



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: 07-10-2024

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 BMS2500000009 1	Procurement Folder:	1463141
Document Name:	MHT Capitation Rate Setting & Other Actuarial Support	Reason for Modification:	
Document Description:	MHT Capitation Rate Setting & Other Actuarial Support		
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 2025 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

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

Total Order Amount: \$900,000.00

Purchasing Division's File Copy

CH 7/16/24
PURCHASING DIVISION AUTHORIZATION
DATE: 7/16/24
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION
DATE: 7/17/24
ELECTRONIC SIGNATURE ON FILE

Extended Description:
Mountain Health Trust Capitation Rate Setting & Other Acturarial Support

Service Period: 08/06/2024-01/31/2026

Total: \$900,000.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$900,000.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-08-06	2026-01-31				

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

Mountain Health Trust Capitation Rate Setting & Other Acturarial Support

Service Period: 08/06/2024-01/31/2026

4,500 hours @ \$200 = \$900,000.00



July 8, 2024

VIA EMAIL

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

Ok

Althea Greenhowe

Subject: Actuarial Services – Mountain Health Trust Capitation Rate Setting and Other Actuarial Support

Reference: Master Agreement CMA 0511 2688 BMS2200000001 1

Dear Mr. Dowden:

The Bureau for Medical Services (BMS) has requested that Myers and Stauffer, LC (MSLC) provide capitation rate setting and other actuarial support for the Mountain Health Trust (MHT) program under the Actuarial Services component of the referenced Master Agreement Order Number. MSLC will utilize its subcontractor, Milliman, for the provision of such Actuarial Services. This SOW details the work, tasks, deliverables and cost estimates required to perform the requested services from August 6, 2024 through January 31, 2026 for the three incumbent Managed Care Organizations (MCOs) contracted with BMS. Myers and Stauffer will honor the current pricing, terms, and conditions included in the current approved Master agreement for the duration of this Centralized Delivery Order (CDO).

This following are the major components of this SOW:

1. State fiscal year (SFY) 2024 and 2025 Health Maintenance Organization (HMO) tax settlements;
3. MHT mid-year (MY) 2025 capitation rate setting;
4. MHT SFY 2026 capitation rate setting, including MY 2026 adjustments, as needed;
5. MHT risk adjustment; and
6. MHT Other actuarial support.

Data Processing

Milliman will rely on MSLC for all general data processing required for actuarial services. Milliman will request, process, manage, and validate the data to the extent required for actuarial rate development.



SFY 2024 and 2025 HMO Tax Settlement

Milliman's actuaries and technical support team will prepare the SFY 2024 and 2025 HMO tax settlements. The SFY 2024 tax settlement will be calculated in Fall 2024 and the SFY 2025 tax settlement will be calculated in Fall 2025 or based upon mutually agreeable timelines with BMS.

MY 2025 MHT Rate Setting

Milliman's actuaries and technical support team will review the SFY 2025 capitation rates for actuarial soundness and potential program changes effective during the SFY 2025 rating period. Milliman will provide technical and professional services to ensure the MY 2025 MHT capitation rate setting process fully complies with 42 CFR § 438.4, the most recent Medicaid Managed Care Rate Development Guide published by the Centers for Medicare & Medicaid Services (CMS), additional CMS regulations as they are passed, and all professional actuarial standards of practices (ASOPs).

Milliman will begin this process in August 2024 and will complete the final rate amendments for delivery to CMS based on mutually agreed upon timelines. Through each step, Milliman will collaborate with BMS and the MCOs to allow all parties to follow the capitation rate calculations and understand all data, methodology, and assumptions used in the process. Milliman will use fact-based dialogue during rate discussions with MCOs to develop consensus regarding the final MY 2025 rates.

SFY 2026 MHT Rate Setting, Including SFY 2026 MY Adjustments

Milliman's actuaries and technical support team will provide technical and professional services to ensure the SFY 2026 MHT capitation rate-setting process fully complies with 42 CFR § 438.4, the most recent Medicaid Managed Care Rate Development Guide published by CMS, additional CMS regulations as they are passed, and all professional ASOPs. The Milliman approach to rate setting involves the following steps:

1. Collect historical claims, enrollment, and MCO financial data;
2. Summarize data into actuarial models;
3. Review and validate MCO encounter experience;
4. Project base period experience to contract period, including trend development and program changes;
5. Develop managed care efficiency adjustments;
6. Calculate draft capitation rates;
7. Finalize capitation rates;
8. Support BMS throughout certification process; and
9. Complete actuarial certification.

Through each step, Milliman will collaborate with BMS and the MCOs to allow all parties to follow the capitation rate calculations and understand all data, methodology, and assumptions used in the process.



Milliman will use fact-based dialogue during rate discussions with MCOs to develop consensus regarding the final SFY 2026 rates.

Based on agreed upon timelines, Milliman will provide the following major deliverables:

1. SFY 2026 capitation rate setting
 - a. MCO data request;
 - b. Actuarial cost models;
 - c. Draft capitation rates;
 - d. Final capitation rates; and
 - e. Complete actuarial certification.
2. SFY 2026 MY capitation rate setting (if needed)
 - a. Draft capitation rates;
 - b. Final capitation rates; and
 - c. Complete actuarial certification.

MHT Risk Adjustment

To support the MHT capitation rate development, Milliman will also provide risk score settlements for SFY 2024 and SFY 2025. Milliman anticipates using CDPS+Rx to develop the risk adjustment settlements every six months. The following risk adjustment reports will be performed accordingly to the following timelines:

- January to June 2024 risk adjustment (Fall 2024).
- July to December 2024 risk adjustment (Spring 2025).
- January to June 2025 risk adjustment (Fall 2025).

MHT Other Actuarial Support

In addition to the tasks identified above, Milliman's actuarial and technical support team will assist BMS as requested with ad hoc actuarial work. Milliman has identified the following known tasks below; however, we anticipate the potential for additional tasks (for example, if BMS implemented any new risk mitigation strategies). Milliman will discuss with BMS whether separate delivery orders should be developed for additional tasks as appropriate. Known ad hoc tasks include:

1. Actuarial legislative assistance;
2. Quality withhold implementation and analysis support;
3. Provider payment rate development and analysis;
4. Directed payment program assistance;
5. Managed care rule implementation support;



6. Waiver support;
7. West Virginia Children's Health Insurance Program (WVCHIP) Quarterly Report development; and
8. Actuarial coordination with the MCO managed care contract.

Actuarial Legislative Assistance

Milliman's actuarial and technical support will assist BMS in responding to legislative requests as needed during legislative sessions (annual, interim and special sessions). This includes:

- Budget preparation assistances for projections of managed care expenditures;
- Fiscal analysis for bills impacting Medicaid managed care and support in the completion of fiscal notes; and
- Implementation assistances for bills impacting Medicaid managed care.

Milliman will also assist with ad hoc reports required by the legislature and/or BMS leadership, including supporting BMS finance projects required for the operation of the MHT managed care program. Milliman will identify the appropriate deliverables and due dates as such tasks are known.

Quality Withhold Implementation and Analysis Support

Milliman's actuarial and technical support will assist BMS in implementing and analyzing the quality withhold as mandated by the legislature during the 2024 legislative session. Milliman will also assist with ad hoc reports required by the legislature and/or BMS leadership. Milliman will identify the appropriate deliverables and due dates as such tasks are known.

Provider Payment Rate Development and Analysis

As requested by BMS, Milliman's actuarial and technical support will assist BMS with provider payment rate analysis relevant to the managed care program and managed care capitation rates. This may include relevant analysis for BMS' FQHC payment policies, chargemaster, or other relevant analyses as requested by BMS. Milliman will identify the appropriate deliverables and due dates as such tasks are known.

Directed Payment Program Analysis

Milliman actuarial and technical team will support BMS with implementing its directed payment programs in the Medicaid capitation rates. Milliman will also assist in conversations related to modifying its directed programs to meet requirements newly imposed under the CY 2024 Medicaid Managed Care rule. Milliman will identify the appropriate deliverables and due dates as such tasks are known.

Managed Care Rule Implementation Support

In addition to supporting BMS with CY 2024 Medicaid Managed Care rule changes, Milliman will also assist with identifying and analyzing any other material impacts from the CMS Final Medicaid Managed Care



rule (CMS -2439-F). Milliman will identify the appropriate deliverables and due dates as such tasks are known.

Waiver Support

Milliman’s actuarial and technical support will assist BMS with managed care rate setting methodologies, waiver evaluation and analysis, any managed care fiscal stakeholder materials for waiver support, and any other ad hoc financial waiver items for its 1915(b) MHT waiver or 1115 waiver. Milliman will identify the appropriate deliverables and due dates as such tasks are known.

WVCHIP Quarterly Report Development

Milliman’s actuarial and technical support will assist BMS with developing quarterly reports for monitoring WVCHIP revenue and expenditures. Each quarterly report will be submitted within two months after the close of the quarter beginning with the September 30th, 2024 quarterly report due November 30, 2024.

Actuarial Coordination with the Managed Care Contract

Milliman’s actuarial and technical support team will review the MHT managed care contract for consistency with rate development. Milliman will provide our feedback as requested by BMS and when it is appropriate for rate development. Milliman will also facilitate meeting scheduling and touchpoint meetings for coordinating actuarial and other managed care support.

Due Dates

Milliman will meet all deliverables by their deadlines, unless otherwise agreed upon by BMS.

MHT Cost Estimates

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

Table 1 Estimated MHT Hours and Costs (Billable Hours)

Contract Role	Hourly Rate	Hours by Category	Cost Estimate
Technical Support Staff (non-actuary)	\$200	4,500	\$900,000
TOTAL		4,500	\$900,000



MHT Actuarial Services

Table 2 provides details on the non-hourly payment actuarial services to be performed under this SOW. Milliman estimated hours and costs across the below contract categories and rates to perform the services described herein.

Table 2 Managed Care Program Oversight Services – Actuarial Services

Contract Role	Hourly Rate	Hours by Category	Cost Estimate
Lead Actuary	\$ 0	2,000	\$ 0
Annie Hallum		800	
Justin Birrell		400	
Mac Xu		500	
Jeremy Cunningham		75	
Luke Roth		75	
Stacy Albrecht		150	
Staff Actuary	\$ 0	3,100	\$ 0
Nick Johnson		100	
Cory Barnes		200	
Dan Gerber		400	
Logan Blank		400	
Stacey Hagensen		300	
Elias Kehr		300	
Steven Rounsley		800	
Vincent Dang		200	
Nick Gipe		100	
Brian Schatzel		100	
Menko Ypma		200	
Technical Support Staff	\$ 200	4,500	\$ 900,000
Composite		9,600	\$ 900,000

Resumes

Resumes for Lead Actuaries and Staff Actuaries are provided in Appendix A of this SOW.

Invoices

For the fixed annual amount of the contract, MSLC will split the amount into equal installments and invoice accordingly.



Conclusion

Myers and Stauffer is pleased to submit this SOW for actuarial 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 the West Virginia Medicaid program.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jerry Dubberly".

Jerry Dubberly, PharmD, MBA
Principal

Approved Statement of Work

West Virginia Bureau of Medical Services:

A handwritten signature in cursive script, appearing to read "Mandy Carpenter".

Mandy Carpenter, Interim Deputy
Commissioner, Chief Financial Officer

A handwritten date "7/9/24" written in cursive script.

Date

Cc: Susan Deel



Appendix A: Resumes

Annie Hallum, FSA, MAAA

Milliman

Actuarial Project Lead

Ms. Hallum is a consulting actuary with Milliman's Health practice. She joined the firm in 2009, and has over 12 years of experience providing actuarial support and consulting to state Medicaid agencies. Ms. Hallum's experience includes capitation rate setting, 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.

WV Role: Lead Actuary

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

Education

Bachelor of Science, Statistics, *Magna cum Laude* University of Washington, 2009/ Bachelor of Arts, Mathematics and Economics, *Magna cum Laude*, University of Washington, 2009

Experience

12 years 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 (2017 – 2018), Associate Director

Relevant project experience:

- State of Hawai'i, Department of Health and Human Services
 - Risk mitigation settlements (2019 to Present)
 - Development of Medicaid capitation rates for CCS (2019 to 2020) and QI (2012 to 2015)
 - Development of ACA enhanced physician fee schedule for provider payments as well as quarterly calculation of enhanced payments by provider (2013 to 2015)



- **State of Nevada, Department of Healthcare Financing and Policy**
 - Risk adjustment and risk mitigation settlements (2010 to 2015)
 - Development of Medicaid capitation rates for TANF, SCHIP, disabled, and expansion populations (2009 to 2015)
- **State of Utah, Department of Health**
 - Development and certification of Medicaid capitation rates for TANF, SCHIP, disabled, and expansion populations (2019 to Present)
 - Risk adjustment (2019 to Present)
 - Assistance with 1115 waiver design and evaluation (2019 to Present)
- **State of Vermont, Agency of Human Services**
 - Development of Medicaid capitation rates for TANF, disabled, LTSS, and expansion populations (2019 to Present)
- **State of Washington, Health Care Authority**
 - Risk adjustment (2010 to 2015; 2019 to Present)
 - Development of Medicaid capitation rates for TANF, SCHIP, foster care, disabled, expansion, and PACE populations (2010 to 2015; 2019 to Present)
 - Provider payment rate and hospital tax program updates (2018, 2020 to Present)
- **State of Wyoming, Health Care Authority**
 - Development of Medicaid capitation rates for PACE and youth behavioral health care management populations (2017 to 2018)
- **State of Colorado, Department of Healthcare Policy and Financing**
 - Development of all-payer hospital budget model (2019)
- **State of Idaho, Division of Medicaid**
 - Assisted with provider payment rate development for long-term services and supports (2017 to 2018)
 - Review of Medicaid Managed Care dental rates (2018)
- **State of Minnesota, Department of Health**
 - Assisted with payment rate calculations and simulation modeling of the fiscal impact of updating its Medicaid inpatient APR-DRG payment system (2018)
- **State of Nebraska, Division of Medicaid**
 - 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 EAPGs (2017 to 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

Milliman

Mr. Birrell has 26 years of actuarial experience with a variety of health related issues. His primary focus over the last 20 years has been Medicaid managed care rate setting. This has involved work for states, including Florida, Hawai'i, Idaho, Nevada, Utah, Washington, and Vermont. 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) healthcare models for Medicaid recipients that improve healthcare 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, Aged, Blind, disabled, and other unique Medicaid populations, including those eligible for Medicare as well as those only eligible for Medicaid benefits
- Experience in documentation of cost effectiveness for Medicaid programs
- Experience risk-adjusting Medicaid capitation rates
- Experience in developing non-emergency transportation rates for Medicaid populations
- Expertise in analyzing large claims databases and healthcare modeling
- Design and evaluation of pay-for-performance incentives in Medicaid managed care programs
- Development of PACE rates

WV Role: Lead Actuary

- ✓ More than 20 years of Medicaid Managed Care rate setting
- ✓ Fellow of the Society of Actuaries (FSA)
- ✓ Member of the American Academy of Actuaries (MAAA)

Education

Bachelor of Science, Mathematics Brigham Young University, 1994

Experience

25 years professional experience with 20 years in Medicaid managed care, including WA, NV, HI, UT, ID, FL, and VT.

Certifications

Member, American Academy of Actuaries (MAAA) – 2007

Fellow, Society of Actuaries (FSA) – 2010

Relevant Work Experience

Milliman (1995 – Present), Principal and Consulting Actuary

- State of Washington, Health Care Authority (HCA):
 - Preparation and management of risk adjustment analysis for managed care plans including LTSS risk adjustment (2000 to Present)
 - Development of Medicaid capitation rates for TANF, disabled, dually eligibles, SCHIP and expansion populations some programs included LTSS and behavioral health as well as medical (2000 to Present)
 - Development of cost effectiveness documentation for new programs (2012 to Present)



- Development of reporting templates for expansion risk mitigation and financial reporting including MLR evaluation (2000 to Present)
 - Produced data book and scoring methodology for MCO procurements (2000 to Present)
 - Fiscal impact analyses on ad hoc basis (2000 to Present)
- **State of Hawai'i, Department of Human Services (DHS)**
 - Preparation and management of risk adjustment analysis for managed care plans (2014 to Present)
 - Development of Medicaid capitation rates for TANF, disabled, dually eligibles, SCHIP and expansion populations including medical, LTSS and behavioral health (2005 to Present)
 - Development of projections of the impact of benefit and enrollment changes including the impact of PPACA legislation on state expenditures (2012 to 2014)
 - Development of reporting guide to evaluate plan performance and MLR review (2002 to Present)
 - Produced data book and scoring methodology for MCO procurements (2005 to Present)
 - Fiscal impact analyses on ad hoc basis (2005 to Present)
- **State of Nevada, Division of Health Care Financing and Policy (DHCFP)**
 - Development of Medicaid capitation rates (TANF and SCHIP) for dual demonstration program (2013 to 2019); Peer Review (2002 to 2019)
 - Fiscal impact analyses on ad hoc basis (2002 to 2009)
- **State of Vermont, Agency of Human Services**
 - Development of Medicaid expansion capitation rates for newly eligible population (2012 to 2020)
- **State of Utah, Department of Health**
 - Development of behavioral health and non-emergency transportation rates (2010 to Present)
- **Aging and Long-Term Support Administration, Washington**
 - Development of PACE Rates (2007 to Present)
- **State of Idaho, Department of Health and Welfare (DHW)**
 - Development of projections of the impact of benefit and enrollment changes including the impact of PPACA legislation on state expenditures (2013 to Present)
 - Georgia, Illinois, Pennsylvania, Washington, and Wisconsin. (2008 to 2015)
- **Florida Agency for Health Care Administration (AHCA) – External Peer Reviewer**
 - Acute care services for children, parents, pregnant women, disabled, HIV / AIDS, SMI, child welfare, long-term care, and dual eligible populations. Long term services and supports 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 to present).
 - 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>



APPENDIX A: RESUMES

March 1, 2022

- 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



Mac Xu, FSA, MAAA

Milliman

Actuarial Project Lead

Mac is an experienced Medicaid actuary with 17 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

- ✓ 17 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

17 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



- 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 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
- **State of West Virginia, Bureau for Medical Services**
 - Development of Medicaid capitation rates for TANF, CHIP, foster care, disabled, and expansion (2022 to present)
- **State of Washington, Health Care Authority**
 - Development of Medicaid capitation rates for TANF, SCHIP, foster care, disabled, and expansion (2021 to present)
- **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.



APPENDIX A: RESUMES

March 1, 2022

-
- **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



Jeremy Cunningham, FSA, MAAA

Principal and Consulting Actuary, Milliman

Jeremy Cunningham is a Principal and Consulting Actuary with Milliman's Indianapolis Health Practice. He joined the firm in 2010 and has over 10 years of experience providing actuarial support to state Medicaid agencies, health plans, and provider organizations.

Jeremy regularly provides consulting expertise to a variety of states to support services and supports for individuals with needs related to behavioral health and intellectual/developmental disabilities. This experience includes rate development, risk adjustment, provider rate development, extensive data analytics, and monitoring behavioral health and HCBS. Most recently, he led an analysis of Support Intensity Scale (SIS) assessment data to assess the relationship between SIS scores and HCBS service utilization. Jeremy has also led the development of multiple dynamic dashboards including the DRIVETM suite of dashboards, which are web-based applications that allow users to visualize and quickly manipulate their historical experience data relative to benchmark data.

WV Role: Lead Actuary

- ✓ 10+ years of experience
- ✓ Fellow of the Society of Actuaries (FSA)
- ✓ Member of the American Academy of Actuaries (MAAA)

Education

Bachelor of Science, Actuarial Science, Purdue University – 2011

Experience

10+ years professional experience

Certifications

Member, American Academy of Actuaries (MAAA) – 2013

Fellow, Society of Actuaries (FSA) – 2014

Relevant Work Experience

Milliman (2010 – Present), Principal & Consulting Actuary

- **State of Washington, Health Care Authority:**
 - Currently supporting the design and implementation planning for a CCBHC initiative, enabling the state to define provider requirements and care model expectations, and ensuring the payment methodology aligns with the care model to advance the state's behavioral health quality goals. Developing Medicaid behavioral health care comparison payment rates, including mental health and substance use disorder outpatient services and substance use disorder residential services. (2021 to present)
- **State of Michigan, Department of Health & Human Services:**
 - Development of behavioral health and HCBS provider rates, including services for populations with intellectual and developmental disabilities, serious mental illness and substance use disorder. Work has included leading a series of meetings with multiple workgroups and key stakeholders across the state, provider interviews, provider survey development, and development of a standard cost allocation methodology. (2018 to Present)



- Development of capitation rates for populations with intellectual and developmental disabilities, serious mental illness and substance use disorder. This work has included evaluation of encounter and financial cost data, monitoring of eligibility changes, evaluation of risk adjustment variables. (2011 to Present)
 - Development of 1115 demonstration budget neutrality projection and narrative for the state of Michigan's transition of their managed behavioral health and HCBS program from a 1915(b)/(c) to an 1115 waiver, which included incorporating other waiver populations which were previously covered on a fee- for-service basis benefit. (2016 to Present)
- **State of Rhode Island, Executive Office of Health & Human Services:**
 - Development of behavioral health and HCBS provider rates, including multiple discussions with state personnel and key provider stakeholders (2019 to Present)
- **State of South Carolina, Department of Health & Human Services:**
 - Development of behavioral health and HCBS provider rates, including multiple discussions with state personnel. (2019 to Present)
- **State of Alaska, Department of Health and Social Services:**
 - Development of 1115 demonstration budget neutrality projection and narrative for the state of Alaska's behavioral health transformation. Perform health care reform financial projections related to recent healthcare reform legislative proposals. (2017 to Present)
- **State of Ohio, Department of Medicaid:**
 - Development of 1115 demonstration budget neutrality projection and narrative for the state of Ohio's substance use disorder residential services. (2018 to Present)
 - Currently assisting with the development of psychiatric residential treatment facility services rates. Researching other state payment models, cost report structures (including Title IV-E cost reports), and covered services. (2021)
- **State of Ohio, Department of Medicaid and Department of Job and Family Services:**
 - Supporting the evaluation and/or development of payment rates for tiered foster care and residential services, including the development and execution of a stakeholder engagement strategy. This work has included an intensive review of proposed foster care tiers and Qualified Residential Treatment Program (QRTF) requirements, and analysis of Title IV-E cost report data, separate data extracts from Ohio's Statewide Automated Child Welfare Information System (SACWIS) platform and Medicaid claims data extracts. (2021)

Relevant Publications

- **Substance use disorder and justice-involved populations: Exploring rehabilitative policy options** (March 2021)
- **Assisting Medicaid beneficiaries to achieve housing stability** (March 2020)
- **Medicaid block grant risks and considerations** (November 2019)
- **DRIVETM: Leading efforts to improve the quality of Medicaid encounter data** (April 2017)
- **Encounter data standards: Implications for state Medicaid agencies and managed care entities from final Medicaid managed care rule**, Milliman White Paper (May 2016)
- **Expansion of ASD treatment to a Medicaid EPSDT benefit**, Milliman White Paper (May 2015)

Industry Presentations

- **Behavioral Health Innovations**, Milliman's Medicaid State Client Forum (2019)
- **Base Data and Cost Model**, Milliman's Medicaid State Client Forum (2018)
- **Encounter data standards: Implications for state Medicaid agencies and managed care entities from final Medicaid managed care rule**, Medicaid Innovations Conference (2017)
- **Data Analytics Required to Be Successful in Managed Care** State Healthcare IT Connect Summit (2017)



Luke Roth, ASA, MAAA

Milliman

Luke Roth is a senior healthcare consultant with Milliman's Health practice. He has over a decade of experience supporting state Medicaid agencies with analysis and management of Medicaid program revenues and expenditures. As an expert, he focuses on analyzing, designing, and implementing Medicaid program funding mechanisms, including health care-related taxes and Directed Payment Programs in managed care. He also has experience evaluating, designing, and managing Medicaid program payment methodologies and rates, including prospective payment systems and fee schedules, FFS supplemental (UPL) payments, managed care pass-through payments, uncompensated care pool (UCP) payments, and disproportionate share hospital (DSH) payments.

WV Role: Lead Actuary and SME

- ✓ Over 15 years of Medicaid managed care and rate setting experience
- ✓ Expert in Medicaid payment methodology design and compliance
- ✓ Associate of the Society of Actuaries (ASA)
- ✓ Member of the American Academy of Actuaries (MAAA)

Education

Bachelor of Arts, Mathematics, University of Washington, 2005

Experience

15 years managed care and rate setting experience, including:

- Illinois 2014-Present
- Puerto Rico 2020-Present
- Florida 2020-Present
- Hawai'i 2019-Present
- Arizona 2020-Present
- Washington 2007, 2013-2018
- Wisconsin 2015-2018
- Massachusetts 2015-2016

Certifications

Member, American Academy of Actuaries (MAAA), 2018

Associate, Society of Actuaries (ASA), 2018

Relevant Work Experience

Milliman (2005 – 2009, 2018 – Present), Senior Healthcare Consultant

Navigant (2011 – 2018), Associate Director

Relevant project experience:

- State of Illinois, Department of Healthcare and Family Services
 - Hospital Potentially Preventable Readmission (PPR) payment incentive model design, reporting, and settlement (2014-2018)



- ACA Section 2703 Health Home program design (2014-2015)
 - Hospital APR DRG and EAPG payment system design and rate setting (2016-2018)
 - Managed care supplemental and state directed payment arrangement design and compliance (2016-2021)
 - Health care-related tax design and compliance (2016-2018)
- **Commonwealth of Puerto Rico, Administración de Seguros de Salud de Puerto Rico**
 - Hospital APR DRG payment system design and rate setting (2018-Present)
 - Managed care state Directed Payment arrangement design and compliance (2020-Present)
- **State of Florida, Agency for Health Care Administration**
 - Hospital APR DRG and EAPG payment system design and rate setting (2020-Present)
 - Managed care state Directed Payment arrangement design and compliance (2020-Present)
- **State of Hawai'i, Department of Health and Human Services**
 - Hospital APR DRG payment system design and rate setting (2019-Present)
- **State of Arizona, Arizona Health Care Cost Containment System**
 - Health care-related tax design and compliance (2020-Present)
 - Managed care state Directed Payment arrangement design and compliance (2020-Present)
- **State of Washington, Health Care Authority**
 - Hospital AP DRG payment system design and rate setting (2007)
 - Hospital APR DRG and EAPG payment system design and rate setting (2013-2014)
 - Hospital Potentially Preventable Readmission (PPR) payment incentive model design, reporting, and settlement (2015-2018)
 - UW Medicine physician supplemental payment program design, rate setting, and supplemental payment calculations (2013-2018)
 - UW Medicine physician supplemental payment state directed payment arrangement design (2017-2018)
- **State of Wisconsin, Department of Health Services**
 - Hospital APR DRG and EAPG payment system design and rate setting (2015-2018)
 - Hospital Potentially Preventable Readmission (PPR) payment incentive model design, reporting, and settlement (2016-2018)
- **State of Massachusetts, MassHealth**
 - Uncompensated Care Pool (UCP) program evaluation and design (2015-2016)
- **State of California (on behalf of the California Children's Hospital Association)**
 - Hospital APR DRG payment system design and rate setting (2011-2012)

Relevant Publications

- **Hospital care for the uninsured in the United States: An analysis of national data sources**, 24 February 2021, Luke Roth, Jessica Naber, Luke Metz, Nina Nikolova
 - https://us.milliman.com/-/media/milliman/pdfs/2021-articles/2-24-21-hospital_care_for_the_uninsured.ashx
- **Designing payment arrangements for Medicaid providers in response to the COVID-19 emergency**, 30 April 2020, Luke Roth, Ben Mori, James Pettersson, Joseph Whitley, Carol Steckel
 - https://us.milliman.com/-/media/milliman/pdfs/articles/3122hdp_emergency-funding_20200430.ashx
- **Approved Medicaid State Directed Payments: How States are Using §438.6(c) "Preprints" to Respond to the Managed Care Final Rule**, 30 October 2018, James Pettersson, Ben Mori, Luke Roth, Jason Clarkson
 - <https://us.milliman.com/-/media/Milliman/importedfiles/uploadedFiles/insight/2018/approved-medicaid-state-directed-payments-full.ashx>



Stacy Albrecht, ASA, MAAA

Milliman

Ms. Albrecht is an associate actuary with Milliman's Seattle Health Practice. She joined the firm in 2013 and has 10 years of experience providing actuarial support and consulting to state Medicaid agencies. Ms. Albrecht's experience includes capitation rate setting, incurred but not reported (IBNR) reserve estimates, fiscal projections, Medicare and Medicaid integration, and risk adjustment.

Education

Bachelor of Science, Actuarial Science, *Magna cum Laude*,
Central Washington University, 2013

Experience

8 years Medicaid managed care experience including
Medicaid managed care rate setting:

- Hawaii 2014-present
- Idaho 2020-2021
- Utah 2018-present
- Washington 2014-2021

Certifications

Member, American Academy of Actuaries (MAAA), 2017

Associate, Society of Actuaries (ASA), 2016

Relevant Work Experience

Milliman (2013 – Present), Actuary

- State of Hawai'i, Department of Health and Human Services
 - Development of medical, long-term care, and behavioral health Medicaid capitation rates for TANF, disabled, dually eligibles, SCHIP, and expansion populations (2014 to Present)
 - Development of Medicaid capitation rates for Community Care Services behavioral health population (2017 to Present)
 - Development of reporting guide to evaluate plan performance and MLR review (2014 to Present)
 - Produced data book and scoring methodology for MCO procurements (2014 to Present)
 - Development of analyses for legislative sessions (2014 to Present)
 - Fiscal impact analyses on ad hoc basis (2014 to Present)
 - Client communication and data management (2014 to Present)
 - Policy and program strategy, quantification, and implementation (2014 to Present)
 - Prepare documents for CMS review and respond to CMS questions (2014 to Present)
- State of Idaho, Department of Health and Welfare (DHW)
 - Expansion budget development (2020 to Present)
- State of Utah, Department of Health

WV Role: Lead Actuary

- ✓ 10 years of experience with Medicaid managed care rate setting
- ✓ Member of the American Academy of Actuaries (MAAA)
- ✓ Associate of the Society of Actuaries (ASA)



-
- Development and certification of Medicaid capitation rates for SCHIP, behavioral health, developmental disability, and expansion programs (2018 to Present)
 - Assistance with 1115 waiver design and evaluation (2018 to Present)
 - Development of reporting guide to evaluate plan performance and MLR review (2018 to Present)
 - Client communication and data management (2018 to Present)
 - Policy and program strategy, quantification, and implementation (2018 to Present)
 - **State of Washington, Health Care Authority**
 - Development of Medicaid capitation rates for TANF, disabled, SCHIP, and expansion populations (2014 to Present)
 - Payment enhancement to physicians and safety net hospitals (2014 to Present)
 - Client communication and data management (2014 to Present)
 - **State of West Virginia, Bureau for Medical Services**
 - Development of Medicaid capitation rates for MHP (2023 to Present)



Nick Johnson, FSA, MAAA

Principal & Consulting Actuary, Milliman

Nick Johnson is a principal and consulting actuary specializing in healthcare in Milliman's Seattle office. He joined the firm in 2009. Nick's primary expertise is in helping clients understand the financial implications of trends and changes in the healthcare delivery system, particularly in Medicare and dual-eligible populations.

He has worked with a broad range of clients, including health plans, integrated delivery systems, provider groups, state Medicaid agencies, and the Veterans Health Administration. He has significant experience in Medicare Advantage, Medicare Part D, Medicaid, commercial, and ACA markets.

WV Role: Staff Actuary

- ✓ Fellow, Society of Actuaries (FSA)
- ✓ Member, American Academy of Actuaries (MAAA)
- ✓ 15 years of experience

Education

MS, Applied Statistics, Portland State University
BA, Mathematics, Augustana College

Experience

15 years professional experience, including:

Medicare Advantage / Part D

- Bid development and certification
- Product development and feasibility analysis
- Risk score monitoring, forecasting, and optimization
- Risk-sharing contract support for health plans and providers

Managed long-term services and supports (MLTSS)

- State Medicaid capitation rate setting
- Medicaid MLTSS RFP response
- Nursing home to HCBS transition monitoring
- Forecasting and analysis of programmatic changes

Certifications

Fellow, Society of Actuaries
Member, American Academy of Actuaries

Relevant Work Experience

Milliman (2009 – Present), Principal & Consulting Actuary

- State of Washington, Department of Social and Health Services (2018 – Present)
 - Development of Medicaid capitation rates for PACE populations
- State of Idaho, Division of Medicaid (2021 – Present)



- Review of Idaho Medicaid Plus and Medicare Medicaid Coordinated Plan capitation rates
- **Nevada Association of Counties (2020)**
 - Development of long-term cost projection for non-federal share of long term-care costs for Medicaid beneficiaries
- **Health Plan in Southwestern US (2011 – Present)**
 - Medicare Advantage and D-SNP bid development
 - Development of cost components of bid in response to Medicaid Managed Care RFPs
 - Miscellaneous ongoing support, including IBNP estimates and MLR reporting guidance
- **California Health Plan (2021 – Present)**
 - D-SNP feasibility assessment and financial modeling
 - Medi-Cal rate review
 - IBNP estimates

Relevant Publications

- **Key Insights into 2024 Medicare Advantage D-SNP landscape**, 05 March 2024, White paper, N. Johnson, A. Hallum, N. Gipe
 - <https://www.milliman.com/en/insight/key-insights-2024-medicare-advantage-d-snp>
- **Direct Contracting Duals Model: Medicaid MCOs managing Medicare FFS costs for dual-eligible beneficiaries**, 08 February 2021, White paper, N. Johnson, A. Hallum, S. Shellabarger
 - [Direct Contracting Duals Model](#)
- **COVID-19 and the future of HCBS**, 15 September 2020, White paper, N. Johnson, J. Herbold
 - [COVID-19 and the future of HCBS \(milliman.com\)](#)
- **Changing how Medicare and Medicaid talk to each other**, 18 March 2020, White paper, N. Johnson, A. Hallum, C. Kunkel
 - [Changing how Medicare and Medicaid talk to each other \(milliman.com\)](#)
- **A comparison of nursing home usage in states with and without Medicaid Managed LTSS**, 21 August 2018, White paper, N. Johnson, A. Keeley
 - [A comparison of nursing home usage in states with and without Medicaid Managed LTSS \(milliman.com\)](#)



Cory Barnes, ASA, MAAA

Milliman

Mr. Barnes is an associate actuary with Milliman's Health practice. He joined the firm in 2014 and has 8 years of experience providing actuarial support to state Medicaid agencies and the Department of Veterans Affairs. Mr. Barnes' experience includes rate development and certification, program changes and trend analysis.

WV Role: Staff Actuary

- ✓ 7 years of experience with Medicaid managed care rate setting
- ✓ Member of the American Academy of Actuaries (MAAA)
- ✓ Associate of the Society of Actuaries (ASA)

Education

Carleton College – B.A. in Mathematics, B.A. in Physics (2011)
University of Washington – M.Sc. in Mathematics (2013)

Experience

8 years professional experience, including:

Medicaid managed care rate setting:

- Utah 2015-present
- Washington 2018-present
- Hawaii 2018-present

Other experience:

- Department of Veterans Affairs 2014-present
- Stop Loss Model (QWIZ) Development 2014-present
- Commercial MCO Arrangements 2014-present

Certifications

Member, American Academy of Actuaries (MAAA), 2016
Associate, Society of Actuaries (ASA), 2016

Relevant Work Experience

Milliman (2014 – Present), Actuarial Analyst and Associate Actuary

- State of Utah: Medicaid Managed Care (7 years)
 - Trend Analysis, Rate Development and Certification
- State of Washington: Medicaid Managed Care (4 years)
 - Sub-capitation Arrangements, Program Changes
- State of Hawaii: Medicaid Managed Care (4 years)
 - Data Processing and IBNR Analysis



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 seven 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

- ✓ Seven 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 seven years of professional actuarial experience, including:

Medicaid managed care rate setting:

- Nevada 2017-2019
- Washington PACE 2018-present
- Washington Apple Health 2019-present
- West Virginia Mountain Health Trust 2022-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 LTC) Managed Care (7 years)
 - Project Management, Trend Analysis, IBNP, Program Changes, Rate Development and Presentation
- **State of Washington:** Apple Health (Medicaid) Managed Care (6 years)
 - Behavioral Health-specific: Project Management, Trend Analysis, IBNP, Acuity Analysis, Program Changes, Waiver Support, Rate Development and Presentation
 - General: Data Acquisition and Management, Trend Analysis, Acuity and Membership Projections, Certification and Presentation



APPENDIX A: RESUMES

March 1, 2022

-
- **State of West Virginia: Mountain Health Trust (Medicaid) Managed Care (2 years)**
 - Trend Analysis, Acuity Analysis, Program Changes, Custom Risk Adjustment, Waiver Support, Rate Development and Presentation



Logan Blank, ASA, MAAA

Associate Actuary, Milliman

Logan is an actuary who joined Milliman's Seattle Health Practice in 2024. Logan has experience in Medicare advantage rate development with a focus in dual eligible special needs plans. Additional experience includes commercial rate development, valuation, and predictive analytics.

WV Role: Staff Actuary

- ✓ 9 years of experience
- ✓ Member of the American Academy of Actuaries (MAAA)
- ✓ Associate of the Society of Actuaries (ASA)

Education

BS, Mathematics and Statistics, University of Florida
Minor, Actuarial Science, University of Florida

Experience

9 years professional experience with over 5 years in rate setting.

Certifications

Associate of the Society of Actuaries (ASA), Society of Actuaries
Member of the American Academy of Actuaries (MAAA)

Relevant Work Experience

Milliman (2024 – Present), Associate Actuary

- **California DSNP Feasibility:** He is part of a team assisting regional health plans prepare for CalAim's new integrated care requirements which includes the launching of integrated DSNP plans.

Belong Health (2022 to 2024), Actuarial Associate

- Worked on a small analytics team at a startup whose model was to partner with local health plans who were entering the DSNP market. Work spanned multiple functional areas, but Logan served as the main Medicare Advantage and DSNP SME including in the context of collaborating with partners on rate development.

Aenta (2016 to 2022), Actuarial Assistant

- **Commercial Predictive Analytics and Valuation:** Worked in collaboration with data science to develop predictive analytics models for use in commercial underwriting and rate development.
- **Medicare Advantage Rate Development:** Developed Part C bids as part of the AZ/NV regional team and was the owner of the primary Part C pricing model.
- **Valuation:** Managed the valuation process for various products and regions.



Capital Health Plan (2015 - 2016), Actuarial Analyst

- Supported Small Group and Large Group rate development.



Stacey Hagensen, ASA, MAAA

Consulting Actuary, Milliman

Ms. Hagensen is a consulting actuary with Milliman's Seattle Health Practice. She joined the firm in 2013 and has 10 years of experience providing actuarial support and consulting to state Medicaid agencies, the Department of Veterans Affairs, and Medicare Advantage plans. Ms. Hagensen's experience includes capitation rate settings and program changes.

WV Role: Staff Actuary

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

Education

Bachelor of Science, Mathematics, *Summa cum Laude*, Pacific Lutheran University, 2012 / Bachelor of Arts, Economics, *Summa cum Laude*, Pacific Lutheran University, 2012

Experience

9 years professional experience

Certifications

Member, American Academy of Actuaries (MAAA), 2018

Fellow, Society of Actuaries (FSA), 2022

Relevant Work Experience

Milliman (2013 – Present), Associate Actuary

- State of Washington, Health Care Authority (2015-2020):
 - Development of medical Medicaid capitation rates for TANF, disabled, SCHIP, and expansion populations
 - Program change and fee schedule analysis for Medicaid programs
- State of West Virginia, Bureau for Medical Services (2022 – present):
 - Risk adjustment for MHT capitation rates



Elias Kehr, ASA, MAAA

Associate Actuary, Milliman

Elias Kehr is an Associate Actuary at Milliman. Elias has been working in actuarial consulting for the past five years, joining Milliman's Seattle Health practice in Spring 2018. Elias has a breadth of experience, including multiple years of work in Medicaid managed care rate setting and Medicare Advantage bids.

WV Role: Staff Actuary

- ✓ Associate of the Society of Actuaries (ASA)
- ✓ Member of the American Academy of Actuaries (MAAA).

Education

B.S. in Mathematics, Eastern Mennonite University

Experience

More than five years of actuarial experience, including:

Medicaid managed care rate setting:

- Hawai'i, 2018 – present
- Nevada, 2018 – 2019
- Utah, 2018 – present
- West Virginia, 2022 – present

Other experience:

- Medicare Advantage bid development 2018 – present
- Department of Veterans Affairs 2018 – present
- Public Employees Benefits Board of Washington, 2019 – present

Certifications

Associate of the Society of Actuaries (ASA)

Member of the American Academy of Actuaries (MAAA)

Relevant Work Experience

Milliman, Inc (2018 – Present), Actuarial Analyst and Associate Actuary

- **State of Utah:** CHIP and mental health managed care
 - Trend analysis, rate development, IBNP, risk adjustment, data management, project management
- **State of Hawai'i**
 - Data management, risk adjustment, financial reconciliation, other analyses
- **State of West Virginia**
 - Risk adjustment, acuity analyses, and other rate development activities



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- **Public Employees Benefits Board**
 - Data processing and management, rate development, other analyses



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 six 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

- ✓ 6 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

Six 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 (2016-2023):**
 - 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 West Virginia, Bureau for Medical Services (2022-present):**
 - Development of Medicaid capitation rates for TANF, SCHIP, disabled, foster care, and expansion populations
 - Enrollment data manager
 - Development of claims reserve estimates, enrollment projections, and fee schedule impacts
- **State of Nevada, Division of Health Care Financing and Policy (2017-2019):**
 - 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 (2019-2020):**
 - Development of COVID-19 rate adjustment factors

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



APPENDIX A: RESUMES

March 1, 2022

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- o <https://us.milliman.com/en/insight/emerging-payment-rates-effects-of-2020-federal-funding-legislation-on-the-2021>



Vincent Dang, ASA, MAAA

Milliman

Associate Actuary

Vincent is an associate actuary with Milliman's Seattle Health Practice. He joined the firm in 2016 and has more than seven years of experience providing actuarial support and consulting to state Medicaid agencies, health plans, and the Department of Veterans Affairs.

WV Role: Staff Actuary

- ✓ Member of the American Academy of Actuaries (MAAA)
- ✓ Associate of the Society of Actuaries (ASA)

Education

B.A., Statistics

B.A., Economics

University of California, Berkeley

Experience

More than five years of professional actuarial experience.

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

- **State of Hawai'i, Department of Health and Human Services: (2016 - Present)**
 - Development of Medicaid capitation rates for TANF, disabled, dually eligibles, SCHIP, and expansion population
- **State of Utah, Department of Health and Human Services: (2023-present)**
 - Development of Medicaid capitation rates for Medicaid populations
- **State of Washington, Health Care Authority: (2018 - 2021)**
 - Development of model to estimate community bed capacity requirements for civil commitments transitioning from state psychiatric hospitals
 - Evaluation of inpatient and outpatient reimbursement levels relative to FFS through the application of DRG and EAPG payment methodologies
 - Development of model to analyze historical trends in physical health benefit costs and to estimate prospective trends for Medicaid capitation rates
- **State of West Virginia, Bureau for Medical Services: (2022-present)**
 - Development of Medicaid capitation rates for TANF, disabled, foster care, and expansion populations



Nick Gipe, ASA, MAAA

Milliman

Associate Actuary

Nick is an associate actuary with Milliman's Seattle Health Practice. He joined the firm in 2015 and has over 8 years of experience providing actuarial support and consulting to state Medicaid agencies and health plans.

Nick has provided actuarial consulting services to state Medicaid agencies, health plans, and provider organizations.

Nick's experience includes capitation rate setting, financial projections, benchmarking of experience, and trend development. The following list provides a background of Nick's actuarial consulting experience with state Medicaid programs.

WV Role: Staff Actuary

- ✓ Member of the American Academy of Actuaries (MAAA)
- ✓ Associate of the Society of Actuaries (ASA)

Education

Bachelor of Science, Applied Mathematics and Statistics, John Hopkins University

Experience

More than eight years professional actuarial experience including capitation rate setting, cost projection and other support.

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

Relevant project experience:

- State of Hawai'i, Department of Health and Human Services (2015 - present)
 - Development of Medicaid capitation rates for TANF, disabled, dual eligibles, SCHIP, and expansion populations
- State of Hawai'i, Department of Health and Human Services (2015 - present)
 - Development of Medicaid capitation rates for Community Care Services behavioral health populations
- State of Washington, Health Care Authority (2018 – 2021)
 - Development of Medicaid capitation rates for TANF, disabled, SCHIP, and expansion populations
- Nevada Association of Counties (2020)
 - Development of long-term cost projection for non-federal share of long term-care costs for Medicaid beneficiaries



Brian Schatzel, ASA, MAAA

Associate Actuary, Milliman

Brian is an associate actuary with Milliman's Health practice. He joined the firm in 2018 and has over five years of experience in healthcare consulting. Brian has experience in rate development across the health care spectrum, including Medicare Advantage, Medicare Supplement, Commercial Dental, and Medicaid. Supporting state Medicaid agencies, Mr. Schatzel has been involved in capitation rate and delivery case rate development, fiscal analysis and budgeting, and state directed payment analysis.

WV Role: Staff Actuary

- ✓ Associate of the Society of Actuaries (ASA)
- ✓ Member of the American Academy of Actuaries (MAAA)
- ✓ 5+ years of experience

Education

Bachelor of Arts in Business Administration, *Magna cum Laude* University of Washington, Michael G. Foster School of Business, 2018

Experience

5+ years professional experience

Certifications

Associate of the Society of Actuaries (ASA)
Member of the American Academy of Actuaries (MAAA)

Relevant Work Experience

Milliman (2018– Present), Associate Actuary

- **State of Washington, Health Care Authority (2018-present)**
 - Development of Medicaid capitation and delivery case rates for TANF, SCHIP, disabled, and expansion populations
 - Subcapitation arrangement analysis
 - Fiscal budgeting projections and analysis
 - State directed payment projections and MCO compliance analysis
 - Risk corridor settlement development
- **State of West Virginia, Health and Human Services (2022 to present)**
 - Development of Medicaid capitation rates for foster care population
 - Provider payment rate analysis



Menko Ypma ASA, MAAA

Associate Actuary, Milliman

Menko is an actuary with Milliman's Seattle Health Practice. Since joining Milliman in 2019, his experience includes assisting state Medicaid agencies, Medicare Advantage carriers, and commercial clients in a range of projects. He has supported state Medicaid agencies in Washington, Idaho, and West Virginia in the development of Medicaid managed care capitation rates.

Education

BS, Bioengineering, University of Washington

Experience

5 years professional experience

Medicaid managed care rate setting:

- Washington Apple Health 2019 – present
- Washington PACE 2022 - present
- Idaho Medicare Medicaid Coordinated Plan and Idaho Medicaid Plus 2019 - present
- West Virginia Mountain Health Trust – 2023 – present

Other Experience:

- Medicare Advantage bid development 2019 – present
- Idaho Health Connections Value Care Program 2019 – present
- Washington Cascade Select Public Option – 2023 - present

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 (2019 – Present), Associate Actuary

- **State of Washington:** Apple Health (Medicaid) Managed
 - Data Processing and Validation, Non-System Payment Analysis, Trend Analysis, Acuity Analysis, Program Changes, Waiver Support, Rate Development and Certification, Budget Forecast Support
- **State of Washington:** PACE (Medicaid LTC) Managed Care
 - Data Processing and validation, Trend Analysis, Program Changes, Rate Development and Certification
- **State of Idaho:** Idaho Medicare Medicaid Coordinated Plan and Idaho Medicaid Plus (Medicaid Duals)
 - Data Processing and validation, Trend Analysis, Program Changes, Acuity and Membership Projections, Retrospective Settlements, Rate Development and Certification
- **State of West Virginia:** Mountain Health Trust (Medicaid) Managed Care
 - Data intake and validation, IBNP, Non-Benefit Expense Analysis

WV Role: Staff Actuary

- ✓ 5 years of experience with Medicaid managed care rate setting
- ✓ Associate of the Society of Actuaries (ASA)
- ✓ Member of the American Academy of Actuaries (MAAA)



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

DATE: July 9, 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: PF1463141, CDO BMS25*09
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced CDO for MHP Capitation Rate Setting & Other Actuarial Support 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 MHP Capitation Rate Setting & Other Actuarial Support services. The service period is 08/06/2024 through 01/31/2026 for a total cost of \$900,000.00

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: July 9, 2024
TO: Office of Shared Administration/Finance
FROM: Lakendra Burdette 
Procurement Specialist
RE: PF 1463141, CDO BMS25*09
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 08/06/2024-04/30/2025 in SFY25 and service period -05/31/2025-01/31/2026 in SFY26.

Contract extended service period: 08/06/2024– 01/31/2026. Funding allocation table below:
CDO BMS25*09
MHP Capitation Rate
Setting & Other
Actuarial Support

08/06/2024-04/30/2025		05/01/2025-01/31/2026	
		2688	2688
PR05-2025	Payment	PR07 - 2026	Payment
CO 2-Technical Support		CO 2-Technical Support	
Staff (non-actuary)		Staff (non-actuary)	
\$200.00 per hour	\$450,000.00	\$200.00 per hour	\$450,000.00
	\$450,000.00		\$450,000.00
		Grand Total:	\$900,000.00



Please feel free to contact me if additional documentation or details are needed. I can be reached at 304-352-4319 or lakendra.burdette@wv.gov. Thank you for your time and consideration in this matter.



- ☐ Any Words ⓘ
- ☐ All Words ⓘ
- ☐ Exact Phrase ⓘ

e.g. 123456789, Smith Corp

"MYERS & STAUFFER LC"

×

Classification



Excluded Individual



Excluded Entity



Federal Organizations



Exclusion Type



Exclusion Program



Location



Dates



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Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

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 Techincal Servies - Professional, Scientific and Techincal Servies - Accounting/Tax Prep/Bookkeeping/Payroll Services (CPAs)		Capital Stock
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	
2023	
2022	
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Date filed

For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, July 9, 2024 — 10:01 AM

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Close

Vendor/Customer

Vendor/Customer

✓ Address

Address Information

Prenote/EFT

Remittance Advice

Contact Information

Contact Address Information

Geographic Designation

Change Management

Business Type

Service Area

Commodity

W-8 Form

Authorized Dept.

Prevent Spending

Prevent Orders

Certification

Disclosures

Vendor User Information

Vendor Attachments

Address

Address Type	Street 1	City	State/Province	Zip/Postal C
✓ Payment	1131 SW Winding Rd Ste C	Topeka	KS	66616
Payment	700 W 47th Street Suite 1100	Kansas City	MO	64112
Billing	100 EASTSHORE DRIVE STE 200	GLEN ALLEN	VA	23059
Payment	62954 COLLECTION CENTER DRIVE	CHICAGO	IL	60693-0629
Ordering	1349 Peachtree ST NE	Atlanta	GA	30309
Payment	1349 PEACHTREE ST NE	ATLANTA	GA	30309
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

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Vendor/Customer : 000000191225

Active

MYERS & STAUFFER LC

Acti

Address Type : Payment ▼

Default Re

Division/Department :

Mail Retu

Additional Address Info. :

Active Ad

Prevent New Spending :

Default Currency : USD - US Dollar ▼

▼ Address Information

Address ID : AD000006

Country Phone Code : 1

Street 1 : 1131 SW Winding Rd Ste C

Phone : 000-000-0000

Street 2 :

Phone Extension :

City : Topeka

County :

State/Province : KS

County Name :

Zip/Postal Code : 66616

Country : US

DUNS :

Extended DUNS :

Unique Entity Identifier :

CAGE Code :

► Prenote/EFT

► Remittance Advice

► Contact Information

► Contact Address Information

► Geographic Designation

► Change Management

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