organizational Leadership, University of Indianapolis, 2018

• Licenses/Certifications

Registered Pharmacist, Indiana
Registered Pharmacist, Ohio
Registered Pharmacist, Virginia
Registered Pharmacist Immunization (APhA)

• Experience

14 years of professional experience

• Relevant Work Experience

Centers for Medicare & Medicaid Services (2018 – Present)

Survey of Retail Prices

Scope of Work:

Myers and Stauffer performs CMS rate setting for the National Average Drug Acquisition Cost (NADAC). These rates are updated via a monthly voluntary national survey process and weekly through changes in published prices. Additional ad hoc analysis is performed as requested. Myers and Stauffer also consults in areas of reimbursement including specialty drugs, blood clotting factor and the 340B drug program.

Responsibilities:

- Participates in day to day operations and quality assurance of weekly NADAC file.
- Provides consultation in areas of Medicaid reimbursement.



Iowa Department of Human Services (2021 – Present)

Medicaid Rate Setting

Scope of Work:

Myers and Stauffer calculates and updates single and multi-source brand and generic upper limit reimbursement rates through semi-annual acquisition cost surveys, changes in published pricing and inquiries through the pharmacy help desk. Additionally, Myers and Stauffer conducts semi-annual invoice collections from 340B providers to ensure policy compliance and claims review.

Responsibilities:

- Participates in day-to-day activities revolving around invoice collection and rate setting.
- Create, implements, and maintains 340B provider invoice and claims review.
- Participates in calls with stakeholders concerning reimbursement issues or concerns.
- Manages pharmacy help desk support staff concerning stakeholder inquiries.

Kentucky Cabinet for Health and Family Services (2019 – Present)

Pharmacy Program Overview

Scope of Work:

Myers and Stauffer completes analyses of pharmacy program policies and provides overviews of policy compliance/non-compliance. Additionally, Myers and Stauffer provides consultation in areas of Medicaid policies and reimbursement.

Responsibilities:

- Participates in various pharmacy related analyses including, but not limited to, 340B program policy and compliance, physician-administered drug reimbursement, Over-the-Counter (OTC) program policy review and compliance, and covered outpatient drug reimbursement and rebate collection policies.

Mississippi Division of Medicaid (2021 – Present)

Medicaid Rate Setting

Scope of Work:

Myers and Stauffer calculates and updates State Actual Acquisition Cost (AAC) rates based upon published pricing changes and inquiries through the pharmacy help desk. Additionally, Myers and Stauffer provides consultation in areas of Medicaid policies and reimbursement.

Responsibilities:

- Participates in the day-to-day activity revolving around rate setting.
- Participates in calls with stakeholders concerning reimbursement issues or concerns.
- Manages pharmacy help desk support staff concerning stakeholder inquiries.

North Carolina Department of Health and Human Services (2018 – Present)

Analytical & Clinical Services for the Medicaid Pharmacy Program

Scope of Work:

Myers and Stauffer provides a wide variety of clinical, consulting and reimbursement analyses for the State of North Carolina Department of Health and Human Services.

Responsibilities:

- Participates in the maintenance of SMAC program, physician-administered drug program, day to day operations, and development of all reports and deliverables.
- Participates in the review and completion of preferred drug list and prior authorization analyses, beneficiary lock-in program, and various ad hoc analyses related to the pharmacy benefit.

Ohio Department of Medicaid (2021 – Present)



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Revised: 1/2022

Pharmacy Operational Support Vendor

Scope of Work:

Myers and Stauffer provides a wide variety of clinical, consulting and reimbursement analyses for the Ohio Department of Medicaid. Myers and Stauffer provides support on pharmacy reimbursement and benefit design as well as pharmacy program oversight and auditing. Support on pharmacy reimbursement and benefit design consists of conducting fiscal analyses of implementing and operating an Ohio AAC program. Pharmacy program oversight and auditing consists of weekly claims review of managed care claims through the Single Pharmacy Benefit Manager (SPBM) to ensure proper reimbursement as well as policy compliance. Additionally, Myers and Stauffer completes retrospective analyses on pharmacy claims, 340B program reimbursement and policy compliance, physician administered drug program reimbursement and policy compliance, prior authorization review policy compliance, mental health parity compliance review and rebate process policy compliance and collection review.

Responsibilities:

- Participates in pharmacy program oversight and auditing of weekly claims review, retrospective claims review, 340B program compliance, physician administered drug compliance and rebate policy compliance.
- Participates in development and maintenance of the OH AAC program.
- Consults with Ohio Department of Medicaid on areas of Medicaid policies and reimbursement.

Tennessee Department of Finance and Administration (2018 – Present)

Pharmacy Average Actual Acquisition Cost

Scope of Work:

Myers and Stauffer calculates and updates single and multi-source brand and generic upper limit reimbursement rates through semi-annual acquisition cost surveys, changes in published pricing and inquiries through the pharmacy help desk. These rate calculations and updates also include specialty drugs and blood clotting factor.

Myers and Stauffer also calculates 340B estimated ceiling price rates on a quarterly basis. Rates are calculated at the NDC level by using the Average Manufacturer Price (AMP) and the Unit Rebate Amount (URA). The data is reviewed for reasonability and necessary unit conversions are applied to ensure all NDCs are at the base unit of measure for proper claims processing and payment.

Responsibilities:

- Provides technical consultation and oversight of the development and implementation of an estimated 340B ceiling price utilizing average manufacturer price and federal rebates.
- Participates in the maintenance of the AAC program and various ad hoc requests and analyses related to the pharmacy benefit.



Mariya Baranova, PharmD

Pharmacy Consultant

• Summary

Dr. Baranova is a registered pharmacist and senior pharmacy consultant with Myers and Stauffer. She has strong communication, organizational, and time management skills accompanied by eight years of experience in managed care and community pharmacy. Her prior experience includes Medicaid fee-for-service government healthcare as well as Medicare, commercial, and exchange health plans, supporting program and pharmacy management. Dr. Baranova has demonstrated the ability to analyze and organize large volume of clinical data, manage multiple accounts, solve complex pharmacy-related problems, maintain excellent client relations, effectively work independently without daily supervision, and deliver timely completion of department projects.

• Education

PharmD, Albany College of Pharmacy and Health Sciences, 2013

• Experience

8 years of professional experience

• Licenses/Certifications

Registered Pharmacist
Immunization (APHA)

• Relevant Work Experience

Alabama Medicaid Agency (2021 – Present)

Medicaid Pharmacy Average Acquisition Cost (AAC) Program

Scope of Work:

Myers and Stauffer calculates and updates single and multi-source brand and generic AAC reimbursement rates through semi-annual acquisition cost surveys, changes in published pricings, and inquiries through the pharmacy help desk.

Responsibilities:

- Provide clinical and technical advice for the AAC program.

Colorado Department of Health Care Policy and Financing (2021 – Present)

Average Acquisition Cost Price List

Scope of Work:

Myers and Stauffer provides calculation and updating of single and multi-source brand and generic upper limit reimbursement rates through quarterly acquisition cost surveys. This also includes changes in published pricing as well as provider inquiries maintained through the pharmacy help desk. Myers and Stauffer also conducts an annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Responsibilities:

- Provides clinical and technical advice for the AAC program.



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Centers for Medicare & Medicaid Services (2021 – Present)

Survey of Retail Prices

Scope of Work:

Myers and Stauffer performs CMS rate setting for the (NADAC). These rates are updated via a monthly voluntary national survey process and weekly through changes in published prices. Additional ad hoc analysis is performed as requested. Myers and Stauffer also consults in areas of reimbursement including specialty drugs, blood clotting factor, and the 340B drug program.

Responsibilities:

- Participates in the writing and review of various ad hoc analyses.

Idaho Department of Health and Welfare (2021 – Present)

Medicaid Pharmaceutical Average Acquisition Cost Program Administration

Scope of Work:

Myers and Stauffer calculates and updates single and multi-source brand and generic AAC reimbursement rates through annual acquisition cost surveys, changes in published pricing, and inquiries through the pharmacy help desk. Myers and Stauffer also conducts an annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Responsibilities:

- Provides clinical and technical advice for the AAC program.

North Carolina Department of Health and Human Services (2021 – Present)

Analytical & Clinical Services for the Medicaid Pharmacy Program

Scope of Work:

Myers and Stauffer provides a wide variety of clinical, consulting and reimbursement analyses for the State of North Carolina Department of Health and Human Services.

Responsibilities:

- Participates in the maintenance of state maximum allowable cost (SMAC) program, physician-administered drug program, day to day operations, and development of all reports and deliverables.
- Participates in the review of various ad hoc analyses related to the pharmacy benefit.

Ohio Department of Medicaid (2021 – Present)

Pharmacy Pricing and Audit Consultant

Scope of Work:

Myers and Stauffer assists the Department with its initiative to implement a single pharmacy benefit manager (SPBM) that will have responsibility for administering the pharmacy benefit for Ohio Medicaid members enrolled in managed care.

Responsibilities:

- Participates in the maintenance of physician-administered drug program and oversight and audit of SPBM claims.

Utah Department of Health (2021 – Present)

Utah Maximum Allowable Cost (UMAC) Rate Setting

Scope of Work:

Myers and Stauffer calculates and updates brand and generic UMAC reimbursement rates through regular acquisition cost surveys, changes in published pricing and inquiries through the pharmacy help desk.

Responsibilities:

- Provides clinical and technical advice for the UMAC program



Luke Slindee, PharmD

Senior Pharmacy Consultant

• Summary

Dr. Slindee is a pharmacist on the firm's Pharmacy Engagement Team, with a focus on drug ingredient actual acquisition cost (AAC) rate setting, and the AAC plus Professional Dispensing Fee pharmacy reimbursement model. He is actively licensed in Minnesota and Texas.

• Education

PharmD, University of Minnesota, 2008

• Experience

13 years of professional experience

• Licenses/Certifications

Registered Pharmacist – Minnesota & Texas

• Relevant Work Experience

Centers for Medicare & Medicaid Services (2021 – Present)

Survey of Retail Prices

Scope of Work:

Myers and Stauffer performs CMS rate setting for the National Average Drug Acquisition Cost (NADAC). These rates are updated via a monthly voluntary national survey process and weekly through changes in published prices. Additional ad hoc analysis is performed as requested. Myers and Stauffer also consults in areas of reimbursement including specialty drugs, blood clotting factor and the 340B drug program.

Responsibilities:

- Provide clinical oversight to weekly NADAC rate setting processes.
- Interact with pharmacies to ensure quality of survey data and respond to Help Desk rate inquiries.
- Guide ad hoc analyses of pharmacy data upon CMS request.

Louisiana Department of Health (2021 – Present)

Average Acquisition Cost Program and Consulting Services for National Average Drug Acquisition Cost Program for Prescription Drugs

Scope of Work:

Myers and Stauffer provides consulting and pharmacy help desk services for the NADAC reimbursement program. Myers and Stauffer also consults in areas of reimbursement including specialty drugs, blood clotting factor and the 340B drug program.

Responsibilities:

- Provide pharmacy client consulting to Louisiana Department of Health.



Maryland Department of Health (2021 – Present)

Pharmacy Reimbursement Methodology

Scope of Work:

Myers and Stauffer performs services concerning Pharmaceutical Dispensing and State Average Acquisition Cost (SAAC) rate setting which includes calculating and updating single and multi-source brand and generic upper limit reimbursement rates through semi-annual acquisition cost surveys, changes in published pricing, and inquiries through the pharmacy help desk. Myers and Stauffer also conducts semi-annual acquisition cost surveys to set and maintain reimbursement rates for nutritional and compounding products.

Responsibilities:

- Provide clinical oversight to semi-annual SAAC rate setting processes.
- Interact with pharmacies to ensure quality of survey data and respond to Help Desk rate inquiries.
- Provide pharmacy client consulting to Maryland Department of Health.

Ohio Department of Medicaid (2021 – Present)

Pharmacy Pricing and Audit Consultant

Scope of Work:

Myers and Stauffer assists the Department with its initiative to implement a single pharmacy benefit manager that will have responsibility for administering the pharmacy benefit for Ohio Medicaid members enrolled in managed care.

Responsibilities:

- Assist with pharmacy claims audit functions.

Oregon Health Authority (2021 – Present)

Average Actual Acquisition Cost

Scope of Work:

Myers and Stauffer calculates and updates single and multi-source brand and generic upper limit reimbursement rates through semi-annual acquisition cost surveys, changes in published pricings and inquiries through the pharmacy help desk. The rates are then utilized for fiscal impact analyses, aggregate reimbursement tests, methodology modeling, and policy advisement. Myers and Stauffer also conducts an annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Responsibilities:

- Provide clinical oversight to semi-annual AAC rate setting processes and annual claims volume surveys.
- Interact with pharmacies to ensure quality of survey data and respond to Help Desk rate inquiries.
- Provide pharmacy client consulting to Oregon Health Authority.



Edwinlyn Heyward

Senior Manager

Summary

Ms. Heyward is a member of the firm's benefit/program integrity engagement team. She manages the Georgia Estimation (Benefit Testing) Project for the firm. In this role, she monitors the Georgia MMIS, which entails the analysis of samples of Medicaid claims to determine if reimbursement occurred according to Georgia Medicaid and PeachCare for Kids® policies and procedures. Ms. Heyward completed projects such as: Georgia Case Management (CM) Rate Cost Survey, DME Competitive Bidding Analysis, and Georgia MMIS ICD-10 Validation Project.

Prior to working for Myers and Stauffer, LC, Ms. Heyward worked for the Department of Community Health in several roles. Her roles have entailed:

- Interpreted Federal Regulations for the development of policies and procedures for Medicaid programs.
- Performed Program Integrity reviews which involved identifying patterns of inappropriate care and misutilization of Medicaid services as well as complex monitoring and auditing of specific medical services resulting in large recoupments from Medicaid providers.
- Department's liaison during annual Payment Error Rate Measurement (PERM) CMS reviews.
- Implemented work flow processes, review and training guidelines for the Medicaid Administrative Review process.
- Made recommendations for policy revisions based on Administrative Review findings.
- Identified claims' system issues and made recommendations to the Department's Fiscal Agent for resolution.
- Conducted periodic training to the Department's Fiscal Agent Claims' Team and Written Correspondence staff.
- Conducted Provider training sessions throughout Georgia and bordering providers in Florida, South Carolina and Tennessee.
- Represented the Department at different provider associations and organizations by presenting Medicaid information.
- Served as the Team Leader for the Prior Authorization Subsystem, Claims Subsystem and the Contract Tracking Management System during the Georgia MMIS implementation.

Education

Experience



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Bachelor of Science Nursing Degree, Florida A & M University, Graduated June 1974

Over 30 years of Medicaid policies and procedures development. Extensive knowledge of Medicaid claims payment system. Strong background in auditing and analyzing Medicaid claims.

Relevant Work Experience

Myers and Stauffer, LC, 2013 - Present

Georgia Department of Community Health (2013 – Present)

Benefits Testing

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health with benefits testing on the Georgia Medicaid and CHIP (Children Health Insurance Program) claims and payments including computing estimates on the financial liabilities and receivables related to those claims, capitation payments, administrative fees and patient management fees paid in a State Fiscal Year (SFY).

Responsibilities:

- Manage the process of analyzing samples of Medicaid claims to determine if payment occurred according to the Georgia Medicaid and PeachCare for Kids® policies and procedures.
- Manage the process of identifying payments that should not have been made to duplicate or ineligible members or providers.
- Makes recommendations on improving standardized processes related to claim analysis, medical policy and reimbursement in order to maximize productivity and quality.
- Perform quality assurance review on quarterly, yearly audit reports and supporting work papers.
- Interface with the Department of Community Health personnel throughout the process to apprise them of findings.



Paige Ferise

Health Care Consultant

• Summary

Ms. Ferise is a JD/MPH candidate with approximately two years of healthcare law and policy related experience. At Myers and Stauffer, she has worked on several projects across both the consulting and pharmacy engagement teams. She has prepared client deliverables, conducted research, and tracked relevant legislation relating to client concerns. Most recently, she has been working on CCBHC certification reviews and HCBS ARPA funding application reviews.

• Education

J.D. Candidate, Indiana University
M.P.H. Candidate, Indiana University - Purdue
University Indianapolis
B.A., Organizational Communication and Peace and
Conflict Studies, Butler University

• • Experience

6 years of professional experience

Prior Relevant Work Experience •

Community Health Network, Intern – Office of Research Administration (2021)

Responsibilities:

- Reviewed and edited contracts for new clinical trials.
- Maintained compliance documents and files.
- Managed data requests from institutions and reviewed for HIPAA compliance.

Indiana State Department of Health, Refugee Health Assistant – Refugee Health Program (2020 – 2021)

Responsibilities:

- Compiled federal reports related to annual grant funding.
- Processed data from new refugee arrivals.
- Assisted with drafting contracts and memoranda of understanding.

Indiana State Department of Health, Intern – Refugee Health Program (2020)

Responsibilities:

- Assisted with development of a pilot cultural awareness and sensitivity training for staff.
- Assisted with development of a process for reporting health screening payment information to federal funder.
- Researched policy issues that impact access to spoken language interpretation in health care settings in Indiana.

American Red Cross, Governmental Affairs and International Humanitarian Law Intern (2019)

Responsibilities:

- Attended professional training in Washington DC and provided support for the IHL Youth Action Campaign.
- Communicated with Indiana Congressional Delegation regarding relevant policy during the 2020 Indiana General Assembly.
- Traveled to Washington DC to meet with Indiana Congressional Members and discuss relevant policy and updates on the service the Red Cross is providing.

Indiana Legal Services Medical-Legal Partnership, Legal Intern (2019)

Responsibilities:



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- Conducted client intake interviews over the phone as well as in-person at hospitals and clinics.
- Researched legal issues relevant to pending cases and stay up to date with changes in the law.
- Drafted briefs, memos, and motions for pending cases.

Burmese American Community Institute, Pro Bono Civics Teacher and Case Manager (2019)

Responsibilities:

- Taught weekly civics and English classes to Burmese refugees preparing for American citizenship.
- Reviewed naturalization applications and drafted appeal letters on behalf of clients to the United States Citizenship and Immigration Services.
- Assisted in the creation of a "family reunification" plan to unite Burmese refugees with family members.

Purchased, Indianapolis, Survivor Support Intern (2016 – 2017)

Responsibilities:

- Created mentor and survivor programing and activities.
- Drafted training manual for mentors to better support survivors in the program.
- Organized annual fundraising gala for more than 400 attendees.

Women's Studies in Communication, Editor Assistant (2016 – 2017)

Responsibilities:

- Assisted editor with reviewing submissions for peer reviewed journal.
- Reviewed essay submissions and made recommendations to the editor on potential for publication.

Marion County Prosecutor's Office, Major Felonies Intern (2015 – 2016)

Responsibilities:

- Assisted deputy prosecutors in preparation of major felony cases for trial.
- Filed discovery documents, pleadings, and motions with the courts.
- Observed and attended trials and other court proceedings.

Presentations

"Ending The Cycle: Screening for Adverse Childhood Experiences in Perinatal Care," Indiana Health Law Review Symposium, Indianapolis, Indiana, October 2019.

"A Millennial Story: How a Service Learning Experience Wrecked My Plans," International Symposium on Service Learning, Galway, Ireland, June 2017.

"Creating Chaos: A Look Into Media's Role In Creating Mob Mentality," Undergraduate Research Conference, Indianapolis, Indiana, April 2017.

"Creating Chaos: A Look into Media's Role in Creating Mob Mentality," Butler Summer Institute Scholar Spotlight, Indianapolis, Indiana, September 2016



Joseph Connell, CFE

Senior Manager

• Summary

Mr. Connell leads a team of analyst dedicated to ingesting, reviewing and developing analytics related to Medicaid and Medicare programs. He provides support for the firm's health policy engagements and program integrity initiatives by providing reviewing claims and encounter submissions, extensive analysis of claims, provider, member and encounter data that make up a Medicaid Management Information System (MMIS) system. Mr. Connell performs these analyses to identify potential Medicaid Management Information System (MMIS) payment-related issues, as well as overpayments and potential fraud within government sponsored health care programs. He is routinely asked to assist clients in calculating financial impacts of policy changes that states propose. Analysis is performed via file review, data mining and investigational tools to verify claim payments comply with published policies, guidelines, and procedures set forth by the American Medical Association, the American Dental Association, and other state programs. The process includes identifying overpayments, preparing and submitting results to clients, contacting providers for recoupment, and addressing provider appeals.

• Education

B.S., Management, Georgia Institute of Technology,
2006

• Experience

16 years of professional experience

• Affiliations

• Licenses/Certifications

Certified Fraud Examiner

• Relevant Work Experience

Alabama State Department of Education (2018 – Present)

Child and Adult Care Food Program Audit

Scope of Work:

Myers and Stauffer conducts administrative reviews for the Child and Adult Care Food Program throughout the state of Alabama. We successfully completed hundreds of individual on-site CACFP reviews for numerous contracting entities.

Responsibilities:

- Performed quality review on all final contracting entity reports and communications.

Colorado Department of Health Care Policy and Financing (2021 – Present)

Scope of Work:

Responsibilities:



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U.S. Department of Justice (2014 – 2016Present)

Department of Justice Expert Support Services

Scope of Work:

Myers and Stauffer assisted the U.S. Department of Justice and State of Georgia in identifying and quantifying damages resulting from an alleged kickback arrangement.

Responsibilities:

- Identified potential sources of income impacted by arrangement.
- Reviewed supporting information from state claims payment systems, hospital cost reports, billing, and healthcare records systems.
- Developed the testing methodology, and worked with the DOJ to ensure that we were providing the information requested.
- Developed an estimate of damages that resulted from an alleged kickback.
- Serve as a technical resource for the project.

Georgia Department of Community Health (2009 – Present)

Care Management Organization Compliance

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health with providing oversight and monitoring of the Georgia Families Care Management Organizations.

Responsibilities:

- Developed dashboard suite to monitor implementation and oversight of CMOs (MCOs)
- Monitor data submissions to Department, monitor trends
- Review CMO information systems to test data continuity and integrity.
- Responsible for developing our encounters reconciliation project.
- Provided assistance reviewing claims data integrity for each of the CMOs claims and encounter processing systems.
- Perform ad hoc analysis in conjunction with this project.
- Monitor the plans Program Integrity process.
- Calculate financial impact of changing provider eligibility in enhanced payment rates.

Georgia Department of Community Health (2008 – Present)

Benefits Testing

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health to evaluate the accuracy of benefit payments made through the Medicaid program and Children's Health Insurance Program (CHIP).

Responsibilities:

- Developed analytical procedures to identify duplicate capitation payments, and calculate the financial impact of errors identified in testing.
- Responsible for developing the samples that our analyst review for payment accuracy.
- Assess the department with compliance of state legislation.

Georgia Department of Community Health (2010 – Present)

Payment Error Rate Measurement (PERM)

Scope of Work:

Myers and Stauffer assists the state in developing PERM universes to submit to the federal contractors.

Responsibilities:

- Responsible for building Georgia's claims universe for submission to the PERM contractors.
- Assist the state in identifying claim payment methodologies and answering questions from the review and statistical contractors.



Georgia Department of Community Health (2013 – Present)

Recovery Audit Contractor

Scope of Work:

Myers and Stauffer provides recovery audit contractor (RAC) services and assistance in criminal and civil fraud cases for the Georgia Department of Community Health and Georgia Medicaid Fraud Control Unit.

Responsibilities:

- Developed ad hoc analyses that have identified over and under payments.
- Provide quality assurance testing for others analyses.
- Serve as a technical resource for the project.

Indiana Family & Social Services Administration (2022 – Present)

External Quality Review

Scope of Work:

Myers and Stauffer supports QSource, Inc. by performing selected EQRO protocols of the managed care health plans providing services to the three Indiana managed care programs.

Responsibilities:

Louisiana Department of Health (2013 – 2015Present)

Recovery Audit Contractor (RAC)

Scope of Work:

Myers and Stauffer assisted the department by enhancing overall program integrity efforts through the recovery audit contractor (RAC) program in accordance with federal and state laws.

Responsibilities:

- In charge of acquiring the claims, encounter, provider and member data.
- Provided quality assurance for others analysis on the project.
- Developed ad hoc analysis that was utilized to identify over payments.

Maine Department of Health and Human Services (2014 – Present)

Promoting Interoperability Program Audit

Scope of Work:

Myers and Stauffer assists the department in planning, developing, implementing, operating and auditing various functions of the Medicaid Electronic Health Records (EHR) Incentive Program for the Maine Department of Health and Human Services.

Responsibilities:

- In charge of acquiring the claims, encounter, provider and member data.

Mississippi Division of Medicaid (2015 – Present)

Outsourced Financial Reviews of Mississippi Coordinated Access Network (MississippiCAN) and Health Information Technology/Health Information Exchange (Health IT/HIE)

Scope of Work:

Myers and Stauffer assists the division in a wide-ranging assessment of the health plans' contract compliance. Under the contract, we perform encounter claim to cash disbursement journal reconciliations to assess completeness; assess encounter claim accuracy under the Centers for Medicare & Medicaid Services (CMS) EQR Protocol 5; review capitation payments for payment accuracy and potential duplicated capitation payments; provide examination services of MLR report filings; provide review services of administrative expenses, perform consulting services related to risk adjustment, perform other compliance testing of other monthly monitoring tools; and assisted with the development of a quality improvement strategy and evaluate options for other forms of directed payments.

Responsibilities:

- Developed analytical tests to identify members that were enrolled in the program more than once.

Mississippi Division of Medicaid (2015 – Present)



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Managed Care Organization (MCO) Medical Loss Ratio (MLR) Reviews

Scope of Work:

Myers and Stauffer provides medical loss ratio examination services of the three managed care organizations to the Mississippi Division of Medicaid.

Responsibilities:

- Developed methodology for identifying members enrolled in Medicaid multiple times.
- Reviewed managed care plans oversight of their vendors.
- Provided Quality Assurance for Managed Care encounter reconciliation.
- Developed metric to measure Medicaid population health and compare against national benchmarks.

Oregon Health Authority (2019 – 2020Present)

Oregon Managed Care Consulting Services

Scope of Work:

The Oregon Health Authority (OHA) and Oregon Department of Justice (DOJ) contracted with Myers and Stauffer to perform services related to the investigation of overpayments for dual eligible members.

Responsibilities:

- Work with agency to acquire member data and capitation data.
- Develop repricing methodology for capitation payments.
- Conduct interviews to better understand OHA business rules.

Presentations

A"Driving Program Improvements and Controlling Costs with Advanced Analytics & Reporting, Perspectives from Managed Care Programs," Medicaid Enterprise Systems Conference (MESOC), St. Louis, Missouri, 2016.

B"PERM Reconciliation," CMS Best Practices Call, Teleconference, 2014.



Jillian Kuether, MS

Manager, Myers and Stauffer LC

Ms. Kuether performs research, data analysis, data validation, reconciliation, and legislative monitoring of the public health care marketplace. She supports a number of engagements involving reimbursement methods, data, data analytics, managed care compliance, and health care coding issues. She reviews claims data; performs reconciliations and data validations; communicates issues and findings; and drafts reports.

Education

M.S., Applied Statistics, Kennesaw State University, 2017/B.S., Mathematics, Minor in Applied Science and Data Analysis, Kennesaw State University, 2015

Experience

6 years of professional experience

Relevant Work Experience

Myers and Stauffer LC (2016 – Present), Manager

- **Georgia Department of Community Health:** Oversight and monitoring of Georgia Families CMOs, including:
 - Review CMO-submitted provider payment data for comparison to encounter submissions.
 - Analyze payment variances between CMO-submitted data and the State's encounter data for inaccurate or missing encounter submissions.
 - Draft report and provide recommendations for encounter data issues identified through reconciliation with the CMOs' data.
 - Review and provide streamlined feedback on CMOs' merger readiness plans for potential areas of concern, including analysis of call center volume projections for appropriate number of representatives.
- **Louisiana Department of Health:** Oversight and monitoring of the Healthy Louisiana (formerly known as Bayou Health) program MCOs.
 - Review MCO-submitted provider payment data for comparison to encounter submissions.
 - Analyze payment variances between MCO-submitted data and the State's encounter data for inaccurate or missing encounter submissions.
 - Draft report and provide recommendations for encounter data issues identified through reconciliation with the MCOs' data.
- **Mississippi Division of Medicaid:** Assists the Division in a wide-ranging assessment of the health plans' contract compliance. Under the contract, we perform encounter claim to cash disbursement journal reconciliations to assess completeness; assess encounter claim accuracy under CMS EQR Protocol 5; review capitation payments for payment accuracy and potential duplicated capitation payments; provide examination services of MLR report filings; provide review services of administrative expenses, perform consulting services related to risk adjustment, perform other compliance testing of other monthly monitoring tools; and assisted with the development of a quality improvement strategy and evaluate options for other forms of directed payments.
 - Review CCO submitted provider payment data for comparison to encounter submissions.
 - Analyze payment variances between CCO submitted data and the State's encounter data for inaccurate or missing encounter submissions.
 - Draft report and provide recommendations for encounter data issues identified through reconciliation with the CCOs' data.
 - Summarize CCOs' payments to providers by State-requested criteria.



APPENDIX A: RESUMES

March 3, 2020

- Conduct interviews with CCO subcontractors regarding oversight, claims adjudication, provider/member data integrity, encounter data submission, and payment processing.
- Draft report and provider recommendations for subcontractor procedure/data issues and CCO subcontractor oversight.
- Review pharmacy and inpatient encounter data for potential overpayments and monitor recoveries.
- In depth review of NET service records for completeness, appropriateness of miles traveled, and accuracy of state reporting.

CAN Capital (2015 – 2016), Payment Procurement Analyst

- Perform data analysis on payment schedules, attrition, and uncompensated care cost (UCC) filings.
- Utilize Excel to perform advanced functions factual data for management decisions relating to customers and advises management on best course of action.
- Responsible for developing Excel formulas for tracking processed payments, returned payments, and UCC filings.
- Track, record, and process payments to specific CAN Capital accounts made through automated clearing house, wire, and check.
- Research accounts to investigate payment processing issues.
- Investigate returned checks, track attrition, and process the resubmission of payments.
- Investigate merchant accounts that exhibit unusual payment performance.
- Identify and assist merchants failing to operate in compliance with their contract.



Mitch Keister Manager

Summary

Mr. Keister, a manager with Myers and Stauffer, has technical and analytical experience focusing on Medicaid reimbursement, managed care compliance and Federal reporting. He has experience assisting state managed care initiatives with review of claims payment, encounter data accuracy, claims reimbursement, and denials, as well as identification of duplicate beneficiaries and on-site oversight and compliance reviews. He has experience assisting multiple state Medicaid programs in preparing data deliverables for the Centers for Medicare & Medicaid Service's (CMS) Payment Error Rate Measurement (PERM) review program. He has also provided support to the PERM statistical contractor by researching and answering questions related to state Medicaid and CHIP expenditures. In addition, Mr. Keister assisted Myers and Stauffer in their role as a contractor for the New Mexico Human Services Department for the review of Medicaid Federal expenditure reporting.

Education

M.B.A., Georgia Institute of Technology, 2017
B.S., Aerospace Engineering, Georgia Institute of Technology, 2009

Experience

8 years of professional experience

Affiliations

Licenses/Certifications

Relevant Work Experience

U.S. Department of Justice (2014 – 2016Present)

Department of Justice Expert Support Services

Scope of Work:

Myers and Stauffer assisted the U.S. Department of Justice and State of Georgia in identifying and quantifying damages resulting from an alleged kickback arrangement.

Responsibilities:

- Reviewed and consolidated various data sources from different systems to better understand the scope of damages for the case against Tenet Healthcare.
- Provided support to the US Department of Justice with regular summary reporting and recommendations on approach to different requests for information.

Georgia Department of Community Health (2014 – Present)

Care Management Organization Compliance

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health with providing oversight and monitoring of the Georgia Families Care Management Organizations.



Responsibilities:

- Analyzed managed care encounters and data samples supplied by the CMO to validate the information reported by the CMO to the State Medicaid Management Information System (MMIS).
- Generated summary information and highlighted potential data issues identified in my analysis.
- Processed claims data samples supplied by the Care Management Organizations (CMO) and compared the samples to managed care encounters in the State's Medicaid Management Information System (MMIS).
- Assisted in generating summary reports outlining the results of our comparison, including potential claim line underpayments and overpayments.

Georgia Department of Community Health (2014 – Present)

Payment Error Rate Measurement (PERM)

Scope of Work:

Myers and Stauffer assists the state in developing PERM universes to submit to the federal contractors.

Responsibilities:

- Processed Medicaid Fee for Service (FFS) claims and financial transaction records supplied by the Fiscal Agent Contractor (FAC) and generated claim and fixed payment universe extracts supplied to Lewin, the PERM statistical review contractor.
- Provided support to the PERM statistical review contractor by researching and answering questions about the claims and fixed payment universe and detail samples.

Iowa Department of Human Services (2020 – Present)

Managed Care Organization Consulting

Scope of Work:

Myers and Stauffer LC, as a subcontractor to Optumas, is performing verification testing of the Medicaid managed care organizations' (MCO) financial information for related party medical claims expense, pharmacy expense, and administrative expenses reported on the MCO Reporting Template (MRT) for the two year period ending December 31, 2018.

Responsibilities:

- Performed interviews with managed care organization (MCO) staff to understand the root cause of claims processing system configuration issues and subsequent configuration corrections.
- Requested and reviewed documentation, Medicaid claims data, pricing data, and other supporting information.
- Developed system logic to test millions of paid and denied claims against state policy requirements, MCO adjudication policies, Iowa Medicaid fee schedules and CMS NCCI edits to identify potential discrepancies in expected claim adjudication outcomes.
- Provided findings and recommendations as a result of work performed as well as suggestions for future claims processing monitoring.
- Managed team of analysts to perform review.

Louisiana Department of Health (2019 – Present)

Payment Error Rate Measurement

Scope of Work:

Myers and Stauffer provides the initial planning, internal organization and education, as well as preparing surveys and attending CMS education webinars.

Responsibilities:

- Processed Medicaid Fee for Service (FFS) claims and financial transaction records supplied by the Fiscal Agent Contractor (FAC) and generated claim and fixed payment universe extracts supplied to Lewin, the PERM statistical review contractor.
- Provided support to the PERM statistical review contractor by researching and answering questions about the claims and fixed payment universe and detail samples.

Maine Department of Health and Human Services (2015 – Present)



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Promoting Interoperability Program Audit

Scope of Work:

Myers and Stauffer assists the department in planning, developing, implementing, operating and auditing various functions of the Medicaid Electronic Health Records (EHR) Incentive Program for the Maine Department of Health and Human Services.

Responsibilities:

- Process MaineCare Medicaid claims data extracts supplied monthly by the MaineCare Fiscal Agent Contractor (Molina).
- Import the claims data into our internal systems and provide access to the analysts working on specific tasks for the Maine Audit Services project.
- Perform ad-hoc queries of the MaineCare Medicaid claims data to provide data summaries for the analysts working on specific tasks for the Maine Audit Services project.

Mississippi Division of Medicaid (2015 – Present)

Outsourced Financial Reviews of Mississippi Coordinated Access Network (MississippiCAN) and Health Information Technology/Health Information Exchange (Health IT/HIE)

Scope of Work:

Myers and Stauffer assists the division in a wide-ranging assessment of the health plans' contract compliance. Under the contract, we perform encounter claim to cash disbursement journal reconciliations to assess completeness; assess encounter claim accuracy under the Centers for Medicare & Medicaid Services (CMS) EQR Protocol 5; review capitation payments for payment accuracy and potential duplicated capitation payments; provide examination services of MLR report filings; provide review services of administrative expenses, perform consulting services related to risk adjustment, perform other compliance testing of other monthly monitoring tools; and assisted with the development of a quality improvement strategy and evaluate options for other forms of directed payments.

Responsibilities:

- Reviewed Mississippi Medicaid claims data and beneficiary enrollment data to identify potential duplicate beneficiary managed care capitation payments.
- Summarized our findings for the State.

New Jersey Department of Health (2014 – 2018Present)

Delivery System Reform Incentive Payment (DSRIP)

Scope of Work:

Myers and Stauffer led the development of New Jersey's DSRIP initiative. We represented the state in hundreds of hours of meetings and discussions with both CMS and the provider industry. We had the lead role in developing the Planning Protocol, Funding and Mechanics Protocol, and assisted the state in the amendments to the Special Terms and Conditions of the 1115 waiver. We spearheaded the New Jersey DSRIP Quality and Measures subcommittee tasked with developing the menu of hospital quality projects to support achievement of the demonstration goals. Myers and Stauffer designed the DSRIP application and audit approach that was approved by CMS to confirm DSRIP eligibility and to provide ongoing monitoring of performance through quarterly reporting procedures and conducted the semiannual DSRIP project assessments. We evaluated performance assessments to confirm milestone achievement and submit findings for state and CMS approval for incentive award payment. Myers and Stauffer used the CMS and state approved findings to generate payment for distribution to the participating hospital providers.

Responsibilities:

- Modified SAS scripting created for use by CMS to calculate 30-day readmission metrics for New Jersey hospitals using Medicaid claims data.
- Calculated the risk-adjusted readmission rates for specific conditions including heart failure, chronic obstructive pulmonary disease, pneumonia, and acute myocardial infarction.

New Jersey Department of Health (2018 – 2019Present)

Delivery System Reform Incentive Payment (DSRIP) Program Support and Consulting

Scope of Work:



As a subcontractor to Public Consulting Group, Myers and Stauffer performs demonstration year six appeals for the New Jersey DSRIP program.

Responsibilities:

- Modified SAS scripting created for use by CMS to calculate 30-day readmission metrics for New Jersey hospitals using Medicaid claims data.
- Calculated the risk-adjusted readmission rates for specific conditions including heart failure, chronic obstructive pulmonary disease, pneumonia, and acute myocardial infarction.

New Mexico Human Services Department (2018 – Present)

CMS-64 Reconciliation Services

Scope of Work:

Myers and Stauffer assists the Department in the review of their Form CMS-64 reports for quarterly Federal reporting of Medicaid and CHIP expenditures.

Responsibilities:

- Analyzed Medicaid Fee for Service (FFS) claims and financial transaction records supplied by the State to validate Medical Assistance Payments (MAP) reported on the State's quarterly Form CMS-64 report.
- Reviewed the application of Federal Financial Participation matching rates to MAP expenditures reported on the Form CMS-64 to validate the calculation of the MAP Federal share.
- Generated summary reports outlining the results of our analysis, including potential over-reporting or under-reporting of the MAP Federal share.



Terri Branning

Senior Manager, Myers and Stauffer LC

Ms. Branning has worked in the health care industry for more than 41 years. She has extensive experience supporting state Medicaid agencies with stakeholder engagement, strategic planning, process improvement, procurement planning, and the design of health care delivery and payment system transformations. She has supported states with new initiatives, including State Innovation Model planning and evaluation, implementation of a CCBHC demonstration, and procurement and onboarding of MCOs. Her experience spans both public and private health care settings, which has provided her with in-depth knowledge of managed care delivery models including program design, implementation, and monitoring and oversight activities.

Education

B.S., Nursing, Emory University, 1979

Experience

41 years of professional experience

Relevant Work Experience

Myers and Stauffer LC (2015 – Present), Senior Manager

- **Hawaii Department of Human Services:** Support managed care procurement and aspects of VBP program design for the State's delivery system transformation efforts:
 - Assisted with development of a Request for Information (RFI) to obtain stakeholder insights about VBP models and other delivery system considerations. Interviewed the State's contracted MCOs and the external quality review organization (EQRO) to obtain input on the current managed care delivery system.
 - Assisted with development of program design considerations and recommended RFP and contract requirements for procurement of Medicaid MCOs.
 - Assisted with development of a proposal evaluation tool for the Medicaid managed care procurement.
 - Supported development of the Medicaid Quality Strategy and MCO monitoring and oversight reporting.
- **Kentucky Cabinet for Health and Family Services:** Provide technical assistance to the Department for Medicaid Services, including supporting managed care procurement activities and recommendations for performance management oversight of the contracted MCOs:
 - Supporting implementation of a PBM contract that will support the managed care program. Participating in meetings with the PBM, MCOs, and Department. Reviewing and commenting on draft materials submitted by the PBM.
 - Managed development of program design considerations for procurement of MCOs to administer services to Medicaid enrollees, including development of a new managed care single MCO delivery model, Supporting Kentucky Youth (SKY), for children and youth in foster care or receiving adoptive assistance, and certain youth involved in juvenile justice system. Drafted RFP and MCO contract requirements.
 - Interviewed Department and sister agency staff to support recommendations for the managed care procurement and to assess existing infrastructure for performance management oversight.
 - Supported the Medicaid and child welfare services departments with preparation for and implementation of the SKY MCO contract. Conducted an environmental assessment of the child welfare services department and recommended staffing, business processes, technology, communications, and training. Provided project management, supporting internal governance and reporting, and facilitated multiple interdepartmental work groups to develop or modify business processes and workflows.
 - Assisted with MCO readiness reviews, including development of a readiness review tool, staff training, and other materials. Drafted findings reports, including reports for CMS for two newly contracted MCOs.



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March 2020

- **Nevada Department of Health and Human Services:** Supported implementation and onboarding of four Medicaid MCO contracts and development of a managed care information strategy, and reviewed key business processes for redesign and reengineering to improve the effectiveness and efficiency of the Medicaid Division:
 - Developed and implemented the MCO onboarding Command Center to support an efficient and well-organized MCO onboarding process.
 - Created a multi-stakeholder communication plan addressing key communications, such as frequently asked questions for providers, open enrollment update(s), and internal Command Center procedures.
 - Created an external dashboard reporting on MCO performance results for public posting.
 - Provided business recommendations for key MCO contract amendments.
- **Georgia Department of Community Health:** Oversight and monitoring of Georgia Families Care Management Organizations (CMOs):
 - Assisted with CMO readiness reviews and participated in CMO onboarding Command Center operations.
 - Supported the State's member communication strategy during the CMO onboarding process, including targeted communications related to the CMO auto-assignment process.
 - Assisted with the development of CMO performance dashboards during onboarding, including development of processes for monitoring participation of behavioral health providers in the CMO networks.

Georgia Department of Community Health (DCH), (2010 – 2015), Executive Business Analyst

- Led major Medicaid procurements and supported implementation with dedicated internal project teams. Supported the development of proposal evaluation tools with State procurement staff.
- Developed and implemented a Medicaid program, in collaboration with multiple child-serving state agencies, to transition approximately 24,000 children and youth in foster care, adoption assistance, and the juvenile justice system into risk-based managed care with enhanced care coordination and increased clinical oversight.
- Developed CMO contract and supported the State's actuarial vendor in developing capitation rates. Participated in CMS State Technical Assistance Team meetings to determine required federal authorities.
- Led the CMO readiness review and supported the management and resolution of corrective actions.
- Managed Command Center activities to ensure a successful transition of the new program across agencies.
- Managed an initiative to develop a program to provide care coordination and case management to the vulnerable ABD member population. Facilitated stakeholder taskforces charged with developing the program design and participated in meetings with CMS to determine required federal authority.
- Facilitated stakeholder engagement with multi-disciplinary taskforces, which included provider organizations, advocacy groups, child-serving state agencies, and contracted vendors. Implemented successful strategies to engage stakeholders who collaborated in program design, implementation planning, and statewide communication.

Georgia Department of Community Health, (2007 – 2010), Consultant

- Served as the interim Chief of the State Health Benefit Plan with responsibility for administering benefits for more than 700,000 Georgia state and public school employees and retirees with a \$2.6 billion budget.

HealthCare Advisory Services, Atlanta, Georgia, (1994 – 2006), President

- Consultant to the Georgia Department of Community Health (DCH) during the development, procurement, and implementation of the Medicaid managed care program which transitioned more than one million Medicaid beneficiaries to full-risk managed care. Led readiness review and Command Center activities for onboarding the new CMOs, including tracking and oversight of CMO provider network development, claims processing, and call center performance.

CIGNA HealthCare of Georgia, Atlanta Georgia, (1983 – 1994), Vice President and Health Plan Manager, Director of Operations, Director of Planning, Analysis and Development, Director of Provider Relations and Assistant Director of Health Services

Egleston Children's Hospital and Grady Memorial Hospital, Atlanta, Georgia, (1979 – 1983), Pediatric Critical Care Nurse



Annie Hallum, FSA, MAAA

Consulting Actuary, Milliman

Ms. Hallum is a consulting actuary with Milliman's Health practice. She joined the firm in 2009, and has more than 12 years of experience providing actuarial support and consulting to state Medicaid agencies. Her experience includes conducting capitation rate setting over the past 11 years, as well as cost effectiveness projections, fiscal analysis, benchmarking of experience, and provider payment design and evaluation. Ms. Hallum will serve as an overall Actuarial Project Lead and a point of contact for BMS.

Education

B.S., Statistics, *Magna cum Laude* University of Washington, 2009/B.A., Mathematics, and Economics, *Magna cum Laude*, University of Washington, 2009

Experience

12 years of professional actuarial experience, including:

Medicaid managed care rate setting:

- Hawaii (2010 – 2015; 2019 – 2020).
- Nevada (2009 – 2015).
- Utah (2019 – 2021).
- Vermont (2019 – 2021).
- Washington (2009 – 2015; 2019 – 2021).
- Wyoming (2017 – 2018).

Other rate setting (e.g., provider payment rates):

- Colorado (2019).
- Idaho (2017 – 2018).
- Minnesota (2017 – 2018).
- Nebraska (2017 – 2018; 2021).

Certifications

Member, American Academy of Actuaries (MAAA), 2012

Fellow, Society of Actuaries (FSA), 2013

Relevant Work Experience

Milliman (2009 – 2015, 2019 – Present), Consulting Actuary

Navigant/Guidehouse (2017 – 2018), Associate Director

Relevant project experience:

- **Hawaii Department of Human Services**
 - Risk mitigation settlements (2019 – Present).
 - Development of Medicaid capitation rates for CCS (2019 – 2020) and QI (2012 – 2015).
 - Development of Affordable Care Act enhanced physician fee schedule for provider payments and quarterly calculation of enhanced payments by provider (2013 – 2015).
- **Nevada Department of Healthcare Financing and Policy**
 - Risk adjustment and risk mitigation settlements (2010 – 2015).



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- Development of Medicaid capitation rates for Temporary Assistance for Needy Families (TANF), State CHIP (SCHIP), disabled, and expansion populations (2009 – 2015).
- **Utah Department of Health**
 - Development and certification of Medicaid capitation rates for TANF, SCHIP, disabled, and expansion populations (2019 – Present).
 - Risk adjustment (2019 – Present).
 - Assistance with 1115 waiver design and evaluation (2019 – Present).
- **Vermont Agency of Human Services**
 - Development of Medicaid capitation rates for TANF, disabled, long-term services and supports (LTSS), and expansion populations (2019 – Present).
- **Washington Health Care Authority**
 - Risk adjustment (2010 – 2015; 2019 – Present).
 - Development of Medicaid capitation rates for TANF, SCHIP, foster care, disabled, expansion, and Programs of All-Inclusive Care for the Elderly (PACE) populations (2010 – 2015; 2019 – Present).
 - Provider payment rate and hospital tax program updates (2018, 2020 – Present).
- **Wyoming Department of Health**
 - Development of Medicaid capitation rates for PACE and youth behavioral health care management populations (2017 – 2018).
- **Colorado Department of Healthcare Policy and Financing**
 - Development of all-payer hospital budget model (2019).
- **Idaho Department of Health and Welfare**
 - Assisted with provider payment rate development for LTSS (2017 – 2018).
 - Review of Medicaid managed care dental rates (2018).
- **Minnesota Department of Health**
 - Assisted with payment rate calculations and simulation modeling of the fiscal impact of updating its Medicaid inpatient All-Patient Refined diagnosis-related group (APR-DRG) payment system (2018).
- **Nebraska Department of Health and Human Services**
 - Assisted with payment rate calculations and simulation modeling of the fiscal impact of annual updates to its Medicaid inpatient APR-DRG based methodology and converting its outpatient payment system from a cost-based methodology to enhanced ambulatory patient groups (EAPGs) (2017 – 2018).

Publications

- **Direct Contracting Duals Model: Medicaid MCOs Managing Medicare FFS Costs for Dual-Eligible Beneficiaries**, 04 February 2021, Nicholas Johnson, Sam Shellabarger, Annie Hallum
 - https://us.milliman.com/-/media/milliman/pdfs/2021-articles/2-8-21-direct_contracting_duals-v1.ashx
- **Key insights into 2021 Medicare Advantage D-SNP landscape**, 18 November 2020, Nicholas Johnson, Annie Hallum, Nick Gipe
 - <https://us.milliman.com/en/insight/key-insights-into-2021-medicare-advantage-dsnp-landscape>
- **Medicaid Dental Program Delivery Systems**, 11 May 2020, Joanne Fontana, Annie Hallum, Catherine Lewis
 - <https://us.milliman.com/en/insight/medicaid-dental-program-delivery-systems>



Justin C. Birrell, FSA, MAAA

Consulting Actuary (Principal), Milliman

Mr. Birrell has 26 years of actuarial experience in a variety of health-related areas. His primary focus over the last 20 years has been Medicaid managed care rate setting. This has involved work for states, including Florida, Hawaii, Idaho, Nevada, Utah, Vermont, and Washington. His experience includes:

- Current work in multiple states to develop rates and an appropriate structure integrating both the Medicare and Medicaid component of costs into a rate for members eligible for both programs.
- Experience in developing rate structures for integrated (medical, mental health, chemical dependency, and long-term care) health care models for Medicaid recipients that improve health care and reduce expenditures, including CMS documentation of rates and rate structures.
- Expertise in the development and documentation of Medicaid capitation rates in multiple states for managed care services for TANF, ABD, and other unique Medicaid populations, including those eligible for Medicare or only eligible for Medicaid benefits.
- Experience in documentation of cost effectiveness for Medicaid programs.
- Experience risk adjusting Medicaid capitation rates.
- Experience in developing NET rates for Medicaid populations.
- Expertise in analyzing large claims databases and health care modeling.
- Design and evaluation of pay-for-performance incentives in Medicaid managed care programs.
- Development of PACE rates.

Education

B.S., Mathematics Brigham Young University, 1994

Experience

25 years of professional experience with 20 years in Medicaid managed care for multiple states.

Certifications

Member, American Academy of Actuaries (MAAA) – 2007

Fellow, Society of Actuaries (FSA) – 2010

Relevant Work Experience

Milliman (1995 – Present), Principal and Consulting Actuary

- **Washington Health Care Authority:**
 - Preparation and management of risk adjustment analysis for managed care plans including LTSS risk adjustment (2000 – Present).
 - Development of Medicaid capitation rates for TANF, disabled, dual-eligibles, SCHIP, and expansion populations. Some programs included LTSS and behavioral health, as well as medical (2000 – Present).
 - Development of cost effectiveness documentation for new programs (2012 – Present).
 - Development of reporting templates for expansion risk mitigation and financial reporting including MLR evaluation (2000 – Present).
 - Produced databook and scoring methodology for MCO procurements (2000 – Present).
 - Fiscal impact analyses on ad-hoc basis (2000 – Present).



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March 1, 2022

- **Hawaii Department of Human Services:**
 - Preparation and management of risk adjustment analysis for managed care plans (2014 – Present).
 - Development of Medicaid capitation rates for TANF, disabled, dual-eligibles, SCHIP, and expansion populations including medical, LTSS, and behavioral health (2005 – Present).
 - Development of projections of the impact of benefit and enrollment changes including the impact of ACA legislation on state expenditures (2012 – 2014).
 - Development of reporting guide to evaluate plan performance and MLR review (2002 – Present).
 - Produced databook and scoring methodology for MCO procurements (2005 – Present).
 - Fiscal impact analyses on ad-hoc basis (2005 – Present).
- **Nevada Department of Health and Human Services:**
 - Development of Medicaid capitation rates (TANF and SCHIP) for dual demonstration program (2013 – 2019); peer review (2002 – 2019).
 - Fiscal impact analyses on ad-hoc basis (2002 – 2009).
- **Vermont Agency of Human Services:**
 - Development of Medicaid expansion capitation rates for newly eligible population (2012 – 2020).
- **Utah Department of Health:**
 - Development of behavioral health and NET rates (2010 – Present).
- **Washington Department of Social and Health Services:**
 - Development of PACE rates (2007 – Present).
- **Idaho Department of Health and Welfare:**
 - Development of projections of the impact of benefit and enrollment changes including the impact of ACA legislation on state expenditures (2013 – Present).
 - Georgia, Illinois, Pennsylvania, Washington, and Wisconsin. (2008 – 2015).
- **Florida Agency for Health Care Administration:**
 - Acute care services for children, parents, pregnant women, disabled, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), serious mental illness (SMI), child welfare, long-term care, and dual-eligible populations. LTSS for elderly and physically disabled populations. Additionally, development of PACE, SNP, dental, and NEMT rates. Member of Florida's Statewide Medicaid Managed Care procurement negotiation team. (1999 – Present).
 - Chronic Disability Payment System (CDPS) +Rx with category weights customized to Florida covered benefits and provider payment levels, including model customization for serious mental illness individuals and children receiving private duty nursing (PDN) services. Use of functional assessment based risk scores for the PACE program. (2010 to Present).

Publications

- **Building blocks: Block grants, per capita caps, and Medicaid reform, 31 January 2017, Brad Armstrong, Jennifer Gerstorff, Nicholas Johnson and Justin Birrell, <https://us.milliman.com/en/insight/building-blocks-block-grants-per-capita-caps-and-medicare-reform>**



Mac Xu, FSA, MAAA

Milliman

Actuarial Project Lead

Mac is an experienced Medicaid actuary with more than 14 years of consulting experience in the Medicaid managed care space. His experience includes the development of capitation rates, health plan financial reporting, review and analysis, risk adjustment design and implementation, hospital DRG rate rebasing, medical cost benchmarking, trend and non-medical development, CMS final rule MLR reporting and calculation, risk corridor design and reconciliation, Medicaid expansion analysis, and fiscal impact analysis of State legislature initiatives and CMS mandated program changes.

WV Role: Lead Actuary

- ✓ 14 years of experience with Medicaid managed care rate setting
- ✓ Member of the American Academy of Actuaries (MAAA)
- ✓ Fellow of the Society of Actuaries (FSA)

Education

Master of Science in Actuarial Science, Georgia State University, Atlanta, GA, 2006

Master of Arts in Economics, Fudan University, Shanghai, China, 2002

Bachelor of Arts in Economics, Fudan University, Shanghai, China, 1999

Experience

14 years professional actuarial experience including:

Certifying Medicaid managed care rates:

- New Jersey (2018-2021)
- Kansas (2014 – 2017)
- Tennessee (2013-2014)
- Georgia (2012 – 2014)

Certifications

Fellow of the Society of Actuaries (FSA), Society of Actuaries, 2012

Member of the American Academy of Actuaries (MAAA), American Academy of Actuaries, 2010

Relevant Work Experience

Milliman, Inc (2021 - Present), Consulting Actuary

Mercer (2007 – 2012, 2018-2021), Principal

Aon (2012-2017), Vice President

Relevant project experience:

- State of New Jersey, Department of Human Services, Division of Medical Assistance and Health Services (2018-2021)
 - Develop and certify actuarially sound capitation rates for the State's managed LTSS (MLTSS) program which covers approximately 60,000 members, including HCBS and NF.
 - Modify the rate development process related to patient liability inclusion with improved rate accuracy for rates gross of patient liability



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- Collaborate with risk adjustment team to apply MLTSS specific risk adjustment model and membership enrollment mix adjustment model to the development of MCO specific blended payment rates
- Perform HCBS and NF enrollment mix scenario testing to model the uncertainties of COVID impact on blended rates
- Partner with clinical team to apply efficiency adjustment to the blended rate development by integrating clinical approach and actuarial approach
- Design and visualize key performance indicators specific to the MLTSS program for the State to monitor plan-level performance variations and ongoing changes.
- **State of California, Health and Human Services Agency, Department of Health Care Services (2018-2021)**
 - Develop a new CMS final rule MLR reporting template and instructions for the State's CalAIM managed care program to comply with CMS requirements.
 - Develop medical trend and administration assumptions for use in the development of capitation rates for the State's Two Plan, Geographic Managed Care, and County Organized Health Systems programs
 - Support the Department of Health Care Services with add-on rate development and pre-print review in designing and implementing various physician-related directed payment programs, including value-based purchasing strategies for its entire managed care program.
- **Florida, North Carolina, Texas, and CMS (2007-2012)**
 - Led the collection and validation of financial data for more than 10 plans, development of comprehensive Data Book inclusive of continuance tables, Actuarial equivalency and sufficiency test tool, capitation rate development models, waiver budget neutrality calculation, and fiscal impact analysis of complex program changes for the reform component of Florida Medicaid managed care program.
 - Managed the summer desk review of MA-PD and PDP bids for CMS
 - Conducted savings calculations for North Carolina's CCNC program
 - Developed PACE UPL and Care Management Rate for Maternity Program for North Carolina
 - Led the savings calculation and reconciliation of the State's disease management program for Texas
- **State of Kansas, Department of Health and Environment (2014-2017)**
 - Develop and certify actuarially sound capitation rates for KanCare, the State's comprehensive Medicaid managed care program which covers approximately 450,000 acute care and long-term care (LTC) members
 - Estimate the 10-year enrollment and budget impact of Medicaid expansion to the State, which was presented during the State legislation process.
 - Design and implement a budget-neutral risk adjustment process with a nationally recognized risk adjustment model, including a feasibility study, rate cell reconfiguration, and risk weight calibration.
 - Design and implement a service setting mix-based risk adjustment process for the blended LTSS capitation rates across HCBS and NF members.
 - Redesign a risk corridor program for intellectual/developmental disability rates, which reduced the State's risk corridor settlement payments to the health plan by millions of dollars.
- **State of Tennessee, Division of TennCare (2013-2014)**
 - Develop and certify actuarially sound capitation rates for the State's integrated Medicaid managed care program, TennCare's, non-CHOICES (acute care) and CHOICES (LTSS) programs, which covers approximately 1.3 million non-CHOICES members, including Temporary Assistance for Needy Families and related, uninsured and uninsurable, disabled, and dual-eligible populations, and 30,000 CHOICES members.
- **State of Georgia, Department of Community Health (2012-2014)**
 - Develop and certify actuarially sound capitation rates for the Georgia Families program, the State's Medicaid managed care program, which covers approximately one million members, including low income families, CHIP, and foster care and adoption assistance.
 - Design and implement a new Georgia Families 360 program which covers foster care and adoption assistance children who were previously served under fee-for-service (FFS).
 - Develop and certify incurred but not reported estimates for the State's entire Medicaid and CHIP program, including both FFS and managed care members.
 - Implement federally mandated enhanced primary care provider rate increases and Health Insurance Provider Fees



Nicholas R. Gersch, ASA, MAAA

Associate Actuary, Milliman

Mr. Gersch is a credentialed actuary with more than six years of experience working with Medicaid and CHIP. His actuarial experience has included managed care capitation rate setting, capitation rate review for association health plans, NEMT rate setting, population acuity analyses, risk adjustment, pharmacy repricing, regulatory compliance, program integrity, and many other areas within Medicaid and CHIP. He has experience presenting on actuarial topics within the health care industry, wrote a work requirements article for the Society of Actuaries (SOA) and is an active member in the SOA and American Academy of Actuaries Medicaid national subcommittees. In addition to Medicaid, Mr. Gersch has also worked in the professional employer organization space, self-insured employer space, and with commercial exchange products.

Education

B.A., East Asian Studies (Mandarin Language Concentration), Math Minor, Kalamazoo College, 2012

Experience

More than six years of professional experience working with Medicaid, CHIP, and NEMT managed care rate setting for several states.

Certifications

Member, American Academy of Actuaries (MAAA), November, 2016

Associate, Society of Actuaries (ASA), September, 2016

Relevant Work Experience

Aon (2014 – 2018), Actuarial Consultant

Wakely (2018 – 2019), Associate Actuary

Navigant/Guidehouse (2019 – 2020), Managing Consultant

Milliman (2021 – Present), Associate Actuary

- **Kentucky Department for Medicaid Services:**
 - Development of Medicaid managed care capitation rates for state fiscal years (SFY) 2015 – 2017.
 - Redevelopment of rates for ACA expansion population in SFY2014.
 - Risk adjustment (CDPS+Rx) and risk mitigation settlements (2015 – 2017).
 - Development of NEMT capitation rates for SFY 2016 – 2017.
 - Developed provider pass-through payments for the state of Kentucky and helped develop a phase out schedule due to the 2016 CMS “Mega Regs” (2016 – 2017).
- **Kansas Department of Health and Environment:**
 - Development of Medicaid capitation rates (2015 – 2017).
 - Analyzed and demonstrated budget neutrality and cost effectiveness of Medicaid expansion in the state of Kansas.
 - Estimated the cost impact of implementing a NADAC pricing mechanism in the state of Kansas (2016).
- **TennCare:**



- Risk adjustment (adjusted clinical groups) and risk mitigation settlements (2018 – 2021).
 - Development of Medicaid capitation rates for TANF, duals, disabled, CHIP, and LTSS (CHOICES) populations (2018 – 2021).
 - Worked with the state of Tennessee and the Tennessee Hospital Association to help them understand reimbursement methodologies (2019).
 - Supported analysis of block grants (2019 – 2020).
 - Prepared budget forecast report for the Tennessee Comptroller (2017, 2019 – 2020).
 - Presented on the potential impact of various policy changes to Medicaid programs including work requirements (2018 – 2020).
- **Georgia Department of Community Health:**
 - Development of Medicaid capitation rates for TANF, CHIP, and the Georgia Pathways partial expansion population (SFY 2020 – 2021).
 - Development of NEMT capitation rates (SFY 2018 – 2021).
 - Development of Foster Care (GF360) Medicaid managed care capitation rates for 2020 and 2021.
- **Washington Health Care Authority:**
 - Development of Medicaid managed care capitation rates for calendar year 2022 (Present).
- **Idaho Department of Health and Welfare:**
 - Support financial projections for total cost of care program (Present).
- **Texas Health and Human Services Commission:**
 - Assisted the Office of Inspector General of Texas understand the impact of overpayment recoveries on the State's managed care program (2019).
- **Florida Association Health Plans, Indiana Association Health Plans, and Ohio Association Health Plans:**
 - Rate review (2018 – 2019).
- **Mississippi Division of Medicaid:**
 - Rate review (2019).

Relevant Publications

- **Medicaid Work Requirements: Enrollment Impact of Different Policies**, White Paper (June, 2018)
 - <https://www.soa.org/globalassets/assets/library/newsletters/health-watch-newsletter/2018/june/hsn-2018-iss86-schaeffer-gersch.pdf>
- **Non-Emergency Medical Transportation Post-COVID: An Actuarial Prognosis**, White Paper (November, 2020)
 - <https://guidehouse.com/-/media/www/site/insights/healthcare/2020/nonemergencymedicaltransportationpostcovidactuarial.pdf>



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Procurement Services

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Bill J. Crouch
Cabinet Secretary

Cynthia E. Beane
Commissioner

TO: Robert L. Price, CPPO, CPPB, NIGP-CPP
Administrative Services Manager II
WVDHHR-Office of Purchasing

FROM: Kelly J. Dowden, WVPBC
Director, BMS Procurement Services

DATE: June 10, 2022

CDO
RE: PF1059201, ~~CROW~~ BMS22*54

The West Virginia Bureau for Medical Services (BMS) respectfully requests approval of the above-referenced delivery order with Myers & Stauffer LC, effective 07/01/2022-02/14/2023. The total cost of this delivery order is \$310,000.00. The services defined within the SOW are necessary to assist in the development of viable options for High Cost Physician Administered Drug (HCPAD) reimbursement.

If you have questions or need additional information, please feel free to contact me at 304-352-4286 or jimmy.k.dowden@wv.gov.

Agree

Robert Price