



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: 07-03-2024

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 BMS2400000063 1	Procurement Folder:	1455519
Document Name:	Ad Hoc Technical Assistance Statement of Work	Reason for Modification:	
Document Description:	Ad Hoc Technical Assistance Statement of Work		
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: Lakendra R Burdette Requestor Phone: 304-352-4319 Requestor Email: lakendra.burdette@wv.gov 25 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

Purchasing Division's File Copy

Total Order Amount: \$2,975,625.00

PURCHASING DIVISION AUTHORIZATION

DATE: *7/19/24*
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: *7-10-24*
ELECTRONIC SIGNATURE ON FILE

Extended Description:

Ad Hoc Technical Assistance Statement of Work

Service Period: 07/30/2024-12/31/2025

Total: \$2,975,625.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$180,000.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-07-30	2025-12-31				

Commodity Line Description: CO 2-Technical Support Staff (non-actuary) \$200.00 per hour**Extended Description:**

Change Order 2, Optional Renewal 2, Technical Support Staff (non-actuary)

\$200.00 Per Hour

Technical Support Staff (non-actuary) 900 hours @ \$200 = \$180,000.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
2	93151507	0.00000		\$0.0000	\$2,795,625.00
Service From	Service To	Manufacturer	Model No	Delivery Date	
2024-07-30	2025-12-31				

Commodity Line Description: CO 2-Managed Care Oversight Ad Hoc Services \$175.00 per hour**Extended Description:**

Change Order 2, Optional Renewal 2, Managed Care Oversight Ad Hoc Services

\$175.00 per hour

Managed Care Oversight Ad Hoc Services 15,975 hours at \$175 = \$2,795,625.00



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

June 24, 2024

VIA EMAIL

Ok

Althea Greenhowe

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 West Virginia Department of Human Services (DoHS) Bureau for Medical Services (BMS) has requested that Myers and Stauffer, LC (Myers and Stauffer) 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, strategic planning and project management services under the above referenced Master Agreement Order Number. Myers and Stauffer will utilize its subcontractor, Milliman, Inc., for the provision of any actuarial services and support. This SOW details the scope of work, tasks, deliverables, and cost estimates required to perform the requested services from July 30, 2024 through December 31, 2025. Myers and Stauffer will honor the current pricing, terms, and conditions included in the current approved Master agreement for the duration of this CDO.

Ad Hoc Technical Assistance

Upon BMS request, Myers and Stauffer will provide Medicaid and WVCHIP with related programmatic, fiscal, research, analytic, reporting, 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 WVCHIP, including initiatives such as 2024 Centers for Medicare & Medicaid Services (CMS) Final Rules.
2. Support during annual legislative and interim sessions, including conducting research. development of briefs and reports for DoHS and BMS leadership, drafting fiscal note responses, and related requests, as needed.
3. Research and reporting on strategic Medicaid and WVCHIP initiatives for DoHS and BMS leadership, the West Virginia Governor's Office, Legislative Committees, the Legislative Oversight Commission on Health and Human Resources Accountability, and other State entities, as needed.

4. Tracking of legislative bills and implementation of passed bills, including planning, design, and legislative reporting.
5. Development of a BMS-specific State Fiscal Year (SFY) 2025 - 2026 planning calendar to document events and required deliverables as identified by BMS, Myers and Stauffer, and Milliman.
6. Development of a BMS Finance-specific SFY 2025 - 2026 project management calendar to document events and required deliverables as identified by BMS, Myers and Stauffer and Milliman. MSLC will facilitate standing meetings with the BMS Finance team, MSLC, and Milliman to review deliverables and report on status.
7. Financial analysis to support BMS budget planning, audit protocols, and federal reporting requirements.
8. Strategic planning and development of required briefing documents and presentations to support BMS in preparation for the budget development cycle, programmatic changes, as well as for BMS leadership or stakeholder meetings. Strategic planning may include on-site and virtual meetings with BMS leadership with a meeting cadence approved by BMS.
9. Research and development of presentations for BMS leadership for conferences, provider associations, advocacy groups and other entities, as needed.
10. Support for the Request for Application (RFA) process for the addition of new Managed Care Organizations (MCOs) for the Mountain Health Trust (MHT) program, including RFA development, non-scoring support during the RFA reviews, and drafting communications for internal and external stakeholders.
11. Fiscal support and analysis, as needed, for the BMS 1115 Substance Use Disorder (SUD) waiver, such as budget neutrality analysis. Support will include collaboration and coordination with BMS contractors.
12. Support BMS leadership on communications with sister West Virginia Bureaus, such as the West Virginia Bureau for Social Services.
13. 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.
14. Assistance with responding to survey requests made to BMS on Medicaid and WVCHIP.
15. 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)

Contract Role	Hourly Rate	Hours	Cost Estimate
Managed Care Oversight Ad Hoc Services	\$175	15,975	\$2,795,625
Technical Support Staff (non-actuary)	\$200	900	\$180,000
TOTAL		16,875	\$2,975,625

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

Contract Role	Hourly Rate	Hours by Resource	Cost Estimate
Managed Care Oversight Ad Hoc Services	\$175		
Jerry Dubberly	\$175	650	\$113,750
Satya Acharya	\$175	100	\$17,500
Oummu Barrie	\$175	500	\$87,500
Lesley Beerends	\$175	400	\$70,000
Berry Bingaman	\$175	100	\$17,500
Boone Blankenship	\$175	25	\$ 4,375
Terri Branning	\$175	875	\$153,125
Daniel Brendel	\$175	700	\$122,500
Sydney Brown	\$175	200	\$35,000
Daniel Carman	\$175	150	\$26,250
Mya Carrizosa	\$175	400	\$70,000
Melissa Carter	\$175	150	\$26,250



Contract Role	Hourly Rate	Hours by Resource	Cost Estimate
Joe Connell	\$175	650	\$113,750
Bobby Courtney	\$175	100	\$17,500
Keith Deuser	\$175	150	\$26,250
Morgan Deneve	\$175	250	\$43,750
Thu Do	\$175	50	\$8,750
Kira Downs	\$175	700	\$122,500
Xavia Garrett	\$175	500	\$87,500
Stephen Fader	\$175	250	\$43,750
Paige Ferise	\$175	25	\$4,375
Savombi Fields	\$175	250	\$43,750
Shawn Finnerty	\$175	200	\$35,000
Joe Gamis	\$175	100	\$17,500
Nicholas Guerra	\$175	500	\$87,500
Tim Guerrant	\$175	600	\$105,000
Adithi Iyengar	\$175	100	\$17,500
Alicia Jansen	\$175	200	\$35,000
Michael Johnson	\$175	25	\$4,375
Mitch Keister	\$175	200	\$35,000
Margaret King	\$175	100	\$17,500
Julia Kotchevar	\$175	25	\$4,375
Jillian Kuether	\$175	450	\$78,750
Jennifer Kyritsis	\$175	600	\$105,000
Hannah Lawrence	\$175	475	\$83,125
Angela Link	\$175	100	\$17,500
Madison Lusane	\$175	50	\$8,750
Martin McNamara	\$175	400	\$70,000
Regan McTier	\$175	25	\$4,375
Catherine Mellott	\$175	400	\$70,000
Nancy Myers	\$175	100	\$17,500
Sarah Catherine Pilkington	\$175	50	\$8,750
Hailey Plemons	\$175	100	\$17,500
Rob Rhoton	\$175	500	\$87,500
Daniel Robinson	\$175	400	\$70,000
Michelle Rork	\$175	400	\$70,000
Laura Saltos Diaz	\$175	200	\$35,000
Melenie Sheehan	\$175	100	\$17,500
Sonia Smith	\$175	100	\$17,500
Catherine Snider	\$175	100	\$17,500
Mark Synol	\$175	50	\$ 8,750



Contract Role	Hourly Rate	Hours by Resource	Cost Estimate
Laurel Geist Steedman	\$175	600	\$105,000
Isabella Swanson	\$175	100	\$17,500
Nickie Turner	\$175	100	\$17,500
Kimberly Weakley-Johnson	\$175	1,300	\$227,500
Samuel Weaver	\$175	50	\$8,750
TOTAL		15,975	\$2,795,625

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

Contract Role	Hourly Rate	Hours by Resource	Cost Estimate
Lead Actuary	\$0	900	\$0
Annie Hallum		400	
Justin Birrell		200	
Mac Xu		300	
Staff Actuary	\$0	600	\$0
Dan Gerber		200	
Nicholas Gersch		200	
Steven Rounsley		200	
TOTAL		1,500	\$0

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

Contract Role	Hourly Rate	Hours by Resource	Cost Estimate
Technical Support Staff (non-actuary)	\$200	900	\$180,000
TOTAL		900	\$180,000



Resumes

Resumes for staff identified in Tables 2 and 3 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. 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 West Virginia Medicaid and the West Virginia Children's Health Insurance Program.

Sincerely,

Jerry Dubberly, PharmD, MBA
Principal

Approved Statement of Work

West Virginia Bureau for Medical Services:

Ok

Mandy Carpenter, Chief Finance Officer, Deputy Commissioner, Finance

6/25/24

Date

cc: Mandy Carpenter

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.

Satya Acharya,

Health Care Consultant

Education

M.P.H., Health Policy and Management, Columbia University,
B.S., Biochemistry; Minor in Business Management, University of Arizona,

Experience

1 years of professional experience

Relevant Work Experience

Columbia University, Graduate Teaching Assistant, Public Health Law New York, NY | Jan 2022 – May 2022

- Supported the professor by organizing class materials on the course website, tracking student attendance and participation, coordinating with guest speakers, and ensuring consistent and thorough communication to students.
- Addressed questions from students regarding course materials or course content through email or office hours.

Ronald McDonald House New York, Healthcare Innovations Intern New York, NY | Jun 2021 – Oct 2021

- Formed succinct recommendations contributing to the organization's value-based care and payment model, COVID-19 recovery policy, and legal services to inform its strategic growth plan through research, analysis, and collaboration.
- Collaborated with internal and external stakeholders to guide proposals expanding services to resource-poor families.
- Used data collected to create templates, process flows, and frameworks to communicate elements of the recommendations.

Goldman Lab Sarver Heart Center, Undergraduate Researcher Tucson, AZ | Oct 2017 – Sep 2020

- Performed data analysis on MRI data generated from novel cardiac therapies, while participating in weekly discussions to refine clinical research approaches.
- Designed and implemented a quantitative mechanism of assessing cardiac and ventricular function.
- Authored a thesis and co-authored a publication which synthesized findings from literature with original research.

Mobile Medicats Club, President Tucson, AZ | Jan 2019 - May 2020

- Developed liaisons with physicians, clinics, community-based organizations, and local resources to implement a mobile clinic to provide healthcare and promote health equity in the homeless population.

APPENDIX A: RESUMES

- Monitored the roles of other executive positions to assure fluid communication and resource allocation.
- Led initiatives to educate the community on the homeless and healthcare, increase campus presence, generate revenue through fundraisers, and curate unique opportunities for club members to get engaged in the Tucson community.
- Received campus student organization awards: Social Justice Advocate Award (x2) and Community Service Award (x2).

Z Mansion Clinic, Volunteer Tucson, AZ | Oct 2017 - Mar 2020

- Assisted physicians and medical students by taking patient vitals, observed chronic illnesses and facilitated treatments, and transported patients to the local hospital.
- Partnered with St. Andrew's Presbyterian Church to bring a mobile shower unit to the clinic; aided in its administration.
- Received certification as a Community Health Specialist (CCHS) to evaluate common ailments of the homeless population.

Publications

Morris C., Ref, J., **Acharya, S.**, Johnson, K., Squire, S., Acharya, T., Dennis, T., Daugherty, S., McArthur, A., Chinyere, I., Koevary, J., Lancaster, J., Goldman, S., and Avery, R. "Free-Breathing Gradient Recalled Echo-based CMR in a Swine Heart Failure Model" Scientific Reports (2022) – In Press

Oummu Barrie

Health Care Consultant Intern

Summary

Ms. Barrie is responsible for providing public accounting, auditing, consulting, data management, and analytical services to state, federal, and local health care and social service agencies addressing healthcare reimbursement issues.

Education

M.P.H. Candidate, Health Policy and Management, Emory University, 2025

B.S., Health Care Policy, Cornell University, 2022

Experience

2 years of professional experience

Employment History

Myers and Stauffer LC, (05/24-Present), Intern

Emory University, (09/23-05/24), Clinical Operations Assistant

Oracle Health, (08/22-06/23), Associate Consultant

Relevant Work Experience

West Virginia Department of Human Services (2024 - Present)

Medicaid Actuarial and Consulting Services

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.

Other Relevant Work Experience

Emory at Grady, (Sep 2023-Present), Clinical Operations Assistant

- Collaborate with the finance department to enhance communication strategies and tracking of service line goals, facilitating clearer exchange of information and KPIs across Emory at Grady facilities.

Oracle Health, (Aug 2022-Jun 2023), Associate Consultant

- Managed all phases of the implementation process of the Veterans Affairs Electronic Health Record Migration project for the Iron Mountain, Madison, Milwaukee, and Tomah VA hospital systems.
- Lead in-depth workshop sessions with clients about Charge Services and the new systems to promote high levels of user adaptation and a smooth transition from the old VA EHR to Cerner Millennium.
- Resolved technical issues in all phases of the project from configuration and design to validating and implementing the software.

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UCLA Public Health Scholars Training Program, (Jun 2021-Aug 2021), Intern

- Interned at Essential Access Health as a scholar of the UCLA training program.
- Evaluated user engagement on website and social media to determine engagement success and effectiveness and presented findings to supervisor.
- Researched strategies to reduce stigma around pregnant patients that use drugs and as a result, reduce harm in prenatal and perinatal care.
- Synthesized research and public health news for social media and newsletter to increase access to the community.

New York Academy of Medicine, (Jun 2020-Aug 2020), Intern

- Developed a virtual curriculum for youth in congregate care to aid in socio-emotional learning and the shift to foster care.
- Worked with two different research groups to discover issues within their communities, create solutions, and communicate that information to their local government officials.

New York Stem Cell Foundation, (Jun 2019-Aug 2019), Intern

- Assisted with fundraising operations, database management and organization, and social media marketing
- Designed a 12-month social media strategic plan and drafted content for social media platforms.
- Updated and streamlined navigation in the Development Database and corresponding files.

Lesley Beerends, MBA, CPA

Senior Manager

Summary

Ms. Beerends is a senior manager with Myers and Stauffer and has more than 26 years of experience in health care reimbursement. She assists state officials with designing reimbursement methodology and cost reporting procedures for new Medicaid programs, including market research as well as relevant rate and fiscal impact analysis. This includes ongoing policy and procedure analysis for current Medicaid services and updating the SPA and drafting administrative rules. She also has extensive knowledge of Medicaid cost reports and rate setting for HCBS, targeted case management, habilitation, CMHCs, hospitals, FQHCs, and RHCs. Ms. Beerends provides technical assistance and cost report training for Medicaid providers. She is also a member of the firm's Consulting engagement team and the Rate Setting and Federal Compliance engagement team.

For the past 16 years, she has led the DRG and APC recalibration and rebasing project for the state of Iowa. This includes determination of hospital rates and CMI factors, calculation of DRG relative weights and outlier thresholds, cost-to-charge-ratios, fiscal impact studies, management of databases, statistical analyses, calculation of disproportionate share and graduate medical education (GME) payments for qualifying hospitals, and upper payment limit (UPL) calculations. She provides analysis of Medicaid claims data for financial and policy support and to assist providers with claims billing and payment issues.

Education

B.A., Accounting, Simpson College, 1996
M.B.A., Northern Illinois University, 2005

Experience

26 years professional experience

Affiliations

American Institute of Certified Public Accountants
Iowa Society of Certified Public Accountants

Licenses/Certifications

Certified Public Accountant

APPENDIX A: RESUMES

Relevant Work Experience

North Dakota Department of Human Services (2021 – Present)
Hospital Rate Setting Services

Scope of Work:

Myers and Stauffer provides analysis and consulting services for updates to the State's reimbursement policies for PPS inpatient and outpatient hospital services using APR DRG and EAPGs, fiscal analysis and calculations of provider rates.

Responsibilities:

- Project manager and primary client contact to update the APR DRG inpatient payment methodology and develop an EAPG payment methodology for outpatient services.
- Oversee and provide quality assurance of the hospital APR DRG and EAPG payment system design and modeling.

Iowa Department of Human Services (2005 – Present)
Provider Cost Audits and Rate Setting Services

Scope of Work:

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

Responsibilities:

- Oversee and provide quality assurance of the preparation of Hospital DRG and APC recalibration and rebasing and upper payment limit calculations
- Complete Disproportionate Share (DSH) eligibility and calculation of DSH and GME payments.
- Managed, researched, designed, and implemented new reimbursement methodologies for hospitals, home and community based services, targeted case management, and community mental health centers.
- Oversaw annual rate setting activities for Iowa HCBS, case management, and CMHC providers. This included processing cost reports, calculating rates, preparing fiscal analysis for the State, and implementing legislative changes.

Georgia Department of Community Health (2016 – 2019)
Hospital Reimbursement Technical Assistance

Scope of Work:

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

Responsibilities:

- Consult with the State on development of an outpatient PPS based on APC methodology.
- Oversee outpatient reimbursement transition to APC.
- Perform hospital claims analysis and modeling with outpatient claims code editor review.

APPENDIX A: RESUMES

New Hampshire Department of Health and Human Services (2022 – Present)
Waiver Rate Study of Home and Community-Based Services

Scope of Work:

Myers and Stauffer is engaged to study the state's current methodology for developing payment rates for Home and Community Based Services provided through their Bureau of Developmental Services 1915(c) waivers.

Responsibilities:

- Subject matter expert for a study of the state's current methodology for developing payment rates for HCBS and making recommendations for change.
- Develop a cost reporting tool and related training for providers to report expenses related to providing services under multiple waiver programs.
- Working with an advisory group of provider representatives to evaluate options.

Connecticut Department of Social Services (2020 – Present)
Waiver Rate Study of Home and Community-Based Services

Scope of Work:

Myers and Stauffer is engaged to study the state's current methodology for developing payment rates for Home and Community Based Services provided through their 1915(c) waivers.

Responsibilities:

- Project manager for a study of the state's current methodology for developing payment rates for HCBS, comparing the methodology to those used by other peer states, and making recommendations for change.
- Develop a cost reporting tool and related training for providers to report expenses related to providing services under multiple waiver programs.
- Lead an advisory group of provider representatives to evaluate options.
- Oversee cost report verification reviews.
- Compile data from cost reports and aggregate information for rate development.

Nevada Department of Health and Human Services (2022 – Present)
Waiver Rate Study of Home and Community-Based Services

Scope of Work:

Myers and Stauffer is engaged to study the state's current methodology for developing payment rates for Home and Community Based Services provided through their 1915(c) waivers and 1905(a) and 1915(i) state plan.

Responsibilities:

- Subject matter expert for a study of the state's current methodology for developing payment rates for HCBS and state plan services and making recommendations for change.
- Develop a cost reporting tool and related training for providers to report expenses related to providing services under multiple programs.
- Working with an advisory group of provider representatives to evaluate options.

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Arkansas Department of Human Services (2018 – Present)

Cost Report Audits and UPL Calculation

Scope of Work:

Myers and Stauffer provides support for supplemental payments, including cost report audits and related settlements and upper payment limit calculations for a variety of providers, including, without limitation, hospitals, nursing homes, Intermediate Care Facilities (ICF), Federally Qualified Health Centers (FQHC), physicians, and any emerging provider group.

Responsibilities:

- Develop the program and procedures necessary to thoroughly evaluate nursing facility cost reports before rates are set.
- Oversee and provide quality assurance of nursing facility AUP and desk reviews.

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

Examination Services for Medicaid Nursing Facilities

Scope of Work:

Myers and Stauffer provides accounting, rate setting, and reimbursement consulting services in conjunction with the Department's reimbursement system for nursing facility services to eligible providers (EPs) of the Medicaid program.

Responsibilities:

- Develop home and community based services agreed upon procedures.
- Perform the agreed upon procedures review and cost settlement.

Illinois Department on Aging (2018 – 2020)

HCBS - Community Care Program Care Coordination Unit Administrative Services Rate Study

Scope of Work:

Myers and Stauffer is conducting a rate study for the Care Coordination Unit administrative services provided through the State's Community Care Program (CCP). The study includes an examination of 11 different services including initial assessment, Medicaid application assistance, person-centered plan of care development, face-to-face visits, reassessment, nursing facility screening, intensive casework/monitoring, presumptive eligibility, person-centered plan of care adjustment, case management, and deinstitutionalization. The CCP includes HCBS waiver participants and state-funded beneficiaries over age 60.

Responsibilities:

- Perform cost data gathering, analysis, and reporting activities for CCUs.
- Provide technical assistance as needed.
- Prepare rate study reports covering eleven different administrative services covered by the CCP.

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Washington Health Care Authority (2017 – 2022)

Delivery System Reform Incentive Payment (DSRIP) 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:

- Serve as primary reviewer to assess projects within the ACHs' Project Plan portfolios.
- Support the development of the Project Plan assessment findings report.

Presentations

"Iowa HCBS Cost Report Training," Iowa Association for Community Providers, Des Moines, Iowa, August 2014.

"Iowa Case Management Cost Report Training," Iowa State Association of Counties Case Management Provider Community, Des Moines, Iowa, April 2014.

"Iowa HCBS Projected Rate Setting," HCBS and Case Management Provider Community, Des Moines, Iowa, April 2014.

"Iowa HCBS Cost Report Training," Iowa Association for Community Providers, Des Moines, Iowa, December 2013.

"Iowa HCBS Projected Rate Setting," HCBS and Case Management Provider Community, Des Moines, Iowa, October 2013.

"Iowa Case Management Cost Report Training," Iowa State Association of Counties Case Management Provider Community, Des Moines, Iowa, July 2013.

Berry Bingaman, CPA, CFE

Senior Manager

• Summary

Ms. Bingaman, a senior manager with Myers and Stauffer has experience with Medicaid consulting, accounting, and rate setting engagements involving numerous provider types, including federally qualified health centers, rural health clinics, psychiatric residential treatment facilities, hospitals, and ambulance providers. She is experienced in payment mechanisms involving intergovernmental transfers and certified public expenditures. Additionally, Ms. Bingaman oversees the application of agreed-upon procedures performed on Medicaid cost reports of mental health providers. Ms. Bingaman prepares upper payment limit demonstrations and health care provider assessment models.

• Education

M.S., Accounting, Ball State University, 2003
B.S., Accounting, Ball State University, 2002

• Experience

21 years of professional experience

• Affiliations

American Institute of Certified Public Accountants
Association of Certified Fraud Examiners
Indiana CPA Society

• Licenses/Certifications

Certified Public Accountant
Certified Fraud Examiner

• Relevant Work Experience

New Jersey Ocean County (2022 – Present)

Hospital Assessment Fee Development and Implementation

Scope of Work:

Myers and Stauffer assists the County of Ocean, 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.
- Prepare annual hospital assessment fee calculation utilizing data from cost reports.

New Jersey Essex County (2021 – Present)

Hospital Assessment Fee Development and Implementation

Scope of Work:

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

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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.
- Prepare annual hospital assessment fee calculation utilizing data from cost reports.

New Jersey Cumberland County (2022 – Present)

Hospital Assessment Fee Development and Implementation

Scope of Work:

Myers and Stauffer assists the County of Cumberland, 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.
- Prepare annual hospital assessment fee calculation utilizing data from cost reports.

New Jersey Monmouth County (2022 – Present)

Hospital Assessment Fee Development and Implementation

Scope of Work:

Myers and Stauffer assists the County of Monmouth, 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.
- Prepare annual hospital assessment fee calculation utilizing data from cost reports.

Arkansas Department of Human Services (2020 – Present)

Desk Reviews for Nursing Facility Cost Reports and Federally Qualified Health Centers Claims

Scope of Work:

Myers and Stauffer was engaged to perform AUP desk reviews for nursing facility cost reports and analysis of FQHC year-end settlement calculations.

Responsibilities:

- Compare the claims information contained in the FQHC year-end settlement to claims information from the primary insurance carrier.
- Identify discrepancies between the two sources of claims information and the cause of the discrepancies (e.g. encounters not reported in accordance with state policy). Present findings to DHS and provide a written report.
- Confirm the accuracy of the calculated cost-per-visit through a review of the information reported on the cost report in comparison to the provider's supporting documentation, including costs, full-time equivalents (FTEs), and visits.

APPENDIX A: RESUMES

Georgia Department of Community Health (2019 – 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.

Responsibilities:

- Assisted in the development of a provider survey for case management services and in conducting training for providers on proper completion of the survey.
- Participated in the development and establishment of rates for case management services, including fiscal impact modeling.
- Assisted in the development of a provider survey for ambulance average commercial rates and in conducting training for providers on proper completion of the survey.
- Calculate supplemental payments for eligible ambulance providers based upon survey information and claims data.
- Oversees the collection and review of ambulance provider survey responses.

Indiana Family & Social Services Administration (2008 – Present)

Medicaid Rate Setting Services

Scope of Work:

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

Responsibilities:

- Reviewed certified community behavioral health clinic (CCBHC) cost reports in accordance with agreed-upon procedures (AUP) for the application to participate in the Section 223 CCBHC Demonstration Program. Cost reports were reviewed in compliance with federal regulations and requirements pertaining to CCBHCs.
- Manages the contract's acute care rate setting efforts, including inpatient and outpatient hospital, federally qualified health centers (FQHC), rural health clinics (RHC), psychiatric residential treatment facilities (PRTF), and other ambulatory providers and services.
- Establishes initial and final prospective payment system (PPS) rates for FQHCs and RHCs by reviewing cost reports and supporting documentation.
- Oversees FQHC and RHC supplemental payments and year-end settlements (based upon managed care claims data) and coordination with the state's fiscal agent to initiate payments.
- Oversees AUP performed on public ambulance provider cost reports.
- Oversees intergovernmental transfers (IGT) and certified public expenditure (CPE) funding transfers between state and local governments.
- Participated in the development and establishment of rates for child mental health wraparound (CMHW) waiver services and applied behavioral analysis (ABA) therapy services, including fiscal impact modeling.
- Utilized Bureau of Labor Statistics information on CMHW and ABA rate analysis project.
- Assists in the development of cost reports, surveys, data analysis and other data collection tools and mechanisms to include use of Bureau of Labor Statistics (BLS) and other published data.
- Conducts training sessions with providers on proper completion of the cost reports and surveys.
- Assists with state plan amendments and rule promulgation.
- Responds to inquiries from providers and industry associations.

Indiana Family & Social Services Administration (2013 – Present)

Mental Health Claims Audit

Scope of Work:

Myers and Stauffer conducts an agreed-upon procedures engagement on mental health provider cost reports.

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Responsibilities:

- Oversees the review of Mental Health Funds Recovery Program (MHFRP) Medicaid administrative claim (MAC) forms (cost reports) in accordance with AUP.
- Prepare a report for each review that outlines the procedures performed, the findings identified, and recommendations to the provider for improvement.

University of Massachusetts Medical School (2020 – 2021)

Consulting Services for Federally Qualified Health Center Reimbursement

Scope of Work:

Myers and Stauffer was engaged to provide consulting services regarding federally compliant FQHC reimbursement methodologies.

Responsibilities:

- Provide consultation and expertise regarding federally compliant FQHC reimbursement methodologies to the state and its rate setting contractor.
- Attend bi-weekly conference calls with the state and its rate setting contractor.
- Perform research and provide written analysis of federal regulations and other states' policies.
- Make policy recommendations and develop written policies.
- Assist in development of a data collection tool.

West Virginia Public Employees Insurance Agency (2011 – Present)

Prospective Payment System/Resource-Based Relative Value System and UPL Demonstration Calculations

Scope of Work:

Myers and Stauffer is engaged by West Virginia Public Employees Insurance Agency and Department of Health & Human Resources to provide rate updates and consulting services related to their inpatient, outpatient, and physician reimbursement systems and perform UPL demonstration calculations.

Responsibilities:

- Developed interim and final PPS rates for FQHCs and RHCs by reviewing cost reports and supporting documentation.
- Performs final reviews of interim and final PPS rates FQHCs and RHCs by reviewing cost reports and supporting documentation in accordance with an AUP program.
- Assist the state in adjusting PPS rates for changes in scope of services in accordance with an AUP program.
- Oversee the collection of FQHC and RHC annual cost reports.

Presentations

"ABA Reimbursement – Provider Meeting", Indiana Medicaid Stakeholder Engagement Session Virtual Meeting, Indianapolis, Indiana, August 2023 and September 2023.

"ABA Therapy Cost Survey Training", Indiana Medicaid Cost Survey Training Session Virtual Meeting, Indianapolis, Indiana, 2022.

"Mental Health Funds Recovery Program," Indiana Council CFO Virtual Meeting, Indianapolis, Indiana, 2022.

"FQHC and RHC Reimbursement," Office of Medicaid Policy and Planning, Indianapolis, Indiana, 2015.

"Indiana Medicaid FQHC/RHC Change in Scope of Services Overview," Indiana Primary Health Care Association (IPHCA) Annual Conference, Indianapolis, Indiana, 2015.

"Mental Health Funds Recovery Program On-site Review Process," InteCare New Liaison Annual Training, Indianapolis, Indiana, 2015.

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"Medicaid Prospective Payment System (PPS) Update," Indiana Primary Health Care Association (IPHCA) Annual Conference, Indianapolis, Indiana, 2012.

Boone Blankenship

Staff Analyst

Summary

Mr. Blankenship is a Staff Analyst with Myers and Stauffer LC. He performs data cleaning, financial data analysis, and documentation review.

Education

Experience

B.S. Mathematics, Kennesaw State University, 2023 1 year of professional experience

Relevant Work Experience

Georgia Department of Community Health (2024 – 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:

- Review monthly member data extracts and develop automated procedures to combine and reconcile monthly data into a single data repository to support analysis tasks for the client.

Prior Relevant Work Experience

KSU Data Science and Analytics, (2023), Research Assistant

- Performed exploratory data analysis and manipulation preparing 4 million+ data points for model development.
- Developed logistic regression model to determine which of over 900 diagnostic features most contributed to increased length of stay for patients diagnosed with postpartum hemorrhage.
- Employed feature selection techniques such as hierarchical clustering and Chi-squared univariate selection techniques to determine necessary diagnostic features for logistic regression model.

Brinker International, (2020 – 2024), Chili's Server / Shift Support

- Ensured customer satisfaction through excellent service promptly and efficiently.
- Planned with and motivated other employees as a Server to maximize team coordination.
- Categorized and arranged customer and restaurant needs based on priority and urgency.
- Demonstrated understanding of customer issues and emphasized resolutions of problems.

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

40 plus years of professional experience

Relevant Work Experience

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

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

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- **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

Daniel Brendel

Principal/Partner

Summary

Mr. Brendel is responsible for providing consulting and public accounting services to state Medicaid agencies addressing health care reimbursement issues. Mr. Brendel has led various Medicaid consulting, accounting, auditing, upper payment limit demonstration calculation, and rate setting engagements for a variety of provider types with a particular focus in long term care. He is responsible for supervising multiple contract engagements. His duties include consulting on Medicaid rate setting engagements, assisting states with the development of policy and state plan amendments, developing supplemental and directed payment programs, provider assessment fee and upper payment limit consulting, cost reporting instrument development, development of standard work papers and review programs for auditing engagements, communicating with clients and providers, and developing and delivering internal and external training. Mr. Brendel is also a member of the firm's leadership team for long term care rate setting and policy initiatives.

Education

B.B.A., Accounting, University of Miami, 2006

Experience

16 years professional experience

Relevant Work Experience

Alaska Department of Health and Social Services (2020 – 2021)

Skilled Nursing Facility Case Mix Based Payment Methodology Technical Assistance

Scope of Work:

Myers and Stauffer provides technical assistance to the department in order to evaluate the feasibility of a transition from the current cost-based per diem payment methodology for skilled nursing facilities to a case mix reimbursement methodology.

Responsibilities:

- Develop State specific rate models and financial impact forecasts.
- Assist the state in developing a plan for transition from a legacy nursing facility reimbursement system, to a case mix reimbursement system.
- Support stakeholder engagement activities throughout the transition period.
- Develop and deliver training to State and provider community stakeholders.

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Connecticut Department of Social Services (2020 – Present)

Long Term Care Case Mix

Scope of Work:

Myers and Stauffer assists with the development and evaluation of a case mix reimbursement system for nursing facilities.

Responsibilities:

- Develop State specific rate models and financial impact forecasts.
- Assist the state in developing a plan for transition from a legacy nursing facility reimbursement system, to a case mix reimbursement system.
- Support stakeholder engagement activities throughout the transition period.
- Develop and deliver training to State and provider community stakeholders.
- Support implementation efforts through providing testimony for the State legislature.
- Assist in the development and maintenance of rate setting applications.

Illinois Department of Healthcare and Family Services (2021 – Present)

Rate Methodologies and Reimbursement Services

Scope of Work:

Myers and Stauffer was engaged by the Department of Healthcare and Family Services to design, update, and implement reimbursement methodologies for nursing facilities and other provider categories.

Responsibilities:

- Provides subject matter expertise for nursing facility case mix reimbursement system transition to a PDPM based resident classification model.
- Developed options for Value-Based Purchasing models based on state goals and initiatives.
- Produced state specific rate models and financial impact forecasts.
- Prepared facility and resident characteristics analysis to further define political and financial implications from transition.
- Researched other state reimbursement and value based purchasing systems.
- Consults on implementation strategies.
- Provide ongoing support for rate setting activities and supplemental/directed payment program expenditures.

Indiana Family & Social Services Administration (2019 – Present)

Medicaid Rate Setting Services

Scope of Work:

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

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Responsibilities:

- Provides high-level strategic input into the overall project.
- Works with the project managers to evaluate MDS case mix review findings to identify opportunities to enhance compliance through potential policy and system changes, electronic capabilities, and provider education.
- Works with the project managers to identify strategies to streamline rate-setting and audit processes and functions to improve both efficiency and compliance, and reduce administrative expenses.
- Serves as a subject matter resource to agency staff in responding to legislative inquiries when providing testimony.

Indiana Family & Social Services Administration (2017)
Waiver Rate Setting

Scope of Work:

Myers and Stauffer performed a review of the State of Indiana Aged and Disabled waiver, evaluating rate adequacy, sufficiency, sustainability, member access to services and areas of potential improvement of waiver service reimbursement rates.

Responsibilities:

- Responsible for compilation of final report containing identified areas of potential improvement and recommendations for the State's consideration.
- Responsible for development and oversight of the report research plan and report framework.
- Assisted the State in extended public comment and stakeholder engagement activities.
- Performed a survey of surrounding CMS Region 5 states reimbursement rates and reimbursement rate methodologies.
- Performed comparative analysis between the state of Indiana and the surrounding CMS Region 5 states where applicable.
- Researched published guidance and training materials from CMS to identify areas of best practice related to waiver rate setting and compliance, and reviewed those best practices against Indiana's current compliance procedures and published waiver language.

Louisiana Department of Health (2008 – Present)
Case Mix Reimbursement System

Scope of Work:

Myers and Stauffer assists with the operation of a case mix reimbursement system and MDS data management and reporting services for nursing facilities participating in the Louisiana Medicaid Program.

Responsibilities:

- Oversee all aspects of the Louisiana nursing facility case mix engagement.
- Calculation of the most recent rebase of the Louisiana nursing facility rates using Medicare and Medicaid cost reports.

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- Assists in writing and implementing several rules and state plan amendments that were designed to refine the rate-setting process.
- Development, maintenance, and modification requests of the Medicaid supplemental cost reports utilized for the nursing facility, adult day health care, and intermediate care facility provider entities.
- Preparing ad-hoc analysis at the request of the Departments, and maintaining electronic cost report template.
- Evaluating resident classification system transition options include the including PDPM and the Optional State Assessment (OSA)
- Supports the state in their discussions with the nursing home association.

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) CMIs used for Medicaid rate setting along with providing electronic review system and data for performing minimum data set (MDS) reviews.

Responsibilities:

- Provides high-level strategic input into the overall project.
- Works with the project managers to evaluate MDS case mix review findings to identify opportunities to enhance compliance through potential policy and system changes, electronic capabilities, and provider education.
- Serves as a subject matter resource to agency staff.

New Jersey Department of Health (2009 – 2014)
Nursing Facility Audits

Scope of Work:

Myers and Stauffer provided nursing facility auditing services to ensure operating costs were reasonable, allocable, allowable, and in compliance with Medicaid and Medicare guidelines.

Responsibilities:

- Performed supervisory reviews of agreed upon procedure and field audit reviews of the nursing facility provider type.
- Assisted in preparing supporting documentation and official responses for formal and informal appeal requests.
- Responsible for training new staff on changes in the nursing facility reimbursement methodology and associated review impact.

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New Jersey Department of Health (2011 – 2014)
Nursing Facility Reimbursement System

Scope of Work:

Myers and Stauffer was engaged to assist in the development and implementation of a case mix reimbursement system for nursing facilities participating in the New Jersey Medicaid program.

Responsibilities:

- Assisted the state in transitioning from a legacy nursing facility reimbursement system, to a case mix reimbursement system.
- Supported stakeholder engagement activities throughout the transition period.
- Assisted in the development and maintenance of internal rate setting applications.
- Provide oversight of ongoing nursing facility cost report collection and rate setting activities.

New Mexico Human Services Department (2016 – Present)
Facility Rates, Audits and Payments

Scope of Work:

Myers and Stauffer was engaged to serve as the audit agent for hospitals, home health agencies, nursing facilities and intermediate care facilities for the New Mexico Human Services Department (HSD) Medical Assistance Division (MAD). We serve the state in examination, reviews, rate setting/settlement and consulting engagements.

Responsibilities:

- Oversee and provide quality assurance of the preparation of UPL demonstration calculations for SNF/nursing facility, ICF/IID, and PRTF provider types.
- Provide oversight and related consulting services for the development of reimbursement rates for Accredited Adult Residential Treatment Centers (AARTCs).

North Carolina Department of Health and Human Services (2012 – Present)
Nursing Facility Cost Report and Case Mix

Scope of Work:

Myers and Stauffer provides case mix rate setting support and consulting services to the state of North Carolina.

Responsibilities:

- Assisted the state in transitioning from a legacy nursing facility reimbursement system, to a case mix reimbursement system.
- Supported stakeholder engagement activities throughout the transition period.
- Assisted in the development and maintenance of internal rate setting applications.
- Provide oversight of on-going nursing facility cost report collection and rate setting activities.

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Ohio Department of Medicaid (2020 – Present)
Nursing Facility Rate Development

Scope of Work:

Myers and Stauffer assists the Ohio Department of Medicaid in the planning, development, and projection of various nursing facility rate methodologies and strategies.

Responsibilities:

- Consult on various reimbursement topics.
- Developed timelines for evaluation of a patient-driven payment model (PDPM) acuity classification system.
- Evaluate Ohio MDS processing logic to determine necessary updates for changes in CMS' MDS item set.
- Assist with COVID-19-related reimbursement issues.
- Consult on NF UPL issues and PDPM implications.

Tennessee Department of Finance and Administration (2015 – Present)
Reimbursement Consulting and Technical Assistance

Scope of Work:

Myers and Stauffer is providing case mix technical assistance and consulting services to TennCare for nursing facilities and other select provider types

Responsibilities:

- Provide overall contract and service oversight.
- Assisted the state in transitioning from a legacy nursing facility reimbursement system, to a case mix reimbursement system.
- Supported stakeholder engagement activities throughout the transition period.
- Develop and deliver training to State and provider community stakeholders.
- Assisted in the development and continued maintenance of internal rate setting applications.
- Provide ongoing rate setting support.
- Review property appraisal value reports for accuracy and consistency prior to incorporation into reimbursement rates.
- Provide oversight of Minimum Data Set (MDS) documentation reviews.

Utah Department of Human Services (2018 – 2020)
Consulting Services for Residential Care and Treatment Services Rates

Scope of Work:

Myers and Stauffer provides cost survey development, review, and compilation of results for residential treatment centers and various other services.

Responsibilities:

- Developed and maintain a cost survey tool and related training for providers to report expenses for residential treatment centers and foster care providers.
- Institute and oversee provider work groups and other mechanisms for process feedback.

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- Compiled data from cost surveys and perform reimbursement rate evaluation.
- Develop a final rate recommendations report.

West Virginia Department of Health & Human Resources (2016 – Present)

Nursing Facility Case Mix Rate Setting Support and Upper Payment Limit Demonstration Consulting

Scope of Work:

Myers and Stauffer was contracted to assist the state in evaluating their current reimbursement system, recommend changes, conduct stakeholder engagement activities, provide implementation support, and perform UPL demonstration calculations.

Responsibilities:

- Participating in ongoing nursing facility case mix rate setting modernization activities.
- Evaluating resident classification system transition options include the including PDPM and the Optional State Assessment (OSA)
- Conducting stakeholder engagement activities related to rate modernization.
- Developing flexible fiscal impact and expenditure models.
- Consulting with the state on ongoing rate setting activities.
- Oversee and provide quality assurance of the preparation of UPL demonstration calculations for SNF/nursing facility, ICF/IID, and PRTF provider types.

Presentations

"Quality Measures in LTSS Environment," Myers and Stauffer Value-Based Purchasing Forum, Atlanta, Georgia, 2019.

"Tennessee Nursing Facility Case Mix Rate Setting Training," Provider Community Rate Setting, Nashville, Tennessee, 2018.

"Transition to Case Mix Reimbursement," Myers and Stauffer Internal Training, Hartford, CT, 2016.

"Louisiana HCBS Cost Report Training," HCBS Provider Community, Baton Rouge, Louisiana, 2013, 2014.

"Long Term Care (LTC) Reimbursement Methodologies," Louisiana Long Term Care Financing Study Group, Baton Rouge, Louisiana, 2012.

"New Jersey Case Mix Reimbursement System," Myers and Stauffer Internal Training, Kansas City, Raleigh, Baltimore, 2011, 2012.

"Louisiana ADHC Reimbursement Training," Adult Day Health Care Provider Community, Baton Rouge, Louisiana, 2011.

"Louisiana Case Mix," Louisiana Nursing Facility Case Mix Training, Baton Rouge, Louisiana, 2010

Employee History

Myers and Stauffer LC, Principal/Partner, 12/08 - Present

Billsoft, Inc., Accountant, 09/06 – 12/08

Sydney Brown

Staff Analyst

Summary

Ms. Brown is a member of the firm's cost report attest and DSH audit engagement team. I began working at Myers and Stauffer in January 2023 as an Accounting Intern on the Federal Compliance and Rate Setting team. We worked with the state of Illinois to prepare for the expansion and implementation of Certified Community Behavioral Clinics (CCBHCs) across the state. During these three months as an intern, I also worked alongside the Managed Care team, assisting with projects as needed. These projects included interview transcriptions of the GA Versant audits and assisting with West Virginia MCO report review. In April, I moved into my Staff Analyst role with the Managed Care Team. Much like the work I did as an Intern, I am responsible for WV MCO report reviews, template and guidebook revisions/creations, and correspondence with MCO clients. It is in this role that I hope to expand my skills and experience as an analyst and complete work that is impactful to the communities we serve.

Education

Georgia State University
Master of Public Policy - Social Policy
3.90 GPA

Atlanta, GA
in progress

Georgia State University
Bachelor of Arts - Economics, Minor - African American Studies
3.77 GPA

Atlanta, GA
May 2022

Experience

2.5 years of professional experience

Relevant Work Experience

Georgia Department of Community Health (2023 - 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: Interview Transcriptions.

West Virginia Department of Health & Human Resources (2023 - Present)

Medicaid Actuarial and Consulting Services

Scope of Work:

Myers and Stauffer, in partnership with Milliman Actuarial Consulting, provides oversight of current and new programs developed and operated under exiting managed care waivers. Services include capitation rate

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setting, directed provider payment calculations, contract development and review, MCO contract compliance oversight, dashboard analytical tool development, and policy analysis.

Responsibilities: WV MCO report review. Smartsheet Validation. WV MCO Template and Guidebooks edits/creation. Responded to report inquiries and requests possessing a general understanding while able to articulate various services provided to MCOs. Communicated with clients to ensure proper documentation is submitted in order ascertain success of the review process.

Illinois CCBHC Demo and Implementation (Jan 2023 - Mar 2023)

Medicaid Actuarial and Consulting Services, Federal Compliance/Rate Setting

Scope of Work:

Myers and Stauffer, in partnership with Milliman Actuarial Consulting, provides oversight of current and new programs developed and operated under exiting managed care waivers. Services include capitation rate setting, directed provider payment calculations, contract development and review, MCO contract compliance oversight, dashboard analytical tool development, and policy analysis.

Responsibilities: Met with HFS and internal Myers and Stauffer personnel weekly and biweekly to consult agenda items in progress. Created profiles for new and existing CCBHC grantees. Legislative Tracking on House and Senate bills. Collected meeting notes. Created and/or revised presentation materials for MSLC.

Movement Labs (Aug 2022- Dec 2022)

Part-time Fellowship, Political Advocacy Organization

Scope of Work:

Movement Labs is a political advocacy organization that combines data, technology and experimental methods with an army of passionate volunteers to build power. They use peer-to-peer texting to help grassroots organizing, recruit candidates to run for office, and help those candidates win. They also look for opportunities to work in red and rural areas, and with communities that have too often been ignored.

Responsibilities:

Worked independently and remotely regularly communicating status updates to my team. Created scripts for text campaigns launched for Black Led Organizations collecting necessary information on campaigns and voting schedules to inform voters. Research, general and project management work (i.e., projects in Asana). Political data analysis and organization

D&E, A Housing & Economic Empowerment Center, Inc. (May 2022 – Dec 2022)

Reporting & Project Manager, Non-profit Organization

Scope of Work:

D&E, A Housing & Economic Empowerment Center, Inc. is a HUD Approved Housing Counseling Agency whose mission transforms the lives of overlooked and underserved communities in the areas of Affordable Housing, Financial Education, Youth Empowerment, Senior Enrichment, and Veterans recovery programs. D&E missions Develops and Empowers underserved populations through sustainable housing programs, services, and resources that activate greater engagement in the economic and societal mainstream.

Responsibilities:

Facilitation and organization of Homebuyer Education and other Community Workshops. Assist and support the organization with project management activities, including creating and supporting process maps as necessary (i.e., processes for programs and counseling). Maintain, review, and constantly help to improve existing reporting sets and tools. Develop clear, accurate and timely reporting solutions for internal reports such as, 9902 reporting.

Trimont Real Estate Advisors, LLC (Jan 2020 – Dec 2021)

Billing Intern, Accounting Department

Scope of Work:

Trimont specializes in the asset management of complex performing and non-performing credit on behalf of commercial real estate lenders and investors around the world. As part of their services, Trimont also excels at

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loan servicing, facility and security agency, cash management, fund and asset level accounting, underwriting, due diligence and leading technologies that empower our clients to better evaluate and manage risk and return.

Responsibilities:

Processed and communicated monthly invoices in excess of \$1M to customers including creating debit/credit memos and account status tracking. Executed account updates and noted account information in company data systems which supported accurate revenue recognition. Performed customer account reconciliations to ensure timely receipt of payment and adjustments to revenue when warranted. Developed strong, professional rapport with clients and other team members. Strong experience in planning, prioritizing, and/or balancing own work assignments from a remote environment.

Daniel Carman, CPA, CFE, PMP

Senior Manager

- **Summary**

Mr. Carman has performed Medical Loss Ratio (MLR) examinations for the past seven years for a number of states including: Georgia, Idaho, Louisiana, Maryland, Mississippi, New Mexico, Tennessee, Utah, Virginia, West Virginia, and Wisconsin. He assisted in the creation the procedures program and working papers used to perform the examinations which included planning and risk assessment, revenue analysis, incurred claims and HealthCare Quality improvement verification, medical loss ratio and remittance recalculation, and review and reporting procedures. He performs quality assurance reviews on MLR examination reports and supporting working papers to ensure findings were clearly documented, accurate, and appropriate.

Additionally, Mr. Carman has experience working with cost reports and cash disbursement journals including examining auditee reports; reviewing supporting documentation for compliance; performing analyses; evaluating financial records; interviewing client personnel and gaining an understanding of internal controls; and assessed findings to create result narratives. He has performed Child and Adult Care Food Program on-site reviews for the sponsors and centers in Alabama. He has focused on fraud, abuse, and overpayment in government programs and has knowledge of data mining tools including Microsoft Access and SQL Server.

- **Education**

M.A., Kennesaw State University, 2007
B.B.A., Georgia Southern University, 2005

- **Experience**

16 years professional experience

- **Affiliations**

American Institute of Certified Public Accountants
Georgia Society of Certified Public Accountants

- **Licenses/Certifications**

Certified Public Accountant
Certified Fraud Examiner
Project Management Professional

- **Relevant Client Experience**

Louisiana Department of Health (2015 – Present)

Managed Care Organization Oversight

Scope of Work:

Myers and Stauffer provides services to the Louisiana Department of Health to examine the medical loss ratio (MLR) reports filed by their managed care organizations.

Responsibilities:

- Performed examinations on the medical loss ratio (MLR).
- Created the procedures program used to perform the MLR examinations which included planning and risk assessment; on-site and desk procedures; and review and reporting procedures.
- Met with client to present findings, status updates, and other issues noted during the reviews.

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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:

- Performed examinations on the medical loss ratio (MLR).
- Created the procedures program used to perform the MLR examinations which included planning and risk assessment; on-site and desk procedures; and review and reporting procedures.
- Met with client to present findings, status updates, and other issues noted during the reviews.

Wisconsin Department of Health Services (2018 – Present)

Managed Care External Quality Review (EQR) and Financial Audit Services

Scope of Work:

Myers and Stauffer performs CMS EQR Protocol 5, MLR examinations, and administrative expense reviews for all Medicaid managed care health plans participating in the Wisconsin managed care programs.

Responsibilities:

- Performed examinations on the medical loss ratio (MLR).
- Created the procedures program used to perform the MLR examinations which included planning and risk assessment; on-site and desk procedures; and review and reporting procedures.
- Met with client to present findings, status updates, and other issues noted during the reviews.

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 CACFP on-site reviews for the sponsors and centers in Alabama.
- Created the procedures program used to perform the CACFP on-site reviews which included planning and risk assessment; on-site procedures; and review and reporting procedures.
- Met with client to present findings, status updates, and other issues noted during the reviews.
- Analyzed sponsor claims to ensure payment accuracy.

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Georgia Department of Community Health (2009 – 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:

- Performed hospital financial survey reviews for the hospitals in Georgia.
- Created the procedures program used to perform the hospital financial survey reviews which included planning and risk assessment; on-site and desk procedures; and review and reporting procedures.
- Met with client to present findings, status updates, and other issues noted during the reviews.
- Analyzed inpatient and outpatient claims to ensure payment accuracy.
- Identified trends in payment errors and determined the impact of those errors on the claims universe.
- Presented the payment errors to the state client and worked to provide guidance for updates to correct payment logic.

Georgia Department of Community Health (2021 – Present)

Hospital Reimbursement Technical Assistance

Scope of Work:

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

Responsibilities:

- Performed examinations on the medical loss ratio (MLR).
- Created the procedures program used to perform the MLR examinations which included planning and risk assessment; on-site and desk procedures; and review and reporting procedures.
- Met with client to present findings, status updates, and other issues noted during the reviews.

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.

Mya Carrizosa

Health Care Consultant

Summary

Ms. Carrizosa is a health care consultant with experience in healthcare rate-setting, regression analyses and directed payment programs.

Education

B.S. Economics and B.S. Psychology, Arizona State University, Tempe, AZ, 2021
Clinical Mental Health Counseling Education, University of Colorado, Denver, CO, 2022

Experience

1 year of professional experience

Relevant Work Experience

West Virginia Department of Health & Human Resources (2023 - Present)

Medicaid Actuarial and Consulting Services

Scope of Work:

Myers and Stauffer, in partnership with Milliman Actuarial Consulting, provides oversight of current and new programs developed and operated under existing managed care waivers. Services include capitation rate setting, directed provider payment calculations, contract development and review, MCO contract compliance oversight, dashboard analytical tool development, and policy analysis.

Behavioral Genetics Research Assistant, Tempe, AZ (2017 – 2021)

Scope of Work:

- Engaged in data collection through a series of home visits with participants in the study.
- Cleaned and explored numerical and categorical time series data collected from over 2500 participants biannually.
- Used T-testing, confidence intervals, and linear regression analysis to explore the relation between various measures of sleep quality and indicators of puberty.

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.

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.

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Responsibilities:

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

Georgia Department of Community Health (2009 – Present)

Care Management Organization Compliance

Scope of Work:

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

Responsibilities:

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

Georgia Department of Community Health (2008 – Present)

Benefits Testing

Scope of Work:

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

Responsibilities:

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

Georgia Department of Community Health (2010 – Present)

Payment Error Rate Measurement (PERM)

Scope of Work:

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

Responsibilities:

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

Georgia Department of Community Health (2013 – Present)

Recovery Audit Contractor

Scope of Work:

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

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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 – 2015Present)

Recovery Audit Contractor (RAC)

Scope of Work:

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

Responsibilities:

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

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

Promoting Interoperability Program Audit

Scope of Work:

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

Responsibilities:

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

Mississippi Division of Medicaid (2015 – Present)

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

Scope of Work:

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

Responsibilities:

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

Mississippi Division of Medicaid (2015 – Present)

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.

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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.

Bobby Courtney, JD, MPH

Principal/Partner

• Summary

Mr. Courtney has more than 20 years of professional experience in the health care industry and is a principal/partner on Myers and Stauffer's Consulting and Pharmacy engagement teams. Bobby's work focuses on public health law and policy including issues related to federal waivers and Medicaid State Plan Amendments; administrative rulemaking; delivery system reform/transformation; managed care; long-term services and supports; and in recent years, pharmaceutical reimbursement. He frequently serves as a presenter and legal/policy resource for teams and projects across the Firm. Recently, he led an internal initiative to understand, track, and communicate information regarding new CMS flexibilities available to support states in their response to COVID-19.

• Education

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

• • Experience

23 years of professional experience

• Affiliations

American Bar Association
American Health Lawyers Association
Indiana State Bar Association

• • Licenses/Certifications

Juris Doctorate
Indiana State Bar

• Relevant Work Experience •

Alabama Medicaid Agency (2020 – Present)

Medicaid Pharmacy Average Acquisition Cost Program

Scope of Work:

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

Responsibilities:

- Provide legal and policy research and analysis.

Arizona Health Care Cost Containment System (2022 – Present)

ARPA Funds Project Management and Executive Consulting Services

Scope of Work:

Myers and Stauffer provides project management, staff augmentation and executive consultant services for the Arizona Health Care Cost Containment System (AHCCCS) for activities related to the American Recovery Plan Act (ARPA) funds as approved by CMS and SAMHSA.

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Responsibilities:

- Serves as the partner-in-charge for this engagement with ultimate internal accountability for the firm's performance and delivery of services.
- Oversees staff activities including but not limited to, project management, technical assistance, operational support, stakeholder engagement, and reporting.

Arizona Industrial Commission (2020 – Present)

Workers' Compensation Pharmacy Reimbursement White Paper

Scope of Work:

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

Responsibilities:

- Provide legal and policy research and analysis.

Arkansas Department of Human Services (2021 – Present)

Medicaid Consulting - Independent Assessment Review

Scope of Work:

Conduct an independent evaluation/assessment of the State of Arkansas's Section 1915(b) Waiver for the Provider-led Arkansas Shared Savings Entity (PASSE) project for the State's Medicaid program (Waiver Number: AR.0007.R00.01), as mandated in Title 42 CFR §431.55(b)(4). The U.S. Centers for Medicare & Medicaid Services (CMS) requires that a contractor or agency independent of the state Medicaid agency and its managed care program complete an assessment evaluating access to care, quality of care, and the cost effectiveness of the program. The Independent Assessment must evaluate the statutory and regulatory requirements for approval and other requirements made by CMS and/or DMS and report resultant findings and recommendations.

Responsibilities:

- 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.
- Oversees staff activities including but not limited to, stakeholder engagement, synthesizing stakeholder input, evaluation, and report preparation.
- Provides subject matter expertise and consulting services throughout the engagement.

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

Child Health Plan Plus Mental Health Parity Report Analysis

Scope of Work:

Myers and Stauffer assessed the Mental Health Parity and Addiction Equity Act (MHPAEA) reporting compliance for six Department health plans administering the Colorado Child Health Plan Plus (CHP+) program.

Responsibilities:

- Provides policy support and expertise.
- Assists with review of parity determination escalations.

Colorado Department of Health Care Policy and Financing (2022 – Present)

Average Acquisition Cost Price List

Scope of Work:

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

Responsibilities:

- Assists Project Director with engagement oversight.
- Provide legal and policy research and analysis.

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Centers for Medicare & Medicaid Services (CMS) (2018 – Present)

Survey of Retail Prices

Scope of Work:

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

Responsibilities:

- Provides technical assistance regarding VBP and drug pricing transparency issues.
- Provides legal and policy research and analysis.
- Supports development of provider and industry bulletins, as well as regulatory revisions.

Hawaii Department of Human Services (2018 – Present)

Medicaid Managed Care Organization Procurement Support

Scope of Work:

Myers and Stauffer is 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:

- Provide technical assistance regarding various Medicaid policy initiatives.

Idaho Department of Health and Welfare (2020 – Present)

Medicaid Pharmaceutical Average Acquisition Cost Program Administration

Scope of Work:

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

Responsibilities:

- Provide legal and policy research and analysis.

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

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:

- Supported the State by drafting its 1915(b) managed care waiver amendment.

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

Medicaid Pharmacy Consulting

Scope of Work:

Myers and Stauffer provides pharmacy consulting services for the CHFS Pharmacy Policy Branch.

Responsibilities:

- Serve as Project Manager.
- Responsible for communication with state pharmacy leadership.
- Provide oversight of various pharmacy related analyses including, but not limited to, 340B, managed care, and pricing transparency.

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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:

- Provide legal and policy research and analysis.

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

HCBS Waiver Team and Processes

Scope of Work:

Myers and Stauffer is supporting the effort to merge all of the State's HCBS 1915c waiver operations and administration under a single organizational structure. We are conducting an organizational analysis of the new agency structure, the development of a combined eligibility and assessment team, the review and gaps analysis of the organizational structure for both direct services and administration, and the development of revised job classifications to meet the needs of the different waivers staffing requirements.

Responsibilities:

- Provide research and support for home and community based services (HCBS) program redesign, including 1915(c) waiver amendments.
- Perform state and federal statutory and regulatory analyses, as well as Medicaid State Plan research.

Nebraska Department of Health & Human Services (2021 – Present)

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:

- Assists Project Director with engagement oversight.
- Analyzes and provides recommendations regarding compliance with federal regulations.
- Works with SMEs to develop findings and recommendations, and determine best approach to implementation of options.
- Develops strategies, recommendations about modifying or adding new waivers.
- Draft and final reports.

Nevada Department of Health and Human Services (2017 – Present)

Medicaid Consulting

Scope of Work:

Myers and Stauffer performs consulting services for the DHCFP to ensure compliance with Medicaid and Medicare regulations, principles, and policies and to assist the agency with the implementation or development of new Medicaid programs or policies.

Responsibilities:

- Serve as subject matter expert, provide technical assistance regarding federal waiver authorities, and provide annual Department staff training.

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New Hampshire Department of Health and Human Services (2017 – 2020)

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:

- Served as Project Manager.
- Responsible for communications with state and industry leadership.
- Provided oversight of the DSRIP Learning Collaboratives.
- Provided technical assistance provided to the program's integrated delivery networks.

Tennessee Department of Finance and Administration (2021 – Present)

Estate Recovery Services

Scope of Work:

Myers and Stauffer assists TennCare with adjustment or recovery of funds for certain types of medical assistance from the estates of individuals who were age fifty-five (55) or older at the time such assistance was received, and from permanently institutionalized individuals of any age. In addition to providing estate recovery support, Myers and Stauffer supplies the estate recovery case management system utilized by TennCare and Myers and Stauffer for estate recovery case management.

Responsibilities:

- Supervises legal team and acts as liaison to other Myers and Stauffer teams, as needed.
- Provide legal and policy research and analysis.

Tennessee Department of Finance and Administration (2020 – Present)

Pharmacy Average Actual Acquisition Cost

Scope of Work:

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

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

Responsibilities:

- Provide legal and policy research and analysis.

Washington Health Care Authority (2018 – 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:

- Serve as independent reviewer of Project Plans and semi-annual reports submitted by Accountable Communities of Health (ACHs).

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Presentations

"Quality Measures in LTSS Environment," Myers and Stauffer Value-Based Purchasing Forum, Atlanta, Georgia, 2019.

"Long Term Care Payment Forum," Myers and Stauffer, 2016.

"Legal Issues in Coalition Development and Response," National Healthcare Coalition Resource Center Annual Conference, 2013.

"Crisis Standards of Care: Clinical and Legal Aspects in Disaster Response," Public Health Preparedness Summit, 2012.

"Crisis Standards of Care – Challenges & Opportunities," Indiana State Bar Association Health Law Symposium, 2011.

Morgan DeNeve

Senior Analyst

• Summary

Ms. DeNeve is a Senior Analyst with Myers and Stauffer. She performs research, data analysis, data validation, and reconciliation tasks. Ms. DeNeve supports a number of engagements involving reimbursement validation, data analytics, and managed care compliance. She reviews claims data; performs reconciliations and data validations; and drafts reports.

• Education

B.A. Informatics (Health), University of Iowa, 2021

• • Experience

2 years professional experience

Relevant Myers and Stauffer Client Experience

Georgia Department of Community Health (2022 – 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:

- Review Health Plan submitted provider payment data for comparison to encounter submissions.
- Analyze payment variances between Health Plan submitted data and the State's encounter data for inaccurate or missing encounter submissions.
- Draft reports and provide recommendations for encounter data issues identified through reconciliation with the Health Plan's data.
- Analyze managed care encounters and data samples supplied by the Health Plan to validate the information reported to the State Medicaid Management Information System (MMIS).
- Provide results of validation and report potential issues identified.

Mississippi Division of Medicaid (2023 – 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; review capitation payments for payment accuracy and potential duplicated capitation payments; and perform other compliance testing of other monthly monitoring tools.

Responsibilities:

- 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 CCO's data.

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Utah Department of Health and Human Services (2023 – Present)

Managed Care Health Plan Encounter Data Validation

Scope of Work:

Myers and Stauffer assists the Utah Department of Health and Human Services with providing oversight of the managed care health plans.

Responsibilities:

- Review health plan submitted provider payment data for comparison to encounter submissions.
- Analyze payment variances between health plan 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 health plan's data.
- Provide results of payment validation and potential impact on encounter data accuracy.

Keith Deuser

Staff Analyst

Summary

Mr. Deuser is a member of the firm's managed care engagement team with more than 14 years of experience in small business settings and larger corporate environments managing simultaneous projects and prioritizing tasks. He has effectively utilized Python to automate reporting and has several certifications related to Python programming and data visualizations.

Education

M.S. Candidate Analytics, Georgia Institute of Technology, 2024

B.S. Music, Georgia State University, 2012

Experience

14 years professional experience

Affiliations

Licenses/Certifications

Google Data Analytics Specialization
Python 3 Programming Specialization
Tableau Essential Training

Relevant Work Experience

West Virginia Department of Health & Human Resources (2023 - Present)

Medicaid Actuarial and Consulting Services

Scope of Work:

Myers and Stauffer, in partnership with Milliman Actuarial Consulting, provides oversight of current and new programs developed and operated under exiting managed care waivers. Services include capitation rate setting, directed provider payment calculations, contract development and review, MCO contract compliance oversight, dashboard analytical tool development, and policy analysis.

Responsibilities:

- Optimize provider network adequacy calculations for distance between providers and Medicaid members by provider type.
- Review MCO encounter data for inconsistencies when compared to separate financial data.
- Summarize repriced MCO encounter data for SB 546 directed provide payment exhibits.

Mississippi Division of Medicaid (2023 – 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

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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:

- 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 CCO's data.
- Summarize CCO's payments to providers by State requested criteria.

Prior Relevant Work Experience

Pestban, (2019 – 2023), Accounts Receivable Administrator/Finance Department

- Automated more than 50 excel reports per month using Python.
- Successfully managed database of up to 900+ accounts.
- Responsible for \$4600, on average, in revenue per week for company.
- Decreased the number of delinquent accounts by 40 percent.

Craftsmen Contractors, (2014 – 2019), Production Manager

- Managed over \$600,000 monthly from point of sale to completion of work and payment.
- Maintained regular communication with 100+ clients and managed customer expectations to achieve positive experience from point of sale to payment.
- Managed large warehouse and incoming shipments of windows, siding, roofing, and insulation materials.
- Managed scheduling and payment of contractors upon completion of work for over 15 contractors.

Town Center Music and Gwinnett School of Music, (2012 – 2015), Guitar Instructor

- Taught more than 60 students of all ages, skill levels, and interests including classical, jazz, rock, pop.
- Developed curriculum for each student, based on individual needs and interests.
- Maintained a fun learning environment combined with a growth mindset.

Papa Johns, (2008 – 2014), Shift Manager

- Managed all store operations and over 20 employees in absence of general manager.
- Responsibilities included reporting product costs, labor costs, revenue, and deposits.
- Deep knowledge of best practices for achieving optimal customer experience and revenue.

Thu Do

Staff Accountant

Summary

Ms. Do is a member of the firm's managed care engagement team. She is responsible for providing public accounting services to state Medicaid agencies addressing health care reimbursement issues.

Ms. Do also performed Hospital Financial Survey (HFS) desk reviews of Georgia Hospitals for the Georgia Department of Public Health.

Additionally, Ms. Do has experience reviewing supporting documentation for compliance; performing analyses; evaluating financial records; gaining an understanding of internal controls; and assessed findings to create results narratives.

Education

B.B.A, Accounting, Georgia Southern University,
2021
M.A.c.c, Accounting, Georgia Southern University,
2022

Experience

1 year of professional experience

Relevant Work Experience

Georgia Department of Community Health (2022 – Present)

Hospital Reimbursement Technical Assistance

Scope of Work:

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

Responsibilities:

- Performed hospital financial survey reviews for the hospitals in Georgia.
- Analyzed inpatient and outpatient claims to ensure payment accuracy.

Georgia Department of Community Health (2022 – Present)

Managed Care Organization Oversight

Scope of Work:

Myers and Stauffer provides services to the Georgia Department of Community Health to examine the medical loss ratio (MLR) reports filed by their managed care organizations.

Responsibilities:

- Performed examinations on the medical loss ratio (MLR).
- Utilized various methods to reconcile account discrepancies.
- Analyzed, sampled, and tested medical expenses, related and third party claims.
- Preparation of Reports

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Louisiana Department of Health (2022 – Present)

Managed Care Organization Oversight

Scope of Work:

Myers and Stauffer provides services to the Louisiana Department of Health to examine the medical loss ratio (MLR) reports filed by their managed care organizations.

Responsibilities:

- Performed examinations on the medical loss ratio (MLR).
- Utilized various methods to reconcile account discrepancies.
- Analyzed, sampled, and tested medical expenses, related and third party claims.
- Preparation of Reports

Division of TennCare (2022 – Present)

Managed Care Organization Oversight

Scope of Work:

Myers and Stauffer provides services to the Division of TennCare to examine the medical loss ratio (MLR) reports filed by their managed care organizations.

Responsibilities:

- Performed examinations on the medical loss ratio (MLR).
- Utilized various methods to reconcile account discrepancies.
- Analyzed, sampled, and tested medical expenses, related and third party claims.

Mississippi Division of Medicaid (2022 – Present)

Managed Care Organization Oversight

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:

- Performed examinations on the medical loss ratio (MLR)
- Sampling Health Care Quality Improvements Expenses.
- Vendor Contract Review
- Analyzed, sampled, and tested medical expenses, related and third party claims.
- Preparation of Reports

New Hampshire Department of Health and Human Services (2023 – Present)

Managed Care Organization Oversight

Scope of Work:

Myers and Stauffer provides services to the New Hampshire Department of Health and Human Services to examine the medical loss ratio (MLR) reports filed by their managed care organizations.

Responsibilities:

- Performed examinations on the medical loss ratio (MLR).
- Utilized various methods to reconcile account discrepancies.
- Analyzed, sampled, and tested medical expenses, related and third party claims.

Kira Downs

Health Care Consultant

Summary

Ms. Downs is a healthcare consultant at Myers and Stauffer, engaged with multiple stakeholders across state Medicaid contracts to help clients respond to Medicaid policy developments and ensure quality coverage for their managed care population.

Education

M.P.H., Health Policy and Management, Emory University

B.S., Health Science, University of Florida

Experience

2 years of professional experience

Employment History

Myers and Stauffer LC, (05/23-Present), Health Care Consultant

Rollins School of Public Health-DHPM, (01/24-05/23), Graduate Teaching Assistant

Rollins School of Public Health-Department of Epidemiology, (10/22-05/23), Graduate Teaching Assistant

Relevant Work Experience

West Virginia Department of Human Services (2023-Present)

Medicaid Actuarial and Consulting Services

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:

- Supported clients through state legislative sessions by writing policy briefs on topics including key Medicaid expenditures, budget projections, and changes in the policies regarding covered services, as well as supporting the development of fiscal notes.
- Analyzed Medicaid expenditure data and projections for clients, transforming complex information into clear and visually impactful financial tables and graphs.
- Provided project management support to the client through State Fiscal Year deliverables, including the implementation of a Quality Withhold program and CMS Final Rules.
- Supported the onboarding of a new Medicaid Managed Care Organization (MCO), including readiness review, evaluating member and provider materials, and communicating with multiple stakeholders regarding appropriate policies and procedures.
- Responsible for reviewing MCO member and provider materials and marketing plans to ensure compliance with the MCO contract and state and federal regulations. These reviews involve written communication with MCOs and the client as well as detailed tracking of status.

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- Conducted legislative scans of Request for Application (RFA) policies across multiple states in order to create a comparative analysis tool for the client's RFA documentation process.
- Drafted language for the RFA documentation, synthesizing research findings and federal regulations. Created tools to evaluate compliance of Medicaid MCO marketing and member materials, using language from the Medicaid MCO contract and federal regulations.
- Triaged communications from multiple stakeholders and clients and ensured timely response to inbound client communication.
- Facilitated regular stakeholder and client meetings by creating agendas, documenting discussions, and providing prompt follow-up communication on action items discussed.

Colorado Department of Health Care Policy and Financing (2023/2024)

Alternative Payment Model 1 Measurement Reports Support

Scope of Work:

Myers and Stauffer is assisting the Department in administering the Alternative Payment Model for Primary Care.

Responsibilities:

- Maintained a SmartSheet dashboard of 400+ physician submissions of alternate payment model survey data.
- Served as primary point of communication to ensure accurate and timely submissions by physician practices.

Mississippi Division of Medicaid (2024)

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:

- Created and maintained a registry of internal and external stakeholders to support the consulting team's communications.

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.

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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.

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:

- Conducted client intake interviews over the phone as well as in-person at hospitals and clinics.

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- 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.

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Arizona Health Care Cost Containment System (2021 – Present)

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.

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- Analyzed Managed Care claims to determine if the payments or denials were made according to Centennial Care Program coverage and payment policies.
- 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.

Shawn Finnerty

Senior Analyst

Summary

Mr. Finnerty is responsible for providing public accounting, auditing, consulting, data management, and analytical services to state, federal, and local health care and social service agencies addressing health care reimbursement issues.

Education

B.A., Political Science and Government, University of Georgia

M.A. Public Health, Concentration in Health Management and Policy, Georgia State University

Experience

2.5 years of professional experience

Employment History

Myers and Stauffer LC, (01/22 - 03/22), Intern

Myers and Stauffer LC, (03/22 - 03/23), Staff Analyst

Myers and Stauffer LC, (03/23 - Present), Senior Analyst

Relevant Work Experience

Georgia Department of Community Health (2022-Present)

Care Management Organization Compliance

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health (DCH) with providing oversight and monitoring of the Georgia Families Care Management Organizations (CMOs). Myers and Stauffer also conducts Agreed Upon Procedure (AUP) audits on CMOs every three years to ensure CMOs are in compliance with the DCH contract.

Responsibilities:

- Monitoring the submission of and distributing CMO annual, semi-Annual, quarterly, monthly, weekly, and ad-hoc regulatory reports to DCH
- Tracking report submissions and business owner dispositions of regulatory reporting submissions
- Assist DCH in establishing and tracking CAP/LDs related to regulatory reporting
- Address report template and spec updates, as well as, develop new reporting templates and specs on behalf of DCH
- Directly communicate and attend meetings with both DCH and CMO staff to ensure questions and concerns related to regulatory reporting are addressed in a timely manner
- Develop reports from the report tracking database to distribute internally to the Managed Care team and externally to DCH
- Assist in developing and maintaining the Regulatory Reporting tracking system utilized for the GA CMO Regulatory Reporting project including the addition and editing of established or newly requested data fields to be tracked for DCH
- Develop automated communications to be sent to business owners based on updates made to the GA Regulatory Reporting

APPENDIX A: RESUMES

- Assisted in the completion of Medicaid Managed Care compliance audits.
- Reviewed and assessed Medicaid Managed Care Organization's policies and procedures to determine if they were consistent with contractual requirement.
- Assisted in deliverable preparation by writing overviews of the areas assessed and incorporating any findings and recommendations identified during the compliance audit.
- Participated in the interview process with Managed Care Organization's staff members to assess knowledge of the contracts, policies, and procedures.

West Virginia Department of Human Services (2022-Present)

Medicaid Actuarial and Consulting Services

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:

- Monitoring the submission of and distributing MCO annual, semi-Annual, quarterly, monthly, weekly, and ad-hoc regulatory reports to BMS
- Tracking report submissions and business owner dispositions of regulatory reporting submissions
- Assist in addressing report template and spec updates, as well as, develop new reporting templates and specs on behalf of BMS
- Assist in developing reports from the report tracking database to distribute internally to the Managed Care team and externally to BMS
- Assist in developing and maintaining the Regulatory Reporting tracking system utilized for the WV MCO Regulatory Reporting project
- Assist in conducting Readiness Reviews for new MCOs by conducting MCO policy reviews and attending MCO interviews on behalf of BMS to ensure policies and procedures are in place to effectively operate by the established start date

Maryland Department of Health (2023-Present)

Managed Care Consulting Services

Scope of Work:

Myers and Stauffer LC (Myers and Stauffer) is contracted with the state support the Maryland Department of Health (MDH) in assessing and improving the Department's process for documenting settlement recoveries and ensuring the return of the federal share of these recoveries.

Responsibilities:

- Review and assess current policy and procedures established for MDH's Cost Settlement Recovery cases
- Assisted in developing a documentation/information request related to MDH's Cost Settlement Recovery processes
- Identify key informants and stakeholders related to MDH's Cost Settlement Recovery processes
- Developed relevant interview questions and conduct key informant/stakeholder interviews on current policies and procedures related MDH's Cost Settlement Recovery processes
- Analyze document submissions and interview responses to develop an assessment and recommendation report outlining recommendations for new processes and procedures to address audit findings
- Develop updated process and procedures with relevant MSLC and MDH staff, based on observations and findings from the documentation and interview analyses, including new standard operating procedures (SOPs), training materials, and information sheets related to MDH's Cost Settlement

APPENDIX A: RESUMES

Recoveries

- Assist Salesforce in updating the new Salesforce Case Management System to be utilized by MDH with MSLC findings and new business procedures
- Assist in training MDH staff on the new business procedures and processes

Joseph Gamis, MBA

Senior Manager

Summary

Mr. Gamis serves as a senior manager for the firm's rate setting and federal compliance engagements. His responsibilities include supervising project staff, creating the work plans and timelines for projects, and organizing the day-to-day project operations.

He has assisted state Medicaid agencies in the development, implementation and maintenance of inpatient and outpatient hospital prospective payment systems based on DRG, APC, and EAPG, long-term care hospital reimbursements based on cost per diem rates, and physician reimbursement systems based on the resource based relative value scale (RBRVS). As part of this work, his responsibilities include the analysis of Medicaid claims and expenditure trends, creation and manipulation of complex data sets, drafting policy update recommendations, claims-based payment system modeling, calculation and reporting of fiscal analysis, and presenting complex reimbursement systems to state and industry professionals.

He also serves as project manager for the preparation of Medicare upper payment limit (UPL) demonstrations and ensuring states are in compliance with federal requirements for several of the firm's state Medicaid agency clients. Additionally, he has experience in design, development and implementation of FFS supplemental payment programs and managed care directed payment programs.

Mr. Gamis brings extensive experience with Medicaid utilization data, Microsoft Excel, SQL Server, Alteryx, Microsoft Access, Health Financial Systems (HFS) Cost Reporting tools, and 3M Grouping Software. He is familiar with the format, content, and uses for Medicaid claims information, having worked with UB-04, CMS-1500, Dental, Crossover and MCO Encounter claims received from Medicaid fiscal agent contractors and managed care organizations.

Education

M.B.A., Health Care Management, Rockhurst University, 2015
B.S.B.A., Management, Drake University, 2010

Experience

11 years professional experience

Relevant Work Experience

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

Diagnosis Related Group (DRG) Technical Assistance

Scope of Work:

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.

APPENDIX A: RESUMES

Responsibilities:

- Subject Matter Expert.
- Act as subject matter expert over the DRG system design and implementation.
- Provides DRG reimbursement training to state staff members.
- Works with the client to ensure the MMIS data is sufficient for the project and helped them request the appropriate data.

Georgia Department of Community Health (2016 – Present)

Hospital Reimbursement Technical Assistance

Scope of Work:

Myers and Stauffer assists with the annual maintenance of the DRG system along with periodic Rebases, including a recent redesign, calculation and implementation of a new APR-DRG reimbursement system. Additionally, technical and accounting issues are reviewed related to the preparation of annual Medicare UPL findings for inpatient and outpatient hospital programs.

Responsibilities:

- Project Manager.
- Calculate the DRG Weight and Hospital Rate updates.
- Calculate the Cost-to-Charge Ratios (CCR) and Graduate Medical Education (IME & DME) Rates.
- Works with the client to ensure the MMIS data is sufficient for the project and helped them request the appropriate data.
- Provides reimbursement training to state staff members.

Illinois Department of Healthcare and Family Services (2021 – Present)

Rate Methodologies and Reimbursement Services

Scope of Work:

Myers and Stauffer was engaged by the Department of Healthcare and Family Services to design, update, and implement reimbursement methodologies for hospitals, physicians, pharmacies, nursing facilities, home and community based waiver services, and other provider categories.

Responsibilities:

- Project Lead.
- Act as the lead over the hospital and physician practice areas within the contract.
- Policy consulting over the states Inpatient APR-DRG, Outpatient EAPG, and cost based rate system.
- Oversee the recalculation of the Inpatient APR-DRG and Outpatient EAPG reimbursement systems.
- Oversee the design and build of the annual Upper Payment Limit demonstrations due to CMS for the inpatient Hospital, outpatient Hospital, Clinic and Physician.

APPENDIX A: RESUMES

Iowa Department of Human Services (2014 – Present)
Provider Cost Audits and Rate Setting Services

Scope of Work:

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

Responsibilities:

- Project Lead.
- Oversee the design and recalculation of the customized Inpatient MS-DRG reimbursement systems, including customized neonatal DRGs and state specific cost based DRG Weights.
- Oversee the design and build of the annual Upper Payment Limit Demonstrations due to CMS for the Inpatient Hospital and Outpatient Hospital.

Louisiana Department of Health (2014 – Present)
Disproportionate Share Hospital Payment and Hospital Upper Payment Limit Calculations

Scope of Work:

Myers and Stauffer collects, analyzes and summarizes data for the state of Louisiana's Act 540 program and completes the Hospital Inpatient & Outpatient Upper Payment Limit calculation for Louisiana.

Responsibilities:

- Project Lead.
- In charge of communication of issues, data collection, and creation of the state's fee-for-service Inpatient and Outpatient UPL models.
- Work with the state to develop different methodologies for UPLs to ensure accurate calculations that are representative of the providers in the state.
- Work with the state on proper data extraction processes to ensure accuracy of UPLs. Provide feedback and analysis of data collected from state extractions.

Mississippi Division of Medicaid (2019 – Present)
Cost Report Automation

Scope of Work:

Myers and Stauffer is engaged to perform cost settlement functions and for the development and maintenance of a cost report database and utilization statistics, including automation of the cost report submission process for all applicable provider types.

Responsibilities:

- Project Manager.
- Oversee the requirements gathering, design and implementation of the new automated cost reporting submission process and database.
- Develop, plan, and present statewide trainings for the new cost reporting submission process.

APPENDIX A: RESUMES

Mississippi Division of Medicaid (2023 – Present)

Payment Methodology Services

Scope of Work:

Myers and Stauffer is engaged to provide payment methodology services encompassing annual inpatient and outpatient rate setting and payment method support, statistical analysis and quarterly hospital and MCO reports for the states quality incentive program and support for the annual fee schedule update.

Responsibilities:

- Project Lead.
- Oversee the quarterly quality measure calculations of potentially preventable complications and potentially preventable readmissions utilizing 3M Grouping Software.

Missouri Division of Social Services – MO HealthNet (2023 – Present)

Hospital Payment DRG System Consulting

Scope of Work:

Myers and Stauffer is engaged to provide the department in research in modernizing the current inpatient reimbursement system. The project includes the design, development and implementation of a proposed inpatient DRG system.

Responsibilities:

- Project Manager.
- Reviews of the current MMIS system capabilities.
- Calculation of system different system variables and DRG groupers to allow department sufficient information to make informed decisions.
- Utilization of claims data and cost reports, and calculation of cost based metrics for potential inclusion in system variables.
- Development of dynamic rate setting model allowing the client to change variables to see potential impacts.

Nebraska Department of Health & Human Services (2015 – Present)

Supplemental Payments

Scope of Work:

Myers and Stauffer was engaged by the state to determine the supplemental payments to be made to MCOs for hospital-based physicians.

Responsibilities:

- Project Manager.
- Build and model the Quarterly NE Supplemental Payments.
- Work with the client to ensure all data has been submitted to Myers and Stauffer properly.
- Run the data through several processes to assess the supplemental payments that must be made.

APPENDIX A: RESUMES

- Designed and built the quarterly exhibits for submission back to the client.
- Work with the client to ensure they have the proper processes in place to give requested data quickly and efficiently.

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

Scope of Work:

Myers and Stauffer performs consulting services for the DHCFP to ensure compliance with Medicaid and Medicare regulations, principles, and policies and to assist the agency with the implementation or development of new Medicaid programs or policies.

Responsibilities:

- Senior Analyst.
- Directly involved in the design and development of the new DRG Weights and Hospital Rates system.
- Work with the client to ensure the MMIS data was sufficient for the project and helped them request the appropriate data.
- Provided detailed analysis of the data that was submitted and how this affects any future calculations.

New Jersey Department of Health (2016 – 2018)
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:

- Senior Analyst.
- Aided in the development of several processes for pulling claims data for providers viewing based upon the improvement measures the providers have selected.

APPENDIX A: RESUMES

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:

- Senior Analyst.
- Aided in the development of several processes for pulling claims data for providers viewing based upon the improvement measures the providers have selected.

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

DRG Reimbursement System Update and Review

Scope of Work:

Myers and Stauffer provides an update to the customized MS-DRG inpatient reimbursement system. New relative DRG weights are computed as well as inflation of hospital rates and adjustments to hospital add-on factors for indirect and direct medical education.

Responsibilities:

- Project Manager.
- Oversees the annual Inpatient Prospective Payment System (IPPS) update.
- Calculates the annual state specific cost-based DRG Weight updates.
- Calculates the Cost-to-Charge Ratios (CCR) and Graduate Medical Education (IME & DME) Rates.
- Works with the client to ensure the MMIS data is sufficient for the project and helped them request the appropriate data.
- Developed a DRG add-on reimbursement methodology for long-acting reversible contraceptive (LARC).

West Virginia Public Employees Insurance Agency (2018 – Present)

Prospective Payment System/Resource-Based Relative Value System (RBRVS) and UPL Demonstration Calculations

Scope of Work:

Myers and Stauffer is engaged by West Virginia Public Employees Insurance Agency and Department of Health & Human Resources to provide rate updates and consulting services related to their inpatient, outpatient, and physician reimbursement systems and perform UPL demonstration calculations.

Responsibilities:

- Project Manager.
- Review the annual Medicare updates to IPPS, OPSS and RBRVS reimbursement systems and inform the department of major updates.
- Develop and perform payment simulations to set a state-specific conversion factor for RBRVS, update IPPS state specific MS-DRG Weights and statistics, and base rates, and update OPSS APC conversion factor.

APPENDIX A: RESUMES

- Provide quality assurance of rate setting and payment modeling for inpatient hospital, outpatient hospital, and physician services.
- Prepare the upper payment limit demonstration calculations for inpatient and outpatient hospital services, clinic services, ICF-IID, NF and physician.

Xavia Garrett

Healthcare Consultant Intern

Summary

Ms. Garrett is responsible for providing public accounting, auditing, consulting, data management, and analytical services to state, federal, and local health care and social service agencies addressing healthcare reimbursement issues.

Education

M.P.H. Candidate, Georgia State University, 2025

Certificate, Maternal & Child Health, Georgia State University, 2025

B.S., Public Health, University of South Florida, 2022

Experience

2 years of professional experience

Employment History

Myers and Stauffer LC, (05/24-Present), Intern

Georgia State University, (08/23-05/24), Graduate Research Assistant

Positive Impact Health Centers, (07/22-05/24), Prevention Specialist

Seminole Tribe of Florida, (09/21-07/22), Office Assistant

Relevant Work Experience

West Virginia Department of Human Services (2024 - Present)

Medicaid Actuarial and Consulting Services

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.

Other Relevant Work Experience

Georgia State University, (08/2023 – Present), Graduate Research Assistant

- Conducts literature reviews, formulated research questions, and designed experiments to address key objectives.
- Synthesizes and summarizes research findings to contribute to the development of academic papers and presentations.
- Assists in the collection of data and/or conducts independent research for the unit specific to the assignment.
- Assists with the development and evaluation on instructional materials and/or curricula.
- Assists in specialized administrative, technical or editorial duties connected to research and creative activities.

Positive Impact Health Centers, (07/2022- Present), Prevention Specialist

- Provides education on pre-exposure prophylaxis (PrEP) and ensures persons eligible for PrEP, if interested, are linked to PrEP services including intake paperwork.

APPENDIX A: RESUMES

- Complete testing forms, review for accuracy, and submit documentation in accordance to standards set by PIHC and funding agencies.
- Attends community events to provide testing, promote PrEP, and assist with PrEP marketing strategies.
- Provides on-site and offsite brief HIV pre/post-test counseling and rapid HIV testing in a confidential, one-on-one session with clients.
- Assists with follow-up to ensure that persons diagnosed as living with HIV are successfully linked to care and partner services.
- Review monthly data and classify state forms according to demographics and positive diagnoses in support of GDPH standards.
- Improve the training experience of onboarded prevention specialists to ensure consistent high quality performance.
- Utilize evidence-based practices included but not limited to risk assessment, motivational interviewing, client-centered prevention planning, and prevention education.
- Attends regular staff meetings to collaborate with a multidisciplinary team to further develop systems related to policies and procedures.

Seminole Tribe of Florida, (09/2021–07/2022), Office Assistant

- Monitored and replenished office supplies, ensuring adequate stock levels.
- Managed front desk by overseeing data entry, appointment scheduling, phone operations and filing.
- Assisted in making travel arrangements, including booking flights, accommodations, and transportation for team members and executives.
- Supported the planning and execution of company events, meetings, and conferences.

Nicholas Guerra, MPH

Senior Consultant

• Summary

Mr. Guerra is a senior consultant with over five years of leadership experience in healthcare, managing and planning over 20 small to large complex, multi-dimensional projects in current role involving data analytics, local & state governments.

Developed over 15 budgets & programs to ensure superior marketing of products & talent. Exceptional written & verbal communication with project visualization skills to produce quality products for academic and non-academic audiences.

Dual responsibilities as team leader and member, working collaboratively to promote a cohesive unit.

• Education

DrPH Candidate, Public Health, Georgia Southern University, 2025
M.P.H., Population Health Policy & Management, University of Kentucky, 2020 B.S., Foods & Nutrition, Carson-Newman University, 2017

• Experience

6 years of professional experience

• Relevant Work Experience

CENTER FOR INNOVATION IN POPULATION HEALTH, (Aug 2020 – Sep 2022)

Research Program Manager

- Coordinate, manage and support Center-wide programs and projects spanning across 40 states, working with multiple Principal Investigators, personnel, and key external stakeholders.
- The position provides day-to-day support of over 15 program implementations, agreements, and operations.
- Oversee project planning contracts with local & state governmental agencies throughout the US,
- Organizing agreements & scheduled data transfers, communicating with team members to provide updated resources, and coordinating schedules to ensure a smooth flow and increase efficiency by 25%.
- Chaired Staff Council for the College of Public Health, serving and representing over 150 Staff Members.

UNITED STATES ARMY RESERVE, (2017 – Present)

APPENDIX A: RESUMES

Health Services Human Resource Officer (70F)

- Advises 10+ commanders and staff in all aspects of health services human resources management to include matters/policies pertaining to all assigned military personnel.
- Plan, develop, and direct administrative management activities and services in medical organizations, which include distribution, publications, correspondence, records and files management, and desktop publishing.
- Deputy S1 (Personnel Section) Officer-in-Charge - oversee three major elements: unit support, legal support, and personnel support.
- Master Fitness Trainer - maintain and improve of unit physical fitness of over 100 Soldiers, while also leading unit Physical Fitness Tests.

Health Services Administration Officer (70B)

- Planned, coordinated, and monitored the treatment of patients. Advised 10+ unit commanders/staff in medical/nonmedical areas of patient evacuation, treatment and tracking.
- Practiced preventive medicine, organized administration, supplied equipment, trained staff and maintained equipment for over 15 downtrace units.
- Executive Officer - Second-in-Command to over 120 soldiers, produced orders and developed plans with the Commander.
- Medical Readiness Officer - Oversaw and developed current soldier health process to assure annual physical, dental, & other exams were conducted and performed for over 1200 Soldiers in the Brigade.

Timothy Guerrant, CPA

Member/Partner

• Summary

Mr. Guerrant is a partner-in-charge of the firm's rate setting and federal compliance engagement team. He has experience providing rate setting, reimbursement system design, and consulting services for government health care agencies. He has extensive experience in Medicaid rate setting across a many types of health care providers and services, including hospital, physician, federally qualified health center (FQHC), rural health clinic (RHC), durable medical equipment and medical supplies, dental, transportation, waiver services, and behavioral health services. He is an expert in the development of cost reports and other data collection instruments, provider and stakeholder training, deployment of data collection tools, and data-driven rate setting and analysis.

Mr. Guerrant's experience includes Medicaid financing and compliance issues, including federal quarterly expenditure reporting, upper payment limit (UPL) demonstrations, health care provider taxes, intergovernmental transfers (IGTs), and certified public expenditures (CPEs). His experience also includes reimbursement and policy research, and preparation of analytical studies and reports including fiscal impact modeling and reimbursement rate analysis. He provides consulting services related to Medicaid state plan amendments (SPAs), Medicare and Medicaid legislation and policy issues, and Medicaid financing and compliance issues.

• Education

B.S., Accounting, Bob Jones University, 1999

• Experience

23 years of professional experience

• Affiliations

American Institute of Certified Public Accountants
Healthcare Financial Management Association
Indiana CPA Society

• Licenses/Certifications

Certified Public Accountant

• Relevant Work Experience

Alabama Medicaid Agency (2017 – 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:

- Project director for hospital UPL demonstrations, funding model, state plan amendments, Medicaid financing issues and federal reporting (CMS-64).
- Provide project leadership for the preparation of the disproportionate share hospital (DSH) reporting for the annual audit of the state's DSH program.

APPENDIX A: RESUMES

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

Diagnosis Related Group Technical Assistance

Scope of Work:

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:

- Evaluate DRG payment methodology structure for Alaska Medicaid.
- DRG system design, rate setting, and payment modeling.
- Facilitate stakeholder engagement and communication.
- Responsible for oversight of engagement and client satisfaction.

Alaska Office of the Governor (2019)

Health Care Provider Tax Feasibility Study

Scope of Work:

Myers and Stauffer conducted an updated feasibility study of implementing health care provider taxes in the state.

Responsibilities:

- Conducted an updated feasibility study of implementing health care provider taxes in Alaska across all applicable provider and service types.
- Developed recommendations for implementing a provider tax program.
- Assisted in the development of a report for the state containing the results of the study and recommendations for provider tax implementation.

Alaska Department of Health and Social Services (2015 – 2016)

Health Care Provider Tax Feasibility Study

Scope of Work:

Myers and Stauffer conducted a feasibility study of implementing health care provider taxes in the state.

Responsibilities:

- Conducted a feasibility study of implementing health care provider taxes in Alaska across all applicable provider and service types.
- Conducted provider outreach and training sessions.
- Developed recommendations for implementing a provider tax program.
- Assisted in the development of a report for the state containing the results of the study and recommendations for provider tax implementation.

Arkansas Department of Human Services (2018 – Present)

Cost Report Audits and UPL Calculation

Scope of Work:

Myers and Stauffer provides support for supplemental payments, including cost report audits and related settlements and upper payment limit calculations for a variety of providers, including, without limitation, hospitals, nursing homes, Intermediate Care Facilities (ICF), Federally Qualified Health Centers (FQHC), physicians, and any emerging provider group.

Responsibilities:

- Oversee and provide project leadership and quality assurance for the preparation of UPL demonstration calculations for inpatient hospital, outpatient hospital, clinic, PRTF, and durable medical equipment providers and services. Myers and Stauffer assists the state in the preparation of assessment fee calculations for hospital providers.

APPENDIX A: RESUMES

Colorado Department of Health Care Policy and Financing (2017 – 2020)

Hospital Provider Fee, UPL, and Other Consulting

Scope of Work:

Myers and Stauffer provided Medicaid financing and reimbursement consulting services in conjunction with the Colorado's Medicaid reimbursement system for hospital and non-institutional services to eligible recipients of the Medicaid program.

Responsibilities:

- Oversee and provide quality assurance for hospital provider fee and upper payment limit (UPL) demonstration calculations.

Delaware Department of Health and Social Services (2018 – Present)

Federal Reporting

Scope of Work:

Myers and Stauffer provides consulting services related to claims made by the state against Medicaid and the Children's Health Insurance Program (CHIP) federal funds as well as the reporting of those claims on federal forms.

Responsibilities:

- Provide project leadership for Medicaid federal reporting (CMS-64) and financing support and consulting services.

Illinois Department of Healthcare and Family Services (2020 – Present)

Rate Methodologies and Reimbursement Services

Scope of Work:

Myers and Stauffer was engaged by the Department of Healthcare and Family Services to design, update, and implement reimbursement methodologies for hospitals, physicians, pharmacies, nursing facilities, home and community based waiver services, and other provider categories.

Responsibilities:

- Provide project leadership and quality assurance for hospital rate setting.
- Oversee and provide quality assurance for the preparation of UPL demonstrations.

Indiana Family & Social Services Administration (2001 – Present)

Medicaid Rate Setting Services

Scope of Work:

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

Responsibilities:

- Leads the firm's non-LTC rate setting efforts, including inpatient (DRG) and outpatient hospital, FQHC, RHC, PRTF, behavioral health, waiver services, transportation, and other ambulatory providers and services.
- Reviews, evaluates, and designs Medicaid reimbursement methodologies and systems and assists with implementation.
- Calculates and updates reimbursement rates for a wide range of Medicaid-enrolled providers based on various data sources.
- Conducts various data analytics, including fiscal impact estimates of reimbursement changes, utilization analyses, and other ad-hoc analyses to support program objectives.
- Develops overall data gathering strategies on a variety of rate setting projects to include use of cost reports, surveys, data analysis and other data collection tools and mechanisms to include the Bureau of Labor Statistics and other published data.
- Supervises the reviews of provider cost reports.
- Assists the state in compliance with federal requirements, including upper payment limit demonstrations and state plan amendments.
- Develops federally-compliant provider tax programs and monitors provider assessments.

APPENDIX A: RESUMES

- Assists in the resolution of provider disputes and appeals.
- Responds to inquiries from program stakeholders, including providers, industry associations, and other advocates.
- Researches and evaluates Medicare and Medicaid legislation, regulations, and policy issues.

Indiana Family & Social Services Administration (2013 – Present)

Mental Health Claims Audit

Scope of Work:

Myers and Stauffer conducts an agreed-upon procedures engagement on mental health provider cost reports.

Responsibilities:

- Provide project direction for the collection of cost reports from providers and the performance of on-site review procedures on provider cost reports for the state's mental health funds recovery administrative claiming program.

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

Medicaid Rate Setting

Scope of Work:

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

Responsibilities:

- Assisting Medicaid program officials evaluate an ambulance enhanced payment program, including fee-for-service supplemental payment and managed care directed payment programs.
- Review proposed program materials, including cost report, state plan amendment, and managed care directed payment pre-print.

Maine Department of Health and Human Services (2016 – 2017)

Ambulance Rate Study

Scope of Work:

Conduct a rate study of ambulance service providers in Maine.

Responsibilities:

- Directed the analysis of public payer reimbursement rates and provider cost of ambulance services in Maine.
- Computed the fiscal impact of changes in reimbursement rates.
- Oversaw the preparation of a final report to the legislature containing the results of the rate study.

Maine Department of Health and Human Services (2018 – Present)

Upper Payment Limit Demonstration

Scope of Work:

Myers and Stauffer performs institutional and non-institutional UPL preparation services.

Responsibilities:

- Oversee and provide quality assurance of the preparation of UPL demonstration calculations for inpatient hospital, outpatient hospital, clinic, and durable medical equipment providers and services.

University of Massachusetts Medical School (2020 – 2022)

Consulting Services for Federally Qualified Health Center Reimbursement

Scope of Work:

Myers and Stauffer was engaged to provide consulting services regarding federally compliant FQHC reimbursement methodologies.

Responsibilities:

- Oversee and provide project leadership for the engagement.
- Perform research and compilation of state methodologies and best practices for FQHC reimbursement.

APPENDIX A: RESUMES

University of Massachusetts Medical School (2022 – Present)

Upper Payment Limit Calculations

Scope of Work:

Myers and Stauffer provides technical support in calculating the federally required upper payment limit calculations.

Responsibilities:

- Provide subject matter expertise and oversee project team preparing upper payment limit demonstrations for practitioner, clinic, durable medical equipment, and ICF/IID services.

Michigan Department of Community Health (2017 – Present)

Annual Reports & Audits for Disproportionate Share Hospital Medicaid Program

Scope of Work:

Myers and Stauffer provides independent certified audits of DSH payments for the Michigan Department of Health and Human Services (MDHHS).

Responsibilities:

- Provide project leadership and support to senior management in the performance of DSH audit services.

Missouri Department of Social Services (2019 – Present)

Ground Emergency Medical Transport (GEMT) Cost Reporting Services

Scope of Work:

Myers and Stauffer provides services to the Missouri HealthNet Division (MHD) for Medicaid GEMT cost report reviews.

Responsibilities:

- Provide technical assistance related to the review of GEMT provider cost report information for calculating Medicaid GEMT cost.

Missouri Department of Social Services (2021 – Present)

Upper Payment Limit Calculations

Scope of Work:

Myers and Stauffer was engaged to prepare and support the State's annual nursing facility UPL demonstration.

Responsibilities:

- Provide project direction for the preparation of UPL demonstrations for hospital and clinic services.

New Jersey Essex County (2021 – Present)

Hospital Assessment Fee Development and Implementation

Scope of Work:

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:

- Oversee and provide project leadership and quality assurance for the development and implementation of a hospital assessment fee program for the county under federal and state statutory and regulatory requirements.

New Mexico Human Services Department (2018 – Present)

Facility Rates, Audits and Payments

Scope of Work:

Myers and Stauffer was engaged to serve as the audit agent for hospitals, home health agencies, nursing facilities and intermediate care facilities for the New Mexico Human Services Department (HSD) Medical Assistance Division (MAD). We serve the state in examination, reviews, rate setting/settlement and consulting engagements.

APPENDIX A: RESUMES

Responsibilities:

- Oversee and provide project leadership and quality assurance for CMS-64 and CMS-21 reconciliation services and recommendations for federal reporting process improvements.

North Dakota Department of Human Services (2021 – Present)

Prospective Payment System Hospital Rate Setting

Scope of Work:

Myers and Stauffer provides analysis and consulting services for updates to the State's reimbursement policies for PPS inpatient and outpatient hospital services using APR DRG and EAPGs, fiscal analysis and calculations of provider rates.

Responsibilities:

- Oversee and provide project leadership for inpatient hospital DRG rebase and outpatient hospital EAPG implementation.
- Evaluate DRG payment methodology and review rebased rates and payment models.
- Design EAPG payment methodology for outpatient hospital services.

Oregon Health Authority (2022 – Present)

Rate setting support services for OHA children's intensive treatment services program

Scope of Work:

Rate setting support services for OHA children's intensive treatment services program

Responsibilities:

- Develop tools for collecting data from providers.
- Conduct stakeholder meetings and discussions.
- Collect data necessary to establish updated reimbursement rates.

University of Massachusetts Medical School (2021 – Present)

Rate setting support services to Commonwealth Medicine

Scope of Work:

Rate setting support services related to the development of a new type of service provider Medicaid reimbursement methodology that is being pursued by the Massachusetts Medicaid program.

Responsibilities:

- Develop tools for collecting data from providers
- Conduct stakeholder meetings and discussions.
- Collect data necessary to establish updated reimbursement rates.

Utah Department of Health and Human Services (2021 – Present)

Hospital Rate Setting

Scope of Work:

Myers and Stauffer was contracted to perform an update of the DRG payment methodology.

Responsibilities:

- Project director for engagement to support the state with updating its DRG payment methodology and rates. Goals of the project include updating rates and realigning payments such that the percentage of reimbursement for outlier payments is reduced.

Virginia Department of Medical Assistance Services (2018 – Present)

Diagnosis-Related Group and Upper Payment Limit Services

Scope of Work:

Myers and Stauffer is contracted to perform an update of the state's existing DRG system and assist with UPL determinations.

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Responsibilities:

- Provide project direction for the preparation of UPL demonstrations for hospital services and PRTF providers.

West Virginia Children's Health Insurance Program (2010 – Present)

Federally Qualified Health Center and Rural Health Clinic Prospective Payment System

Scope of Work:

Myers and Stauffer was engaged by the West Virginia Children's Health Insurance Program to implement and update a prospective payment system (PPS) for FQHC and RHC providers.

Responsibilities:

- Design and develop a PPS reimbursement methodology for the Children's Health Insurance Program.
- Oversee all aspects of rate setting services for FQHC and RHC providers, including calculating rates for new providers and adjusting rates due to changes in scope of services.

West Virginia Public Employees Insurance Agency (2018 – Present)

Prospective Payment System/Resource-Based Relative Value System and UPL Demonstration Calculations

Scope of Work:

Myers and Stauffer is engaged by West Virginia Public Employees Insurance Agency and Department of Health & Human Resources to provide rate updates and consulting services related to their inpatient, outpatient, and physician reimbursement systems and perform UPL demonstration calculations.

Responsibilities:

- Oversee and provide quality assurance of rate setting and payment modeling for inpatient hospital, outpatient hospital, and physician services.
- Oversee and provide quality assurance of the preparation of upper payment limit demonstration calculations for inpatient and outpatient hospital services.

Presentations

"Medicaid Financing," Texas Health and Human Services, Austin, Texas, 2020.

"Inpatient Hospital Diagnosis Related Groups (DRG) Reimbursement Methodology," Alaska Department of Health and Social Services, Anchorage, Alaska, 2020.

"Hospital Assessment Fee," Indiana Family and Social Services Administration, Indianapolis, Indiana, 2018.

"Acute Care Reimbursement," Indiana Family and Social Services Administration, Indianapolis, Indiana, 2016.

"Health Care Provider Tax," Alaska Provider Tax Stakeholder Forum, Anchorage, Alaska, 2015.

Adithi Iyengar, MPH

Health Care Consultant

Summary

Ms. Iyengar is responsible for providing public accounting, auditing, consulting, data management, and analytical services to state, federal, and local health care and social service agencies addressing health care reimbursement issues.

Education

M.P.H., Health Promotion and Disease Prevention, Case Western Reserve University
B.A., Cognitive Science and Psychology, Case Western Reserve University

Experience

2 years of professional experience

Employment History

Myers and Stauffer LC, (10/22 - Present), Health Care Consultant
HealthcareData Company, LLC, (01/20 - 10/22), Program Coordinator
InGenesis, Inc., (02/19 - 09/19), Epidemiologist for Opioid Crisis
Lowell Community Health Center, (07/18 - 01/19), Intern
Prevention Research Center for Healthy Neighborhoods, (09/15 - 08/17), Research Assistant

Relevant Work Experience

Colorado Department of Health Care Policy and Financing (2022-Present)

Program of All-Inclusive Care for the Elderly Licensure

Scope of Work:

Myers and Stauffer assists Colorado with the development of a PACE licensure and oversight regulation and the design of quality oversight program. As part of the project, we are also developing oversight tools for Colorado, including a method of evaluation for areas applicable to the PACE regulations, provider request lists, audit process checklists, and corrective action plan templates.

Responsibilities:

Colorado Department of Health Care Policy and Financing (2022-Present)

Prescriber Incentive Alternative Payment Model

Scope of Work:

Myers and Stauffer has been engaged to support the Department of Health Care Policy and Financing (HCPF) to assist in the design and development of the Colorado Prescriber Incentive Alternative Payment Model (APM).

North Dakota Department of Health and Human Services (2022-Present)

North Dakota Value-Based Purchasing Program Consultant

Scope of Work:

Supports the Department and Prospective Payment System (PPS) hospital systems in the development of a

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value-based purchasing (VBP) model to drive high-quality, affordable healthcare with an emphasis on improving health outcomes through value-based payments tied to healthcare quality measures, achieved through payer, provider, and community partnership.

Responsibilities:

- Supports development of measure specification documentation.
- Supports research for Quality Workgroup.

Kentucky Cabinet for Health and Family Services (2022-Present)

Medicaid Rate Setting

Scope of Work:

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

Colorado Department of Health Care Policy and Financing (2022-Present)

Alternative Payment Model 1 Measurement Reports Support

Scope of Work:

Myers and Stauffer is assisting the Department in administering the Alternative Payment Model for Primary Care.

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.

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:

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

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

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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.

Michael Johnson, CPA, CFE
Member/Partner

• **Summary**

Mr. Johnson, member is the partner-in-charge of our Atlanta, Georgia office. He is a member of the firm's managed care and program integrity engagement teams. He has extensive experience working with state Medicaid clients on managed care initiatives and program integrity engagements.

Mr. Johnson has extensive experience working with state Medicaid agencies assisting them with managed care oversight. To support those states, Mr. Johnson oversaw the development of a strategy to reconcile MCO encounter claims back to financial records. With implementation of this strategy, the MCOs in several states have raised their completion rates and cleaned up erroneous encounters in the process. This also allowed the state to use encounter data for rate setting purposes and program oversight. Mr. Johnson has also overseen multiple state medical loss ratio examinations and was recognized by CMS as an expert in this area and presented on the topic with CMS at a conference. Through his oversight of managed care entities in multiple states, Mr. Johnson has conducted and overseen compliance, financial, and encounter reviews of most of the large national Medicaid health plans.

In addition, Mr. Johnson has worked with more than a dozen states to develop audit strategies for program oversight and payment integrity related to the EHR incentive payment program. As part of the strategy, fee-for-service and encounter data was utilized to develop risk assessments. This strategy was recognized by CMS as a best practice, and Mr. Johnson was an invited speaker on this topic at a national Health Information Technology for Economic and Clinical Health (HITECH) conference in Baltimore.

• **Education**

B.B.A., Accounting, University of Georgia, 1994

• **Experience**

29 years professional experience

• **Affiliations**

American Institute of Certified Public Accountants
Association of Certified Fraud Examiners
Georgia Society of Certified Public Accountants
National Healthcare Anti-Fraud Association

• **Licenses/Certifications**

Certified Public Accountant
Certified Fraud Examiner

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- **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:

- Directed and conducted quality assurance on over 200 annual administrative reviews.

Alabama State Department of Education (2020 – Present)

Summer Food Service Program

Scope of Work:

Myers and Stauffer has been engaged to conduct federally mandated compliance reviews for the Summer Food Service Program in accordance with federal regulations.

Responsibilities:

- Project Director responsible for successful deliverable of administrative reviews.
- Provide quality assurance for each review.

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

Electronic Health Records Incentive Payment Program Post-Payment Review

Scope of Work:

Myers and Stauffer conducts the post payment reviews of the Medicaid EHR incentive payment program.

Responsibilities:

- Assisted the Department with their EHR incentive program.
- Completed Audit Guide and stratification of providers into risk pools.
- Directed a team that conducted the post-payment reviews of the incentive payments to ensure the payments were accurate, and in compliance with federal and state rules.
- EHR audits in progress.

Arizona Health Care Cost Containment System (2015 – Present)

Promoting Interoperability (PI) Consultant

Scope of Work:

Myers and Stauffer performs promoting interoperability (PI) incentive program consulting services for the Arizona Health Care Cost Containment System (AHCCCS).

Responsibilities:

- Assisted the Department with their EHR incentive program.

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- Directed a team that conducted the post-payment reviews of the incentive payments to ensure the payments were accurate, and in compliance with federal and state rules.

Colorado Department of Health Care Policy and Financing (2016 – Present)

Promoting Interoperability Program Pre-Payment Analysis

Scope of Work:

Myers and Stauffer performs pre-payment review operations in order to verify eligible professionals' (EPs) and eligible hospitals' (EHs) attestations and supporting documentation for eligibility in the Medicaid Promoting Interoperability (PI) Incentive Program for the Colorado Department of Health Care Policy and Financing.

Responsibilities:

- Assisted the Department with their EHR incentive program.
- Directed a team that conducted the pre-payment reviews of the incentive payments to ensure the payments were reasonable and likely to be retained.

Colorado Department of Health Care Policy and Financing (2013 – Present)

Promoting Interoperability Program Audit

Scope of Work:

Myers and Stauffer conducts the post-payment audits of the Medicaid (EHR) incentive program for the Department.

Responsibilities:

- Completed Audit Guide and stratification of providers into risk pools.
- Assisted the Department with their EHR incentive program.
- Directed a team that conducted the post-payment reviews of the incentive payments to ensure the payments were accurate, and in compliance with federal and state rules.
- EHR audits in progress.

Georgia Department of Community Health (2013 – Present)

Case Mix Consulting

Scope of Work:

Myers and Stauffer provides reimbursement consulting and case mix technical assistance.

Responsibilities:

- Worked with the Department to establish rates utilizing case-mix for their long-term care providers.

Georgia Department of Community Health (2008 – 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:

- Assisted the Department in the oversight of their managed care program.
- Validated encounter data.
- Conduct on-site reviews at CMOs addressing contract compliance.
- Conduct readiness reviews.

Georgia Department of Early Care and Learning (2019 – Present)

Child and Adult Care Food Program (CACFP) Audits

Scope of Work:

Myers and Stauffer conducts CACFP and SFSP administrative reviews, follow-up administrative reviews, complaint investigations, and financial audits of program sponsors, including day care homes, throughout the state of Georgia.

Responsibilities:

- Project Director responsible for successful deliverable of administrative reviews.
- Provide quality assurance for each review.

Georgia Department of Community Health (2010 – 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 Promoting Interoperability (PI) Incentive Program for the Georgia Department of Community Health.

Responsibilities:

- Completed Audit Guide and stratification of providers into risk pools.
- Assist Department with pre-payment tasks.
- Assisted the Department with their EHR incentive program.
- Directed a team that conducted the post-payment reviews of the incentive payments to ensure the payments were accurate, and in compliance with federal and state rules.

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:

- Oversee the work and delivery of the annual report detailing errors and issues with claims payments made by the Department.
- Oversaw the review of the states federal claiming forms for accuracy.

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Georgia Department of Community Health (2013 – 2017)

Inpatient Hospital Rebase

Scope of Work:

Georgia Medicaid engaged Myers and Stauffer to update their prospective payment system for inpatient hospital services and to implement an outpatient hospital reimbursement system.

Responsibilities:

- Worked with the Department to ensure the DRG reimbursement system was updated in accordance with the Departments policies and ready.

Georgia Department of Community Health (2009 – 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:

- Worked with the Department, CMS, and other vendors to comply with the PERM program rules, which include eligibility testing and claim testing.

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:

- Worked with the Department to oversee the federally mandated RAC program.
- Facilitated over \$30 million in recoveries back to the Department.

Georgia Department of Public Health (2011 – 2018)

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:

- Oversee the inventory and square footage assessments to see if vendors are eligible for program participation.

Hawaii Department of Human Services (2015 – Present)

Promoting Interoperability Program Audit

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Scope of Work:

Myers and Stauffer has been engaged to perform post-payment reviews of electronic health record Adopt, Implement, or Upgrade and Meaningful Use incentive payments since January 2017.

Responsibilities:

- Assists the Department with their EHR Incentive Program.
- Directs a team that conducts the post-payment reviews of the incentive payments to ensure the payments are accurate and in compliance with federal and state rules.

Hawaii Department of Human Services (2018 – Present)

Medicaid Managed Care Organization Procurement Support

Scope of Work:

Myers and Stauffer is 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:

- Serves as a technical advisor on state managed care issues.

Iowa Department of Human Services (2017 – Present)

Promoting Interoperability Program Post-Payment Review

Scope of Work:

Myers and Stauffer conducts post-payment audits of the Medicaid Promoting Interoperability (PI) Incentive Program for the Iowa Medicaid Enterprise.

Responsibilities:

- Assisted the Department with their EHR incentive program.
- Directed a team that conducted the post-payment reviews of the incentive payments to ensure the payments were accurate, and in compliance with federal and state rules.

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:

- Serves as a technical advisor on state managed care issues.

Louisiana Department of Health (2011 – Present)

Promoting Interoperability Program Audit and Health Information Technology/HIE

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Scope of Work:

Myers and Stauffer assists the department in planning, developing, implementing, operating and auditing various functions of the Medicaid Promoting Interoperability (PI) Incentive Program.

Myers and Stauffer assists the department in developing a statewide HIT/HIE strategy, to participate in stakeholder engagement, to assist in planning and preparation, to evaluate HIT adoption and utilization, and factors to contribute to success or barriers to use, funding requests, and other technical assistance. We developed Louisiana's Health IT Roadmap, a multi-year plan that sets goals, top priorities, and established a range of initiatives and related activities that will advance the state's HIT innovation provide direction for related investments across sectors.

Responsibilities:

- Completed Audit Guide and stratification of providers into risk pools.
- Numerous EP and EH audits completed.
- Some referrals to Medicaid Fraud Control Unit as a result of review.
- Assisted with HHS-OIG review.

Louisiana Department of Health (2015 – Present)

Managed Care Organization Oversight

Scope of Work:

Myers and Stauffer provides services to the Louisiana Department of Health to examine the medical loss ratio (MLR) reports filed by their managed care organizations.

Responsibilities:

- Assisted the Department in the oversight of their managed care program.
- Validated encounter data.
- Conduct MLR examinations.

Louisiana Department of Health (2019 – Present)

Payment Error Rate Measurement

Scope of Work:

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

Responsibilities:

- Served as project director providing oversight and quality assurance on the project.

Louisiana Department of Health (2013 – 2016)

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:

- Worked with the Department to oversee the federally mandated RAC program.

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- Facilitated millions in recoveries back to the Department.

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 Promoting Interoperability (PI) Incentive Program for the Maine Department of Health and Human Services.

Responsibilities:

- Assisted the Department with their EHR incentive program.
- Directed a team that conducted the post-payment reviews of the incentive payments to ensure the payments were accurate, and in compliance with federal and state rules.

Maine Department of Health and Human Services (2014 – 2015)

Non-Emergency Transportation Independent Assessor

Scope of Work:

Provided professional assessment and recommendations regarding the use of non-emergency modes of transportation for patient access to health-related services.

Responsibilities:

- Assisted with a review of the implementation of a new NET broker system.

Maryland Department of Health (2015 – Present)

Promoting Interoperability Program Audit

Scope of Work:

Myers and Stauffer has been engaged to perform post-payment reviews of EHR adopt, implement or upgrade (AIU) and meaningful use (MU) incentive payments since October 2015.

Responsibilities:

- Assisted the Department in the oversight of their managed care program.
- Conduct MLR examinations.
- Encounter Data Validation.
- Review risk adjustment inputs.
- Assess compliance matters, including TPL, timely payment, denials, etc.

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:

- Assisted the Department in the oversight of their managed care program.

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- Conduct MLR examinations.

Missouri Department of Social Services (2012 – Present)

Electronic Health Records Incentive Payment Program Post-Payment Review

Scope of Work:

Myers and Stauffer conducts the post payment audits of the Medicaid EHR incentive program.

Responsibilities:

- Completed approximately 300 post payment reviews (EPs and EHs).

New Hampshire Department of Health and Human Services (2012 – Present)

Promoting Interoperability Program Audit

Scope of Work:

Myers and Stauffer conducts post-payment audits of the Medicaid Promoting Interoperability (PI) Incentive Program for the New Hampshire Department of Health and Human Services.

Responsibilities:

- Assisted the Department with their EHR incentive program.
- Directed a team that conducted the post-payment reviews of the incentive payments to ensure the payments were accurate, and in compliance with federal and state rules.

New Mexico Human Services Department (2014 – 2016)

Behavioral Health Reconciliation

Scope of Work:

Myers and Stauffer conducted a review of the payments made to behavioral health providers and assisted in determining the scope of overpayments or underpayments.

Responsibilities:

- Assisted in financial reviews of the state's payments to behavioral health providers.

New Mexico Human Services Department (2014 – Present)

Promoting Interoperability Program Audit

Scope of Work:

Myers and Stauffer conducts post-payment audits of the Medicaid Promoting Interoperability (PI) Incentive Program for the NM HSD/MAD.

Responsibilities:

- Assisted the Department with their EHR incentive program.
- Directed a team that conducted the post-payment reviews of the incentive payments to ensure the payments were accurate, and in compliance with federal and state rules.

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New Mexico Human Services Department (2012 – 2014)

Fiscal Consulting

Scope of Work:

Myers and Stauffer was engaged to perform a thorough review of the current processes used to collect and report federal Medicaid expenditures.

Responsibilities:

- Assisted in reviewing the states federal claiming forms for accuracy.

New Mexico Human Services Department (2015 – Present)

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:

- Assisted the Department in the oversight of their managed care program.
- Validated encounter data.
- Conduct on-site reviews at CMOs addressing contract compliance.

Tennessee Department of Finance and Administration (2019 – 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 Promoting Interoperability (PI) Incentive Program for the Division of TennCare.

Responsibilities:

- Serves as quality assurance and will oversee the activities of the team.
- Ensure project deliverables are met and communication is maintained with all parties

Washington Health Care Authority (2017 – Present)

Promoting Interoperability Program Audit

Scope of Work:

Myers and Stauffer conducts post payment audits of eligible hospital aggregate incentive payments for the Washington Health Care Authority's Medicaid Promoting Interoperability (PI) Incentive Payment Program.

Responsibilities:

- Assisted the Authority with their EHR incentive program.
- Directed a team that conducted the post-payment reviews of the incentive payments to ensure the payments were accurate, and in compliance with federal and state rules.

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Wisconsin Department of Health Services (2018 – Present)

Managed Care External Quality Review (EQR) and Financial Audit Services

Scope of Work:

Myers and Stauffer performs CMS EQR Protocol 5, MLR examinations, and administrative expense reviews for all Medicaid managed care health plans participating in the Wisconsin managed care programs.

Responsibilities:

- Conduct MLR examinations.
- Encounter data validation.

Presentations

"Don't set it and forget it – 5 tips to maintain oversight of your MCO," 34th Annual National Association of Medicaid Program Integrity Annual Conference, Dallas, Texas, 2018.

"Medical Loss Ratio Enforcement – Federal and State Regulatory Perspectives," Society of Financial Examiners Annual Conference, Indian Wells, California, 2018.

"Auditing Meaningful Use and Changes to Audit Approaches with Providers and Technology," Fifth Annual CMS Multi-State Medicaid HITECH Conference, Baltimore, Maryland, 2013.

"Medicaid Managed Care: Helpful Hints for Effective Monitoring and Ensuring Compliance," 29th Annual National Association of Medicaid Program Integrity Annual Conference, Baltimore, Maryland, 2013.

"Applying Recovery Audit Contractor (RAC) Concepts to Medicaid Managed Care," 28th Annual National Association of Medicaid Program Integrity Annual Conference, Oklahoma City, Oklahoma, 2012.

"Medicaid EHR Incentive Program Auditing: Best Practices and the CMS Toolkit," Fourth Annual CMS Multi-State Medicaid HITECH Conference, Baltimore, Maryland, 2012.

"Identifying Improper Payments/Overpayments Using Data Mining," 27th Annual National Association of Medicaid Program Integrity Annual Conference, Denver, Colorado, 2011.

"Data Mining Simplified," Indiana Society of CPAs Fraud Conference, Indianapolis, Indiana, 2010.

"Detecting Fraud, Abuse, and Errors in Fee-for-Service and Managed Care Programs," 25th Annual National Association of Medicaid Program Integrity Annual Conference, Portland, Maine, 2009.

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.

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Maine Department of Health and Human Services (2015 – 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:

- 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.

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New Jersey Department of Health (2018 – 2019Present)

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

Scope of Work:

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

Responsibilities:

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

New Mexico Human Services Department (2018 – Present)

CMS-64 Reconciliation Services

Scope of Work:

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

Responsibilities:

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

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.

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Alaska Department of Health and Social Services (2020)

Diagnosis Related Group Technical Assistance

Scope of Work:

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.

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New Jersey Essex County (2020 – Present)

Hospital Assessment Fee Development and Implementation

Scope of Work:

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.

Julia Kotchevar, MA

Director

• Summary

Ms. Kotchevar provides policy and analytic support to clients related to the delivery and financing of long term care services and supports, behavioral health services, and public health services. Prior to joining Myers and Stauffer, she served as Administrator of the Nevada Division of Behavioral and Public Health. She also served as the State Health Official and the Mental Health Director. She oversaw the operations of the public health agency, health care regulatory and planning functions, the substance abuse and treatment system, and the adult behavioral health services program.

Ms. Kotchevar also served Nevada as the Deputy Director of the Nevada Department of Health and Human Services, the Deputy Administrator and Chief of Disability Services in the Division of Aging and Disability Services where she oversaw the operations of all the Nevada Home and Community Based Waiver Services (HCBS) programs serving elders, persons with disabilities, persons with intellectual disabilities, and the early intervention system for infants and toddlers with disabilities. Ms. Kotchevar served as an Executive Branch Auditor for the Division of Internal Audits, and as an Analyst in the Nevada Division of Child and Family Services. Additionally, Ms. Kotchevar worked internationally doing relief work related to the development of primary health and maternal and infant care in disaster areas or underserved regions.

• Education

M.A., Organizational Management, University of Phoenix, 2003
B.S., Elementary and Special Education, University of Nevada, Reno, 1997

• • Experience

22 years of professional experience

• Affiliations

Healthcare Information Management Systems Society

• • Licenses/Certifications

• Relevant Work Experience •

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

HCBS Waiver Team and Processes

Scope of Work:

Myers and Stauffer is supporting the effort to merge all of the State's HCBS 1915c waiver operations and administration under a single organizational structure. We are conducting an organizational analysis of the new agency structure, the development of a combined eligibility and assessment team, the review and gaps analysis of the organizational structure for both direct services and administration, and the development of revised job classifications to meet the needs of the different waivers staffing requirements.

Responsibilities:

- Project manager for the assessment of the current organizational structure and development of recommendations to support the HCBS redesign efforts of the state.

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- Implementation and training of service coordinators on the use of a standardized assessment tool for level of care.
- Development of new regulations, processes, and fiscal operations to support a system redesign.

New Mexico, Office of the Superintendent of Insurance (OSI) (2021-Present)

Health Care Affordability Fund

Scope of Work:

Myers and Stauffer was contracted to support the newly developed Health Care Affordability Fund designed to lower health care costs for New Mexicans. OSI identified a number of policy areas that could benefit from targeted assistance to help make coverage for individuals and for small businesses more affordable. Myers and Stauffer was contracted to gather stakeholder feedback on the initiative as well as to provide technical assistance and policy advice on the available options.

Responsibilities:

- Project manager for overall project to coordinate the deliverables and project work with the client.
- Hold stakeholder engagement meetings to obtain the opinions of stakeholders throughout the State about the design of the program and how it could make coverage for individuals and for small businesses more affordable.
- Provide research on particular health care policy options and technical assistance on health policy topics as needed.

Florida Agency for Health Care Administration (2021-Present)

ARPA HCBS Enhanced Funding Implementation Support

Scope of Work:

Myers and Stauffer was contracted to support the distribution of HCBS enhanced funding available through ARPA. The project includes development of provider applications, review of applications for funding, development of quality and reporting measures, support for mandatory CMS reporting, development of an initiative roadmap, and provider's audits to insure compliance with funding requirements.

Responsibilities:

- Project manager for overall project to coordinate the deliverables and project work with the client.
- Assist in the development of applications, quality and reporting measures, audit review tool.
- Provide research and technical assistance on health policy topics as needed and support for CMS reporting.

Louisiana Department of Health (2021-Present)

Public Health Grant Review

Scope of Work:

Myers and Stauffer was contracted to support the review of grant funding that came as a result of ARPA and COVID-19. The scope includes a review and development of policy and procedures, creation of a staffing ratio to ensure appropriate funding, and a comprehensive review of grants and sub-awardees for compliance with grant funding requirements.

Responsibilities:

- Project manager for overall project to coordinate the deliverables and project work with the client.
- Assist in and oversee the development of policy and procedures, funding roadmap, and audit review tool.
- Provide research and technical assistance on health policy topics as needed.

Colorado Health Care Quality and Financing (2021 – Present)

Case Management Rate Study for Home and Community-Based Services

Scope of Work:

Myers and Stauffer is engaged to study the state's current methodology for developing payment rates for case management services offered through their Home and Community Based Services programs.

Responsibilities:

- Subject Matter Expert for a study of the state's current methodology for developing payment rates for HCBS, comparing the methodology to those used by other peer states, and making recommendations for change.

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- Working with an advisory group of stakeholder representatives to evaluate options.

New Hampshire Department of Health and Human Services (2022 – Present)

Home and Community-Based Services Rate Study

Scope of Work:

Myers and Stauffer is engaged to study the state's current methodology for developing payment rates for services offered through their Home and Community Based Services programs.

Responsibilities:

- Subject Matter Expert for a study of the state's current methodology for developing payment rates for HCBS, comparing the methodology to those used by other peer states, and making recommendations for change.
- Working with an advisory group of stakeholder representatives to evaluate options.

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

Mobile Crisis Services

Scope of Work:

Myers and Stauffer assisted with the development of the Mobile Crisis Grant Application for Kentucky Medicaid. Upon Kentucky's receipt of the grant, Myers and Stauffer is continuing to assist with the development of a Mobile Crisis program for the Commonwealth. Working with a cross-agency team, Myers and Stauffer is facilitating work group sessions to define mobile crisis services, determine approaches for billing for services, developing recommendations for a payment approach, and developing recommendations to sustain the program in the future.

Responsibilities:

- Subject matter expert
- Identifying approaches for billing and payment
- Presenting best practices from other states' programs

Kentucky Cabinet for Health and Family Services (2021-Present)

Rate Setting

Scope of Work:

Since 1998 Myers and Stauffer began performing rate setting and consulting services for Kentucky. Including the development of different rate methodologies, rate and settlement calculations, agreed-upon procedures, disproportionate share examinations and payment calculations, directed payment programs for hospitals and ambulance providers, pharmacy payment monitoring and ad hoc analysis, annual upper payment limit demonstrations for each federally mandated provider type, ad hoc analyses include a variety of projects involving data modeling, reimbursement rate-setting projections, rebasing analyses, and research.

Responsibilities:

- Provide support for the CCBHC quality assurance initiative as needed as a Subject Matter Expert.
- Therapeutic foster care program restructuring consulting.
- Research and analysis for therapeutic foster care and TCM.
- Mobile crisis grant research, analysis, and consulting.

Connecticut Department of Social Services (2020 – Present)

Waiver Rate Study of Home and Community-Based Services

Scope of Work:

Myers and Stauffer is engaged to study the state's current methodology for developing payment rates for Home and Community Based Services provided through their 1915(c) waivers.

Responsibilities:

- Project manager for a study of the state's current methodology for developing payment rates for HCBS, comparing the methodology to those used by other peer states, and making recommendations for change.
- Working with an advisory group of provider representatives to evaluate options.

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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:

- Subject matter expert for the evaluation of the hospital system and development of the redesign recommendations.

Hawaii Department of Human Services (2019 – 2020)

Medicaid Managed Care Organization Procurement Support

Scope of Work:

Myers and Stauffer is 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:

- Served as a subject matter expert on HCBS services and services for persons with complex mental health or health care needs.
- Assisted with the development of the Quality Strategy Plan, particularly focused on developing a plan for the HCBS waiver programs.
- Working with an advisory group to guide section objectives, content development and options for improvement.

Idaho Department of Health and Welfare (2020 – Present)

Study of Home and Community-Based Rates

Scope of Work:

Myers and Stauffer is engaged to study the state's current methodology for developing payment rates for home-and community-based services (HCBS), comparing the methodology to those used by other peer states, and making recommendations for change. Working with an advisory group of provider representatives to evaluate options.

Responsibilities:

- Project manager for a study of the state's current methodology for developing payment rates for HCBS, comparing the methodology to those used by other peer states, and making recommendations for change.
- Working with an advisory group of provider representatives to evaluate options.

Idaho Department of Health and Welfare (2020 – Present)

Development of Non-Emergency Medical Transportation (NEMT) RFP

Scope of Work:

Working as a subject matter expert on the team to develop a request for proposal (RFP) for NEMT. Provided subject matter expertise on transportation needs for persons with disabilities, older persons, and persons with mental and behavioral health issues.

Responsibilities:

- Section lead on developing provider and customer service sections. Focused writing sections that provides solutions for reducing barriers and access issues identified by participants in the program and providers in the network in the current network.
- Working with an advisory group to guide sections and options for improvement.

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Maine Department of Health and Human Services (2020 – 2021)

MaineCare Rate Setting System

Scope of Work:

Conduct an evaluation of MaineCare current rates and rate-setting methodologies for MaineCare Provider reimbursement, and for the development of a plan to rationalize and streamline the current system, including a comprehensive assessment of rates for all MaineCare covered services.

Responsibilities:

- Project manager for the evaluation of the current rates and rate-setting methodologies for the MaineCare system.
- Provide subject matter expertise in the areas of Behavioral Health, Public Health, and HCBS waiver systems.
- Conduct peer state research on rate methodology as well as data analysis and benchmarking of MaineCare rates to peer states, commercial payers, and Medicare.

South Dakota Department of Social Services (2020)

Peer Support Research Project

Scope of Work:

Myers and Stauffer was engaged to conduct research and provide a summary report on the development and implementation of mental health peer support services.

Responsibilities:

- Conduct research the implementation of peer support services within the South Dakota behavioral health service delivery system.
- Meet with internal and external stakeholders to design options that best meet the needs of participants and the policy direction of the department.
- Estimate the potential utilization and costs of peer support services.
- Draft and present final report that included peer state research, best practices for tribal programs, and an implementation workplan.

South Dakota Department of Social Services (2019)

Study of Community Mental Health Services Payment Methodologies and Fee Schedules

Scope of Work:

Myers and Stauffer conducted an evaluation of the South Dakota Community Mental Health Center fee schedules and methodology used by South Dakota Medicaid and the Department of Social Services for select services, including telehealth services.

Responsibilities:

- Served as a subject matter expert on behavioral health services and billing codes.
- Reviews and analyzes South Dakota's current methodologies.
- Conducts research of mental health rates and rate methodologies of surrounding states comparable to South Dakota for services specified in the RFP.
- Identifies quality incentives and outcomes information available from study states.
- Conducts any additional research required as a result of discussions and assists with review and revisions of the report.

Prior Relevant Work Experience

State of Nevada, Division of Public and Behavioral Health, (2018 – 2019), Administrator

Responsibilities:

- Served as the State Health Official and oversaw the operations of the state public health agency, health care regulatory and planning function, substance abuse and treatment system, and environmental health services, including oversight of the low-level radioactive waste site and licensing and disposal of radioactive materials. Provided leadership and oversight to the Division and management of all functions to ensure the health and wellbeing of Nevadans. The Division is responsible for all public health planning, substance abuse, mental health, and disease prevention and health promotion activities that guide the health care policy for the state and shapes Medicaid policy

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and programming. Additionally, the Division oversees all health care facility regulation (e.g., hospitals, skilled nursing facilities, etc.) through the Bureau of Health Care Quality and Compliance, both for state regulation and as the Centers for Medicare & Medicaid Services (CMS) contractor for CMS licensing. The Division also regulated state laboratories, medical marijuana, and a handful of professions such as dietitians, lab technicians, and music therapists. Additionally, the Division operated the Radiation Control Program and Environmental Health Services which included oversight of all radiological material, manufactured food, and licensing and oversight of mass gatherings. The Division serves as the state public health authority and provides epidemiological disease investigation and prevention activities in all rural areas and in support of urban areas as needed.

- Worked with local health authorities to develop strategies in response to increasing rates of congenital syphilis. This included developing more timely surveillance and educating hospitals and doctors on the need for continued screening and treatment, as well as the development of a more intensive follow-along program for women who were at risk for reinfection after treatment.
- Created greater integration of mental health and substance abuse services by designating a single unit and leader over both. This greater integration also included the expansion of the certified community behavioral health centers (CCBHCs), the application for a waiver that included a request to waive the institution for mental disease exclusion for substance use disorders, and reprioritizing of state and grant funding to better support integrated substance abuse and mental health services.
- Served as the Mental Health Director over adult behavioral health services programs, including the four state-run civil and forensic hospitals. The Division provides safety net mental health services, as well as all forensic mental health services. In addition to the four hospitals, the Division operated outpatient services for more than 7,000 individuals statewide.
- Worked to redesign the regulation, oversight, and funding of community-based living arrangements that were inadequate to meet the needs of consumers and had fallen in to poor condition. This included working with legislators to increase regulatory authority and oversight, and to implement protective measures that would allow the State to better regulate homes that were operating without a license.
- Worked to grow capacity for adolescent mental health services by developing a partial hospitalization program in partnership with a federally qualified health center (FQHC)/CCBHC willing to target services to adolescents on Medicaid. Prior to this development, there was no internal capacity in the state for a step-down program from out-of-state placements or to prevent out-of-state placements.
- Worked with stakeholders to develop and implement different models of crisis intervention, including implementing a mobile crisis response model with emergency medical services (EMS) in Las Vegas that included on-site medical clearance using EMS resources and telemedicine with an emergency room doctor. Also worked with stakeholders on licensing regulations related to crisis triage centers to update the model in order to permit short term sub-acute stabilization and detox services.
- Worked with stakeholders in the two largest counties to develop strategies to combat homelessness. This included leasing to the county at no-cost unused buildings on the Northern Nevada Mental Health campus to provide shelter services for vulnerable individuals such as pregnant or post-partum women, adolescent girls and women, families, and seniors. In southern Nevada, worked with stakeholders to better integrate mental health staff into providers who receive discharges from hospitals. Worked with county staff to develop a plan for targeting funding that maximized existing funding while establishing clear and measurable outcomes to track progress and use of funding.
- Worked with the state Medicaid division to develop rates for new behavioral health services, rural clinics, CCBHCs, and substance abuse services. The Division, as the subject matter expert, was responsible for the development of all mental health and substance abuse related waivers, rates, and rate methodology development in collaboration with partners at our sister agency that oversaw Medicaid.
- As the regulator of hospitals, nursing homes, EMS, and other health care facilities and services, worked in partnership with Medicaid on rates, provider taxes, cost reporting, payment integrity, and other provider regulatory functions such as trauma and critical access hospital designations.

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- The Division employs approximately 2,000 state and contract employees and has a bi-annual budget of \$750 million.

State of Nevada, Department of Health and Human Services, (2017 – 2018), Deputy Director – Programs

Responsibilities:

- Oversaw the management and development of programs in the Department of Health and Human Services. Provided health policy analysis and support for the Department on state and national health care trends and policies. Implemented new legislatively-established programs or initiatives. Oversaw the IDEA Part C office, the Office of Consumer Health Advocacy, the Office of Minority Health and Equity, the Office of Analytics, the Health Information Technology program, and the Office of Community Partnerships and Grants.
- Worked to develop the Office of Analytics which pulled together the analytical resources into a single unit. Created the business process and policies for the assessment, prioritization, and quality assurance of data requests. Developed a standardized data sharing agreement and negotiated access to additional data sources for the unit, including the criminal history repository and the unemployment insurance database. These databases, along with the Medicaid claims data, public health registries, and Department of Motor Vehicles database, allowed the office to complete more complex and useful data reports for the use in development of policy for Medicaid and public health programs.
- Worked to expand the scope of the Office of Minority Health and Equity as a result of legislation to include more groups experiencing health inequality, such as persons with disabilities and persons who are LGBTQ.
- Worked to redevelop the Community Development Block Grant (CDBG) program within the Office of Community Partnerships and Grants. The CDBG program had struggled with grantees who could not meet performance requirements and were not successfully serving the population as intended. The redevelopment included more intensive assistance to help providers in rural areas and designating a new grantee in Clark County.
- Worked to develop the Drug Transparency program after the passage of Senate Bill 539 that required the Department to track and report on data related to the price of diabetes drugs as well as the cost and profit data from drug companies that produce diabetes drugs. Despite legal challenges from PhRMA, the successful development of regulations to implement the bill allowed the program to continue and issue the required reports illustrating the price of the drugs and what the manufacturers reported as their costs and profits. Participated in a national work group on drug transparency and provided information and subject matter expertise to a congressional committee investigating the cost of diabetes drugs.
- Worked with Nevada Medicaid to develop population-based policies that support better public health outcomes while also responsibly shaping Medicaid policy to better support consumers and providers. One example was the restructure of payment association with the usage of antibiotics. Payment for antibiotics was only made when the antibiotic given was appropriate for the condition. This was intended to increase antibiotic stewardship and decrease the use of fluoroquinolones in hospitals.
- Participated in the work group to develop a proposal for Medicaid-for-All formed by a legislator who had proposed the legislation. This included the development of an interim study on the issue and the issuance of a request for information to determine if the State could leverage purchasing power to improve the existing state-funded health care systems in operation for public employees, Medicaid, and corrections.
- Beginning in 2014 until 2019, served as the Department representative on the Governors Interagency Council on Veterans Affairs. This council included representation from the National Guard, Nevada Department of Veterans Services, cabinet-level members from each state department, and active duty officers representing the bases located in Nevada. The council provided policy guidance and recommendations for funding and support of programs to ensure that Nevada supports individuals who are active duty, reserve, or veterans of the armed forces. Programs included training and expansion of suicide prevention services with the National Guard including a study on suicide rates for veterans; better integration of veterans' preference in purchasing and employment programs within the state; participating in the Service Members, Veterans, and their Families strategic planning process with SAMHSA to provide better access to behavioral health; and other supportive services.

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State of Nevada, Department of Health and Human Services, (2017), Analyst/Primary Care Health Workforce Manager

Responsibilities:

- Oversaw and managed the primary care office and the health workforce development program. Completed health policy analysis and research to inform Department decision-making. Worked with sister agencies and Nevada Medicaid to improve the quality of providers and the access to primary care providers. The programs seek to grow the provider capacity in the state by calculating the health shortage areas to increase access to federal subsidies and loan repayment programs and through the J-1 visa program.
- Worked to provide all of the legislative and fiscal analysis of Affordable Care Act repeal and replace bills to support the Governor's decision-making on the issue. Worked with external analysts and stakeholders, as well as other states, in the support of the bi-partisan group of governors who were offering alternative solutions. Worked with congressional analysts and legislative liaisons, as well as CMS, on projections of costs and expenditures under different models.
- Worked to better increase oversight of the J-1 program and increase the number of participants. The number increased from three to 17 once changes were made to strengthen protection of participants and to ensure better oversight of contracts and work sites.

State of Nevada, Aging and Disability Services Division, (2014 – 2017), Deputy Administrator

Responsibilities:

- Managed the Children's Services programs, as well as administrative operations for the Division. This includes directly overseeing the Early Intervention System and the Autism Treatment Assistance Program, as well all fiscal and IT operations. Responsible for overseeing the \$600 million bi-annual budget that employed approximately 950 employees and 200 contractors providing services to more than 23,000 consumers each month. The Division also operates the three Medicaid HCBS waiver programs for the frail elderly and persons with physical and intellectual disabilities to provide comprehensive services across the lifespan to support dignity, independence, and self-determination for all Nevadans. Other duties span the Division as a whole and include: providing guidance and leadership as part of the leadership team; developing policies and procedures; managing data and monitoring performance outcomes in all programs; providing legislative testimony; preparing bill draft requests; reviewing and developing legislative language changes or fiscal notes; serving as a subject matter expert for legislators in the health and human service areas; developing and presenting budgets; and developing, presenting, and monitoring contracts or provider agreements in accordance with the state guidelines.
- Operated the three HCBS waivers for Nevada, including the development of rates, reimbursement policies and procedures for all waiver services, and cost reporting for the operation of the state-run intermediate care facility for individuals with intellectual disabilities (ICF/ID). Additionally, the Division provided waiver case management, regulated providers, and implemented program quality assurance. Supplemental programs were operated in tandem with waiver programs for individuals who did not meet Medicaid eligibility requirements. These programs supported seniors, individuals with physical disabilities, and individuals with traumatic or acquired brain injury.
- Worked to grow the Autism Treatment Assistance Program which provided evidence-based levels of service to children and adolescents with autism. This program provided intensive therapy, up to 40 hours per week, to children with the support of their families and trained board-certified behavioral analysts and support interventionists. These therapies were primarily home- and community-based and occurred outside of a clinic setting. Later worked to transition the program to be Medicaid reimbursable once it was a covered service.
- Created and funded a post-doctoral fellowship program with the University of Nevada, Las Vegas in psychology. This provided the State access to neuro-psych evaluations for children enrolled in the Early Intervention, Autism, or Developmental Services programs who needed a neuro-psych evaluation in order to qualify for services. This was the first state-funded fellowship, and successfully grew provider capacity while providing for affordable and accessible evaluations.
- Worked to increase waiver capacity by maximizing state general fund in the HCBS ID waiver. This included growing the capacity to serve any individual who had been waiting for waiver services for more than 90 days. The

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growth included the development of funding to support more individuals, rate increases for providers who had not had a rate increase in more than 10 years, and reduction in the number of individuals served in institutional settings.

- Worked to increase capacity to serve individuals who are more behaviorally complex. This included the development of an enhanced rate for individuals with more advanced training, and the development of quality assurance measures that examined the development of individuals against a population with similar levels of intense needs. Worked with providers to support better community inclusion and greater independence and choice for consumers, including participating in the National Core Indicators for the ID and Frail Elderly waivers for the first time.

State of Nevada, Aging and Disability Services Division, (2013 – 2014), Nevada Early Intervention Services, Clinical Program Manager II

Responsibilities:

- Served as the statewide manager for Nevada Early Intervention Services to ensure children received quality services in a timely manner. Managed and supervised all staff, including ensuring appropriate standards for professional ethics and conduct. Developed policies and procedures, along with monitoring and evaluating clinical and home-based service delivery to ensure compliance with state and federal law. Developed and monitored agency budget expenditures and revenues, including the development and monitoring of grants, Medicaid billing, and private insurance billing. The agency had a \$37 million budget and employed approximately 500 developmental specialists, therapists, support staff, and community providers serving 3,500 children monthly. Worked to bring Nevada into compliance with IDEA-Part C. Nevada had historically been out of compliance because of an inability to provide all necessary services. Worked with legislators to fix the funding formula to ensure the program had appropriate funding to meet the need and then increased capacity to serve all children timely. Within a year, eliminated the longstanding waitlist for services and led the program to achieving the highest quality standard awarded by the U.S. Department of Education, a first for Nevada.

State of Nevada, Aging and Disability Services Division, (2011 – 2013), Chief of Disability Services

Responsibilities:

- Developed and managed programs to support children and adults with disabilities and served as a primary advocate for persons with disabilities. Developed and monitored budgets, administered grants, and developed regulations, policies, and procedures. Served as the primary program incubator for services for persons with disabilities. Worked in partnership with vocational rehabilitation to expand services to individuals and to support and operate the State Independent Living. Programs included the Autism Treatment Assistance Program, Assistive Technology for Independent Living, Traumatic Brain Injury, and Senior and Disability Rx. Served as a non-voting member of the Commission on Services for Persons with Disabilities to provide technical support on program and legislative issues for the commission members. Managed advocacy councils including the Governor's Commission on Autism Spectrum Disorders, State Independent Living Council, Assistive Technology Council, and the Subcommittee on Services for persons who are Deaf, Hard of Hearing, or Speech Disabled.

Presentations

"Drug Transparency Implementation in Nevada," National Academy of State Health Policy Annual Meeting, Jacksonville, Florida, August 2018.

"Behavioral and Physical Health Integration," Association of State and Territorial Health Officials (ASTHO) and the Centers for Disease Control (CDC) roundtable on behavioral health, January 2018.

"Impact of Health Care Reform in Nevada," Nevada Public Health Association Annual Meeting, the National Association of Latino Elected Officials, and the National Hispanic Caucus of State Legislators, 2017.

"Models of Innovation: Using Outcomes to Weave Together a Lifespan Division in Nevada," NSUAD Home and Community Based Services conference, Washington, DC, September 2015.

"Evidence-Based Practices in a Person-Centered Way," Nevada Applied Behavior Analysis conference, Reno, Nevada, January 2015.

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.

Jennifer Kyritsis, MHA Director

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.

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- 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 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

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.

Angela Link

Manager

• Summary

Ms. Link, a manager with Myers and Stauffer, has health care-related accounting and auditing experience. As a manager, she conducted and reviewed patient trust fund (PTF) verifications, reviewed plans of corrections, and presented to staff on PTF verifications. She has extensive work experience with the Virginia Department of Medical Assistance Services (DMAS) and Nevada Division of Health Care Financing and Policy (DHCFP). In addition to PTF verifications and reviews, this work included assisting in appeals preparation, follow-up documentation, and development of the eDoc Management program. Additionally, she conducted field verifications and reviews.

• Education

M.B.A., Accounting, Liberty University, 2010
B.S., Accounting, Virginia Union University, 2008

• Experience

14 years of professional experience

• Relevant Work Experience

Nevada Department of Health and Human Services (2009 – Present)

Medicaid Cost Report Settlements and Patient Trust Fund Reviews

Scope of Work:

Myers and Stauffer performs agreed-upon procedures on the Nevada cost reports for freestanding nursing facilities, intermediate care facility for individuals with intellectual disabilities (ICF/IIDs), critical access hospitals (CAHs) and hospital-based skilled nursing facilities (HBSNs). We also perform agreed-upon procedures for the Division of Health Care Financing and Policy to ensure patient fund accounts are in compliance with Medicaid regulations, principles and policies.

Responsibilities:

- Conducted and reviewed patient trust fund (PTF) verifications.
- Reviewed plan of corrections.
- Provided presentation to the Division of Health Care Finance and Policy (DHCFP) staff on PTF verifications.

Virginia Department of Medical Assistance Services (2020-2021)

Coronavirus Aid, Relief, and Economic Security Act

Scope of Work:

Myers and Stauffer assisted DMAS in determining details of the reimbursement program operation, as well as monitoring, verifying and periodic auditing of the requirements for nursing facilities, assisted living facilities, hospitals, residential providers and day support providers receiving CARES Act funds from the Commonwealth of Virginia.

Responsibilities:

- Conducted and reviewed COVID-19 Invoice submissions for reimbursement
- Assisted Providers with their questions on determining acceptable COVID-related expenses.

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Virginia Department of Medical Assistance Services (2008 – Present)

Cost Report and Patient Fund Account Appeals

Scope of Work:

Myers and Stauffer performs agreed-upon procedures and consulting services for the Virginia Department of Medical Assistance Services to ensure cost reports and patient fund accounts are in compliance with Medicaid and Medicare regulations, principles and policies.

Responsibilities:

- Assisted in appeal preparation and observed an informal appeal at the Department for Medical Assistance Services (DMAS).

Virginia Department of Medical Assistance Services (2016 – Present)

Medicaid Cost Report Settlement, Eligibility Audits, and Consulting

Scope of Work:

Myers and Stauffer provides cost report regulatory compliance audits, cost settlement desk reviews, rate setting, and eligibility audits for the Medicaid expansion program for the Virginia Medicaid program.

Responsibilities:

- Assisted the Department for Medical Assistance Services (DMAS) with development of the Edoc Management program.

Virginia Department of Medical Assistance Services (2016 – Present)

Cost Report Settlement, Field Audit, and Patient Funds Accounts

Scope of Work:

Myers and Stauffer performs agreed-upon procedures and consulting services for the Virginia Department of Medical Assistance Services to ensure cost reports and patient fund accounts are in compliance with Medicaid and Medicare regulations, principles and policies.

Responsibilities:

- Conducted a field verification and reviews.

Virginia Department of Medical Assistance Services (2008 – Present)

Patient Fund Accounts

Scope of Work:

Myers and Stauffer performs agreed-upon procedures and consulting services for the Virginia Department of Medical Assistance Services to ensure cost reports and patient fund accounts are in compliance with Medicaid and Medicare regulations, principles and policies.

Responsibilities:

- Conducted and reviewed personal fund account (PFA) verifications.
- Assisted with follow-up documentation.

Utah Department of Health (2022)

Medical Loss Ratio (MLR) Examination

Scope of Work:

Myers and Stauffer performs attestation services for the Utah Department of Health to ensure the submitted MLR calculation is correct through testing procedures.

Responsibilities:

- Perform and review audits of Managed Care Organizations/Health Plans.
- Analyze financial data, annual statements and allocation models.
- Review Medical Loss Ratio reporting and determine allowable costs based upon federal and state government regulations.
- Prepare and issue reports and findings to the State of Utah.

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Presentations

"Nevada PTF Training," Department of Health Care Finance and Policy Staff, Carson City, Nevada, 2016.

Madison Lusane

Health Care Consultant

• Summary

Ms. Lusane is a Healthcare Consultant with Myers and Stauffer L.C., and has worked in a healthcare setting previously. She has experience efficiently working with large datasets and coding in Python, R, and SQL.

• Education

B.S. Computational and Applied Mathematics,
Kennesaw State University, 2022

• • Experience

1 years professional experience

• Affiliations

• • Licenses/Certifications

Certification Data Analytics I Georgia Institute
Technology, Expected March 2023

• Relevant Work Experience

Georgia Department of Community Health (2023 – Present)

Georgia Hospital Reimbursement

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health with their hospital reimbursement calculation and review of hospital claims data.

Responsibilities:

- Performed an analysis of ambulance fee-for-service claims data to identify government owned ambulance providers.
- Summarized ambulance claims data for use in supplemental payment calculations.

• Prior Relevant Work Experience

Milan Eye Center, (April 2022 – November 2022), Ophthalmic Technician

- Operated ophthalmic equipment for patient eye examinations and prepared patients for examinations and surgeries.
- Explained pre and post-operative procedures to patients and carefully reviewed surgical plans.
- Recorded visual acuity, measured intraocular pressure, and conducted color vision testing.

Martin McNamara, PSM

Senior Manager

• Summary

Mr. McNamara is pursuing his Associate of the Society of Actuaries (ASA) designation and has eleven years of experience working with healthcare and Medicaid rate setting and data analysis, currently as a Senior Manager. He has experience with data manipulation and analysis, HCBS waiver programs, and rate model development.

Mr. McNamara has worked on a variety of projects during his career, including data validation, processing, and summarization, HCBS program assistance, developing actuarially sound rate ranges, determination of incurred but not paid reserves, 1915 and 1115 waiver assistance, and evaluation of the impact of retrospective and prospective program changes.

Mr. McNamara has also contributed insights in data analysis to projects such as review of pharmacy claims for validation of cost savings estimates, determining appropriate capitation rate structures, and developing models to estimate budgetary impacts of health care reform, expansion, and program initiatives. Using tools such as SAS and WPS, Martin performs data mining, analysis, and summarization of claims, encounter, and eligibility data to ensure that Optumas' analyses have a firm data-driven foundation, while ensuring that higher-level goals of analyses are also met.

As part of Myers and Stauffer, Mr. McNamara has worked on Resource Allocation models for developmental disabilities HCBS programs in Eastern and Midwestern states. He has familiarity with several assessments, including the ICAP, the SIS, the DDP2, and New York's Coordinated Assessment System, which is based on interRAI's assessments. Using those assessments, he has led analytics to compare assessments to service utilization and develop resource balancing models.

Additionally, Mr. McNamara has used statistical methods to provide his clients insights into their program data. This includes the use of R programming to determine splits in populations using Automatic Interaction Detection, and visualization of data using Tableau.

Martin brings his analytical skills to the Myers and Stauffer team through his work with data management and has been an influential participant on the Myers and Stauffer team throughout our work on HCBS rate projects.

• Education

P.S.M., Nanoscience, Arizona State University, 2012
B.S., Physics, Arizona State University, 2012

• Experience

11 years of professional experience

• Relevant Work Experience

Colorado Department of Health Care Policy and Financing (2022 - Present)

Tiered Rates

Scope of Work:

Develop tiered rate methodologies for Residential Treatment Facilities and Alternate Care Facilities.

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Responsibilities:

- Develop rate methodology for tiered rate structure.
- Identify potential budgetary impacts of tiered rates.

National Academy for State Health Policy (NASHP) (2021 - Present)

Estimated Impact of Vertical Integration by Hospital Systems on Commercial Insurance Premiums

Scope of Work:

Myers and Stauffer, as a subcontractor to CBIZ Optumas, was engaged to analyze All Payer Claims Database (APCD) data to estimate the impact of hospitals acquiring physician practices on costs for commercial insurers.

Responsibilities:

- Used Colorado All Payer Claims Database (APCD) data to identify acquisitions of physician practices by hospital systems.
- Compared costs of non-acquired physicians to acquired physicians to estimate cost impacts.

Nebraska Department of Health & Human Services (2022 - Present)

Aged and Disabled Waiver Rate Study

Scope of Work:

Myers and Stauffer was engaged to provide support to the Nebraska Aging and Disabled Waiver Rate Study project regarding cost survey development, data collection, quality assurance, and additional project-related support as needed.

Responsibilities:

- Used cost report data to develop rates for HCBS services.
- Estimated budget impacts of proposed rates.

Regan McTier, CPA, CFE

Health Care Consultant

• Summary

Ms. McTier performs analyses of Medicaid fee-for-service and encounter claims data; performs pre-payment analyses; conducts post-payment desk reviews and on-site reviews for Electronic Health Record (EHR) incentive payments; assists with the identification of upward and downward payment adjustments for the Medicaid EHR Incentive program; and generates written reports. Ms. McTier regularly attends CMS Community of Practice (CoP) meetings, along with national and regional Health Information Technology for Economic and Clinical Health (HITECH) conferences, in order to maintain an up to date understanding of current interpretations of all federal rule changes related to the EHR incentive payment program. Ms. McTier assists with updates and revisions to the EHR Incentive Program audit guides for Georgia, Louisiana, Maine, and Iowa, which have all been approved by CMS. She also testifies as an expert witness for state government agencies when requested.

• Education

M.S., Accounting, Liberty University, 2018
B.A., Accounting, Auburn University, 2013

• Experience

10 years of professional experience

• Affiliations

Association of Certified Fraud Examiner

• Licenses/Certifications

Certified Public Accountant
Certified Fraud Examiner

• Relevant Work Experience

Alaska Department of Health and Social Services (2014 – 2015)

Electronic Health Records Incentive Payment Program Post-Payment Review

Scope of Work:

Myers and Stauffer conducts the post payment reviews of the Medicaid EHR incentive payment program.

Responsibilities:

- Completed numerous eligible professional (EP) audits.

Arizona Health Care Cost Containment System (2015 – Present)

Promoting Interoperability Auditing and Consulting

Scope of Work:

Myers and Stauffer performs promoting interoperability (PI) incentive program consulting services for the Arizona Health Care Cost Containment System (AHCCCS).

Responsibilities:

- Assisted in training the AZ client staff on the EHR program.
- Completed several eligible hospital (EH) reviews and reviewed work submitted by staff accountants.
- Provided consulting services to the client.

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Colorado Department of Health Care Policy and Financing (2016 – Present)

Promoting Interoperability Pre-Payment Analysis

Scope of Work:

Myers and Stauffer performs pre-payment review operations in order to verify eligible professionals' (EPs) and eligible hospitals' (EHs) attestations and supporting documentation for eligibility in the Medicaid Promoting Interoperability (PI) Incentive Program for the Colorado Department of Health Care Policy and Financing.

Responsibilities:

- Assisted the department with pre-payment planning tasks and reviewed EP pre-payments completed by staff accountants.
- Assisted with the stratification of providers into risk pools.

Colorado Department of Health Care Policy and Financing (2014 – Present)

Electronic Health Record Attestation Auditing

Scope of Work:

Myers and Stauffer conducts the post-payment audits of the Medicaid (EHR) incentive program for the Department.

Responsibilities:

- Completed numerous EP post-payment audits.

Connecticut Department of Social Services (2016 – Present)

Rate Setting, Audit, and Rate Review, Care Mix Reimbursement and Electronic Health Record Pre-Payment Consulting and Post Payment Audit

Scope of Work:

Myers and Stauffer provides annual cost report desk review, field examination, and rate setting services for nursing facilities, residential care homes, and intermediate care facilities. We also assist the department in planning, developing, implementing, operating, and auditing various functions of the Electronic Health Record (EHR) Incentive Program.

Responsibilities:

- Assisted with the stratification of providers into risk pools and the audit selection process.
- Reviewed numerous EP and EH audits completed by staff accountants.

Georgia Department of Community Health (2013 – Present)

Promoting Interoperability Auditing

Scope of Work:

Myers and Stauffer assists the department in planning, developing, implementing, operating, and auditing various functions of the Promoting Interoperability (PI) Incentive Program for the Georgia Department of Community Health.

Responsibilities:

- Assisted with the completion of the audit guide update and stratification of providers into risk pools.
- Reviewed numerous EP and EH audits completed by staff accountants and assisted the Department with pre-payment reviews for EPs and EHs.
- Participated in weekly status meetings with the client.
- Participated in provider outreach sessions with the Department.

Iowa Department of Human Services (2017 – Present)

Promoting Interoperability Auditing

Scope of Work:

Myers and Stauffer conducts post-payment audits of the Medicaid Promoting Interoperability (PI) Incentive Program for the Iowa Medicaid Enterprise.

Responsibilities:

- Conducted and reviewed numerous post-payment EP and EH audits.
- Conducted regular status meetings with the Department.

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- Assisted with the update to existing audit guide.
- Participated in appeals on behalf of the Department.

Louisiana Department of Health (2013 – Present)

Promoting Interoperability Auditing

Scope of Work:

Myers and Stauffer assists the department in planning, developing, implementing, operating and auditing various functions of the Medicaid Promoting Interoperability (PI) Incentive Program.

Myers and Stauffer assists the department in developing a statewide HIT/HIE strategy, to participate in stakeholder engagement, to assist in planning and preparation, to evaluate HIT adoption and utilization, and factors to contribute to success or barriers to use, funding requests, and other technical assistance. We developed Louisiana's Health IT Roadmap, a multi-year plan that sets goals, top priorities, and established a range of initiatives and related activities that will advance the state's HIT innovation provide direction for related investments across sectors.

Responsibilities:

- Assisted with the completion of the Audit Guide and numerous special project requests by the Louisiana Department of Health.
- Participated in monthly status calls and in-person meetings with the client.
- Completed multiple stratifications of providers into risk pools for audit selection.
- Performed reconciliations of payments made by the Department to CMS records.
- Reviewed numerous EP and EH audits completed by staff accountants.
- Assisted the Department with prepayment reviews for EHs.
- Participated in appeals on behalf of the Department.

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

Promoting Interoperability Auditing

Scope of Work:

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

Responsibilities:

- Assisted with the update to existing audit guide and completed stratification of providers into risk pools.
- Reviewed numerous EP and EH audits completed by staff accountants.
- Completed prepayment reviews for EPs and EHs.
- Worked with the state's MMIS data and All Payers Claims Database.

Massachusetts Executive Office of Health and Human Services (2021 – Present)

Promoting Interoperability Program Audit

Scope of Work:

Myers and Stauffer was engaged by the Massachusetts Executive Office of Health and Human Services (EOHHS) to update their audit plan and conduct post-payment audits for the Medicaid Promoting Interoperability (PI) Incentive Payment Program

Responsibilities:

- Performed numerous EP post-payment procedures.

Centers for Medicare & Medicaid Services (CMS) (2018 – Present)

MACRA Section 101(e) Alternative Payment Model Program Analysis Contractor (PAC)

Scope of Work:

As a subcontractor to Mathematica, Myers and Stauffer assists CMS in auditing the Certified Electronic Health Record Technology (CEHRT) requirement for advanced Alternative Payment Models (APMs).

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Responsibilities:

- Developed audit protocols and select sample selection strategy.
- Conducted audits of Advanced APM Entities.
- Managed the project team to ensure client's needs were met in a timely manner.
- Reviewed the team's work to ensure we are delivering a high-quality products.

New Hampshire Department of Health and Human Services (2013 – Present)

Promoting Interoperability Auditing

Scope of Work:

Myers and Stauffer conducts post-payment audits of the Medicaid Promoting Interoperability (PI) Incentive Program for the New Hampshire Department of Health and Human Services.

Responsibilities:

- Reviewed numerous EP and EH audits completed by staff accountants.

New Mexico Human Services Department (2014 – Present)

Promoting Interoperability Auditing

Scope of Work:

Myers and Stauffer conducts post-payment audits of the Medicaid Promoting Interoperability (PI) Incentive Program for the NM HSD/MAD.

Responsibilities:

- Reviewed numerous EP and EH audits completed by staff accountants.
- Participated in status calls with the client.

Tennessee Department of Finance and Administration (2019 – 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 Promoting Interoperability (PI) Incentive Program for the Division of TennCare.

Responsibilities:

- Developed audit protocols and select sample selection strategy.
- Conducted audits of Advanced APM Entities.
- Managed the project team to ensure client's needs were met in a timely manner.
- Reviewed the team's work to ensure we are delivering a high-quality products.

Washington Health Care Authority (2017 – Present)

Promoting Interoperability Auditing

Scope of Work:

Myers and Stauffer conducts post payment audits of eligible hospital aggregate incentive payments for the Washington Health Care Authority's Medicaid Promoting Interoperability (PI) Incentive Payment Program.

Responsibilities:

- Conducted and reviewed post-payment EH audits.
- Conducted regular status meetings with the Department.

Catherine Mellott

Manager

• Summary

Ms. Mellott is responsible for providing consulting and public accounting services to state Medicaid agencies addressing health care reimbursement issues. Ms. Mellott has assisted with various Medicaid consulting, accounting, auditing, upper payment limit demonstration calculation, and rate setting engagements for a variety of provider types. Her duties include performing the day-to-day activities on Medicaid rate setting engagements, assisting states with the development of policy and state plan amendments, provider assessment fee and upper payment limit consulting, cost reporting instrument development and maintenance, maintenance of standard work papers and review programs for auditing engagements, communicating with clients and providers, and assisting with developing external training.

• Education

B.B.A., Accounting, Pittsburg State University, 2015

• Experience

7 years of professional experience

• Licenses/Certifications

Certified Scrum Product Owner

• Relevant Work Experience

Louisiana Department of Health (2016 – Present)

Case Mix Reimbursement System

Scope of Work:

Myers and Stauffer assists with the operation of a case mix reimbursement system and MDS data management and reporting services for nursing facilities participating in the Louisiana Medicaid Program.

Responsibilities:

- Perform day-to-day activities relating to quarterly and annual nursing facility case mix rate setting and required nursing facility UPL demonstrations.
- Responsible for quality assurance and maintenance of the internal Louisiana rate setting application.
- Provide rate setting consulting services, state plan amendment, and administrative code regulation development services to the state for proposed changes to the nursing facility reimbursement methodology.
- Perform maintenance of cost report instruments for the adult day health care, home and community-based services, nursing facility, intermediate care facility, and psychiatric residential treatment facility provider types for the state of Louisiana.
- Assist in the requirements gathering, design, implementation and maintenance of an automated cost reporting submission process and database.
- Develop, plan, and present statewide trainings for the cost reporting submission process.
- Perform agreed-upon procedure reviews of the psychiatric residential treatment facility provider type.
- Preparing ad-hoc analysis at the request of the Departments.

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- Evaluating resident classification system transition options include the including PDPM and the Optional State Assessment (OSA).
- Supports the state in their discussions with the nursing home association.

University of Massachusetts Medical School (2022 – Present)

Upper Payment Limit Calculations

Scope of Work:

Myers and Stauffer provides technical support in calculating the federally required upper payment limit calculations.

Responsibilities:

- Provide assistance with the preparation of upper payment limit demonstrations for ICF/IID services.

Mississippi Division of Medicaid (2016 – Present)

Upper Payment Limit, DSH Program Calculations, and Cost Report Automation

Scope of Work:

Myers and Stauffer has assisted the state of Mississippi's Medicaid program with UPL and DSH calculations since 2006. Myers and Stauffer is also engaged to perform cost settlement functions and for the development and maintenance of a cost report database and utilization statistics, including automation of the cost report submission process for all applicable provider types.

Responsibilities:

- Provide assistance with the preparation of upper payment limit demonstration calculations for the nursing facility (SNF/NF), Intermediate care facilities for Individuals with Intellectual Disabilities (ICF/IID), and psychiatric residential treatment facility (PRTF) provider types.
- Assist in the requirements gathering, design, implementation and maintenance of the new automated cost reporting submission process and database.
- Develop, plan, and present statewide trainings for the new cost reporting submission process.
- Perform maintenance of cost report instruments for the nursing facility, intermediate care facility, and psychiatric residential treatment facility provider types at the request of the Mississippi Division of Medicaid.
- Provide assistance with the development of ad-hoc reports that can be generated from the cost reporting database.

New Mexico Human Services Department (2016 – Present)

Nursing Facility Audit

Scope of Work:

Myers and Stauffer performs examinations and reviews of home health agencies and long-term care institutional facilities (nursing facilities and intermediate care facilities) that participate in the New Mexico Medicaid program.

Responsibilities:

- Provide assistance with the preparation of upper payment limit demonstration calculations for the nursing facility (SNF/NF), Intermediate care facilities for Individuals with Intellectual Disabilities (ICF/IID), and psychiatric residential treatment facility (PRTF) provider types.

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

Nursing Facility Cost Report and Case Mix

Scope of Work:

Myers and Stauffer provides case mix rate setting support and consulting services to the state of North Carolina.

Responsibilities:

- Assisted in the development and maintenance of internal rate setting applications.
- Perform day-to-day activities relating to on-going nursing facility cost report collection and rate setting activities.
- Perform maintenance of cost report instruments for the nursing facility provider type at the request of North Carolina DHHR.

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Ohio Department of Medicaid (2021 – Present)

Cost Report Automation

Scope of Work:

Myers and Stauffer is engaged to perform cost settlement functions and for the development and maintenance of an online cost report, as well as a cost report database, including automation of the cost report submission process for all applicable provider types.

Responsibilities:

- Assist in the requirements gathering, design, and implementation of the new automated cost reporting submission process and database.
- Aid in the requirements gathering and testing of cost report instruments for the nursing facility and intermediate care facility provider types for the state of Ohio.
- Develop, plan, and present statewide trainings for the new cost reporting submission process.

Tennessee Department of Finance and Administration (2016 – Present)

Reimbursement Consulting and Technical Assistance

Scope of Work:

Myers and Stauffer is providing case mix technical assistance and consulting services to TennCare for nursing facilities and other select provider types.

Responsibilities:

- Assisted the State in transitioning from a legacy nursing facility reimbursement system, to a case mix reimbursement system.
- Supported stakeholder engagement activities throughout the transition period.
- Develop and deliver training to State and provider community stakeholders.
- Assisted in the development and maintenance of internal rate setting applications.
 - Provide ongoing rate setting support.
- Review property appraisal value reports for accuracy and consistency prior to incorporation into reimbursement rates.
- Assist in the requirements gathering, design, implementation and maintenance of an automated revenue and utilization report submission process and database for EMS providers.
- Develop, plan, and present statewide trainings for the new revenue and utilization report submission process for EMS providers.
- Provide oversight of semi-annual compliance reviews over nursing facilities participating in the Enhanced Respiratory Care program.
- Oversight of annual quality program submission and scoring efforts.

West Virginia Department of Health & Human Resources (2016 – Present)

Upper Payment Limit Demonstration Calculations

Scope of Work:

Myers and Stauffer was contracted to assist the state in evaluating their current reimbursement system, recommend changes, conduct stakeholder engagement activities, provide implementation support, and perform UPL demonstration calculations.

Responsibilities:

- Participating in ongoing nursing facility case mix rate setting modernization activities.
- Evaluating resident classification system transition options include the including PDPM and the Optional State Assessment (OSA)
 - Conducting stakeholder engagement activities related to rate modernization.
 - Developing flexible fiscal impact and expenditure models.
 - Consulting with the state on ongoing rate setting activities.
- Provide assistance with the preparation of upper payment limit demonstration calculations for the nursing facility (SNF/NF), Intermediate care facilities for Individuals with Intellectual Disabilities (ICF/IID), and psychiatric residential treatment facility (PRTF) provider types.

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- Perform maintenance of and training on cost survey instruments for the intermediate care facility provider type for the state of West Virginia.

Employee History

Myers and Stauffer LC, Manager, 06/15 - Present

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.

Sarah Catherine Pilkington

Manager

• Summary

Ms. Pilkington is a manager with Myers and Stauffer and a member of the firm's cost report attest and DSH audit engagement team. She has performed engagements of nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICF/IID), critical access hospitals, hospital-based nursing facilities, and rural health clinics cost reports. She has also performed engagements of certified public expenditures (CPE) cost reports; performed reviews of field engagements that consisted of testing for compliance with state regulations; Additionally, she has performed desk reviews and cost settlement of direct services, school-based health services, and special transportation cost reports.

• Education

B.S., Finance Concentration, North Carolina State University, 2016

• Experience

7 years of professional experience

• Relevant Work Experience

Nevada Department of Health and Human Services (2021 – Present)

Certified Community Behavioral Health Center Reviews

Scope of Work:

Myers and Stauffer performs desk reviews of certified community behavioral health centers (CCBHC) cost reports to ensure compliance with requirements set forth in the state of Nevada Medicaid plan and to calculate prospective payment system (PPS) rates.

Responsibilities:

- Position: Manager, Senior Accountant
- Performed desk reviews of certified community behavioral health centers (CCBHC) cost reports.

Nevada Department of Health and Human Services (2017 – Present)

Certified Public Expenditure Reviews

Scope of Work:

Myers and Stauffer performs desk reviews of certified public expenditures (CPE) cost reports to ensure compliance with requirements set forth in the state of Nevada Medicaid plan. CPE cost reports are reviewed for providers of targeted case management, adult day healthcare, school based services, and transportation services.

Responsibilities:

- Position: Manager, Senior Accountant, Staff Accountant.
- Performed engagements of certified public expenditure (CPE) cost reports.

Nevada Department of Health and Human Services (2016 – Present)

Hospital Compliance Reviews

Scope of Work:

Myers and Stauffer performs agreed-upon procedures every two years to assist the state in evaluating hospital compliance with four specific Nevada Revised Statutes (NRS) from Section 439B.

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Responsibilities:

- Position: Manager, Senior Accountant, Staff Accountant.
- Performed desk reviews of Nevada Hospitals that consist of testing for compliance with state regulations.

Nevada Department of Health and Human Services (2016 – Present)

Medicaid Cost Report Settlements and Patient Trust Fund Reviews

Scope of Work:

Myers and Stauffer performs agreed-upon procedures on the Nevada cost reports for freestanding nursing facilities, intermediate care facility for individuals with intellectual disabilities (ICF/IIDs), critical access hospitals (CAHs) and hospital-based skilled nursing facilities (HBSNs). We also perform agreed-upon procedures for the Division of Health Care Financing and Policy to ensure patient fund accounts are in compliance with Medicaid regulations, principles and policies.

Responsibilities:

- Position: Manager, Senior Accountant, Staff Accountant.
- Performed field engagements of patient trust funds testing for compliance with state regulations.

Delaware Department of Health and Social Services (2020 – 2022)

Federal Reporting

Scope of Work:

Myers and Stauffer provides consulting services related to claims made by the state against Medicaid and the Children's Health Insurance Program (CHIP) federal funds as well as the reporting of those claims on federal forms.

Responsibilities:

- Position: Manager
- Performed and reviewed cost report desk reviews in accordance with agreed-upon procedures (AUP).

Hailey Plemons

Senior Accountant

• Summary

Ms. Plemons is a member of the firm's managed care engagement team. She is responsible for providing public accounting services to state Medicaid agencies addressing health care reimbursement issues.

• Education

M.P.A., Georgia State University, 2019

• Experience

7 years of professional experience

• Relevant Work Experience

Alabama State Department of Education (2019 – 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:

- Completed Child and Adult Care Food Program Administrative Reviews.
- Verified payments, participant eligibility, and compliance with meal patterns/nutrition requirements, record keeping, and other program requirements.
- Completed exit interviews involving findings with participants in the Child and Adult Care Food Program.

Georgia Department of Community Health (2017 – 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:

- Assisted in the completion of Medicaid Managed Care compliance audits.
- Reviewed and assessed Medicaid Managed Care Organization's policies and procedures to determine if they were consistent with contractual requirement.
- Assisted in deliverable preparation by writing overviews of the areas assessed and incorporating any findings and recommendations identified during the compliance audit.
- Participated in the interview process with Managed Care Organization's staff members to assess knowledge of the contracts, policies, and procedures.

Georgia Department of Community Health (2019 – 2021)

Nursing Facilities Examinations

Scope of Work:

Myers and Stauffer conducts Agreed-upon procedures, desk reviews, and field examinations of annual cost reports filed by Medicaid certified nursing facilities in the state of Georgia.

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Responsibilities:

- Performed Medicaid Nursing Facility Cost Report reviews.
- Reviewed cost reports to verify that costs were allowable, classified into the correct cost centers, and necessary adjustments were made.
- Made necessary adjustments when costs were not allowable or classified into the incorrect cost center.

Rob Rhoton, Senior Manager

Role – Rate Setting/Cost Report Lead

• Summary

Mr. Rhoton has more than eight years of experience working with rate setting, compliance and financial auditing, including rate setting for Certified Community Behavioral Health Clinics (CCBHCs) and Medicaid audits of nursing facilities, federally qualified health centers (FQHCs), intermediate care facilities for the intellectually disabled (ICF/IDs), and hospitals.

• Education

B.A., Accounting and Business Economics,
Randolph-Macon College, 2014

• Experience

8 years of professional experience

• Relevant Work Experience

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Nevada Department of Health and Human Services (2021 – 2022)

CCBHC Rate Setting

Scope of Work:

Myers and Stauffer performed rate setting engagements for CCBHCs setting baseline PPS-1 rates utilizing the CMS CCBHC cost report.

Responsibilities:

- Performed and reviewed cost report verifications for the purposes of PPS-1 rate setting.
- Assisted the state in navigating unique challenges related to CCBHC rate setting.
- Modified the standard CCBHC cost report to incorporate unique provider situations.

Nevada Department of Health and Human Services (2021 – Present)

Certified Public Expenditures

Scope of Work:

Myers and Stauffer performs agreed-upon procedures verifications on cost reports for the Nevada Department of Health and Human Services. Providers include Ground Emergency Medical Transportation (GEMT), Targeted Case Management (TCM), and Adult Day Health Center (ADHC).

Responsibilities:

- Serves as the Project Manager with responsibility for project oversight, quality of deliverables and on-going communications with the client.
- Provides annual cost report training to state employees.
- Assists the state in navigating ever changing CMS interpretations involving GEMT cost reporting principals and regulations.

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

IMD Rate Setting

Scope of Work:

Myers and Stauffer performed a rate setting engagement to set rates for IMD Providers for the Nevada Department of Health and Human Services.

Responsibilities:

- Created rate setting models utilizing publicly available and provider specific data.

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- Collaborated with health care subject matter experts to ensure rate setting assumptions met industry standards and guidelines.

Nevada Department of Health and Human Services (2019 – Present)

Cost Settlement/Rate Setting

Scope of Work:

Myers and Stauffer performs agreed-upon procedures and consulting services for the Nevada Department of Health and Human Services to ensure cost reports are in compliance with state and federal regulations for Nursing facilities, Intermediate Care Facilities and Hospitals. Myers and Stauffer also performs agreed upon procedures on Federally Qualified Health Clinics (FQHCs) for the purposes of initial, baseline, and change in scope rate setting.

Responsibilities:

- Serves as the Project Manager with responsibility for project oversight, quality of deliverables and on-going communications with the client
- Provides cost report/technical trainings to Agency staff on an annual basis
- Provides trainings to Provider's and/or provider associations as requested

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

Hospital Compliance Reviews

Scope of Work:

Myers and Stauffer performs agreed-upon procedures every two years to assist the state in evaluating hospital compliance with four specific Nevada Revised Statutes (NRS) from Section 439B.

Responsibilities:

- Serves as the Project Manager with responsibility for project oversight, quality of deliverables and on-going communications with the client.
- Assist the State with summarizing findings to be placed into the annual governor's report.

Virginia Department of Medical Assistance Services (2014 – 2021)

Cost Report Settlement, Field Audit, and Patient Funds Accounts

Scope of Work:

Myers and Stauffer performs agreed-upon procedures and consulting services for the Virginia Department of Medical Assistance Services to ensure cost reports and patient fund accounts are in compliance with Medicaid and Medicare regulations, principles and policies.

Responsibilities:

- Perform agreed upon procedures of nursing homes, FQHCs, ICF/IDs, and hospitals for the Department of Medical Assistance Services. This includes verifying costs and revenues reported on the Medicare and Medicaid Cost Report.
- Maintain up-to-date knowledge of the Medicaid and Medicare program regulations.

Daniel Robinson, CPA, PMP, CFE

Senior Manager

Summary

Mr. Robinson serves as the project manager for several projects including DSH projects, home and community-based services consulting projects, and as an assistant for a nursing facility project. As part of his role he manages daily operations, stakeholder and client relations, training for providers and internal staff, and reviews the audit work of our staff.

In addition, Mr. Robinson conducts desk reviews and field audits on long-term care facilities, hospital-based facilities, and intermediate care facilities for persons with intellectual disabilities. Audits and desk reviews completed include the determination of allowable costs under the Medicaid reimbursement criteria, evaluation of internal controls, compliance with state and federal regulations, and evaluation for conformity with GAAP.

Education

B.B.A., Accountancy, Friends University, 2012
M.B.A., Baker University, 2010
B.S., Music Education, Duquesne University, 2001

Affiliations

American Institute of Certified Public Accountants
Association of Certified Fraud Examiners
Idaho Society of Certified Public Accountants

Experience

11 years of professional experience

Licenses/Certifications

Certified Public Accountant
Project Management Professional
Certified Fraud Examiner

Relevant Work Experience

Arizona Health Care Cost Containment System (2018 – Present)
Disproportionate Share Hospital (DSH) Audit Services

Scope of Work:

- Myers and Stauffer conducts testing of hospitals that received Disproportionate Share Hospital (DSH) dollars in order to determine if they are in compliance with federal DSH requirements.

Responsibilities:

- Plan and schedule project processes within regulatory and contractual deadlines.
- Manage stakeholder expectations and involvement.
- Monitor and control project processes to ensure project and stakeholder requirements are met.
- Prepare annual report for submission to CMS.

Arizona Department of Economic Security (2022)
Intermediate Care Facility Examination

Scope of Work:

- Myers and Stauffer provides an independent certified examination of the Intermediate Care Facility.

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Responsibilities:

- Developed work program to satisfy both project demands and professional standards.
- Planned and scheduled project processes within contractual deadlines.
- Managed stakeholder expectations and involvement.
- Monitored and controlled project processes to ensure project and stakeholder requirements were met.
- Developed and prepared report detailing findings.

Idaho Department of Health and Welfare (2014 – Present)

Medicaid Attest & Consulting Services

Scope of Work:

- Myers and Stauffer provides Medicaid cost report attest services, rate calculations, Medicaid payment settlements, data management, and other consulting services to hospitals, nursing facilities, and other health care providers in Idaho.

Responsibilities:

- Conduct various waiver services cost studies.
- Conduct provider training, education, and consulting.
- Manage staff to ensure timely completion of projects.
- Perform supervisory reviews of staff work to ensure projects comply with rules, standards, and for accuracy.
- Conduct audits of long term care cost reports.
- Conduct audits of home office cost statements for long term care providers.

Montana Department of Public Health & Human Services (2014 – Present)

Disproportionate Share Hospital Audit

Scope of Work:

- Myers and Stauffer provides a series of independent certified audits of hospitals that have received disproportionate share payments from Montana Medicaid; meeting CMS requirements as specified in 42 Code of Federal Regulations (CFR) 455.304, "Condition for Federal Financial Participation."

Responsibilities:

- Plan and schedule project processes within regulatory and contractual deadlines.
- Manage stakeholder expectations and involvement.
- Monitor and control project processes to ensure project and stakeholder requirements are met.
- Prepare annual report for submission to CMS.

North Dakota Department of Human Services (2019 – Present)

Nursing Facility, Basic Care Facility and Psychiatric Residential Treatment Facility Cost Report Desk Rates and Field Audits

Scope of Work:

- Myers and Stauffer performs calculated cost-based desk rates annually and conducts periodic field audits of the North Dakota nursing facility, basic care facility, and psychiatric residential treatment facility cost reports.

Responsibilities:

- Perform supervisory reviews of staff work to ensure projects comply with rules, standards, and for accuracy.
- Conduct audits of long term care cost reports.

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Utah Department of Health (2019 – Present)

Disproportionate Share Hospital Audit

Scope of Work:

- Myers and Stauffer provides a series of independent certified audits of hospitals that have received disproportionate share payments from Utah Medicaid; meeting CMS requirements as specified in 42 Code of Federal Regulations (CFR) 455.304, "Condition for Federal Financial Participation."

Responsibilities:

- Plan and schedule project processes within regulatory and contractual deadlines.
- Manage stakeholder expectations and involvement.
- Monitor and control project processes to ensure project and stakeholder requirements are met.
- Prepare annual report for submission to CMS.

Utah Department of Health (2019 – Present)

Medicaid Attest & Consulting Services

Scope of Work:

- Myers and Stauffer provides Medicaid cost report attest services and other consulting services to hospitals, nursing facilities, and other health care providers in Utah.

Responsibilities:

- Conduct various waiver services cost studies.
- Conduct provider training, education, and consulting.
- Manage staff to ensure timely completion of projects.
- Perform supervisory reviews of staff work to ensure projects comply with rules, standards, and for accuracy.
- Conduct audits of long term care cost reports.
- Conduct audits of home office cost statements for long term care providers.
- Prepare annual report for submission to CMS.

Wyoming Department of Health (2014 – Present)

Disproportionate Share Hospital (DSH) Audit

Scope of Work:

- Myers and Stauffer provides a series of independent certified audits of hospitals that have received disproportionate share payments from Wyoming Medicaid; meeting CMS requirements as specified in 42 CFR 455.304, "Condition for Federal Financial Participation."

Responsibilities:

- Plan and schedule project processes within regulatory and contractual deadlines.
- Manage stakeholder expectations and involvement.
- Monitor and control project processes to ensure project and stakeholder requirements are met.
- Prepare annual report for submission to CMS.

Wyoming Department of Health (2016 – Present)

Long Term Care Review & Rate Setting

Scope of Work:

- Myers and Stauffer provides long-term care cost report reviews, rate settings and upper payment limit (UPL) calculations.

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Responsibilities:

- Conduct audits of long-term care cost reports.

Michelle Rork

Health Care Consultant

Summary

Ms. Rork had more than 25 years of experience in health insurance programs for low-income populations. She brings both policy and operations expertise and offers a unique perspective based on her extensive federal and state-based Medicaid and CHIP experience. She has a proven track record of building partnerships to support public health care programs.

Education

M.A., Administration and Public Policy, University of York, 1997 B.A.,
Public Policy, Brown University, 1994

Experience

29 years of professional experience

Prior Relevant Work Experience

President, MMR Consulting, LLC; Portland, OR June 2018-present

- Assist clients with Medicaid policy, strategic planning, stakeholder engagement, addressing social determinants of health, managed care monitoring, program implementation, and procurement support.

Managing Consultant, The Lewin Group; Falls Church, VA November 2012 – May 2018

- Served as Associate Project Director for a multi-million dollar contract supporting WV Medicaid's managed care program. This encompassed contracting, rate setting, network adequacy, monitoring and evaluation for the program as well as preparing federal waiver materials to submit to CMS.
- Developed a managed care improvement plan and contracting strategy, including a redesigned performance-related withhold program, to promote enhanced quality efforts and accountability among Medicaid MCOs.
- Facilitated the implementation of pharmacy, behavioral health and children's dental benefits and the transition of WV's ACA Medicaid expansion and SSI populations into managed care.
- Led the development and updating of network adequacy standards for Medicare-Medicaid health plans participating in the Financial Alignment demonstration.
- Interviewed state Medicaid and CHIP staff for input on how eligibility changes under the ACA are impacting their eligibility processes, procedures and systems to inform federal Payment Error Rate Measurement standards.
- Managed large, diverse teams.
- Conducted readiness reviews for Medicaid and Medicare health plans.
- Provided support to state and federal health agencies.

Health Policy Consultant, Self-employed; Portland, OR March 2009 – October 2012

- Provided expertise on state health policy issues, particularly Medicaid and CHIP, to states, third

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- party vendors, and consulting firms.
- Projects focused on areas such as Medicaid managed care oversight, eligibility alignment, and enrollment broker policies.

Program Director, PeachCare for Kids, GA Dept. of Community Health; Atlanta, GA December 2006 – February 2009

- Managed policy and operations for GA's Children Health Insurance Program (CHIP) with an annual budget in excess of \$400 million.
- Administered enrollment and eligibility for over 270,000 children, the fourth largest CHIP program in the country.
- Responsible for compliance with all state and federal rules, regulations, and reporting as well as working with the State legislature to implement program changes.
- Led \$80 million procurement of a third-party administrator to perform CHIP and Medicaid Buy-In eligibility determination and operate member call center.

Senior Operations Manager, ACS, Inc. for RI Dept. of Human Services; Providence, RI April 2005 – June 2006

- Managed operations of Rite Care, Rhode Island's Medicaid/CHIP managed care program serving 120,000 children and families, and Rite Share, a premium assistance program covering over 5,800 individuals.
- Engaged in procurement processes and health plan contract implementation, monitoring, and oversight.
- Developed and monitored quality assurance activities for Medicaid managed care and fee-for-service programs serving children with special health care needs.
- Fostered collaborative relationships with health plans, employer groups and advocacy community.
- Realigned commercial insurance unit to promote growth of existing premium assistance program and accommodate new populations, including dual eligible.

Program Consultant, ACS, Inc. for RI Dept. of Human Services; Providence, RI September 2003 –April 2005

- Coordinated statewide efforts regarding implementation of the Medicare Modernization Act; included analyzing legislation and regulations, preparing testimony and training for over 600 staff and stakeholders.
- Involved in all aspects, from program development to oversight, of enrolling children with special health care needs into a Medicaid health plan.
- Implemented successful transition of Early Intervention Program to Medicaid agency.
- Developed initial plans for an integrated, coordinated care delivery system for adults with disabilities and the elderly and worked as part of an interdepartmental team building an Aging and Disability Resource Center.

Acting Health Policy Director, American Public Human Services Association; Washington, DC December 2002 – August 2003

- Served as Executive Director of the National Association of State Medicaid Directors (NASMD) and directed health policy activities for APHSA.
- Administered a \$700,000 budget comprised of federal contracts, grants, and member dues.
- Represented interests of NASMD with CMS, Congressional staff, federal policy makers, stakeholders and the public.

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Senior Policy Associate/Policy Analyst, American Public Human Services Association; Washington, DC October 1997 - December 2002

- Coordinated and directed national activities to promote the needs of State Medicaid agencies as well as providing technical assistance to states.
- Spearheaded process to build consensus on proposed Medicaid managed care regulations amongst states, health plans, and advocacy groups at request of the U.S. DHHS. Resulting federal regulations strongly reflect the resulting recommendations.
- Successfully advocated for legislation as part of a coalition with Blue Cross Blue Shield Association and the AMA to extend the HIPAA administrative simplification compliance period.

Laura Saltos Diaz

Staff Accountant

• Summary

Ms. Saltos Diaz is a member of the firm's managed care engagement team. She is responsible for providing public accounting services to state Medicaid agencies addressing health care reimbursement issues.

Additionally, Ms. Saltos Diaz has experience working with cost reports; reviewing supporting documentation for compliance; performing analyses; evaluating financial records; interviewing client personnel and gaining an understanding of internal controls; and assessed findings to create result narratives.

• Education

B.B.A., Accounting and Marketing, Mercer University, 2021

• Experience

2 years of professional experience

• Relevant Work Experience

Georgia Department of Community Health (2021 – Present)

Hospital Reimbursement Technical Assistance

Scope of Work:

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

Responsibilities:

- Performed hospital financial survey reviews for the hospitals in Georgia.
- Analyzed inpatient and outpatient claims to ensure payment accuracy.

Georgia Department of Community Health (2021 – Present)

Nursing Facilities Examinations

Scope of Work:

Myers and Stauffer conducts Agreed-upon procedures, desk reviews, and field examinations of annual cost reports filed by Medicaid certified nursing facilities in the state of Georgia.

Responsibilities:

- Reviewed nursing facility's general/professional liability insurance for accurate reporting and CMS compliance.
- Performed the SNF desk reviews which included planning and risk assessment; desk review procedures; and review and reporting procedures.

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Louisiana Department of Health (2021 – Present)

Managed Care Organization Oversight

Scope of Work:

Myers and Stauffer provides services to the Louisiana Department of Health to examine the medical loss ratio (MLR) reports filed by their managed care organizations.

Responsibilities:

- Performed examinations on the medical loss ratio (MLR).
- Utilized various methods to reconcile account discrepancies.
- Analyzed, sampled and tested medical expenses, related and third party claims.

Melenie Sheehan, CPA

Senior Manager

• Summary

Ms. Sheehan, a senior manager with Myers and Stauffer, is responsible for managing the annual disproportionate share hospital (DSH) and upper payment limit (UPL) consulting for four state contracts. Her responsibilities include review and analysis of federal and state legislative initiatives; review and analysis of the calculation of each state's DSH uncompensated care cost; and participation in policy discussions related to intergovernmental transfers (IGT), DSH, and UPL. She reviews and analyzes hospital-specific limits, computes hospital eligibility for supplemental payments, and coordinates with the fiscal agent contractor and Office of Financial Management (OFM) for the release of supplemental payments. She assists the OFM and state budget agency in monitoring account balances for the indigent care trust fund; attends and monitors fund distributions; and coordinates and meets with the hospital association.

In addition to conducting the exam, on-site review, and preparing the exam report and documentation, she assists the states with defending the exam results in hospital appeals. Ms. Sheehan has also been actively involved in other hospital reimbursement projects including policy and procedure analysis, survey research, data collection, data and financial analysis, reimbursement and medical policy consulting, and cost report reviews and audits. Her experience also includes preparing public notices, state plan amendments, regulatory changes, and responses to the Centers for Medicare and Medicaid Services (CMS) and the Office of the Inspector General (OIG).

• Education

B.A., Accounting, Ball State University, 1996

• Experience

28 years of professional experience

• Affiliations

American Institute of Certified Public Accountants
Healthcare Financial Management Association
Indiana CPA Society

• Licenses/Certifications

Certified Public Accountant

• Relevant Work Experience

Illinois Department of Healthcare and Family Services (2010 – Present)

Disproportionate Share Hospital (DSH) Examination

Scope of Work:

Myers and Stauffer performs federally mandated independent certified examinations of the Illinois DSH program.

Responsibilities:

- Assisted in developing the examination process.
- Review correspondence and reports.
- Provide consultation on technical issues.

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Indiana Family & Social Services Administration (2000 – Present)

Medicaid Rate Setting Services

Scope of Work:

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

Responsibilities:

- Oversee inpatient and outpatient hospital upper payment limit (UPL) calculations.
- Oversee physician UPL and supplemental payment calculations.
- Oversee nursing facility supplemental payment administration.
- Oversee disproportionate share hospital (DSH) eligibility determinations.
- Oversee determination of hospital DSH uncompensated cost of care or hospital-specific limits.
- Oversee calculation of DSH payments, Medicaid state plan amendments, and various ad-hoc assignments.
- Assist the client in working with the Centers for Medicare and Medicaid Services (CMS) and providers.
- Developed the examination process.
- Oversee communication to the client and providers.
- Oversee collection and compilation of data and create reports.

Mississippi Division of Medicaid (2014 – Present)

Disproportionate Share Hospital (DSH) Examinations

Scope of Work:

Myers and Stauffer performs federally mandated independent certified examinations of Mississippi's DSH program.

Responsibilities:

- Oversee the disproportionate share hospital (DSH) examination process.
- Review correspondence and reports.
- Conduct on-site reviews.
- Review work papers.
- Assist the client in provider appeals and communication with CMS.

Ohio Department of Medicaid (2010 – Present)

Disproportionate Share Hospital (DSH) Payment Examination Services

Scope of Work:

Myers and Stauffer performs federally-mandated independent certified examinations of the Ohio Department of Medicaid DSH program.

Responsibilities:

- Assisted in developing the examination process.
- Review correspondence and reports.
- Conduct on-site reviews.
- Provide consultation on technical issues.

Ohio Department of Medicaid (2010 – Present)

Disproportionate Share Hospital (DSH) Payment Examination Services

Scope of Work:

Myers and Stauffer performs federally-mandated independent certified examinations of the Ohio Department of Medicaid DSH program.

Responsibilities:

- Assisted in developing the examination process.
- Review correspondence and reports.
- Conduct on-site reviews.
- Provide consultation on technical issues.

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Virginia Department of Medical Assistance Services (2020 – Present)

Diagnosis-Related Group and Upper Payment Limit Services

Scope of Work:

Myers and Stauffer is contracted to perform an update of the state's existing DRG system and assist with UPL determinations.

Responsibilities:

- Oversee inpatient and outpatient hospital upper payment limit (UPL) calculations.
- Review correspondence and reports.
- Provide consultation on technical issues.

Presentations

"OMPP Training – Disproportionate Share Hospital (DSH) and Medicaid Supplemental Payments," Indiana Office of Medicaid Policy and Planning Staff, 2016.

"OMPP Training – Disproportionate Share Hospital (DSH) and Medicaid Supplemental Payments," Indiana Office of Medicaid Policy and Planning Staff, 2015.

"Disproportionate Share Hospital (DSH) Payment Audit," State of Illinois Department of Healthcare and Family Services, 2011-2013.

"Mississippi Medicaid DSH Examination 2011," Mississippi Division of Medicaid, 2013.

"Ohio Medicaid DSH Audits," Ohio Hospital Association, 2010-2013.

"OMPP Training – Disproportionate Share Hospital (DSH) and Medicaid Supplemental Payments," Indiana Office of Medicaid Policy and Planning Staff, 2010.

Sonia Smith

Senior Analyst

Summary

Ms. Smith is responsible for providing public accounting, auditing, consulting, data management, and analytical services to state, federal, and local health care and social service agencies addressing health care reimbursement issues.

Education

M.S., Business Analytics, Mercer University

M.Acc., Mercer University

M.B.A., Mercer University

Experience

2 years of professional experience

Employment History

Myers and Stauffer LC, (03/22 - Present), Senior Analyst

F & F Services, (06/18 - 03/22), Management Accountant

J.P. Turner and Company, (05/13 - 05/15), Compliance Analyst

Relevant Work Experience

Georgia Department of Community Health (2022-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.

Georgia Department of Community Health (2022-Present)

Hospital Reimbursement Technical Assistance

Scope of Work:

Myers and Stauffer assists with the annual maintenance of the DRG system along with periodic Rebases, including a recent redesign, calculation and implementation of a new APR-DRG reimbursement system. Additionally, technical and accounting issues are reviewed related to the preparation of annual Medicare UPL findings for inpatient and outpatient hospital programs.

Georgia Department of Community Health (2022-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).

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Louisiana Department of Health (2022-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.

Mississippi Division of Medicaid (2022-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.

West Virginia Department of Human Services (2022-Present)

Medicaid Actuarial and Consulting Services

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.

Catherine Snider

Director

• Summary

Ms. Snider is a senior manager with Myers and Stauffer and has extensive experience in public policy management assuring Medicaid program integrity and monitoring contract compliance across Medicaid service areas. Ms. Snider has supported the design, implementation, and evaluation of value-based purchasing (VBP) and delivery system models seeking to improve population health outcomes, integrate physical health and behavioral health services, and address social determinants of health. This includes models with managed care entities, accountable care organizations, regionally-based multi-sector collaboratives, hospital-based systems of care, and/or patient-centered medical homes. These large-scale Section 1115(a) waivers have sought to advance the use of alternative payment models (APMs), evidenced-based protocols, health information technology, risk stratification models, clinical quality measurement, and decision support solutions. She has led negotiations with CMS to ensure alignment between waiver objectives, activities, documentation, and formative and summative evaluations.

• Education

B.A., Political Science and Criminal Justice, Indiana University, 1996

• • Experience

26 years professional experience

• Affiliations

Executive Women in Healthcare

• Relevant Work Experience •

Washington Health Care Authority (2017 – Present)

Delivery System Reform Incentive Payment (DSRIP) Program - Independent Assessor

Scope of Work:

Myers and Stauffer has been contracted to support the Washington Health Care Authority's (HCA) DSRIP program which is composed of nine Accountable Communities of Health (ACHs). Through this engagement, Myers and Stauffer's responsibilities include but are not limited to: receipt and evaluation of ACH project plans; provision of technical assistance regarding project plan improvement opportunities; conducting semi-annual assessments of ACH projects; performing a midpoint assessment of the DSRIP program; assessing value based purchasing (VBP) contracting by the MCOs; collaboration with other HCA contractors; and assisting with certain training and communication efforts.

Responsibilities:

- As Project Manager for this engagement, responsible for the quality and timeliness of deliverables and ongoing communications with the client.
- Manage an annual assessment of MCOs' VBP contracting advancement based on the Health Care Payment Learning and Action Network (HCP-LAN) categories through the development of MCO contract surveys, capturing potential and total provider payments by HCP-LAN category, conducting MCO provider contract reviews and

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confirming MCO HCP-LAN category assignment, and development of findings report and VBP incentive achievement.

- Manage and support a team of reviewers that assess semi-annual reports submitted by ACHs. This includes developing reporting templates, comparing submissions against report criteria, identification of report gaps, write-back procedures to address gaps, calculation of achievement award, and the capture and development of an operational findings report and executive summary report.
- Responsible for completion of the midpoint assessment to determine state-wide and regional project implementation progress, gaps, successes and compliance to waiver special terms and conditions. This included conducting site visits to ACHs, hospitals, primary care clinics, community-based organizations and interviews of a broad cross-section of ACH stakeholders and the development of a findings report with recommendations for waiver success.

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:

- Support Arizona's directed payment program that incentivizes TI program participants to collaborate on the development of shared clinical and administrative protocols that enable patient care management across provider systems and networks.
- Provide ongoing support with performing data analysis on membership and claims utilization to assist in decision making and potential process improvements.

Hawaii Department of Human Services (2018 – Present)

Medicaid Managed Care Organization Procurement Support

Scope of Work:

Myers and Stauffer is contracted with the state to support managed care procurement and aspects of VBP program design for the state's delivery system reform efforts.

Responsibilities:

- Responsible for design, analysis, and drafting of procurement language related to value-based payment (VBP) and alternative payment models (APM) targeting the increased use of health-related services, in-lieu of services and addressing social determinants of health (SDOH) by managed care organizations (MCO).
- Developed MCO payment mechanisms that emphasize local and regional coordination and collaboration for improved patient outcomes through Regional Health Partnerships (RHP), Patient-Centered Medical Homes (PCMH, and Health Homes. Each payment mechanism is aligned with the Health Care Payment Learning and Action Network (HCP-LAN) Framework and builds incentives for providers to progress along the framework towards greater accountability and total cost of care measurement.
- Responsible for reviewing, modifying and designing performance reports and processes that align with the state's quality strategy and MCO procurement to ensure contract compliance and accountability.
- Support development of an enhanced quality strategy that outlines Hawaii goals, objectives, improvement interventions and quality system processes.

Idaho Department of Health and Welfare (2020 – Current)

Non-Emergency Medical Transportation (NEMT) RFP Support

Scope of Work:

Myers and Stauffer is contracted with the state to support NEMT procurement, stakeholder engagement, and program design and improvement for the state's NEMT program.

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Responsibilities:

- Support Idaho address transportation barriers to accessing health care, particularly for individuals who are elderly, have low income, or disabilities.
- As Project Manager for this engagement, responsible for the quality and timeliness of deliverables and ongoing communications with the client.
- Support content development and drafting of an enhanced request for proposal (RFP) for qualified vendors to implement a Prepaid Ambulatory Health Plan (PAHP) model for NEMT services based on increased accountability mechanisms, and well-defined contract requirements.

Idaho Department of Health and Welfare (2015 – 2019)

Patient Centered Medical Home Training and Technical Assistance

Scope of Work:

Myers and Stauffer assisted in the development and implementation of a patient-centered medical home (PCMH) training and technical assistance program that included an incentive payment system as part of the SHIP model test.

Responsibilities:

- Oversaw the Idaho PCMH contract that monitors and supports accountability and performance for attainment of reimbursement milestones for clinics seeking PCMH recognition.
- Oversaw the Myers and Stauffer team responsible for implementation and management of the Idaho Payment Accounting System (I-PAS) system to 1) calculate PCMH incentives based on pre-defined qualifications, 2) report and 3) reconcile achievement to accessible web-based reporting dashboards.
- Consulted with the prime contractor and state to ensure I-PAS meets with requirement standards in a dynamic program during each cohort year.
- Oversaw the development and maintenance of required deliverables, including statewide presentations, a Myers and Stauffer Business Requirements Document, materials for the Idaho PCMH Transition Plan and Communications 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:

- Support Independent Assessment of 1915b waiver assessing quality processes and health outcome improvements.
- Participated in key stakeholder interviews of managed care organizations to ensure procurement language gathered best practice processes and opportunities.

Nevada Department of Health and Human Services (2015 – 2016)

State Innovation Model (SIM)

Scope of Work:

Assisted the State with the preparation of a Round Two State Innovations Model (SIM) Funding Application and the creation of a State Health System Innovation Plan (SHSIP).

Responsibilities:

- Served on the team to support Nevada stakeholder engagement at all levels including health care payers, providers and community advocates in the development and drafting of the State Health System Innovation Plan (SHSIP) as a part of Nevada's SIM design award. The SHSIP defines statewide value-based delivery system reform goals driven by all payers to improve health for all Nevadans.
- Facilitated the Delivery System and Payment Alignment Workgroup and the Policy and Regulatory Taskforce, offering presentations and collecting stakeholder feedback and driving support for statewide improvement initiatives.

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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:

- As the Project Manager, responsible for the quality, accuracy, and timeliness of all deliverables under the engagement. Communicated with the client on these activities.
- Led industry training sessions and oversaw desk review procedures required by the contract for application and project plan reviews.
- As a part of the contracted duties, convened an Independent Review Panel to offer a non-partisan assessment of the quality and completeness of the firm's review processes and the IDN preparedness to fulfill DSRIP activities.
- Prepared and presented a project plan findings report capturing statewide observations, summarizing IDNs' project plan submissions, identified strengths and opportunities per region and panel feedback to provide a statewide portrait of the DSRIP implementation plan.

New Hampshire Department of Health and Human Services (2017 – 2020)

Delivery System Reform Incentive Payment (DSRIP) 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:

- As Project Manager, responsible for the quality, accuracy, and timeliness of all deliverables under the engagement.
- Responsible for the initiative's design and organization of the Learning Collaborative topics, speakers, presentation format, training tools, materials and use of best practices for a robust learning system.
- Provided direction and support to Innovation Agents to develop technical assistance (TA) materials and support for milestone achievement by Integrated Delivery Network (IDN) partners. Ensured responsive and positive relationships with IDN staff and provider partners.
- Prepared, executed and submitted work plan, budget and reports to operational management and executive leadership ensuring clients are fully and timely informed with actionable information.

New Jersey Department of Health (2013 – 2018)

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.

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Responsibilities:

- Actively engaged in all aspects of this initiative, including the development of the quality improvement projects, performance measurement methodologies and databook, facilitation of the Quality and Measures Committee, learning collaboratives, and stakeholder engagement on behalf of the Department of Health.
- As Project Manager, responsible for communications on behalf of the team with the client, CMS, industry at large, association leads and Executive Leadership updates.
- Developed the menu of quality improvement projects implemented by the DSRIP program, and drafted the Protocols.
- Managed the development of the New Jersey attribution model and performance measure databook that provides the detailed measure specifications that monitor performance metrics as the basis for incentive award.
- Monitored attainment of achievement at the point of application and through quarterly progress reports.
- Provided dispute resolution with CMS and their independent contractor providing oversight of state activities.
- Involved in over a hundred calls with CMS regarding both planning and monitoring.
- Led and/or supported over fifty learning collaborative meetings with the industry.
- Developed and supported over a dozen webinar training presentations with the industry.
- Oversaw the help desk email and telephone functionality and communications with the industry.
- Oversaw and supported the quarterly payment processes based on industry achievement totaling \$166.6 million dollars annually.

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:

- As Project Manager, responsible for communications on behalf of the team with the client, CMS, industry at large, association leads and Executive Leadership updates.
- Oversaw incentive award achievement and payment calculation processes totaling \$166.6 million dollars annually.
- Managed industry performance measurement appeal processes through adjudication and state approval of recommendations.
- Supported appeal resolution with CMS and their independent contractor providing oversight of state activities.

Prior Relevant Work Experience

Myers and Stauffer (2012 – Present), Senior Manager

State of Indiana, Family & Social Services Administration, Office of Medicaid Policy and Planning (2008 – 2012), Compliance Manager

State of Indiana, Family & Social Services Administration, Office of Medicaid Policy and Planning (2005 – 2008), Program Integrity Manager

State of Indiana, Family & Social Services Administration (2000 - 2005), Policy & Procedures Analyst

Marion County Justice Agency (1996 – 1999), Supervisor, Conditional Release Office

State of Indiana, Family & Social Services Administration Medicaid (2000 – 2012), Compliance Manager

Responsibilities:

- Managed a compliance team tasked with oversight and management of the State of Indiana's Medicaid Managed Care entity (MCE) contracts covering over 800,000 lives under the Hoosier Healthwise program and Healthy Indiana Plan (HIP). HIP expanded coverage through the use of Personal Wellness and Responsibility (POWER) accounts, similar to commercial-based health savings accounts (HSA). She was a team lead on the first comprehensive statewide quality improvement initiative to improve the rate of behavioral health follow-up care after hospitalization for

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Indiana citizens. This initiative successfully brought together competitive plans to partner on the promotion, execution and improvement of delivery system performance and health outcomes.

- Responsible for detailed analysis and reporting of MCE operation and quality reporting to the Medicaid Director. Included analysis of call center performance, claim system processing, prior authorization and disease management activities, grievance and appeal proceedings, financial statements and clinical outcome measures that impact the lives of Indiana Medicaid enrollees.
- Oversaw the data exchange processes between the Medicaid Management Information System (MMIS) maintained by the State's fiscal agent and the MCE data systems for all files affecting member enrollment and health plan payment according to X12 transaction rules.
- Developed the State's first Program Integrity unit managing audit programs and contracts to meet agency goals for fiscal and procedural compliance of the Indiana Medicaid program. Oversight included management of long term care cost report auditing, surveillance and utilization medical claims reviews (SUR), pharmacy and waiver claim audits.
- Reviewed Medicaid eligibility cases and provided policy expertise in response to constituents, legislators and all local county office's inquiries.
- Provided acceptance testing and system analysis for the Indiana Client Eligibility System (ICES).
- Analyzed and coordinated division projects and contract negotiations between the Department of Public Safety Director, City-County Council members, Union representatives, division staff, local agencies, and community members.

Presentations

"Learning Collaboratives," America's Essential Hospitals' Leadership Summit on Medicaid Waivers, 2015.

"Pay for Performance," National Association of State Human Services Finance Officers, 2018.

"Medicaid Value Based," National Association of State Human Services Finance Officers, 2019.

"Quality Measures," Myers and Stauffer Value-Based Purchasing Forum, Atlanta, Georgia, 2019.

Laurel Geist Steedman

Manager

• Summary

Ms. Steedman has worked in health care for more than 10 years. She has experience leveraging data and reporting for improved workflows to make a difference in the health care industry. Ms. Steedman's Medicaid work focused on programmatic- and policy-related HCBS waiver initiatives. With a background in data and applied business intelligence, she has served in a support capacity to state leadership when drawing upon data insights to inform policy decisions. She has been responsible for updating and developing reimbursement methodology for new Medicaid service lines, including market research and relevant rate and fiscal impact analyses. Ms. Steedman also guided the state operations teams through policy changes, and worked with CMS in updating the waiver amendments.

• Education

M.H.A., The Ohio State University
B.S., Health Services – Health Management, The Ohio State University

• Experience

13 years of professional experience

• Relevant Work Experience

Cigna Medicare Provider Operations- Data Installation and Quality, (2021 – 2023), Provider Data Manager - Medicare Operations (Band 4)

- Responsible for data loading Cigna's Southeast Medicare markets: Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina.
- Leads division specific and cross matrix efforts to standardize data loading practices.
- Plans, directs, and coordinates work of team members in the provider claim system data loading unit, and provider directory information and network adequacy unit.
- Develops solutions process related workflow deficiencies.
- Acts as subject matter expert in data-related projects and liaison to non-technical partners.

State of Ohio Department of Developmental Disabilities, (2018 – 2021), Senior Manager - Medicaid Operations (Manager 3)

- Plans, directs, and coordinates work of 30 team members in 3 units: Medicaid Claims & Reimbursement, Provider Network Enrollment/Certification, and Customer Support.
- Provides leadership to teams through identifying shared objectives and working collaboratively to meet State of Ohio goals.
- Provides support to team leaders who onboard, train, coach, and secure resources to assist their staff in reaching team objectives and deadlines.
- Acts as subject matter expert in data-related projects and liaison to non-technical partners.
- Sets timelines, deliverables, and benchmarks and gives updates to upper management.
- Advances strategic initiatives through by working with IT staff to develop new/unconventional complex reporting from various datasets.

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- Designs key performance measures and analysis outlines for critical operations and policy projects.
- Manages complex and sensitive issues, including personnel matters.
- Administered significant payment and provider network changes to enhance recruitment and sustain network viability in response to COVID-19.

State of Ohio Department of Developmental Disabilities, (2016 – 2018), Medicaid Waiver Technical Manager

- Responsible for policy development for three Medicaid 1915(c) waiver programs serving 50,000 Ohioans with developmental and intellectual disabilities, including coverage for services and requirements for the provider network.
- Communicated complex ideas, data, and information in an understandable format to diverse stakeholder audiences.
- Reported on federal compliance updates including quarterly program submissions, federal information requests, and milestone updates for nationwide initiatives.
- Served as top-level technical and functional contributor and lead for Medicaid waiver services data.

State of Ohio Department of Developmental Disabilities, (2013 – 2016), Business Intelligence /Analytics Manager

- Department internal liaison to determine analytic reporting needs and provide training and support on network performance applications and reporting tools.
- Responsible for data integrity stewardship and system oversight.
- Interpreted service line reporting needs and developed reports to meet ad hoc, reoccurring, and operational meets.
- Used relational databases for data mining and reporting for cost forecasting, auditing, billing, utilization, conducting research and preparing reports.
- Investigated data discrepancies and effectively communicate findings to IT.
- Requested new data, new data structures, and novel data elements/calculations from IT.
- Oversaw team response to user division/department/county level data needs.
- Translated business workflows and recommended reports to improve efficiency.

College of Public Health, The Ohio State University, (2010 – 2013), Center for Health Outcomes, Policy, and Evaluation Studies

- Monitored and streamlines study design development, implementation, analysis, interpretation.
- Managed data collection, cleaning, and descriptive analysis; with an emphasis on qualitative data.
- Responsible for HIPAA compliance.

Isabella Swanson

Senior Analyst

Summary

Ms. Swanson is responsible for providing public accounting, auditing, consulting, data management, and analytical services to state, federal, and local health care and social service agencies addressing health care reimbursement issues.

Education

M.Acc., Audit/Assurance Track, Kennesaw State University
B.B.A., Accounting, Kennesaw State University

Experience

3 years of professional experience

Affiliations

The National Society of Leadership and Success

Employment History

Myers and Stauffer LC, (05/22 - Present), Senior Analyst
Kennesaw State University, (08/21 - 05/22), Graduate Teaching Assistant

Relevant Work Experience

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

Prescriber Incentive Alternative Payment Model

Scope of Work:

Myers and Stauffer has been engaged to support the Department of Health Care Policy and Financing (HCPF) to assist in the design and development of the Colorado Prescriber Incentive Alternative Payment Model (APM).

Responsibilities:

Colorado Department of Health Care Policy and Financing (2021-2022)

Behavioral Health Network Analysis

Scope of Work:

Analyze the current data on behavioral health providers captured by the Department in the Colorado interChange and through submissions by the states managed care entities called Regional Accountable Entities (RAEs).

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Hawaii Department of Human Services (2021-2021)

Interoperability Program Survey

Scope of Work:

Myers and Stauffer was contracted to conduct a statewide eScan for the Hawai'i Department of Human Services (DHS), Med-QUEST Division as part of the HITECH program closeout requirements outlined by CMS. Tasks included designing a survey, distributing the survey to providers, reviewing results from the survey and comparing to previous surveys conducted within Hawai'i, and completing the final eScan Report.

Indiana Family & Social Services Administration (2021-Present)

Medicaid Rate Setting Services

Scope of Work:

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

Indiana Family & Social Services Administration (2021-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. Myers and Stauffer conducts the following activities guided by CMS EQR Protocols.

- Protocol 4. Validation of Network Adequacy.
- Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan.
- Protocol 9. Conducting Focus Studies of Health Care Quality.

Georgia Department of Community Health (2021-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.

Georgia Department of Community Health (2021-Present)

Hospital Reimbursement Technical Assistance

Scope of Work:

Myers and Stauffer assists with the annual maintenance of the DRG system along with periodic Rebases, including a recent redesign, calculation and implementation of a new APR-DRG reimbursement system. Additionally, technical and accounting issues are reviewed related to the preparation of annual Medicare UPL findings for inpatient and outpatient hospital programs.

Georgia Department of Community Health (2021-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).

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Kentucky Cabinet for Health and Family Services (2021-Present)

Medicaid Rate Setting

Scope of Work:

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

Louisiana Department of Health (2021-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.

Mississippi Division of Medicaid (2021-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.

Mississippi Division of Medicaid (2021-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.

West Virginia Department of Human Services (2021-Present)

Medicaid Actuarial and Consulting Services

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.

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

Alternative Payment Model 1 Measurement Reports Support

Scope of Work:

Myers and Stauffer is assisting the Department in administering the Alternative Payment Model for Primary Care.

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Arizona Health Care Cost Containment System (2021-2022)

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

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.

Arizona Health Care Cost Containment System (2021-2022)

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.

Virginia Department of Medical Assistance Services (2021-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.

Mark Synol, RPh

Senior Consultant

Summary

Mr. Synol is an accomplished strategic leader with 20+ years of experience in pharmacy benefit management and health plans. He has a proven track record of leading organizations and cross-functional solutions including launching products with a focus on quality, profitability, and market needs.

Mr. Synol is a registered pharmacist in the State of Connecticut with a reputation of successfully developing and maintaining relationships with external clients and prospects. Expertise in multiple markets including Commercial, Exchange, Medicare and Medicaid. A hands-on, proactive, and collaborative leader who builds strong relationships with clients, partners, industry peers, and internal teams. Extensive experience with all aspects of operations, planning, business development, internal and external communications to ensure client success. Able to understand and advise clients regarding the impact of new regulations at federal, state/local, and CMS level, ensuring clients are compliant with requirements.

Education

B.S., Pharmacy, University of Connecticut,

Experience

22 years of professional experience

Licenses/Certification

Registered Pharmacist

Relevant Work Experience

Gainwell Technologies, (02/22 to present), Pharmacy Benefit Services (PBM) Pharmacist

- Provides clinical and operational support for PBM services team for new and existing accounts. Works collaboratively on developing supporting strategies and implementing new capabilities to achieve corporate goals.
- Proficient in the management and oversight of operational and clinical processes of PBM services, including plan implementations for regulated markets (clinical initiatives and drug list maintenance).
- Collaborate with the PBM services team to develop pharmacy program management offerings that can be leveraged across accounts and contribute to the company's market competitiveness.
- Provides subject matter expertise for Medicaid PBM services and product functionality to internal sales team regarding PBM functions as they relate to benefit administration.
- Provide support for the sales teams to complete Request for Proposals (RFPs) in a timely, accurate, and professional manner for PBM services.

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- Maintains operational and clinical excellence by demonstrating proficiency with the principles and methodologies of process improvement.

ConnectiCare/EmblemHealth, (03/18 to 01/22), Sr. Director, Enterprise Pharmacy Sales and Operations

Sales and Account Support

- Key enterprise Subject Matter Expert (SME) for pharmacy benefits for sales, account management, underwriting, and actuary. Responsible for the oversight of new benefit configuration and benefit setup.
- Work cross-functionally with internal teams (underwriting, actuary, legal, product, and operations) to develop new or modify current products to meet market needs.
- Provide enterprise support for sales and underwriting to complete Request for Proposals (RFP) in a timely, accurate and professional manner.
- Partners with brokers to answer questions and provide education regarding benefit offerings at ConnectiCare and EmblemHealth.
- Provides ongoing support to key accounts serving as key point of contact for client issues.
- Develop and maintain a suite of pharmacy utilization reporting packages, supporting account business reviews.
- Provides pharmacy benefit consulting support, identifying trends and high-cost claimants. Reviews drug pipeline with new or existing accounts to plan for future drug spend with sales and underwriting teams

Pharmacy Systems and Operations

- Monitors Pharmacy Benefit Manager (PBM) contract performance including performance guarantees, financial guarantees, market checks, and compliance with regulatory requirements.
- Provides direction to PBM and works collaboratively on developing supporting strategies and implementing new capabilities to achieve corporate goals.
- Implements and monitors pharmacy benefit installation and testing across the enterprise under the direction of the VP, Enterprise Pharmacy Solutions to meet clinical objectives, control costs, monitor pharmacy vendor performance, contractual compliance and review pharmacy network as desirable with key focus on service excellence.
- In conjunction with VP of Pharmacy, responsible for budget development, forecast and management.
- Prepare management reports and perform analysis on potential new or discontinued plan designs.
- Acts as primary contact for pharmacy or Pharmacy Benefit Manager (PBM) questions including benefits, point of sale rejects, utilization management, or address and resolve enrollment and benefit design discrepancies.
- Accountable for maintaining a strong pharmacy operations team. Retain and develop employees; recruiting top talent when required.
- Maintains operational and clinical excellence by demonstrating proficiency with the principles and methodologies of process improvement.

ConnectiCare/EmblemHealth, (03/16 to 03/18), Director, Pharmacy Operations

- Administer and manage the pharmacy benefit management program under the direction of the VP of Pharmacy to meet clinical objectives and control costs. Monitors pharmacy vendor performance and contractual compliance.
- Serves as a Subject Matter Expert (SME) for the Commercial, Exchange and Medicare Part D pharmacy benefits and responsible for the oversight of new benefit configuration and benefit/coverage rule maintenance; Makes decisions within the limits of the plan policies and procedures relative to the health care benefits.
- Provides direct oversight of Pharmacy Benefit Manager (PBM) to meet CMS, NCQA and other

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- regulatory bodies' compliance for all delegated activities.
- Primary contact for Pharmacy Benefit Manager (PBM) to address and resolve enrollment and benefit design discrepancies.
- Coordinates testing of pharmacy benefit designs with medical benefit claim systems to ensure formulary
- and accumulators are appropriately tracked. Demonstrates proficiency with the principles and methodologies of process improvement.

Optum Rx, (09/13 to 03/16), Clinical Consultant

- Collaborate with clients to implement and achieve cost effective clinical program goals including generic utilization, drug adherence, disease management, Retro-Drug Utilization Review, and specialty pharmacy.
- Acting client point of contact for drug information, clinical inquiries, and pharmacy benefit issues.
- Provide superior clinical consultation and account management focusing on client satisfaction/retention and program management.
- Conduct Quarterly Performance Reviews and recommend utilization management programs which meet client's business goals.
- Ability to analyze client's claim data to identify trends and recommend utilization management programs to improve healthcare and costs.
- Engage Benefit Administration, Drug Intelligence, Formulary, and Utilization Management teams to ensure successful program implementations which meet the needs of the client.

Hewlett Packard, (06/11 to 09/13), Pharmacy Program Manager

- Manage daily operations of the Pharmacy Program for the State of Connecticut Medicaid programs. This includes the Connecticut federal drug rebate program, the Connecticut Medicaid pharmacy prior authorization call center, Preferred Drug List (PDL), MAC pricing, and Retro-Drug Utilization Review program.
- Monitors and tracks reporting and management data to ensure that all contractual/legislative service level agreements are met.
- Assists in the preparation of materials for the State of Connecticut Pharmacy and Therapeutics committee meetings.
- Maintains and implements state-mandated policies for pharmacy benefit coverage administered to Connecticut Medicaid clients.
- Analyze program data and consults with customer concerning potential program enhancements for the State of Connecticut Medicaid programs.
- Collaborate with pharmacy capability team to develop program management offerings that can be leveraged across accounts and generate revenue for the HP Medical Management division.

Hewlett Packard, (06/06 to 06/11), Pharmacy Benefit/Drug Rebate Coordinator

- Manage the Connecticut drug rebate department responsible for invoicing over \$90 million a quarter.
- Actively works with rebate staff on dispute resolution with drug manufacturers while adhering to the Service Level Agreements (SLA) of the State of Connecticut and CMS requirements of the Federal Drug Rebate Program.
- Supervises the Prior Authorization call center for the State of Connecticut Medicaid pharmacy program.
- Call Center receives over 8,000 Prior Authorizations and 4,500 calls per month.
- Subject Matter Expert (SME) and lead testing coordinator for Pharmacy subsystem of the Connecticut Medicaid Management Information System. Develops, tests, and implements clinical requirements through the claim adjudication process for the State of Connecticut Medicaid program.
- Implementation and certification of the CT Medicaid e-Prescribing Project with the Surescripts

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network.

- Including client file loads, eligibility transaction set (270/271), Medication History, MEDS transactions, and formulary files.
- Business lead for the implementation of State of Connecticut Medicaid Management Information System (MMIS) for pharmacy services.

Electronic Data Systems, (05/01 to 05/06), Staff Pharmacist

- Establish and manage formulary installation and maintenance for the State of Connecticut Medicaid pharmacy programs. Includes formulary coverage rules, reimbursement rules, and provider contracts.
- Review and process weekly drug files from First Data Bank. Includes modifying and maintaining coverage rules for multiple pharmacy programs, cost avoidance editing for both Medicare Part D and Part B benefits, and pricing data for claim adjudication and reimbursement.
- Develops, tests, and implements clinical and technical requirements of the Connecticut Medicaid Program through the claim adjudication process.

Nickie Turner, CFE

Senior Analyst

Summary

Ms. Turner, a senior analyst with Myers and Stauffer, has extensive experience with government health care programs, including contract administration and compliance monitoring. Ms. Turner has completed engagements related to the performance of managed care organizations under contract with states of Georgia and New Mexico. Areas of focus include corporate and contract compliance, subcontractor oversight, program integrity oversight, and encounter submissions and payment systems.

Prior to joining Myers and Stauffer, Ms. Turner spent seven years with Affiliated Computer Services, Incorporated (ACS), the previous fiscal agent for Georgia Medicaid. As a Medicaid claims specialist/provider services representative, Ms. Turner managed a 20-county territory assessing and addressing the needs of providers. She provided on-site training to Georgia Medicaid providers across claim submission and resolution, billing, member issues, and policy-related issues. She conducted provider trainings and workshops for up to 250 attendees; hosted web-based provider trainings and meetings via WebEx; promoted ACS proprietary software and use of Georgia Health Partnership's website including website training; and liaised between ACS, provider community, Medicaid fiscal agent, and client, the Georgia Department of Community Health (DCH). Ms. Turner also has five years of experience as a patient account representative and insurance collections agent for a large medical oncology practice having several offices located around metropolitan Atlanta.

Education

M.B.A., Health Services Administration, Strayer University
B.S.B.A., Marketing, Auburn University

Experience

25 years of professional experience

Licenses/Certifications

Certified Fraud Examiner

Relevant Work Experience

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:

- Analyzed CMO claims, financial, and other program information to determine compliance with state contract requirements and identify best practices for the state client's consideration.

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- Evaluated CMO performance in the areas of corporate and contract compliance; program integrity oversight; subcontractor oversight; and encounter submissions and payment systems.
- Participated in on-site interviews with state and CMO representatives to acquire an understanding of CMO policies, procedures, and internal controls.
- Evaluated network adequacy and performed an analysis of timely network access based on established standards.
- Developed findings and recommendations.
- Generated written reports.

Georgia Department of Early Care and Learning (2019)

Child and Adult Care Food Program (CACFP) Audits

Scope of Work:

Myers and Stauffer conducts CACFP and SFSP administrative reviews, follow-up administrative reviews, complaint investigations, and financial audits of program sponsors, including day care homes, throughout the state of Georgia.

Responsibilities:

- Conduct on-site reviews of the Sponsor and the Facility to ensure they are meeting the requirements by the state of Georgia to participate in the food program.
- Provide technical assistance as needed to ensure CACFP regulatory compliance and that best practices are considered in the child nutrition community.
- Review and approve Sponsor/site corrective action plans associated with CACFP review findings.
- Review, enter and track information in the Georgia Child Nutrition System to ensure audits are completed in a timely and compliant manner.

Georgia Department of Community Health (2011 - 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:

- Tested and re-priced paid claims to identify claims that may not have been paid in accordance with Georgia Medicaid and CHIP coverage and payment policies.
- Identified payments that should not have been made i.e. duplicate payments or for ineligible members or providers.
- Identified other amounts that should have been paid but were not paid.
- Identified and/or quantified payment errors in the universe of paid claims for selected categories of service.

Georgia Department of Community Health (2014 - 2014)

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:

- Performed post-payment reviews of fee-for-service claims during a five-year lookback.

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Identified and/or quantified Medicaid overpayments or payments due to providers.

- Participated in repricing of NICU claims as a result of clinical review and leveling.

Texas Health and Human Services Commission (2014 - Present)

DSRIP Compliance Monitoring Services

Scope of Work:

Myers and Stauffer collaborates 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:

- Reviewed program data for accuracy and completion of milestones.
- Worked with Providers to coordinate submission of documents and appropriate documentation for review.

Kimberly Weakley-Johnson, MBA, PAHM

Health Care Manager

Summary

Ms. Weakley-Johnson is a managed care leader with extensive experience leading successful revenue generating business units in the Health Insurance industry. She has demonstrated success in government account management, program implementation, national plan integration, provider credentialing, provider data management, reimbursement and payment policy development, contract configuration, claims management, network development, hospital, physician and ancillary contracting. An experienced relationship manager, Ms. Weakley-Johnson is proficient in managing provider types that include but are not limited to Behavioral Health Professionals, Crisis Management Agents, Community Mental Health Centers, Home and Community Based Providers, Employment Counselors, Nursing Facilities, Transportation vendors and Behavioral Health Homes. Ms. Weakley-Johnson is a strategic thinker, operations expert, and dynamic leader with an outstanding record of sustained performance.

Education

M.B.A., Business Administration, Ashford University

B.S., Business Administration, University of North Alabama

Experience

17 years of professional experience

Affiliations

Academy Healthcare Management

Nashville Healthcare Leadership Council

Licenses/Certifications

Professional - Academy of Healthcare Management

Employment History

Myers and Stauffer LC, (05/24-Present), Health Care Manager

Centene, (10/20-12/23), Sr. Director, Provider Performance

Anthem, (06/14-10/20), RVP, Provider Solutions

Centene, (02/07-05/14), VP, Provider Solutions

Relevant Work Experience

West Virginia Department of Human Services (2024 - Present)

Medicaid Actuarial and Consulting Services

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.

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Responsibilities:

- Client Engagement and support for Bureau Medical Services Multi-level staff.
 - Project Management.
 - Development and Implementation of Engagement Oversight Tools.
- MCO Contract Compliance Monitoring.
 - Implementation of Quality Performance Program for MCO's.
 - MCO Reports Review and Monitoring.
 - Onboarding and training of New MCO Entrant.
- Supported MCO Contracts Management.
- Client Dashboard Engagement to ensure Improved Outcomes.
- Research and Development of Legislative and Policy Briefs.
- Supported Implementation of CMS Final Rules.

Other Relevant Work Experience

Centene, (October 2020-December 2023), Sr. Director, Provider Performance

Managed the creation of training materials and implementation of various healthcare training modules to increase knowledge of healthcare providers in areas of efficiency and effectiveness.

- Direct responsibility for network problem resolution.
- Executed Clinical Vendor relationship management, Training and Market Implementation.
- Managed education and deployment of Risk Management Programs and Value Based Agreements.
- Improved Medicaid, Medicare and Health Exchange Risk Adjustment results to 100% achievement of financial goals (two consecutive years).

Anthem, (June 2014-October 2020), RVP, Provider Solutions

Led all aspects of Provider Network Management to include provider network strategy, provider contracting, provider relations and operations to support provider service, network development, provider education, and product and market expansions. Responsibilities include the strategic analysis and negotiations for network management, including organizational management, complex contracting, and network contracting efforts.

- Direct responsibility of Provider Relations problem/claims resolution and network education.
- Executed Specialist, Primary Care, Behavioral Health, Hospital, Ancillary and Long-Term Services and Support recruitment to resolve network deficiencies.
- Managed all HEDIS related education and outreach initiatives.
- Negotiated YoY unit cost reductions saving an estimated \$20M annually as primary contributor to Hospital and Large Multi-specialty Group contract negotiations.
- Drove statewide departmental budgeting averaging \$500K annually.
- Managed strategic analysis and negotiations for network management with spend exceeding \$160M.
- Monitored local market trends relative to Provider Contracting, Reimbursement, Unit Cost Management and Field Service.
- Managed all facets of New Product and New Vendor Operations Implementation.

Centene, (February 2007-May 2014), VP, Provider Solutions - (August 2012-May 2014)

Led all aspects of Provider Network Management to include provider network strategy, provider contracting, provider relations and operations to support provider service, network development, provider education, and product and market expansions. Responsibilities include the strategic analysis and negotiations for network management, including organizational management and supported network contracting efforts.

- Direct responsibility of Provider Operations; Provider Data Management, Credentialing, Contracts Management, Payment Policy, Production Audit & Provider Training.
- Managed all HEDIS related education and outreach initiatives.
- Key contributor to Hospital and Large Multi-specialty Group contract negotiations resulting in YoY cost of care savings exceeding \$5M to \$10M annually.
- Managed strategic analysis and negotiations for network management.
- Managed all facets of New Product Operations Implementation.

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Senior Director, Provider Operations, (November 2010-July 2012)

Turned around the performance of the Provider Data Management unit, The Contract Configuration and Claims Management unit by providing training programs, improving recruiting, and implementing Six Sigma Quality Metrics; Instrumental in establishing formal HR policies, job descriptions, pay scale, and annual written performance reviews.

- Direct responsibility of Provider Data Management (Credentialing, Re-credentialing, Provider Data Management).
- Managed Contract Configuration and Claims Management audit and verification.
- Executed the Development and Implementation of Payment Policy and Training Department.
- Handled Development and Implementation of Production Audit Department.
- Managed Development and Implementation of Contracts Management department; responsible for maintaining contract compliance with company policies and standards, government laws and regulations; responsible for management of the full life cycle of Practitioner, Group, Hospital, Facility and Ancillary Contracts.
- Handled development and maintenance of long-term relationships with providers at the executive level. Developed and offered services that reflect an understanding of a plan's unique business needs and offered market specific measurable solutions.

Director of Provider Relations, (February 2009-November 2010)

Created training materials and conducted various healthcare training modules to increase knowledge of healthcare providers in areas of efficiency and effectiveness.

- Developed insurance and financial improvement targets based on actuarial data to advise healthcare providers on financial strategies, initiatives and pay-for-performance contracts. Resulted in successful Incentive Program implementation covering 50% of health plan members (over 150,000).
- Promoted to lead Peach State Health Plan physician networks responsible for: Physician Recruitment, Provider Service, Incentive support, Joint Operations and Provider Communication.
- Directed cross-functional team to refresh business strategies, contributing to a decrease in health benefits ratio by over 5%.
- Contributed to the developed insurance and financial improvement targets based on actuarial data to advise healthcare providers on financial strategies, initiatives and pay-for-performance contracts; Resulted in successful Incentive Program implementation covering 50% of health plan members.

Manager of Provider Relations, (February 2007-February 2009)

Managed staff in contracting and servicing area including workflow, training and communications standards. Manage day-to-day provider relations activities and provider relations department. Development and implementation of production and quality standards for the staff.

Samuel Weaver

Senior Accountant

Summary

Mr. Weaver is a member of the firm's Managed care engagement team. He is responsible for conducting an independent ~~error~~ review of the accuracy, truthfulness, and completeness of the encounter and financial data submitted. Mr. Weaver performs Hospital Financial Survey (HFS) desk reviews of Georgia hospitals for the Georgia Department of Public Health.

Additionally, Mr. Weaver has experience working with cost reports; reviewing supporting documentation for compliance; performing analyses; evaluating financial records; interviewing client personnel and gaining an understanding of internal controls; and assessed findings to create result narratives.

Education

B.B.A., Accounting and Finance, Mercer University, 2020

Experience

2 years of professional experience

Relevant Work Experience

Georgia Department of Community Health (2021 - 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.

Responsibilities:

- Reviewed Policies and Procedures.
- Financial Reconciliations.
- Analyze provider documentation for accuracy.
- Post Findings and Adjustments.
- Preparation of Reports.

Georgia Department of Community Health (2021 - Present)

Nursing Facilities Examinations

Scope of Work:

Myers and Stauffer conducts Agreed-upon procedures, desk reviews, and field examinations of annual cost reports filed by Medicaid certified nursing facilities in the state of Georgia.

Responsibilities:

- Reviewed nursing facility's general/professional liability insurance for accurate reporting and CMS compliance.

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- Performed the SNF desk reviews which included planning and risk assessment; desk review procedures; and review and reporting procedures.

Louisiana Department of Health (2021 - Present)

Managed Care Organization Audit

Scope of Work:

Myers and Stauffer provides services to the Louisiana Department of Health to examine the medical loss ratio (MLR) reports filed by their managed care organizations.

Responsibilities:

- Policies and Procedures review.
- Vendor Contract Review.
- Financial reconciliation.
- Sampling and reviewing medical claims.
- Healthcare Quality Improvement and Health Information Technology review and analysis.
- Incurred But Not Reported Review.
- Post Findings and Adjustments.
- Preparation of Reports.

Mississippi Division of Medicaid (2021 - 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:

- Policies and Procedures review.
- Administrative Cost reconciliation.
- Direct and Indirect administrative cost sampling procedures.
- Post Finding and Adjustments.
- Preparation of Reports.

Annie Hallum, FSA, MAAA

Consulting Actuary, Milliman

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

Education

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

Experience

12 years of professional actuarial experience, including:

Medicaid managed care rate setting:

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

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

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

Certifications

Member, American Academy of Actuaries (MAAA), 2012

Fellow, Society of Actuaries (FSA), 2013

Relevant Work Experience

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

Navigant/Guidehouse (2017 – 2018), Associate Director

Relevant project experience:

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

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

Publications

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

Justin C. Birrell, FSA, MAAA

Consulting Actuary (Principal), Milliman

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

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

Education

B.S., Mathematics Brigham Young University, 1994

Experience

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

Certifications

Member, American Academy of Actuaries (MAAA) – 2007

Fellow, Society of Actuaries (FSA) – 2010

Relevant Work Experience

Milliman (1995 – Present), Principal and Consulting Actuary

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

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- **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 CCNC program
 - Developed PACE UPL and Care Management Rate for Maternity Program for North Carolina
 - Led the savings calculation and reconciliation of the State's disease management program for Texas
- **State of Kansas, Department of Health and Environment (2014-2017)**
 - Develop and certify actuarially sound capitation rates for KanCare, the State's comprehensive Medicaid managed care program which covers approximately 450,000 acute care and long-term care (LTC) members
 - Estimate the 10-year enrollment and budget impact of Medicaid expansion to the State, which was presented during the State legislation process.
 - Design and implement a budget-neutral risk adjustment process with a nationally recognized risk adjustment model, including a feasibility study, rate cell reconfiguration, and risk weight calibration.
 - Design and implement a service setting mix-based risk adjustment process for the blended LTSS capitation rates across HCBS and NF members.
 - Redesign a risk corridor program for intellectual/developmental disability rates, which reduced the State's risk corridor settlement payments to the health plan by millions of dollars.
- **State of Tennessee, Division of TennCare (2013-2014)**
 - Develop and certify actuarially sound capitation rates for the State's integrated Medicaid managed care program, TennCare's, non-CHOICES (acute care) and CHOICES (LTSS) programs, which covers approximately 1.3 million non-CHOICES members, including Temporary Assistance for Needy Families and related, uninsured and uninsurable, disabled, and dual-eligible populations, and 30,000 CHOICES members.
- **State of Georgia, Department of Community Health (2012-2014)**
 - Develop and certify actuarially sound capitation rates for the Georgia Families program, the State's Medicaid managed care program, which covers approximately one million members, including low income families, CHIP, and foster care and adoption assistance.
 - Design and implement a new Georgia Families 360 program which covers foster care and adoption assistance children who were previously served under fee-for-service (FFS).
 - Develop and certify incurred but not reported estimates for the State's entire Medicaid and CHIP program, including both FFS and managed care members.
 - Implement federally mandated enhanced primary care provider rate increases and Health Insurance Provider Fees

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Dan Gerber, ASA, MAAA

Milliman Associate Actuary

Since joining Milliman's Seattle Health practice in 2017, Dan has specialized in Medicare Advantage and Medicaid, specifically in behavioral health and long-term care rate setting. With five years of experience, Dan has been the lead analyst on several annual rate-setting projects, managed multiple teams, developed timelines, and communicated results to various stakeholders. He has developed and presented Medicaid-related training to internal and external audiences.

WV Role: Staff Actuary

- ✓ Five years of Medicaid managed care rate setting
- ✓ Member of the American Academy of Actuaries (MAAA)
- ✓ Associate of the Society of Actuaries (ASA)

Education

B.A. in Mathematics and Neuroscience, Carthage College

Experience

More than five years of professional actuarial experience, including:

Medicaid managed care rate setting:

- Nevada 2017-2019
- Washington PACE 2018-present
- Washington Apple Health 2019-present

Other experience:

- Medicare Advantage bid development 2017-present
- Department of Veterans Affairs 2017-2020
- Commercial MCO Arrangements 2017-2020

Certifications

Associate of the Society of Actuaries (ASA), Society of Actuaries,
Member of the American Academy of Actuaries (MAAA), American Academy of Actuaries

Relevant Work Experience

Milliman, Inc (2017-Present), Actuarial Analyst and Associate Actuary

- **State of Nevada:** Medicaid Managed Care (3 years)
 - Trend Analysis, Rate Development, Risk Adjustment, Data Management
- **State of Washington:** PACE (Medicaid) Managed Care (5 years)
 - Project Management, Trend Analysis, IBNP, Program Changes, Rate Development and Presentation
- **State of Washington:** Apple Health (Medicaid) Managed Care (5 years)
 - Behavioral Health-specific: Project Management, Trend Analysis, IBNP, Program Changes, Rate Development and Presentation
 - General: Data Acquisition and Management, Trend Analysis, Certification and Presentation

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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:**
 - Risk adjustment (adjusted clinical groups) and risk mitigation settlements (2018 – 2021).

APPENDIX A: RESUMES

- 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>

Steven Rounsley, FSA, MAAA

Milliman

Mr. Rounsley is an actuary with Milliman's Seattle Health Practice. He joined the firm in 2016, and has over five years of experience providing actuarial support to state Medicaid agencies, Medicare Advantage plans, commercial insurance companies, and the Department of Veterans Affairs. Mr Rounsley's experience includes capitation rate setting, data cleansing and processing, fee schedule impact analyses, and claims repricing.

WV Role: Staff Actuary

- ✓ 5 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

Bachelor of Science, Actuarial Science, *Magna Cum Laude*, Central Washington University, 2016

Experience

Five years professional experience

Certifications

Member, American Academy of Actuaries (MAAA), 2019

Fellow, Society of Actuaries (FSA), 2021

Relevant Work Experience

Milliman (2016 – Present), Actuary

- **State of Washington, Health Care Authority:**
 - Development of Medicaid capitation rates for TANF, SCHIP, disabled, and expansion populations
 - Enrollment data manager
 - Development of claims reserve estimates and enrollment projections
- **State of Nevada, Division of Health Care Financing and Policy:**
 - Development of Medicaid capitation rates for TANF, disabled, and expansion populations
 - Processing of managed care claims
- **State of Hawai'i, Department of Health and Human Services**
 - Development of COVID-19 rate adjustment factors
- **Milliman GlobalRVUs**
 - Track, identify, and implement software changes required to accurately reprice physician claims to Medicare reimbursement levels
 - Advise fellow consultants and our clients on how fee schedule changes can impact claims costs and how to accurately develop adjustments to adjust base-year claims to reflect the projection year fee schedules

APPENDIX A: RESUMES

Relevant Publications

- **E/M-erging payment rates: Effects of 2020 federal funding legislation on the 2021 Medicare Physician Fee Schedule**, April 8, 2021, Jason Karcher, Andrew M. Keeley, and Steven Rounsley
 - <https://us.milliman.com/en/insight/emerging-payment-rates-effects-of-2020-federal-funding-legislation-on-the-2021>

APPENDIX A: RESUMES



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

DATE: June 27, 2024

TO: Crystal Hustead
Senior Buyer
State of West Virginia Purchasing Division

FROM: Althea Greenhowe *Althea Greenhowe*
Procurement Specialist, Senior
Office of Shared Administration/Purchasing

RE: PF1455519, CDO BMS24*63
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced CDO for Ad Hoc Technical Assistance Statement of Work by Myers & Stauffer LC under PF 797901 CMA BMS22*01.

These services are to assist the West Virginia Department of Human Services (DoHS) Bureau for Medical Services (BMS) by providing support for Ad Hoc Technical Assistance Statement of Work. The service period is 07/30/2024 through 12/31/2025 for a total cost of \$2,975,625.00

Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-3924 or althea.m.greenhowe@wv.gov. Thank you for your time and consideration in this matter.





STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

DATE: June 27, 2024
TO: Office of Shared Administration/Finance
FROM: Lakendra Burdette *LB*
Procurement Specialist
RE: PF1455519, CDO BMS24*63
Dept 0511

The West Virginia Bureau for Medical Services (BMS) is submitting this funding memo related to the above-referenced delivery order. BMS anticipates making payments for service period 07/30/2024-04/30/2025 in SFY 25 and service period 05/01/2025-12/31/2025 in SFY26.

Contract extended service period: 07/30/2024 – 12/31/2025. Funding allocation table below:

CDO BMS24*63

Ad Hoc Technical

Assistance Statement of
Work

07/30/2024-04/30/2025


05/01/2025-12/31/2025

	2688	3819		2688	3819
	95%	5%		95%	5%
PR05-2025	Payment		PR07 - 2026	Payment	
CO 2-Technical Support			CO 2-Technical Support		
Staff (non-actuary)			Staff (non-actuary)		
\$200.00 per hour	\$95,000.00	\$5,000.00	\$200.00 per hour	\$76,000.00	\$4,000.00
Managed Care			Managed Care Oversight		
Oversight Ad Hoc			Ad Hoc Services		
Services \$175.00 per			\$175.00 per hour		
hour	\$1,475,468.75	\$77,656.25		\$1,180,375.00	\$62,125.00
	\$1,570,468.75	\$82,656.25		\$1,256,375.00	\$66,125.00
			Grand Total:	\$2,975,625.00	



Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-4319 or jakendra.burdette@wv.gov. Thank you for your time and consideration in this matter.



☐ Any Words ☐ All Words ☐ Exact Phrase 

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Business Organization Detail

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MYERS AND STAUFFER LC

**see Attached*

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	6/25/2001		6/25/2001	Foreign	Profit		6/25/2050	

Organization Information			
Business Purpose	5412 - Professional, Scientific and Technical Services - Professional, Scientific and Technical Services - Accounting/Tax Prep/Bookkeeping/Payroll Services (CPAs)		
Charter County	Control Number		41216
Charter State	KS	Excess Acres	
At Will Term	T	Member Managed	MBR
At Will Term Years	49	Par Value	
Authorized Shares	Young Entrepreneur		Not Specified

Addresses	
Type	Address
Designated Office Address	209 WEST WASHINGTON ST CHARLESTON, WV, 25302
Mailing Address	700 W 47TH ST STE 1100 KANSAS CITY, MO, 64112 USA
Notice of Process Address	CORPORATION SERVICE COMPANY 209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
Principal Office Address	700 W 47TH ST STE 1100 KANSAS CITY, MO, 64112 USA
Type	Address

Officers	
Type	Name/Address
Member	CHARLES SMITH 100 EASTSHORE DRIVE STE 200 GLEN ALLEN, VA, 23059
Organizer	KEVIN C. LONDEEN 4123 SW GAGE CENTER DRIVE, SUITE 200 TOPEKA, KS, 66604 USA
Type	Name/Address

Annual Reports	
Filed For	
2024	
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2022	
2021	
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Date filed

For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, July 2, 2024 — 10:02 AM

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Vendor/Customer

Address

Address Type	Street 1	City	State/Province	Zip/Postal Code	Principal Contact
✓ Payment	1131 SW Winding Rd Ste C	Topeka	KS	66616	
Payment	700 W 47th Street Suite 1100	Kansas City	MO	64112	Jennifer Isleib
Billing	100 EASTSHORE DRIVE STE 200	GLEN ALLEN	VA	23059	Marketing Coordinator
Payment	62954 COLLECTION CENTER DRIVE	CHICAGO	IL	60693-0629	Marketing Coordinator
Ordering	1349 Peachtree ST NE	Atlanta	GA	30309	
Payment	1349 PEACHTREE ST NE	ATLANTA	GA	30309	TERRI BRANNING
Payment	10200 GRAND CENTRAL AVENUE	OWINGS MILLS	MD	21117	
Other	1131 SW Winding Rd Ste C	Topeka	KS	66616	
Ordering	10200 GRAND CENTRAL AVENUE	OWINGS MILLS	MD	21117	
Payment	PO BOX 505215	ST LOUIS	MO	63150-5215	Marketing Coordinator

First Prev Next Last

Save Undo Delete Insert Copy Paste

Vendor/Customer : 000000191225

MYERS & STAUFFER LC

Address Type : Payment

Division/Department :

Additional Address Info :

Prevent New Spending :

Default Currency : USD - US Dollar

Active From : 05/21/2015

Active To :

Default Record :

Mail Returned :

Active Address : Yes

▼ Address Information

Address ID : AD000006

Street 1 : 1131 SW Winding Rd Ste C

Street 2 :

City : Topeka

State/Province : KS

Zip/Postal Code : 66616

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

Country Phone Code : 1

Phone : 000-000-0000

Phone Extension :

County :

County Name :

Country : US

► Prenote/EFT

► Remittance Advice

► Contact Information

► Contact Address Information

► Geographic Designation

► Change Management

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