



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: 06-15-2022

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 BMS2200000055 1	Procurement Folder:	1061350
Document Name:	Ad Hoc Technical Assistance	Reason for Modification:	
Document Description:	Ad Hoc Technical Assistance		
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: Lucinda L Carroll Requestor Phone: (304) 352-4235 Requestor Email: lucinda.l.carroll@wv.gov  <b>22</b> 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: \$509,375.00

Purchasing Division's File Copy

CH 6/21/22  
PURCHASING DIVISION AUTHORIZATION  
DATE: *Lucinda Harper 6/22/22*  
ELECTRONIC SIGNATURE ON FILE

ENTERED  
ENCUMBRANCE CERTIFICATION  
DATE: *6/24/2022*  
ELECTRONIC SIGNATURE ON FILE

**Extended Description:**

Ad Hoc Technical Assistance

Dates of Service: 07/11/2022-02/14/2023

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$120,000.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-07-11	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

600 Hours @ \$200.00=\$120,000.00

Service Period: 07/11/2022-02/14/2023

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$389,375.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2022-07-11	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: 200 Hours @ \$175=\$35,000  
 Terri Branning: 100 Hours @ \$175=\$17,500  
 Melissa Carter: 100 Hours @ \$175=\$17,500  
 Joe Connell: 100 Hours @ \$175=\$17,500  
 Stephen Fader: 100 Hours @ \$175=\$17,500  
 Alexandra Farrugia: 50 Hours @ \$175=\$8,750  
 Paige Ferise: 50 Hours @ \$175=\$8,750  
 Savombi Fields: 100 Hours @ \$175=\$17,500  
 Delphine Golly: 50 Hours @ \$175=\$8,750  
 Brianna Halliburton: 50 Hours @ \$175=\$8,750  
 Alicia Jansen: 50 Hours @ \$175=\$8,750  
 Divlin Kaur: 50 Hours @ \$175=\$8,750  
 Mitch Kiester: 100 Hours @ \$175=\$17,500  
 Margaret King: 75 Hours @ \$175=\$13,125  
 Jillian Kuether: 100 Hours @ \$175=\$17,500  
 Jennifer Kyritsis: 50 Hours @ \$175=\$8,750  
 Hannah Lawrence: 150 Hours @ \$175=\$26,250  
 Nancy Myers: 100 Hours @ \$175=\$17,500  
 Elizabeth Peyton: 200 Hours @ \$175=\$35,000  
 Karina Serrano: 50 Hours @ \$175=\$8,750  
 Megha Soor: 100 Hours @ \$175=\$17,500  
 Megan Wyatt: 300 Hours @ \$175=\$52,500

Total: 2,225 Hours @ \$175=\$389,375



June 14, 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: Ad Hoc Technical Assistance Statement of Work**

**Reference: Master Agreement CMA 0511 2688 BMS2200000001 1**

Dear Mr. Dowden:

The Bureau for Medical Services (BMS) has requested that Myers and Stauffer, LC provide an ad hoc technical assistance statement of work (SOW) for ad hoc Medicaid and West Virginia Children's Health Insurance Program (WVCHIP) research, analytical, and strategic planning services 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 cost estimates required to perform the requested services from July 11, 2022 through February 14, 2023.

## **Ad Hoc Technical Assistance**

Upon BMS request, Myers and Stauffer will provide Medicaid and WVCHIP related programmatic, fiscal, and legislative research, analysis, and strategic planning services to address the following general areas:

1. Programmatic, operational, and fiscal impacts of federal or state legislative, regulatory, and programmatic guidance on Medicaid and CHIP, including initiatives such as the Public Health Emergency unwinding.
2. Financial analysis to support budget planning, audit protocols, and federal reporting requirements.
3. Strategic planning and development of required briefing documents and presentations to support BMS in preparation for the budget development cycle, the legislative session, programmatic changes, as well as for leadership or stakeholder meetings. Strategic planning may include on-site and virtual meetings with BMS leadership with a meeting cadence approved by BMS.
4. Development of a BMS-specific SFY 2023 planning calendar to document events and required deliverables as identified by BMS and Myers and Stauffer.

5. Support services for the transition of WVCHIP to BMS to include assistance such as state plan updates, reconciliation of WVHIP covered services and provider rates to Medicaid, fiscal analysis on the transition, and support to the MCOs in responding to any associated transition changes in WVCHIP requirements.
6. Environmental scans, surveys, and research of other state programs for options and guidance on how to promote improved member health outcomes, provider payment strategies, managed care contract oversight, and administrative and fiscal efficiencies.
7. Assistance with responding to survey requests made to BMS on Medicaid and WVCHIP.
8. Assistance with responding to articles, reports, and public statements related to Medicaid and WVCHIP.

For each request, Myers and Stauffer will collaborate with BMS and document the specific expectations associated with each ad hoc technical assistance request.

#### Deliverables and Due Dates

The deliverable and due dates for the tasks referenced above will be documented and agreed upon by BMS and Myers and Stauffer prior to the initiation of the requested work.

### Actuarial Support Services

Milliman's actuarial and technical support team will participate, as needed, in the delivery of the ad hoc technical assistance activities referenced above.

### Ad Hoc Technical Assistance SOW Estimates

Ad hoc technical assistance services to be performed under this SOW will be performed and billed under the Managed Care Ad Hoc Services and Technical Support Staff (non-actuary) categories of the Contract. In Table 1 below, we estimate hours and costs across the below contract category and rate to perform the services described herein.

**Table 1 Estimated Hours and Costs (Billable Hours)**

July 11, 2022 – February 14, 2023

Contract Role	Hourly Rate	Hours	Cost Estimate
Managed Care Oversight Ad Hoc Services	\$175	2,225	\$389,375
Technical Support Staff (non-actuary)	\$200	600	\$120,000
<b>TOTAL</b>		<b>2,825</b>	<b>\$509,375</b>

In Table 2 below, we identify resources assigned to perform this work, estimated hours by resource, and pricing detail.

**Table 2 Ad Hoc Technical Assistance Services Detail**

July 11, 2022 – February 14, 2023			
Contract Role	Hourly Rate	Hours by Resource	Cost Estimate
<b>Managed Care Oversight Ad Hoc Services</b>	<b>\$175</b>		
Jerry Dubberly	\$175	200	\$35,000
Terri Branning	\$175	100	\$17,500
Melissa Carter	\$175	100	\$17,500
Joe Connell	\$175	100	\$17,500
Stephen Fader	\$175	100	\$17,500
Alexandra Farrugia	\$175	50	\$8,750
Paige Ferise	\$175	50	\$8,750
Savombi Fields	\$175	100	\$17,500
Delphine Golly	\$175	50	\$8,750
Brianna Halliburton	\$175	50	\$8,750
Alicia Jansen	\$175	50	\$8,750
Divlin Kaur	\$175	50	\$8,750
Mitch Klester	\$175	100	\$17,500
Margaret King	\$175	75	\$13,125
Jillian Kuether	\$175	100	\$17,500
Jennifer Kyritsis	\$175	50	\$8,750
Hannah Lawrence	\$175	150	\$26,250
Nancy Myers	\$175	100	\$17,500
Elizabeth Peyton	\$175	200	\$35,000
Karina Serrano	\$175	50	\$8,750
Megha Soor	\$175	100	\$17,500
Megan Wyatt	\$175	300	\$52,500
<b>TOTAL</b>		<b>2,225</b>	<b>\$389,375</b>

Table 3 provides details on the Lead Actuary and Staff Actuary services to be performed under this SOW.

**Table 3 Lead and Staff Actuarial Services Detail**

July 11, 2022 – February 14, 2023			
Contract Role	Hourly Rate	Hours by Resource	Cost Estimate
<b>Lead Actuary</b>	<b>\$0</b>	<b>400</b>	<b>\$0</b>
Annie Hallum		200	
Justin Birrell		100	
Mac Xu		100	
<b>Staff Actuary</b>	<b>\$0</b>	<b>200</b>	<b>\$0</b>
Nick Gersch		100	
Sean Hanratty		100	
<b>TOTAL</b>		<b>600</b>	<b>\$0</b>



Table 4 provides details on the technical support staff (non-actuary) services to be performed under this SOW.

**Table 4 Technical Support Staff (non-actuary) Services Detail**

July 11, 2022 – February 14, 2023			
Contract Role	Hourly Rate	Hours by Resource	Cost Estimate
Technical Support Staff (non-actuary)	\$200	600	\$120,000
TOTAL		600	\$120,000

## Resumes

Resumes for staff identified in Table 2 are provided in Appendix A of this SOW.

## Invoices

Services provided under this scope of work will be billed hourly on a monthly basis as incurred.

## Conclusion

Myers and Stauffer is pleased to submit this ad hoc technical assistance SOW for 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

Approved Statement of Work

West Virginia Bureau for Medical Services:

Becky Manning,  
Deputy Commissioner,  
FA

Digitally signed by: Becky Manning, Deputy  
Commissioner FA  
DN: cn = Becky Manning, Deputy Commissioner  
FA email = becky.a.manning@wv.gov C = US O  
= PATHW CO - Medicaid Services  
Date: 2022.06.14 15:07:56 -0500

Becky Manning, Deputy Commissioner

06/14/2022

Date

cc: Mandy Carpenter

Agree



## 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:





## APPENDIX A: RESUMES

- Served as partner in charge of this engagement and SME.
- **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.





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### 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.



## APPENDIX A: RESUMES

- **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**



## **Melissa Carter** **Senior Analyst**

### **• Summary**

Ms. Carter has more than nine years' of experience in federal and state health care policy, finance/budget, and long-term outcomes. Five years of management experience in a career spanning 20 years.

### **• Education**

ABD, Sociology; Healthcare, Georgia State University  
M.P.H., Georgia State University  
B.S., Sociology, Reinhardt University

### **• Experience**

20 years of professional experience

### **• Relevant Work Experience**

**West Virginia Department of Health & Human Resources (2022 – Present)**  
Medicaid Actuarial Services and Managed Care Program Administration

#### **Prior Relevant Work Experience**

##### **Georgia Department of Community Health, (Mar 2015 – Present), Analyst**

- Coordinate special project's relevant to specific Medicaid populations and Governor's/State Assembly requests.
- Assesses long-term policy/budget/member impact associate with opening new Medicaid codes and implementation of new programs.
- Summarizes statistical results in practical language for the Governor's Office, House, Senate, and stakeholders.
- Policy analysis of state and federal Medicaid regulation.
- Work with teams to create appropriate quality measures for implementation of Value Based Purchasing.
- Research other state's Medicaid policies and programs.
- Develop statistical surveys and cleaning data once collected.
- Working with teams to develop new programing.
- Working with teams and Care Management Organizations (CMO) to develop procedures across all four CMOs for the launch of the new programs (Autism Program and Mental Health Parity).



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### **Governor's Office of Planning and Budget, (Aug 2012 - Mar 2015), Policy and Budget Analyst**

- Government policy and budget tracking analysis.
- Preparing analysis of budget documents for the Governor for consideration.
- Assist the Department of Community Health and the Department of Human Services with issues related to funds availability, fund transfers and budget compliance.
- Report writing of proposed bills.
- Keep abreast of all state and federal policies that impact the Department of Community Health and the Department of Human Services.
- Perform yearly analysis of agencies performance measures for each of their programs.
- Create one-page briefs synthesizing all relevant information regarding a politically sensitive or critical issue impacting the Department of Community Health for the Governor's Office, House and Senate during session.



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### 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.



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### 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 analysis.
- 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 – 2015 Present)

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.





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### **Mississippi Division of Medicaid (2015 – Present)**

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 (MESC), St. Louis, Missouri, 2016.

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



## Stephen Fader, CFE

### Senior Manager

#### • Summary

Mr. Fader, a senior manager with Myers and Stauffer, has several years of experience in managed care. Mr. Fader performs analysis activities and project management support for the encounter reconciliation and validation engagements with the Georgia Department of Community Health's (DCH) Georgia Families program and the Mississippi Division of Medicaid (DOM) Mississippi Coordinated Access Network (MississippiCAN) program. His responsibilities also include overseeing the reconciliation of conventional Medicaid claims data; serving as an encounter claims data technical resource; and performing ad-hoc data analyses. He has also provided assistance for external quality reviews, managed care on-site reviews, readiness reviews, delegated vendor oversight reviews, and the reconciliation and analysis of Georgia's Medicaid Primary Care Rate Increase (PCRI) program.

Prior to joining Myers and Stauffer, Mr. Fader was a systems data analyst for the Georgia Department of Audits and Accounts, Healthcare Audits Division. He performed data analysis activities and developed and maintained reporting documents for use throughout the division and DCH. Additionally, he performed audits of Medicaid cost reports for Georgia nursing homes as well as audits of other state programs.

#### • Education

B.B.A., Accounting, Georgia College & State University, 2007

#### • Experience

15 years of professional experience

#### • Affiliations

Association of Certified Fraud Examiners

#### • Licenses/Certifications

Certified Fraud Examiner

#### • Relevant Work Experience

##### Georgia Department of Community Health (2012 – 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:**

- Oversee the encounter data reconciliation analyses and reports we provide to the Georgia Department of Community Health for the Georgia Families Program.
- Work with the state and their care management organizations on encounter claims data issues.
- Conduct the Georgia Families managed care on-site reviews.
- Provide reconciliation and analysis of Georgia's Medicaid Primary Care Rate Increase (PCRI) program and conduct other data analysis tasks.



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- Served as a subject matter expert on encounter claims data.

### Georgia Department of Community Health (2012 – 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:**

- Manage the reconciliation of the monthly Georgia Medicaid claims data to financial information.
- Perform data loading, data updating, and other data analysis tasks.
- Provide consultation on the claims data information as a subject matter expert.

### Georgia Department of Community Health (2012 – 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:**

- Served as a subject matter expert on encounter claims data.
- Provided consultation on database scripting and analyses.

### Louisiana Department of Health (2013 – 2016)

Behavioral Encounter Reconciliation

#### **Scope of Work:**

Myers and Stauffer provides accounting and auditing services to support the operation of the Louisiana Behavioral Health Partnership (LBHP) to minimize the Department's risk in the areas of member care and administration, data quality, and financial management. Myers and Stauffer LC will also assist the Department with accomplishing its goal of ensuring that Louisiana Behavioral Health Partnership (LBHP) members are receiving high-quality coordinated care at the lowest cost.

#### **Responsibilities:**

- Served as a subject matter expert on encounter claims data.
- Provided consultation on database scripting and analyses.

### Louisiana Department of Health (2012 – Present)

Managed Care Organization Audit

#### **Scope of Work:**

Myers and Stauffer assists the Louisiana Department of Health with providing oversight and monitoring of the Healthy Louisiana (formerly known as Bayou Health) program managed care organizations (MCOs).

#### **Responsibilities:**

- Oversee the encounter data reconciliation analyses and reports provided to the Louisiana Department of Health for the Healthy Louisiana Program.
- Work with the state and their managed care organizations (MOCs) on encounter claims data issues.
- Provided assistance for the Louisiana external quality review engagement and other data analysis tasks.
- Served as a subject matter expert on encounter claims data.

### Louisiana Department of Health (2013 – 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.



## APPENDIX A: RESUMES

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### ***Responsibilities:***

- Served as a subject matter expert on encounter claims data.
- Provided consultation on database scripting and analyses.

### **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:***

- Served as a subject matter expert on encounter claims data and encounter reconciliation analyses.
- Consulted with analysts and the Mississippi Division of Medicaid on the development of the state's encounter reconciliation process.
- Provided consultation on database scripting and analyses.

### **Presentations**

"Effective Use of Managed Care Encounter Data for Program Integrity Initiatives," Georgia Department of Community Health, Atlanta, Georgia, 2018.

"A Deeper Dive into Requirements of the New Managed Care Rule," State Governments, Managed Care Organizations, Etc., Webinar, 2016.

"Encounter Reconciliations," Georgia Department of Community Health, Atlanta, Georgia, 2016.



## Alexandra Farrugia

### Health Care Senior Consultant

#### • Summary

Ms. Farrugia is a health IT consultant with more than ten years of IT-related professional experience in project and product management and strategic planning. IT experience includes but is not limited to product development life cycles, project forecasting materials, client management, stakeholder engagement, project and product roadmaps, and quality assurance. In addition to Health IT, Alexandra provides subject matter expertise around stakeholder management tactics, telehealth innovations and behavioral health practice improvement. She has worked on deliverables such as: Health IT Roadmap, Sustainability Plan, Environmental Scan, State Medicaid Health IT Plan (SMHP), HIE Certification Application, Grant Applications, and Strategic Plans.

Prior to joining Myers and Stauffer, Alexandra worked with a wide range of healthcare technology companies. She has worked on platforms providing solutions to credentialing and billing, telehealth remote auscultation, medical scheduling, and an FDA-cleared medical device for Pain Management. In previous roles, she was responsible for project oversight and product development, working closely with sales to expand target audiences, and ongoing outreach to onboarded clients for product feedback.

#### • Education

M.S., Information Science, Pratt Institute, 2014  
B.A., History and French, Armstrong Atlantic State University, 2010

#### • • Experience

12 years of professional experience

#### • Affiliations

Healthcare Information Management Systems Society (HIMSS)

#### • Relevant Work Experience •

##### **Alabama Medicaid Agency (2020 – Present)**

Accounting, Auditing, and Consulting Services

##### **Scope of Work:**

Myers and Stauffer performs consulting services relating to institutional and non-institutional reimbursement programs and federal reporting consulting services.

##### **Responsibilities:**

- Map ALOHR services and utilization metrics to Medicaid Information Technology Architecture (MITA) business processes to illustrate how the HIE supports functions and outcomes critical to Medicaid.
- Assess the current landscape of Medicaid providers that are utilizers and non-utilizers of the HIE.
- Draft a business case for Medicaid Enterprise Systems funding for onboarding and technical assistance services.

##### **Arizona Health Care Cost Containment System (2020 – Present)**

State Medicaid Health Plan Update and Implementation Advanced Planning Document Support for the HITECH to Medicaid Enterprise Systems Funding Transition



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### **Scope of Work:**

Complete an environmental scan and update the SMHP for the AHCCCS per CMS's closeout requirements. Additionally, Myers and Stauffer is supporting AHCCCS by creating a strategic document to continue to drive health IT investments after HITECH funding sunsets in federal fiscal year (FFY) 2021.

### **Responsibilities:**

- Manages daily stakeholder engagement efforts. Oversees stakeholder engagement workflow and coordinates with team to ensure consistent outreach.
- Engages stakeholders through interviews and surveys to inform the environmental scan and SMHP update.
- Provides as needed assistance on tasks related to project management.
- Update the SMHP based on AHCCCS's needs and guidance from CMS.
- Creation of a strategic document for AHCCCS to continue to drive health IT investments after HITECH sunsets.

### **Louisiana Department of Health (2019 – Present)**

Health IT Technical Assistance

#### **Scope of Work:**

Myers and Stauffer was contracted to provide technical and facilitate a stakeholder engagement series of large and small group discovery sessions and discussions, bringing together state government and community-level stakeholders from to gather information and develop a detailed Action Plan and list of priorities to effectively advance Louisiana's health IT related investments across several sectors with the objective of reducing health care costs, enhancing care delivery, and improving health outcomes of Louisianans.

#### **Responsibilities:**

- Assists in the facilitation of a comprehensive stakeholder engagement project aligned with the State's priorities.
- Assists in the analysis of stakeholder engagement results to help generate a priority list based on the discovery sessions and initiatives in the health IT roadmap to guide LDH on future tasks and priorities.
- Provides assistance and research support in the development of the new SMHP.
- Provides support in the creation of HIE certification requirements to improve governance and standards.
- Conducted research and created content for Louisiana Governance.
- Facilitation of multiple HIE Summits to bring all operating HIEs together to build consensus.
- Outlined recommendations regarding the existing health IT governance model and support implementing
- Creation of a Sustainability Plan that evaluates existing health IT investment funded through the HITECH Act and a corresponding step-by-step process to transition these investments to MES funding.

### **Nevada Department of Health and Human Services (2018 – 2019)**

Health IT Consulting Services and Technical Assistance

#### **Scope of Work:**

Myers and Stauffer was engaged by the Nevada Department of Health and Human Services (NDHHS), Division of Health Care Financing and Policy (DHCFFP), Office of Health IT to evaluate the health IT infrastructure within Nevada. This includes the engagement of stakeholders of state-level and community-level stakeholders within Nevada to inform the development of a Nevada Health IT Roadmap and an update to the SMHP. Additional work includes a sustainability evaluation of the sole standalone HIE in Nevada.

#### **Responsibilities:**

- Provides broad consulting on various state and client deliverables including: Nevada Health IT Roadmap, HIE Assessment, Sustainability Evaluation, and Stakeholder Engagement.
- Consulting duties include but are not limited to: data analysis, content creation, proof-reading, thought leadership, research, and presentations.
- Assisting in the engagement of both state and community level stakeholders through interviews, focus groups, discovery sessions, and survey.
- Produce the Nevada Health IT Roadmap, a multi-year document specifically detailing initiatives that Nevada may pursue to improve their state's overall health IT and health care ecosystem.
- Content Creation for state and client deliverables.



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- Research, create, and propose new state Health IT Initiatives and solutions to current healthcare challenges throughout the state.

### Prior Relevant Work Experience

Self-Employed (2017-2018), Consultant

#### **Responsibilities:**

- Reports Analyst for Healthcare Collections Agency: Responsible for all client reporting needs, merging of collection agency data and healthcare billing data, presentation of progress and future recommendations to clients. Served as an account manager for a very large orthopedic practice and ambulatory care center.
- Project and Product Consultant for Health IT Group: Advise on future development plans for large credentialing software vendor, Engage clients and users of credentialing platform for feedback (via customized survey), Consult on changes to implementation process, Oversee the expansion of custom telehealth platform and other products.
- Other responsibilities include but not limited to: Strategic Planning, Marketing, Technical Writing and Editing.

Covenant Technology Group LLC, (2016-2018), Project Manager

#### **Responsibilities:**

- Responsible for planning, procurement, and execution of both existing and prospective Health IT and Telehealth projects.
- Drove business results and met sales oriented goals.
- Lead product specific projects by coordinating marketing and forecasting materials.
- Managed communications with development, support, and contracted teams.
- Consulted on UX/UI of new telehealth and health IT products, assess product related feedback, and understand the technical requirements of application development.
- Created clear and concise strategies for telehealth and health IT product roadmaps.
- Regularly managed timelines and helped ensure roadmap target dates are met.

MMJ Labs LLC (now Pain Care Labs LLC), (2015-2016), Operations and Commerce Manager

#### **Responsibilities:**

- Oversaw day-to-day strategic operations of medical device start-up.
- Directed sales for designated channels and provide high level leadership to properly position the brand/medical devices.
- Established strong relationships across the organization to support the achievement of business goals.
- Fostered relationships with clients, particularly Hospitals, to develop future purchasing plans.
- Leveraged marketing to target new healthcare and consumer markets, e.g. Fertility Clinics and IVF.
- Ensured the office maintains all necessary record and continuing education in compliance with FDA regulation.
- Worked closely with other departments, particular Manufacturing and Distribution, to fulfill large international orders and assist as needed in certification of medical device abroad (i.e. EMA and ANVISA).

BLiNQ Media, (2013), Associate Manager of Training and Education

#### **Responsibilities:**





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- Assisted in the construction, maintenance, and delivery of a comprehensive curriculum, which encompassed BLiNQ's self-serve platform, BAM (BLiNQ Ad Manager), as well as the Facebook Advertising solution.
- Worked closely with Client Services, Sales, Media Planning, Development, and Innovation teams to update source materials and continuing education.
- Managed client implementation and on-site training of the BLiNQ self-serve platform. Assisted Manager in the complete onboarding process.

BLiNQ Media, (2011-2013), Lead Sales Strategist

### **Responsibilities:**

- Assumed ownership of the RFP process and the creation of strategic proposals/plans for pending opportunities. Directly helped Sales pitch and win millions of dollars in new business.
- Provided thought leadership to Sales/Accounts on Facebook demographics and interest targeting.
- Built the companies first keyword repository and categorized interest target buckets.
- Partnered with Accounts team for Insertion Order and Proposal Revisions for existing business.
- Stayed current with Facebook developments and internal technology innovations.

BLiNQ Media, (2011), Executive Assistant

### **Responsibilities:**

- Attended and took minutes on all VP and executive calls, took charge of planning high-level conferences and advisor/board meeting, organized confidential materials, and was educated on standard due diligence processes.
- Responsible for managing calendars, all travel, and planning special C-level client events and summits.
- Expected to prep the CEO and VP prior to calls and meetings with clients and investors.
- Trusted with personal and company financial information. Responsibilities went beyond the job title, as the company was in its infancy.
- Functioned as an Account Coordinator several days a week. Assisted Account Manager in the creation of campaign briefs, creative copy, kick-off calls, and creation of proposals. Devised a brand new approach to proposals which led to my promotion to Lead Sales Strategist.
- One of the first 10 employee and original shareholders of the start-up. Relocated to New York City, alongside CEO and Account Manager, to open the first headquarters outside on Atlanta.

StethConnect (Covenant Technology Group)

### **Project Details:**

- StethConnect is a solution designed to assist telehealth practitioners to auscultate live stethoscope sessions with high quality audio at a low cost.
- Partnered with state telehealth advocacy groups to bring StethConnect to rural doctors. Become an important part of GPT's school telehealth program.
- Use cases include: school-based telehealth, rural clinics, home health, behavioral health check-up (specifically for stimulant medications), pharmacy, pediatrics, and other specialized care.

PencilMeInNow (Covenant Technology Group)

### **Project Details:**



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- PencilMeinNow is a customizable scheduling platform. It is permission-based and custom designed to satisfy complex needs.
- This product has a diverse target audience: telehealth groups, small-large practices, healthcare nonprofits, pathology labs, and more.
- Partnered with GPT and GAPHC to tailor features to meet specific needs. This included integration with GPTs telehealth platform and state reports for GAPHC.



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### 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.



## Savombi Fields, CFE, CPC-P

### Senior Manager

#### • Summary

Ms. Fields has extensive Medicaid managed care experience. She manages the Medicaid managed care projects and engagements for the firm. Her responsibilities include providing consultation and assistance on compliance activities regarding care management organization (CMO) Medicaid legislation, policy, regulations, or guidelines. She performs on-site audits and non-clinical audits/reviews; performs oversight and monitoring of the CMOS and their subcontractors; provides recommendations and action plans for monitoring, quality assessment, and performance improvement; assists in the evaluation of the Medicaid Management Information System (MMIS) and other reimbursement systems; evaluates new medical and procedural codes; and assists in analyses and audits associated with the identification of overpayments and provider fraud, abuse, or misuse of federal and state funds.

Prior to working for Myers and Stauffer, Ms. Fields was a Provider Services Supervisor with Affiliated Computer Services (ACS), State Healthcare (Georgia Medicaid). Her responsibilities included providing updates and detailed information to the Georgia Department of Community Health; providing assistance on Medicaid policy updates, claim processing, and system coding; developing work plans and training materials for provider community; and assisting Medicaid providers on resolution of issues regarding claims, provider enrollment, member services, finance, and policy.

#### • Education

M.A., Masters of Public Health, Walden University, 2010  
B.A., Business Administration, Flagler College, 2005

#### • Experience

22 years of professional experience

#### • Licenses/Certifications

Certified Fraud Examiner  
Certified Professional Coder - Payer

#### • Relevant Work Experience

##### Alabama State Department of Education (2018 – 2021)

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 assurance review on all final CACFP audit reports and supporting work papers.

##### Arizona Health Care Cost Containment System (2021 – Present)



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### Secret Shopper Program Development

#### **Scope of Work:**

Myers and Stauffer is developing a Secret Shopper program from the SABG and MHBG programs. The Secret Shopper program will assist AHCCCS in monitoring the program for compliance with the federal rules for these type of block grants and assuring the recipients are getting access to the appropriate care in a timely manner.

#### **Responsibilities:**

- Serve as the Consultant responsible for the technical assistance and the development of a Secret Shopper Program.
- Responsible for the development of the scoring tool utilized for monitoring funded programs and services.
- Responsible for the development of the Secret Shopper project training plan and materials.
- Responsible for providing recommendations regarding policies, approaches, and deliverables for Department use in implementing a Secret Shopper project.

### Georgia Department of Community Health (2011 – 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:**

- As Project Manager, responsible for the oversight, quality and timeliness of deliverables and ongoing communications with the client and State's Care Management Organizations (CMOs).
- Consults with DCH on the administration of the program, determines immediate needs and priorities, and makes recommendations for process and contractual improvements.
- Conducts on-site audits of Care Management Organizations (CMOs) and their subcontractors to apply agreed-upon procedures to assess CMO's business practices as it relates to the Georgia Families program.
- Performs readiness reviews of the Managed Care Organizations to ensure operational and system readiness are in accordance with state and federal reporting requirements.
- Performs data analysis and medical record reviews including identification of mispayments, upcoding, improper DRG, over-utilization and under-utilization of services.

### Georgia Department of Community Health (2008 – 2011)

#### 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:**

- Analyzed Medicaid claims processed through the Medicaid Management Information System.
- Made recommendations on improving standardized processes related to claim analysis, medical policy, and reimbursement in order to maximize productivity and quality.

### New Mexico Human Services Department (2015 – 2017)

#### Medicaid Managed Care Compliance Reviews

#### **Scope of Work:**

Myers and Stauffer assists the Department in assessing the compliance of the Medicaid managed care health plans with contract requirements.

#### **Responsibilities:**

- Worked with the New Mexico Human Services Department's Medical Assistance Division (HSD) to ensure contract compliance.
- Analyzed Managed Care claims to determine if the payments or denials were made according to Centennial Care Program coverage and payment policies.



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- Analyzed the prior authorizations, provider credentialing, and provider contracts processed by the Managed Care Organizations (MCOs).
- Made recommendations on improving standardized processes related to claim processing and reimbursement.

### **Virginia Department of Medical Assistance Services (2020 – Present)**

Medicaid Managed Care and Health Plan Compliance Assessments

#### ***Scope of Work:***

Myers and Stauffer assists the Department in assessing the compliance of the Medicaid managed care health plans with contract requirements.

#### ***Responsibilities:***

- Serve as the Project Manager responsible for the oversight, quality and timeliness of deliverables and ongoing communications with the client.
- Performs readiness reviews of the Managed Care Organizations to ensure operational and system readiness are in accordance with state and federal reporting requirements.
- Performs operational assessments of health plans to ensure compliance with new or existing program implementation.





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### Delphine Golly Health Care Consultant

#### • Summary

Ms. Golly is a Health Care Consultant with Myers and Stauffer and has worked in public health and the healthcare industry throughout her undergraduate and graduate careers. She has extensive experience supporting community based public health initiatives through several work experiences and internships during her undergraduate career.

#### • Education

M.P.H. Candidate, Emory University, May 2023  
B.A., Cognitive Science, University of California,  
Davis, 2020

#### • Experience

3 years of professional experience

#### • Prior Relevant Work Experience

Myers and Stauffer, Atlanta, Georgia (06/22 – Present), Health Care Consultant

Morehouse School of Medicine (January 2022 - June 2022), Community Health Worker/Young Adult Mental Health Worker

Sarita Turner Mental Health Virtual Assistance, LLC. (July 2021 - March 2022), Virtual Administrative Assistant/Intake Coordinator

SAC Connect Wellness and Therapeutic Services, LLC. (Jan 2020 - Jun 2021), Mental Health Outreach Specialist

Morehouse School of Medicine (January 2022 - June 2022), Community Health Worker/Young Adult Mental Health Worker

- Completing over 100 hours of classroom instruction aimed at mastering CHW core competencies and skills.
- Completing over 80 hours of field training to provide mental health monitoring and promote mental health
- Conducting a group community project to provide a virtual interactive presentation/resource tools on HIV and mental health among BIPOC women.

Sarita Turner Mental Health Virtual Assistance, LLC. (July 2021 - March 2022), Virtual Administrative Assistant/Intake Coordinator

- Assigned to 3 therapists/clinical psychologists in NY, MN, and MA.
- Handled all administrative tasks such as answering and returning calls/emails, scheduling appointments, setting up patient portals, collecting and verifying patient insurance/billing information, maintaining a social media presence, and community outreach.

SAC Connect Wellness and Therapeutic Services, LLC. (Jan 2020 - Jun 2021), Mental Health Outreach Specialist

- Planned and promoted the SAC Connect Mental Health Awareness Seminar (May 2021).
- Outreached to local mental health and substance use providers to implement strategies for networking within the community.
- Brought awareness to stigmas associated with mental health among people of color through virtual education, community events, and wellness services.



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### Research

Emory School of Medicine Division of Infectious Diseases--Grady IDP, (Jan 2022 – Present), Graduate Research Assistant

- Assigned GRA for the Study of Treatment and Reproductive Outcomes (STAR) seeking to answer questions related to the effects of HIV infection on women of reproductive age (18-45).
- Outreach student point of contact and community assessment student lead for the MWCCS study (aimed to understand and reduce the impact of chronic health conditions that affect people living with HIV).
- Conduct in-person and virtual consent screening and qualitative interviews with HIV+ and - participants; assist with admin work and data entry.

Emory School of Nursing--Faith Village Lab, (July 2021 - May 2022), Graduate Research Assistant

- Assisted in the development of a 7.5-hour online dementia caregiver course to address the specific needs of Black caregivers during a pandemic.
- Conducted quantitative zoom interviews with caregivers registered to complete our 'CaREgiving While Black' Canvas course.
- Completed quality checks and send out consistent communications to participants.

UC Davis--Language Learning Lab. (June 2018 - Dec 2019), Undergraduate Research Assistant

- Psycholinguistics and child developmental research studying how infants 7-32 months learn, recognize, and identify new words.
- Retrieved and entered data on vocabulary development and language exposure.
- Used computer software to code for measures in speech analysis.



## APPENDIX A: RESUMES

### Brianna Halliburton Health Care Consultant

#### • Summary

Ms. Halliburton is a Health Care Consultant with Myers and Stauffer L.C., and has worked in public health and the healthcare industry throughout her undergraduate and graduate careers. She has extensive experience supporting community based public health initiatives and program design, implementation and evaluation, through several work experiences and internships during her undergraduate career. After earning her Bachelor's degree, she received public health training, conducted, and published research through a fellowship program funded by the CDC. While in her Master's program, she has facilitated stakeholder engagement, design of health care delivery, and strategic planning by combining her significant expertise in behavioral health, healthcare management and data analysis.

#### • Education

Master of Public Health, Behavioral, Social, & Health Education Sciences | Rollins School of Public Health at Emory University, May 2023

B.A. Sociology | UNC Chapel Hill, May 2021

#### • Affiliations

American Public Health Association (APHA) 2022

#### • Experience

3 years of professional experience

#### • Licenses/Certifications

CITI Training Social/Behavioral Focus,  
Issued 1/2021 Expires 12/2024

#### • Relevant Work Experience

##### Kentucky Department for Medicaid Services (2022 - Present)

Independent Evaluation of Pilot Program

##### Scope of Work:

The Kentucky Department for Medicaid Services has engaged Myers and Stauffer to conduct an independent evaluation of the Multisystemic Therapy (MST) pilot program. Myers and Stauffer will complete the evaluation methodology, baseline measures, collect semi-annual interim performance data and report findings, and produce a final evaluation report.

##### Responsibilities:

- Create standard operating policy and procedures for MST Evaluation methodology.
- Create comparison model of similar behavioral health programs to identify potential candidates for MST.
- Outline Evaluation report.

##### Washington Health Care Authority (March 2022 - Present)

Independent Assessment of Delivery System Reform Incentive Payment Program



## APPENDIX A: RESUMES

### **Scope of Work:**

Washington Healthcare Authority (HCA) engaged Myers and Stauffer to serve as the Independent Assessor for the state's Healthier Washington Medicaid Transformation, Section 1115 Medicaid Waiver. As part of this engagement, and as required by the Special Terms and Conditions (STCs) of the waiver, Myers and Stauffer assesses semi-annual reports submitted by each of the nine Accountable Communities of Health (ACHs).

### **Responsibilities:**

- Assisted in the writing of the WA State Medicaid Transformation Independent Assessment of Semi-Annual Report 8 for the Reporting Period July 2021 to December 31 2021, and associated Executive Summary.
- Worked as Primary Internal Reviewer for Pay-for-Reporting Metrics and distributed associated RFIs and Approval Letters.
- Assist in the evaluation of materials submitted by ACHs as compared to the guidance developed by HCA.

### **West Virginia Bureau of Medical Services (2022 - Present)**

Rate Setting for Community-Based Mobile Crisis Intervention Services

#### **Scope of Work:**

West Virginia Bureau of Medical Services (BMS) has enlisted Myers and Stauffer to provide actuarial services, program oversight, and rate setting services for the State's Medicaid Managed Care programs. As part of the American Rescue Plan (ARP), BMS is introducing Community Based Mobile Crisis Intervention Services, and Myers and Stauffer will conduct the rate setting services.

#### **Responsibilities:**

- Distribute meeting notes and summaries for discussions between Myers and Stauffer, BMS, and other stakeholders.
- Assist in the delivery of a bundled rate for Mobile Crisis Unit / Intervention Services.

### **Oregon Health Authority (2022)**

1115 Demonstration Waiver Renewal

#### **Scope of Work:**

Myers and Stauffer supported Oregon's project management for the renewal of the state's 1115 Medicaid Demonstration Waiver, through application development, submission, negotiations, implementation planning, and approval.

#### **Responsibilities:**

- Analyzed data received from Oregon's Public Comment Survey and create pivot tables in Excel to tabulate data.
- Wrote and revised public commentary report to submit to State.
- Supported project management team in supplying recommendations and implementation plan.

## **• Prior Relevant Work Experience**

Myers and Stauffer, Atlanta, Georgia (Jan 2022 – Present), Healthcare Consultant

Morehouse School of Medicine, Atlanta, Georgia (March 2022 – Present), Community Health Worker

CDC, National Center for Birth Defects and Developmental Disabilities, Atlanta, GA (Oct – Dec 2021), Research Assistant

Emory University, Hubert Dept. of Global Health, Atlanta, Georgia (Sep – Dec 2021), Graduate Research Assistant

CDC, Morehouse College Public Health Leader Fellowship Program (May – Aug 2021)

University of North Carolina at Chapel Hill, Dept. of Sociology (2020-2021), Research Assistant

Sentara Albemarle Medical Center (June – Aug 2020), Healthcare Administration Intern



## APPENDIX A: RESUMES

University of North Carolina at Chapel Hill School of Medicine (Aug 2018 – March 2020), Administrative Assistant

**Morehouse School of Medicine, Atlanta, Georgia (March 2022 – Present), Community Health Worker**

**Responsibilities:**

- Develop and implement mental health messaging campaign for young adults on stress, substance, and alcohol abuse.
- Strategize interventions for mitigating mental health emergencies and incorporate community-based services.

**CDC, National Center for Birth Defects and Developmental Disabilities, Atlanta, GA (Oct – Dec 2021), Research Assistant**

**Responsibilities:**

- Processed birth defects and neonatal abstinence syndrome surveillance data from state surveillance system, analyzing the components of 10 state birth defects surveillance work plans and funding outlines.
- Conducted a landscape analysis and literature review on referral to service models to ensure early intervention.

**Emory University, Hubert Dept. of Global Health, Atlanta, Georgia (Sep – Dec 2021), Graduate Research Assistant**

**Responsibilities:**

- Logged game script data of over 900 participants for Tumaini, a smartphone game based sex-education intervention for young Africans.
- Completed factor analyses and coding data for 5,000+ scenes within the intervention using SAS, Excel.

**CDC, Morehouse College Public Health Leader Fellowship Program (May – Aug 2021)**

*CUPS Fellowship, National Center for HIV/AIDS, Viral Hepatitis, and STD/TB Prevention at CDC*

**Responsibilities:**

- Led a quantitative analysis on the American Customer Satisfaction Index related to the Division of HIV Prevention and Prevention Communication Branch of the CDC. Proposed actionable recommendations, aimed to improve user experience on DHP webpages.
- Trained in public health research and promotion through CDC and Morehouse College Public Health Sciences Institute.

**University of North Carolina at Chapel Hill (Aug 2020 - May 2021), Research Assistant**

**Responsibilities:**

- Recorded and analyzed data using Excel and Python to apply to positions using candidates with identical resumes, but differing gender and racial names.
- Completed application process for over 10,000 applications to investigate the intersection of race and gender bias in hiring discrimination.

**Sentara Albemarle Medical Center (June – Aug 2021), Healthcare Administration Intern**

**Responsibilities:**

- Coordinated with local health department, providers, and vendors to organize free community-wide COVID-19 testing across 4 counties, complete with wraparound services. Served over 300 community members.
- Presented executive summary and recommendations for improving COVID-19 provider communication to leading stakeholders.
- Developed 3 public health initiatives and community health partnerships between local hospital, health department and clinics in order to implement the top 3 goals of the Community Health Needs Assessment.



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**University of North Carolina at Chapel Hill School of Medicine (Aug 2018 – March 2020), Administrative Assistant**

**Responsibilities:**

- Conducted the credentialing process for current and recently hired physicians.
- Processed evaluation systems for current residents and with residency interview and match process.

**• Publications & Authorships**

***"Barriers and Facilitators for Population Genetic screening in Healthy Populations: A Systematic Review"***

Emily C. Shen, Swetha Srinivasan, Lauren E. Passero, Caitlin G. Allen, Madison Dixon, Kimberly Foss, Brianna Halliburton, Laura V. Milko, Amelia K. Smit, Rebecca Carlson, Megan C. Roberts  
Published in: Frontiers in Genetics Journal, 2022

***"Quantitative Analysis on the American Customer Satisfaction Index related to the Division of HIV Prevention and the Prevention Communication Branch"***

Brianna Halliburton

Presented at Annual Biomedical Research Conference for Minority Students (ABRCMS)

***"Stress as a Risk factor for Maternal and Infant Disparities in the United States: A Comparison of Black and White Women"***

Brianna Halliburton and Jewel Tinsley

Published in UNC Journal of Undergraduate Research



## APPENDIX A: RESUMES

### Alicia Jansen, RN Senior Manager

#### • Summary

Ms. Jansen specializes in delivery system reform model design, implementation, and ongoing operations. She has supported numerous projects designed to advance population health such as the integration of access to mental health and substance use care. Examples of this work include supporting the Nevada Certified Community Behavioral Health Clinics (CCBHCs) Demonstration program, NV CCBHC State Plan program, the Kentucky CCBHC program and the Michigan CCBHC program. Through her work in this space, she has facilitated multiple stakeholder groups providing education to or soliciting information from program participants, federal partners, consumers, consumer advocates, state, and hospital association leadership as well as serving as a speaker and moderator at Learning Collaborative meetings. Additionally, Ms. Jansen uses her clinical expertise to support clients in the development of comprehensive continuous quality monitoring and improvement plans.

#### • Education

B.S., Nursing, Ball State University, 1995

#### • Experience

27 years of professional experience

#### • Licenses/Certifications

Certificate, Clinical Research Program  
Registered Nurse  
Certified Outpatient Coder - Apprentice

#### • Relevant Work Experience

Michigan Department of Health and Human Services (2022- Present)  
Technical Assistance and training, including operational materials for BHDDA and CCBHCs

##### *Scope of Work:*

Myers and Stauffer supports the Department's Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program implementation, operations, and ongoing policy development.

##### *Responsibilities:*

- Review existing BHDDA internal program processes and make recommendations on improvements and opportunities, including processes for standardizing CCBHC communications templates, supporting data analytics, and reviewing ongoing CCBHC certification and compliance.
- Meet with CCBHC providers to provide feedback on on-going reviews for compliance.
- Development and revision of external policies and procedures related to ongoing program operations, including certification, quality bonus payments, and cost reporting requirements.





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- Develop training materials and conduct up to four virtual stakeholder trainings which may include focus areas such as cost reporting, data collection, measurement, and related processes. Topics will be presented to BHDDA for consideration.
- Review and provide recommendations for updates to the CCBHC provider handbook, as well as the existing website.

### **Arizona Health Care Cost Containment System (2021 – Present)**

Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Quality Measures, Part 1

#### **Scope of Work:**

Myers and Stauffer facilitated a series of stakeholder meetings and provide analysis of and recommendations for the selection of quality measures for AHCCCS' Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) program related to the Health Care Investment Fund (HCIF) quarterly directed payments to hospitals.

#### **Responsibilities:**

- Evaluated healthcare challenges for the Medicaid and Children's Health Insurance Program (CHIP) populations as well as minorities and vulnerable populations in Arizona.
- Assist AHCCCS with facilitating stakeholder workgroup meetings with hospital representatives to discuss potential quality metrics to be applied to the HEALTHII program.
- Support monitoring of a designated email address for correspondence/feedback received from stakeholders.
- Provide recommendations of hospital-specific quality metrics relevant to populations of interest (i.e., Medicaid and CHIP).
- Assist AHCCCS with establishing a consensus on a final set of quality metrics agreed upon during workgroup meetings.
- Meeting minutes and participant lists from all stakeholder workgroup meetings documenting agenda items, discussion points, and decisions made.
- Developing a report summarizing the quality metrics selected for the HEALTHII program prior to project close out.

### **Kentucky Department of Medicaid Services (2021 - Present)**

Mobile Crisis Intervention (MCI) Services Planning Grant

#### **Scope of Work:**

Myers and Stauffer is providing project management, needs assessment, strategic planning, and subject matter expertise services to support Kentucky's MCI Planning Grant project developing a statewide model to expand and strengthen the Commonwealth's ability to better serve those individuals experiencing a behavioral health crisis, including diversion from hospitals, jails, and other restrictive settings.

#### **Responsibilities:**

- Supported development of an approach specifically tailored to address health disparities and equitable system development associated with mobile crisis intervention services that takes into an account an individual's physical and behavioral health care needs, preferences, backgrounds, and values through deep engagement to determine what they really need to best maintain or improve upon their health outcomes.
- Supporting stakeholder engagement activities as a facilitator, responsible for producing stakeholder engagement activities gathering information and an understanding of the current state of mental health and SUD provider capacity serving Kentuckians, including barriers and gaps, as well as collect qualitative data regarding the impact of health disparities and other factors that can negatively impact an individual's access to crisis care.

### **Kentucky Department of Medicaid Services (2021 - Present)**

Certified Community Behavioral Health Clinic Consulting Services

#### **Scope of Work:**

Myers and Stauffer supports the Department's Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program implementation, operations, and ongoing policy development.

#### **Responsibilities:**

- Assist the state with strategy on Quality Measure reporting



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- Development of Quality Measure Manual
- Engage with providers with data collection and reporting plan requirements
- Assist state's contractor with report writing considerations
- Conduct research on the CCBHC monitoring plans in other states.
- Review current state materials on CCBHC monitoring.
- Identify the reporting capabilities of the state and the CCBHCs with respect to the CCBHC monitoring requirements.
- Assist with the development of a Kentucky CCBHC monitoring plan addressing the following:
  - Results of on-site/virtual CCBHC reviews required to determine compliance with CCBHC certification criteria (e.g., CCBHC policy and procedures, staffing including credentials, licensure and training, assessment tools, use of evidence based practices, care coordination, accessibility and availability of services, delivery of crisis services, etc.).
  - Issuance and monitoring of CCBHC corrective action plans.
  - Confirmation of executed Designated Collaborating Organization agreement.
  - Assessment of CCBHC Continuous Quality Plan.
  - Data assessment and monitoring to assure CCBHCs can collect, report, and track encounter claims, outcome, and quality data, including but not limited to data capturing consumer characteristics; staffing; access to services; use of services; screening, prevention, and treatment; care coordination; consumer outcomes; costs; wraparound payments; and shadow billing.
  - Organizational authority and finances.
- Other CCBHC compliance requirements.
- Develop a CCBHC monitoring plan template to support the monitoring process, as needed.
- Assist DMS with the development or revision of policies and procedures for the CCBHC monitoring plan.

### Kentucky Cabinet for Health and Family Services (2018 – Present)

Managed Care Consulting Services

#### **Scope of Work:**

Myers and Stauffer is contracted with the Commonwealth to provide technical assistance to the Department for Medicaid Services for its Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted managed care organizations.

#### **Responsibilities:**

- Develop recommended contract requirements for procurement of managed care organizations to administer services to Medicaid enrollees.
- Support the state in preparing for on-boarding of MCOs.
  - 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:
    - Interviewed stakeholders for input of the program design 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.
    - 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. Participated in multiple interdepartmental work groups to develop or modify business processes and workflows.



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### **New Mexico Human Services Department (2021 – Present)**

Behavioral Health Provider Capacity and Children in State Custody Needs Assessment

#### **Scope of Work:**

Myers and Stauffer is providing New Mexico HSD with subject matter expertise and producing a provider capacity and needs assessment specific to behavioral health services for children in state custody (CISC).

#### **Responsibilities:**

- Participating as a lead stakeholder engagement facilitator. Interviewed foster care parents about the CISC program: availability of providers, barriers and gaps, impacts of health disparities and other factors that can negatively impact an individual's access to care.
- Support implementation of a multi-pronged approach to data collection and analysis that includes a robust stakeholder engagement initiative involving state representatives, behavioral health providers and organizations, advocacy organizations, and current and former foster parents and CISC.

### **Centers for Medicare & Medicaid Services (2018 – 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:**

- Performs compliance audits for CMS in accordance with Medicare regulations. This engagement demands an in-depth understanding of the application of rules specific to Medicare Advantage Plans.
- Serves Special Needs Plan audit Team Lead.
- Medicare-Medicaid Plan Care Coordination and Quality Improvement Program Effectiveness audit Team Lead.

### **Nebraska Department of Health & Human Services (2021 – 2022)**

Nebraska Hospital Delivery System Redesign

#### **Scope of Work:**

Myers and Stauffer will provide a comprehensive resource evaluation of the Beatrice State Development Center, the Lincoln Regional Center and the Norfolk Regional Center for purposes of providing a comprehensive system assessment and redesign recommendations report.

#### **Responsibilities:**

- Serve as the team liaison with sub-contractor on all communications, assignments and deliverables.
- Quality Assurance review of deliverables.
- Led stakeholder interviews with facility staff to learn about their current challenges in the workplace.

### **Nevada Department of Health and Human Services (2017)**

Managed Care Organization (MCO) Onboarding and Business Process Reengineering

#### **Scope of Work:**

Myers and Stauffer assisted with the 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.

#### **Responsibilities:**

- As Project Manager, responsible for the oversight, quality and timeliness of deliverables and ongoing communications with the client and MCOs.
- Conducted training for state staff on CMS' Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule and other current federal requirements.
- Managed the following MCO onboarding and technical assistance activities and deliverables:



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- Created a multi-stakeholder Communication Plan addressing key communications, such as Frequently Asked Questions for providers and beneficiaries, Open Enrollment updates, and internal MCO Command Center procedures.
- Designed over 20 MCO performance dashboard measures to support onboarding oversight and monitoring.
- Analyzed weekly performance dashboard results and trends and reported findings to the state.
- Developed informal remediation plan for state to implement when MCO performance deficiency identified.
- Created an external MCO performance dashboard for public posting.
- Developed and implemented the MCO Command Center to support an efficient and well-organized MCO onboarding process.
- Provided recommendations to address MCO onboarding for continuity of care, prior authorizations (PAs), and pharmacy services, as well as on-going monitoring and oversight of MCOs.
- Provided business recommendations for key MCO contract amendments.
- Reviewed and provided recommendations for improvement of business processes related to the operations of the Medicaid program. Interviewed key management team members and staff, and reviewed state and federal regulations, best practices, state policy manuals, guides, desk procedures, systems, reports, and assessments to inform recommendations.
- Developed a MCO Data and Information Strategic Roadmap which included the following:
  - Analysis of existing report specifications for required MCO standard reports.
  - Development of a strategic plan to improve completeness, accuracy, and usability of encounter data.
  - Identification of opportunities and recommendations on strategies to utilize vendors to drive the adoption, utilization, and meaningful use of both electronic health records (EHR) and Health Information Exchanges (HIE).

### Nevada Department of Health and Human Services (2019)

Section 1115(a) Demonstration Waiver for Substance Use Disorder Services

#### **Scope of Work:**

Myers and Stauffer assisted the Department with support activities associated with submitting a Section 1115(a) Demonstration waiver application for SUD services.

#### **Responsibilities:**

- Served as the Project Director responsible for the oversight, quality and timeliness of deliverables and ongoing communications with the client.
- Coordination of all project management services.
- Facilitation of stakeholder engagement.
- Assist client with finalization of the design of the waiver approach.
- Provide oversight of the drafting of all sections of the 1915(i) application subject to client review and approval for submission to CMS.
- Support client throughout the public comment process by reviewing public comment received and offering advice to client regarding any resulting modifications that may be appropriate.
- Support client in discussions with CMS.

### Nevada Department of Health and Human Services (2020 – 2021)

Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act

#### **Scope of Work:**

Myers and Stauffer is providing project management and subject matter expertise to the State of Nevada as it implements its SUPPORT Act grant award. The purpose of the planning grant is to increasing the capacity of Medicaid providers to deliver Substance Use Disorder (SUD) treatment or recovery services.

#### **Responsibilities:**

- Supported development of an Infrastructure Assessment Report. Report provided an overview of the current policy and infrastructure landscape regarding SUD service system in Nevada, including provider capacity, benefit



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design and coverage, integrated care delivery, and reimbursement. Additionally, Myers and Stauffer addressed in the report the impact of health equity/disparity and other factors that can negatively impact an individual's access to care.

- Led stakeholder workgroup through multiple strategic planning sessions to develop a strategic plan that included their mission, goals, strategic interventions and tactics.
- Facilitated stakeholder engagement activities for executing population-based strategies taking into account stakeholder geography (rural, urban, frontier), accessibility features necessary for disabled stakeholders, and addressed the impact of health equity/disparity and other factors that can negatively impact an individual's access to care.
- Completed research and comparative analysis of the state's current Medication Assistance Treatment (MAT) delivery model and other state models. Provided policy and infrastructure best practices and actionable recommendations for implementing policy.
- Developed an inventory of prior authorization requirements for behavioral health services. Provided analysis of current state prior authorization requirements for behavioral health services. Identified opportunities to improve, align, and/or streamline Nevada's utilization management strategies for SUD. Provided analysis of peer state utilization management strategies and offered actionable recommendations.

### **Nevada Department of Health and Human Services (2018 – 2019)**

Therapeutic Foster Care 1915(c)

#### **Scope of Work:**

Myers and Stauffer supports the design, development, and CMS negotiation of section 1915(c) waiver application for the therapeutic foster care population.

#### **Responsibilities:**

- Serves as the Project Director responsible for the oversight, quality and timeliness of deliverables and ongoing communications with the client.
- Coordination of all project management services.
- Facilitation of stakeholder engagement meetings to learn from stakeholders what is working well and where there are challenges in the therapeutic foster care program
- Assist client with finalization of the design of the waiver approach.
- Provide oversight of the drafting of all sections of the 1915(c) application subject to client review and approval for submission to CMS.
- Support client throughout the public comment process by reviewing public comment received and offering advice to client regarding any resulting modifications that may be appropriate.
- Support client in discussions with CMS.

### **New Hampshire Department of Health and Human Services (2016)**

Delivery System Reform Incentive Payment (DSRIP) Program Independent Assessor

#### **Scope of Work:**

As New Hampshire's contracted DSRIP independent assessor, Myers and Stauffer was engaged in supporting IDNs that are regionally-based, able to leverage local resources, and are equipped to achieve DHHS' goal of improved access to – and quality of – both behavioral health services and the physical health services for those with behavioral health diagnoses through improved delivery system infrastructure and supports.

#### **Responsibilities:**

- Served on the team responsible for the evaluation of the submitted IDN applications and project plans.
- Developed write-back request for hospitals where deficiencies were noted, worked with applicants to address deficiencies, and submitted final findings to the State.

### **New Jersey Department of Health (2012 – 2016)**

Delivery System Reform Incentive Payment (DSRIP)

#### **Scope of Work:**





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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:**

- Managed the quarterly Stage 1 and 2 progress report review process.
- Assisted with the development of the agenda and deliverables for the quarterly Learning Collaborative meetings.
- Served as a speaker and/or moderator at the quarterly Learning Collaborative meetings.
- Responded to hospital and other stakeholder inquiries received via telephone or through dedicated email.
- Led meetings with Quality and Measures Committee, Department of Health and hospitals as needed.

### **New Jersey Department of Health (2018 – 2019)**

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:**

- Managed the quarterly Stage 1 and 2 progress report review process.
- Assisted with the development of the agenda and deliverables for the quarterly Learning Collaborative meetings.
- Served as a speaker and/or moderator at the quarterly Learning Collaborative meetings.
- Responded to hospital and other stakeholder inquiries received via telephone or through dedicated email.
- Led meetings with Quality and Measures Committee, Department of Health and hospitals as needed.

### **Texas Health and Human Services Commission (2015 – 2015)**

DSRIP Compliance Monitoring Services

#### **Scope of Work:**

Myers and Stauffer collaborated with the agency to improve care delivery systems and capacity for all patients, regardless of income, through a pay-for-performance model that emphasizes coordination of care, accountability and transparency.

### **Responsibilities:**

- Conducted secondary review of plans with a noted potential clinical concern.

### **Vermont Department of Vermont Health Access (2016 – 2017)**

Vermont Health Care Innovation Project (VHCIP)/State Innovation Model (SIM) Sustainability Plan

#### **Scope of Work:**

Myers and Stauffer supported the Department of Vermont Health Access's efforts to conduct and facilitate stakeholder meetings and key informant interviews, and reviewed projects and other efforts implemented as part of the state's SIM project. We drafted the SIM Sustainability Plan to help the state identify innovation elements of SIM that should be continued after the end of the project. This work included a review of the operational and fiscal sustainability components.

### **Responsibilities:**

- Assurance all deliverables are provided are of the highest quality and submitted on time, all client and stakeholder communications, and stakeholder engagement activities.
- Multiple stakeholder engagement sessions including surveys, round table discussions and individual interviews.



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- Interviewed multiple stakeholder groups including state staff, Managed Care Organization staff, consumers, providers, community leaders and consumer advocates.

### **Washington Health Care Authority (2017 – Present)**

Delivery System Reform Incentive Payment Program - Independent Assessor

#### ***Scope of Work:***

Myers and Stauffer is contracted to support the Washington Health Care Authority's 1115 DSRIP waiver, which is composed of nine accountable communities of health. Through this engagement, Myers and Stauffer's responsibilities include but are not limited to: receipt and evaluation of project plans; provision of technical assistance regarding project plan improvement opportunities; conducting semi-annual assessments of projects; performing a midpoint assessment of the DSRIP program; assessing VBP contracting by the MCOs; collaboration with other State contractors; and assisting with certain training and communication efforts.

#### ***Responsibilities:***

- Served as primary reviewer to assess projects within the ACHs' Project Plan portfolios.
- Support the development of the Project Plan assessment findings report.
- Support the development of a reporting template for ACHs' submission of semi-annual reports.

### **Prior Relevant Work Experience**

Myers and Stauffer LC (2007 – Present), Senior Healthcare Reimbursement Analyst, Manager, Senior Manager

M Plan (2002—2006), Medical Management Coordinator

Cooperative Managed Care Services (1999—2002), Registered Nurse Case Manager

Madison County Home Health and Hospice (1998 – 1999), Staff Nurse

Ball Memorial Hospital (1996 – 1998), Staff Nurse

#### **M Plan (2002—2006)**

##### ***Responsibilities:***

- Served as a Medical Management Coordinator and performed utilization and case management services.
- Performed audits of hospital networks to ensure National Committee for Quality Assurance (NCQA) Utilization Management standards were met.

#### **Cooperative Managed Care Services (1999—2002)**

##### ***Responsibilities:***

- Served as a Nurse Case Manager and collaborated with healthcare providers to coordinate patient care.

#### **Madison County Home Health and Hospice (1998 – 1999)**

##### ***Responsibilities:***

- Served as a Registered Nurse Case Manager on multi-disciplinary teams managing the holistic needs of hospice patients and families.
- Worked as member of multi-disciplinary team including clinicians and social service providers.

#### **Ball Memorial Hospital (1996 – 1998)**

##### ***Responsibilities:***

- Served as a step-down Critical Care Registered Nurse.
- Participated in developing critical pathways.



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### Divlin Kaur, MPH Health Care Consultant

#### • Summary

Ms. Kaur is a healthcare consultant with Myers and Stauffer LC, and has worked in the healthcare industry for 6 years. Upon undergraduate graduation, she began working in a dental office and quickly worked her way to leadership roles as a practice manager for multiple private offices. She just completed her Master of Public Health degree at Emory University where she had the opportunity to intern with the largest healthcare group purchasing order company. She is well versed in data analysis, stakeholder methodology, and strategic planning as she has demonstrated with Myers and Stauffer engagements with states such as Utah, New Mexico, and West Virginia. She is committed to leveraging healthcare management and policy experience with exceptional organizational leadership and problem-solving skills.

#### • Education

B.S., The University of Georgia, 2016

MPH, Healthcare Management and Policy, Emory University, 2022

#### • Experience

6 years of professional experience

#### • Licenses/Certifications

##### Human Subjects Protection

CITI Program, A Division of BRANY  
Issued March 2021 – Expires March 2024  
Record ID: 41517938

##### Health Privacy and Information Security

CITI Program, A Division of BRANY  
Issued March 2021 – Expires March 2024  
Record ID: 41517909

#### • Relevant Work Experience

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

Colorado Behavioral Health Network Analysis 2021

##### **Scope of Work:**

Myers and Stauffer performs an assessment of the Medicaid behavioral health provider data to develop a 12-month strategic plan to improve the specificity and usability of the data for more targeted analyses and management. Myers and Stauffer will also generate two deliverables – Behavior Health Provider Data Analysis Report and the Behavioral Health Provider Data Strategic Plan that will improve usability of data.

##### **Responsibilities:**

- Assisted in the facilitation of a comprehensive stakeholder engagement period
- Assisted in the analysis of stakeholder engagement data to help generate strategic recommendations for second deliverable
- Supported with the development of content for strategic report





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### Connecticut Department of Social Services (2021 – 2022)

eScan and State Medicaid Health IT Plan

**Scope of Work:**

Myers and Stauffer provides consulting services and technical assistance to states to complete the final health IT environmental scan and State Medicaid Health Information Technology Plan (SMHP) as required by CMS. Myers and Stauffer also assists with development of Health IT Roadmaps and strategic plans that are stakeholder-driven and achievable, and are designed to bolster the state's overall health IT sustainability plans. Myers and Stauffer utilizes a multipronged approach to gather stakeholder data to support these initiatives, such as surveys, key informant interviews, and focus groups.

**Responsibilities:**

- Oversaw the facilitation of a comprehensive stakeholder engagement period
- Provided client team with weekly updates
- Consolidated quantitative survey results
- Assisted in the development of content for eScan and SMHP

### Kentucky Cabinet for Health and Family Services (2022 – 2022)

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:**

- Supported the creation of the Kentucky Needs Assessment report by reviewing the acronyms embedded in the document and making the document 508 compliant for the state

### Louisiana Department of Health (2021 – 2021)

Health IT Technical Assistance

**Scope of Work:**

Myers and Stauffer was contracted to provide technical and facilitate a stakeholder engagement series of large and small group discovery sessions and discussions, bringing together state government and community-level stakeholders from to gather information and develop a detailed Action Plan and list of priorities to effectively advance Louisiana's health IT related investments across several sectors with the objective of reducing health care costs, enhancing care delivery, and improving health outcomes of Louisianans.

**Responsibilities:**

- Co-drafted the final SMHP by consolidating previous state reports and current data
- Developed the final version of the SMHP by contributing written sections throughout the report
- Assisted with all general stakeholder engagement efforts

### New Mexico Human Services Department (2021 – 2022)

Behavioral Health Provider Capacity and CISC Needs Assessment

**Scope of Work:**

Myers and Stauffer is contracted with the state to support the analysis of strategies to support and expand provider capacity offering specific community-based behavioral health services throughout New Mexico for children in state custody.

**Responsibilities:**

- Lead stakeholder engagement coordination using effective communication methodology
- Participated in all stakeholder interviews and focus groups
- Designed and updated status report templates for client team
- Participated in designing tools, questions, and guides for focus group discussion
- Synthesized findings from qualitative and quantitative data gathering initiatives
- Developed a qualitative analysis tool used for consolidating themes and findings



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### Utah Department of Health and Human Services (2021 – 2022)

Environmental Scan and State Medicaid Health IT Plan

**Scope of Work:**

Myers and Stauffer is contracted to conduct a statewide eScan for the Utah Department of Health (UDOH) as part of the HITECH program closeout requirements outlined by CMS. Tasks include designing a survey, distributing the survey to providers, reviewing results from the survey and comparing to previous surveys conducted within Utah, conducting stakeholder interviews, and completing the final eScan Report

**Responsibilities:**

- Designed and implemented effective communication templates to encourage stakeholder participation
- Lead stakeholder engagement coordination and participated in all stakeholder interviews and focus groups
- Synthesized findings from qualitative and quantitative data gathering initiatives using a homegrown tool
- Co-created the final eScan Report

### Virginia Department of Medical Assistance Services (2021 – 2022)

Environmental Scan (eScan)

**Scope of Work:**

Myers and Stauffer is contracted to conduct a statewide eScan for the Virginia Department of Medicaid Assistance Services (DMAS) as part of the HITECH program closeout requirements outlined by CMS. Tasks include designing a survey, distributing the survey to providers, reviewing results from the survey and comparing to previous surveys conducted within Virginia, conducting stakeholder interviews, and completing the final eScan Report.

**Responsibilities:**

- Conducted preliminary research of current landscape related to priority quality initiatives and strategic plans
- Participated in development of interview questions and stakeholder engagement efforts
- Supported the creation of the final eScan Report by contributing written sections on topics like HIE, Quality Initiatives, Population health, & Value-Based Health

### West Virginia Department of Health & Human Resources (2022 – Present)

Medicaid Actuarial Services and Managed Care Program Administration

**Scope of Work:**

Myers and Stauffer is contracted with the state to support ongoing oversight including ongoing data management, Medicaid waiver support, policy analysis, research, contract development and maintenance, assessment of provider network adequacy, MCO reporting and analytical tool development and maintenance (includes dashboards), and MCO contract development and maintenance.

**Responsibilities:**

- Reviewed SB419 and conducted supplemental research of performance based payment methodology options and outcome metrics utilized in different states
- Assisted in the development and review of questions for provider based survey
- Reconfigured survey flow and design within software using Java Script and CSS programming language

### Prior Relevant Work Experience

Myers and Stauffer LC, (2022 – Present), Healthcare Consultant

Rollins Consulting Group, (2021 – 2022), Vice-President

Institute for Healthcare Improvement (IHI), (2020 – 2021), Student Intern

Premier Inc., (2021 – 2021), Health Care Consultant Intern

**Responsibilities:**

- Assisted in approval process and formulating the framework for a new initiative that created a \$6M savings opportunity for the client by identifying trends, patterns, and clinical variation within 8 different facilities and presented findings



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- Analyzed large datasets with quantitative/qualitative data using Excel and Tableau to provide insights to internal members and assisted in content creation for client deliverables
- Designed and owned a new methodology for sustaining implemented initiatives and lead 9 client-facing meetings by reporting KPI's and financial tracking to develop and implement mitigation plans live and engage the stakeholders
- Created and maintained project work plan and communicated with client's C-Suite and other external members To coordinate meetings, follow-ups, and provide regular updates on project timeline

### **Elegant Smiles, (2019 – 2020), Practice Manager for Blueprint Smiles**

#### ***Responsibilities:***

- Lead the increase in monthly revenue value from \$30K to \$90K on average increasing efficiency by creating improved financial mechanisms, reallocating resources, and improving workforce management
- Shaped providers to re-envision business strategy by presenting different clinical coding, claim and reimbursement procedures for clinical optimization
- Collaborated with marketing team to identify target markets and trends to accelerate patient expansion and increased patient return rates by 22%
- Led daily meetings with providers and staff to introduce performance improving strategies per sector to integrate all new goals for overall efficacy

### **Riverwood Dental, (2018 – 2020), Practice Manager for Blueprint Smiles**

#### ***Responsibilities:***

- Managed and oversaw the production, hiring and coordination of 5 high-volume dental offices increasing operational efficiency by 40% through clearly developed and exercised process centric SOPs across practices
- Lead the increase in monthly revenue value from \$50K average to \$100K through the development of a detailed financial reporting system for account receivables and claims across 10+ private insurance providers
- Developed and presented treatment plans to 150+ patient volume to increase oral health management
- Supervised and trained 30+ staff on culturally competent oral care ensuring a quality patient-centric environment by implementing key patient care strategies



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### 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.



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### **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:**



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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.



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### Margaret King, CPA, CPM Health Care Senior Consultant

#### • Summary

Ms. King has 28 years of Medicaid experience covering payment policy and rates, managed care financial administration and oversight, and agency financial administration. Her experience ranges numerous provider types and a full range of Medicaid financial and reimbursement activities. Ms. King has personal experience with the daily challenges encountered by Medicaid financial personnel and understands the dedication required to manage the financial offices of a Medicaid agency and keep pace with the constant changes that are inherent in Medicaid programs. She led a number of successful projects within the Mississippi Division of Medicaid, including managed care financial oversight and hospital inpatient APR-DRG implementations and oversaw the financial component of all contracting, accounting, financial reporting, institutional and clinic rate setting, payment policy, DSH, UPL, managed care directed payments, provider taxes, third party recovery efforts, financial and compliance audits, and MMIS institutional provider payment parameters. Ms. King continues to support the Mississippi Division of Medicaid on projects including nursing facility payment and the hospital directed payments program along with Myers and Stauffer managed care initiatives for an additional state.

#### • Education

B.B.A., Accounting, Millsaps College, 1985

#### • Experience

37 years of professional experience

#### • Affiliations

Association of Government Accountants  
Mississippi Society of Certified Public Manager  
Mississippi State Society of Certified Public Accountants

#### • Licenses/Certifications

Certified Public Accountant  
Certified Public Manager

#### • Relevant Work Experience

##### **Alabama Medicaid Agency (2019)**

Accounting, Auditing, and Consulting Services

##### **Scope of Work:**

Myers and Stauffer performs consulting services relating to institutional and non-institutional reimbursement programs and federal reporting consulting services.

##### **Responsibilities:**

- Preparer of nursing facility value-based purchasing study.

##### **Alaska Department of Health and Social Services (2020)**

Diagnosis Related Group Technical Assistance

##### **Scope of Work:**





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Myers and Stauffer was engaged to provide technical assistance and support to the Department regarding the feasibility, development, and implementation of a diagnostic-related group (DRG) payment methodology for Alaska hospitals.

**Responsibilities:**

- Preparer of inpatient hospital DRG methodology overview and options report.

### Mississippi Division of Medicaid (2019 – 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:**

- Serve as subject matter expert and provide technical assistance.

### Mississippi Division of Medicaid (2019 – Present)

MDS Data Collection, Management, and Processing System

**Scope of Work:**

Myers and Stauffer produced resource utilization groups (RUG-IV) CMI's used for Medicaid rate setting along with providing electronic review system and data for performing minimum data set (MDS) reviews.

**Responsibilities:**

- Provide technical assistance.

### 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:**

- Serve as client liaison.

### Mississippi Division of Medicaid (2019 – Present)

Upper Payment Limit and DSH Program Calculations

**Scope of Work:**

Myers and Stauffer has assisted the state of Mississippi's Medicaid program with UPL and DSH calculations since 2006.

**Responsibilities:**

- Preparation of UPL demonstration calculations for the skilled nursing facility/nursing facility, ICF/IID, psychiatric residential treatment facilities (PRTF), and clinic provider types.

### New Jersey Essex County (2020 – Present)

Hospital Assessment Fee Development and Implementation

**Scope of Work:**



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Myers and Stauffer assists the County of Essex, New Jersey, with the development and implementation of a health care provider assessment for hospital services.

**Responsibilities:**

- Assist in development and implementation of a hospital assessment fee program for the county under federal and state statutory and regulatory requirements.
- Attend meetings with hospitals to communicate program objectives.
- Assist in development of process documentation, policy documentation, and reporting tools.

### North Carolina Department of Health and Human Services (2019)

North Carolina Managed Care Monitoring and Audit Programs

**Scope of Work:**

Myers and Stauffer is performing a high level assessment of the reimbursement, capitation and financial risks associated with monitoring contracted Managed Care Organizations (MCO). The assessment will be used to develop an MCO Audit Program and training guide focused on financial risk management.

**Responsibilities:**

- Serve as subject matter expert and provide technical assistance regarding managed care risk assessment.
- Serve as subject matter expert and provide recommendations for the financial reporting template.

### Tennessee Department of Finance and Administration (2021 – Present)

Reimbursement Consulting and Technical Assistance

**Scope of Work:**

Myers and Stauffer is providing case mix technical assistance and consulting services to TennCare to conduct a review of Medicaid reimbursement policies and parameters for federally qualified health center (FQHC) and rural health clinic (RHC) providers.

**Responsibilities:**

- Assist with FQHC and RHC study and report of recommendations.



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### 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.



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- 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.



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### Jennifer Kyritsis, MHA

Senior Manager, Myers and Stauffer LC

Ms. Kyritsis has worked in the health care industry for more than 25 years, much of that time consulting with state Medicaid agencies. She has extensive experience with project management, research and analysis of health care policy, program design, strategic planning, procurement, implementation, and supporting ongoing operations. She has supported more than 12 state Medicaid agencies with projects focused on the design, implementation, operation, or evaluation of health care delivery models and reform options. Her work regularly includes development of recommendations for program design in consideration of state and federal regulations. Ms. Kyritsis provides clients with interpretation of federal regulations and planning for and facilitation of discussions with CMS. She responds to client inquiries about requirements of CMS when considering SPAs or federal waiver requests for Medicaid programs. She has assisted with drafting of multiple 1915(b) and 1115 waiver applications.

#### Education

M.H.A, University of North Carolina, 2000/B.S., Public Health, University of North Carolina, 1993

#### Experience

25 years of professional experience

#### Relevant Work Experience

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

- **Hawaii Department of Human Services:** Supported the Department with its Medicaid managed care procurement and aspects of VBP program design for the State's delivery system reform efforts for the, including:
  - 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.
  - Drafted questions for interviews of the State's contracted MCOs and the EQRO to obtain input on the current managed care delivery system.
  - Supported development of a RFI to obtain stakeholder insights about VBP models and other delivery system considerations.
- **Kentucky Cabinet for Health and Family Services:** Provide technical assistance to the Department for Medicaid Services for the Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs, including:
  - As Project Manager for this engagement, responsible for the quality and timeliness of deliverables and ongoing communications with the client.
  - Providing project management support to the Department for implementation of a newly procured PBM that will support the Kentucky Managed Care Program. Participating in meetings with the PBM, MCOs, and the Department. Reviewing and commenting on draft materials submitted by the PBM. Supporting procurement activities for the PBM, including review of the RFP scope of work and drafting of questions.
  - Managed development of program design considerations and recommended contract requirements for procurement of MCOs to administer services to Medicaid enrollees. Drafted sections of the RFP to include background, RFP questions, and evaluation criteria. Drafted MCO contract modifications.
  - Conducted interviews with Department, sister agency staff, and the EQRO to support recommendations for the managed care procurement and to gain insights into current operations to support assessment of existing infrastructure for performance management oversight. Developed interview guides for interviews of agency staff, MCOs, and the EQRO.
  - Facilitated the MCO readiness review process for the Department. Managed development of materials to support the review, including a master readiness review tool for use by the MCOs and the Department in



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exchange of information and comments, a timeline, and detailed agendas for on-site reviews. Provided training to Department and MCO staff on the review process. Communicated with MCOs to answer questions and to provide information about required follow up and timelines. Drafted findings reports to provide to the MCOs. Findings reports for two newly contracted MCOs were submitted to CMS.

- Managed development of the Commonwealth's 1915(b) waiver renewal application to address program design changes that resulted as part of the MCO procurement process. Drafted responses to questions from CMS to support their approval of the renewal application.
  - Managed a performance management assessment to identify opportunities for enhancement of the Department's approaches to oversight of the contracted MCOs. Interviewed staff responsible for oversight of the MCOs, including staff who work with the EQRO to assess quality and outcomes.
- **Kentucky Cabinet for Health and Family Services:** Conducted an 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.
    - Managed 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.
    - Managed development of the independent assessment report for submission to the Department and CMS. Drafted responses to CMS' questions for final approval of the assessment.
  - **Idaho Department of Health and Welfare:** Supported the Department's procurement of a non-emergency medical transportation (NEMT) vendor.
    - Drafted RFP language to include requirements for the NEMT broker scope of work to increase accountability and incorporate federal NEMT regulations. Drafted RFP questions for vendor response.
    - Conducted a multi-state review of NEMT best practices, innovations, and lessons learned from broker contract implementations.

### **Guidehouse (formerly Navigant Consulting) (2014 – 2017), Director/(2004 – 2014), Associate Director, Managing Consultant/ Tucker Alan Inc. (Acquired by Navigant) (2000 – 2004) Manager, Senior Consultant**

- Supported various state Medicaid agencies nationwide with design and implementation of health reform initiatives and Medicaid managed care programs.
- Managed planning, program design, procurement, and implementation of state Medicaid contracts for delivery system initiatives and reforms, including managed care programs, disease management, and enhanced PCCM programs, enrollment brokers, NEMT vendors and pharmacy services, among others.
- Managed stakeholder feedback processes, research and analysis, and development of program design options for Medicaid reform initiatives.
- Developed federal documents such as SPAs, 1915(b) and 1115 waiver applications, and grant applications. Obtained public input, facilitated discussions with CMS, and trained State staff on requirements of federally-required approvals.
- Managed readiness reviews of health plans contracted to administer Medicaid managed care programs, enrollment brokers, and other entities, including activities such as developing readiness review tools, training staff, conducting of desk and on-site reviews, drafting findings reports, and recommending corrective actions.

### **UNC Department of Family Medicine (1998 – 2000), Reimbursement Analyst/Continuous Quality Improvement Coordinator**

### **UNC Physicians and Associates (1994 – 1998), Financial Counselor/Managed Care Specialist**



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### Hannah Lawrence, MPH

Health Care Senior Consultant, Myers and Stauffer LC

Ms. Lawrence provides strategic consulting to state governments through analysis and research of managed care data, assumptions and methodologies used for rate development, ensuring compliance with state and federal regulations, and developing processes to measure outcomes of technical and administrative business functions.

Prior to joining Myers and Stauffer, Ms. Lawrence spent several years supporting the state of South Carolina in managing the Medicaid Promoting Interoperability Program (formerly the Medicaid Electronic Health Record [EHR] Incentive Program) by advancing the adoption and meaningful use of certified EHR technology and health information exchange (HIE) in the state. She has extensive experience working directly with providers and facilitating conversations regarding health IT and HIE. In her role, she was responsible for communications with CMS and industry leadership and provided oversight of the program.

#### Education

M.P.H, Health Services, Policy and Management, University of South Carolina, 2014/B.S.P.H., Community Health, Indiana University, 2012

#### Experience

8 years of professional experience

#### Certifications

Certified Health Education Specialist

#### Relevant Work Experience

##### Myers and Stauffer LC (2017 – Present), Health Care Senior Consultant

- **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 the 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.
  - Reviewed and analyzed current health plan subcontractor oversight policies and procedures, data, and reporting.
  - Developed interview questions for and performed more than 60 interviews with health plan representatives.
  - Assisted in drafting three health plan final reports for agency review and dissemination to stakeholders.
- **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:
  - Reviews and analysis of the current managed care program including current contracts and national best practice literature to support the development of option analyses detailing a best-in-class system, noting best practices and recommendations for change.



## APPENDIX A: RESUMES

- Assist in the development of questions to survey MCOs to review the existing Kentucky Medicaid MCO environment and provide feedback and key considerations to DMS.
- **Louisiana Department of Health:** Myers and Stauffer was contracted to provide technical assistance and facilitate a stakeholder engagement series of large and small group discovery sessions and discussions. We brought together state government and community-level stakeholders to gather information, develop a detailed Action Plan, and a list of priorities to effectively advance Louisiana's health IT-related investments across several sectors with the objective of reducing health care costs, enhancing care delivery, and improving health outcomes of Louisianans.
  - Assist in preparing tools and event planning materials for discovery sessions which build consensus among various stakeholders from state government, health care providers and payers, business, technology, patient advocacy, and academia to successfully negotiate discussions, define focus, and set priorities.
  - Led stakeholder engagement activities and updates for the complete re-write of the State's State Medicaid Health IT Plan (SMHP). Conducted research and developed instruments to gather relevant data from stakeholders. Led semi-structured interviewing of key stakeholders.
  - Supported the generation of a priority list based on the discovery sessions and initiatives in the health IT roadmap to guide LDH on future tasks and priorities.
- **Nevada Department of Health and Human Services:** Evaluation of the health IT infrastructure within Nevada. This includes the engagement of stakeholders of state- and community-level stakeholders within Nevada to inform the development of a Nevada Health IT Roadmap and an update to the SMHP. Additional work includes a sustainability evaluation of the sole standalone HIE in Nevada.
  - Provide the state with a two- to five-year plan that sets goals and establishes a range of initiatives that will set direction for the State in creating sustainable solutions through various initiatives.
  - Conduct certification activities including a seven-point assessment and evaluation plan. Review state HIE certification based on certification body outline, details, and state regulations.
  - Perform analysis and update benchmarks through stakeholder engagement findings and utilization of existing data sources.
  - Assist the State in pursuit of initiatives related to the development of core HIE services including public health infrastructure advancements.
  - Provide guidance and facilitation for board and data steward council meetings and support to the Data Governance Organization including best practices, research regarding MCI, data sharing, and data quality.

### **South Carolina Department of Health and Human Services (2015 – 2017), Project Coordinator**

- Served as team lead for the Department's Medicaid EHR incentive program with evaluation detailing the health IT landscape, development of annual implementation advance planning document submissions, development and submission of addendum system technical changes to state-level repository, and quarterly data reporting to CMS.
- Served as an SME for the program responsible for researching and explaining complex regulations, and serving as public health liaison to the state public health agency and state HIE.
- Reviewed strategic planning and design of future health IT initiatives available to the state Medicaid agency in procurement of a replacement MMIS.





## APPENDIX A: RESUMES

### Nancy Myers Senior Analyst

#### • Summary

Ms. Myers is a senior analyst with Myers and Stauffer. She manages and conducts data mining and analyses of Medicaid fee-for-service and encounter claims; conducts provider network adequacy studies; ensures integrity of data sources; and generates written and oral reports and presentations.

#### • Education

B.S., Applied Psychology, Georgia Tech, 1977

#### • Experience

29 years of professional experience

#### • Relevant Work Experience

##### Arizona Health Care Cost Containment System (2020 – Present)

Targeted Investment Payment Processing

###### **Scope of Work:**

Myers and Stauffer supports AHCCCS staff with the administration and processing of Targeted Investments (TI) Program incentive payments as part of the state's Section 1115 DSRIP waiver.

###### **Responsibilities:**

- Manage the intake and quality of base data determining the eligibility of participants and amount of payment.

##### 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:**

- Conduct studies of CMO provider network adequacy.
- Participate in CMO onsite audits – program integrity, encounter submissions and payment systems.
- Manage Myers and Stauffer's acquisition of MMIS encounter data.
- Manage preparation of encounter data as input for annual rate setting.
- Monitor payers' compliance with ACA PCRI.
- Participate in CMO readiness reviews.
- Design dashboard for daily monitoring of CMO onboarding.
- Conduct ad hoc analyses as requested by the State.

##### Georgia Department of Community Health (2014 – Present)

Hospital Reimbursement Technical Assistance

###### **Scope of Work:**

Myers and Stauffer assisted with the redesign and calculation of the Medicaid DRG reimbursement system and technical and accounting issues related to the preparation of Medicare UPL findings for inpatient and outpatient hospital programs.



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### **Responsibilities:**

- Manage reporting of hospital "bed tax".

### **Georgia Department of Public Health (2014 – 2018Present)**

Women, Infant & Children Vendor Analysis and Verification

#### **Scope of Work:**

Myers and Stauffer conducts inventory testing, analysis, and square footage assessments on retail grocery stores that are authorized by the Georgia WIC Program to transact WIC participants' food instruments at their store.

#### **Responsibilities:**

- Manage Myers and Stauffer's acquisition of WIC data.
- Developed technique to facilitate and document the calculation of square footage at retail grocery stores.

### **Kentucky Cabinet for Health and Family Services (2020 – 2021Present)**

Independent Assessment 1915(b) Waiver Program

#### **Scope of Work:**

Myers and Stauffer is contracted with the Commonwealth to provide an independent assessment of the Department for Medicaid Services' 1915(b) waiver for the Medicaid managed care program.

#### **Responsibilities:**

- Assess managed care organizations' documentation and performance in regards to their beneficiaries' access to care.

### **Louisiana Department of Health (2014 – Present)**

Managed Care Organization Audit

#### **Scope of Work:**

Myers and Stauffer assists the Louisiana Department of Health with providing oversight and monitoring of the Healthy Louisiana (formerly known as Bayou Health) program managed care organizations (MCOs).

#### **Responsibilities:**

- Manage Myers and Stauffer's acquisition of MMIS encounter data.
- Prepare data extracts for PERM.

### **Louisiana Department of Health (2014 – 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:**

- Manage Myers and Stauffer's acquisition of MMIS FFS claims data.
- Audit MMIS member records against death records from the States' Vital Records Registry.

### **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 Coordinated Care Organizations' 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.



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***Responsibilities:***

- Analysis of and recommendations for CCO claims denials and reporting.
- Analysis of CCO and subcontractor payment timeliness.

**Pennsylvania Department of Human Services (2018 – Present)**

Nursing Facility Information System/Case Mix Reimbursement System Support

***Scope of Work:***

Myers and Stauffer was engaged to develop, implement and maintain a nursing facility information system, based on the minimum data set (MDS), cost reports, appraisals and provider details used to calculate quarterly case mix reimbursement rates and to develop other systems that collect and store data related to supporting the department's nursing facility initiatives.

***Responsibilities:***

- Profile the baseline recipients for measuring the effectiveness of moving from nursing facilities to community-based support services.



## Elizabeth Peyton, MPH, RN, BSN

### Health Care Manager

#### • Summary

Ms. Peyton is a health care manager with Myers and Stauffer with experience in delivery system reform, federal auditing and oversight, and managed care program design and support. Ms. Peyton has helped design a managed care quality framework, develop and implement data collection tools to inform caregiver health and member experience policies and has participated in national initiatives to improve the health of Medicaid beneficiaries and address challenges of an aging population.

Ms. Peyton has dedicated her career to the field of public health where she has performed data reporting and analysis, policy development, program implementation, process improvement, project management and program compliance with state and federal regulations. Prior to joining Myers and Stauffer, Ms. Peyton was involved in the ongoing design of Indiana's managed Long-Term Services and Supports (mLTSS) program, the implementation of electronic benefit transfer (EBT) with the Indiana Department of Health- Women, Infant, and Children Program (WIC) and the bedside care of critical care patients at an inner-city, magnet hospital.

#### • Education

M.P.H., Behavioral, Social, and Community Health,  
Indiana University, 2014  
B.S., Nursing, Purdue University, 2011

#### • Experience

11 years of professional experience

#### • Affiliations

#### • Licenses/Certifications

Registered Nurse

#### • Relevant Work Myers and Stauffer Experience

##### **Centers for Medicare & Medicaid Services (2016 – 2019)**

Audit, Oversight, and Technical/Operational Support

##### **Scope of Work:**

Myers and Stauffer provided audit, oversight, technical, and operational support of Medicare Advantage, Prescription Drug Plan, Program of All-Inclusive Care for the Elderly (PACE) and other organizations related to the Part C and Part D Program.

##### **Responsibilities:**

- Conducted outcomes-based review focused on the participant experience utilizing participant-specific data to evaluate a PACE organization's compliance with 42 CFR 460 as a contractor to Centers for Medicaid and Medicare Services (CMS).



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### Hawaii Department of Human Services (2018 – 2019)

Medicaid Managed Care Organization Procurement Support

**Scope of Work:**

Myers and Stauffer contracted with the state to support managed care procurement and aspects of value-based purchasing (VBP) program design for the state's delivery system reform efforts.

**Responsibilities:**

- Analyzed related features of the managed care program initiative, including contracts, state Medicaid, and other materials specific to each of these initiatives.
- Conducted a national environmental scan to identify and analyze national innovations and best practices for each Initiative through research of publicly available information such as MCO RFPs and contracts, published literature from associates, and research relevant to initiatives from all payers like Medicare and the commercial industry.

### Kentucky Cabinet for Health and Family Services (2019)

Managed Care Consulting Services

**Scope of Work:**

Myers and Stauffer contracted with the Commonwealth to provide technical assistance to the Department for Medicaid Services for its Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted managed care organizations.

**Responsibilities:**

- Reviewed and analyzed the managed care program including contracts and national best practice literature to support the development of option analyses detailing a best-in-class system, noting best practices and recommendations for change.
- Assisted in the development of questions to survey Managed Care Organizations to review the Kentucky Medicaid MCO environment and provide feedback and key considerations to DMS.

### New Hampshire Department of Health and Human Services (2017 – 2019)

Delivery System Reform Incentive Payment Program Learning Collaborative

**Scope of Work:**

Myers and Stauffer provided professional services necessary to develop, operate and lead the DSRIP Learning Collaborative – a required element of the Department of Health and Human Services' Building Capacity for Transformation, Section 1115 Medicaid Demonstration Waiver.

**Responsibilities:**

- Acted as a liaison and support for the State with the IDNs.
- Operated as one of three Innovation Agents that provided support to IDNs to facilitate implementation of DSRIP project plans and share best practices to achieve intended IDN goals and deliverables.
- Facilitated conversations with IDNs to identify, share and promote best practices and enhance peer-to-peer learning.
- Provided Technical Assistance support to the State and IDNs through best practice research, guidance, and subject matter expertise.
- Supported the development and execution of quarterly, in-person, statewide Learning Collaboratives.
- Presented Innovation Agent feedback, shared ideas from collaborative meetings and critical concerns regarding IDNs on monthly learning collaborative reports.



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### **New Jersey Department of Health (2016 – 2019)**

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

#### ***Scope of Work:***

Myers and Stauffer led the development of New Jersey's DSRIP initiative. We represented the state in hundreds of hours of 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:***

- Conducted quarterly/semi-annual evaluations of required project milestones demonstrating the initiatives' impact on health outcomes.
- Managed a team of reviewers to complete hospital progress report reviews within 21 business days of receipt.
- Communicated with Centers for Medicaid Services to provide demonstration data, analysis and program evaluation findings.
- Supported the development and execution of quarterly, in-person, statewide Learning Collaboratives.
- Assisted participating hospitals with the submission of required program documentation to receive incentive payments.

### **Prior Relevant Work Experience**

Indiana Family and Social Services Administration, Division of Aging, (2019 - 2022), Performance Innovation and Clinical Practice Director

Myers and Stauffer LC (2016 - 2019), Health Care Senior Consultant

Indiana State Department of Health (2014 - 2016), Women, Infants and Children (WIC) Special Projects Coordinator

Indiana University Health Methodist Hospital (2011- 2012), Pediatric Critical Care Nurse

**Indiana Family and Social Services Administration, Division of Aging, (2019 - 2022), Performance Innovation and Clinical Practice Director**

#### ***Responsibilities:***

- Conceptualized strategic plans to improve quality of care, improve patient experience and satisfaction, and delay or prevent institutionalization by defining project requirements, scope, timeline, and objectives
- Spearheaded efforts to develop a home- and community-based services value-based purchasing program while maintaining comprehensive project documentation and monitoring project objectives and key results (OKRs)
- Engaged stakeholders to develop a quality framework to plan for a high-quality mLTSS program, gain buy-in, and drive desired improvement
- Directed a Health Data Scientist to assess participant data from various sources (InterRAI, claims, etc.) to ensure data-driven decision making
- Advised the PACE program on clinical determinations, such as deemed eligibility and disenrollment requests, and site readiness reviews
- Pioneered the development, implementation, and analysis of the State's first statewide caregiver survey to inform policies and program design



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- Achieved the development, implementation, and analysis of Indiana's first HCBS CAHPS survey to assess current LTSS member experience, identify opportunities for improvement, and evaluate future improvement interventions.
- Secured technical assistance from the Centers for Health Care Strategies through the *Helping States Support Families Caring for an Aging America* initiative to participate in innovative collaboration opportunities
- Engaged with CMS through the Medicaid Innovation Accelerator Program (IAP) to increase Indiana's efforts to move towards delivery system reform by developing a value-based payment for fee-for-service home and community-based services.
- Promoted the maturity of the Aged & Disabled waiver through the development of new services to address gaps in care.
- Developed, implemented, and evaluated a High-Risk Response Plan to identify and target at-risk participants, prevent unnecessary ED visits, and reduce admissions to institutional settings to relieve tension on the health care system during the COVID-19 pandemic.

### **Indiana State Department of Health (2014 – 2016), Women, Infants and Children (WIC) Special Projects Coordinator**

#### ***Responsibilities:***

- Served as Project Manager for all United State Department of Agriculture management evaluations.
- Analyzed quarterly benchmark reports to advise over 135 WIC clinics to improve services provided to participants.
- Managed the assembly and submittal of the Indiana WIC State Plan to demonstrate program compliance and acquire federal funds.

### **Indiana University Health Methodist Hospital (2011- 2012), Pediatric Critical Care Nurse**

#### ***Responsibilities:***

- Cross-trained in the Neonatal Intensive Care Unit, Special Care Nursery and the Emergency Department.
- Coordinated care between physicians, case managers, social workers, pharmacists, patients and their families.
- Administered advanced medications for patients suffering from degenerative diseases to severe trauma including continuous infusion of narcotics, paralyzers and vasopressors.
- Achieved high-intensity time-management skills by simultaneously coordinating the bedside care of three pediatric intensive care patients.



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### Karina Serrano Health Care Consultant

#### • Summary

Ms. Serrano is a health care consultant with Myers and Stauffer LC, and has worked in the healthcare industry for 3 years. Upon graduating with her undergraduate degree, she also graduated a year-long cancer disparities fellowship that was funded by the NIH. Alongside her undergraduate career, she held leadership roles in a global non-profit organization that served to advance access to clinical care and public health services in Peru, Ecuador, and Tanzania. She has experience with global and local stakeholder engagement, program planning, and creating decision-analytic models. Examples of her support with Myers and Stauffer include supporting Kentucky with stakeholder engagement initiatives related to their mobile crisis planning grant and creating a name summary system for submitted reports in West Virginia.

#### • Education

B.S., Public Health, The University of Houston, 2021  
MPH, Health Policy, Emory University, 2023

#### • Experience

3 years of professional experience

#### • Licenses/Certifications

##### Essential Epidemiologic Tools for Public Health Practice

Johns Hopkins Bloomberg School of Public Health  
Issued April 2020 - No expiration Date

##### Conflict of Interest in Research Course

CITI Program, A Division of BRANY  
Issues June 2020 – Expires June 2024

##### Social and Behavioral Responsible Conduct of Research Course

CITI Program, A Division of BRANY  
Issues June 2020 – Expires June 2024

##### Social-Behavioral-Educational Researchers

CITI Program, A Division of BRANY  
Issues June 2020 – Expires June 2023

#### • Relevant Work Experience

##### Kentucky Cabinet for Health and Family Services (2022 – Present)

Independent Evaluation of Pilot Program

##### Scope of Work:

Myers and Stauffer is contracted with the state to identify, coordinate, and enhance Kentucky's capacity to provide mobile crisis intervention services to Kentuckians experiencing a behavioral health crisis.





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### **Responsibilities:**

- Stakeholder engagement efforts with community mental health centers (CMHCs) and certified community behavioral health clinics (CCBHCs) to increase mobile crisis utilization and services.
- Created communication templates for the peer support specialists' roundtable and consumer engagement efforts.
- Supported the creation of the Kentucky Needs Assessment by reviewing the acronyms embedded in the document and making the document 508 compliant for the state.
- Updated repository for MSLC staff to organize research conducted for KY DMS.

### **West Virginia Department of Health and Human Resources (2022 – Present)**

Medicaid Actuarial Services and Managed Care Program Oversight

#### **Scope of Work:**

Myers and Stauffer is contracted with the state to support ongoing oversight including ongoing data management, Medicaid waiver support, policy analysis, research, contract development and maintenance, assessment of provider network adequacy, MCO reporting and analytical tool development and maintenance (includes dashboards), and MCO contract development and maintenance.

#### **Responsibilities:**

- Created naming conventions for submitted reports from Mountain Health Trust (MHT) and Mountain Health Promise (MHP) from January through May 2022 reporting months.
- Supported Public Health Emergency (PHE) unwinding research by researching seven different state's unwinding efforts.
- Reviewed SB 419 and conducted supplemental research of performance based payment methodology options and outcome metrics that different states utilized.

### **New Mexico Medicaid and Behavioral Health Services (2022 – Present)**

Behavioral Health Provider Capacity and CISC Needs Assessment

#### **Scope of Work:**

Myers and Stauffer is contracted with the state to support the analysis of strategies to support and expand provider capacity offering specific community-based behavioral health services throughout New Mexico for children in state custody.

#### **Responsibilities:**

- Updated repository for MSLC staff to organize research conducted for KY DMS.
- Addressed formatting concerns from the client.

### **Prior Relevant Work Experience**

Myers and Stauffer LC (2022 – Present), Healthcare Consultant

The University of Houston / UT MD Anderson Cancer Center, (2020-2021), Cancer Disparities Fellow

MEDLIFE Global Nonprofit Organization, (2018-2021), Chapter President

The University of Houston, (2020-2020), Summer Undergraduate Research Fellow

Memorial Herman Southeast, (2019), Emergency Department Scribe

**The University of Houston / UT MD Anderson Cancer Center, (2020-2021), Cancer Disparities Fellow**

#### **Responsibilities:**



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- Appointed for participation in a cancer disparities research training and service-learning program funded by an NCI P20 award to The University of Houston and The University of Texas MD Anderson Cancer Center.
- Synthesized peer-reviewed articles in support of cervical cancer disparities research associated with the uptake of HPV vaccinations in non-Hispanic Black and Hispanic women in the United States.
- Attended grand rounds and seminars on cancer related topics and health disparities.
- Participated in weekly service-learning activities, including presenting research topics to nine community partners.
- Conducted research projects in the Department of Psychological, Health, & Learning Sciences at the University of Houston.

### **MEDLIFE Global Nonprofit Organization, (2018-2021), Chapter President**

#### ***Responsibilities:***

- Facilitated a COVID-19 relief fundraiser in June 2020, \$8,040 was raised in order to aid with the grocery distribution in Tanzania, Ecuador, and Peru.
- Chosen to participate and represent the University of Houston chapter in COVID-19 seminars with chapters around the world and headquarters in Lima, Peru.
- Organized two service-learning trips for members to participate in Peru and Ecuador.

### **The University of Houston, (2020-2020), Summer Undergraduate Research Fellow**

#### ***Responsibilities:***

- Selected to participate in the University of Houston's Summer Undergraduate Research Fellowship during summer 2020.
- Researched alongside a University of Houston faculty member for 10-weeks in preparation to present findings at Undergraduate Research Day on September 2020 and April 2021.

### **Memorial Herman Southeast, (2019), Emergency Department Scribe**

#### ***Responsibilities:***

- Accompanied the physicians, nurse practitioners, or physician's assistants into the rooms of patients to obtain their medical history to provide documentation for the electronic medical record (EMR) on behalf of the physician.
- Followed physicians during 10-12-hour shifts in the Emergency Room and saw an average of 30 patients per shift.
- Monitored patient charts within the Electronic Medical Record system and made amendments when necessary.



## APPENDIX A: RESUMES

### Megha Soor Staff Analyst

#### • Summary

Ms. Soor, a recent addition to the firm

#### • Education

B.A., Psychology & Pre-Physical Therapy Studies,  
Minor in Business Administration, Mercer University,  
2021

#### • • Experience

years of professional experience

#### • Relevant Work Experience •

##### **West Virginia Department of Health & Human Resources (2022 – Present)**

Medicaid Actuarial Services and Managed Care Program Administration

##### **Scope of Work:**

##### **Responsibilities:**

##### **Prior Relevant Work Experience**

##### **Piedmont Orthopedics I OrthoAtlanta, (Dec.2020 - Present), Business Office Assistant**

- Operate a variety of administrative tasks and improvement initiatives across MRI, MD, and Physical Therapy departments in support of efficient delivery of patient care.
- Assist in the deployment of a new ERP software - EPIC Hyperspace -- and develop training schedules for office employees.
- Create and adapt insurance authorization and claims processing streamlines, using data via EPIC, to increase billing and coding input accuracy.
- Establish and maintain documentation of updated core processes that help achieve clinical, departmental, and patient objectives throughout the company.
- Facilitate monthly department meetings to identify and quantify the impact of changes on various clinical and administrative functions.
- Assist and assess clinical and administrative practices in compliance with Private Health Information (PHI) and HIPPA guidelines.

##### **Mercer University, Department of Psychology, (Aug. 2019 - May 2020), Cognitive Psychology Research Assistant**

- Coordinated and conducted clinical trials studying internal context change and its effects on memory recall.
- Collaborated with peers and research advisor in a team-based environment to synthesize collected data using IBM SPSS, Excel, and Matlab.
- Analyzed published literature and data to address goals and objectives of current research study.



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- Extensively used Excel to analyze and present recall timing data relevant to research topics.
- Ensured the safety and anonymity of research participants by implementing proper documentation practices in accordance with HIPPA guidelines and the ethical parameters outlined by the American Psychological Association.

### **Primacare Physical Therapy, (Feb. 2019 - Aug. 2019), Patient Services Coordinator/ Physical Therapy Aide**

- Navigated Quick EMR (QEMR) to process patient paperwork, check-ins and -outs, ensure the completion and accuracy of patient registration, and schedule all future therapy appointments in accordance with therapist and clinical availability.
- Implemented an effective organizational system for physical patient paperwork and charting that boosted registration and patient intake efficiency by over 75 percent.
- Completed insurance verifications and authorizations across a multitude of commercial, workers' compensation, and motor vehicle accident insurance policies and platforms.

### **PT Solutions Physical Therapy, (May 2017 - Aug. 2017), Clinical Intern**

- Accumulated 500+ shadowing and clinical hours while assisting in patient care and administrative tasks.
- Explored the field of physical therapy, the versatility and vitality roles it possesses in long- and short-term recovery.



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### Megan Wyatt

Senior Manager, Myers and Stauffer LC

Ms. Wyatt has significant state government experience in the areas of Medicaid policy and fiscal analysis, program management and review, auditing, budgeting, and provider reimbursement – including the managed care capitation rate development process. Prior to joining Myers and Stauffer, she worked for 11 years on Medicaid and CHIP, with a focus on managed care. She performed Medicaid and CHIP projections; federal legislative analysis, budget development; analyzed and developed Medicaid program and reimbursement policies, including physician rates, inpatient hospital prospective payment rates, and graduate medical education (GME) payments; drafted presentations, briefing papers, talking points, and memos; and wrote Medicaid State Plan amendments (SPAs). She also has in-depth knowledge of the state budget and appropriation process including the development, analysis, and monitoring of budgets.

#### Education

B.A, Liberal Arts and Science (Geography), University of Illinois at Urbana-Champaign, 1988

#### Experience

27 years of professional experience

#### Relevant Work Experience

##### Myers and Stauffer LC (2017 – Present), Senior Manager

- **Georgia Department of Community Health:** Oversight and monitoring of Georgia Families CMOs, including:
  - Communicated with Department regarding scenario criteria and data needs.
  - Calculated federal and state scenario costs in both fee-for-service (FFS) and MCO settings.
  - Presented findings to Department Chief Financial Officer and staff.
- **Kentucky Cabinet for Health and Family Services:** Performed the cost effectiveness analysis for the Kentucky 1915(b) managed care program waiver. Provided technical assistance for the Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs, specifically:
  - Reviewed/made recommendations to current MCO contract to improve agency monitoring and oversight in the areas of capitation development and payment, medical loss ratios (MLRs), and encounter data.
  - Evaluated/made recommendations to improve the State Medicaid Agency financial management process in the areas of capitation development and payment, MLRs, and encounter data.
- **Mississippi Division of Medicaid:** Acted as team lead responsible for two projects:
  - Coordinated cost effectiveness study of the \$2.8 billion MississippiCAN managed care program by collaborating with agency and contractors to analyze/review program data to assess the cost effectiveness criteria; appropriateness of managed care capitation payments relative to actual managed care expenditures; impact of managed care on Medicaid expenditures over time; impact of managed care on potentially preventable events; and the impact of managed care on health outcomes over time and compared to peer states and the nation. Drafted final report which included findings, identified managed care best practices to improve cost effectiveness, and recommendations specific to MississippiCAN.
  - Project Manager for compliance review to assess each MississippiCAN managed care plan's oversight of subcontractor contract compliance. The subcontractors were reviewed for non-emergency transportation (NET), dental, vision, hearing, behavioral health, and PBM services. The review also verified that contractual services were available and delivered to enrollees, that administrative and medical costs were appropriate, and determined the compliance of encounter data integrity and submissions.



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- **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.
  - Reviewed/presented findings on MCO reporting requirements for compliance with federal MCO rules.
  - Reviewed MCO standard reporting requirements, instructions, and templates to identify opportunities to improve agency monitoring and oversight.
  - Reviewed/made recommendations to current MCO contract for to improve agency monitoring/oversight.
  - Evaluated/made recommendations to improve the agency document review and approval process.
  - Coordinated with agency staff to develop MCO standard reporting templates and instructions.
- **North Carolina Department of Health and Human Services:** High-level assessment of the reimbursement, capitation, and financial risks associated with monitoring contracted MCO. The assessment was performed to assist in the development of an MCO Audit Program and training guide focused on financial risk management.
  - Review of recent MCO RFPs, draft contract, managed care waiver, and draft financial reporting templates to identify areas of risk and to assess the associated level of risk.
  - Made recommendations to address risks; presented during meetings and in briefing documents.
  - Assisted in the development of the MCO Audit Program Tool.

### **Georgia Department of Community Health (DCH) (2012 – 2017) (2006 – 2010), Senior Manager of Reimbursement Policy and Fiscal Analysis/Medicaid Analysis Unit Manager – Financial Services**

- Responsible for the Medicaid managed care program capitation rate setting and policy/financial analysis including value-based purchasing, risk adjustment, and viability of Neonatal Intensive Care Unit kick payments.
- Performed rate setting and analysis for various Medicaid categories of service including physician services.
- Coordinated, analyzed, and implemented changes to the Medicaid hospital inpatient prospective payment system (PPS) including automation of inpatient outlier payments and establishment of a GME pool.
- Prepared public notices, SPAs, and other documentation required by CMS in response to Medicaid policy and reimbursement changes.
- Prepared presentations, narratives, policy briefs, talking point/legislative fiscal notes for internal and external stakeholders including DCH board members, the DCH Hospital Advisory Committee, government officials, and media requests.
- Assisted with updates to Georgia MMIS to reflect changes in reimbursement.
- Performed and presented analysis on the federal Patient Protection and Affordable Care Act (ACA) impacts to Medicaid and CHIP including DCH budget requests specific to ACA. Projected the impact of Medicaid expansion to Georgia Medicaid.
- Projected Medicaid and CHIP enrollment and expenditures for FFS and managed care populations.
- Assisted in budget development for these programs, analyzed budget proposals, and policy changes requested by departmental and other government officials.
- Analyzed federal and state legislation including the federal health care reform legislation.

### **Georgia Governor's Office of Planning and Budget (1995 – 2006), Budget Analyst/Senior Budget Analyst/Coordinator**

- Assisted in budget development for Medicaid and social services agencies, analyzed budget proposals, and policy changes requested by departmental and other government officials.

### **Health Management Associates Inc. (2010 – 2012), Senior Consultant**

### **Georgia Office of School Readiness (1999 – 2000), Child and Adult Food Care Program Manager/Policy Coordinator**

### **Georgia Child Care Council (1999), Contract Manager**



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### 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](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>





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### 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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- **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-medicaid-reform>**



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### 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 CNC 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



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### 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:**



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- 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>



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### Sean Hanratty, FSA, MAAA

#### Milliman

Mr. Hanratty is an actuary with Milliman's Seattle health practice. He joined the firm in 2017 and has over eight years of experience providing actuarial support and consulting services to state Medicaid agencies and health plans. Mr. Hanratty regularly works with state Medicaid agencies, managed care organizations (MCOs), and federal officials to set actuarially sound capitation rates, and provide technical and financial analysis related to Medicaid programs.

#### WV Role: Staff Actuary

- ✓ 8 years of experience with Medicaid Managed Care rate setting
- ✓ Fellow of the Society of Actuaries (FSA)
- ✓ Member of the American Academy of Actuaries (MAAA)

#### Education

Bachelor of Science, Business Economics, summa cum laude, University of Arizona, 2012

#### Experience

8 years professional experience

#### Certifications

Fellow of the Society of Actuaries (FSA)

Member, American Academy of Actuaries (MAAA)

#### Relevant Work Experience

##### Milliman (2017 – Present), Actuary

- WASHINGTON STATE, HEALTH CARE AUTHORITY (HCA): Support of transition for Apple Health Integrated Managed Care (AHIMC) program throughout implementation of several key delivery system changes, including:
  - incorporation of Medicaid beneficiaries with comprehensive third-party liability (TPL) coverage into managed care (2017)
  - rate development data liaison between HCA and Milliman: ProviderOne encounters/claims, client-by-month, and premium files (2017-present)
  - integration of physical and behavioral health benefits into a single program (2017-present)
  - standalone managed care program for children and youth in foster care, extended foster care, adoption support, and young adult alumni of the foster care program (2017-present)
  - shift to statewide preferred drug list (PDL), including support for MCO administrative cost development under managed care program carve-out (2018-present)
  - operations liaison between HCA and Milliman: assist in the design and implementation of an efficient capitation rate upload process for the Office of Medicaid Systems and Data (2019-present)

##### UnitedHealth Group (2015-2017), Medical Economics Consultant

- MEDICIDIAN MANAGED CARE PLANS: Analytics consultant for Kansas and Ohio Medicaid health plans.
  - operationalized a new to the organization Value Based Contracting (VBC) dashboard with incentive payment calculations (2015-2017)
  - assisted Kansas Medicaid plan with provider remediation savings analyses (2015-2017)
  - designed a long term care services and supports (LTSS) dashboard (2017)



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### **Mercer (2013-2015), Analyst**

- **PHARMACY FEE SCHEDULE PRICING:** Medicaid fee-for-service (FFS) programs Included: Colorado, Missouri, Montana, North Carolina, and Pennsylvania.
  - designed, priced, and operationalized fee-for-service point-of-sale pharmacy reimbursement models including maximum allowable cost (MAC) and actual acquisition cost (AAC)
- **STATE MEDICAID PHARMACY RATE ADJUSTMENTS:**
  - Analyses targeted at retrospective pharmacy claims (utilization management), professional pharmacy claims (HCPCS), and comparison of managed care pharmacy expenditure to industry benchmarks.
  - Pioneered Hepatitis C analyses targeted at therapy adherence, monitoring member enrollment trends, and calculating underlying eligible populations. (2013-2015)





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