

West Virginia Medicaid Best Practices Review

Prepared for: West Virginia Office of the Governor

RECEIVED

2012 JUN -4 AM 7:47

WV PURCHASING
DIVISION

June 4, 2012



3130 Fairview Park Drive, Suite 500 | Falls Church, VA 22042 | phone: (703) 269-5500 | fax: (703) 269-5501 | www.lewin.com

June 1, 2012

Attention: Frank Whittaker
Department of Administration
Purchasing Division
Building 15
2019 Washington Street, East
Charleston, WV 25305-0130

Office of the Governor
1900 Kanawha Boulevard, East
Charleston, WV 25305-0370

Subject: Technical Proposal Submission

Reference: Expression of Interest entitled
Medicaid "Best Practices" Review, GOV12019

Dear Mr. Whittaker:

The Lewin Group, Inc. is pleased to submit the enclosed proposal to assist the Office of the Governor to conduct a thorough review of the State of West Virginia's Medicaid system and related services and benefits provided by the Department of Health and Human Services to identify key issues and opportunities to implement best practices. Our team's long-standing experience with West Virginia's Medicaid program and broad national knowledge of state-level health and human services program design and operations combine to offer the Office of the Governor a comprehensive assessment of best practices applicable to West Virginia.

Our qualifications include:

- Comprehensive and in-depth understanding of West Virginia-specific issues based on our decades of experience with West Virginia's Medicaid managed care program
- Execution of similar state-specific cost containment projects in Missouri and New York, positioning us to quickly work with the Office of the Governor to identify areas for review
- Proficiency using West Virginia's Medicaid claims files through our Medicaid managed care contract, allowing to quickly analyze the program's financial trends
- Experts who have worked at all levels of state government, providing us with insight into operational and political constraints facing the Office of the Governor

Our proposal is a best-in-class conceptual model that will permit West Virginia to identify organizational and policy changes to improve quality and reduce cost in the Medicaid program. We are committed and ready to begin supporting the Office of the Governor in performing this important work. Please contact me if you have any questions or require additional information.

Sincerely,

A handwritten signature in black ink that reads "Lisa M. Chimento".

Lisa Chimento | Chief Executive Officer

E-mail: lisa.chimento@lewin.com

Phone: 703-269-5556

Table of Contents

1. INTRODUCTION AND UNDERSTANDING OF THE PROBLEM.....	1
2. VENDOR'S EXPERIENCE	5
2.1 Efficiency and Productivity Reviews	6
2.2 References.....	8
2.3 Experience Providing Public Policy Research to Elected Officials	10
3. PROPOSED PERSONNEL & THEIR EXPERIENCE	12
Yvonne Powell, Project Director	14
Jennifer Wiens, Project Manager.....	14
Scott Smith, Analytics Team Lead	14
Elie Friedlob, Policy Team Lead	15
Subject Matter Experts.....	15
4. PROJECT PLAN	18
4.1 Project Organization	18
4.1.1 Comprehensive Assessment.....	18
4.1.2 Best Practice Research	23
4.1.3 Assessment of Best Practice Opportunities for West Virginia.....	24
4.2 Project Management and Communications	24
4.2.1 Kick-off and Work Plan.....	25
4.3 Advising on Policy Issues	27
APPENDIX A - STAFF RESUMES	28
APPENDIX B - PURCHASING AFFIDAVIT	66
APPENDIX C – POTENTIAL CONFLICTS OF INTEREST AND ASSOCIATED MITIGATION PLAN	67

1. Introduction and Understanding of the Problem

The West Virginia Office of the Governor is seeking a contractor to conduct a review of the State's Medicaid system and related services and benefits provided by the Department of Health and Human Services. In developing our response to this opportunity to assist West Virginia, The Lewin Group has assembled a project team that offers a national perspective, experience completing similar reviews for other states, West Virginia-specific knowledge, and a commitment to the long-term success of the State's Medicaid program. We offer a robust project approach focused on providing the Governor's office an assessment of options to improve the cost effectiveness of program operations and service delivery while maintaining and improving service quality.

The review will be completed in three phases:

- **Phase One: Conduct Comprehensive Assessment.** We begin with a comprehensive assessment of the State's Medicaid system and related services and benefits provided by the Department of Health and Human Services, including:
 - Strategic options that target administrative efficiency of Medicaid, Medicaid-related programs and the Public Employees Insurance Agency (PEIA), and
 - Strategies options that target Medicaid program design and service delivery

Exhibit 1, at the end of this section, highlights some of the areas we will focus on during Phase One. While we have identified these options for preliminary consideration, we understand that these will be further refined and solidified during the oral stage of the proposal process as well as during the initial phase of the engagement.

- **Phase Two: Conduct Best Practices Research.** Concurrent with the assessment of the West Virginia program, the Lewin team will research best practices within other state health and human service programs as well as emerging best practices within specific delivery systems and program designs (e.g., best practices targeted at serving high-cost high-need vulnerable populations). Lewin is currently assisting the Centers for Medicare and Medicaid Studies (CMS) on an engagement to identify best practices in developing service capacity and providing services to Medicare and Medicaid enrollees. Through this engagement as well as other similar engagements over the years, we are experienced in assessing the key components of best practices and identifying the adaption required to implement and spread best practices to new settings.
- **Phase Three: Identify Best Practices Strategies for West Virginia.** The final phase of our approach will be to assess which best practices hold the most potential for successful application within West Virginia. This phase will conclude with a report to the Governor's Office that presents recommended best practices strategies within the Department of Health and Human Services. These recommended strategies will include high-level implementation considerations (e.g., assessment of potential cost savings and quality improvements, implementation timeframes, potential need for changes to regulatory or administrative authorities). The review will focus on both short-term (1 – 2 year) and medium term (3 – 5 year) strategic options for how West Virginia can best

identify and implement organizational and policy changes that support the purchase and delivery of cost effective quality medical services.

This review occurs at a time when West Virginia and other states are facing an unprecedented set of dynamics related to state budget pressures. While West Virginia budget challenges emerged more slowly than in many other states, West Virginia finds itself joining other states in evaluating how best to meet growing Medicaid program costs under continued budgetary constraints. While recent tax revenues indicate positive growth in the West Virginia economy, overall Medicaid expenditure growth is an issue that will continue and will be significantly exacerbated by the large number of new beneficiaries that the Affordable Care Act (ACA) will add to Medicaid program enrollment.

In addition to ongoing budget challenges and Medicaid growth, this review must take into account the sweeping changes occurring in the country's healthcare delivery system. These changes are driven by a number of factors, many of which offer opportunities for efficiency and quality improvement but also bring uncertainty and initial budgetary outlays. These changes in the broader healthcare system include opportunities to leverage advances in information technology to deliver cost effective, quality care (e.g., electronic medical records); renewed focused on population health issues and its relationship to overall economic health (e.g., obesity); and coverage, quality and payment changes related to ACA.

There are opportunities for West Virginia to bring leading approaches to the delivery, financing and administration of its Medicaid program to significantly affect healthcare quality and manage costs. A successful review requires knowledge of state operations, a working understanding of West Virginia's Medicaid program operations and policy, knowledge of other states' and national Medicaid operations and policies, and a critical understanding of the emerging focus within the healthcare system on improving the experience of care of individuals, improving population health and lowering health care costs through improvements.

West Virginia was a leader in promoting personal responsibility as a fundamental tenet of its Medicaid program with the establishment of Mountain Health Choices. Now is the time for the state to lead again by developing new approaches to cost and quality management.

Exhibit 1: Sample Menu of Cost-Containment Options

Cost-Containment Option	Relevance	Items for Analysis	Results
<i>Strategic opportunities that target administrative efficiency of Medicaid, Medicaid-related programs and the Public Employees Insurance Agency (PEIA)</i>			
Review of overall state spending allocations	<ul style="list-style-type: none"> State policy choices impact Medicaid and health spending Allocation of resources between functional areas impacts specific program outcomes 	<ul style="list-style-type: none"> How WV's spending allocations compare to other states The determinants of state expenditure growth 	<ul style="list-style-type: none"> Changes to Medicaid policies that could reduce Medicaid and health spending Non-health policy changes that could offset Medicaid expenses
Collaboration between BMS and PEIA	<ul style="list-style-type: none"> Both programs administer health insurance Both programs contract with Managed Care Organizations (MCOs) Potential duplication 	<ul style="list-style-type: none"> Both programs' operations: procurement, contracting, financing, oversight Best practices across the states 	<ul style="list-style-type: none"> Duplicative functions that can be consolidated Impact of competitive bidding on MCO rates Potential economies of scale from joint administration
Review West Virginia's Health Reform Impact Analysis and Update as Necessary	<ul style="list-style-type: none"> Major changes expected for state Medicaid program Major changes expected in health insurance industry more broadly 	<ul style="list-style-type: none"> People newly covered by Medicaid, insured in state exchange, working for small businesses receiving tax credits, and benefitting from new insurance regulations 	<ul style="list-style-type: none"> Impact of changes in the health care market on Medicaid spending and operations Any current Medicaid policies that are out-of-date or unnecessary due to health reform
<i>Strategies opportunities that target Medicaid program design and service delivery</i>			
Regulatory, Policy, Structural, Process, or Program Changes to Medicaid	<ul style="list-style-type: none"> Program's organization and structure may be producing operational inefficiencies, excess utilization, and generating perverse incentives If so, this drives up costs without any gain in quality or access to care Ineffective policies and programs drive up costs without producing results 	<ul style="list-style-type: none"> Relevancy and impact of Medicaid regulations Comprehensiveness and compliance of BMS policies Efficiency and effectiveness of Medicaid structures, processes, and programs Utilization of various types of health services 	<ul style="list-style-type: none"> Duplicative structures, processes, or procedures that can be eliminated Ineffective policies that can be revised or eliminated Ways to better align payment incentives to promote improved health outcomes and reduce costs

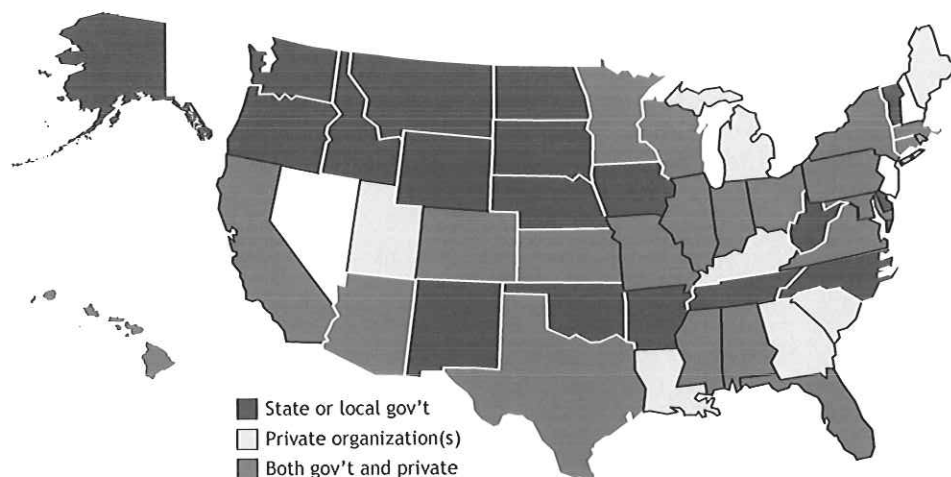
Cost-Containment Option	Relevance	Items for Analysis	Results
Opportunities to Improve Care Coordination for Medicare and Medicaid Enrollees	<ul style="list-style-type: none"> • This population accounts for 40% of Medicaid spending • 80,000 individuals in WV • Per capita Medicaid cost is \$10,900 	<ul style="list-style-type: none"> • Expenditures for Medicare Medicaid enrollees by diagnoses • Prevalence of selected diagnoses typically amenable to care coordination 	<ul style="list-style-type: none"> • Potential Medicaid savings from mandatory managed care for Medicare Medicaid enrollees • Care coordination programs that could reduce spending if Medicare/ Medicaid enrollees remain in fee-for-service
Review of Optional Medicaid Programs	<ul style="list-style-type: none"> • WV may cover services with negative cost-benefit ratios • WV may not cover services with high cost-benefit ratios 	<ul style="list-style-type: none"> • The cost and impact of optional services • The potential cost and impact of optional services not currently provided in WV 	<ul style="list-style-type: none"> • Costly optional services that WV could eliminate without adverse health outcomes • Services that WV could add to reduce net spending
Changes to Medicaid-Related Programs	<ul style="list-style-type: none"> • Changes to Medicaid may be insufficient to address state budgetary challenges • Other policies and programs also impact Medicaid spending 	<ul style="list-style-type: none"> • Potential revenue gains/ cost savings of “sin” taxes • Impact of changing other programs serving Medicaid beneficiaries (e.g. Bureau Senior Services, Vocational Rehabilitation) 	<ul style="list-style-type: none"> • Revenue and health spending impacts of enactment/increases in sin taxes • Impacts of modest adjustments to other program budgets on Medicaid spending

2. Vendor's Experience

The Lewin Group is a premier national health and human services consulting firm with over 40 years of experience delivering objective analyses and strategic counsel to public agencies, non-profit organizations, and private companies across the US. Much of our work focuses on helping states, the federal government, providers, and managed care organizations provide high-value health programs.

The Lewin Group is the leader in the field of Medicaid consulting. We help our clients design, build, operate, and monitor innovative strategies to improve access, quality, and cost-effectiveness in Medicaid programs. Our experience gives us distinctive and realistic perspectives on the needs and capabilities of stakeholders involved with the provision of public sector health insurance programs. We understand how Medicaid has evolved, the current issues and challenges, and the opportunities afforded by the health care marketplace and ever-changing government programs. As shown in Exhibit 2 below, we have worked in almost all of the states and with numerous private sector entities on a variety of Medicaid initiatives. We currently have multiple engagements with the Centers for Medicare and Medicaid Services (CMS) to provide technical assistance to the states and are currently part of an engagement with CMS to assist in the implementation of the Financial Alignment Demonstrations.

Exhibit 2: The Lewin Group's National Medicaid Experience



Most relevant to this engagement is Lewin's extensive experience working with states and supporting foundations to conduct comprehensive program reviews and recommend both "quick hit" and long-term policy changes to improve efficiency, quality, and value. Our work for clients has involved identifying options for program changes, assisting in the selection and refinement of appropriate options, and developing implementation plans and assisting in the realization of selected program designs.

Coupled with our long-standing experience with West Virginia's health care financing mechanisms and delivery system, we are well-positioned to provide the Office of the Governor with the insights and practical solutions needed to support the ongoing viability of the

Medicaid program and ability to do so quickly to support urgency of the Medicaid Budget situation.

Lewin is an Optum company. OptumInsight, Inc., a wholly-owned subsidiary of United Health Group, Incorporated ("United") was founded in 1996 to develop, acquire and integrate the world's best-in-class health care information technology capabilities. The Lewin Group operates with editorial independence and provides its clients with the very best expert and impartial health care and human services policy research and consulting services.

2.1 Efficiency and Productivity Reviews

Lewin has decades of experience in the design, implementation, and evaluation of policies and programs, the education of stakeholders, and the gathering and incorporation of feedback into program operations. Our practical and pragmatic experience allows us to shape our vision for effecting transformation into concrete and actionable recommendations that yield positive results. Much of this experience stems from our efforts to help states identify, develop, implement, and operate programs to provide cost-effective health care for a variety of different populations.

We have supported the West Virginia Bureau of Medicaid Services (BMS) with the development, implementation, and operation of the West Virginia Medicaid managed care program (Mountain Health Trust) program. Lewin has gained deep experience with West Virginia. Our partnership has resulted in significant successes for the West Virginia Medicaid program including:

- Over \$25 million in cost savings since the inception of the Medicaid managed care program by slowing the growth in the use and cost of medical services and administrative efficiencies;
- Increased use of appropriate preventive health services and corresponding decreases in unnecessary emergency room visits, avoidable hospitalizations, and other unfavorable health outcomes;
- High levels of beneficiary satisfaction; and
- Performance above the national average for Medicaid programs in the areas of cervical cancer screenings, controlling high blood pressure, comprehensive diabetes care, adult access to preventive and ambulatory care, and timeliness of prenatal and postpartum care.

In addition to our experience with Mountain Health Trust, Lewin has worked with BMS to develop enrollment estimates for Medicaid eligibility changes with the West Virginia Health Care Authority to develop options to reduce the number of uninsured in West Virginia. In efforts to improve the delivery of health care, Lewin has supported the Bureau to identify areas for improvement using a systematic feedback approach, which includes "dashboard" reports based on analysis of health outcomes, claims and encounter data, and CMS guidance.

Lewin has also helped several other states achieve savings and reduce positive spending trends through cost containment efforts. Exhibit 3 highlights recent efficiency and productivity reviews completed for other states.

Exhibit 3: Selected Lewin Efficiency and Productivity Reviews

Project	Description
Missouri Medicaid Review	<p>For the State of Missouri, Lewin conducted a comprehensive review of the Medicaid program with recommendations on how the State can achieve short-term Medicaid savings, providing detailed assessments on achieving longer-term program savings, and evaluated options to improve the effectiveness and efficiency of the Medicaid program. Lewin developed a series of reports as well as supporting materials, and Lewin's analyses were used by State policymakers to craft the state fiscal year 2011 budget as well as guide decisions about future Medicaid program design and operations. Specific areas of analysis included short-term cost containment opportunities, long-term care, pharmacy, care management, non-emergency medical transportation, and overall program financing and operations. The final report provided a series of recommendations regarding the structure and operation of the program, performance metrics to guide program management, and proposed approaches and priorities for enhancing the quality and efficiency of care to advance value-based purchasing and care coordination.</p> <p>http://www.lewin.com/publications/publication/427/</p>
Bending the Health Care Cost Curve in Missouri: Options for Saving Money and Improving Care	<p>For the Missouri Health Foundation, The Lewin Group developed a roadmap of options for Missouri to control costs and improve quality of privately funded health care provided in the State under the ACA. Missouri, like other states, is continuing to experience losses in employer-sponsored coverage. Moreover, even as states work to implement the provisions of the new health reform law, including establishing health benefits exchanges and insurance rate management, there continues to be increasing pressures on the private insurance market due to cost increases. This trend has implications for public safety-net programs as well as for subsidy programs scheduled to begin in 2014, and devising effective means of reducing health care cost growth is essential to maintaining even current levels of coverage.</p> <p>http://www.mffh.org/mm/files/BendingtheCurveReport.pdf</p>
Bending the Health Care Cost Curve in New York State: Options for Saving Money and Improving Care	<p>For the New York State Health Foundation, Lewin helped address opportunities for containing health care costs throughout the New York State health care system. The goal of the engagement was to identify up to 10 specific cost containment scenarios that could be modeled by Lewin to determine the potential for future cost containment and health care system improvement. The project was modeled after the highly successful "Bending the Curve" national analysis conducted by Lewin and The Commonwealth Fund and was the first-of-its kind state-level endeavor. This three-phased roadmap to cost containment for New York with practical approaches to reducing healthcare costs included the establishment of a technical advisory panel (TAP) of industry and health policy experts in New York to assist in selecting and evaluating cost containment options for the</p>

Project	Description
	<p>State. In Phase I, Lewin worked with the Foundation and the TAP to identify specific areas of potential savings in the existing health system and identify policy options designed to realize these savings. In Phase II, Lewin conducted detailed data analyses of New York claims data and other data sources to develop realistic estimates of what these options would save. In Phase III, Lewin worked with key stakeholders to prioritize a subset of the options studied above, developed high-level implementation plans for four prioritized options, and assisted the Foundation in disseminating results.</p> <p>http://www.lewin.com/news/article/46/</p>

2.2 References

West Virginia Department of Health and Human Resources, Bureau for Medical Services Medicaid Managed Care Program Development and Support (1995-Present)

Point of Contact: Brandy Pierce, Director of Managed Care and Procurement Services,
Office of Medicaid Managed Care

Phone: (304) 356-4912

Email: Brandy.J.Pierce@wv.gov

Address: 350 Capitol Street, Room 251, Charleston, WV 25301-3708

The Lewin Group is assisting the West Virginia Bureau for Medical Services with the ongoing operation and expansion of its Medicaid managed care program, Mountain Health Trust. Lewin is working with the Director of Managed Care and Procurement Services so that regular program activities are accomplished in a timely and satisfactory manner. Lewin develops managed care capitation rates for participating managed care organizations (MCOs) for each annual rate period and updates the MCO contract each year. Lewin also assists with preparation of the 1915(b) waiver renewal application and supports Bureau staff in responding to written questions from CMS. In addition, Lewin assists the Bureau in its efforts to expand the managed care program to include SSI beneficiaries and behavioral health and children's dental services, including designing a detailed implementation strategy, evaluating MCO readiness, coordinating with CMS, and responding to stakeholder concerns. Other tasks include assessing and evaluating network adequacy, monitoring MCO performance, surveying beneficiaries, preparing quarterly "dashboard" performance monitoring reports, reviewing MCO marketing materials, and coordinating with other vendors to administer the Mountain Health Trust program. The Lewin Group has assisted the Bureau for Medical Services in the development and implementation of the Mountain Health Trust program since the program's inception in 1995.

**Missouri Department of Social Services
Missouri Medicaid Review (2009-2010)**

Point of Contact: Ian McCaslin, Division Director

Phone: 573-751-6922

Email: Ian.McCaslin@dss.mo.gov

Address: 221 W. High Street, P.O. Box 1527, Jefferson City, MO 65102

A description of Lewin's engagement with this client is provided in Exhibit 3.

**New York State Health Foundation
Road Map to Cost Containment in NY and Feasibility Analysis (2009-2010)**

Point of Contact: David Sandman, Senior Vice President

Phone: 212-584-7690

Email: sandman@nyshealth.org

Address: 1385 Broadway, 23rd Floor, New York, NY 10018

A description of Lewin's engagement with this client is provided in Exhibit 3.

**DHHS, Centers for Medicare and Medicaid Services (CMS)
Community Based Care Transitions Program TA (2011- Present)**

Point of Contact: Juliana Tiongson, Project Officer

Phone: 410-786-0342

Email: juliana.tiongson@cms.hhs.gov

Address: 7500 Security Boulevard, Baltimore, MD 21244

The Lewin Group and its partners, the Colorado Foundation for Medical Care, The University of Colorado, Seamon Corporation, ON24, have developed a technical assistance center to support organizations participating in the Community-Based Care Transitions Program authorized under Section 3026 of the Affordable Care Act. The CCTP seeks to improve the transition from one setting to another and reduce the number of avoidable re-hospitalizations. The Lewin Group Team is facilitating a virtual learning collaborative (VLC) for the participating teams to establish a national community-based care transitions community of practice. This TA will complement the TA outlined in the draft 10th Scope of Work and provided by Quality Improvement Organizations (QIOs) and the National Coordinating Center for Care Transitions to help communities to prepare to apply for the CCTP. It will also build upon other relevant efforts so as to minimize duplication and take advantage of the excellent work of our team partners and others. This project appropriately calls for a technical assistance (TA) effort that uses a rapid cycle improvement process within a learning collaborative framework in order to maximize effectiveness and dissemination. TA will be a critical component of this demonstration's success because the many organizations involved will need consistent guidance and opportunities to understand the important aspects of implementation, potential barriers and strategies for overcoming them. The key components of the process will involve: 1) each CMS selected project setting an ambitious goal related to hospital readmissions, 2)

quarterly measurements against the goal; and, 3) through the TA, the provision of information regarding proven techniques through adult learning approaches, particularly sharing with peers through webinars, online collaboration and three national meetings for 1,000 participants each annually.

**DHHS Centers for Medicare and Medicaid Services (CMS)
Technical Assistance to Support Providers in Providing Integrated, Coordinated Care to
Beneficiaries who are Eligible for both Medicare and Medicaid (2011-Present)**

Point of Contact: Kerry Branick, Project Officer

Phone: 202-205-0554

Email: kerry.branick@cms.hhs.gov

Address: 7500 Security Boulevard, Baltimore, MD 21244

The Lewin Group is identifying, through a literature review and discussions with experts, health care providers with promising practices for improving access to seamless, integrated, high quality health care services to individuals dually eligible for Medicare and Medicaid. Lewin and its partner are working with these providers and others to replicate and disseminate components of the practices that can be implemented by others to expand provider capacity. Lewin has engaged two technical expert panels to help in refining the core components of each practice and specify the audiences that would be most receptive to implementing the practice components. To assist health plans in engaging and facilitating the use of home and community-based providers, Lewin is developing a set of best practices, which are based on state and health plan interviews and focus groups with home and community-based providers in Massachusetts and Tennessee.

2.3 Experience Providing Public Policy Research to Elected Officials

The Lewin Group has been a trusted advisor to elected officials in many states and at the federal level for most of its 40+ years. We have acted as an outside, independent evaluator for state executives, agencies and legislatures interested in reviewing programs and policies.

Recently, for the Rhode Island Executive Office of Health and Human Services, Lewin assessed and made recommendations regarding the staffing and administrative requirements to successfully re-balance the state long term care system through a new Global Medicaid Waiver. The project focused on high-level organizational issues as Rhode Island prepared to implement a Medicaid overhaul with major impacts on sister agencies and the umbrella office of health and human services. The engagement included numerous site visits and interviews with Rhode Island officials to assist in comparing the state to others that have implemented long term care reforms. Lewin worked directly with cabinet secretaries and briefed the Governor's chief of staff.

Lewin also has a long track record developing reports to Congress for the Center for Medicare and Medicaid Studies as well as other federal agencies. Lewin evaluated the impact of four proposed Medicaid regulations on each of the 50 states and the District of Columbia for a report to the United States Congress. In preparing the report, Lewin conducted interviews with experts in each state to assess the prevalence of problems identified by the Secretary of the US

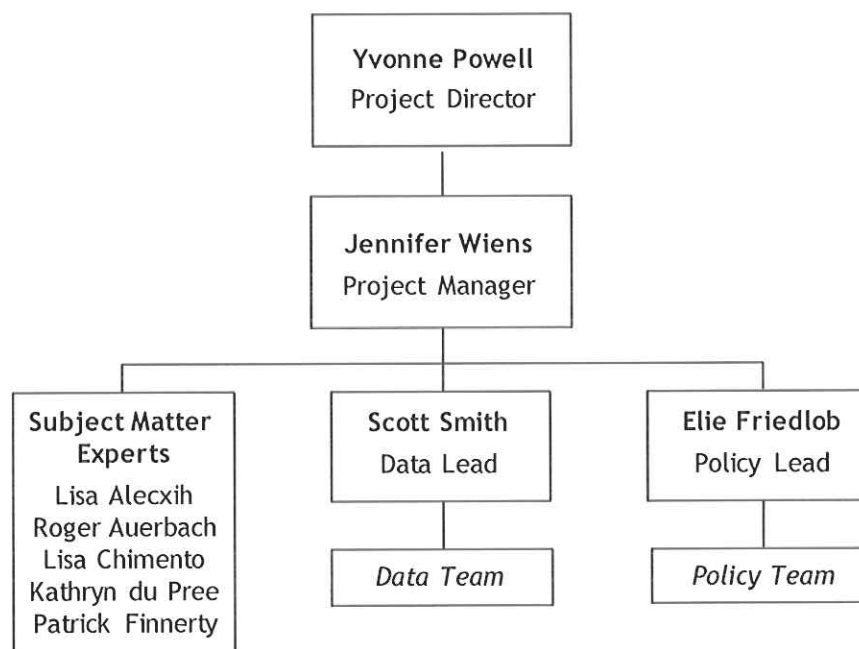
Department of Health & Human Services (HHS) and to identify alternative strategies to address these problems. Lewin also collected baseline data from all states and projected the federal and state financial impact should the proposed rules be implemented.

3. Proposed Personnel & Their Experience

The Lewin team brings together personnel with the strong qualifications and demonstrated expertise to successfully design, implement, and evaluate cost effective policies and program operations, to educate stakeholders about program options, and to gather and incorporate feedback into program design and operations. Our practical and pragmatic experience allows us to help our clients transform a vision for health policy and practice into concrete and actionable recommendations that yield positive results. Team members have experience directly managing state Medicaid and CHIP programs, as well as experience working directly with states on a variety of analytic, operational, and policy issues. The Lewin team includes the former Medicaid Directors from Virginia and Oregon, with direct policy and budget experience, as well as direct interface with Governors and other elected officials in their States.

The Lewin Group project team will be organized as follows:

Exhibit 4: Project Team



The depth of our experience has enabled us to develop effective working relationships with state agency staff at all levels in every state in the country. Exhibit 5 highlights the knowledge and skill of each of these team members; summaries of key staff qualifications are presented immediately following this exhibit. Resumes of proposed personnel are provided in Appendix A. In addition to the individuals listed, we have a deep pool of talent at all levels of the organization that we can draw from to accomplish the goals of this engagement in the limited time available. We also have a staff with diverse Medicaid and health-plan expertise that will be able to identify solutions in any program area where opportunities are identified..

Exhibit 5: Overview of Staff Expertise

	Experience with Medicaid	Experience with government program review	Experience with government budget analysis	Experience implementing cost saving programs	Experience with program design for complex high-cost populations	Experience with research and development of public policy	Qualitative Analysis and Evaluation	Identifying and Implementing Best Practices	Experience advising state-wide elected officials
<i>Key Staff Members</i>									
Yvonne Powell, MPP	•	•	•	•	•	•	•	•	•
Jennifer Wiens, MPH	•	•	•	•	•	•	•		•
Elie Friedlob, MPH	•	•	•	•	•	•	•	•	
Scott Smith, MBA	•	•		•			•		
<i>Subject Matter Experts</i>									
Lisa Alexih	•	•	•	•	•	•	•	•	•
Roger Auerbach, JD	•	•	•	•	•	•	•	•	•
Lisa Chimento, MBA	•	•	•	•	•	•	•	•	•
Kathryn du Pree, PhD (ABD)	•	•	•	•	•	•	•	•	•
Patrick Finnerty, MPA	•	•	•	•	•	•	•	•	•

Yvonne Powell, Project Director

Yvonne Powell, MPP, is a Senior Vice President and the Director of the States & Payers practice at The Lewin Group. As Project Director, Yvonne Powell will assist the Project Manager to coordinate the project tasks and will be responsible for the quality and timeliness of all deliverables. Ms. Powell has over 25 years of experience with public sector delivery of healthcare. Her experiences have included work in the areas of program evaluation, managed care program design and implementation, and long-term care policy; in addition, her work in these areas has included focus on Medicare-Medicaid enrollees and special needs populations. She has the ability to identify emerging issues in the healthcare sector and develop and align resources to meet client needs. She has managed large, multi-year projects assisting states with program design, financing, implementation and evaluation. Ms. Powell has also assisted numerous states in the design and financial modeling of new delivery systems and reimbursement models. She brings experience in bridging policy and technical issues to bring together necessary resources during program design and implementation. For example, Ms. Powell is currently working on engagements which focus on identifying best practices in developing capacity to provide services to Medicare and Medicaid enrollees, implementing financial alignment demonstrations, and assessing the impact of ACA on healthcare services for Veterans.

Jennifer Wiens, Project Manager

Jennifer Wiens, MPA, is a Managing Consultant at The Lewin Group. She has 15 years of experience addressing healthcare access, cost and quality in a variety of settings including the Department of Health in Wisconsin and Minnesota, National Academy for State Health Policy, and Congressional Research Service. Ms. Wiens has conducted government program budget analyses throughout her career, including work as a Budget and Policy Analyst-Advanced with the Wisconsin Department of Health and as a Senior Research Scientist with the Minnesota Department of Health, Health Economics Program. Her recent work has focused on quantitative analysis of cost drivers for duals. Ms. Wiens also brings extensive experience preparing analyses for elected officials. She provided technical assistance to state policy makers in the development of health care policy as a Senior Research Scientist in the Health Economics Program at the Minnesota Department of Health. In this role, she conducted research and analysis on topics requested by the Legislature including reasons for disenrollment from Minnesota's Medicaid program and the prevalence of health insurance among the Minnesota long-term care workforce. While in Wisconsin, she prepared numerous budget analyses used by the Wisconsin Governor's Office to develop bi-ennial state budgets.

Scott Smith, Analytics Team Lead

Scott Smith is a Senior Consultant. Scott currently serves as a data manager on the Payment Error Rate Measurement (PERM) project, where he works with states to collect and validate claim data to be sampled for review. He serves as a consultant/project manager on other data-intensive projects, such as managed care capitation rate setting for West Virginia and Medicaid data warehouse validation for a CMS contractor. Prior to joining Lewin, Mr. Smith had 16 years of health care payer experience, the last five in the Medicaid space. Scott is experienced with health care data mining and analysis as well as Medicaid policy and operations. Most recently, Mr. Smith managed a team which provided reporting and analysis to support managed long-term care Medicaid plans. This included working with internal customers to develop

specifications and produce desired output based on business needs. Mr. Smith also previously worked as a consultant where he led several projects to support State Medicaid agency clients. These included managed care capitation rate setting, encounter data validation, technical assistance and financial reporting application development. He worked on several long-term care projects, including development of a new managed long-term care program. Mr. Smith also has experience in the commercial managed care space. He analyzed utilization and cost trends and presented results, along with potential mitigating solutions, to large employer group clients. He worked in medical economics mining claim and utilization data and developing reporting solutions to support internal analysis. Mr. Smith graduated with a BS in Management from Arizona State University and with a Master's in Business Administration from University of Phoenix.

Elie Friedlob, Policy Team Lead

Elie Steele Friedlob, MPH, is a Managing Consultant at the Lewin Group. Ms. Steele Friedlob has 17 years consulting and project management in multiple healthcare settings. She has extensive experience in health policy related to state Medicaid, commercial benefits, consulting on health care informatics. Her prior West Virginia experience includes serving as project manager and lead for maintaining an analytical data warehouse reporting performance measurement metrics, disease management and financial program monitoring for the West Virginia, Public Employees Insurance Program, Access (high risk insurance pool) and CHIP programs. She brings a depth of experience in projects that bridge program policy and operations. For example, Ms. Friedlob brings experience evaluating return on investment analysis and development of monitoring metrics for medical home programs as well as experience evaluating Medicaid program operations relating program integrity and fraud and abuse. Ms. Friedlob recently completed an strategic assessment of the Medicaid market for evolving health care delivery models, such as Accountable Care Organizations and Health Homes. This included extensive data collection via interviews with Medicaid Directors and state officials on current and future state needs and perspectives.

Subject Matter Experts

Lisa Alecxih, MPA, is a Senior Vice President with The Lewin Group and a nationally recognized expert in long term care financing and service deliver. Ms. Alecxih has extensive experience with systems change related to supportive services for older adults and individuals with disabilities and health insurance coverage, with a particular focus on Medicare and Medicaid enrollees and integrated health and long term care systems. Ms. Alecxih helps the federal and state governments transform their long term support systems to be both consumer-focused and cost-effective through research and technical assistance. For the Centers for Medicare & Medicaid Services (CMS), she directs a Technical Assistance Resource Center for Direct Service Workers to assist state Medicaid agencies in developing recruitment and retention strategies. For the Administration on Aging, she directs the Technical Assistance Exchange for the Administration on Aging (AoA) Aging and Disability Resource Centers and other Community Living Initiatives. She developed and maintain three major microsimulation models that permit distributional analyses of potential policy changes; including the Pension and Retirement Simulation Model (PRISM) which estimates life events and future income for the elderly using numerous source of data and has been used by the Advisory Council on Social Security

Roger Auerbach, JD, an outside, independent Consulting Director under contract with The Lewin Group, has been working on various Lewin projects since 2001, after leaving his position as Administrator of Oregon's Senior and Disabled Services Division where he was responsible for all long-term care programs for older adults and persons with physical disabilities. As a long-term care director for Oregon's Medicaid program and before that the Governor's Senior Policy Advisor for Health, Mr. Auerbach constantly evaluated the efficiency and productivity of this statewide program. While in the Governor's Office, he helped supervise a major 1115 waiver program implementation that required constant analysis of state operations and that of managed care companies. As Senior Policy Advisor to the Governor, he worked with budget staff assembling budgets for all health and human services, housing and insurance oversight agencies, among others. In addition, Mr. Auerbach ran two state agencies: the Employment Department and Senior and Disabled Services. He helped build the budget for those two agencies, making recommendations at all times on where money should be allocated. During his Consultant Agreement with The Lewin Group, Mr. Auerbach has advised Nebraska Governor Mike Johanns on a variety of Medicaid long-term care issues, New Jersey Governor Jim McGreevey on long-term improvements for older adults, and Tennessee Governor Phil Bredesen on a major 1115 waiver and improvements in the long-term care system. Mr. Auerbach has a JD from the Boston University School of Law.

Lisa Chimento, MBA, is CEO of The Lewin Group and focuses her work on state and local health reform initiatives. She has provided policy and technical support to Mountain Health Trust since 1995. In her role as subject matter expert the team will benefit from her extensive knowledge of the West Virginia Program, while allowing the core project team to bring a fresh eye to the current program. In addition she has worked with more than 25 state purchasers on a range of Medicaid purchasing and performance improvement efforts, including Medicaid benefit and eligibility studies and modeling, cost containment analysis, and managed care, disease management, and case management initiatives. She directed a business case analysis of One-e-App, a web-based enrollment application for health and social service programs in California, including Medi-Cal, Healthy Families, county-funded health coverage programs, and food stamps, and analyzed ways the Medicaid enrollment process in NYC could be improved through an automated system. She has also assisted health systems and managed care plans and others with strategic and operational issues, with a focus on public programs, including Medicaid and Medicare. She also works with states and foundations on other health policy reforms. Ms. Chimento received her BA in economics from the University of Virginia and Master's degree in public and private management (MBA) from Yale University.

Kathryn du Pree, Ph.D. (ABD), is a Senior Vice President at The Lewin Group and an expert in aging and disability research and policy. She has 37 years of progressive supervisory and program development administrative experience in the public sector, with more than 25 years in senior management positions. She is known for her work in designing and managing effective systemic change in the field of developmental disabilities. She has fiscal management expertise, in-depth knowledge of federal requirements for HCBS waiver programs, and extensive experience working with the executive and legislative branches of government. Ms. du Pree's accomplishments include developing an agency organizational structure to emphasize family support services and consumer directed supports for over 1,000 people; Launching interagency collaborations resulting in improved access to mental health services and the transition of services for children with intellectual disabilities and behavioral health

needs from the Connecticut Department of Children and Families (DCF) to the Department of Developmental Services (DDS); and overseeing a pilot with the state Medicaid agency to transfer state plan home health funding to the DDS for individuals' self-directed purchase of similar supports under and HCBS waiver to assure access to home health which was rarely available from HHAs at that time.

Patrick Finnerty, MPA is an outside, independent Consulting Director under contract with The Lewin Group and formerly served as Virginia's Medicaid Director for eight years. As the Medicaid Director, Mr. Finnerty provided executive leadership for the Commonwealth's Medicaid and CHIP program, which accounted for a combined annual budget of nearly \$6.5 billion and provided health benefits to more than 850,000 enrollees through partnerships with more than 55,000 health care providers. While Medicaid Director, Mr. Finnerty led a successful redesign of the dental program, doubling the number of participating providers and significantly increasing utilization of dental services. He also oversaw the expansion of the Medicaid managed care program in Virginia while developing effective relationships with legislators, providers, and key stakeholders. Prior to his term as Medicaid Director, Mr. Finnerty served as the Executive Director of the Virginia General Assembly's Joint Commission on Health Care, a legislative health policy commission. He worked for four years as a Senior Evaluation Analyst with the Virginia Department of Planning and Budget, and served on numerous Evaluation Teams that conducted evaluation reviews of a wide range of state agencies and programs that were requested by the Governor, the Governor's Cabinet Secretaries and the legislature. He holds a Master of Public Administration and a B.S. in Psychology from Virginia Commonwealth University

4. Project Plan

4.1 Project Organization

The Lewin Group will organize the project into three phases that will result in recommendations to the Governor's Office on the most promising approaches to cost containment for West Virginia. As there is some uncertainty around the timeline, priorities and available financing for this engagement, we will present a menu of cost containment options for consideration at the kick-off meeting. Exhibit 1, presented earlier in this proposal, highlights some of these strategic option areas. We will draw from our arsenal of analytical tools depending on the options selected, timeline, and financing.

Regardless of the options selected and tools employed, Lewin has assembled a team with unparalleled experience and expertise to objectively analyze the impact of cost containment options. Policy analysis involves consideration of the advantages and disadvantages of different approaches supported by research and data analysis findings. The Lewin Team will be able to identify a range of policy options and estimate the cost implications for the Governor's Office to consider and translate these into implementation and operational strategies that might ultimately be implemented.

4.1.1 Comprehensive Assessment

We will begin with a comprehensive efficiency and productivity audit of the West Virginia Medicaid program to identify areas of Medicaid operational inefficiencies, excess utilization, and perverse incentives that drive rising Medicaid costs.

4.1.1.1 Regulatory, Policy, Structural, Process or Programmatic Changes to Medicaid

The following analyses will be completed by utilizing Medicaid cost data and service utilization reports as well review of policy documents and management reports. We will:

- Assess state regulations impacting Medicaid for relevancy and impact and to determine if there are any unintended disincentives that impact service delivery and cost;
- Review BMS policies for comprehensiveness and compliance;
- Review structures, processes, and programs for efficiency and effectiveness;
- Review the current rate of hospitalizations for Medicaid recipients and the related costs;
- Review nursing home utilization and use of long term services and supports ;
- Review the type, use and cost of optional state plan services;
- Review the current care coordination methodology and analyze care coordination models used nationally to determine relevance and practicality for West Virginia;
- Review costs by diagnostic category of need and/or disability; and
- Review complaints, grievances and appeals to determine trends in issues of access, capacity and service quality.

Scott Smith, the lead for our analytics Team, is experienced in conducting analysis of West Virginia Medicaid data. This familiarity with the Mountain Health Program and data files will be critical to completing timely and accurate analyses of current program operations and evaluation of best practices options.

Based on this level of review we will determine if interviews with key BMS staff and other stakeholders will need to be conducted to provide a more comprehensive understanding of the cost drivers in West Virginia and to provide the project team with additional insight to make practical recommendations for cost containment strategies that will be most relevant to developing a set of workable, cost effective recommendations for West Virginia.

The results of these analyses will allow Lewin to identify recommended changes to the Medicaid program to eliminate redundancies, align incentives and improve utilization. We will limit our recommendations to changes that result in direct cost savings or cost containment, freezing or reducing positive cost trends without negatively impacting quality. Our recommendations will promote the efficient use of existing data to inform program oversight, quality management, and provider network access. These results, in combination with best practices research, will inform selection of additional areas of focus.

The Lewin Group has unparalleled experience with West Virginia's health care financing mechanisms and delivery system which will also us to conduct our research with minimum disruption of state staff and maximum impact. For example, based on our knowledge that West Virginia's Medicaid program pays the fiscal intermediary based on a PMPM basis rather than on claims volume, we would review payments to the state's fiscal intermediary to ensure that payment methodologies can be modified to reflect reduced claims volume due to anticipated SSI managed care expansion. Depending on our findings, we might recommend that BMS renegotiate its contract with the fiscal intermediary to achieve administrative cost savings.

4.1.1.2 Health Reform Impact

West Virginia has already completed analysis of the state-level impact of the ACA. We will review this analysis (and update if necessary) to ensure our findings reflect ACA's anticipated impact in West Virginia. Our review will include consider:

- Estimates of the number and demographic distribution of people in families who become covered by Medicaid or receive premium subsidies;
- Estimates of the number and demographic distribution of people in families covered by firms that receive small business tax credits;
- Estimates of the number of people in families that benefit from the out-of-pocket limits specified in the reform plan; and
- Estimates of the number of people potentially benefitting from guaranteed issue of coverage and eliminating pre-existing condition exclusions.

Lewin has proprietary health reform simulation models that will allow our team to work with the Governor's office to, if necessary, update existing estimates of the impact of health reform on West Virginia. This model can also be used to examination the changes in sources of health insurance coverage for people in West Virginia under the ACA.

4.1.1.3 Review of Optional Medicaid Programs

One area of focus for in-depth review is an analysis of optional Medicaid programs to:

- Identify existing optional programs that can be modified to achieve cost reductions, and
- Identify optional programs not in effect in West Virginia but exhibiting positive cost-benefit ratios in other states that suggest they could achieve cost savings if implemented in West Virginia.

We will consider potential options related to West Virginia's optional Medicaid programs, including optional services and services covered under waivers. Optional Medicaid programs may include: coverage of optional eligibility groups, coverage of optional services, and populations and services covered under waivers. The impact of elimination of coverage for optional eligibility groups must take into consideration Section 2001 of ACA imposes significant maintenance of effort requirements on states regarding eligibility groups (such as requiring that the state maintain eligibility for children under age 19 until 2019).

After reviewing the optional Medicaid programs West Virginia already has in place, we will consider optional programs that other states have used to achieve cost savings. We will review the literature for optional Medicaid programs with demonstrated positive cost-benefit ratios such as chronic care management programs for the aged, blind, and disabled; child asthma initiatives and enhanced prenatal care programs. Prior to the kickoff meeting, we will have searched the literature for a menu of potential optional programs. During the kickoff meeting, we will refine the list of optional programs to include only those the Governor's Office is interested in pursuing.

4.1.1.4 Review of Overall State Spending Allocations

We will evaluate spending allocation during our kick-off meeting. Between 1992 and 2009, West Virginia experienced a 6.2% growth in per capita health care expenditures compared to only 5.3% for the nation as a whole.¹ With such rapid growth of health expenditures, it is important to assess whether increased spending on health care displaces spending on other important priorities. One way in which we could assess this issue is to use data from the Census of Government Finances, which provides annual data on state (and local) government expenditures that are standardized by functional area of expenditures. Using these data, we will estimate the percentage of West Virginia spending that goes to health, education, transportation, social services, public safety, the environment and housing, government administration, and utilities. We will compare these percentages to those of other states to identify whether West Virginia is spending a disproportionate amount on health care and if so, what other functional areas of spending are being displaced. We would produce these analyses in three ways: (1) with state government spending only, and (2) with state and local government spending combined. (3) with state and federal spending since Medicaid is an important way to leverage federal funds. While we recognize that analyses of state government spending are particularly important to the Governor's Office, differences in the assignments of

¹ "West Virginia: Health Expenditures by State of Residence", Kaiser Family Foundation State Health Facts found at: <http://www.statehealthfacts.org/profileind.jsp?cat=5&sub=143&rgn=50&print=1>

functional responsibilities to state or local governments across the states makes inclusion of local government spending important when producing comparative analyses.

Another way in which we could evaluate West Virginia's spending is to identify the percent of Medicaid spending on administrative responsibilities compared to those of other states. We might estimate this using data from the Census of Government Finances which allows us to identify expenditures on Medicaid and separate out administrative expenditures.² This would allow us to determine whether West Virginia is potentially spending excess dollars on administrative cost compared to other states. Our analysis will control for several factors such as, covered populations, rural areas, and managed care penetration, to obtain the appropriate comparisons.

Another approach to analyzing West Virginia's spending would be to look at the distribution of Medicaid dollars compared to other states. For example, 40% of West Virginia Medicaid long term care expenditures fund non-institutional long-term care, compared to 44% nationally. Adoption of additional home health and community based services might offer potential savings. More detailed analyses of West Virginia's Medicaid spending in comparison to other states are likely to provide additional insights and highlight other potential savings strategies.

4.1.1.5 Explore Changes to Medicaid-Related Programs

While the main focus of our work will be on identifying ways of reducing Medicaid spending, we will also consider changes to Medicaid-related programs that could reduce fiscal strains imposed by escalating Medicaid costs. We will bring a menu of potential options to our kickoff meeting and use the meeting to identify those options of greatest interest to the Governor's Office. Options may include raising revenues, reforming other programs that serve Medicaid beneficiaries, and reducing spending in other programs, such as senior services and vocational rehabilitation services.

In terms of raising revenues, a natural option to consider would be the imposition of "sin" taxes or other designated taxes. "Sin" taxes, or taxes that serve the dual purposes of raising revenue and discouraging particular unhealthy behaviors, are a particularly appropriate option given they have the potential to both increase revenues and decrease Medicaid spending. For example, increasing taxes on alcohol or cigarettes may reduce drinking and smoking, which then reduces health care expenses. One limitation to this particular option is that West Virginia already taxes alcohol, tobacco, soda beverage, and chips/pretzels, the most popular candidates for sin taxes.³ While these taxes could be increased, an alternative would be to impose an entirely new tax (such as a tax on plastic bags) and designate the revenues toward Medicaid.

In addition to raising revenues, it is important to consider the range of programs serving Medicaid beneficiaries. For example, elderly Medicaid beneficiaries also benefit from programs in the Bureau of Senior Services which offers Disease Prevention and Management Programs

² The Census of Government Finances records Medicaid payments to public providers (e.g. public hospitals), payments to private providers, and administration payments as separate spending categories.

³ "State Sales Tax Rates for Soda and Chips/Pretzels", Kaiser Family Foundation State Health Facts found at: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=696&cat=1>

such as exercise classes for those with arthritis, a cancer control program promoting education and awareness, and the Stanford Chronic Disease Self-Management Program that helps participants manage and cope with chronic conditions. Other services are available for elderly beneficiaries through programs such as Legislative Initiative for the Elderly (LIFE), county aging providers, and West Virginia on the Move. If these programs are successful in reducing health care costs, a low-cost policy option for West Virginia to reduce Medicaid expenditures would be to instruct Medicaid providers and eligibility officials to provide Medicaid beneficiaries with information about these programs in an effort to increase participation.

Medicaid beneficiaries with disabilities are also served by other programs including vocational rehabilitation services. Successful vocational rehabilitation can help people move into employment and achieve financial independence. Because many people with disabilities have health conditions that make it hard for them to find health insurance in the private market, a robust state health insurance exchange coupled with renewed vocational rehabilitation programs focused on best practices, has the potential to move people from a state of dependence to independence, thus reducing both Medicaid and welfare spending. These are only selected examples of the types of programs we might review in order to improve the fiscal sustainability of West Virginia Medicaid; specific options will be selected in consultation with the Governor's Office.

4.1.1.6 Opportunities for Collaboration between Medicaid and PEIA

West Virginia Medicaid and the West Virginia Public Employees Insurance Agency (PEIA) administer health insurance for well over a half million people. Both programs are known to be very efficient in their delivery of care and low administrative. However, given the heavy reliance on managed care in both programs, it stands to reason that if the two programs may have opportunities to collaborate and subsequently reduce administrative duplication. We will prepare a comprehensive review of both program's operations, including procurement, contracting, financing and oversight. We will also incorporate best practices not currently utilized in West Virginia. For example, the State of Delaware uses a single RFP to solicit bids for Medicaid managed care and the state's employee benefits plans, giving preference to MCOs that bid on both. Based on these findings we will develop recommendations for streamlining operations and estimate associated cost savings across the programs.

West Virginia Medicaid managed care contracts with all qualified bidders. It may be more cost-effective for the state to be a more "active purchaser" and select health plans using competitive bidding. In a competitive bidding model, health plans submit bids competing on factors – including price, network adequacy, and quality measures, to which the state has assigned varying weights for evaluation. The primary driver behind competitive bidding is the credibility of the "threat" that a plan could be excluded from participating in both programs altogether if it fails to submit a competitive bid. Competition across price and other selection criteria will depend largely on the exclusivity of selection. In other words, the number of plans the state elects to include in any given area will determine the credibility of the threat of exclusion. If the state does not want to exclude any qualified bidders, there are numerous other incentives states may apply based on competitive bids, such as priority in auto assignment, reduced reporting requirements, or shared savings.

4.1.1.7 Opportunities to Improve Care Coordination for Medicare and Medicaid Enrollees

Medicare-Medicaid enrollees are the low-income elderly and individuals with disabilities who are simultaneously enrolled in both the Medicare and Medicaid programs. Medicare-Medicaid enrollees are among the frailest and most vulnerable members of the Medicaid program, resulting in high use of health care services. As a result, they are a high-cost population, accounting for 10 percent of all national health expenditures, 40 percent of Medicaid spending, and 25 percent of Medicare spending. West Virginia has a population of approximately 80,000 Medicare-Medicaid enrollees, with an average per capita Medicaid cost of about \$10,900.

Medicare-Medicaid enrollees are predominantly served by traditional fee-for-service (FFS) models, which can lead to poorly coordinated care and unnecessarily high costs. An array of initiatives is currently under way around the country to transition health coverage for Medicare-Medicaid enrollees to a more efficient and effective coordinated care setting. Several characteristics of Medicare-Medicaid enrollees make this population strongly positioned to reap the benefits of coordinated care. These factors include high per capita costs in service areas that typically respond favorably to coordinated care; high prevalence of chronic conditions; complex co-morbidities; and relatively stable eligibility. If the state is not interested in pursuing managed care for this population, numerous fee-for-service based care coordination efforts could also be evaluated to estimate potential savings from improving care for this population.

4.1.2 Best Practice Research

Lewin has published leading best practices research on a broad range of health-related issues. Our best practices research experience includes pharmacy, eligibility, benefits, claims, program integrity, Medicare-Medicaid enrollees, other special populations, performance incentive strategies, Medicaid managed care purchasing specifications, federal waivers, and rural options. For this engagement we will develop a comprehensive list of cost containment options tailored to the unique needs of West Virginia for the Governor's Office to review and select for further analysis by Lewin. These may include, but are not limited to, the options summarized in Exhibit 1.

4.1.3 Assessment of Best Practice Opportunities for West Virginia

Policy impact analysis is essential to identifying gaps or best practices in current policies, evaluating the costs and benefits of various policy options, and estimating the effectiveness of existing programs, including determining where existing policies fall short of policy goals, identifying new approaches, and estimating the potential effects of proposed changes. Policy impact analysis involves consideration of the advantages and disadvantages of different approaches supported by research and data analysis findings. Lewin is able to identify a range of policy options, estimate the cost implications for the Bureau to consider, and translate these into implementation and operational strategies that might ultimately be implemented. Depending on the goals and requirements of a specific request by BMS, Lewin can draw upon a wide range of data collection and analytic methods including calculating cost-benefit ratios, quantitative modeling of fiscal impacts, efficiency and productivity audits, and best practices reviews.

Depending on the goals and requirements of a specific cost containment option, our approach to policy analysis will draw upon a wide range of data collection and analytic methods.

To illuminate the impact of various policy recommendations, the Lewin Group is able to provide quantitative modeling of financial impacts. Using this approach, we can generate expected savings over a short-term or long-term time horizon for each policy option under consideration. These estimates will allow the Governor's Office to compare alternatives to one another in terms of their cost savings on either a year-by-year basis or over the course of the subsequent decade.

4.2 Project Management and Communications

The Lewin Group has well established project management procedures that involve formal project work plans, financial planning, reporting requirements, and quality control. One of our guiding management principals is that we are most effective as a group, so we build teams instead of using collections of independent experts. Our matrix structure and management approach allows us to draw on the most appropriate internal staff, and we organize our approach to each engagement to draw the best from each team member, thus delivering the highest value for our client.

Yvonne Powell, a Lewin Senior Vice President, will serve as Project Director. She will provide executive-level leadership and guidance to the project manager. As Project Manager, Jennifer Wiens will oversee other Lewin staff in executing the agreed-upon work and will be responsible for ensuring that deliverables are completed on-time and on-budget. In addition to our project leadership, our team includes two subject matter experts, who are also former Medicaid Directors, Patrick Finnerty and Roger Auerbach. Mr. Auerbach was the Governor's health policy advisor in Oregon. They will help us identify potential cost-savings strategies for West Virginia and be available to provide guidance when we encounter unusual or unexpected findings during the course of project execution. Lewin has a cadre of additional staff with extensive experience working with state officials and analyzing cost containment strategies based on unique state conditions. We will assign specific staff to this project based upon the final list of deliverables established in consultation with the Governor's Office and the knowledge and skills necessary to complete each agreed-upon task.

This project demands clear communication and effective information dissemination from the outset. Our ability to generate actionable solutions depends on our ability to identify options of interest to the Governor's Office. Thus, we want to be sure to substantively engage the Governor's Office as we develop cost-containment options and evaluation methods.

Towards this end, we will coordinate with the Governor's Office to set up **bi-weekly conference calls** between staff of the Governor's Office and Lewin project management. These calls will provide an opportunity for us to report on our progress to-date and make sure that the project is moving according to its established timeline. We may periodically use the scheduled calls as an opportunity to disseminate preliminary results and solicit feedback from the Governor's Office. When we anticipate having results of interest to present on a bi-weekly call, we will circulate an agenda at least 48 hour ahead of time so that interested parties from the Governor's Office are able to attend. We may also circulate informal memoranda at these times, particularly when we are responding to specific queries or requests from the Governor's Office. We will also submit monthly status reports which will indicate the percentage completion on project tasks and will also identify any outstanding issues that need to be discussed.

Lewin has worked with numerous public and private entities to build collaborative partnerships to develop distinct local plans designed to ensure the proper balance between quality, cost, access, resources, and local needs. Many of our projects have involved meeting with advisory groups, providers, consumer advocacy groups, legislators, and the public to solicit feedback. Lewin staff have presented at these meetings, responded to questions, and reflected feedback in proposed program designs. Our public consensus work does not take the form of public relations or lobbying, but rather involves intense work to solicit public opinion, involve stakeholders in a meaningful fashion, forge community consensus, and support decision-making by public officials. We will draw on our experience communicating effectively with stakeholders as needed for this engagement.

4.2.1 Kick-off and Work Plan

The first task in this project will be a **kick-off call held within one week of contract signature**. The purpose of the call is to introduce relevant staff from The Lewin Group and the Governor's Office. From the Lewin Group, the project director and project manager at a minimum will be on the call. During this call, we will generate a preliminary list of project goals, deliverables, and timelines. An important item to discuss at this point is the structure and format of our reports. For example, we can produce an executive summary that highlights the major options available to the Governor's Office that is accompanied by a detailed report and a technical appendix documenting our methodology. We could also structure our findings in a series of shorter reports, perhaps organized by task or type of policy option (e.g. regulatory, budgetary, etc.). As we are cognizant that policymakers have limited time and tight schedules, shorter reports would also include executive summaries highlighting the major points. Within **one week** of the kick-off call, The Lewin Group will submit a **draft list of deliverables** to the Governor's Office project manager.

Within **three-weeks** of contract signature, we will have a **kick-off meeting** with the Governor's Office in West Virginia. The Project Manager and Project Director will both attend this meeting in addition to other relevant Lewin staff. At this meeting, we will present a menu of cost-

containment options for consideration by the Governor's Office. We will select areas of focus for our analysis during the kick-off call, though we describe some potential ideas in the next section of this proposal. We will also use the kick-off meeting to discuss any concerns the Governor's Office has regarding our draft list of deliverables. We will submit a **final list of deliverables** the week after the kick-off meeting.

Within **three weeks** of the kick-off meeting, The Lewin Group will submit a **Draft Project Work Plan** to the Governor's Office project manager. Lewin uses project work plans for all consulting engagements, which guide the work, keep the efforts on schedule, and allow client project managers to remain abreast of upcoming deadlines or potential delays. We will submit the **final project work plan** within one week of receiving comments from the Governor's Office on the draft project work plan.

The Lewin Group will work with the Governor's Office to determine the optimal format and schedule of project deliverables. We will produce monthly electronic progress reports. We also envision delivering a PowerPoint presentation of the final report to the Governor and his staff. We are also available to "rollout" the final report to state staff, oversight committees, advocate, providers, the legislature or other key West Virginia stakeholders as needed.

Exhibit 7 summarizes our project management tasks and the timeframe in which they are to occur.

Exhibit 7: Project Management Timeline

Project Kick-off Tasks	Timeframe
Schedule bi-weekly calls with the Governor Office	1 week from contract signature
Schedule weekly internal Lewin calls	1 week from contract signature
Kick-off call	1 week from contract signature
Draft list of deliverables	1 week from kick-off call (2 weeks from signature)
Kick-off meeting	3 weeks from contract signature
Deliverables	Timeframe
Final list of deliverables	1 week from kick-off meeting (4 weeks from signature)
Draft project work plan	3 weeks from kick-off meeting (7 weeks from signature)
Final project work plan	1 week after receiving feedback on draft
Electronic progress reports	Monthly
Final PowerPoint and Report	September 28, 2012
Final Presentation to Governor Tomblin	October 12, 2012

4.3 Advising on Policy Issues

Lewin will advise on policy issues throughout the determination and development of options and methods discussed above. We are comfortable and effective communicating our findings and recommendations in numerous formats and settings. For example, we can prepare narrative reports and PowerPoint presentations, develop matrixes, and provide oral briefings. At the outset of the engagement The Lewin Group will work with the Governor's Office to determine the optimal format and schedule of project deliverables. Lewin will also be available throughout the project for ad hoc consultation on emergent topics as needed and identified by the Governor's Office. Lewin's staff can capably address an enormous range of issues that might arise throughout the engagement. Our states and payers practice group has approximately 30 professional consultants – throughout the past decade roughly half of this group's consulting work has involved direct engagements with State Medicaid agencies. We have vast experience working with states to evaluate, develop, and strengthen Medicaid coverage and programmatic initiatives. We are privileged and excited to help Medicaid cover as many needed persons as possible, and have an equally strong interest in extending any level of available Medicaid dollars to provide as much benefit as possible.

With the substantive knowledge across a wide range of policy areas and the functional expertise in developing client deliverables, analysis, and white papers that the Lewin Team brings, we are confident in our ability to provide analysis and recommendations in the preferred format of the Governor's Office under short timeframes to meet the unique needs of West Virginia.

Appendix A - Staff Resumes

YVONNE LUTZ POWELL SENIOR VICE PRESIDENT

EDUCATION

Master of Public Policy, University of Michigan

Bachelor of Arts in Political Science, University of Michigan

EXPERIENCE

Ms. Powell joined The Lewin Group in April, 2011 and is the Practice Leader for the State and Payers Practice. She brings over twenty-five years of experience with public sector delivery of healthcare, and specializing in assisting public sector clients in the design and financial modeling of new delivery system designs and reimbursement models. She is experienced in bridging policy and technical issues to bring together necessary resources necessary program design and implementation. Ms. Powell is currently the Project Director for an engagement with the Centers for Medicare and Medicaid Studies (CMS) to identify best practices for expanding capacity for serving Medicare and Medicaid enrollees. In addition, she is Co-Director in assisting CMS to conduct the readiness reviews and monitoring for the implementation of the Financial Alignment Demonstrations. She is also assisting the Veterans Administration in their assessment of the impact of the Affordable Care Act (ACA) on Veteran's healthcare services.

Program Evaluation

- Directed a multi-year evaluation of the Indiana Children's Health Insurance Program. Developed and implemented performance standards, benchmarks, criteria and evaluation measures for managed care organizations. Created a data collection strategy and monitored data collection, prepared annual evaluation reports and assessed the performance and members' service satisfaction of the healthcare delivery system. The State Legislature reviewed the independent assessment reports in April 2001, 2002, 2003 and 2004.
- Conducted an Independent Assessment of Missouri's 1915(b) waiver program, MC+. The Assessment evaluated the ability of the State to monitor the program and made recommendations to improve the monitoring process.
- Directed a program evaluation provided for and technical assistance provided to the Pennsylvania Department of Public Welfare for its HealthChoices acute care and managed behavioral health programs. Analyzed issues, provided recommendations, researched practices in other states and participated in the development of the overall program.
- Directed a project to provide assistance to the Massachusetts Executive Office of Health and Human Services as they conducted a legislatively-mandated study of selected providers and managed care organizations providing services to the Commonwealth's Medicaid population to assess how these entities use state funds. In this role she conducted an analysis of the financial and management practices of these entities by benchmarking performance with respect to quality and cost effectiveness against national performance

levels and similar health care providers in the commonwealth; analyzed financial, operational and quality data for managed care organizations and hospitals contracting with the Commonwealth and conducted interviews with key provider and managed care organization representatives to assess the entities' performance in comparison to industry benchmarks and prepared a report describing our key findings from study.

- Directed an engagement for the Veterans Administration to evaluate the current business operations and processes supporting reimbursement of state veteran's homes, including the development of a strategic gap analysis and optional future state business models.
- Directed a multi-year project to evaluate and report to Congress on the Children's Hospital Graduate Medical Education (CHGME) Program. Under contract to the Health Resources and Services Administration, Ms. Powell is overseeing the legislatively mandated analysis of CHGME expenditures and teaching programs to provide insight into the relationship between medical education and health care delivery to children (e.g., supply, specialty and distribution of pediatric physicians).
- Participated in an independent operational review of a Medicaid health plan which had recently been sanctioned by a state Medicaid agency for allegedly failing to meet its contractual obligations. Conducted interviews with health plan staff, reviewed compliance plans and activities and policies and procedures to assess whether corrective actions being undertaken by the health plan were likely to address the sanctions that the state Medicaid agency had imposed on the health plan and developed a report of findings and recommendations based on our reviews that was presented to the health plan's board of directors.
- Directed a systems readiness assessment for the State of Texas managed care system for foster care children. The scope of work is focused on assessing the readiness of the managed care organization's information systems to support the foster care managed care program. This system readiness includes features unique to the foster care program, including historical health care information that may be accessed by providers and case managers to help ensure continuity of care.
- Directed an in-depth evaluation of the adequacy of multiple Texas Medicaid managed care programs' provider networks. This analysis involves an assessment of both the accuracy and completeness of the information provided to managed care members as well as the adequacy of the network in meeting access requirements.
- Directed the annual evaluation of the Healthy New York (NY) program, a private sector insurance plan that the State of New York reinsures. Oversee enrollee and health maintenance organization financial analysis surveys and overall program evaluation.

Mental Health, Developmental Disability and Special Needs Populations

- Directed multivariate regressions and discriminant function analysis which combined cost and rate data obtained from the Ohio Department of Mental Retardation and Developmental Disabilities. The Department collected the data from a sample of individuals using the New York Developmental Disabilities Profile modified for Ohio. The final model placed individuals in a funding range for use as a budget to develop the individual's service plan. Also directed the development of payment rates for homemaker, personal care and transportation services, among others. Participated with the State in

public meetings with the provider community and county boards of Mental Retardation and Developmental Disability to develop the new reimbursement system.

- Assisted the State of New Hampshire in assessing diagnosis and service use patterns of children with special needs to identify the subset of children who will benefit from in-home supports.
- Assisted the Nevada Department of Health and Human Services in a behavioral health redesign project. The redesign aimed to increase the responsiveness of the system, continuity of care and the availability of community-based mental health services. Supported provider workshops and meetings with State staff, created rate models for services, researched service definitions and implementation in comparative states and considered possible implementation issues.
- Assisted the State of Ohio with the redesign of the Ohio Home Care Waiver for HCBS. Drafted a concept paper, assisted with the design of a waiver amendment, developed funding levels for waiver enrollees and designed a self-directed waiver.
- Conducted two CMS-required independent assessments of New Jersey's 1915(b) waiver that allows the State to enroll children with special healthcare needs in managed care. The assessment evaluated the State's efforts and ability to monitor the accessibility, quality of care and costs of its waiver program.
- Assisted the Oklahoma Developmental Disabilities Services Division in its efforts to reform the State's programs for individuals with developmental disabilities through a multi-phase project. The Division initiated the project after it entered into a Consent Decree following the filing of a class action lawsuit against the Division for civil rights violations at a State-run institution. In Phase I, Ms. Powell developed recommendations for designing and implementing a consumer-driven managed care system for the delivery of long-term support services to consumers with developmental disabilities. In Phase II, managed the development of a per diem reimbursement system for the delivery of long-term care services. Project work involved analyzing person level files for service utilization, modeling the impact of various reimbursement systems on both providers and consumers and identifying both policy and operational issues associated with the various reimbursement systems. The project also addressed human resource issues, including division organization and staffing appropriate for monitoring and administration of a consumer driven system. Also reviewed long-term trends in the use of person-level waiver services as individuals age and as new waiver services become available.
- Assisted the State of Oklahoma in the evaluation of Medicaid waivers related to autism and the self-direction of services. Researched of best practices, met with stakeholders and State staff and developed concept waivers.
- Assisted the State of New Jersey in the monitoring of a single point of entry system for children with mental health needs for foster care, the courts, Medicaid, juvenile justice and the schools. Developed a Request for Proposals for the selection of a Contracted System Administrator for the Children's System of Care Initiative, developed monitoring tools and conducted the readiness review prior to implementation.

Long-Term Care Policy and Reimbursement

- Worked with the State of Maine on the design and development of MaineNet, a comprehensive Medicaid and Medicare demonstration to integrate acute and long-term care services for the elderly and people with physical disabilities. Worked on the original Section 1115 waiver proposal and advised Maine during the transition to a new model, which provides a full array of primary, acute and long-term care services through a dual plan option.
- Assisted Utah's Department of Human Services in examining all processes the State uses to determine eligibility and assessment for long-term care services and in identifying differences, commonalities and best practices in the State and nationally. Identified various opportunities to simplify and streamline the financial eligibility and physical and functional assessment processes in State-funded programs and services and explored the idea of a coordinated entry point for the consumer of long-term care services. Drafted a report presenting an overview of the State's long-term care system.
- Worked with the Nevada Department of Human Resources in developing rates and rate methodologies for a wide range of home- and community-based services (HCBS) for people with physical and developmental disabilities, seniors and children. These rates addressed supported living arrangements, personal assistance, group home and assisted living, day training centers, adult day health, outpatient rehabilitation, therapy services, autism services and case management. As project manager, Ms. Powell worked closely with a Rates Task Force comprised of providers and State representatives. She assisted the Task Force in reporting to a Steering Committee comprised of State agency leaders and Legislators.
- Completed independent analyses and evaluation of the Arizona Health Care Cost Containment System's existing rates for community support services for elders and people with physical disabilities. Surveyed providers to obtain information on actual market cost per unit for hourly community services as well as adult day health programs and transportation. Compared Arizona's Health Care Cost Containment System's historical rates to rates paid by other State agencies for the same and similar services. Developed and updated independent models that built rates from the "bottom up" based on information from the Bureau of Labor Statistics on comparable industry wages and benefits. These models assisted the Arizona Health Care Cost Containment System in evaluating both the market viability of various rate options as well as the comparability of rates across similar service industries.
- Assisted the Arizona Department of Health Services, Division of Behavioral Health Services in updating and setting behavioral health services rates for existing and new services. Built rate models using Bureau of Labor Statistics and other market-based data, collected and analyzed cost information through a provider survey and addressed policy issues as they related to the rate setting process. Also redefined service definitions as needed and worked with providers and stakeholders during transition to the new payment methodology.
- Assisted the Arizona Department of Economic Security, Division of Developmental Disabilities in the multi-year transition of its service payment and delivery system. Assessed the current rates paid to community service providers (including agency and individual service providers of habilitation services, transportation services, developmental home services and day treatment and training services for children and adults),

implemented a fiscal intermediary program, and assisted with rate setting and development of an assessment tool to establish funding levels. This assessment incorporated independent cost data collection directly from providers, an analysis of rate comparability across other state agencies purchasing similar services and the development of rate setting models using independent wage and benefit data. Provided analyses of the rate implications of the implementation of a fiscal intermediary. Forecasted multi-year budget impacts of multiple rate implementation phase-in scenarios.

- Assisted with a multi-phase project for Oklahoma's Department of Human Services Developmental Disabilities Services Division. Developed recommendations for designing and implementing a consumer-driven managed care system for delivery of long-term support services to consumers with developmental disabilities.

Inpatient Hospital Reimbursement

- Assisted the Georgia Department of Medical Assistance with the initial transition from a per case reimbursement system to a prospective Diagnosis-Related Groups (DRG) based inpatient hospital reimbursement system as well as the subsequent updating and rebasing of the system. Identified reimbursement issues with State representatives and met with the Commissioner and hospital industry representatives to present analyses and provide post-implementation technical assistance.
- Assisted a coalition of Illinois and Missouri Children's hospitals in seeking reimbursement changes from the Illinois Legislature. Analyzed the financial impact of existing reimbursement systems on payers and providers for both policy and litigation purposes.
- Evaluated the impact of federal and state regulations and legislation on the provision and payment of health care services, focusing on the financial impact of the mandatory maternity legislation on state budgets, hospital reimbursement and managed care capitation rates.
- Developed a methodology for distributing funds to Level I Trauma Centers in Arizona to compensate for trauma readiness costs; worked interactively with State policymakers, and trauma hospitals; developed a data collection tool; and developed a payment distribution methodology.
- Assisted the Arizona Health Care Cost Containment System (AHCCCS) develop options for purchasing hospital-based fee-for-service outpatient services; analyzed four years of claims and encounter data to devise options for fee schedules similar to Medicare but based upon Arizona Medicaid-specific data. The key areas studied include laboratory services, radiology services, emergency room services, and outpatient surgeries. Options for fee schedules presented were at the procedure code level.

EMPLOYMENT HISTORY

Navigant Consulting, Managing Director, 2006 - 2011
EP&P Consulting, Inc., Co-Owner/Corporate Director, 1993 - 2006-
Healthcare Policy, Programs and Research (HPPR), 1992 - 1993
KPMG Peat Marwick, Senior Manager, 1987 - 1992
American Hospital Association, 1983 - 1987

JENNIFER GILLESPIE WIENS
MANAGING CONSULTANT

EDUCATION

Masters in Policy Analysis and Management, University of Minnesota, Humphrey Institute of Public Affairs

B.A., Political Science and Sociology, University of Wisconsin-Madison

EXPERIENCE

Ms. Wiens joined The Lewin Group in January, 2012. She is currently leading a study for the CMS Office of the Medicare Ombudsman and the Medicare and Medicaid Coordination Office identifying information needs for individuals as they become eligible for both Medicare and Medicaid. She is also authoring a paper for AHIP (America's Health Insurance Plans) comparing the different models of Medicaid managed care financing.

Her areas of focus include design, procurement, oversight and operations of programs for individuals dually eligible for Medicare and Medicaid, integrated medical and long-term care programs, risk adjustment and analytics. Ms. Wiens has extensive experience analyzing acuity and cost data to inform decision making and develop service utilization and expense projections. Her 15 years of experience addressing healthcare access, cost and quality in a variety of settings are highlighted below.

Health Plan Operations

- As a member of the senior leadership team at a nonprofit health plan contracted exclusively with Medicare and Medicaid, Ms. Wiens oversaw all aspects of HMO financing and operations following a rapid increase in membership and expansion to long-term care services.
- Ms. Wiens led the integration and automation of Medicaid enrollment and capitation reconciliation processes and drafted health plan policies and procedures related to cost-sharing, eligibility and payment reconciliation, and member room and board collections.
- She produced successful Medicare bids for Dual SNPs and Part D plans, established quality review processes to improve accuracy of diagnosis coding, and developed a plan for transition to ICD-10 and Medicare encounters. Ms. Wiens also contributed to the development of standardized coding and contracting for long-term care service services.
- Ms. Wiens managed all aspects of accounts receivable, health information and analytics and was a member of the health plan's utilization management committee. Her staff analyzed cost and utilization patterns for ventilator dependent members, members with HIV/AIDS, ESRD, or Multiple Sclerosis and members relocating from nursing homes into home and community based settings.

Medicaid and Medicare Policy

- Ms. Wiens has calculated cost effectiveness and budget neutrality for successful CMS 1915 (b) and (c) waiver applications to provide managed long-term care services for seniors and

adults with physical or developmental disabilities. She was part of a state team that worked with CMS Central and Regional Offices to provide authority for the expansion of the Wisconsin Family Care program, a managed long-term care program.

- For the Congressional Research Services, Ms. Wiens led a research project, funded by the Robert Wood Johnson Foundation to monitor the implementation of the State Children Health Insurance Program (SCHIP). She designed a relational database, collected and analyzed expenditure and enrollment data, and developed reports. Ms. Wiens also conducted a site visit to study the California SCHIP program.
- Ms. Wiens contributed to the development of Medicaid capitation rates for the State of Wisconsin by working with contracted actuaries to review HMO encounter data and financials, develop trend projections, and determine administrative allocations. She was responsible for several changes that increased the predictability of the rate model including enhancing the geographic component to the rate and developing separate models for each target group (frail elders, adults with physical disabilities, and adults with developmental disabilities). She also identified significant cost drivers among the developmentally disabled population and developed measures for inclusion in the rate model.
- For the State of Wisconsin, Ms. Wiens estimated numerous state budget models to develop long-range projections of long-term care costs. She also developed, operated and measured pay-for-performance projects on Diabetes and Dementia.
- As a Senior Research Scientist in the Health Economics Program at the Minnesota Department of Health she provided technical assistance to state policy makers in the development of health care policy. She conducted research and analysis on topics requested by the Legislature including reasons for disenrollment from Minnesota Care and the prevalence of health insurance among the Minnesota long-term care workforce.
- For the Assistant Secretary for Planning and Evaluation, Ms. Wiens co-authored a study of care coordination programs for chronically ill Medicaid beneficiaries. This study included site visits to study the Indiana Chronic Disease Management Program and the Georgia SOURCE Program.
- For the National Academy of State Health Policy with funding from the Centers for Medicare and Medicaid Services, Ms. Wiens authored papers and presentations on long-term care assessment instruments, single point of entry systems, and nursing facility transitions.

Procurement-Related Experience

- Ms. Wiens evaluated HMO responses to a State of Wisconsin Family Care and Partnership program Request for Proposals, which provide managed Medicaid long-term care for care, and managed Medicaid and Medicare acute and long-term care for dually eligible beneficiaries, respectively.
- Ms. Wiens contributed to successful HMO business plans and Medicaid re-certification documents required annually by the State of Wisconsin.

Technical Assistance and Training

- Ms. Wiens provided technical assistance to state Medicaid agencies and community organizations to support the development and implementation of state programs supporting community living for people with disabilities and older adults. She identified innovative programs and evaluated cost-effectiveness and disseminated findings.
- For the State of Wisconsin Department of Health Services, Ms. Wiens developed and conducted training for managed care executives on Wisconsin Medicaid medical and long-term care capitation rate models.
- For the State of Wisconsin Department of Health Services, Ms. Wiens developed FAQ documents about expansion of managed care for providers and consumers.

Long-Term Care Workforce

- Ms. Wiens conducted independent research on health insurance coverage among the Minnesota long-term care workforce and is a founding Board Member of the Maine Personal Assistance and Support Association.

Other

- For the State of Wisconsin, Department of Health Services, Ms. Wiens, established data quality management standards to verify the completeness and accuracy of annual data extracts and analyses. She also summarized Medicaid fee-for-service enrollment and claims data to inform state and regional planning processes.
- For a private nonprofit health plan, Ms. Wiens designed and implemented an electronic “dashboard” illustrating trends in utilization, diagnoses, and expenses.
- For the State of Minnesota, Ms. Wiens contributed to an annual report profiling enrollment, financial and quality in the Minnesota HMO market. This analysis covered HMOs providing publically funded and private health insurance.

PRIOR PROFESSIONAL EXPERIENCE

Care Wisconsin, Madison, WI, *Director of Fiscal Analysis*

State of Wisconsin, Department of Health Services, Division of Long-Term Care, *Budget and Policy Analyst –Advanced and Long-Term Care Policy Analyst*

National Academy for State Health Policy, Portland, ME, *Program Manager*

Minnesota Department of Health, Health Economics Program, St. Paul, MN, *Senior Research Scientist*

Congressional Research Service, Washington, DC, *Contracted Policy Analyst*

PUBLICATIONS

Questions about Family Care for People with Disabilities, Wisconsin Department of Health Services, Division of Long-Term Care.

<http://www.dhs.wisconsin.gov/managedltc/stakeholders/pdf/qafordd.pdf>

- Family Care for Long-Term Care Service Providers*, Wisconsin Department of Health Services, Division of Long-Term Care.
<http://www.dhs.wisconsin.gov/managedltc/stakeholders/pdf/qaforproviders.pdf>
- Coordinating Care in the Fee-For-Service System for Medicaid Beneficiaries with Chronic Conditions* with R. Mollica, J. Horvath, and C. Williams. Report prepared for the U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy, 2005. <http://aspe.hhs.gov/daltcp/reports/ccMedben.pdf>
- Assessment Instruments in 12 States*. National Academy for State Health Policy, 2005.
<http://www.hcbs.org/files/66/3275/Assessmentinstruments022205.pdf>
- Nursing Facility Transition Grantee Annual Report Data*. Report prepared for the Centers for Medicare & Medicaid Services, 2005.
http://www.nashp.org/sites/default/files/CLE_nursing_facility_transition.pdf
- Coordinating Care for People with Chronic Conditions*, with R. Mollica. Report prepared for Partnership for Solutions, Johns Hopkins University, 2003
http://www.partnershipforsolutions.org/DMS/files/Care_coordination.pdf
- Employer-Sponsored Health Insurance in the Minnesota Long-Term Care Industry: Status of Coverage and Policy Options, Report to the Minnesota Legislature*. Health Economics Program, Minnesota Department of Health, 2003.
<http://www.hcbs.org/files/18/866/LTCWorkerHealthInsurance.pdf>
- MinnesotaCare Disenrollee Survey*. Health Economics Program, Minnesota Department of Health, 2003.
<http://www.statecoverage.org/files/MinnesotaCare%20Disenrollee%20Survey%20Report.pdf>
- Single Entry Point Systems: State Survey Results* with R. Mollica. National Academy for State Health Policy, 2003. <http://www.hcbs.org/files/19/915/SEPRReport11.7.03.pdf>
- Aging and Disabilities Resource Centers Toolbox*. Community Living Exchange Collaborative: A National Technical Assistance Program, October 2003
http://www.nashp.org/sites/default/files/CLE_aging_disability_toolbox.pdf
- The Minnesota HMO Profile: Analysis of Enrollment, Financial, and Quality Data*, with T. Rubey, and C. Malave. Health Economics Program, Minnesota Department of Health, 2002
<http://www.health.state.mn.us/divs/hpsc/hep/publications/privatemarkets/prof2001.pdf>
- Reaching Low-Income, Uninsured Children: Are Medicaid and SCHIP Doing the Job?* with E Herz, and E. Baumrucker. Congressional Research Service Report for Congress, May 2000.
- The State Children's Health Insurance Program Implementation Progress*, with E. Baumrucker, S. Lewis, and J. Stone. Congressional Research Service Report for Congress, December 1999.

ELIANA STEELE FRIEDLOB

MANAGING CONSULTANT

EDUCATION

M.P.H, University of Illinois at Chicago

B.S.N., Nursing, St Louis University

EXPERIENCE

Ms. Steele Friedlob is a Managing Consultant at the Lewin Group. Ms. Steele Friedlob has 17 years consulting and project management in multiple healthcare settings. She has extensive experience in health policy related to state Medicaid, commercial benefits, consulting on health care informatics and clinical practice experience in nursing. Her prior West Virginia experience includes serving as project manager and lead for maintaining an analytical data warehouse reporting performance measurement metrics, disease management and financial program monitoring for the West Virginia, Public Employees Insurance Program, Access (high risk insurance pool) and CHIP programs. Recent experience includes the following projects:

Federal and State Health Programs and Policy

- For CMS, currently consulting manager for Payment Error Rate Measurement (PERM) project that measures payment error rates in state Medicaid and CHIP programs. Ms. Friedlob is responsible for managing the operational workflow to ensure the timeliness and quality of work products and deliverables for multiple work streams involving the coordination of 51 State Medicaid and CHIP programs, CMS, OIG, contractors and the activities of claims data analysts, eligibility and statistical teams.
- Conducted a strategic assessment of the Medicaid market for evolving health care delivery models such as Accountable Care Organizations and Health Homes. Analysis described opportunities for special populations such as Medicare Medicaid Eligibles (duals), Care Transitions, Quality Improvement Organizations and behavioral health services and primary data collection from interviews of Medicaid Directors and state officials on current state needs and perspectives.
- For CMS, managed project to develop State Medicaid Program Integrity measures to support CMS' evaluation of State Medicaid programs fraud and abuse program integrity activities. Provided CMS and State partners' information about specific training and technical assistance needs related to program integrity, fraud and abuse. Directed senior level staff and participated in design and implementation of a web survey and case study protocol including performing site interviews and data collection related to Medicaid PI activities in nine states
- For the Massachusetts Executive Office of Health and Human Services (MassHealth): Managed evaluation of Medicaid program integrity and fraud and abuse functions, structure and performance. Project required mobilizing and coordinating expertise from multiple disciplines addressing key aspects of the program's structure and function.'

- IPRO/New York State Department of Health, Office of Managed Care, managed design and implementation of a multi-year database containing data from 30 health plans and 700,000 Medicaid managed care enrollees. Data supported valid and reliable episode grouping and disease staging for provider/plan profiling. Partnered with QIO to develop comprehensive strategy for improving Medicaid managed care data reporting and quality through onsite evaluations of data flow processes and transactions from provider to payer levels, establishing norms and benchmarks to evaluate completeness of data. Created and implemented innovative control charting methodologies to detect data submission anomalies, providing technical assistance to health plans to correct identified problems with their data submission processes. Using encounter data, designed custom Web-based provider/health plan quality improvement web site that displayed severity adjusted health plan specific clinical performance measures with norms and appropriate benchmarks. Updated web site quarterly and assisted health plans in interpreting results and instituting ongoing quality improvement interventions.
- For State of Florida and the Delmarva Foundation, managed design and installation of a data warehouse to evaluate the healthcare outcomes and access to care for Florida's mentally retarded and developmentally disabled Medicaid waiver population. Data warehouse integrated client level demographic, functional status, medical claims, and survey data into an analytically ready database supporting routine cross-sectional and longitudinal analyses of the healthcare use and quality of care of this high risk and medically complex population.
- As Federal employee with CMS, managed multi-year evaluation of the Resident Assessment Instrument, (RAI) a nationally standardized, functional assessment data collection instrument, used to monitor and improve quality of care for residents of Medicare and Medicaid certified nursing homes. Member of HCFA Project team charged with designing and implementing a computerized national resident assessment database derived from RAI data to provide individual level functional status information to evaluate health service delivery and determine the rates and prevalence of certain health and psychosocial outcomes for the nursing home population. Implemented ongoing monitoring protocols for Medicaid and Medicare nursing homes and for Medicaid 1115 and 1915 waivers.
- State of North Carolina State Health Employees, project management of data warehouse with major emphasis on analytics related to implementing Patient Centered Medical Home model and disease management analytics
- For MaineHealth, a provider organization, evaluation of return on investment for wellness program using claims and other data sources. Development of ongoing monitoring metrics and reporting for Medical Home implementation.

SCOTT SMITH
SENIOR CONSULTANT

EDUCATION

M.B.A., University of Phoenix

B.S., Management, Arizona State University

EXPERIENCE

Mr. Smith joined The Lewin Group in September 2011 in the States, Payers, and Providers practice. His area of expertise is health care data analysis. He is able to mine detailed health care data to develop actionable information. He is experienced with Medicaid policy and operations. He has 16 years' of health care payer experience, the last five of which are in Medicaid.

Mr. Smith's current work with Lewin includes:

Payment Error Rate Measurement

Currently Mr. Smith serves as a data manager, working with state technical and policy staff on the submission of quarterly Medicaid and CHIP claims data, managing the quality control review process and the sampling of claims for data processing and medical review. He is responsible for performing an in-depth quality control review of claims data to ensure accuracy and completeness of the Medicaid and CHIP universes.

State of West Virginia, Bureau for Medical Services

Mr. Smith manages the managed care capitation rate-setting process to include analyzing managed care encounter data and fee-for-service claim data to evaluate program experience and set actuarially sound capitation rates paid to Managed Care Organizations. He leads other analytical and reporting projects, such as preparation of CMS waiver renewals. Mr. Smith also answers policy questions from the state and participating managed care organizations by assisting in interpretation of existing policy and analyzing claims and encounter data to support policy.

Buccaneer Chronic Condition Warehouse

Mr. Smith evaluates and analyzes fee-for-service claim and managed care encounter data from multiple states contained in the Chronic Condition Warehouse (CCW). He performs data validation to determine usefulness of data for research purposes, and assists in analyses to study utilization patterns and disease prevalence for multiple state Medicaid populations. Additionally Mr. Smith develops documentation on uses of CCW data and specific analyses to be performed. He authored one white paper on measuring encounter data completeness and has assisted with others.

In addition to the projects listed above, Mr. Smith will serve as a subject matter expert on health care data and claims processing. He will assist with other data and policy-related projects.

PRIOR PROFESSIONAL EXPERIENCE

UnitedHealthcare Community and State, *Senior Health Care Economics Consultant*

Prior to joining Lewin, Mr. Smith managed a team of analysts responsible for developing reports and conducting analyses to support Managed Medicaid Long-Term Care health plans. He also assisted in integrating Long-Term Care health plans into existing Medicaid health plan infrastructure. Additionally he identified analytical needs and assisted in developing reporting strategies, and, supported customers from multiple functional areas by developing project requirements, performing analyses and delivering results. While with UnitedHealthcare Mr. Smith also implemented standard reporting processes and educated others on available reporting products.

Mercer Government Human Services Consulting, *Associate*

As an associate at Mercer, Mr. Smith analyzed Medicaid managed care financial, claim and encounter data for use in actuarial rate setting projects, such as utilization monitoring and trend development, for state Medicaid agency clients. He provided consulting guidance for acute care and long-term care Medicaid programs, including development of new programs, and managed analytical and systems development projects, including online financial reporting systems and budget projection models. Mr. Smith met with clients as needed to present results of analyses and/or during project implementation.

CIGNA HealthCare, *Information Consultant*

Mr. Smith analyzed employer client-specific medical utilization data and developed client-specific presentations including benefit recommendations, and presented analysis to key clients in local meetings. He also developed and managed book of business through building relationships with regional sales and underwriting partners.

Senior Business Analyst

While as a Senior Business Analyst, Mr. Smith developed specifications for standardized reporting tools to support national medical cost analysis and forecasting, and maintained monthly production of applications. Mr. Smith also developed enhancements to reporting applications and processes based on customer feedback.

**LISA MARIA B. ALECXIH, M.
SENIOR VICE PRESIDENT**

EDUCATION

M. of P.A., public affairs, Lyndon B. Johnson School of Public Affairs, The University of Texas at Austin

B.S. magna cum laude, social work, University of Dayton, Ohio

Nationally recognized expert in long term care financing and service delivery, with extensive research experience with systems change related to supportive services for older adults and individuals with disabilities and health insurance coverage. Particular focus on dual eligibles and integrated health and long term care systems. Ms. Alexih helps the federal and state governments transform their long term support systems to be both consumer-focused and cost-effective through research and technical assistance.

SKILLS

Recognized expert in long term care financing and service delivery. Proficient in the quantitative analysis of survey research data, the manipulation of large data bases (including health claims data), instrument design, health communication, and microsimulation modeling.

EXPERIENCE

Disability and Long Term Services and Supports

Examined long term care systems and financing mechanisms:

- For the Administration on Aging, she directs the Technical Assistance Exchange for the Administration on Aging (AoA) Aging and Disability Resource Centers and other Community Living Initiatives.
- For the Centers for Medicare & Medicaid Services (CMS), she directs a Technical Assistance Resource Center for Direct Service Workers to assist state Medicaid agencies in developing recruitment and retention strategies and as a subcontractor, directs Lewin's TA to Money Follows the Person grantees.
- For the Office of the Assistant Secretary for Planning and Evaluation, developed a conceptual framework and demonstration design to test the use of subsidized housing as a platform for providing integrated health and long term services and supports to resident and the surrounding community. Also examined the extent to which medical home type models integrate long term services and supports and behavioral health care.
- For Arkansas, worked in a team to assess and make recommendations to the state on actions to pursue to better balance its long term care system. Also currently examining their implementation of a nursing home diversion program.
- For Minnesota, recently completed two project – one exploring options and estimating the cost of providing health insurance to direct service workers and the second studying and recommending options for the Medicaid Personal Assistance Services benefit.

- For the Washington Long Term Care Financing and Chronic Care Management Task Force, she directed an effort to support their deliberations about the future of long term care in the state.
- For San Mateo County California, she directed the development a model to project the demographic composition of the baby boom generation in 2020 and 2030, along with their health, long-term care, transportation and housing needs.

Microsimulation

Developed and maintain three major microsimulation models that permit distributional analyses of potential policy changes:

- the Pension and Retirement Simulation Model (PRISM) which estimates life events and future income for the elderly using numerous source of data and has been used by the Advisory Council on Social Security
- the Long Term Care Financing Model which projects long term care use and spending and estimates the impact of alternative long-term care policy options on beneficiaries, families and financing sources
- the Medicare Benefits Simulation Model which forecasts current law and the impact of Medicare reform policies on Medicare and out-of-pocket expenditures.

Evaluation

Directed high profile evaluations designed to provide constructive, near-term feedback during program implementation and re-assessments:

- Designing and will implement an evaluation of AoA's National Family caregiver Support program
- Directed a multi-million dollar evaluation of Medicaid financed home and community-based programs examining cost and quality outcomes for the Centers for Medicare & Medicaid Services
- Assessed the first three years' implementation and initial results of Wisconsin's innovative capitated long-term care program called Family Care
- Determined the impact of a Social Security Administration demonstration to increase the participation of low income Medicare beneficiaries in a Part B premium assistance program.

Technical Assistance

Improved the implementation of a variety of programs through targeted and tailored assistance to states:

- Served as the national technical assistance center for two major Administration on Aging initiatives – Aging and Disability Resource Centers which serve as a single entry point to long term care information and programs (ongoing) and the National Family Caregiver Support Program
- Directs CMS technical assistance center for Long Term Direct Service Support Workers

- As a subcontractor to New Editions, leads a significant portion of the technical assistance to CMS Money Follows the Person grantees.
- Developed a resource guide on adopting a resident-centered focus in nursing facilities for the federal government
- Facilitated stakeholder meetings, analyzed claims data, and developed fee schedules to support Ohio redesign of its Medicaid system for individuals with mental retardation and developmental disabilities.

Health and Long Term Care Insurance

Investigated the major private health insurance programs for the elderly as well as younger individuals who lack health insurance:

- Directed a project to assess the status of the private long-term care insurance market and its regulation through a case study approach involving interviews with over 100 individuals during 1995. This review resulted in a policy-oriented paper for the Health Care Financing Administration discusses current challenges faces by the market and potential government actions.
- Surveyed employers offering long-term care insurance and provided the Office of Personnel Management with resources and information related to offering LTCI to federal employees
- Directed collection and analysis of comprehensive Medigap premium information and estimate premiums for alternative Medigap structures
- Estimated the number of uninsured individuals and their characteristics, including length of time without insurance, for those without insurance at some point over a two year period for each state.

SELECTED PUBLICATIONS

"Health insurance for long-term care workers: Projected costs and coverage impacts of a Minnesota legislative proposal and national implication" (submitted). Wright, B., Gruman, C., Alexih, L., & Knatterud, L. *Journal of Aging & Social Policy*.

"Nursing Home Use by "Oldest Old" Sharply Declines" (2006),
<http://www.lewin.com/NR/rdonlyres/9A0A92A2-4D76-4397-A0A2-04EB20700795/0/NursingHomeUseTrendsPaper.pdf>

"Long Term Care over an Uncertain Future: What Can Current Retirees Expect?" (Winter 2005)
 Peter Kemper, Harriet L. Komisar, Lisa Alexih, *Inquiry*, Vol. 42 No. 4, 335-350.

"Wealth patterns among elderly Americans: implications for health care affordability." (2003)
 James R Knickman, Kelly A Hunt, Emily K Snell, Lisa Maria B Alexih, and David L Kennell. *Health Affairs*, Vol. 22, Issue 3, 168-174,
<http://content.healthaffairs.org/cgi/content/abstract/22/3/168>

"Medical and long-term care costs when older persons make the transition to a more dependent state." (2002) Second author with Jack Guralnik, Larry Branch and Joshua Wiener, .
American Journal of Public Health, Washington; Vol. 92, Iss. 8; pg. 1244-1245,
<http://www.uphs.upenn.edu/medpsych/news/journals/CAF687FD.pdf>.

- "Home and Community-Based Services in Seven States." (2002) Joshua M. Wiener, Jane Tilly, and Lisa Maria B. Alecxih, *Health Care Financing Review*, Vol. 23, No. 3, p.89, <http://cms.hhs.gov/review/02spring/02spring.asp>.
- "The Impact of Sociodemographic Change on the Future of Long-Term Care," (2001); *Generations*, Vol. XXV, No. 1, pp. 7 – 11.
- "Medicare Premium Buy-in Programs: Results of SSA Demonstration Projects," (2000) second author with Mark Nadel, Rene Parent and James Sears, *Social Security Bulletin*, vol. 63, no. 3: pp. 26-33.
- "Enabling Informed Consumer Choice in the Long-Term Care Insurance Market," (1999) second author with Steven Lutzky, *Journal of Aging and Social Policy*, vol. 10, no. 3: pp.27-44.
- "Can Regulation Improve Long-Term Care Insurance?: Lessons from the Medigap Experience," (1995) with David L. Kennell, Peter D. Fox, and Thomas Rice, *Journal of Aging and Social Policy*, vol. 7, no. 2: pp.19-40.
- "Private Long-Term Care Insurance: Barriers to Purchase and Retention," (1995) with Steven Lutzky in *Persons with Disabilities: Issues in Health Care Financing and Delivery*, Joshua M. Wiener, Steven B. Clauser and David L. Kennell (editors); Washington D.C: The Brookings Institution.
- "Implications of Health Care Financing, Delivery, and Benefit Design for Persons With Disabilities," (1995) with John Corea and David Kennell in *Persons with Disabilities: Issues in Health Care Financing and Delivery*, Joshua M. Wiener, Steven B. Clauser and David L. Kennell (editors); Washington D.C: The Brookings Institution.
- "Medigap Regulation: Lessons for Health Care Reform," (1995) *Journal of Health Politics, Policy and Law*, no. 20, vol. 1: pp. 31-47.

ROGER AUERBACH
PRESIDENT, AUERBACH CONSULTING, INC.

EDUCATION

J.D., Boston University School of Law

B.A., Alfred University. Major: History and Political Science

EMPLOYMENT

2001 – Present, Long-Term Care Consultant, Auerbach Consulting, Inc.

Assist states and the federal government, advocacy groups and providers in developing long-term service systems which emphasize community living alternatives to institutional care for individuals with disabilities of all ages. Provide technical assistance to state grantees of the Centers for Medicare and Medicaid Services and the U.S. Administration on Aging developing long-term care systems transformation, aging and disability resource centers, community living programs and hospital discharge diversion programs. Recent work includes community-based care services and waiver development, single point-of-entry implementation, nursing facility diversion and transition, and Medicaid Buy-In program and policy development for workers with disabilities. **Clients include The Lewin Group**, a national health and human services consulting firm, AARP, the Service Employees International Union and the State of Louisiana, Department of Health and Hospitals and Governor's Office of Elderly Affairs.

Administrator, Oregon Senior & Disabled Services Division, Department of Human Services, Salem, Oregon

Chief Executive Officer of state entity responsible for purchasing long-term care services for impaired, poor older adults and individuals with physical disabilities, protecting vulnerable older adults and adults with disabilities, establishing standards for and licensing long-term care facilities, providing employment services for adults with disabilities, determining eligibility for a wide variety of support programs. Responsible for administering Older Americans Act programs including meals, transportation, employment, legal services, information and assistance.

1994-95, Acting Director, Oregon Employment Department, Salem, Oregon

Chief Executive Officer of independent state agency responsible for employment and re-employment programs, unemployment insurance, labor market research and information, promotion and regulation of child care.

Senior Policy Advisor, Office of the Governor, Salem, Oregon

Initiated, evaluated and directed programs for Governor Barbara Roberts.

Responsible for: health care and insurance reform; health promotion and prevention strategies; housing and community development programs; workers' compensation; employee and labor relations; workforce development and education; and issues specific to women, seniors and persons with disabilities. Coordinated all related policy-making boards and commissions.

Deputy Executive Director, Oregon Council, American Federation of State, County, and Municipal Employees (AFSCME), AFL-CIO, Portland, Oregon

Directed the legislative and political action program for the statewide organization of local unions; administered membership and staff education and training; supervised Council Representatives and clerical staff.

Staff Supervisor, Oregon AFSCME, Portland, Oregon

Supervised Council Representatives and clerical staff in two field offices.

Council Representative, Oregon AFSCME, Portland, Oregon

Duties included contract negotiations, grievance/arbitration, internal organizing, lobbying and training.

President, Oregon Federation of Teachers, AFT, AFL-CIO, Portland, Oregon

Chief Executive and Chief Political Officer

Responsibilities for this statewide organization of local unions included: program planning and implementation; financial and personnel administration; representing the organization at the Oregon Legislature, before state agencies and to the general public. Additional responsibilities included internal and external organizing, contract negotiations, grievance/arbitration and training.

SELECTED PRESENTATIONS

Pennsylvania Senate Aging and Youth and Labor and Industry Committees joint hearing (April 2009) on the creation of a Consumer Workforce Council. Presented invited testimony on the implementation and results of similar entities in states across the U.S.

Missouri Centers for Independent Living presentation (April 2009) on "Missouri Quality Homecare Council: Ideas to Consider" discussing new law regulating the provision of home care services and suggesting opportunities for the independent living centers to work with the new law and new Quality Homecare Council.

AARP Louisiana conference presentation (December 2008) on "Long-Term Care: Critical to Successful Healthcare Reform" detailing significant initiatives on long-term care reform and how they interconnect with similar issues in primary and acute care reform.

Missouri Disability Coalition on Health Reform presentation (October 2008) on "Medicaid Managed Care: A Benefit for Consumers?" analyzing important success factors in managed care for individuals with disabilities.

Center for American Progress presentation (May 2008) on "Community-Based Long-Term Care-How Can the Federal Government Lend a Hand?" focusing on key strategies state have employed to balance their long-term care systems.

National Governors Association, Health and Human Services Committee (February 2008): Panel presentation on "Maximizing Private Resources to Pay for Long-Term Care" focusing on state systems change, private and public financing strategies.

- AARP Louisiana conference on "Advancing Long-Term Care Options in Louisiana" (October 2007): Keynote speaker on "Advancing Long-Term Care Options 101" and general session presenter/moderator on "Expanding Home and Community-Based Services with Limited Additional Dollars" outlining options for continued progress on long-term care reform in Louisiana.
- Missouri Association of Centers for Independent Living (May 2007): Presentation and facilitated discussion about "The Impact of Missouri Health Reform on Individuals with Disabilities" highlighting the challenges of pending Missouri health reform legislation.
- Virginia Health Reform Commission, Long-Term Care Workgroup (January 2007): Session presentation on "Medicaid Long-Term Care and Home and Community-Based Services" outlining trends on publicly-financed long-term care and opportunities for making changes in Virginia's long-term care system.
- Aging and Disability Resource Center (ADRC) National Meeting/Choices for Independence Summit (December 2006): Moderated a panel and gave introductory remarks at a plenary session on "Positioning the ADRC for Managed Long-Term Care".
- National Press Club press conference sponsored by The Lewin Group (November 2006): Commentator on report on "Nursing Home Use by 'Oldest Old' Sharply Declines" highlighting the work done by states to shift long-term care resources into home and community-based services. Print media coverage and C-SPAN telecast.
- Administration on Aging (September 2006): National teleconference training presentation for State Unit on Aging Directors and Administration on Aging staff on "Implications of the Deficit Reduction Act for Medicaid Funded Long-Term Care" explaining new legislation and the opportunities available to states through law changes and grants.
- Ohio Olmstead Task Force (April 2006): Plenary presentation on "Medicaid Buy-in Programs for Workers with Disabilities" detailing state Medicaid buy-in programs across the U.S. and Ohio action to develop a similar program.
- AARP Tennessee Meeting for Governor and invited legislators (April 2006): Presentation of a report on "Improving Long-Term Care Services in Tennessee: Meeting the Changing Needs of a Growing Population" including specific recommendations for changes in Tennessee's long-term care system.
- Medicare Special Needs Plans Conference (February 2006): Plenary presentation on "Managing the Care of People Requiring Institutional Services" outlining specific state strategies for serving individuals in Medicaid-funded home and community-based services programs and the resulting financial savings and consumer satisfaction.
- Pennsylvania House of Representatives, Health and Human Services Committee (September 2005): Invited presentation on HB 1595 "Overview of Long Term Care Integration Programs" detailing state managed long-term care programs across the country.
- Tennessee White House Conference on Aging (August 2005): Workshop presentation and group facilitation on "Consolidated Funding for Long-Term Care Choices-The Global Budget" presenting a variety of options for consolidated funding of long-term care services and facilitating group discussion and decision-making on recommendations to policy leaders.

- National Association of State Budget Officers Annual Meeting (July 2005): Plenary panel presentation on "State Strategies for Medicaid Cost Containment" outlining successful state managed care and deinstitutionalization programs.
- Pathways to Employment Conference, Columbus, Ohio (June 2005): Workshop presentation on "Ohio's Medicaid Infrastructure Grants: First Year Results" detailing the results of a Lewin Group study on the costs associated with implementing a Medicaid Buy-In for Ohio.
- Home and Community-Based Services Waiver Conference (May 2005): Workshop presentation on "Promoting Flexible Funding to Support Long Term Living" outlining the development of a unified state budget for long-term services and supports.
- Home and Community-Based Services Waiver Conference (May 2005): Workshop presentation on "Addressing the Comprehensive Service Needs of Young Adults with Disabilities" detailing how Oregon developed a broad-based employment support system for workers with disabilities.
- U.S. Administration on Aging and the Centers for Medicare and Medicaid Services, National Meeting for Aging and Disability Resource Center grantees (February 2005): Plenary presentation on "Coordinating with State and Local Medicaid Offices to Streamline Access" detailing Oregon's model program of determining Medicaid eligibility at the local level.
- University of Tennessee, Creating Choices: Serving Older Adults and Other Adults with Disabilities Conference (February 2005): Plenary panel presentations on "Expanding Home and Community-Based Services (HCBS)" focusing on key elements necessary for successful expansion of HCBS.
- New Jersey Departments of Human Resources and Health and Senior Services, Workshop on "Help us Put the Consumer In-Charge" (January 2005): Plenary presentation on "National Perspective on Consumer Direction" describing examples of state consumer-direction programs.
- Minnesota Association of Centers for Independent Living, Nursing Home Relocation and Housing Conference (December 2004): Workshop presentation on "Nursing Facility Relocation Assessment" describing various tools used by states to assess individual needs for services in moving from a nursing facility to a community setting.
- AARP Virginia (December 2004): Presentation to an invitation-only meeting on "Improving Long-Term Care Services in Virginia: Meeting the Changing Needs of a Growing Population" summarizing recommendations to improve and rebalance Virginia's long-term services and supports system.
- State of Louisiana, Joint Health and Human Services Committee (November 2004): Testimony before the Committee on "Long-Term Care Financing: Supporting the Individual" detailing actions states have taken to finance and support individual choice in long-term services.
- Ohio Commission to Reform Medicaid (July 2004): Presentation to the Aged, Blind and Disabled Committee on "Long-Term Care: A National Perspective" outlining actions various states have taken to rebalance their long-term care systems.
- AARP New Jersey (March 2004): Keynote presentation to conference on "Rebalancing Long-Term Care in New Jersey" summarizing recommendations on using money follows the

person and other techniques to help rebalance New Jersey's long-term services and supports system.

National Association of State Medicaid Directors, American Public Human Services Association (October 2003): Presentation for workshop on "Money Follows the Person" explaining Oregon's programs and policies which support individual choice with appropriate financing.

National Association of State Medicaid Directors, American Public Human Services Association (October 2003): Presentation for workshop on "Systems Change in Long-Term Care" detailing CMS and state activity in reforming state long-term care systems.

Home and Community-Based Services Waiver Conference (October 2003): Introductory presentation for workshop on "Money Follows the Person" giving a national perspective on the topic.

Rutgers Center for State Health Policy and the National Academy for State Health Policy, Regional Housing Conference (September 2003): Plenary session presentation on "Introduction to Medicaid" explaining eligibility and financing of acute and long-term care services.

National Council of State Human Services Administrators, American Public Human Services Association (July 2003): Workshop panel presentation at annual meeting on "Money Follows the Person" giving a national perspective on the topic and focusing on various states' work with systems for elderly and physically disabled individuals.

Center for Medicare and Medicaid Services (CMS) and American Public Human Services Association, Center for Workers with Disabilities (April 2002): Presentation at conference on "Supporting People with Disabilities to Build Careers: Growing a Comprehensive Employment Support Program" on creating linkages to community-based expansions funded by CMS' community living grants.

Washington State Senior Citizens' Foundation (November 2001): Keynote speech on the challenges facing state governments in developing a long term care policy agenda at a conference on "Critical Issues for an Aging Society."

AARP National Legislative Council (October 2001): Presentation on the future of state-administered public long term care programs on a panel on "Alternative Financing Approaches for Long Term Care."

National Association of State Medicaid Directors (May 2001): Presentation and chair of conference plenary session on "Shaping a Long Term Care Policy Agenda."

American Public Human Services Association (March 2001): Presentation at a plenary session of a national meeting of human service administrators on the creation of a new Center for Workers with Disabilities.

State of Kansas Long Term Care Task Force (October 2000): Presentation on the development, management and future challenges of Oregon's long term care system.

National Association of State Medicaid Directors (October 2000): Discussant on a conference plenary speech on "International Models of Long Term Care."

- National Association of State Units on Aging (July 2000): Moderated panel and chaired discussion at conference plenary session on "The Olmstead Decision: Opportunity for Innovation?"
- National Association of State Medicaid Directors (May 2000): Moderated conference plenary session and chaired discussion on "Implementing Working Disabled Programs."
- U.S. Senate Special Committee on Aging (March 2000): Invited testimony addressing the topic of "Elder Fraud and Abuse: New Challenges in the Digital Economy."
- Commonwealth of Massachusetts Joint Legislative Committee on Health Care (January 2000): Presentation on the development, management and outcomes of Oregon's long term care system.
- National Association of State Medicaid Directors, National Association of State Directors of Developmental Disability Services, National Association of State Mental Health Program Directors, National Association of State Units on Aging, and others (December 1999): Co-chaired national conference and chaired plenary sessions on the implications of the U.S. Supreme Court's Olmstead decision for state programs.
- National Association of State Units on Aging (December 1999): Presented and moderated a conference plenary session on "Innovations in Caregiver Support."
- National Association of State Medicaid Directors (October 1999): Moderated and chaired two conference workshop discussion sessions: "Finding, Training and Supporting the Home Care Worker;" and "Monitoring the Quality of Care in Home and Community Based Settings."
- National Governors Association (July 1999): Presentation for governors' policy advisors on "Long Term Care Issues and Strategies for States."
- National Association of State Medicaid Directors (June 1999): Presented and chaired a conference plenary session on "Setting the Agenda: Issues in Home and Community Based Care."
- U.S. House of Representatives, Committee on Commerce, Subcommittee on Health and Environment (March 1999): Invited testimony on the Work Incentives Improvement Act of 1999.
- American Public Human Services Association (November 1998): Presented at national meeting for human services administrators on "Meeting the Next Century's Senior Care Crisis – Now."
- National Association of State Units on Aging (June 1998): Moderated and chaired a conference plenary session on "Reorienting Home and Community Based Services to Meet Changing Consumer Expectations."
- National Chronic Care Consortium (April 1998): Keynote plenary session speech at Spring Working Session on "The Oregon Long-Term Care Model: Fusing Quality and Client Choice."
- California Integrated Advocacy Conference, Seniors and Adults with Disabilities Working Together, multiple sponsors (April 1998): Plenary session speech on building a client-

centered, responsive and effective integrated delivery system titled "Putting the Puzzle Together."

U.S. Senate Special Committee on Aging (March 1998): Invited testimony on "Reforming the Delivery System." Presented testimony on the development, operation and outcomes of Oregon's long term care system for elderly and physically disabled populations.

National Association of State Units on Aging (November 1997): Presentation at a conference plenary session on "Policy Strategies to Advance Home and Community-Based Services."

National Association of State Medicaid Directors (October 1997): Moderated and chaired workshop session discussion on "Reworking Nursing Facility Rates."

National Association of State Units on Aging (June 1997): Presentation at conference plenary session on "New Challenges in Making Home Care Work."

National Association of State Medicaid Directors (May 1997): Presentation at a conference plenary session on "Quality Assurance in Long Term Care Programs."

National Association of State Medicaid Directors (October 1996): Moderated and chaired a workshop discussion session on "Combining State and Federal Data Resources to Profile the Dually-Eligible Populations."

National Association of State Units on Aging (June 1996): Presentation at a conference plenary session on "Examining State Perspectives and State Agency on Aging Roles in Managed Care."

SELECTED REPORTS AND PUBLICATIONS

Roger Auerbach. Striking a Balance: Recommendations to Improve Indiana's Long-Term Care System. Prepared for AARP Indiana, 2009.

MO HealthNet Long Term Care Review, Cost Containment Opportunities (with The Lewin Group). Prepared for Missouri HealthNet, 2009.

Hokenstad, A., Shineman, M. and Auerbach, R. An Overview of Medicaid Long-Term Care Programs in New York. United Hospital Fund, 2009.

Administrative and Staffing Recommendations for Implementing the Global Compact (with The Lewin Group), prepared for the Rhode Island Executive Office of Health and Human Services, 2008.

Roger Auerbach and Henry Claypool. Independent Living Centers: Experienced Local Partners for Medicaid Home and Community-Based Services. Community Living Exchange, Rutgers Center for State Health Policy, 2008. Funded by the Centers for Medicare and Medicaid Services.

Roger Auerbach. Fiscal Challenges to a Strong Home and Community-Based Long-Term Care System: Oregon's Fight to Maintain Leadership. Community Living Exchange, Rutgers Center for State Health Policy, 2008. Funded by the Centers for Medicare and Medicaid Services.

The Impact on the Ohio Economy of a Medicaid Buy-in Program for Workers with Disabilities (with The Lewin Group), prepared for the Cerebral Palsy Association of Ohio through a grant from the Centers for Medicare and Medicaid Services, 2008.

Interim Report to the Governor and the Legislature, State of Washington Joint Task Force on Long Term Care Financing and Chronic Care Management (with The Lewin Group), 2007.

Roger Auerbach and Susan Reinhard. Money Follows the Person: Challenges Posed by Waiver Waiting Lists. Community Living Exchange, Rutgers Center for State Health Policy, 2006. Funded by the Centers for Medicare and Medicaid Services.

North Carolina Institutional Bias Study (with The Lewin Group), funded by the North Carolina Department of Health and Human Services for the North Carolina Legislature, 2006.

Administrative Infrastructure for a Medicaid Buy-In in South Dakota (with The Lewin Group), funded by the South Dakota Department of Human Services, Division of Rehabilitation Services, 2006.

Roger Auerbach. Improving Long-Term Care Services in Tennessee: Meeting the Changing Needs of a Growing Population, 2006. Funded by the AARP.

Money Follows the Person Study (with The Lewin Group), funded by the Delaware Governor's Commission on Community-Based Alternatives for Individuals with Disabilities for the Delaware Legislature, 2005.

Managed Long-Term Care Discussion Paper (with The Lewin Group and Mercer Human Services Consulting), funded by the Pennsylvania Department of Public Welfare, 2005.

Medicaid Buy-In Modeling and Texas Choices (with The Lewin Group), funded by the Texas Health and Human Services Commission for the Texas Legislature, 2005.

Impact of SEA 493 Provisions on Indiana's Aging and Disabled Waiver (with The Lewin Group), funded by the Indiana Family and Social Services Agency, 2005.

Roger Auerbach and Susan Reinhard. Minnesota's Long-Term Care Consultation Services. Community Living Exchange, Rutgers Center for State Health Policy, 2005. Funded by the Centers for Medicare and Medicaid Services.

An Independent Assessment of the West Virginia Mental Retardation/Developmental Disability Waiver (with The Lewin Group), funded by the West Virginia Bureau of Medical Services, 2005.

The Policy and Programmatic Considerations of Converting to Section 1634 Status (with The Lewin Group), funded by the Ohio Commission to Reform Medicaid and The Center for Community Solutions, 2005.

Impact of a Medicaid Buy-In Program on Personal Assistance Services (with The Lewin Group), for the Ohio Olmstead Task Force, funded by the Ohio Department of Job and Family Services, 2005.

Roger Auerbach. Improving Long-Term Care Services in Virginia: Meeting the Changing Needs of a Growing Population, 2004. Funded by AARP.

Alabama Single Point of Entry Feasibility Study (with The Lewin Group), funded by the Alabama Medicaid Agency, 2004.

Mississippi Medicaid Bureau of Long-Term Care: Assessment and Recommendations (with The Lewin Group), funded by the Mississippi Medicaid Bureau, 2004.

Roger Auerbach. Rebalancing Long-Term Care in New Jersey: Money Follows the Person, 2004. Funded by AARP.

Long-Term Care in Maryland-Planning for the Future (with The Lewin Group), funded by AARP Maryland, 2004.

Roger Auerbach. Long-Term Care Quality Review, funded by the Texas Department of Human Services, 2003.

Administrative and Systems Changes for Implementation of a Medicaid Buy-In (with The Lewin Group), funded by the Ohio Department of Job and Family Services, 2003.

Lewis v. New Mexico Department of Health, et. al.; Disclosure of Expert Testimony (with The Lewin Group), funded by the Attorney General of the State of New Mexico, 2003.

The Maryland Older Adults Waiver for Home and Community-Based Services (with The Lewin Group) for the Maryland Older Adults Waiver Redesign Committee, funded by the Maryland Department of Health and Mental Hygiene, 2002.

American Public Human Services Association, Policy and Practice (June 2001): Article entitled "A Conversation with Roger Auerbach"; lead article in journal focusing on "Medicaid Issues for Workers with Disabilities."

LISA M. CHIMENTO
CHIEF EXECUTIVE OFFICER

EDUCATION

M.B.A., in public and private management, Yale University

B.A., economics, University of Virginia

EXPERIENCE

Ms. Chimento is the Chief Executive Officer for The Lewin Group. Her own consulting work focuses on state and local health reform initiatives. She has worked on behalf of more than 30 state and local governments and is a nationally-recognized expert on Medicaid. Prior to joining Lewin in 1994, Ms. Chimento conducted research and analysis of issues in the organization and delivery of health care services at the National Academy of Sciences, Institute of Medicine (IOM) where she served as Project Officer. She also served as a policy analyst at the federal Office of Management and Budget (OMB). Following is a summary of her health care and management experience:

Medicaid Managed Care

- Managing a multi-year project for the State of West Virginia involving the design, implementation, and administration of a mandatory physical health managed care program for its TANF and adult SSI Medicaid populations, including development of a special initiative to encourage health plans to contract with local health departments, school-based health clinics, and other publicly-supported providers. Work involves designing the benefit structure and the administrative processes associated with the program; assisting with program expansion and monitoring activities; surveying Medicaid enrollees and providers; conducting evaluations of the waiver; and performing ongoing program administration.
- Led two large, multi-year projects for the State of New York Department of Health to assist with implementation of The Partnership Plan, the State's statewide mandatory 1115 waiver program. Primary tasks included: assisting with the Department's stakeholder task group to review program design features for SSI beneficiaries; review of other states' experiences with managed care for disabled individuals; development of criteria to determine readiness to mandate enrollment of disabled individuals into The Partnership Plan; design of beneficiary surveys; assistance with implementation of mandatory SSI pilot program; study of behavioral health organizations; presenting results of tasks to the State's legislative oversight body; conducting beneficiary focus groups; improving county office outreach and education approaches; and general support in implementing mandatory enrollment in New York City.
- Assisted the State of Connecticut in the implementation of a mandatory, statewide Medicaid managed care program, including development of a competitive procurement for enrollment of beneficiaries who did not select a health plan. Program design and health plan evaluation efforts targeted the integration of physical and behavioral health services, building incentives for plans to include historic providers in their networks, requiring plans to contract with school-based health centers, and ensuring systematic outreach efforts for

wellness and EPSDT services. Work included: development of an overall program design; actuarial analyses; submission of CMS waiver; the redesign of information systems; preparation of a plan for state management and administrative structure; development of baseline health status and utilization statistics; Medicaid enrollee and provider satisfaction surveys; and initial program monitoring.

- Advised a national healthcare system on the design of a Medicaid managed care program in Louisiana, including analysis of the state's Medicaid program, assessment of the public hospital system, development of feasible options, preparation of the federal waiver, and recommendations for short- and long-term implementation strategies.

Long-term Care and Special Needs Populations

- Directed a two-pronged study on managed mental health care benefits for the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services. The first study focused on the lessons learned in the development of public and private managed mental health programs, and the second focused on the key issues for employers in designing a mental health benefit program for their employees. The Lewin Group reviewed professional literature and convened an advisory panel to inform its analysis of issues impacting managed mental health care, benefits design, and service delivery.
- Co-managed a study of employers and HMOs that offer or manage comprehensive benefits for mental health and substance abuse on behalf of SAMHSA's Center for Mental Health Services. The final report presented a series of case studies, including quantitative data on the cost and utilization experiences of six employers and three HMOs in offering comprehensive benefits.
- Worked on behalf of the Kaiser Family Foundation to assist the states of Colorado, Massachusetts, North Carolina, California, and Florida in pursuing Medicaid eligibility expansion waivers for individuals with HIV. Lewin assisted in the sophisticated modeling of the costs of expanding Medicaid coverage to HIV+ individuals. Ms. Chimento led Lewin's efforts with the States of Florida and California.
- Assisted a stakeholder work group in the County of Los Angeles to develop a county-level, integrated system of care for children with special health care needs based on managed care principles. Specific focus was on the review of other systems of care for special needs populations, waiver and regulatory issues, and the development of a model of care, including strategies for risk adjustment, quality assurance, and care coordination.
- Worked with a stakeholder group led by the Allegheny County Mental Health Department in Pennsylvania (which includes Pittsburgh) to establish a private, non-profit corporation to create a system of care integrating physical health, behavioral health, and human services.

State and Federal Policy and Legislation

- Leading a project on behalf of the California HealthCare Foundation to develop recommendations to support the mandatory enrollment of disabled persons into managed care. Lewin is working with an advisory group of stakeholders to develop health plan contract performance standards and measures which will foster improvements in quality of care for people with disabilities and chronic illness; strategies to address cross-agency issues

that affect quality of care for people with disabilities and chronic illness; and strategies to monitor health plan contract compliance on an ongoing basis.

- Assisting the California HealthCare Foundation in providing analytic and technical support to the California Department of Health Services Medi-Cal redesign efforts. Lewin will analyze the financial and programmatic impact of potential Medi-Cal benefits changes, develop a model to assess impact of a “tiered benefits package,” and examine operational issues. Lewin will also conduct analyses of possible Medi-Cal managed care expansions and eligibility changes.
- Assisted the State of California/Medi-Cal Policy Institute in preparing cost projections for various coverage expansions and eligibility simplification options for Medi-Cal (California’s Medicaid program). Options modeled include continuous eligibility for children, guaranteed eligibility for managed care enrollees, removal or simplification of the assets test, move from a gross to net income standard, and elimination of certain documentation for applicants.
- Directed a project to study Indiana’s Medicaid program and identify possible options for increasing the program’s long-term sustainability in the face of mounting demand for services and dwindling State dollars on behalf of The Central Indiana Corporate Partnership. The major deliverable was a summary report designed to present several options that could potentially lead to savings in the State’s Medicaid program, based on Indiana-specific research and analysis, and other state experiences.
- On behalf of the Center for Health Care Strategies, co-directed a study of how leading states are using data (e.g., encounter data, MCO reports, beneficiary surveys, HEDIS) to manage and oversee their Medicaid managed care programs. Special emphasis was placed on how this data can be most effectively used for public reporting, accountability, and performance improvement.
- On behalf of the Center for Health Care Strategies, directed a study of the cost and quality implications of the Balanced Budget Act of 1997 (BBA) for states and health plans.
- Worked with expert committees to conduct studies of the future of primary care, the impact of health care reform on academic health centers, health professions education, and the future of dental education.
- Worked with the Maryland Substance Abuse Work Group to review the design of the State’s 1115 waiver program, HealthChoice, as it relates to the financing and delivery of substance abuse services. Specific tasks included conducting provider and consumer interviews, analyzing utilization and encounter data, and making recommendations regarding the continued integration of the substance abuse benefit with the MCO benefits package.
- Contributed to Lewin’s case study report of seven community health centers participating in managed care arrangements for the Bureau of Primary Health Care in the Health Resources and Services Administration (HRSA). The study involved analyzing the performance of community health centers as participants in HMO networks and assessing the impact of managed care on the Community Health Centers (CHCs). Ms. Chimento led two of the case studies and presented the study findings at the 1998 APHA Annual Meeting.

- Assisted the Medi-Cal Policy Institute in analyzing three potential eligibility simplification options for Medi-Cal (California's Medicaid program). Assisted in reviewing the experience of other states, evaluating the policy implications of each option, and developing a final report encompassing the quantitative and qualitative analyses of each of the three options individually and in combination with each other.
- Assisted the Indiana Governor's Advisory Panel on Children's Health Insurance to develop a blueprint for the State's Title XXI (SCHIP) program. This blueprint described the proposed design for the children's health insurance program and provided estimates of enrollment and program costs.

Procurement-related Experience

- Assisted a prominent health plan with a bid protest involving a contract to serve enrollees in a State Medicaid program. Tasks involved reviewing scoring sheets and proposals for all bidders, comparing select bidder responses to determine the adequacy of responses, and documenting potential scoring errors. The protest resulted in the discovery of a scoring error due to the oversight of a required document which led to the health plan winning the protest and the opportunity to serve Medicaid recipients.
- Led a project to conduct a thorough review and evaluate managed care organizations wishing to serve Medicaid recipients in Maryland's new 1115 waiver program, HealthChoice. Specific tasks included: development of criteria for written and on-site evaluation; review of proposals; ongoing technical assistance to plans particularly in the special populations area; site visits to applicants; and final recommendations for contracting. Applicants included non-HMOs, such as provider- and FQHC-sponsored entities.
- Assisted several national insurers in developing their Medicaid and Medicare (including Part D) strategies in the post-MMA environment.

Reimbursement-Related Experience

- Worked with the State of Kansas to develop and implement Medicaid managed care payment rates for TANF and SSI populations.

Operations and Performance Reviews

- Co-directing a large, multi-year project for the Agency for Healthcare Research and Quality on Medicaid care management and performance improvement. Lewin will convene a learning network of six Medicaid agencies to help them assess their disease management or care management programs. Specific tasks include technical assistance to states on program management, clinical and operational quality improvement activities, data analysis, and performance measurement. The results will be used to help participating Medicaid agencies and other states decide what care/disease management strategies are most effective and why.
- Led annual site visits and assessments of six managed care contractors on behalf of the West Virginia Public Employees Insurance Agency (PEIA). All aspects of managed care operations were reviewed, including health services delivery, utilization review and

management, quality assurance, financial solvency, medical loss ratios, member services, and data reporting.

- Directing a business case analysis of One-e-App, a Web-based enrollment application for health and social service programs in California, including Medi-Cal (California's Medicaid program), Healthy Families, county-funded health coverage programs, and food stamps on behalf of The California Endowment and the California HealthCare Foundation. The business case analysis will include an assessment of the application's performance, user satisfaction, financial impacts, and administrative and program efficiencies gained through use of the new technology in three pilot counties. In preparation for the business case analysis, Lewin conducted site visits to pilot counties and interviewed key county stakeholders to develop an issue brief describing county readiness and policy issues related to adoption of the One-e-App.
- Assisted the United Hospital Fund (UHF) in identifying ways the Medicaid enrollment process in NYC could be improved through an automated system by documenting the timeframes of the current process. Lewin conducted site visits of eligibility determination sites and analyzed data from these organizations' various tracking systems to develop quantitative and qualitative measures of performance in key areas (e.g. timeliness, user satisfaction). The application process will be analyzed to determine the potential effects of automation and areas where improvements might be realized, and results were presented to UHF staff for use in planning for an automated system.
- Working on behalf of the State of New York Department of Health/The Commonwealth Fund to develop and pilot test an automated eligibility determination and enrollment tool for Medicaid, Family Health Plus, and Child Health Plus (S-CHIP).
- Assisted the Daughters of Charity National Health System in strategic planning for Medicare and Medicaid managed care, including development of hospital, regional, and system wide strategies and review of managed care readiness and capitation assessment tools.
- Assisted the City of Alexandria Health Department in conducting a needs assessment to determine the optimal arrangement and location for the delivery of preventive health care services currently provided at various city facilities.

SELECTED PUBLICATIONS AND PRESENTATIONS

"Savings from the Medicare Drug Benefit for Beneficiaries with Common Chronic Conditions," (co-authored with Allison Sydlaske and John Corea), prepared for the Healthcare Leadership Council, April 2006.

"Rate Setting and Actuarial Soundness in Medicaid Managed Care," (co-authored with Grady Catterall), prepared for the Association for Community Affiliated Plans and the Medicaid Health Plans of America, January 2006.

"Electronic Applications Present Opportunities to Improve Enrollment into New York's Public Health Insurance Programs," (co-authored with Anna Theisen-Olson and Maya Bhat), prepared for the United Hospital Fund, November 2004.

- "Opportunities and Observations for Indiana Medicaid," (co-authored with Michael Cheek, Jessica Boehm, and Melissa Rowan), prepared for the Indiana Government Efficiency Commission, September 2004.
- "How Policy Changes Impact Enrollment: A Look at Three County Efforts," (co-authored with Joanne Jee and Pooja Shukla), prepared for the California HealthCare Foundation, May 2004.
- "Business Opportunities in the Medicare Modernization Act for Community Affiliated Health Plans," (co-authored with Jenny Bryant), prepared for The Association of Community Affiliated Plans, April 2004.
- "Simplifying Medi-Cal Enrollment: Opportunities and Challenges in Tight Fiscal Times," (co-authored with Joel Menges, Moira Forbes, Anna Theisen, and Nalini Pande), prepared for the California HealthCare Foundation, June 2003.
- "Simplifying Medi-Cal Enrollment: Options for the Income Test," (co-authored with Joel Menges, Moira Forbes, Anna Theisen, and Nalini Pande), prepared for the California HealthCare Foundation, June 2003.
- "Simplifying Medi-Cal Enrollment: Options for the Assets Test," (co-authored with Joel Menges, Moira Forbes, Anna Theisen, and Nalini Pande), prepared for the California HealthCare Foundation, June 2003.
- "Using Data Strategically in Medicaid Managed Care," (co-authored with Joel Menges, Jim Verdier, Moira Forbes, and Rebecca Dodge), prepared for the Center for Health Care Strategies, January 2002.
- "Medicaid Managed Care Performance Incentive Systems: Design Considerations for New York State," (co-authored with Moira Forbes and Purvi Patel), prepared for the New York State Department of Health, July 2001.
- "Business Case Analysis of Health-e-App: a Web-Based Enrollment Application for Public Health Insurance Programs," (co-authored with Bob Atlas and Pooja Shukla), prepared for the California HealthCare Foundation, June 2001.
- "Administering Generous Mental Health Benefits: Opinions of Employers," (co-authored with Gail Robinson, Stacey Bush and John Papay), prepared for the Substance Abuse and Mental Health Services Administration, 2001.
- "Impact of the Proposed Medicaid BBA Regulation on Medicaid Managed Care," (co-authored with Nancy Beronja and Moira Forbes), prepared for the Center for Health Care Strategies, November 2000.
- "Comprehensive Mental Health Insurance Benefits: Case Studies," (co-authored with Gail Robinson, Stacey Bush and John Papay), prepared for the Substance Abuse and Mental Health Services Administration, October 2000.
- "Policy Implications of Lock-in for Medi-Cal," (co-authored with Joel Menges), prepared for the Medi-Cal Policy Institute, March 2000.
- "Guaranteed Eligibility for Medi-Cal," (co-authored with Joel Menges), prepared for the Medi-Cal Policy Institute, March 2000.

"Continuous Eligibility for Children Under Medi-Cal: Cost Estimates for Coverage Expansion Options," (co-authored with Joel Menges, Terry Savela, and Moira Forbes), prepared for the Medi-Cal Policy Institute, May 7, 1999.

"The Performance of C/MHCs Under Managed Care: Case Studies of Seven C/MHCs and their Lessons Learned," (co-authored with Terry Savela and Nathan Stacy), prepared for the Health Resources and Services Administration, Bureau of Primary Health Care, August 21, 1998.

"Toward an Improved System of Care for Children with Special Health Care Needs in Los Angeles," (co-authored with Bob Atlas and Moira Forbes), prepared for the CCSLA Stakeholders, October 1997.

KATHRYN DU PREE
VICE PRESIDENT

EDUCATION

Ph.D. (ABD), Mental Retardation Social Policy from Florence Heller Graduate School,
Brandeis University, Waltham, MA

M.P.S., Human Services Administration, Russell Sage College, Albany, NY

B.S., Psychology, Empire State College, Albany, NY

EXPERIENCE

Ms. Kathryn du Pree is a Senior Vice President at The Lewin Group and an expert in aging and disability research and policy. She has 37 years of progressive supervisory and program development administrative experience in the public sector, with more than 25 years in senior management positions. She is known for her work in designing and managing effective systemic change in the field of developmental disabilities. She has fiscal management expertise, in-depth knowledge of federal requirements for HCBS waiver programs, and extensive experience working with the executive and legislative branches of government.

Ms. du Pree's accomplishments include:

- Developed an agency organizational structure to emphasize family support services and consumer directed supports for over 1,000 people.
- Led a pilot to coordinate health care for individuals with intellectual disabilities living in supported living situations which led to the acceptance of a new health care coordination service by CMS for HCBS waivers.
- Oversaw the development and implementation of a Level of Need (LON) tool as part of the person centered planning process with a direct link to resource allocation.
- Advanced deinstitutionalization through closure of a regional center and the development of community-based alternatives.
- Launched interagency collaborations resulting in improved access to mental health services and the transition of services for children with intellectual disabilities and behavioral health needs from the Department of Children and Families (DCF) to the Department of Developmental Services (DDS).
- Oversaw the administration of two HCBS waivers and the development of a third, as well as the development of Connecticut's submission of three waivers for individuals with autism (currently under CMS review).
- Oversaw a pilot with the state Medicaid agency to transfer state plan home health funding to the DDS for individuals' self-directed purchase of similar supports under and HCBS waiver to assure access to home health which was rarely available from HHAs. This became a standard operation in 2009.

Current Projects

- Serving as the Project Director for the Evaluation of the Partnerships for Employment Systems Change Grants for the Administration on Developmental Disabilities (ADD)
- Drafting fact sheets and a policy concept paper, and facilitating a policy work group for the Assets for Independence program for the Administration for Children and Families (ACF)
- Contributing to the development of a revised business plan for CMS/ AoA grantees operating Aging and Disability Resource Centers to include intellectual disability specific information regarding access and coordination
- Developing an application for the CMS Innovations Grant for the University of New Hampshire (will serve as leader of the program evaluation component if awarded)

PAST EXPERIENCE

Connecticut Department of Developmental Services, Deputy Commissioner, Division of Family and Community Services

- Oversaw the division, which included 5,000 employees and all program operations for 20,000 clients served in 3 regions, with a budget of over \$1.1 billion. The division is responsible for direct services, service coordination, waiver management, contract management, and quality improvement. Services are provided in community settings by 150 contract providers.
- Led policy development, financial management, and program operations.

Regional Director

- Responsible for regional administration of regions serving 2,500 individuals with a budget of \$40 million. Regional operations include residential and day services, case management, individual and family supports, and responsibility for contracted services through 50 providers.
- Key initiatives include self-determination, broker service development, quality improvement pilot and public sector institutional downsizing

New York State Office for People with Developmental Disabilities (formerly known as OMRDD), Senior Policy Analyst

- Responsible for policy analysis and identification of problems in program design, organizational models, and systems development. Specific focus on community service development, Medicaid reform, and national policy impact on state operations.

Massachusetts Department of Mental Health, Director of Clinical and Professional Services

- Supervised 9 clinical coordinates in delivery of clinical services in an integrated program model for 530 residents.

Director of Planning and Development

- Developed the consent decree compliance plan, institutional phase out and long-range facility resource utilization plans.

Assistant Superintendent

- Responsible for the administration and fiscal management of the program services for 425 residents.

AFFILIATIONS

Member of the Connecticut Developmental Disabilities Council

Member of the National Association of State DD Directors Research Committee

Member of the National Association of Dually Diagnosed Policy Committee

EMPLOYMENT HISTORY

Company Affiliation	Position/Title	Dates of Employment
The Lewin Group	Senior Vice President	2011– present
Connecticut Department of Developmental Services	Deputy Commissioner	2000 – present
Connecticut Department of Developmental Services	Regional Director	1986 – 1999
New York State office for People with Developmental Disabilities (formerly known as OMRDD)	Senior Policy Analyst	1984 – 1986
Massachusetts Department of Mental Health	Director of Clinical and Professional Services	1982 – 1984
Massachusetts Department of Mental Health	Director of Planning and Development	1981 – 1982
Massachusetts Department of Mental Health	Assistant Superintendent	1979 – 1981

PATRICK W. FINNERTY
CONSULTING DIRECTOR, PWF CONSULTING

EDUCATION

Master of Public Administration, Virginia Commonwealth University

B.S., Psychology, Virginia Commonwealth University

EXPERIENCE

As the Sole Proprietor of PWF Consulting, Mr. Finnerty is a skilled and knowledgeable health care consultant who gained considerable experience through thirty-two years of public service: serving as Virginia's Medicaid Director for eight years; managing the Virginia state employee health benefits program; and directing a legislative health policy commission. Mr. Finnerty is a highly effective health care professional and leader with a proven record of success working at the highest levels of state government and the private sector. Following is a summary of his health care and management experience:

Medicaid Experience

- Provides health care consulting regarding service delivery, benefits administration, strategic planning, management, policy development and analysis, educational programs, and philanthropic activities to state and national health care-related organizations
- Appointed by Governor Mark R. Warner in 2002 and reappointed by Governor Timothy M. Kaine in 2006 to direct the Commonwealth's largest health care financing program (Medicaid). Served as CEO of the Department and its 400+ employees. Provided executive leadership for the Virginia Medicaid program and Children's Health Insurance Program (CHIP) which account for a combined annual budget of nearly \$6.5 billion and provide health benefits to more than 800,000 enrollees through partnerships with more than 55,000 health care providers. Achieved numerous successes including:
 - Re-engineering the CHIP program in Virginia, which earned national honors for enrolling an additional 200,000 children
 - Implementing a completely redesigned and highly successful dental program that: doubled the number of participating providers; increased utilization of dental services by 60%; and became a national model for Medicaid/CHIP
 - Modernizing the pharmacy benefit program to reduce costs and improve quality
 - Expanding the Department's managed care program; and
 - Creating a nationally recognized Program Integrity unit that doubled prior year program recoveries
 - Restoring the integrity and credibility of the Department and developed highly effective personal/professional relationships with legislators, state and national health care organizations, providers and key interest groups.

Federal and State Policy and Legislation

- Provides consulting expertise on various health care issues with a specific focus on matters involving Medicaid, the Children's Health Insurance Program (CHIP), oral health access, and other state/local health programs.
- As Executive Director of the Joint Commission on Health Care in Virginia, directed the staff and all activities of this legislative health policy Commission; represented the Commission at national and state health policy conferences; and conducted critical health policy analyses
 - Guided the Joint Commission's legislative recommendations through the General Assembly by working effectively with key members of the legislature and the Governor's Office; coordinating with legislative staff; and testifying in legislative committee meetings
- Conducted complex policy analyses on a wide range of health policy issues including Medicaid, CHIP, health insurance, managed care, health workforce, health care regulation, and many others
- Drafted legislation and budget amendments, and presented them to legislative committees; advocated for approval of Commission legislation

Other Relevant Experience

- Serves as expert faculty/speaker at various health care training programs, symposia, and conferences.
- Has served on many advisory groups and Commissions related to Medicaid/CHIP.
- As Director of State and Local Health Benefits Programs for the Virginia Department of Human Resource Management, directed the procurement, design, pricing and administration of the state's health benefits program for approximately 100,000 employees and 20,000 retirees
 - Supervised a staff of 16; managed a \$200 million employee health insurance fund; managed office budget and ensured compliance with all state procurement, accounting, and financial regulations

RFQ No. GOV12019STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, Limited Liability Company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

WITNESS THE FOLLOWING SIGNATUREVendor's Name: The Lewin Group, Inc.Authorized Signature: [Signature] Date: June 1, 2012State of VirginiaCounty of Fairfax, to-wit:Taken, subscribed, and sworn to before me this 1 day of June, 2012My Commission expires 11/30, 2014

AFFIX SEAL HERE

NOTARY PUBLIC

Sabrina Rodas

Sabrina Rodas
Notary Public
Registration #105454
Commonwealth of Virginia
My Commission Expires
November 30, 2014

Purchasing Affidavit (Revised 12/15/09)

Appendix C - Potential Conflicts of Interest and Associated Mitigation Plan

Introduction

By signing and submitting this Expression of Interest, consistent with the requirements of Section 3.4 of the RFQ, The Lewin Group agrees to be bound by all of the terms and conditions of Section 3 of the RFQ, including, without limitation, the provisions related to Conflicts of Interest in Section 3.4.1. The Lewin Group affirms that it, its officers and employees presently have no interest and shall not acquire any interest, direct or indirect, which would conflict or compromise, in any manner or degree with the performance or its services for the State of West Virginia.

The Lewin Group is a trusted advisor for many State Medicaid programs, and of competing commercial payers, providers, and employers and has earned its well-deserved reputation for independence and objectivity by performing its duties in a professional and independent manner, and by implementing the necessary safeguards to provide for the confidentiality and separation of our corporations and client engagements.

As an experienced participant in the public sector, The Lewin Group fully understands and appreciates the necessity of identifying and effectively mitigating potential conflicts of interest relative to its work for both state and federal government clients. For example, The Lewin Group and its ultimate parent company, UnitedHealth Group, Incorporated ("United"), have developed an enterprise-wide policy, applicable to all business segments and all employees, that requires the identification, analysis and avoidance or mitigation of any organizational conflict of interest. If a potential conflict is identified, the affected business units must work together to avoid or effectively mitigate the conflict.

United requires all employees to complete training on these policies to provide for an effective enterprise-wide understanding of each employee's responsibility relating to data privacy and security; ethics and integrity and conflicts of interest. The purpose of these courses is to provide employees with a basic understanding of the importance of such issues and explains related corporate policies, procedures, and practices for the identification and mitigation of any potential and actual conflicts of interest. Such training and the policies described above, as well as detailed audits performed against such policies, are part of a comprehensive compliance program maintained by United.

The Absence of any Actual or Apparent Conflicts of Interest Directly From the Bidder, The Lewin Group, Inc. With Respect to the Request for Consulting Services Involving a Review of the West Virginia Medicaid Program

It is important to first note that the bidder, The Lewin Group, Inc. has no actual or apparent conflicts of interest with the scope of services requested as part of the RFQ, whether that conflict is based on principles of biased ground rules, impaired objectivity or unfair competitive advantage.

The Apparent Organizational Conflicts of Interest Raised by Indirect Contractual Relationships or Ownership Interests

Depending upon the exact scope of the consulting services that Lewin may be asked to perform under this RFQ, at first glance, there may appear to be an organizational conflict of interest between Lewin's ability to perform such services and either certain contractual relationships that Lewin affiliates have with providers to West Virginia Medicaid or business solutions that Lewin affiliates may want to offer in response to Lewin recommendations.

The names of these affiliates and the nature of these relationships and/or business solutions are briefly described below. Having said that, however, there are several reasons why these relationships and business solutions do not create any actual conflict of interest for Lewin to provide the consulting services requested by the RFQ, as noted in the last section of this Attachment C.

1. Contractual Relationships With Providers to West Virginia Medicaid and Various Lewin Affiliates

The Lewin Group, Inc. is a wholly owned subsidiary of Optum Public Sector Solutions, Inc., who in turn is a wholly owned subsidiary of OptumInsight, Inc. ("OptumInsight"). OptumInsight has various contractual relationships with healthcare providers nationwide, including for West Virginia's Medicaid Program. OptumInsight offers a variety of products and consulting services, including, without limitation, the following:

- Revenue Management Solutions that address reducing administrative costs while accelerating the speed with which claims are paid. Some of the software products include software that pre-screens for billing and coding errors to reduce claim denials, and software that tracks a provider's billing so as to comply with applicable payor contracts.
- Practice Management Solutions that include software permitting a provider to monitor that claims are paid accurately and on time, through reducing errors related to eligibility and incorrect coding.
- Electronic Data Interchange Solutions, including electronic clearinghouses that automate electronic remittances and eligibility verification.
- Coding, Compliance and Reimbursement Management Solutions, to aid in accurate and timely coding and billing.

Depending upon the recommendations that Lewin may make relative to programmatic, policy or regulatory changes to the West Virginia Medicaid program, there may be an economic impact on such providers that might, in turn, affect the contractual relationships of OptumInsight with these providers. Such indirect effect may create the appearance that Lewin has impaired objectivity when it renders its consulting services.

2. Business Solutions Offered by Lewin Affiliates

In addition, OptumInsight and some of its subsidiaries, offer a variety of business solutions which may become solutions of greater interest to the State depending upon the recommendations made by Lewin in response to the RFQ. For instance, OptumInsight and its affiliates offer a variety of program integrity, case and utilization management, HIE and health care business intelligence platforms that may become of greater interest as a result of the Lewin recommendations, depending upon the nature and level of detail of those recommendations.

Reasons Why the Relationships and Ownership Described Above Will Not Create an Actual Conflict of Interest, Interfere or Otherwise Compromise the Performance of Lewin's Consulting Services Requested by the RFQ

There are several reasons how the above potential conflicts of interest will not result in any actual conflict or otherwise interfere or compromise Lewin's performance of the consulting services requested by the RFQ:

- **Separate Staffing:** Lewin's staffing for the consulting services are separate from the staff of the OptumInsight affiliates described above
- **Objective Based Recommendations:** Many of the recommendations that Lewin will be making are a result of an objectively performed analysis of the impact that various cost containment options may have for the State. Lewin often uses quantitative modeling to assess financial impacts of various changes, further removing the possibility of impaired objectivity.
- **Nature of the Lewin Services:** The output of Lewin's services will largely be a series of high level recommendations and a variety of options for the Governor's Office to consider. As such, the State and not Lewin will be the ultimate decision maker as to which options or recommendations, if any, the State wishes to pursue. In addition, it will be the State that will be responsible for the implementation of any recommendations and not Lewin.

For all of the above reasons, Lewin does not believe that there is an actual conflict of interest in connection with its performance of the services called for in the RFQ. Lewin will continue to monitor this situation, including making any additional disclosures to the State should the facts underlying this analysis change. Such additional disclosures will either specify how there is still no actual conflict of interest and, in the unlikely event that there is a future conflict of interest, Lewin will work with the State to develop a mutually agreed upon mitigation plan.