



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: 07-25-2024

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 BMS2500000011 1	Procurement Folder:	1471378
Document Name:	SOW for Medical Loss Ratio Examination - MHT	Reason for Modification:	
Document Description:	SOW for Medical Loss Ratio Examination - MHT		
Procurement Type:	Central Delivery Order		
Buyer Name:	Crystal G Hustead		
Telephone:	(304) 558-2402		
Email:	crystal.g.hustead@wv.gov		
Shipping Method:	Best Way	Master Agreement Number:	CMA 0511 BMS2200000001 1
Free on Board:	FOB Dest, Freight Prepaid		

VENDOR	DEPARTMENT CONTACT																				
<b>Vendor Customer Code:</b> 000000191225 MYERS & STAUFFER LC 1349 Peachtree ST NE  Atlanta GA 30309 US <b>Vendor Contact Phone:</b> 800-374-6858 <b>Extension:</b>  <b>Discount Details:</b> <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			<b>Requestor Name:</b> Lakendra R Burdette <b>Requestor Phone:</b> 304-352-4319 <b>Requestor Email:</b> lakendra.burdette@wv.gov  <b>2025</b> FILE LOCATION
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

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

Purchasing Division's File Copy

Total Order Amount: \$416,850.00

PURCHASING DIVISION AUTHORIZATION

DATE: 7/30/24  
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION

DATE: 7-30-24  
ELECTRONIC SIGNATURE ON FILE



**Extended Description:**  
Statement of Work (SOW) for Medical Loss Ratio Examination - Mountain Health Trust (MHT)  
  
Service Period: 08/16/2024-12/31/2025  
  
Total Cost: \$416,850.00

Line	Commodity Code	Quantity	Unit	Unit Price	Total Price
1	93151507	0.00000		\$0.0000	\$416,850.00
Service From	Service To	Manufacturer		Model No	Delivery Date
2024-08-16	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  
  
MLR Examination Services 2,382 @ \$175 = \$416,850.00





**MYERS AND  
STAUFFER<sup>LC</sup>**  
CERTIFIED PUBLIC ACCOUNTANTS

CDO BMS 25 \* 11

July 19, 2024

VIA EMAIL

OK

*Althea Greenhowe*

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

**Subject: Statement of Work (SOW) for Medical Loss Ratio Examination – Mountain Health Trust (MHT)**

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

Dear Mr. Dowden:

The Bureau for Medical Services (BMS) has requested that Myers and Stauffer, LC (MSLC) provide a Medical Loss Ratio (MLR) examination for state fiscal years (SFY) 2022 and 2023 for the Mountain Health Trust (MHT) program for the referenced Master Agreement Order Number. This SOW details the tasks, deliverables and timeframes for those deliverables, and cost estimates required to perform the requested services from August 16, 2024 through December 31, 2025 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).

There are two major component of this SOW:

1. Issuance of an MLR examination report for each contracted MHT MCO for State Fiscal Year (SFY) 2022.
2. Issuance of an MLR examination report for each contracted MHT MCO for SFY 2023.

### **SFY 2022 and 2023 MLR Examinations**

The MSLC team will provide professional services to ensure that each MCO's SFY 2022 and 2023 MLR reports fully complies with the most recent MLR guidance published by the Centers for Medicare and Medicaid Services (CMS) and the MHT MCO contract requirements. Our approach to the MLR examination and issuance of MCO specific MLR examination reports involves the following steps:

1. Issuance of MLR examination notification letters to the MCOs.
2. Conduct entrance conference with the MCOs to ensure an understanding of the expectations of the MLR examinations.



3. Examination of MLR reports submitted by each MHT MCO.
4. Calculation of MLR and remittance for MHT combined total.
5. Review of the following MCO supporting documentation:
  - Managed Care plan policies and procedures for preparing the MLR report and reporting of Healthcare Quality Improvement and Health Information Technology expenses.
  - Audited financial statements.
  - Delegated vendor contracts.
  - Trial balance and general ledger.
6. Reconcile amounts reported on the MCO MLR template.
7. Conduct meetings, as needed, with the MHT MCOs regarding the MLR examination process.
8. Request and review additional supporting documentation from the MHT MCOs, as needed.
9. Compare reported revenue amounts to state data.
10. Analysis of premium tax, income tax, and other tax items.
11. Claims sampling and testing to determine accuracy of medical expense.
12. Analysis of provider incentives.
13. Review of delegated vendor documentation to ensure proper reporting of medical, Healthcare Quality Improvement, and Health Information Technology expense.
14. Analysis of reported Incurred But Not Reported amounts.
15. Analysis of Healthcare Quality Improvement and Health Information Technology allocation methodologies.
16. Determination of adherence to regulations for amounts claimed for Healthcare Quality Improvement and Health Information Technology allocation.
17. Identify adjustments to reported amounts and recalculate the MLR. Compare the recalculated MLR to the MLR standard.
18. Recalculate any remittances owed back to the state based on identified adjustments.
19. Prepare MLR examination report for each MCO outlining findings and adjustments.
20. Conduct an exit conference with BMS and each MCO to present finding and adjustments.
21. Complete the process by meeting with BMS to address questions and concerns and recommend updates to the MLR reporting template for the subsequent year.

Through each step, MSLC will collaborate with BMS and the MCOs to allow all parties to follow the MLR examination process.



## Deliverables and Due Dates

The deliverable and due date for the tasks referenced above is listed below:

1. SFY 2022 MLR examination report for each contracted MHT MCO:
  - a. Completion and issuance of an MLR examination report for each MHT MCO within three to five months of the approval of this Statement of Work.
2. SFY 2023 MLR examination report for each contracted MHT MCO:
  - a. Completion and issuance of an MLR examination report for each MHT MCO within three to five months of the completion of the SFY 2022 MLR examination.

## MHT Cost Estimates

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 MHT Hours and Costs (Billable Hours)**

Contract Role	Hourly Rate	Hours	Cost Estimate
MLR Examination Services	\$175	2,382	\$416,850
<b>TOTAL</b>		<b>2,382</b>	<b>\$416,850</b>

Table 2 provides details on the MLR Examination Services to be performed under this SOW.

**Table 2 MLR Examination Services**

Contract Role	Hourly Rate	Hours by Category	Cost Estimate
<b>MLR Examination Services</b>	<b>\$175</b>		
Michael Johnson	\$175	50	\$8,750
Randy Rehn	\$175	80	\$14,000
Daniel Carman	\$175	250	\$43,750
Terri Branning	\$175	20	\$3,500
Jillian Kuether	\$175	60	\$10,500
Mitch Keister	\$175	60	\$10,500
Nicole Young	\$175	80	\$14,000
Regan McTier	\$175	150	\$26,250
Laura Saltos Diaz	\$175	401	\$70,175
Samuel Weaver	\$175	390	\$68,250
Aaliyah Thompson	\$175	150	\$26,250



Contract Role	Hourly Rate	Hours by Category	Cost Estimate
Isabella Swanson	\$175	55	\$9,625
Morgan Deneve	\$175	55	\$9,625
Thu Do	\$175	401	\$70,175
Garren Clark	\$175	180	\$31,500
<b>TOTAL</b>		<b>2,382</b>	<b>\$416,850</b>

## Resumes

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

## Invoices

Services identified in Table 1 will be billed hourly on a monthly basis as incurred.

## Conclusion

Myers and Stauffer is pleased to submit this SOW for MLR examination 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,

Jerry Dubberly, PharmD, MBA

Principal

Approved Statement of Work

**West Virginia Bureau for Medical Services:**

Mandy Carpenter, Interim Deputy  
Commissioner and Chief Financial Officer

7/25/24

Date

Cc: Susan Deel





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## Appendix A: Resumes

### Michael Johnson, CPA, CFE

#### Member (Partner), Myers and Stauffer LC

Mr. Johnson leads the firm's Managed Care and Program Integrity engagement teams. He 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 states to use encounter data for rate setting purposes and program oversight. Mr. Johnson has also overseen multiple state MLR 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.

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#### Education

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

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#### Experience

28 years of professional experience

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#### Certifications

Certified Public Accountant  
Certified Fraud Examiner

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#### Relevant Work Experience

##### Myers and Stauffer LC (2008 – Present), Member (Partner)

- **Georgia Department of Community Health:** Providing oversight and monitoring of the Georgia Families CMOs.
  - Assists the Department in the oversight of their managed care program.
  - Validates encounter data.
  - Conducts on-site reviews at CMOs addressing contract compliance.
  - Conducts MLR examinations
  - Conducts readiness reviews.
- **Hawaii Department of Human Services:** Support managed care procurement and aspects of value-based purchasing program design for the state's delivery system reform efforts.
  - Serves as a technical advisor on state managed care issues.
- **Kentucky Cabinet for Health and Family Services:** 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 MCOs.
  - Serves as a technical advisor on state managed care issues.



- **Louisiana Department of Health:** Examine the MLR reports filed by their MCOs.
  - Assists the Department in the oversight of their managed care program.
  - Validates encounter data.
  - Conducts MLR examinations.
- **Mississippi Division of Medicaid:** Assessment of the CCOs' 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 4; 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 assist with the development of a quality improvement strategy and evaluate options for other forms of directed payments.
  - Assists the Department in the oversight of their managed care program.
  - Conducts encounter data validation.
  - Reviews risk adjustment inputs.
  - Assesses compliance matters, including third-party liability, timely payment, denials, etc.
  - Conducts administrative cost reviews.
  - Conducts MLR examinations.
- **New Mexico Human Services Department:** Assists in assessing the compliance of the Medicaid MCOs with contract requirements.
  - Assists the Department in the oversight of their managed care program.
  - Validates encounter data.
  - Conducts on-site reviews at CMOs addressing contract compliance.
- **Wisconsin Department of Health Services:** Examine the MLR and review administrative expenses and encounter data filed by the health maintenance organizations.
  - Conducts MLR examinations.
  - Validates encounter data.

**Georgia Department of Audits and Accounts, (1994 – 2008), Manager**

- Managed the claims analysis unit of the Healthcare Audits Division for the Georgia Department of Audits and Accounts (GDOAA). While at GDOAA, Mr. Johnson also supervised and audited nursing home and home health cost reports and designed a rate setting program for skilled nursing facility reimbursement. Mr. Johnson has performed on-site audits of state agencies and county school boards throughout the state of Georgia.



## **Randolph Rehn, CPA, CFE**

### **Member**

#### **Summary**

Mr. Rehn has many years of health care auditing and consulting experience. He currently manages our wide-ranging engagement with the Mississippi Division of Medicaid's coordinated care program. The scope of work is inclusive of numerous contractual compliance assessments, financial and encounter data validation analyses, and MLR examination services. Additionally, he regularly performs secondary managerial level reviews for many of the annual MLR examination services performed on behalf of our managed care clients in Florida, Louisiana, Mississippi, New Hampshire, Wisconsin, and West Virginia to ensure compliance with federal regulations and to ensure accuracy and consistency with the examination and reporting procedures utilized across the firm's engagements.

In addition to his extensive experience within the managed care environment, Mr. Rehn has also participated in a wide range of unique consulting and attestation engagements. This includes providing quality assurance on the yearly Alabama Child and Adult Care Food Program (CACFP) administrative reviews and included an independent assessment of the MaineCare Non-Emergency Transportation waiver. He is also currently responsible for developing and performing quality assurance procedures for the annual benefits testing AUP engagement performed on behalf of the state of Georgia designed to evaluate the accuracy of fee-for-service and member capitation benefit payments. His responsibilities include periodic reviews of work papers to ensure compliance with AICPA and engagement standards and regulations and to provide recommendations for improvement to our client.

Prior to joining Myers and Stauffer, Mr. Rehn worked for the Georgia Department of Audits and Accounts (GDOAA) from 1996 until March 2010. During his tenure at GDOAA, Mr. Rehn served in numerous roles and positions. His last two years at GDOAA were spent maintaining GDOAA's Medicaid claim data warehouse, implementing new auditing software, and providing technical assistance and claims data queries to GDOAA's audit staff. He served the previous 11 years with GDOAA in both supervisory and auditor capacities conducting various types of engagements throughout his career, ranging from financial audits of large and complex multi-million dollar revenue producing nursing home chain organizations, to AUP work performed on numerous hospitals participating in Georgia's Indigent Care Trust Fund program and Georgia nursing home liability insurance projections, to performance audits of Georgia's Community Service Boards.

#### **Education**

B.B.A., Accounting, University of Georgia, 1996

#### **Experience**

28 years of professional experience



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## Affiliations

Georgia Society of CPAs

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## 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:**

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

### Florida Agency for Health Care Administration (2022 – 2023)

Pharmacy Benefit Manager Investigation and Analysis

**Scope of Work:**

Myers and Stauffer has assisted AHCA with the investigation into the organizational structure and contractual arrangements, inclusive of payment terms, of PBMs utilized by the health plan participating in the Statewide Medicaid Managed Care program.

**Responsibilities:**

- Analyzes and reconciles the pharmacy amounts reported on the Achieved Savings Report (ASR) with detailed pharmacy invoices inclusive of paid claims and administrative charges to determine inappropriate classification or misstatements of costs reported on the ASRs and the potential impact on any rebates.
- Comparison of pharmacy amounts reported on the ASRs to the claims/encounter data amounts utilized in the actuarial rate setting process.
- Reviews pharmacy contractual documentation for payment terms between the PBM and the health plan as well as the PBM and the pharmacy providers, inclusive of pricing guarantees, rebates, and other transaction costs.

### Florida Healthy Kids Corporation (2023 – Present)

Managed Care Medical Loss Ratio Examinations

**Scope of Work:**

Myers and Stauffer provides services to the Florida Healthy Kids Corporation to examine MLR reports filed by their MCOs.

**Responsibilities:**

- Supervises our examination procedures of the annual MLR reports submitted by the FHKC's MCOs.
- Determines the applicability and allowability, in accordance with federal regulations, of the complex HCQI expenses claimed as direct expenditures of the health plan or allocated from the health plan's corporate parent.
- Responsible for ensuring that we communicate any findings to FHKC and their MCOs, as well as issue the proper opinion in accordance with AICPA guidelines.
- Responsible for accurately recalculating and reporting the MLR and rebates amounts due to the FHKC (when applicable).



### **Georgia Department of Community Health (2010 – 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:**

- Supervises the Agreed-Upon Procedures project with the Georgia Department of Community Health to identify, quantify, and report on the calculated mispayment issues identified during our testing and re-pricing of claims paid through their Medicaid Management Information System (MMIS).
- Meet quarterly with DCH management to provide updates on mispaid claims and/or policy issues identified that the Department should be made aware of.
- Responsible for preparing an annual report that estimates the financial liabilities and receivables as a result of the identified claim mispayments for each fiscal year.

### **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:**

- Provides technical guidance and secondary managerial reviews regarding our examination procedures of the annual MLR reports submitted by the Louisiana MCOs to accurately recalculate and report the MLR and rebates due to the Louisiana Department of Health (when applicable). Responsible for ensuring that we communicate any findings to the Louisiana Department of Health and their MCOs, as well as issue the proper opinion in accordance with AICPA guidelines.
- Assists with the determination of the applicability and allowability, in accordance with federal regulations, of the complex health care quality indicator (HCQI) expenses claimed as direct expenditures of the health plan or allocated from the health plan's corporate parent.
- Responsible for accurately recalculating and reporting the MLR and rebates amounts due to the Department of Health (when applicable).

### **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:**

- Team leader responsible for the assessment and reporting on the new NET broker system waiver services implementation.
- Interviewed broker personnel and observed broker operations.
- Reviewed state/broker contracts for compliance issues, assessed member and provider satisfaction results, and analyzed monthly broker reports filings.
- Offered recommendations to brokers and MaineCare to help improve overall waiver program oversight, accountability, and financial sustainability.

### **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:**

- Supervising our Protocol 5 procedures of the Mississippi Coordinated Care Organizations (CCOs).
- Responsible for providing bi-monthly encounter to cash to disbursement journal reconciliation calculations and potential data issues to the Mississippi Division of Medicaid and their CCOs to be used as a contract monitoring and compliance tool of each CCOs' encounter data completeness.
- Supervises our examination procedures of the annual MLR templates submitted by Mississippi CCOs to the Mississippi Division of Medicaid, which provides for a complete examination of medical, HCQI, and general administrative expenses.
- Determines the applicability and allowability, in accordance with federal regulations, of the complex HCQI expenses claimed as direct expenditures of the health plan or allocated from the health plan's corporate parent.
- Responsible for ensuring that we communicate any findings to the Mississippi Division of Medicaid and their CCOs, as well as issue the proper opinion in accordance with AICPA guidelines.
- Responsible for accurately recalculating and reporting the MLR and rebates amounts due to the Mississippi Division of Medicaid (when applicable).
- Responsible for researching and providing assistance to the Mississippi Division of Medicaid for special topics and suggestions for contract language improvements.

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

Managed Care Medical Loss Ratio Examinations

**Scope of Work:**

Myers and Stauffer provides services to the New Hampshire Department of Health and Human Services to examine MLR reports filed by their MCOs.

**Responsibilities:**

- Supervises our examination procedures of the annual MLR reports submitted by the New Hampshire MCOs.
- Determines the applicability and allowability, in accordance with federal regulations, of the complex HCQI expenses claimed as direct expenditures of the health plan or allocated from the health plan's corporate parent.
- Responsible for ensuring that we communicate any findings to the Department and their MCOs, as well as issue the proper opinion in accordance with AICPA guidelines.
- Responsible for accurately recalculating and reporting the MLR and rebates amounts due to the Department (when applicable).

**West Virginia (2021 – Present)**

Managed Care Medical Loss Ratio Examinations

**Scope of Work:**

Myers and Stauffer provides services to the West Virginia Bureau for Medical Services to examine MLR reports filed by their MCOs.

**Responsibilities:**

- Provides technical assistance and subject matter expertise concerning matters identified during the examination process of the annual MLR reports submitted by the West Virginia MCOs.



**Wisconsin Department of Health Services (2020 – Present)**

Managed Care Financial Examination and Review Services

***Scope of Work:***

Perform federal required examinations of financial reports, focusing on medical loss ratios for each of the health plans participating in the Wisconsin BadgerCare Plus program.

***Responsibilities:***

- Supervises our examination procedures of the annual financial template reports submitted by the Wisconsin health maintenance organizations (HMOs).
- Responsible for ensuring that we communicate any findings to the Wisconsin Department of Health Services and their HMOs, as well as issue the proper opinion in accordance with AICPA guidelines.
- Responsible for accurately recalculating and reporting the Medical Loss Ratio percentages and adjusted administrative expenses.



## Daniel Carman, CPA, CFE, PMP Senior Manager

### Summary

Mr. Carman performed Child and Adult Care Food Program on-site reviews for the sponsors and centers in Alabama. He created the procedures program used to perform the on-site reviews which included planning and risk assessment, on-site procedures, and review and reporting procedures. He performed quality assurance reviews on ALDSE CACFP audit reports and supporting work papers to ensure findings were clearly documented, accurate, and appropriate.

Mr. Carman also performed agreed-upon procedures for vendors participating in the Women, Infants, and Children (WIC) program for the Georgia Department of Public Health. He conducted WIC reviews for the Department. He has focused on fraud, abuse, and overpayment in government programs and has knowledge of data mining tools including Microsoft Access and SQL Server.

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.

### Education

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

### Experience

17 years of 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 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 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.

### **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.

### **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:**

- Performed inventory testing and analysis and square footage assessments for vendors in the Women, Infant, and Children (WIC) program.
- Created the procedures program used to perform inventory testing and analysis and square footage assessments which included planning and risk assessment; on-site and desk procedures; and review and reporting procedures.
- Met with client to present findings.
- Provided affidavits and testimony for vendor appeals.

### **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.



### **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.

### **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).
- 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.

### **Maryland Department of Health (2020 – Present)**

Managed Care Organization Oversight

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

Myers and Stauffer provides services to the Maryland 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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### **West Virginia Department of Human Services (2020 – Present)**

Managed Care Organization Oversight

***Scope of Work:***

Myers and Stauffer provides services to the Department of 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).
- 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.
- FQHC Change in Scope Retro Payment Project



## Terri Branning

### Senior Manager

#### • Summary

Ms. Branning has worked in the healthcare industry for over 40 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 Certified Community Behavioral Health Clinics Demonstration, and procurement and onboarding of managed care organizations. 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

45 years of professional experience

#### • Relevant Work Experience

##### Georgia Department of Community Health (2017)

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 with CMO readiness reviews to evaluate the CMOs' abilities to provide services according to state program policies and CMO contract.
- Participated in the client's 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.

##### Hawaii Department of Human Services (2018 – 2022)

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:**

- As Project Manager for this engagement, responsible for the quality and timeliness of deliverables and ongoing communications with the client.
- Assisted with development of a Request for Information to obtain stakeholder insights about VBP models and other delivery system considerations. Interviewed the state's contracted managed care organizations (MCOs) and the External Quality Review Organization (EQRO) to obtain input on the current managed care delivery system.



- Assisted with development of key program design considerations and recommended Request for Proposal and contract requirements for procurement of Medicaid managed care organizations (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 (2020 – 2021)**

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 collection of data and analysis of MCO quality of care and access to care performance under the Commonwealth's Medicaid managed care program.
- Assisted with the development of the independent assessment report for submission to the Department and CMS.

### **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:**

- Supporting implementation of a pharmacy benefits manager (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. Developing Command Center process and materials for PBM onboarding.
- Supported development of program design considerations and recommended contract requirements for procurement of managed care organizations to administer services to Medicaid enrollees.
- 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, Supported 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. Supported and facilitated SKY governance and workgroups.
- 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. Providing project management, supporting internal governance and reporting, and facilitated multiple interdepartmental workgroups 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.

### **Mississippi Division of Medicaid (2017)**

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:**

- Participated in client and team meetings, as well as meetings with the client's vendors.
- Supported the development of the cost-effectiveness study and recommendations for MississippiCAN.

**Nevada Department of Health and Human Services (2015 – 2017)**

Certified Community Behavioral Health Clinic (CCBHC) Planning Grant and Demonstration

**Scope of Work:**

Myers and Stauffer provided full service administrative and operational support for Nevada's CCBHC planning grant and Demonstration award and supported the state in improving the behavioral health of Nevada's citizens.

**Responsibilities:**

- Served as the Project Manager with responsibility for project oversight and monitoring, coordination of core implementation teams, and status reporting to federal entities.
- Served as the project lead for statewide coordination for the Nevada CCBHC planning grant stakeholder outreach activities.
- Supported Nevada in the preparation of the CCBHC demonstration application for submission to Substance Abuse and Mental Health Services Administration (SAMHSA).
- After Nevada was awarded the CCBHC Demonstration program, served as the Project Manager supporting the implementation of the CCBHCs.

**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:**

- Developed and implemented the MCO onboarding Command Center to support an efficient and well-organized process. Provided recommendations to address continuity of care, prior authorizations (PAs), and pharmacy services, as well as on-going monitoring and oversight of MCOs, during MCO onboarding. Utilized an issue/risk tracking tool to identify trends during MCO onboard.
- 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.

**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 as a Policy and Stakeholder Engagement Advisor and participated in key informant interviews.
- Supported the development of the SIM Sustainability Plan.



### **Reli Group Inc. (2016 – 2017)**

Center for Program Integrity (CPI) Medicare Access and CHIP Reauthorization Act (MACRA)

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

As a subcontractor to the RELI Group, the Myers and Stauffer team identified, studied and reported the risks and vulnerabilities of alternative payment models (APMs) for CMS.

#### **Responsibilities:**

- Supported the coordination and compilation of research related to designated APMs, and worked with RELI and CMS to develop reports outlining select APM risks, vulnerabilities, and potential mitigation options related to APM fraud, waste, and abuse.
- Participated in meetings with the client and CMS to discuss the APM findings.

### **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:**

- Participated in stakeholder outreach and engagement activities related to the SIM project.
- Assisted with the preparation of the State Health System Innovation Plan for submission to CMS.

### **Washington Health Care Authority (2017 – 2018)**

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:**

- As a member of the Communication team, developed the communication plan for the project.
- Participated in team and client meetings, as well as Development Council and Communications Council meetings convened by the client.
- Served as reviewer to assess specific projects within the Project Plan portfolios.
- Supported the development of the Project Plan assessment findings report.

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

Medicaid Actuarial Services and Managed Care Program Administration

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

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

#### **Responsibilities:**

- Oversee all contractual deliverables are fulfilled and provided within the required timeframes.



## Jillian Kuether Manager

### Summary

Ms. Kuether is a manager with Myers and Stauffer. She performs research, data analysis, data validation, reconciliation, and legislative monitoring of the public health care marketplace. Ms. Kuether 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. She also serves as a technical resource on encounter claims, leverages data to provide clients with support on policy decisions, and performs ad-hoc analyses.

### Education

M.S., Applied Statistics, Kennesaw State University, 2017

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

### Experience

7 years of professional experience

### Relevant Work Experience

#### Georgia Department of Community Health (2016 – 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 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 CMO's data.
- Review and provide feedback on CMO's merger readiness plans for potential areas of concerns, including analysis of projections.

#### Georgia Department of Community Health (2016 – 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:**

- Performed an analysis of hospice referral patterns for the GA Medicaid Fraud Control Unit (MFCU) based on Medicaid claims data.
- Reviewed length of patient stay in selected hospices for outliers.
- Created data visualizations for overlapping surgery times.





### **Louisiana Department of Health (2016 – 2018)**

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:**

- 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 MCO's data.

### **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:**

- Conduct peer state research on methodologies and rates, including analysis of commercial rates.
- Moderate virtual provider stakeholder town halls.
- Develop benchmark reporting of MaineCare rates to peer states, commercial payers, and Medicare.

### **Mississippi Division of Medicaid (2016 – 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:**

- 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.
- 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.



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### **West Virginia Department of Health & Human Resources (2021 - 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.

***Responsibilities:***

- Analyze payment variances between MCO submitted data and the State's encounter data for inaccurate, duplicate, or missing encounter submissions.
- Report on the status of the MCO encounter submissions to the State on a bi-monthly basis, including tracking on-going data issues and recommendations for data quality improvements.
- Collaborate with State actuaries to validate encounter data for MCO rate setting activities and other ad hoc analysis.
- Review encounter data for physician directed payment program eligible providers and calculate quarterly provider payments for a distribution of pooled funds based on repriced fee schedule services.
- Analyze member month eligibility data, CMS-64 waiver submissions, and MCO capitation payments for 1915(b) waiver renewal cost effectiveness exercises.



## Mitch Keister Manager

### Summary

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

### Education

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

### Experience

8 years of professional experience

### Affiliations

### Licenses/Certifications

### Relevant Work Experience

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

Department of Justice Expert Support Services

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

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

##### **Responsibilities:**

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

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

Care Management Organization Compliance

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

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

##### **Responsibilities:**



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

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

Payment Error Rate Measurement (PERM)

**Scope of Work:**

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

**Responsibilities:**

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

### **Iowa Department of Human Services (2020 – Present)**

Managed Care Organization Consulting

**Scope of Work:**

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

**Responsibilities:**

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

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

Payment Error Rate Measurement

**Scope of Work:**

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

**Responsibilities:** Processed Medicaid Fee for Service (FFS) claims and financial transaction records supplied by the Fiscal Agent Contractor (FAC) and generated claim and fixed payment universe extracts supplied to Lewin, the PERM statistical review contractor.

- Provided support to the PERM statistical review contractor by researching and answering questions about the claims and fixed payment universe and detail samples.



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

Promoting Interoperability Program Audit

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

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

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

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

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

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

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

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

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

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

### **New Jersey Department of Health (2014 – 2018Present)**

Delivery System Reform Incentive Payment (DSRIP)

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

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

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

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



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

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

***Scope of Work:***

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

***Responsibilities:***

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

### **New Mexico Human Services Department (2018 – Present)**

CMS-64 Reconciliation Services

***Scope of Work:***

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

***Responsibilities:***

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



## Nicole Young Manager

### Summary

Ms. Young has experience in health-care related accounting, specifically health care reimbursement. She has completed desk reviews and field work for five DSH states. In addition, she has conducted Medicaid cost report audits, managed care MLR audits, and managed care attest audits. She has also spent time helping creating UPL models for DSH payments, compiling data for payment projects, creating templates for various projects, and creating and revising program steps for new projects at the firm.

### Education

B.S., Accounting, University of Missouri – Kansas City  
A.A., Arts, Johnson County Community College

### Experience

9.5 years of professional experience

### Relevant Work Experience

#### Florida Agency for Health Care Administration (2014 – Present)

Hospital Cost Report Audit and Disproportionate Share Hospital (DSH) Payment Reconciliation

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

Myers and Stauffer provides services to the Florida Agency for Health Care Administration (AHCA) for hospital cost report audits, federal DSH program payment reconciliation services, and for Medicaid Supplemental Schedule DSH Key Components Review (DSR).

##### **Responsibilities:**

- Completed desk reviews and field work for DSH examinations.
- Completed desk reviews for cost reports.

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

Independent Certified Audit of DSH Program

##### **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 both its nursing facility and inpatient and outpatient hospital programs.

##### **Responsibilities:**

- Completed desk reviews and expanded reviews.

#### Georgia Department of Community Health (2017)

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:**

- Completed hospital financial survey reviews.



### **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 DSH reimbursement system and technical and accounting issues related to the preparation of Medicare UPL findings for inpatient and outpatient hospital programs.

**Responsibilities:**

- Completed DSH payment reviews.

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

Disproportionate Share Hospital (DSH) Audit

**Scope of Work:**

Myers and Stauffer performs federally-mandated independent certified audits of the state's DSH program.

**Responsibilities:**

- Completed desk reviews.

### **Louisiana Department of Health (2015 – 2017)**

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.

**Responsibilities:**

- Completed all Act 540 desk reviews.
- Completed the Act 540 report.

### **Louisiana Department of Health (2016 – 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 with establishing procedures and work papers.
- Performed medical loss ratio (MLR) reviews of managed care organizations (MCOs) for the Mississippi Department of Medicaid.
- Performed sampling of revenues, medical expenses, Health Care Quality Indicators (HCQI), administrative expense, and related party review to ensure the MLR is reasonable, allowable, and classified in compliance with Medicaid guidelines.

### **Mississippi Division of Medicaid (2016 – 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 with establishing procedures and work papers.
- Performed medical loss ratio (MLR) reviews of managed care organizations (MCOs) for the Mississippi Department of Medicaid.
- Performed sampling of revenues, medical expenses, Health Care Quality Indicators (HCQI), administrative expense, and related party review to ensure the MLR is reasonable, allowable, and classified in compliance with Medicaid guidelines.





- Completed supervisory reviews.
- Participate in meetings with Division staff and MCO representatives as needed.
- Supervise and train staff working on the engagement.

#### **Missouri Department of Social Services (2014 – 2018)**

Disproportionate Share Hospital (DSH) Audits

**Scope of Work:**

Myers and Stauffer performs federally mandated independent certified audits of the state of Missouri's DSH program.

**Responsibilities:**

- Conducted field work and sampling for expanded testing.

#### **North Carolina Department of Health and Human Services (2016 – 2017)**

MRI/GAP Payment Plan

**Scope of Work:**

Myers and Stauffer assists the state of North Carolina in developing its GAP/Medicaid reimbursement initiative (MRI) payment model that is responsible for calculating all federally matched payments for each North Carolina state fiscal year.

**Responsibilities:**

- Collected and compiled exhibit data from hospitals to input into the model.
- Help develop GAP/MRI payment model.
- Perform validity checks on exhibits submitted by hospitals.

#### **Texas Health and Human Services Commission (2014 – 2015)**

Disproportionate Share Hospital (DSH) Examinations and Uncompensated Care Hospital (UC) Reconciliations

**Scope of Work:**

Myers and Stauffer provides DSH program examinations for program years 2009 through 2017 and final uncompensated care reconciliations for the Texas Health and Human Services Commission (HHSC) for demonstration years 1 through 6.

**Responsibilities:**

- Completed desk reviews and expanded testing for DSH.

#### **Texas Health and Human Services Commission (2017)**

Managed Care Financial Statistical Reports Agreed-Upon Procedures

**Scope of Work:**

Myers and Stauffer conducts compliance reviews under Agreed-Upon Procedures (AUPs) of the annual cost reports submitted by Texas Medicaid MCOs.

**Responsibilities:**

- Completed agreed-upon procedures (AUP) for MCO financial statistical report (FSR) AUPs.
- Conducted sampling procedures to ensure medical claims were accurately reported and paid in accordance with contracts.

#### **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:***

- Assisted with establishing procedures and work papers.
- Created training materials for the HMOs.
- Created several deliverables for the state of Wisconsin to help with the understanding of the examinations, our processes, and timelines.
- Performed medical loss ratio (MLR) reviews of managed care organizations (MCOs) for the Wisconsin Department of Health Services.
- Performed sampling of revenues, medical expenses, Health Care Quality Indicators (HCQI), administrative expense, and related party review to ensure the MLR is reasonable, allowable, and classified in compliance with Medicaid guidelines.
- Participate in meetings with the Department of Health Services staff and HMO representatives as needed.
- Supervise and train staff working on the engagement.

**Iowa Department of Human Services (2019 – Present)**

Managed Care Audits

***Scope of Work:***

Myers and Stauffer provides services to the Iowa Department of Human Services for related party and administrative testing of managed care organizations under consulting standards.

***Responsibilities:***

- Assisted with establishing procedures and work papers.
- Created several deliverables for the state of Iowa to help with the understanding of the testing, our processes, and timelines.
- Supervise and train staff working on the engagement.
- Review test work completed by staff.

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

Managed Care Audits

***Scope of Work:***

Myers and Stauffer performed an MLR examination for the largest Medicaid managed care health plan participating in the Colorado managed care program.

***Responsibilities:***

- Assisted with establishing procedures and work papers.
- Created training materials for the health plans.
- Created several deliverables for the state of Colorado to help with the understanding of the examination, our processes, and timelines.
- Review and assist with medical loss ratio (MLR) examination of the managed care organization (MCO) for Colorado Health Care Policy and Financing.
- Review sampling of revenues, medical expenses, Health Care Quality Indicators (HCQI), and related party review to ensure the MLR is reasonable, allowable, and classified in compliance with Medicaid guidelines.
- Participate in meetings with Colorado Health Care Policy and Financing staff and health plan representatives as needed.
- Supervise and train staff working on the engagement.

**Virginia Department of Medical Assistance Services (2019 – Present)**

Managed Care Audits

***Scope of Work:***



Myers and Stauffer provides services to the Virginia Department of Medical Assistance Service for medical loss ratio (MLR) reviews of managed care organizations.

**Responsibilities:**

- Assisted with establishing procedures and work papers.
- Supervise and train staff working on the engagement.
- Review test work completed by staff.

**Centers for Medicare and Medicaid Services (2020)**

Medicare Medical Loss Ratio Examinations

**Scope of Work:**

Myers and Stauffer a subcontractor to Examination Resources to perform services to the Centers for Medicare and Medicaid Services (CMS) for commercial medical loss ratio (MLR) reviews of managed care organizations.

**Responsibilities:**

- Perform test work for on the engagement on several health plans.
- Participate in meetings and phone calls with the CMS and the MCO representatives as needed.

**Utah Department of Health and Human Services (2020 – Present)**

Managed Care Audits

**Scope of Work:**

Myers and Stauffer performs MLR examinations for all Medicaid managed care health plans participating in the Utah managed care programs.

**Responsibilities:**

- Assisted with establishing procedures and work papers.
- Created training materials for the health plans.
- Created several deliverables for the state of Utah to help with the understanding of the examinations, our processes, and timelines.
- Review and assist with medical loss ratio (MLR) examinations of managed care organizations (MCOs) for the Utah Department of Health and Human Services.
- Review sampling of revenues, medical expenses, Health Care Quality Indicators (HCQI), and related party review to ensure the MLR is reasonable, allowable, and classified in compliance with Medicaid guidelines.
- Participate in meetings with the Department of Health and Human Services staff and health plan representatives as needed.
- Supervise and train staff working on the engagement.

**New Mexico Human Services Department (2020 – Present)**

Managed Care Audits

**Scope of Work:**

Myers and Stauffer performs MLR examinations for all Medicaid managed care health plans participating in the New Mexico managed care programs.

**Responsibilities:**

- Assisted with establishing procedures and work papers.
- Created training materials for the health plans.
- Created several deliverables for the state of New Mexico to help with the understanding of the examinations, our processes, and timelines.
- Review and assist with medical loss ratio (MLR) examinations of managed care organizations (MCOs) for the New Mexico Human Services Department.



- Review sampling of revenues, medical expenses, Health Care Quality Indicators (HCQI), and related party review to ensure the MLR is reasonable, allowable, and classified in compliance with Medicaid guidelines.
- Participate in meetings with New Mexico Human Services Department staff and health plan representatives as needed.
- Supervise and train staff working on the engagement.
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## Regan McTier, CPA, CFE Manager

### 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

#### Georgia Department of Community Health (2013 – 2021)

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.

#### Georgia Department of Community Health (2020 – Present)

Care Management Organization Medical Loss Ratio

##### **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 care management 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.

**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 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.
- Conducted supervisory review of hospital financial survey reviews for the hospitals in Georgia.

**Louisiana Department of Health (2020 – 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.
- Supervised examination procedures of the annual MLR reports submitted by the Louisiana MCOs.

**Iowa Department of Human Services (2017 – 2021)**

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.
- Assisted with the update to existing audit guide.
- 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.

**Centers for Medicare & Medicaid Services (CMS) (2018 – 2022)**

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).

***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.



## Laura Saltos Diaz

### Senior 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.

##### 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).
- Reconciled supporting documentation to the as filed MLR and proposed adjustments for discrepancies.
- Analyzed, sampled and tested medical expenses.

**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.

**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 (2023 – Present)**

Managed Care Organization Oversight

**Scope of Work:**

Myers and Stauffer provides services to the Mississippi Division of Medicaid 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.

**West Virginia Department of Health and Human Resources, Bureau for Medical Services (2021 – Present)**

Managed Care Organization Oversight

**Scope of Work:**

Myers and Stauffer provides services to the West Virginia Department of Health and Human Resources, Bureau for Medical 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.



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### **Maryland Department of Health (2021 – 2022)**

Managed Care Organization Oversight

***Scope of Work:***

Myers and Stauffer provides services to Maryland 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).
- Reconciled supporting documentation to the as filed MLR and proposed adjustments for discrepancies.
- Analyzed, sampled and tested medical expenses.



## Samuel Weaver

### Staff Accountant

#### Summary

Mr. Weaver is a member of the firm's managed care engagement team. He is responsible for conducting an independent examination 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

3 years of professional experience

#### Relevant Work Experience

##### Georgia Department of Community Health (2021 – Present)

Hospital Reimbursement Technical Assistance

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

Myers and Stauffer performed hospital financial survey reviews for the hospital in Georgia.

###### **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 – 2022)

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.



### **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).
- Reconciled supporting documentation to the as filed MLR and proposed adjustments for discrepancies.
- Analyzed, sampled and tested medical expenses.

### **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).
- Reconciled supporting documentation to the as filed MLR and proposed adjustments for discrepancies.
- Analyzed, sampled and tested revenue and medical expenses.

### **Mississippi Division of Medicaid (2021 – Present)**

Managed Care Organization (MCO) Administrative Cost Reviews

**Scope of Work:**

Myers and Stauffer provides administrative review services of 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.

### **TennCare (2022 – Present)**

Managed Care Organization Oversight

**Scope of Work:**

Myers and Stauffer provides services to TennCare to examine the Medical Loss Ratio (MLR) reports filed by managed care organizations in Tennessee.

**Responsibilities:**

- Performed examinations on the medical loss ratio (MLR).
- Reconciled supporting documentation to the as filed MLR and made adjustments for discrepancies.
- Analyzed, sampled and tested medical expenses.

### **Maryland Department of Health (2022 – Present)**

Managed Care Organization Oversight

**Scope of Work:**

Myers and Stauffer provides services to the Maryland Department of Health to examine the Medical Loss Ratio (MLR) reports filed by their managed care organizations.



## APPENDIX A: RESUMES

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***Responsibilities:***

- Performed examinations on the medical loss ratio (MLR).
- Reconciled supporting documentation to the as filed MLR and proposed adjustments for discrepancies.
- Analyzed, sampled and tested medical expenses.



## Aaliyah Thompson

### Staff Accountant

#### Summary

Ms. Thompson 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. Thompson also performed Hospital Financial Survey (HFS) desk reviews of Georgia hospitals for the Georgia Department of Public Health and assist in medical loss ratio (MLR) examinations.

Additionally, Ms. Thompson 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 and Finance, Georgia State University, 2023

#### Experience

2 years of professional experience

#### Relevant Work Experience

##### Georgia Department of Community Health (2024 – Present)

Hospital Reimbursement Technical Assistance

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

Myers and Stauffer performed hospital financial survey reviews for the hospital in Georgia.

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

- Reviewed policies and procedures.
- Financial reconciliations.
- Analyze provider documentation for accuracy.
- Post findings and adjustments.
- Preparation of reports

##### Georgia Department of Community Health (2024 – 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).
- Reconciled supporting documentation to the as filed MLR and proposed adjustments for discrepancies.
- Analyzed, sampled and tested medical expenses.

##### Florida Department of Health (2024 – Present)

Managed Care Organization Oversight



***Scope of Work:***

Myers and Stauffer provides services to the Florida 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).
- Analyzed, sampled and tested revenue and medical expenses.



## Isabella Swanson

### Staff Analyst

#### Summary

Ms. Swanson is a member of the firm's managed care engagement team. She performs research, data analysis, data validation, reconciliation, and legislative monitoring of the public health care marketplace. She reviews claims data; performs reconciliations and data validations; communicates issues and findings; and drafts reports.

#### Education

M.Ass., Audit/Assurance Track, Kennesaw State University 2022  
B.B.A, Accounting, Kennesaw State University, 2021

#### Experience

2 years of professional experience

#### Relevant Work Experience

##### 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.

##### **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 reports 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.
- Complete detailed reviews of accounting documentation and reconciliations supporting CCO and Vendor Cash Disbursement Journal submissions.
- Reconcile fee-for-service claims data to MMIS provided documentation and identify discrepancies.

##### West Virginia Department of Health & Human Resources (2021 - 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.





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**Responsibilities:**

- Create and optimize reporting visuals and tables for MCO Provider Network Adequacy review.
- Analyze payment variances between MCO submitted data and the State's encounter data for inaccurate or missing encounter submissions.
- Develop MC-Ops Dashboards for utilization and encounter completeness monitoring.

**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.

**Responsibilities:**

- Review and update actuarial data extracts for data issues and inconsistencies.
- Monitor weekly claims imports and identify potential issues.
- Analyze EPSDT CMS monitoring calculations and identify variances.

**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:**

- Provide Medicare/Medicaid Crossover Bad Debt reporting to Hospitals.



## 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.



### **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.



## 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

2 years 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



## APPENDIX A: RESUMES

### **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.

### **West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS) (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.
- Preparation of reports.



## Garren Clark Staff Accountant

### Summary

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

Additionally, Mr. Clark 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

BBA, Accounting, Kennesaw State University, 2023

### Experience

<1 year of professional experience

### Relevant Work Experience

#### Louisiana Department of Health (2023 – 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.
- Sampling Health Care Quality Improvements Expenses.
- Vendor Contract Review
- Analyzed, sampled, and tested medical expenses, related and third party claims.
- Preparation of Reports

#### Mississippi Division of Medicaid (2023 – 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)
- 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 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)
- Vendor Contract Review
- Analyzed, sampled, and tested medical expenses, related and third party claims.





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

Cynthia A. Persily, Ph.D.  
Cabinet Secretary

Cynthia Beane  
Commissioner

DATE: July 25, 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: PF1471378, CDO BMS25\*11  
Dept 0511

The West Virginia Bureau for Medical Services (BMS) respectfully requests the approval of the above-referenced ADO for Medical Loss Ratio Examination – MHT Statement of Work with 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 SOW for Medical Loss Ratio Examination - MHT. The service period is 08/16/2024 through 12/31/2025 for a total cost of \$416,850.00

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](mailto: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 25, 2024  
TO: Office of Shared Administration/Finance  
FROM: Lakendra Burdette *LB*  
Procurement Specialist  
RE: PF1471378, CDO BMS25\*11  
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 months one (1) through seven (7) in SFY 25 and months eight (8) through seventeen (17) in SFY26.

Contract extended service period: 08/16/2024 – 12/31/2025. Funding allocation table below:  
CDO BMS25\*11  
SOW for Medical Loss  
Ratio Examination - MHT

08/16/2024-04/30/2025

05/01/2025-12/31/2025

PR05-2025	Payment	PR07 - 2026	Payment
CO 2-Managed Care		CO 2-Managed Care	
Oversight Ad Hoc		Oversight Ad Hoc	
Services \$175.00 per		Services \$175.00 per	
hour	\$220,685.29	hour	\$196,164.71
	\$220,685.29		\$196,164.71
		Grand Total:	\$416,850.00

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](mailto:lakendra.burdette@wv.gov). Thank you for your time and consideration in this matter.





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

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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### 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			
<b>Business Purpose</b>	5412 - Professional, Scientific and Technical Servies - Professional, Scientific and Technical Servies - Accounting/Tax Prep/Bookkeeping/Payroll Services (CPAs)		<b>Capital Stock</b>
<b>Charter County</b>		<b>Control Number</b>	41216
<b>Charter State</b>	KS	<b>Excess Acres</b>	
<b>At Will Term</b>	T	<b>Member Managed</b>	MBR
<b>At Will Term Years</b>	49	<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified





**Addresses**

Type	Address
<b>Designated Office Address</b>	209 WEST WASHINGTON ST CHARLESTON, WV, 25302
<b>Mailing Address</b>	700 W 47TH ST STE 1100 KANSAS CITY, MO, 64112 USA
<b>Notice of Process Address</b>	CORPORATION SERVICE COMPANY 209 WEST WASHINGTON STREET CHARLESTON, WV, 25302
<b>Principal Office Address</b>	700 W 47TH ST STE 1100 KANSAS CITY, MO, 64112 USA
Type	Address

**Officers**

Type	Name/Address
<b>Member</b>	CHARLES SMITH 100 EASTSHORE DRIVE STE 200 GLEN ALLEN, VA, 23059
<b>Organizer</b>	KEVIN C. LONDEEN 4123 SW GAGE CENTER DRIVE, SUITE 200 TOPEKA, KS, 66604 USA
Type	Name/Address

**Annual Reports**

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

Thursday, July 25, 2024 — 12:13 PM

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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

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 :

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Master Address

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Languages

Vendor Transaction History

