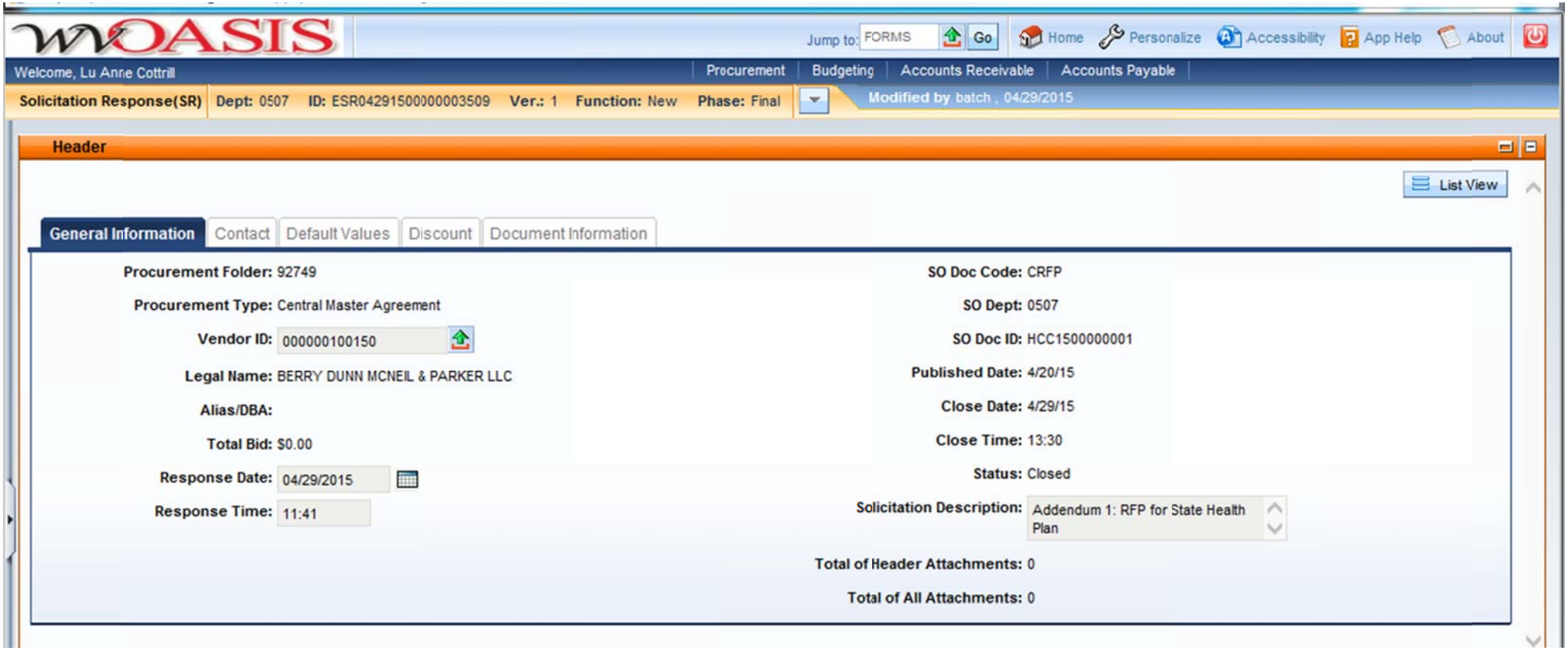
The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.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Procurement Type: Central Master Agreement
Vendor ID: 000000100150
Legal Name: BERRY DUNN MCNEIL & PARKER LLC
Alias/DBA:
Total Bid: $0.00
Response Date: 04/29/2015
Response Time: 11:41
SO Doc Code: CRFP
SO Dept: 0507
SO Doc ID: HCC1500000001
Published Date: 4/20/15
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Close Time: 13:30
Status: Closed
Solicitation Description: Addendum 1: RFP for State Health Plan
Total of Header Attachments: 0
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Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder : 92749

Solicitation Description : Addendum 1: RFP for State Health Plan

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2015-04-29 13:30:00	SR 0507 ESR04291500000003509	1

VENDOR

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BERRY DUNN MCNEIL & PARKER LLC

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick

(304) 558-0067
robert.p.kilpatrick@wv.gov

Signature X **FEIN #** **DATE**

All offers subject to all terms and conditions contained in this solicitation

BerryDunn

BerryDunn's Proposal in Response to Request for Proposal #CRFP 0507 HCC1500000001

Proposal to Provide Consulting Services for the Development of a State Health Plan for the West Virginia Health Care Authority

Submitted on:

April 29, 2015

Submitted by:

Charles Leadbetter, PMP, Principal
Kristan Drzewiecki, PMP, Project Manager
cleadbetter@berrydunn.com
kdrzewiecki@berrydunn.com

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350 Capitol Street
Charleston, WV 25301
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BerryDunn
100 Middle Street
Portland, ME 04101
Phone: (207) 541-2249

BerryDunn

April 29, 2015

Mr. Robert P. Kilpatrick, Senior Buyer
Department of Administration, Purchasing Division
2019 Washington Street, East
Charleston, WV 25305-0130

Dear Mr. Kilpatrick:

Berry Dunn McNeil & Parker, LLC (BerryDunn) is pleased to submit this response to the West Virginia Health Care Authority's (HCA's) Request for Proposal (RFP) #CRFP 0507 HCC1500000001 for consulting services to lead the development of West Virginia's State Health Plan (SHP). We have read the RFP and the Addendum, we understand them, and we agree to the terms and conditions therein.

Since 2003, BerryDunn has served as a trusted advisor to State of West Virginia by providing project management, business and technical analysis, policy analysis, and health and human services subject matter expertise. Through our work on various projects and initiatives for the Bureau for Medical Services, the Department of Health and Human Resources, the Children's Health Insurance Program, and the Offices of the Insurance Commissioner, BerryDunn is familiar with West Virginia's system of providers, insurance companies, and government payers; the challenges facing West Virginia's healthcare delivery system; and initiatives that have occurred or are underway to improve the availability, cost-effectiveness, and quality of healthcare to West Virginians.

Our proposed project team has the right combination of experience necessary to develop a comprehensive SHP for West Virginia, including team members with expertise in population health, healthcare financing, healthcare delivery, data analytics, public health, strategic planning, and strategy development. In addition, as a Certified Public Accounting and Consulting firm, we bring a unique perspective to this project through our work with providers in New England to prepare Certificate of Need (CON) applications, conduct feasibility studies, and collaborate with regional healthcare associations through the legislative process to analyze, recommend, and support changes to CON standards.

Our proposal is a firm and irrevocable offer that is valid for a minimum of 180 days from the proposal due date of April 29, 2015. As a Principal in our firm's Government Consulting Group, I am authorized to bind BerryDunn to the commitments made herein. Should you have any questions regarding our proposal, please contact me directly at (207) 541-2249 or cleadbetter@berrydunn.com.

Thank you for providing us the opportunity to submit this proposal. We have the resources and expertise to meet the requirements set forth in the RFP and would enjoy working in collaboration with the HCA on this important project.

Sincerely,

Charles K. Leadbetter, PMP
Principal

BerryDunn

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BerryDunn

ATTACHMENT A: VENDOR RESPONSE SHEET

Qualifications and Experience

Provide a response regarding the following: firm and staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives where and how they were met. Vendors should demonstrate their knowledge of West Virginia's health care delivery system as it has been applied to their experience and qualifications. Vendors should indicate which past projects pertained specifically to efforts to improve the health and wellbeing of West Virginia citizens.

*Also include the following (**Vendor response is mandatory for these items**):*

- *A proposed staffing plan for the project implementation and support, including the responsibilities and FTE allocation for key project staff.*
- *A detailed description that shows three (3) project minimum experience determining and implementing state health improvements, strategies, objectives and/or goals in partnership with a state health care agency and providers, insurers and/or other stakeholders.*
- *A minimum three (3) health care projects demonstrating the vendor possesses the knowledge of a state's health care delivery system where the vendor was required to develop and perform project management for health improvement projects that impacted and served to improve the health and well-being of a state's citizens. (These latter two qualifications may be covered by the same three projects.)*

Vendor Response:

Firm Qualifications and Experience Completing Similar Projects

BerryDunn is a national Consulting and Certified Public Accounting firm with a dedicated Government Consulting Group. We were formed in 1974 and have experienced steady growth throughout our 41-year history – including work with clients in 44 states, as shown in Exhibit A. Today, BerryDunn employs 275 personnel with offices in Maine, Massachusetts, New Hampshire, and West Virginia, and satellite offices in Arizona and Minnesota.

Exhibit A: BerryDunn Offices and National Presence

Core Service Areas

BerryDunn's core services are broken into three areas, as shown in Exhibit B. The services proposed for the West Virginia Health Care Authority (HCA) will be provided by BerryDunn's Government Consulting Group, a national leader in providing independent consulting services for state health and human services agencies. Since 1986, our Government Consulting Group has been assisting state agencies, municipal and county governments, and quasi-governmental entities with the following services:

Exhibit B: BerryDunn's Core Services

- Project and program management
- Strategic business, operational, and technology planning
- Healthcare reform planning and implementation
- Data analytics and assessment of data sharing needs
- Policy analysis
- Financial and regulatory analysis
- Program and fiscal guidance

In addition, our team will be supported by members of BerryDunn's Healthcare Accounting practice, which has a long history of providing accounting, audit, and financial advisory services to healthcare providers—including hospitals, rural health providers, and long-term care facilities. We have a deep bench of tax and accounting advisors that are focused on helping healthcare providers with a range of business challenges, including:

- Developing Certificate of Need (CON) applications, conducting CON feasibility studies, and assisting healthcare facilities with managing major capital spending on new facilities and equipment
- Preparing for the ACA (and the resulting long-term reductions in funding)
- Evaluating third-party Medicare and Medicaid reimbursement opportunities
- Implementing Electronic Health Records (EHRs) and cost-effective healthcare IT
- Preparing cost reports
- Providing cost allocation planning
- Providing modeling, sensitivity analyses, and budget analyses
- Providing attestations

Industry Participation

Through our participation in the following associations, we are able to stay abreast of the most current regulations and best practices impacting the clients we serve:

American Health Care Association (AHCA)
American Health Information Management Association (AHIMA)
American Public Human Services Association (APHSA)
Healthcare Financial Management Association (HFMA)
Health Information and Management Systems Society (HIMSS)
National Association of State Health Policy (NASHP)
National Rural Health Association (NRHA)

Provide a detailed description that shows three (3) project minimum experience determining and implementing state health improvements, strategies, objectives, and/or goals in partnership with a state healthcare agency and providers, insurers, and/or other stakeholders.

On the following pages, we have provided information on our work with three state agencies to demonstrate our experience determining and implementing state health improvements, strategies, objectives, and/or goals in partnership with a state healthcare agency and providers, insurers, and/or other stakeholders:

- **Arizona Health Care Cost Containment System (AHCCCS)** – Strategic Planning for TEFT Grant
- **Massachusetts Executive Office of Health and Human Services (EOHHS)** – State Medicaid Health IT Planning
- **West Virginia Bureau for Medical Services (BMS)**
    - Adult Quality Measures Project
    - ePrescribing Project
    - Health IT Planning

Client/Project #1	Arizona Health Care Cost Containment System – Strategic Planning for TEFT Grant
Client Project Manager and Contact	Ms. Lauren Prole (602) 417-4528
BerryDunn Project Manager and Contact	Ms. Gina Austin (207) 541-2223
Type of Project	Fixed-fee consulting engagement (July 2014 to March 2015)
Project Goals and Objectives and How They Were Met	AHCCCS is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. AHCCCS received federal funding through the Department of Health and Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS) Testing Experience and Functional Tools (TEFT) Grant, which is a planning and demonstration grant in support of Community-Based Long-Term Services and Supports (CB-LTSS). Through the TEFT Grant, CMS is aiming to advance adult quality measurement activities under Section 2701 of the ACA. BerryDunn was hired in 2014 to provide strategic planning and project management support services for the Personal Health Records (PHR) component of Arizona's TEFT Grant. Our team worked with AHCCCS to complete a Needs Analysis, a comparison of PHR systems, and a Work Plan/Roadmap and budget for the next three years of the TEFT Grant period. Our work involved reviewing documentation and interviewing the following key stakeholders to better understand Arizona's long-term care system and populations and to gather potential requirements for a PHR solution: • Subject matter experts and business process owners within AHCCCS and the Department of Economic Security (DES)/Division of Developmental Disabilities (DDD) • The Arizona Long-Term Care System (ALTCS) Advisory Council • Health IT leaders working on Arizona's health information exchange (HIE) • Community advocacy groups • LTSS providers BerryDunn researched the PHR systems available on the market today, documented a comparison of these PHR systems, and ranked the PHR solutions in terms of best fit given the expected role of a PHR by CMS, AHCCCS, and DDD. Based on the needs analysis and comparison of PHR systems, and considering the business and technology capacities projected by the end of the grant period, AHCCCS and BerryDunn identified options to further investigate and pursue under this demonstration grant. All deliverables were completed on time and to AHCCCS' satisfaction. The Work Plan and Budget submitted to CMS was approved and AHCCCS is undertaking planning for Year 2 of its grant.

Client/Project #2	Massachusetts Executive Office of Health and Human Services – State Medicaid Health IT Planning
Client Project Manager and Contact	Ms. Deborah Schiel (617) 988-3231
BerryDunn Project Manager and Contact	Mr. Charles Leadbetter (207) 541-2249
Type of Project	Fixed-fee consulting engagement (October 2010 to April 2011)
Project Goals and Objectives and How They Were Met	BerryDunn led the development of the Massachusetts EOHHS' State Medicaid Health Information Technology Plan (SMHP), as required by the Commonwealth's legislation (Chapter 305) along with the American Recovery and Reinvestment Act's (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) Act. The SMHP developed through this initiative detailed how the EOHHS will identify providers eligible for incentive payments, analyze and describe changes to the Commonwealth's MMIS that will allow payment of the incentive amounts, determine and track the meaningful use activities of providers, and track and monitor ARRA funds and other required EHR functions. The SMHP was broken out into five primary sections: • Section A: The State's "As-Is" Health Information Technology (HIT) Landscape • Section B: The State's "To-Be" Landscape • Section C: Activities Necessary to Administer the Incentive Program • Section D: The State's Audit Strategy • Section E: The State's HIT Roadmap BerryDunn engaged key partners within the Commonwealth at various levels to complete the SMHP, including the EOHHS, MassHealth, Massachusetts eHealth Institute, the Massachusetts Technology Collaborative, providers, payors, and the public. Upon its completion, the SMHP was submitted by the Commonwealth for approval by CMS. Following the completion of the SMHP, EOHHS also engaged BerryDunn to lead the development of the HIT Implementation Advance Planning Document (I-APD), which set forth the Commonwealth's funding request and plans for administering the Provider Incentive Payment Program and associated HIT initiatives.

Client/Project #3	West Virginia Bureau for Medical Services – Adult Quality Measures, ePrescribing, and Health IT Planning
Client Project Manager and Contact	Mr. Ed Dolly (304) 558-4961
BerryDunn Project Manager and Contact	Mr. Eduardo Daranyi (207) 541-2244
Type of Project	Fixed-fee consulting engagements (April 2008 to Present)
Project Goals and Objectives and How They Were Met	In 2008, BerryDunn was hired to provide project management for the Bureau's MMIS re-procurement and implementation. Over the course of our engagement, BerryDunn has served in related projects as a trusted advisor and an extension of the State's team by providing project management, analysis, and subject matter expertise to meet the Bureau's evolving project needs, including assisting with the following efforts: ***ePrescribing Project*** – In 2009, the Division of Pharmacy (within BMS) was seeking a way to increase interest in the benefits of ePrescribing within the West Virginia provider community. Toward this effort, BMS contracted with HID (Health Information Designs) to provide ePrescribing functionality via the Health Information Exchange portal (MediWeb portal). This functionality allows all prescribing providers to ePrescribe for Medicaid members, using just a computer and Internet connectivity (no need to purchase a separate ePrescribing service). BerryDunn was contracted to develop a program to incentivize, educate, and generate interest in the benefits of ePrescribing within the West Virginia physician community. The Bureau sought to educate and incentivize the prescribing providers through the following avenues: • Online Learning – Virtual Classroom courses that offer educational instruction 24/7 • Pilot Community Incentive Program – Six-month pilot program to provide the prescribing community with certain financial incentives, two free Continuing Medical Education units, and the free online ePrescribing provided by BMS via the MediWeb portal • Participation in association meetings and other events in the community to heighten awareness of the benefits of ePrescribing BerryDunn assisted the Bureau with developing an awareness campaign for ePrescribing among the provider community. We brought in creative talent to produce a project-specific mascot that would be used in communications related to ePrescribing. We also provided communications and outreach; developed a strategy to conduct in-person meetings throughout the State in designated locations; and set up a booth to meet with providers, demonstrate the Learning Management System (LMS), and provide training on how to complete the surveys and use the educational materials.

Client/Project #3	West Virginia Bureau for Medical Services – Adult Quality Measures, ePrescribing, and Health IT Planning
	Adult Quality Measures (AQM) Grant – BerryDunn assisted with the development of West Virginia's AQM grant and we are providing ongoing project management support for the grant project. Our work entails: • Researching and assisting in reporting selected adult core quality measures • Outlining data elements and creating a crosswalk from the measures/data elements to the systems where they are housed • Identifying barriers for collection and reporting of measures • Assisting in the development and implementation of the Quality Improvement Projects • Working with BMS leadership and Stakeholder Advisory Board to refine the implementation plan • Providing status updates of project progress, identifying and resolving questions, decisions, and action items, and providing overall project coordination and support ***State Medicaid Health IT Planning*** – BerryDunn led the development of the West Virginia's SMHP, as required by the ARRA HITECH Act. The SMHP detailed how the Bureau will identify providers eligible for incentive payments, analyze and describe changes to the State's MMIS that will allow payment of the incentive amounts, determine and track the meaningful use activities of providers, and track and monitor ARRA funds and other required EHR functions. The SMHP was broken out into five primary sections: • Section A: The State's "As-Is" Health Information Technology (HIT) Landscape • Section B: The State's "To-Be" Landscape • Section C: Activities Necessary to Administer the Incentive Program • Section D: The State's Audit Strategy • Section E: The State's HIT Roadmap BerryDunn engaged key partners within the State at various levels to complete the SMHP. Upon its completion, the SMHP was submitted by the Bureau for approval by CMS. Following the completion of the SMHP, BMS also engaged BerryDunn to lead the development of the HIT I-APD for submission to CMS.

Provide a minimum of three (3) health care projects demonstrating knowledge of a state's healthcare delivery system where BerryDunn was required to develop and perform project management for health improvement projects that impacted and served to improve the health and well-being of a state's citizens.

On the following pages, we have provided information on our work with three state agencies to demonstrate our knowledge of a state's healthcare delivery system where BerryDunn was required to develop and perform project management for health improvement projects that impacted and served to improve the health and well-being of a state's citizens:

- **Vermont Green Mountain Care Board (GMCB)** – VHCURES Project Management and Systems Planning
- **West Virginia BMS**
    - ACA Policy Analysis
    - HIT Project Management
    - Medicaid Eligibility Group Policy and Analysis
- **West Virginia Offices of the Insurance Commissioner (OIC)** – Project Management for Health Insurance Exchange Planning

Client/Project #1	Vermont Green Mountain Care Board – VHCURES Project Management and Systems Planning
Client Project Manager and Contact	Ms. Susan Barrett (802) 828-2919
BerryDunn Project Manager and Contact	Mr. Charles Leadbetter (Principal) (207) 541-2249 Mr. David Regan (Project Manager) (207) 541-2362
Type of Project	Fixed-fee consulting engagement (January 2014 to June 2015)
Project Goals and Objectives and How They Were Met	In an effort to improve health care provided to Vermont citizens and meet state and federal demands for data and analysis related to healthcare, the Green Mountain Care Board (GMCB) is embarking on the next phase of implementation to expand, update, and improve their Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), the resource for the State's mandated unified health care database that captures eligibility and claims data for residents. VHCURES touches many processes and systems within the State. For example, VHCURES will provide the State's Health Benefit Exchange with necessary information to inform the design of health insurance products offered to residents with a goal of delivering the most efficient and affordable health insurance contracts. Data quality will be critical in ensuring the integrity of VHCURES since it will be used to provide information for the evaluation of health data access, quality, and efficiency. GMCB hired BerryDunn to provide project management services for the VHCURES implementation, helping the State to maintain operations while improving its ability to conduct analysis, planning, and evaluation activities related to the State's healthcare data. BerryDunn supported the State's project goals and objectives by providing the following services: • Overseeing the development of a business case to assess the options available to improve data processing, integration, and user support for VHCURES • Developing and refining business requirements to be used for inclusion in future procurements related to VHCURES • Identifying areas where the VHCURES vendors will collaborate to guide the development of RFPs and, ultimately, the project • Assisting with the procurement process, including the oversight of the vendor Independent Review process

Client/Project #2	West Virginia BMS – ACA Policy Analysis, HIT Project Management, and Medicaid Eligibility Group Policy and Analysis
Client Project Manager and Contact	Mr. Ed Dolly (304) 558-4961
BerryDunn Project Manager and Contact	Mr. Eduardo Daranyi (207) 541-2244
Type of Project	Fixed-fee consulting engagements (April 2008 to Present)
Project Goals and Objectives and How They Were Met	BerryDunn provided project management, analysis, and subject matter expertise for the following BMSM projects: ***ACA Policy Analysis –*** The ACA had numerous provisions that impacted West Virginia's Medicaid program. Working in collaboration with the Bureau's Medicaid Policy Team, BerryDunn's team analyzed 88 provisions coming out of the ACA related to Medicaid and provided the following project management and analysis services to assist the Bureau in addressing and complying with the provisions: • Development of weekly summaries identifying updates to final rules and changes related to the ACA provisions and identifying available funding sources and grant opportunities • Analysis and documentation of impacts to State Plan, policy, financial, business process, and systems • Development and tracking of State Plan Amendments • Grant research and development • Facilitation of workgroup meetings and provision of subject matter expertise and process tracking for various initiatives • Development of ad hoc communications, including presentation material, legislative communications, updates for BMS website, summary analysis, as-is/to-be assessments, and action item and issue management • Assistance with CMS reporting ***Health IT Project Management*** – BerryDunn led the development of West Virginia's SMHP and provided project management for several of the State's HIT initiatives, including: • Facilitating the State's HIT Advisory Committee • Coordinating Meaningful Use reporting • Maintaining the State's HIT I-APD • Coordinating the State's Electronic Health Record (EHR) Incentive Program for adoption/implementation/upgrades (AIU) to eligible provider hospital EHR systems • Preparing for the EHR Incentive Program audit

Client/Project #2	West Virginia BMS – ACA Policy Analysis, HIT Project Management, and Medicaid Eligibility Group Policy and Analysis
	Medicaid Eligibility Group Policy and Analysis (MEGPA) – BerryDunn managed the MEGPA project, which was put in place to evaluate the impact of updated Medicaid eligibility rules on BMS and document decisions on options created by these rules. As part of our work, we: • Led a workgroup comprised of stakeholders from across DHHR and the Children's Health Insurance Program and facilitated resolutions on each of the 108 CMS eligibility decision points • Assisted the Bureau with the development of CMS-mandated deliverables, including the MAGI Verification Plan, MAGI Conversion Plan, the Federally Facilitated Marketplace Data Collection Tool, and targeted enrollment strategies published by CMS to maximize adult enrollment in Medicaid during the open enrollment • Conducted a compliance review of West Virginia's Income Maintenance Manual (IMM), which contains the rules used to evaluate eligibility for Medicaid and other programs, and worked with the Policy Unit to resolve inconsistencies between the IMM and federal rules

Client/Project #1	West Virginia Offices of the Insurance Commissioner – Project Management for Health Insurance Exchange Planning
Client Project Manager and Contact	Mr. Jeremiah Samples (802) 828-2919
BerryDunn Project Manager and Contact	Mr. Charles Leadbetter (Principal) Ms. Kristan Drzewiecki (Project Manager) (207) 541-2249 (207) 541-2276
Type of Project	Fixed-fee and Time & Materials consulting engagement (June 2011 to March 2013)
Project Goals and Objectives and How They Were Met	BerryDunn was hired by the OIC to lead the development of a Health Insurance Exchange (HIX) IT Strategic Plan and provide project management; IT, business, and operational planning; grant writing; and procurement assistance. This project stemmed from the ACA, which required states to offer their citizens "one-stop shopping" for health insurance through these marketplaces by 2014 in either a state-based or a federally facilitated model. As part of our work, BerryDunn: • Conducted an assessment of the current IT environment through review of background documentation, observations of current systems, and interviews and work sessions with stakeholders from the OIC, the West Virginia Office of Technology, DHHR, the Department of Administration, and other agencies • Developed strategic IT issues and constraints that would need to be addressed as part of the OIC's HIX strategic planning effort and walked through these issues and constraints with OIC and other agency leaders to review, validate, and prioritize the list • Facilitated work sessions with State stakeholders to document the vision, goals, and objectives for the Exchange • Researched related HIX initiatives being undertaken by states • Developed strategic IT initiatives in collaboration with State stakeholders, including interface strategies with other State agency systems, federal systems, and producer systems; data and reporting strategies; consumer interface and usability strategies; and funding and sustainability strategies Like many states, the OIC spent several months carefully evaluating the feasibility and sustainability of a state-based Exchange. In part based on tools and reports developed by BerryDunn such as the IT Strategic Plan, Business Plan, Implementation and Operating Budget, and Financial Sustainability Model, West Virginia decided that proceeding with a State Partnership Exchange with the US DHHS was in the best interest of the State's stakeholders. Pursuant to that decision, BerryDunn's resources and efforts shifted to assisting the OIC with planning for and implementing Plan Management and select Consumer Assistance functions in an Exchange. Based on its efforts, the State was fully prepared to perform these responsibilities in partnership with the federal government in 2014.

Knowledge of West Virginia's healthcare delivery system:

Since 2003, BerryDunn has served as a trusted advisor to State of West Virginia by providing project management, business and technical analysis, policy analysis, and health and human services subject matter expertise. Through our work on various projects and initiatives for the Bureau for Medical Services, the Department of Health and Human Resources, the Children's Health Insurance Program, and the Offices of the Insurance Commissioner, BerryDunn is familiar with West Virginia's system of providers, insurance companies, and government payers; the challenges facing West Virginia's healthcare delivery system; and initiatives that have occurred or are underway to improve the availability, cost-effectiveness, and quality of healthcare to West Virginians.

We have augmented our BerryDunn team with two respected members of West Virginia's healthcare community who have spent most of their careers working within West Virginia's healthcare delivery system and are knowledgeable about previous health planning initiatives, the provider community, and other stakeholders that would have an interest in the HCA's SHP.

- **Ms. Hilda Heady** has spent 38 years working in the field of healthcare policy and administration, women's health, workforce development and community-based health professions training, and working with Veterans and was honored in 2009 with the Distinguished West Virginian Award by Governor Manchin. She brings an important connection to the 2000-2002 SHP through her involvement on the State Health Plan Group at that time. Highlights of her experience include:
    - *West Virginia University (WVU) Health Sciences Center* (1992 to 2010) – As Associate Vice President for Rural Health, she had responsibility for administering and implementing rural health training programs; developing and managing statewide partnership of over 700 people, with eight regional training consortia and five Area Health Education Centers (AHEC); and serving on a statewide coordinating and policy committee and various boards furthering efforts to improve rural health statewide in networks and partnerships.
    - *West Virginia Area Health Education Centers Program* (2001 to 2010) – As State Program Director, she served as principal investigator for the Basic/Core AHEC grant to the WVU School of Medicine; oversaw operation and distribution of grant funds to four regional AHEC centers; and worked with local Center Boards and community leaders, as well as faculty and administrators from the state's three medical schools.
    - *Preston Memorial Hospital Corp, Kingwood, WV* (1987 to 1992) – Served as CEO and administrator of a 76-bed rural hospital, with responsibility for administering a $6.5M annual budget and providing leadership under severe financial crisis, including passage of a $2M tax levy and $6M bond refinancing.
    - *WVU Graduate School of Social Work* (1977 to 1980) – Taught courses in rural community development, supervision, process consultation, and community organization.

- **Dr. William Neal** began working with the WVU Department of Pediatrics in 1974 and continued his work with the University until his recent retirement, most recently serving as Chair of Pediatric Cardiology. Since 1998, his focus has been on cardiovascular disease prevention and epidemiology. He has received numerous awards and distinctions for his work, including recognition by the West Virginia Rural Health Education Partnership for his exemplary commitment and service in outreach to rural communities and students in 2006 and the Distinguished West Virginian Award by Governor Bob Wise in 2003. Selected achievements of Dr. Neal's include:
    - Instituting a school-based risk factor screening, intervention, and research program known as the Coronary Artery Risk Detection In Appalachian Communities (CARDIAC) Project, which to date has screened over 150,000 children and selected parents from every West Virginia community.
    - Facilitating adoption of the Chronic Care Medical Home Model by primary care practices statewide as a means of preventing and treating childhood and adolescent obesity.
    - Serving as Chair of the Advisory Council for the WV Tri-State Children's Health Improvement Consortium (WV T-CHIC).
    - Serving as the first Medical Director of a new WVU Children's Hospital and expanding the primary and subspecialty services to become the State's Flagship Institution for children.
    - Serving as Principal Investigator for a grant to study the feasibility of establishing a school-based EHR in West Virginia and electronically interface health-related data collected by the CARDIAC Project with the WV Education Information System (WVEIS).
    - Serving as co-Principal Investigator on a study to validate a model for reducing and preventing obesity in West Virginia (a collaborative project with Marshall University).
    - Evaluating the progression of WV HB 2816 (Healthy Lifestyle Act of 2005).

Through BerryDunn's strong history of working with the Bureau and the experience of our well-known and respected local team members, we bring a solid foundation of knowledge about West Virginia's healthcare delivery system for conducting this statewide planning effort.

References

BerryDunn is pleased to provide the following references that can speak to our experience conducting similar large-scale healthcare planning and health data analytic projects:

Reference #1	Reference #2	Reference #3
West Virginia Bureau for Medical Services	Vermont Green Mountain Care Board	Massachusetts Executive Office of Health and Human Services
Mr. Ed Dolly, Chief Information Officer, Department of Health and Human Resources, Office Management Information Services Tel: (304) 558-4961 Ed.l.dolly@wv.gov	Ms. Susan Barrett, Executive Director Tel: (802) 828-2919 Susan.Barrett@state.vt.us	Ms. Deborah Schiel, Former Project Manager (now Director of Analytics with the Center for Healthcare Information and Analysis) Tel: (617) 988-3231 Deborah.Schiel@state.ma.us

We are proud of our record of successful client engagements and encourage the HCA to speak with our references to inquire about our clients' satisfaction with the quality and timeliness of services provided by BerryDunn.

Staffing Plan

Our proposed project team members were carefully selected based on our understanding of the skill sets and areas of expertise necessary to develop a comprehensive State Health Plan for West Virginia. The individuals that will be "on the ground" and actively involved in the execution of this project include:

- **Experienced project managers** who are accustomed to leading large, complex, and highly visible state government projects.
- **Strategic planning and strategy development experts** with demonstrated experience leading statewide planning initiatives, determining strategic vision, surveying and gaining consensus from diverse stakeholder groups, developing actionable plans to guide future direction, and using data to effect change.
- **Senior healthcare consultants and advisors** with expertise in population health, data analytics, healthcare financing, healthcare delivery, public health, and quality of care.
- Team members who are **knowledgeable about West Virginia's healthcare landscape and the State's previous health planning and health improvement efforts**.

Our proposed project team organization is presented in Exhibit C.

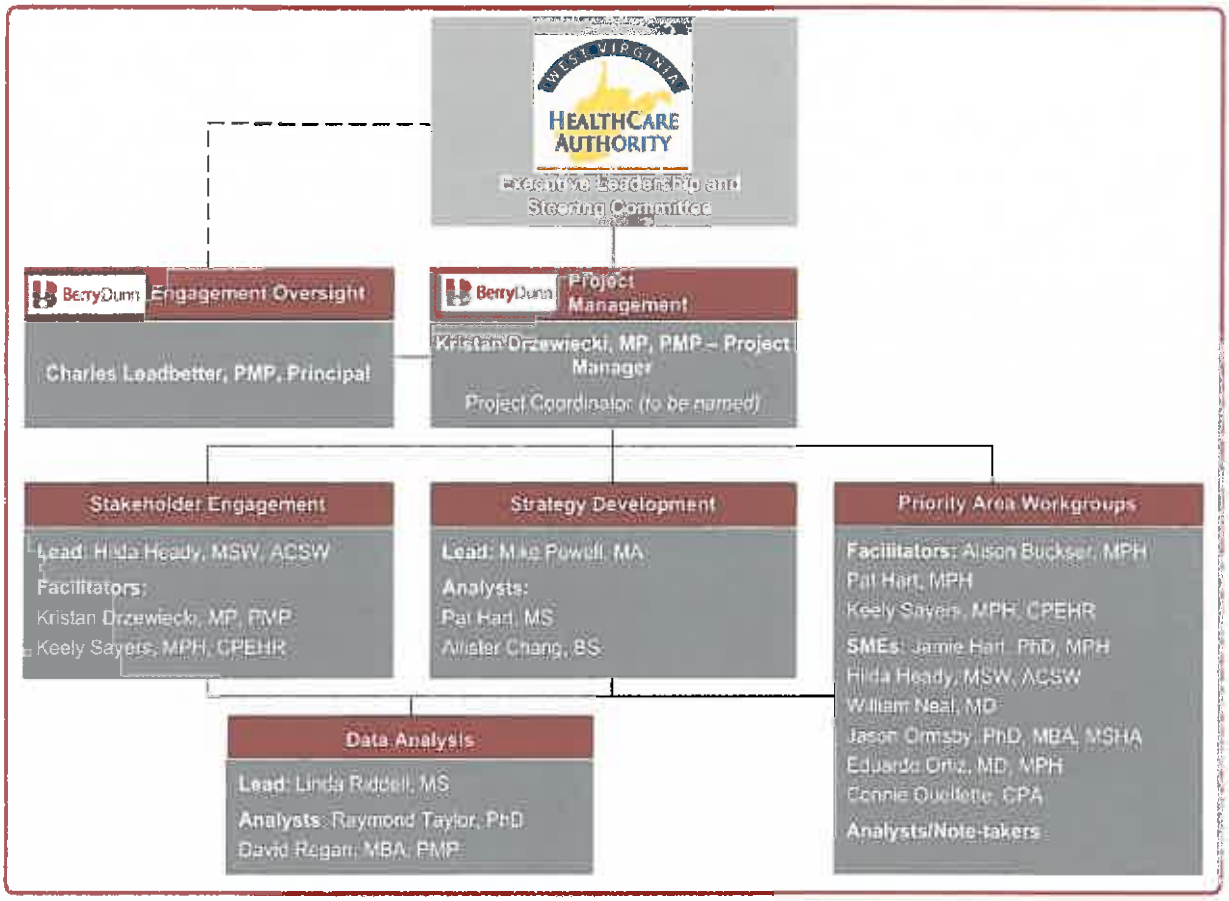


Exhibit C: Project Team Organization

Staffing Roles, Responsibilities, and FTE Allocation

Table 1 describes the roles and areas of expertise for our proposed team members. Resumes and copies of relevant certifications are provided in Appendix A.

Table 1: Project Team Roles and Areas of Expertise

Name, Project Role	Responsibilities
Project Management Team	
Project Principal Charles Leadbetter, PMP	Charles Leadbetter will provide oversight of our project team; ensure the full commitment of our firm to this project; oversee the quality of services and deliverables; and serve as a resource to our team and the HCA. Charlie is a BerryDunn Principal and the leader of our State Government Consulting practice. He has been working in collaboration with state agencies for more than 15 years, including oversight of BerryDunn's engagement with the West Virginia Offices of the Insurance Commissioner (OIC), prior work with the Bureau for Medical Services (BMS), and management of large strategic planning initiatives, including the development of Massachusetts' State Medicaid HIT Plan (SMHP).

Name, Project Role	Responsibilities
Project Manager Kristan Drzewiecki, MP, PMP	Kristan Drzewiecki will serve as Project Manager. In this role, she will lead our day-to-day project activities, serve as primary liaison with the HCA's project team, manage the work of BerryDunn's team, and manage and monitor the quality of the services and deliverables we provide. She will provide lead the development of the monthly status reports and maintain our Project Work Plan and Schedule. In addition, Kristan will be actively involved with stakeholder engagement activities, strategy development, and SHP development. She will review all BerryDunn deliverables to ensure they meet HCA expectations. Kristan is an experienced Project Manager with more than ten years of professional project design, implementation, and management experience. She is a strong leader, facilitator, and technical writer with the ability to translate complex policies into clear, tangible actions. Kristan has a deep understanding of the systems and processes that support the delivery of government-funded health and human services. From 2011 to 2013, Kristan served as Project Manager for BerryDunn's engagement with the WV OIC to provide business, operational, and IT strategic planning and project management services as West Virginia evaluated options for implementing a state-based health benefit exchange. In addition, from 2006 to 2010, Kristan provided project management and quality assurance services for BMS related to the State's MMIS planning, procurement, and implementation activities. Kristan also served in a lead role for the development of Massachusetts' SMHP, which involved collaboration with a broad group of stakeholders, including state agency personnel, associations, providers, payers, and the public.
Project Coordinator	Our team will be supported by a Charleston area-based Project Coordinator, to be named as soon as possible, following project award. Given the number of HCA project stakeholders and the level of stakeholder engagement required to complete the SHP, we believe the project will benefit from a dedicated resource to coordinate communications, arrange meeting logistics, and maintain our shared project document repository.
Stakeholder Engagement	
Lead Hilda Heady, MSW, ACSW	Hilda Heady will work with the HCA and BerryDunn's team early in the project to refine and implement our stakeholder engagement approach. She will leverage her deep roots in the West Virginia health community, her knowledge of previous WV health planning and improvement efforts, her familiarity with many of the stakeholders that will have an interest in this project, and her involvement in the implementation of the 2000-2002 WV SHP. Ms. Heady will support the Regional Stakeholder Meetings in two of the four regions, and assist with the facilitation of SHP Steering Committee meetings.

Name, Project Role	Responsibilities
Facilitators Kristan Drzewiecki, MP, PMP Keely Sayers, MPH, CPEHR	Our Facilitators will lead the Regional Stakeholder Meetings with representatives from the provider community, payers, government agencies, insurers, and other interested stakeholders. Kristan and Keely are experienced facilitators that focus their work in serving state health and human services agencies, programs, and initiatives, and have prior experience working and engaging with each of the stakeholder groups.
Strategy Development	
Lead Mike Powell, MA	Mike Powell will lead the development and implementation of the Priority Area planning process using the "Theory of Action" methodology. In addition, he will lead the development and implementation of the annual reporting methodology. Mike's role on this project will draw upon his experience providing organizational performance management for government agencies, including serving as Chief Innovation Officer for the State of Maryland Office of the Governor, where he launched Maryland's Open Data Portal, which includes hundreds of datasets available to the public and has been recognized as a national leader. In addition, he sponsored the creation of a "ComStat for Health" platform, which provides a statewide, real-time dashboard of clinical health information shared by all of Maryland's acute care hospitals.
Analysts Pat Hart, MS Allister Chang, BS	Our team of Strategy Analysts will support our Lead in developing and executing the SHP "Theory of Action" strategy, training facilitators in its use, and developing and implementing the annual reporting methodology.
Priority Area Workgroups	
Facilitators Alison Buckser, MPH Pat Hart, MPH Keely Sayers, MPH, CPEHR	Our team of facilitators will lead and facilitate the Priority Area Workgroups, working in collaboration with the designated Priority Area team members and our team of Subject Matter Experts (SMEs) to accomplish the strategic planning efforts for the ten Priority Areas. Alison, Pat, and Keely are experienced facilitators that focus their work in serving state health and human services agencies, programs, and initiatives, and have prior experience facilitating workgroups of this nature.
Subject Matter Experts Jamie Hart, PhD, MPH Hilda Heady, MSW, ACSW William Neal, MD Jason Ormbsy, PhD, MBA, MSHA Eduardo Ortiz, MD, MPH Connie Ouellette, CPA	We are proposing a pool of SMEs that will be available to provide expertise during the initial stakeholder engagement and in the Priority Area Workgroups, as needed, based on the nature of the ten Priority Areas that are selected. Our SMEs bring deep expertise in the following areas that we anticipate will play an integral role in the development of the SHP: • Healthcare Delivery Systems • Public Health • Healthcare Financing and CONs • Care Coordination • Rural Health • Quality of Care

Name, Project Role	Responsibilities
	Additionally, our SMEs have intimate knowledge and expertise with leading health indicators such as Access to Health Services, Mental Health, Reproductive and Sexual Health, Substance Abuse, Tobacco, Obesity, Oral Health, Nutrition, and other leading health indicators.
Analysts/Note-takers To be named	A team of BerryDunn staff consultants will support our Priority Area Workgroups by documenting the information discussed at the workgroup meetings, conducting research, and drafting material for the Priority Area Plans.
Data Analysis	
Lead Linda Riddell, MS	Linda Riddell will lead the data collection and analysis process, including developing methodologies for utilizing available data sources and analyzing and evaluating health status, providers of services, and utilization of services and programs. She will support our Priority Area Workgroups with identifying available data to support their work in developing their Priority Area Plans; in addition, she will provide data analytic support in Years 2 and 3 as the HCA implements and begins reporting on the SHP.
Analysts Raymond Taylor, PhD David Regan, MBA, PMP	Our team of Data Analysts will support our Lead in conducting data collection and analysis, developing methodologies for utilizing available data, and supporting our Priority Area Workgroups.

Table 2 provides our planned full-time equivalent (FTE) allocation by project role by project year.

Table 2: Project Team Roles and Areas of Expertise

Name, Project Role	% FTE		
	Year 1	Year 2	Year 3
Project Principal	10-15%	5%	5%
Project Manager	55-65%	40%	30%
Project Coordinator	60-70%	-	-
Stakeholder Engagement Lead	10-15%	2-5%	2-5%
Stakeholder Engagement Analysts	10%	20%	10%
Strategy Lead	10%	10%	-
Strategy Analysts	5%	-	-
Priority Area Workgroup Facilitators	70-80%	-	-
Priority Area Workgroup Subject Matter Experts	60%	15-20%	5-10%
Priority Area Workgroup Analysts/Note-takers	50-60%	-	-
Data Lead	25%	10-15%	5-10%
Data Analysts	25%	10-15%	5-10%

Project Goals and Objectives

Describe the approach and methodology proposed for this project. This should include how each of the goals and objectives is to be met. Please include in your response project management and performance management plans, including proposed service level agreements and strategies for monitoring project status and deliverables to ensure implementation within established or mutually agreed upon timelines.

Section 4, Subsection 4.1:

4.1 Stakeholder Engagement

4.1 1. Determine a process for engaging stakeholders, including policy makers, government officials, providers, payers and the public, among others in the development and implementation of the plan.

4.1.2. Determine a process for developing workgroups and/or utilizing existing workgroups for input into the Plan; incorporate the Bureau of Public Health's State Health Improvement Plan Advisory Group into the process.

4.1 3. With assistance from the stakeholders, develop a mission and vision for the project that will serve as the guide for State Health Plan development; the project must achieve improved health of the population, improved healthcare for the patient and control of costs.

Vendor Response:

Understanding of Objectives for West Virginia's State Health Plan

West Virginia has a long history of bringing together local, state, and federal resources and diverse stakeholders to assess the status of the state's health and the performance of the state's health system; as well as plan, develop and implement strategies to improve the health of West Virginians and the State's healthcare delivery system. Despite many strong efforts and investments over decades and being ranked 12th in the nation for per capita spending on healthcare, according to the Kaiser Family Foundation "State Health Facts" West Virginia remains in the bottom five states for many key indicators of state health system performance (Table 3).

Table 3: West Virginia Ranking for Key Indicators of State Health System Performance

Indicator	WV Ranking 2014
Percent of adults ages 18-64 who have lost six or more teeth because of tooth decay, infection, or gum disease	51
Home health patients also enrolled in Medicare with a hospital admission	51
Total single premium per enrolled employee at private-sector establishments that offer health insurance	51
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65-74, per 1,000 beneficiaries	50
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 75 and older, per 1,000 beneficiaries	50

Indicator	WV Ranking 2014
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	50
Adults ages 18-64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	50
Adults who smoke	50
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	49
Years of potential life lost before age 75	49
Children ages 19-35 months who received all recommended doses of seven key vaccines	48
Adults ages 18-64 who are obese (BMI >=30)	48

Source: The Commonwealth Fund Scorecard on State Health System Performance, 2014

More than 15 years have passed since the West Virginia Health Care Authority (HCA) developed the 2000-2002 State Health Plan. During that time, much has happened in state and national healthcare, including the advancement of Health Information Technology (HIT) / Health Information Exchange (HIE), a significant increase in the use of Electronic Health Records (EHRs), and passage of the landmark 2010 healthcare reform bill, the Patient Protection and Affordable Care Act (ACA).

In 2010, the HCA completed a review of the 2000-2002 State Health Plan to evaluate the accomplishments over the last decade and begin planning and strategizing future endeavors in preparation for the development of a new State Health Plan (SHP). *The 2000-2002 State Health Plan Summary, Analysis, Accomplishments, and the Future* report provides an important link between the previous SHP and the HCA's initiative to develop a new SHP in 2015-2016. It speaks to the major accomplishments achieved over the past decade, including West Virginia's role as a national leader in healthcare policy and delivery. It also highlights areas where West Virginia continues to struggle with several health indicators and overall health status.

State Health Plan Purpose

The State Health Plan establishes the framework to improve access to health care services, constrain health care costs and determine priorities for addressing statewide health care needs. It sets goals for improvement in the efficiency and the effectiveness of the health care delivery system, as well as providing regulatory oversight and administration of the Certificate of Need program.

The HCA views the State Health Plan as a policy blueprint for shaping the health care system through the action of public agencies and the cooperation of private sectors. The Plan undertakes an active role in proposing needed changes in the system, including the reallocation of resources to achieve a health care system that is cost-effective and balances considerations of financing, access and quality. The Plan also provides an opportunity for public input into shaping West Virginia's health care system.

The Plan is the legal foundation for the WVHCA's decisions in its regulatory program.

Understanding the history of West Virginia's healthcare landscape and prior initiatives is critical when undertaking this comprehensive statewide health planning effort. BerryDunn views the SHP not only as a product, but as a long-term, iterative process to guide the improvement of the state's health—a process that builds upon state legislative requirements, previous successful efforts, and lessons learned to promote a healthier West Virginia.

Critical inputs to the success of BerryDunn's approach to developing West Virginia's SHP include:

- **Leveraging the available research, data, analytics, and lessons learned** in West Virginia and nationally to glean success factors, avoid duplication of efforts, and prevent perpetuation of less successful strategies.
- Engaging and collaborating with key partners and stakeholders state-wide to **ensure consistency and alignment with related on-going state health planning efforts and develop realistic strategies for moving forward**.
- Using **innovative performance measurement and reporting techniques** to create a robust SHP that supports the Triple Aim of improved health of the population, improved healthcare for the patient, and control of costs.
- Building upon our team's **knowledge of the West Virginia healthcare community and delivery system**, health improvement initiatives, and stakeholders.
- Leveraging existing and planned activities and communication channels in order to **minimize impact of stakeholder engagement activities and maximize stakeholder input**.
- Complying with the provisions of West Virginia Code Chapter 16. Public Health. Article 2D. Certificate of Need.

Exhibit D highlights the major activities our team will undertake to develop the draft SHP. The activities are described further in the Vendor Response sub-sections below.

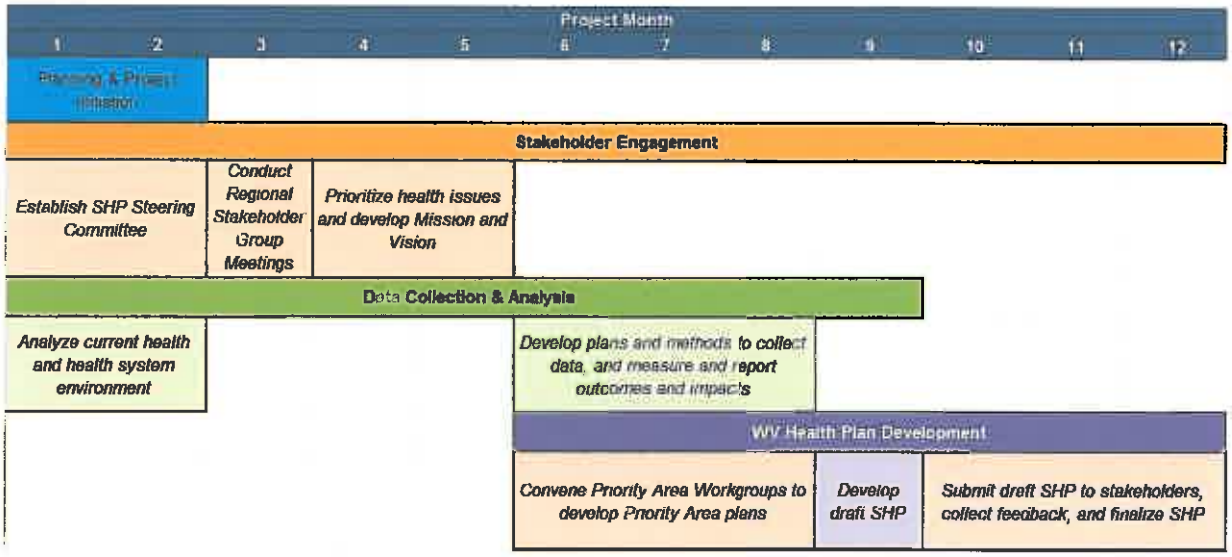
Exhibit D: Key SHP Development Activities

We propose to develop the draft SHP in nine months, provide three months for the HCA's review (including a public comment period), and issue the final SHP within 12 months of project start, enabling implementation of SHP initiatives to commence at the outset of Year 2 and allowing for two full years to analyze, track, and measure the results. We will accomplish this in two ways:

1. By leveraging existing workgroups, data, and analysis—including the work of the West Virginia Health Innovation Collaborative, the West Virginia Bureau for Public Health Strategic Plan and Strategic Plan Implementation Workgroups, and the 2012 State Public Health System Assessment and State Health Profile.
2. By building upon our team's deep knowledge of West Virginia's healthcare community and delivery system, and the historical efforts related to improved public health and healthcare.
3. By drawing upon our team's knowledge of other states' approaches to state health planning, our familiarity with national initiatives, and our knowledge of federal funding.

Exhibit E presents a high-level timeline illustrating our approach to developing and finalizing the SHP in 12 months.

Exhibit E: High-level SHP Development Timeline



Stakeholder Engagement Approach (4.1.1 and 4.1.2)

During the first month of the project, our Stakeholder Engagement Lead, Hilda Heady, and our Clinical Advisor, Dr. William Neal, will work with our Project Manager and Project Coordinator and the State's project team to refine and implement our proposed stakeholder engagement approach, which will be documented in a Stakeholder Engagement Plan.

Stakeholder Engagement Guiding Principles

- Leverage existing groups and relationships
- Ensure regional diversity of participants
- Ensure diversity of participant affiliation
  - Public, private, and non-profit sector
  - Providers and clinical administrators
  - Payers
  - Public and advocacy groups
- Use time efficiently and strategically
- Promote meaningful participation

Ms. Heady's and Dr. Neal's deep roots and respect in the West Virginia health community will enable our team to identify the critical groups and individuals to contact, start outreach to stakeholders quickly, and increase the likelihood of their participation throughout SHP development and implementation.

Our stakeholder engagement approach, represented in Exhibit F, will help to ensure state-wide participation from key stakeholder groups while building a strong constituency and accountability for the future implementation of SHP initiatives. Through these three components, we expect to engage well over 400 West Virginians in the development of the SHP.

Exhibit F: Three Components of Stakeholder Engagement Approach

The three components are described in Table 4 and more details are provided in subsequent sections of this proposal.

Table 4: Stakeholder Engagement Components

	SHP Steering Committee	Regional Stakeholder Groups	Priority Area Workgroups
Estimated # of Participants	10-15	80-100 per region (320-400 total)	6-8 per Workgroup (60-80 total)
Proposed Participants	Senior State leaders Providers Payers Consumers Advocates One or more members of the Bureau of Public Health's State Health Improvement Plan (SHIP) Advisory Group	"The four Ps": • Providers • Payers • Public • Policy-makers and government officials	"The four Ps": • Providers • Payers • Public • Policy-makers and government officials
Primary Purpose	Guide the SHP development process	Provide region-specific input into SHP development	Develop sub-plans for selected Priority Areas
Key Responsibilities	• Attend quarterly SHP progress meetings by telephone • Review and provide comments on work products and draft SHP • Develop SHP mission and vision • Prioritize critical issues and select Priority Areas • Make decisions when needed • Represent and promote the SHP effort • Encourage stakeholder participation • Keep their constituencies informed of SHP progress	• Provide input in-person early in the project on current environment conditions, lessons learned, issues and barriers, and future opportunities • Keep their constituencies informed of SHP progress	• Meet once a month for three to four months by teleconference to develop goals, objectives, metrics and reporting plans (Year 1) • Support implementation, measurement and reporting activities in Years 2 and 3

Key Activities for Stakeholder Engagement:

- Establish SHP Steering Committee
- Develop Stakeholder Engagement Plan

Approach to Developing a Mission and Vision (4.1.3)

BerryDunn's approach to developing West Virginia's SHP takes into account the interconnectedness of the numerous state and local government, private, and non-profit health planning and implementation efforts already in existence throughout the state, including (but not limited to) the West Virginia Health Innovation Collaborative, the Bureau of Public Health's State Health Improvement Plan Advisory Group, the West Virginia Health Improvement Institute, the West Virginia Medicaid Program – Bureau for Medical Services, the Tri-State Children's Health Improvement Consortium (T-CHIC), the West Virginia Rural Health Association, and the Governor's Office of Health Enhancement and Lifestyle Planning (GO HELP).

A critical early step in this project is collaborating with the Steering Committee and other stakeholders in the development of a mission and vision for this statewide health planning effort. During the initial months of the project, BerryDunn will collect and review the mission and vision statements of existing West Virginia health improvement initiatives to promote consistency and prevent duplication. In addition, we will gather and review mission and vision statements from other states' SHPs for consideration. Based on the information collected during our background research and the regional stakeholder meetings, BerryDunn will prepare a draft SHP Mission and Vision document to use as a starting point. In addition, we will prepare a consolidated list of up to 20 strategic issues to be considered as part of this planning effort.

Using the Draft SHP Mission and Vision document as a starting point, BerryDunn's Stakeholder Engagement Lead and Project Principal will facilitate a work session with the Steering Committee (and a broader group of stakeholders, if desired by the HCA) to review and refine the SHP Mission and Vision. In conjunction with this effort, we will provide a consolidated list of up to 20 strategic issues to be considered and work with the Steering Committee to review and prioritize the issues, resulting in a list of 10 Priority Areas for the SHP (as described further in response to Section 4.3 of the RFP). This will help to ensure that the Mission and Vision are closely aligned with and support the resolution of the identified critical issues.

Key Activities for Developing Mission and Vision:

- Gather and review the mission and vision statements of existing statewide health improvement initiatives in West Virginia to promote consistency and prevent duplication
- Gather and review the mission and vision statements of other states' SHPs
- Develop draft SHP Mission and Vision document
- Facilitate a work session with the SHP Steering Committee to refine and approve the SHP Mission and Vision statements and unite the ten identified Priority Areas

Section 4, Subsection 4.2:
4.2. Data Collection and Analysis

4.2.1. Assess West Virginia demographics, population health, and disease prevalence using the Bureau of Public Health's State Health Assessment and State Health Profile information; assess availability of health services.

4.2.2. Develop methodologies for utilizing all data sources in the state (e.g., Medicaid Data Warehouse, APCD, UB Data, PEIA, SCHIP, disease registries etc.) and methodologies for analyzing and evaluating health status, providers of services, utilization of services and programs in WV for present and future statewide projects; identify data requirements not currently being gathered in the state.

4.2.3. Develop a plan for best utilizing the available data resources, identifying gaps; determine where most current data may be found; develop data analytics and determine process for utilizing the data in conjunction with a data group; determine methodology for expressing the findings simplistically for public release.

4.2.4. Determine if other information must be collected; identify other appropriate data sources, such as the Governor's behavioral health initiatives; gather and analyze data.

Vendor Response:

Approach to Assessing Demographics, Population Health, and Disease Prevalence (4.2.1)

During the first two months of the project, BerryDunn's Data Team will lead the review and assessment of West Virginia demographics, population health, and disease prevalence using the Bureau of Public Health's State Health Assessment and State Health Profile information and other secondary data sources. In addition, they will assess availability of health services, also using publicly-available secondary data sources.

We will identify which data has been geo-coded and can therefore be used for mapping and geographic analysis through Geographic Information Systems (GIS). Members of our Data Team bring GIS experience and capabilities. If the data is available, Geographic analysis will be helpful in assessing and depicting availability of health services and identifying regional targets for certain objectives.

Highlights of the results of this assessment will be used as inputs into materials for the Regional Stakeholder Group Meetings to help drive discussions around West Virginia's current health and health system environment, issues and barriers to health improvement, lessons learned from past efforts, and opportunities for the future.

Key Activities for Assessing Demographics, Population Health, and Disease Prevalence:

- Review and assess West Virginia demographics, population health, disease prevalence, and availability of health services, using publicly-available secondary data sources
- Prepare meeting materials from data about the current health and health system environment for use at the Regional Stakeholder Group Meetings

Approach for Utilizing State and Federal Data Sources (4.2.2)

BerryDunn's Data Team will lead the development of methodologies for utilizing all available data sources in the state (Medicaid Data Warehouse, APCD, UB Data, PEIA, SCHIP, disease registries, etc.), as well as private sources such as the Kaiser Family Foundation and the Commonwealth Fund, and federal data sources such as Census data and Healthy People 2020 data. In addition, our team will develop methodologies for analyzing and evaluating health status, providers of services, and utilization of services and programs in West Virginia for present and future statewide projects; and identify data requirements not currently being gathered.

This work will occur as the Data Team supports the ten Priority Area Workgroups (described in response to RFP Section 4.3) to establish baselines for the strategic issues they plan to track and to develop methods to measure, track progress, and report on health and health system changes. The Data Team will assist the Priority Area Workgroups to select measures that can be feasibly reported on with existing data sources. They will guide the Priority Area Workgroups through the assessment of the strengths and flaws of various data sources and the quality and compatibility of data sources. The Data Team, which includes a PhD-level statistician and a Master's-level population health scientist, will also assist in the development of measures that make the best use of the available data. Statistical models will be selected to minimize the data's flaws and maximize reliability. The goal of this phase is also to have results that are easily interpretable for stakeholders and a general audience.

Key Activities for Utilizing State and Federal Data Sources:

- Develop methodologies for utilizing data sources and analyzing and evaluating data
- Compile data files; select and apply statistical models for analyzing results
- Create measures and provide algorithms to administer the measures
- Support the Priority Area Workgroups in the development of indicators, identification of data sources, and creation of outcome and impact measurement strategies

The work described below in the Approach for completing RFP Section 4.2.3 will be conducted first. Once the inventory of current data sources, contents, and format is created, the Data Team can begin developing methods for utilizing the data sources.

Approach for Utilizing Available Data Resources (4.2.3)

A wealth of health data is available electronically in various formats within various state systems and from federal and private sources. However, it may not be readily accessible to the prospective users and generally needs to be compiled into measures.

BerryDunn's Data Team will create a user-friendly inventory of health data sources available from state, federal, and private systems. They will meet with the "owners" of the health data to understand reporting and analytical capabilities, the process for requesting data extracts, and in what format the data can be provided. In addition, they will gather information on the frequency of data updates, constraints and limitations, and available data fields.

If gaps in data availability are identified in the course of this work, the Data Team will help develop alternatives and investigate opportunities to collect the missing data in the future, such as adding questions to or adjusting questions within existing surveys. The Data Team will work with other members of the SHP team to determine approaches for expressing the findings simplistically for public release, such as infographics to be incorporated into the final SHP.

Key Activities for Utilizing Available Data Resources:

- Create a user-friendly inventory of health data sources available from state, federal, and private sector systems
  - Meet with the "owners" of the health data to understand reporting and analytical capabilities, the process for requesting data extracts, and in what format it can be provided
  - Gather information on the frequency of data updates, constraints and limitations, and available data fields
- Develop alternatives to address gaps in data availability
- Work with SHP team to express data findings for public consumption

Approach for Identifying Other Data Sources (4.2.4)

Throughout the course of this project, the Data Team will work in collaboration with stakeholders and SHP team members to determine if other information must be collected and if other data sources exist that may be useful. In cases where additional data is needed to support the SHP efforts, our Data Team will identify other appropriate data sources, such as the Governor's behavioral health initiatives and the West Virginia Health Data Portal, and gather and analyze data to support the Priority Area Workgroups and overall strategic planning effort. For example, federal health surveillance surveys can provide state-level data; these will be explored as an efficient way to get detailed data on the HCA's target groups. We will also explore indirect and non-traditional data sources that may be useful to the project. Data on high-school graduation rates, for instance, is useful since education level is correlated with prevalence of tobacco use and obesity.

Section 4, Subsection 4.3:

4.3. West Virginia State Health Plan Development.

4.3.1. Develop and conduct a statewide health planning process and health coordinating effort that includes broad participation from government agencies, insurers, the community and other stakeholders; ensure public participation in health planning.

4.3.2. Assess and prioritize West Virginia's health issues relevant to the population, identifying the seriousness of the health issues, including volume, size, and feasibility of improvement, effectiveness of interventions or other relevant factors, utilizing all available resources; delineate by geographical distribution.

4.3.3. Develop a plan that provides a statewide, systematic, and consistent approach linking health promotion to measurable change in health outcomes and optimal delivery of services; develop a system the state will use to improve overall health, providing regional targets, evidence-based initiatives targeting WV and rural populations; approach should be based geographically, regionally, and on a statewide basis.

4.3.4. Develop a comprehensive implementation plan that sets out goals or strategies for health improvement, identifies data-driven priorities, quality measures, West Virginia burden of illness measures and provides a process for managing and measuring progress.

4.3.5. Develop a methodology for reporting progress toward identified performance measures, goals and sustained improvements.

4.3.6. Develop the SHP in such a manner that progress on strategies and health improvement can be documented, monitored and revised as needed; provide recommendations for successfully achieving goals and sustaining achievements in the case that Federal and/or State funding levels are reduced.

Vendor Response:

Approach to Engaging Stakeholders in the Statewide Health Planning Process (4.3.1)

As described in response to RFP Section 4.1, our proposed statewide health planning process and health coordinating effort includes broad participation from government agencies, insurers, the community, and other stakeholders through creation of a SHP Steering Committee and Regional Stakeholder Meetings. In addition, following the identification of priority issues to be addressed through this planning effort, we will develop Priority Area Workgroups (described further in response to RFP Section 4.3.3, 4.3.4, and 4.3.6).

SHP Steering Committee: Upon contract execution, we will work with the HCA project team to clarify the role of the SHP Steering Committee, identify candidates to serve on the SHP Steering Committee, invite prospective committee members to participate, and schedule the first meeting. The composition of the SHP Steering Committee should reflect the major stakeholder groups and West Virginia's regional diversity. Given the importance of this health planning initiative, we recommend that the invitations come from a senior-level leader such as the DHHR Secretary to demonstrate the State's commitment and support for the project. BerryDunn will assist with developing the communications to prospective committee members.

The purpose and role of the SHP Steering Committee will be documented in a Charter, which BerryDunn will develop in draft format for review and comment at the initial Steering Committee meeting. During the initial meeting, we will also walk through BerryDunn's project approach for conducting this state health planning effort, share a calendar of key project dates, establish a meeting schedule for this committee, and determine protocol for communication, information sharing, and decision-making for the committee.

SHP Steering Committee members will have the option of participating in meetings via teleconference and web conferencing (e.g., GoTo Meeting) or attending in person at BerryDunn's office in Charleston.

Regional Stakeholder Meetings: BerryDunn's team will conduct Regional Stakeholder Meetings with the four stakeholder groups shown in Exhibit G. The lists in the boxes are representative and not all-inclusive.

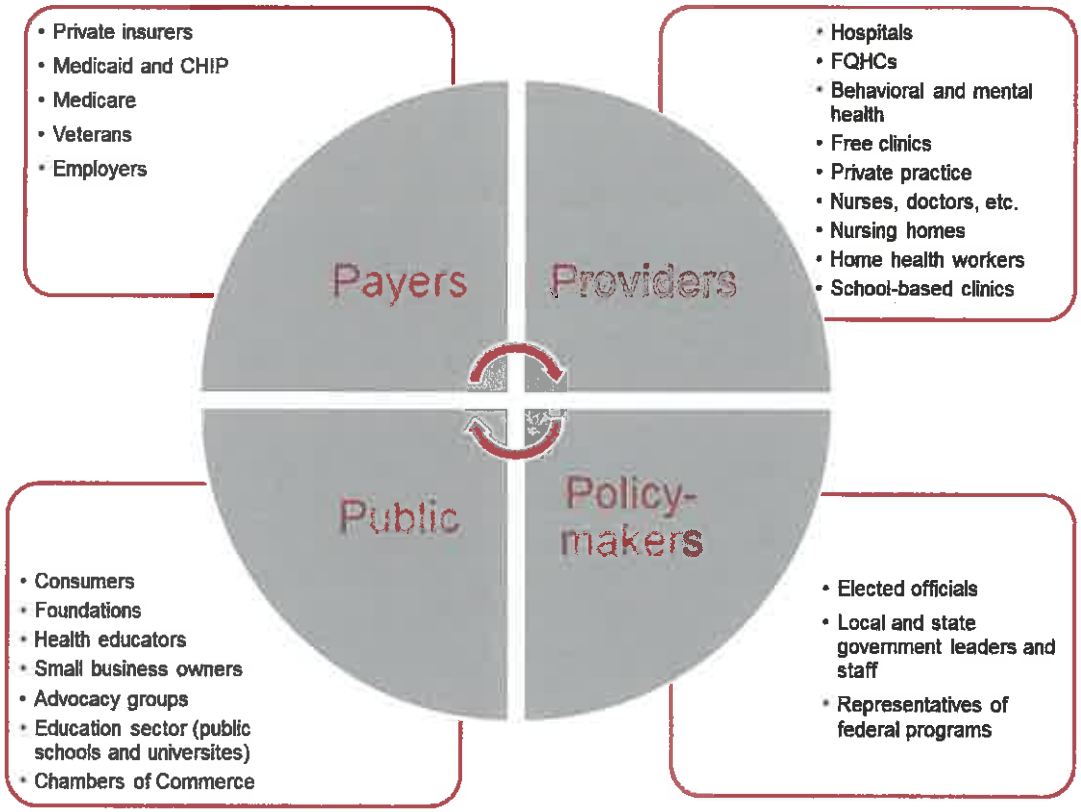
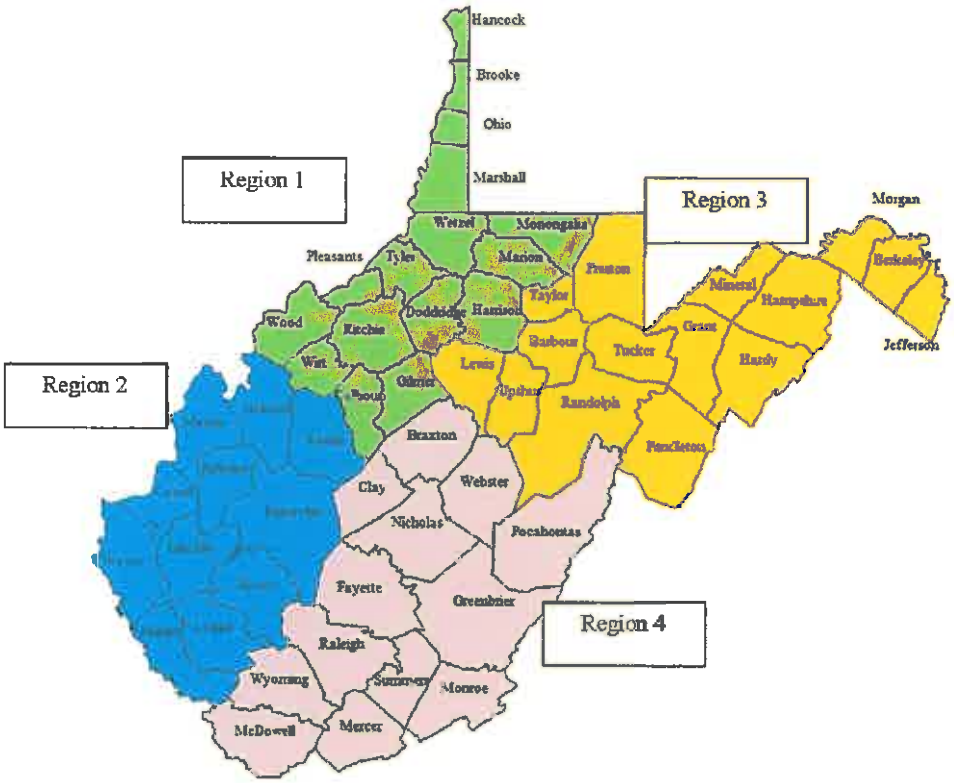


Exhibit G: Regional Stakeholder Group Composition

At the outset of the project, we will work with the HCA to begin planning for 16 Regional Stakeholder Meetings (four meetings in each of the four regions shown in Exhibit H), including identifying participants, issuing invitations, arranging logistics, and scheduling the meetings.

Exhibit H: Proposed Stakeholder Meeting Regions



Our plan for executing the Regional Stakeholder Meetings is as follows:

- Meetings will be conducted by two BerryDunn teams comprised of:
  - Expert Facilitator
  - Senior Subject Matter Expert (SME)
  - Analyst/Notetaker/Coordinator
- In each region, we will hold four meetings (one for each of the four stakeholder groups, each approximately two hours in duration) over the course of two days.
- Each BerryDunn team will be responsible for facilitating meetings in two of the regions over the course of one week.
- When scheduling meetings, we will leverage existing communication channels and planned activities (e.g., previously scheduled association meetings) where possible to facilitate communication efforts and minimize impact on participants.
- BerryDunn's team will prepare a presentation to guide the discussion, including current environment data using infographics.

- We will elicit feedback from participants on the current status of health initiatives and health landscape, access to quality care, lessons learned, barriers and challenges to improvements, and opportunities for the future.
- In order to encourage broad participation, meetings will be scheduled at times that are conducive to the needs of the intended audience, including evenings and/or early mornings if warranted.
- Meetings will be held at a local meeting facility (e.g., hotel conference room) or other central location.
- BerryDunn's proposed budget includes costs for meeting space rental and a light snack and beverages for participants.

Exhibit I illustrates a sample schedule for the week of regional stakeholder meetings.

	Monday		Tuesday		Wednesday		Thursday	
	Team 1 - Region 1	Team 2 - Region 3	Team 1 - Region 1	Team 2 - Region 3	Team 1 - Region 2	Team 2 - Region 4	Team 1 - Region 2	Team 2 - Region 4
A.M.	Providers	Providers	Policy-makers and Government Officials	Policy-makers and Government Officials	Providers	Providers	Policy-makers and Government Officials	Policy-makers and Government Officials
P.M.	Payers	Payers	Public and Advocates	Public and Advocates	Payers	Payers	Public and Advocates	Public and Advocates

Exhibit I: Sample Regional Stakeholder Meeting Schedule

Key Activities for Engaging Stakeholders in the Statewide Health Planning Process:

- Identify prospective SHP Steering Committee members
- Work with the HCA and DHHR leadership to prepare and send invitations to participate in the SHP Steering Committee
- Create Draft SHP Steering Committee Charter
- Convene initial SHP Steering Committee meeting
- Update SHP Steering Committee Charter and distribute to committee members
- Distribute schedule for future SHP Steering Committee meetings
- Identify participants for the Regional Stakeholder Meetings
- Arrange meeting facilities and meeting times for the Regional Stakeholder Meetings
- Send invitations for the Regional Stakeholder Meetings
- Prepare meeting materials and agendas

- Conduct 16 Regional Stakeholder Meetings
- Send follow-up thank you to Regional Stakeholder Meeting participants
- Prepare meeting notes
- Analyze meeting notes and develop a list of key themes

Approach to Assessing and Prioritizing Health Issues (4.3.2)

After the completion of the Regional Stakeholder Meetings, the BerryDunn team will consolidate the information collected from stakeholders and our review and analysis of data, and create a consolidated list of up to 20 strategic issues to be considered as part of this planning effort, supported by quantitative and qualitative evidence of regional severity, scale, pervasiveness, and impact. Health issues may be population-specific, region-specific, disease-specific, service-specific, system component-specific, or other, depending on the results and findings of the stakeholder input and data review and analysis activities.

In preparation for the SHP Steering Committee to prioritize the strategic issues, we will develop prioritization criteria to help guide the process of ranking and selecting issues. Sample prioritization criteria include financial feasibility, feasibility of improvement, effectiveness of interventions, resources required, scale, severity, and depth and breadth of existing efforts. We will seek the SHP Steering Committee's feedback and approval of the prioritization criteria in advance of the prioritization meeting.

Building upon the Mission and Vision (as described in response to RFP Section 4.1.3) and applying the prioritization criteria, we will facilitate a work session with the Steering Committee (and a broader group of stakeholders, if desired) to review and prioritize the consolidated list of health issues and select ten Priority Areas as the focus for West Virginia's SHP.

Key Activities for Assessing and Prioritizing Health Issues:

- Create consolidated list of health issues
- Develop prioritization criteria and matrix
- Review and update prioritization criteria with Steering Committee
- Facilitate Steering Committee meeting to prioritize health issues and select 10 Priority Areas

Approach to Developing State Health Plan (4.3.3, 4.3.4, and 4.3.6)

As noted in *The 2000-2002 State Health Plan Summary, Analysis, Accomplishments, and the Future* Executive Summary:

> *West Virginia's State Health Plan should become the impetus for guiding state agencies, health care policy makers, professionals and private citizens toward achievement of defined goals, and should provide a basis for program and priority development, funding requests, and implementation of regulatory functions.*

The State Health Plan will be developed to enable the HCA to comply with *West Virginia Code Chapter 16. Public Health. Article 2D. Certificate of need.*

Based on the ten Priority Areas established with the Steering Committee, we will establish and convene ten Priority Area Workgroups, one focused on each Priority Area, to undertake the work of creating specific and structured Priority Area Plans that will guide state agencies, healthcare policy makers, professionals, and citizens toward achievement of defined goals. We will employ an innovative process called "Theory of Action" to facilitate the planning work of the Priority Area Workgroups. At its core, a "theory of action" is an *"If...Then…"* statement that defines key hypotheses for achieving goals:

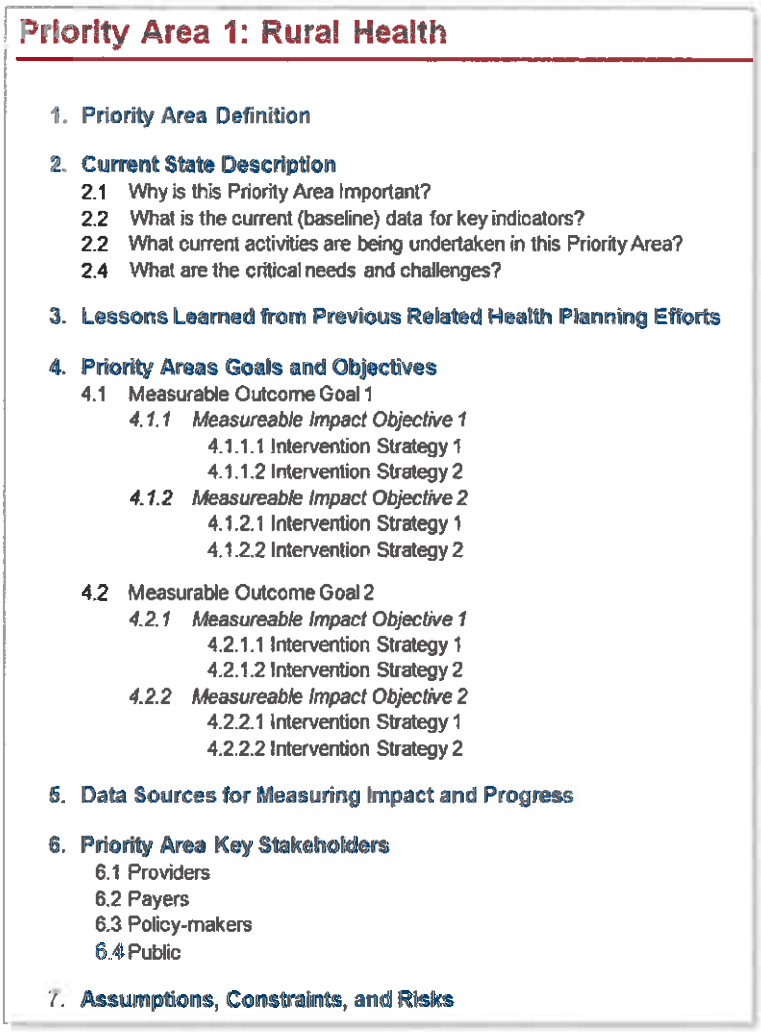
"If we take X actions, then we expect to reach Y goal."

The "Theory of Action" concept is a key element of the "Stat" process, which is described in further detail in response to RFP Section 4.3.5 below.

Highlights of the Priority Area Workgroup process include the following:

- Each Workgroup will consist of six to eight stakeholders (e.g., providers, payers, policy-makers, government officials, and public representatives) who will commit to developing a Priority Area Plan over three months.
- Each Workgroup will be led by a BerryDunn Facilitator and supported by a BerryDunn Subject Matter Expert and Coordinator/Analyst.
- The BerryDunn Data Team will support the Workgroups with identifying data, developing indicators, establishing a baseline, and setting reasonable targets.
- The Workgroups will meet monthly for three months by teleconference and web conference. During each meeting, BerryDunn's team will track the discussions, decisions, and action items.
- BerryDunn's team will work between meetings to complete the tasks necessary to develop the Priority Area Plans, building upon decisions and actions from the Workgroup Meetings.

- Using a standard, agreed upon template (similar to the sample shown in Exhibit J), each Priority Area Workgroup will develop a Priority Area Plan inclusive of the following:
    - A description of the priority
    - At least one measurable outcome objective or goal
    - At least one measurable impact objective for each outcome objective or goal, supported by baseline data and statewide and regional target levels
    - At least one proven intervention strategy for each impact objective
    - A performance measurement, evaluation, and reporting strategy
    - Evidence-based initiatives targeting West Virginia and rural populations
    - Methods for aligning government programs, insurers, and communities
- Priority Area Plans will be developed in a way that progress can be documented, monitored and revised as needed.



Priority Area 1: Rural Health

1. Priority Area Definition
2. Current State Description
   - 2.1 Why is this Priority Area Important?
   - 2.2 What is the current (baseline) data for key indicators?
   - 2.2 What current activities are being undertaken in this Priority Area?
   - 2.4 What are the critical needs and challenges?
3. Lessons Learned from Previous Related Health Planning Efforts
4. Priority Areas Goals and Objectives
   - 4.1 Measurable Outcome Goal 1
     - *4.1.1 Measureable Impact Objective 1*
       - 4.1.1.1 Intervention Strategy 1
       - 4.1.1.2 Intervention Strategy 2
     - *4.1.2 Measureable Impact Objective 2*
       - 4.1.2.1 Intervention Strategy 1
       - 4.1.2.2 Intervention Strategy 2
   - 4.2 Measurable Outcome Goal 2
     - *4.2.1 Measureable Impact Objective 1*
       - 4.2.1.1 Intervention Strategy 1
       - 4.2.1.2 Intervention Strategy 2
     - *4.2.2 Measureable Impact Objective 2*
       - 4.2.2.1 Intervention Strategy 1
       - 4.2.2.2 Intervention Strategy 2
5. Data Sources for Measuring Impact and Progress
6. Priority Area Key Stakeholders
   - 6.1 Providers
   - 6.2 Payers
   - 6.3 Policy-makers
   - 6.4 Public
7. Assumptions, Constraints, and Risks

Exhibit J: Sample Priority Area Plan Template

Once the Priority Area Plans are complete, the BerryDunn team will integrate the individual plans into a statewide, systematic, and consistent State Health Plan that can be used by state agencies, healthcare policy makers, professionals, and the public toward achieving the defined goals, prioritizing funding requests, developing programs, and setting health policy. The SHP will link health promotion to measurable change in health outcomes and optimal delivery of services on a regional and statewide basis and provide a system for the state to improve overall health, including regional targets and evidence-based initiatives targeting WV and rural populations. The SHP will include recommendations for successfully achieving goals and sustaining achievements in the case that federal and/or state funding levels are reduced.

The draft SHP will undergo two phases of State review and comment:

1. Steering Committee Review: We will walk through the draft SHP with the Steering Committee, collect feedback, and revise the draft prior to distributing for public review and comment.
2. Public Comment Period: The Draft SHP will be made available to the public according to state requirements.

We will collect feedback, meet with the Steering Committee as needed to resolve issues and questions, revise the SHP and prepare a Final version for submission to the HCA for executive approval.

Key Activities for Developing State Health Plan:

- Refine Priority Area Plan Template
- Conduct Priority Area Workgroups (three monthly meetings via teleconference each for 10 Workgroups)
- Develop Priority Area Plans
- Provide Priority Area Plans to Workgroups for review and feedback
- Integrate Priority Area Plans into a comprehensive SHP
- Distribute Draft SHP for Steering Committee review
- Provide Draft SHP for public comment
- Revise and finalize SHP based on stakeholder input
- Submit Final SHP for HCA review and approval

Approach for Developing a Progress Reporting Methodology (4.3.5)

Large strategic planning initiatives frequently fail to achieve their target outcomes because they lack implementation plans, leadership, and accountability. Stakeholders and leaders are oftentimes heavily involved during plan formulation, but implementation is decentralized among state agencies and public and private partners. There often appears to be an unspoken expectation that the various strategic plan actions will be implemented successfully, and the outcomes will magically add up at the end of the year to meet the established targets. This rarely occurs.

For West Virginia's SHP to be successful, an explicit implementation process, oversight of that process, and regular measurement and progress reporting will be imperative. BerryDunn's progress reporting methodology was designed to address those success factors. Highlights of our approach include:

- **Developing a reporting process based on the "STAT" (e.g., CityStat, StateStat) model** that several government entities have undertaken to quantify and communicate performance across many agencies or departments (as illustrated in Exhibit K). Applying this model, we propose that the Steering Committee designate a State owner for each Priority Area who will be accountable for reporting on performance measures and progress toward targets. A critical success factor for this model is consistent participation of one or more senior state leaders, such as the DHHR Secretary.

Exhibit K: Illustration of StateStat Reporting Process

In Maryland, the state's leadership used the concepts of "StateStat" and "Delivery Units" to make significant progress on many of their ambitious strategic goals. For example, between the years 2000 and 2006 the infant mortality rate fluctuated between 7.3 and 8.5% (above the national average of between 6.8 and 7.0%). In 2007 the administration set a strategic goal of reducing that rate by 10%. Using the "StateStat" and "Delivery Unit" processes, the state achieved that goal in 2009, and went on to have four successive years with the rate lower than 7.0%. The same process was used to achieve other goals, including a 27% reduction in violent crime (the lowest rate in recorded history), and an almost 11% reduction in preventable hospitalizations (a major driver of health care costs).

The processes used to achieve these goals involved an engaged group of stakeholders, executive oversight, rigorous measurement of inputs and outputs, and regular, collaborative meetings where stakeholders assessed their progress, evaluated the effectiveness of their tactics, developed theories of action, and were accountable for implementing agreed upon strategies.

- **Facilitating quarterly progress meetings with all Priority Area owners**, where the State Priority Area owners will report on their respective activities and progress toward targets. BerryDunn's team will facilitate these meetings for the first reporting year (Project Year 2). In the second reporting year, we will work with the State to transition these responsibilities to the State so the process is sustainable.

Key Activities for Developing a Progress Reporting Methodology:

- Refine progress reporting methodology
- Create standard quarterly update template
- Gather data and create annual Priority Area Performance Reports for ten Priority Areas (40 reports per year in Year 2 and Year 3)
- Facilitate quarterly Priority Area performance measurement and reporting meetings
- Develop a process to transition the reporting work to the State in Year 3 to ensure a sustainable long-term reporting process

Section 4, Subsection 4.4:
4.4. Certificate of Need Requirements for Services.

4.4.1. Review current CON standards and identify required changes based on SHP objectives and goals.

4.4.2. Identify and prioritize emerging health or system infrastructure that may be required in meeting SHP objectives, strategies, or goals.

Vendor Response:

BerryDunn understands the Certificate of Need (CON) process and its role in helping to control health care costs, improve the quality and efficiency of the healthcare system, and make health services available to all West Virginians. Additionally, we understand the HCA's role in coordinating the CON process and the importance of the SHP in helping to identify and prioritize emerging health or system infrastructure needs. As a Certified Public Accounting and Consulting firm, we have a team of healthcare audit and accounting professionals who have assisted providers in New England with preparing CON applications, conducting feasibility studies, and working with regional healthcare associations through the legislative process to analyze, recommend, and support changes to CON standards, which provides the BerryDunn team with a unique perspective on the CON process.

Following the development of the ten Priority Areas, BerryDunn's team will review the current CON standards with consideration for how the SHP mission, vision, strategic priorities and intervention strategies may impact the current standards, providers, and/or State funding and whether changes may be required to meet the future goals and objectives. We will schedule a meeting with the HCA to review the potential impacts. In addition, as part of the Priority Area Workgroup meetings, we will consider what modifications will be required (if any) to the state's health and system infrastructure in order to achieve the Priority Area goals and objectives.

Key Activities:

- Review current CON standards and identify potential changes based on the SHP mission, vision, strategic priorities, and intervention strategies
- Review potential modifications to CON standards with the HCA
- Identify required health and system infrastructure needs as part of Priority Area Plans

Section 4, Subsection 4.5:
4.5 Timelines and Report Dissemination

4.5.1 Identify the major milestones in the process and dates for completion.

4.5.2 Develop a report format that can be used by policymakers, health care providers, health care leaders, associations, universities, and communities in their health care planning and development of programs to address identified issues.

4.5.3. Identify a process for disseminating the report after HCA approval.

Vendor Response:

Approach to Identifying Major Milestones and Dates for Completion (4.5.1)

In response to Section 5.3 of the RFP, we have provided a sample Project Schedule/Gantt chart in Attachment B of this proposal, which identifies the tasks and deliverables BerryDunn will provide, as well as the estimated completion dates. In addition, we have provided a high-level Year 1 timeline in response to RFP Section 4.1.

Within the first ten days of contract execution, we will meet with the HCA to review and determine modifications and updates to the Work Plan to set forth the major milestones in the SHP process, tasks, deliverables, and their completion dates. BerryDunn's Project Manager will monitor and maintain the Work Plan and provide oversight of all SHP team work to ensure milestones are met on-time. We will work with HCA to agree on a format for the monthly status reports, and provide the monthly reports to HCA leadership detailing the project's progress against the Work Plan.

Approach to Developing the SHP Report Format (4.5.2)

In order for the SHP to be successful, it must be accessible and usable by the various parties, including policymakers, healthcare providers, healthcare leaders, associations, universities, and communities, who will use the report in their planning and development of programs to address identified issues. BerryDunn is accustomed to producing reports for consumption by broad audiences. For West Virginia's SHP, we have planned the following steps to help ensure the report is accessible and usable by the various audiences for which it is intended:

- We will engage a professional graphic designer and technical writer early on in the project to develop a report format that can be used by all stakeholders.
- At the initial SHP Steering Committee meeting, we will provide the Steering Committee with a SHP "Expectations Document," which includes an outline of the SHP, a description of expected content for each section, and the proposed format. We will collect feedback, incorporate feedback into the document, and provide an updated Expectations Document for the Steering Committee's and the HCA's review and approval. Establishing up-front agreement on the format of the SHP will help to ensure the final SHP is in line with expectations and reduce rework by establishing clear expectations up front.

- During the production of the draft SHP, we will again engage our professional graphic designer to provide support in preparing the report in an engaging, visually appealing, and easy-to-read format.
- All BerryDunn project deliverables undergo multiple levels of QA review, including a principal-level review and a review by our internal editor.

Approach to Disseminating the SHP (4.5.3)

We will work with the Steering Committee to identify a process for disseminating the final SHP after it has been approved by all necessary parties. We will consider the benefits and costs of making the report available in hard copy versus (or in addition to) electronic format, who it should be distributed to, and how it should be promoted. Report printing and mailing costs are not included in our cost estimates for this proposal.

4.6. Optional Services.

4.6.1. Identify if proposed health care services, new construction, renovations and/or purchases of major medical equipment consistent with the SHP objectives and goals are needed, financially feasible and require CON review.

Vendor Response:

In their development of evidence-based intervention strategies, the Priority Area Workgroups will identify if proposed healthcare services, new construction, renovations, and/or purchases of major medical equipment are needed to help achieve the goals and objectives in the Priority Area Plans. Accordingly, we have not planned for additional costs associated with this task.

If more in-depth analyses are requested by the HCA, our team of analysts and subject matter experts, including financial analysts, will further analyze the financial feasibility related to proposed health care services, new construction, renovations, and/or purchases of major medical equipment, and determine whether the proposed initiatives should require CON review. For purposes of budgeting, we have planned up to 200 hours of time to conduct the requested analyses, to be billed only if incurred.

4.6.2. Develop a WVHCA guide for individuals, institutions, state and local government agencies, community leadership and others in planning for specific health care facilities and services to meet the SHP objectives.

Vendor Response:

The scope of this task may vary depending on the specific audience(s), the information needs of each audience, planned delivery and distribution method(s) (e.g., online distribution, printed guides), and availability of existing documentation that can be leveraged to produce the guide(s). We will work with the HCA to determine the number of guides to be developed,

distribution method(s), and availability of existing vs. new content to be developed to provide necessary information to individuals, institutions, government agencies, and community leadership. For purposed of budgeting, we have planned for up to 180 hours of time to develop one or more guides, as determined in agreement with the HCA, to be billed only if incurred.

4.6.3. Identify goals, objectives and strategies consistent with national goals, such as the "National Strategy for Quality Improvement in Health Care" and/or "Healthy People 2020;"

Vendor Response:

Our project approach for developing the SHP encompasses this optional task, so we have not proposed additional costs for this task. Our SHP development approach leverages existing state and federal data, research, and analysis. In addition, in order to align West Virginia's SHP with future federal funding opportunities, it is important for the SHP to be consistent with goals and objectives of national programs such as the *"National Strategy for Quality Improvement in Health Care"* and/or *"Healthy People 2020."*

As part of the process to develop Priority Area Plans, the Workgroups will examine and consider goals, objectives, and strategies of national programs such as the *"National Strategy for Quality Improvement in Health Care"* and/or *"Healthy People 2020."* The *Healthy People 2020* objectives have clear, vetted, evidence-based measures that are ready to use; consulting this source may save time and promote alignment with national programs.

4.6.4. Develop "WV Healthy People 2020" program.

Vendor Response:

The national *Healthy People 2020* program is the result of a multi-year process that reflects input from a diverse group of individuals and organizations. It consists of numerous objectives for improving the nation's health that have been reviewed extensively by subject matter experts and the public, as well as extensive data and analysis related to each objective. States can apply the *Healthy People 2020* framework at the state level.

How states go about building their own state-level Healthy People 2020 framework can vary significantly, ranging from simple steps such as publicizing their State Health Improvement Plan, focus areas, and/or planning process online—such as the Healthy People Nevada website (http://health.nv.gov/HSPER_HP.htm)—to more costly and involved tasks such as developing complex, interactive websites and tools to educate and engage stakeholders—such as the Healthy New Jersey 2020 website (http://www.state.nj.us/health/chs/hnj2020/index.shtml), as shown in Exhibit L. In addition, states may produce ad campaigns and/or materials for distribution to various stakeholder groups to publicize the program, educate people on how they can help to build a healthier population, and drive people to the website.

Healthy People Nevada

Moving From 2010 to 2020

March 2011

The *Healthy People* Initiative is a national strategy designed to improve the overall health of Americans. For three decades, *Healthy People* has provided a comprehensive set of national 10-year health promotion and disease prevention objectives aimed at improving the health of all Americans. For the past decade, *Healthy People 2010* has led the way for Americans to achieve an increase in the quality and years of healthy life, and to eliminate health disparities. *Healthy People 2020* will continue in the tradition of its predecessors to define the vision and strategy for building a healthier nation.

The *Healthy People Nevada 2010-2020* report utilizes objectives, focus areas, and targets from the national *Healthy People* framework to provide a statewide assessment of the health status of Nevada. The report includes 119 objectives, representing 25 of the 38 national focus areas, presenting an overview of Nevada's progress on the Healthy People 2010-2020 objectives, the major challenges identified statewide and on a local level, and an overview of best practices for addressing those challenges.

The report is in separate PDF files for easy downloading.

- Entire Report (pdf)
  - Introduction (pdf)
  - Focus Areas (pdf)
  - Reference & Appendices (pdf)
- County Reports - Individual county reports will be posted as they are completed.
  - Carson City (pdf)
  - Churchill (pdf)
  - Clark (pdf)
  - Douglas (pdf)
  - Elko (pdf)
  - Esmeralda (pdf)
  - Eureka (pdf)
  - Humboldt (pdf)
  - Lander (pdf)
  - Lincoln (pdf)
  - Lyon (pdf)
  - Mineral (pdf)
  - Nye (pdf)
  - Pershing (pdf)
  - Storey (pdf)
  - Washoe (pdf)
  - White Pine (pdf)

Healthy New Jersey 2020 is the state's health improvement plan and its health promotion and disease prevention agenda for the decade. **Click an area of the town below to learn more.**

Exhibit L: Examples of State-level Healthy 2020 Programs from Nevada and New Jersey

One state-level program that particularly resonated with BerryDunn's team is the Healthy Alaskans 2020 program (a snapshot of their website is shown in Exhibit M and can be viewed online at http://hss.state.ak.us/ha2020/). In addition to publicizing information about Alaska's planning process and strategies, there is a Scorecard that shows the state's progress toward achieving its targeted goals related to specific health indicators (also shown in Exhibit M).

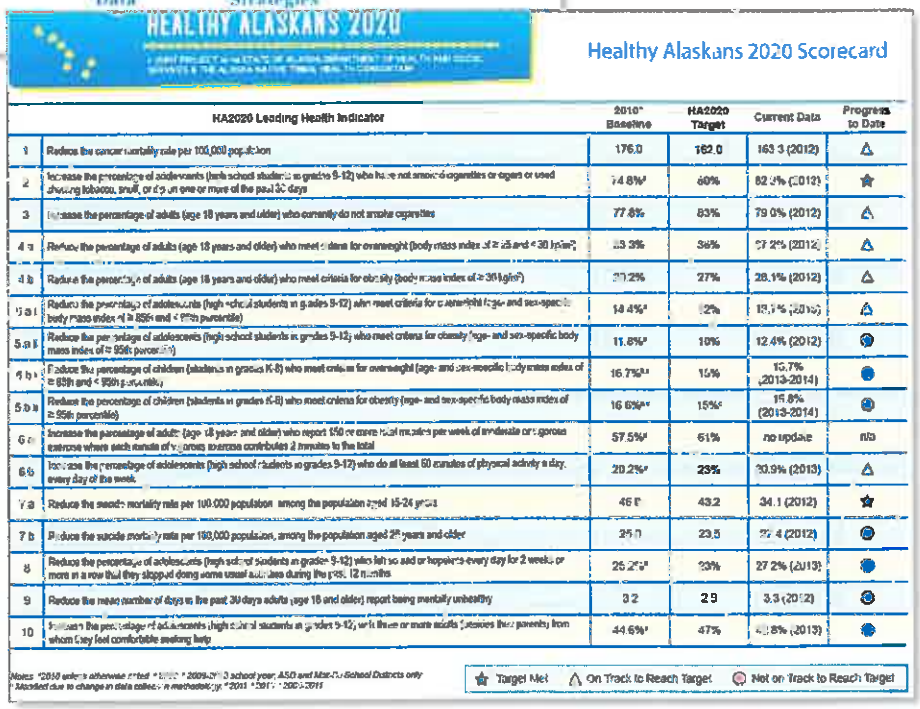


Exhibit M: Healthy Alaskans 2020 Website and Scorecard

West Virginia already has multiple state-wide health planning efforts underway to meet various state and federal requirements, such as the WV State Health Improvement Plan, West Virginia HIT Plan, West Virginia Health Innovation Collaborative, and other specific plans such as the state-wide Oral Health Plan that can easily be made publically available via the State's website. As was done in Alaska, though, we recommend that the WV Healthy People 2020 program not only provides **transparency on the State's health planning efforts**, but also **visibility into progress toward achieving goals and objectives** through a Report Card similar to that used by Alaska. In addition, a robust WV Healthy People 2020 program will include ways to **engage West Virginians in working toward the achievement of goals**.

To develop the WV Healthy People 2020 program, BerryDunn's team will:

- Meet with the HCA and DHHR leadership to understand budget constraints around the development of the WV Healthy People 2020 program and the availability of state resources to assist with development of the program (e.g., website developers, marketing/communications specialists, graphic designers).
- Facilitate a planning meeting with stakeholders responsible for the various statewide planning efforts to identify the types of information for inclusion on the WV Healthy People 2020 website (e.g., planning documents, survey results, interactive data sets) and determine additional desired activities to promote and maintain visibility into the program (e.g., Report Card, brochures, regional outreach activities, public service announcements). As part of this meeting, we will share information on a selection of states' Healthy People 2020 programs to provide participants with an understanding of how other states have approached their programs.
- Develop a WV Healthy People 2020 Program Plan, based on input from the facilitated stakeholder meeting, which sets forth recommendations for what will be included in the WV Healthy People 2020 program, including one-time and ongoing activities to create and sustain the program, high-level cost estimates, resource requirements, and an implementation timeline.

We have estimated 168 hours for performing the tasks described above, which will be billed only if incurred. If HCA prefers for BerryDunn to utilize these hours working on a specific component of the WV Healthy People 2020 program, such as developing a Report Card or preparing the website, we would be happy to adjust our Work Plan accordingly.

4.6.5. Develop a process for the state to use for identifying any and all funding opportunities available to the state for health improvement and other initiatives.

Vendor Response:

BerryDunn has developed a process for identifying and assessing the level of fit of public and private funding opportunities available to states for health improvement and other related initiatives. We maintain a list of websites and subscriptions to services that communicate federal and private funding opportunities and regularly review them; have developed "level of fit" criteria based on state priorities; and have created a reporting template for documenting and sharing information about funding opportunities available. Because we have already developed this process for other clients, we are pleased to share this process with HCA at no additional cost.

4.6.6 Fulfill ad-hoc reporting and answer special research questions of the HCA.

Vendor Response:

Upon receipt of a written request for ad-hoc reports or special research tasks, the BerryDunn Project Manager will review the request, estimate the number of hours required to complete the tasks, identify resources to fulfill the request, and provide a written response to the HCA within two business days. The written response will include an estimated number of hours, resume of the proposed resources, and estimated timeline for completion.

ATTACHMENT B: MANDATORY SPECIFICATION CHECKLIST

*As part of their responses, for mandatory requirements that indicate a future action, such as supplying reports during the life of the contract, or meeting other deliverables requirements, Vendor shall indicate their **agreement** to comply with the listed requirements. For mandatories that requirement documentation WITH the response, Vendors shall include the necessary document in their Technical Proposal.*

Section 4, Subsection 5:

5.1. During the life of the Contract, the vendor SHALL provide monthly reports detailing progress as strategies are developed and implemented.

Vendor Response:
Throughout the life of the Contract, BerryDunn will provide monthly reports detailing progress as strategies are developed and implemented

5.2. During the life of the Contract, the vendor SHALL assume all responsibility for meeting logistics, coordinating workgroup meetings, conference calls, documentation of all aspects of the project, paper and copying expenses, progress reports and all other costs associated with the project.

Vendor Response:

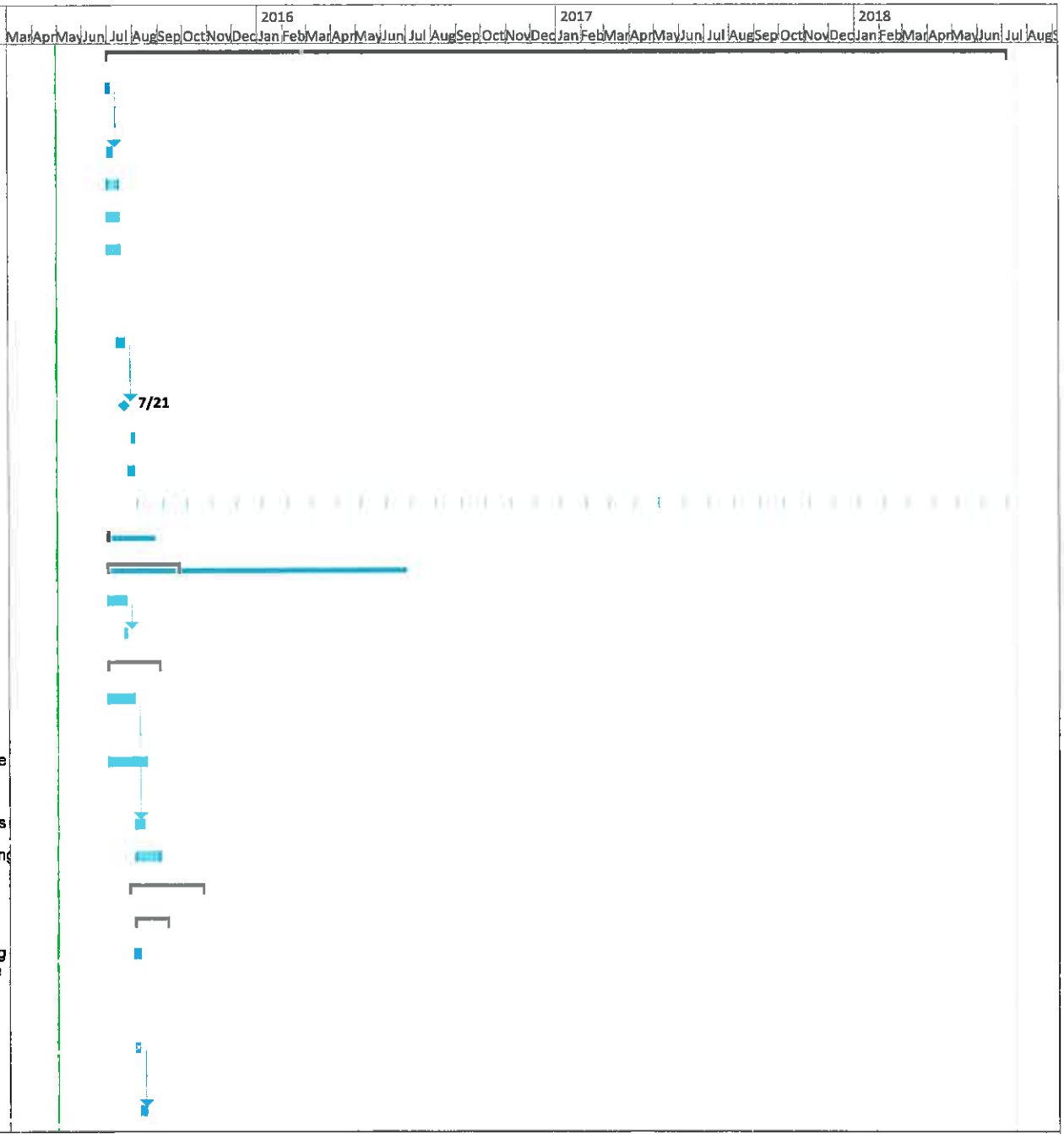
Throughout the life of the Contract, BerryDunn will assume all responsibility for meeting logistics; coordinating workgroup meetings, conference calls, and documentation of all aspects of the project; paper, and copying expenses; progress reports; and all other costs associated with the project.

*5.3 **As part of their response,** the vendor SHALL provide a sample Work Plan with milestones noted in order to meet the requirements of the RFP. The final Work Plan shall be provided to the Agency within ten (10) business days following award of the Contract.*

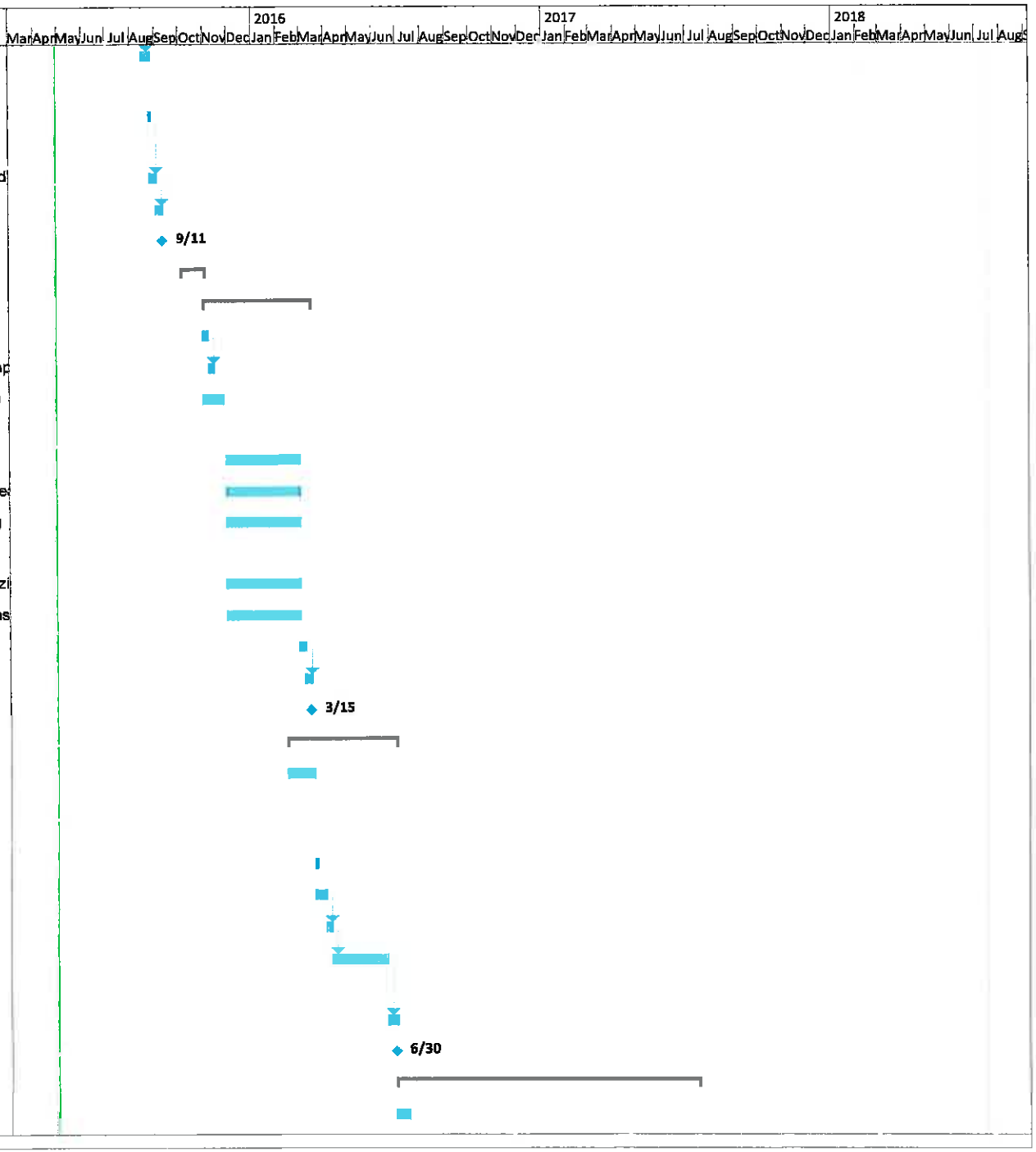
Vendor Response:

Our Project Gantt Chart on the following pages serves as our initial sample Work Plan that includes milestones noted in order to meet the requirements of the RFP. We will provide the final Work Plan to the Agency within ten (10) business days following award of the Contract.

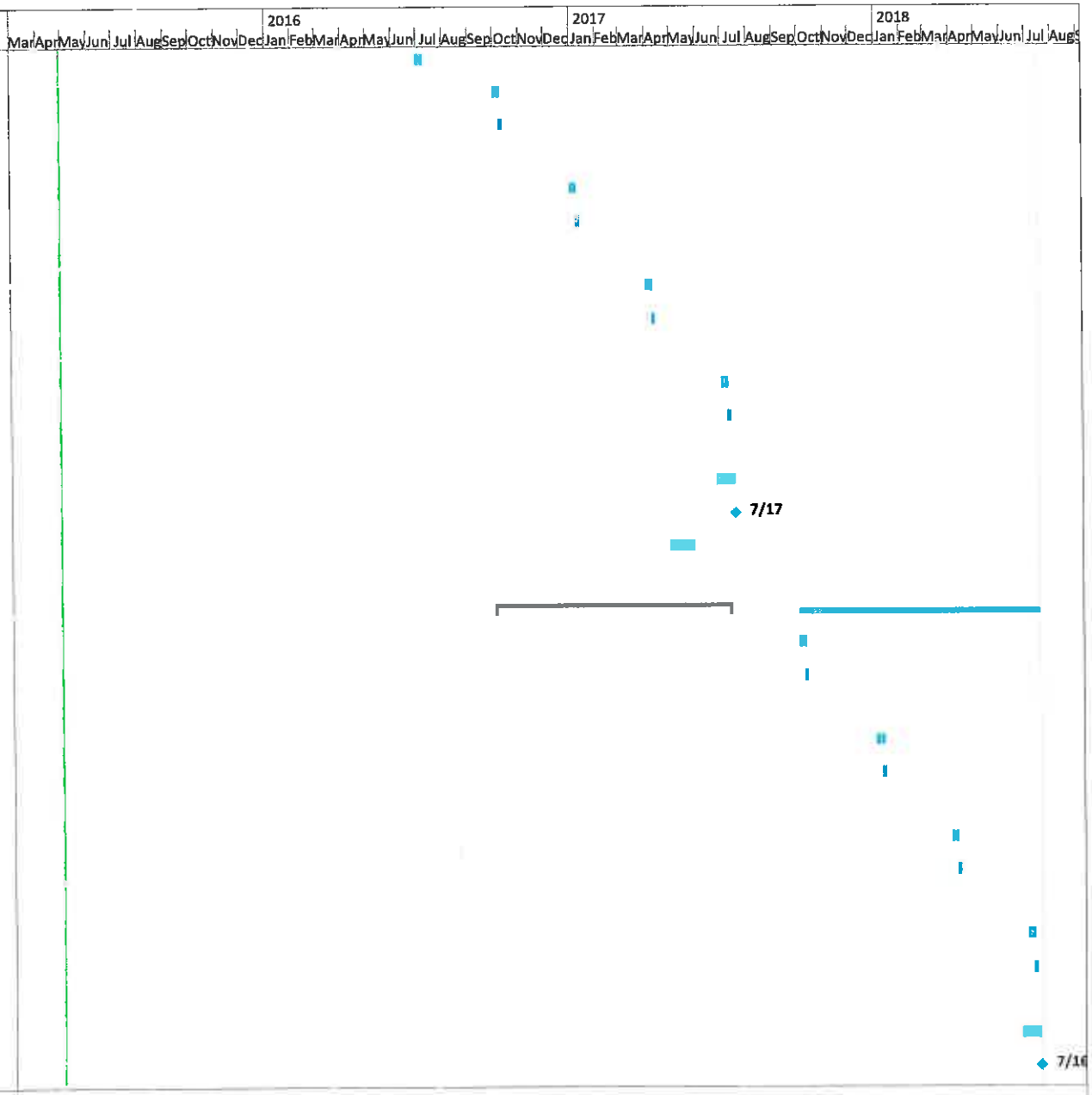
ID	WBS	Task Name
1	**1**	**Project Initiation and Management**
2	1.1	Hold initial Planning meeting with HCA to refine scope and align expectations
3	1.2	Develop format for monthly status report
4	1.3	Refine Project Work Plan/Schedule
5	1.4	Develop Expectations Document for the SHP
6	1.5	Submit final Project Work Plan/Schedule, Monthly Status Report template, and Expectations Document to HCA for review and conduct walkthrough meeting
7	1.6	Finalize Project Work Plan/Schedule, Monthly Status Report Template, and Expectations Document based on HCA comments.
8	1.7	Milestone: Final Work Plan/Schedule Complete
9	1.8	Conduct Project Kick-off Meeting
10	1.9	Establish KnowledgeLink Project Collaboration site
11	**1.10**	**Monthly Status Reports**
49	**2**	**Establish SHP Steering Committee**
56	**3**	**Develop SHP**
57	3.1	Develop Stakeholder Engagement Plan
58	3.2	Review Stakeholder Engagement Plan with HCA
59	**3.3**	**Analyze Current Environment**
60	3.3.1	Review and analyze existing health and health system documentation and data
61	3.3.2	Create a user-friendly inventory of health data sources available from state, federal, and private sector systems
62	3.3.3	Develop list of key themes, needs, challenges and opportunities
63	3.3.4	Prepare presentation materials for Regional Stakeholder Meeting
64	**3.4**	**Conduct Regional Stakeholder Meetings**
72	**3.5**	**Develop Mission and Vision**
73	3.5.1	Gather and review the mission and vision statements of existing statewide health planning initiatives in West Virginia to promote consistency and prevent duplication.
74	3.5.2	Gather and review the mission and vision statements of other states' SHPs.
75	3.5.3	Develop draft SHP Mission and Vision document.



ID	WBS	Task Name
76	3.5.4	Distribute draft SHP Mission and Vision statements to Steering Committee for review
77	3.5.5	Facilitate a work session with the SHP Steering Committee to discuss SHP Mission and Vision statements
78	3.5.6	Steering Committee Mission and Vision review period (if needed
79	3.5.7	Review comments and revise Mission and Vision as needed
80	3.5.8	Milestone: SHP Mission and Vision statements approved
81	**3.6**	**Prioritize health issues and select 10 Priority Areas**
86	**3.7**	**Convene Workgroups to develop Priority Area Plans**
87	3.7.1	Refine Priority Area Plan Template
88	3.7.2	Train facilitators on facilitation methodology and use of the Temp
89	3.7.3	Develop methodologies for utilizing data sources and analyzing and evaluating data.
90	3.7.4	Develop alternatives to address gaps in data availability
91	3.7.5	Facilitate 10 Priority Area Workgroups to develop 10 Priority Are
92	3.7.6	Develop methodologies for utilizing data sources and analyzing and evaluating data
93	3.7.7	Compile data files; select and apply statistical models for analyzi
94	3.7.8	Create measures and provide algorithms to administer the meas
95	3.7.9	Develop draft Priority Area Plans and share with workgroups
96	3.7.1(	Workgroup review of draft Plans
97	3.7.11	Milestone: Draft Priority Area Plans complete
98	**3.8**	**Develop draft SHP**
99	3.8.1	Draft SHP inclusive of purpose statement, Mission and Vision, description of the planning process, identification of current environment challenges and opportunities, and Priority Area Plans.
100	3.8.2	Deliver draft SHP to Steering Committee for initial feedback
101	3.8.3	*Steering Committee draft SHP review period*
102	3.8.4	Revise draft and prepare for distribution to stakeholders
103	3.8.5	Distribute to stakeholders, collect feedback from stakeholders and revise draft
104	3.8.6	Finalize SHP based on stakeholder comments
105	3.8.7	Milestone: Final SHP delivered
106	**4**	**Evaluate Year 1 SHP Implementation Progress**
107	4.1	Refine progress reporting methodology



ID	WBS	Task Name
108	4.2	Create standard quarterly update template
109	4.3	Prepare quarterly update 1
110	4.4	Facilitate quarterly Priority Area performance measurement and reporting meeting 1
111	4.5	Prepare quarterly update 2
112	4.6	Facilitate quarterly Priority Area performance measurement and reporting meeting 2
113	4.7	Prepare quarterly update 3
114	4.8	Facilitate quarterly Priority Area performance measurement and reporting meeting 3
115	4.9	Prepare quarterly update 4
116	4.10	Facilitate quarterly Priority Area performance measurement and reporting meeting 4
117	4.11	Develop annual SHP progress update
118	4.12	Milestone: Deliver Annual SHP Progress Update
119	4.13	Develop a process to transition the reporting work to the State in Year 3 to ensure a sustainable long-term reporting process
120	**5**	**Conduct Final Evaluation of SHP Progress**
121	5.1	Prepare quarterly update 1
122	5.2	Facilitate quarterly Priority Area performance measurement and reporting meeting 1
123	5.3	Prepare quarterly update 2
124	5.4	Facilitate quarterly Priority Area performance measurement and reporting meeting 2
125	5.5	Oversee preparation of quarterly update 3
126	5.6	Attend quarterly Priority Area performance measurement and reporting meeting 3
127	5.7	Oversee preparation of quarterly update 4
128	5.8	Attend quarterly Priority Area performance measurement and reporting meeting 4
129	5.9	Develop annual SHP progress update
130	5.10	Milestone: Deliver Final SHP Progress Update



Section 4, Subsection 6:

6.1.	*Within 1 year of contract award, the vendor SHALL deliver a draft SHP, acceptable to the Agency, determining strategies that provide an approach that is structured and specific enough to guide decisions, but flexible enough to respond to new health challenges. The SHP must contain purpose statement(s), a description of the planning process, a description of each priority/strategy, at least one measurable outcome objective or goal for each priority, at least one measurable impact objective for each outcome objective or goal, at least one proven intervention strategy for each impact objective, an evaluation plan for each and methodologies for aligning government programs, insurers and communities toward objectives and common goals.*

Vendor Response:

Within one year of contract award, BerryDunn will deliver a draft SHP, acceptable to the Agency, determining strategies that provide an approach that is structured and specific enough to guide decisions, but flexible enough to respond to new health challenges. The SHP will contain purpose statement(s), a description of the planning process, a description of each priority/strategy, at least one measurable outcome objective or goal for each priority, at least one measurable impact objective for each outcome objective or goal, at least one proven intervention strategy for each impact objective, an evaluation plan for each, and methodologies for aligning government programs, insurers, and communities toward objectives and common goals.

6.2.	*Within 15 months of award of the contract the vendor SHALL develop, produce and deliver a final SHP acceptable to the Agency.*

Vendor Response:

Within 15 months of award of the contract, BerryDunn will develop, produce, and deliver a final SHP acceptable to the Agency.

6.3	*At the end of year 2 of the contract, the vendor shall produce an evaluation of the progress made toward the measurable goals and objectives of the SHP, identify target areas for improvement in the subsequent SHP, and provide recommendations for improving the overall health of West Virginians and accepted by the Agency.*

Vendor Response:

At the end of year 2 of the contract, BerryDunn will produce an evaluation of the progress made toward the measurable goals and objectives of the SHP, identify target areas for improvement in the subsequent SHP, and provide recommendations for improving the overall health of West Virginians and accepted by the Agency.

6.4	*At the end of year 3 of the contract, the vendor shall produce a final evaluation of the progress made toward the measurable goals and objectives of the SHP and accepted by the Agency.*

Vendor Response:

At the end of year 3 of the contract, BerryDunn will produce **a** final evaluation of the progress made toward the measurable goals and objectives of the SHP and accepted by the Agency.

APPENDIX A: RESUMES

On the following pages, we have provided full resumes for our proposed Project Management Team members and leads, followed by biographies highlighting relevant qualifications and experience for our team of subject matter experts, analysts, and facilitators. We have provided evidence of our Project Principal's and Project Manager's Project Management Professional (PMP) certifications and would be pleased to provide additional evidence of team members' credentials if requested.

Charles K. Leadbetter, PMP – Project Principal

Charlie Leadbetter is a Principal and leads BerryDunn's State Government Consulting Group. Charlie has served as project manager and participated on project teams for clients in the public sector for over 20 years, with a focus on providing independent and objective services related to technology planning and system implementations. He has extensive experience managing large state, high stakes projects, BerryDunn and subcontractor teams, and utilizes project management best practices during all of his engagements. Charlie also has significant experience leading large-scale system planning, assessment, and design projects, developing functional and technical requirements and RFPs, leading system selections, facilitating contract negotiation, and providing independent implementation oversight.

RELEVANT PROJECT EXPERIENCE

Vermont Green Mountain Care Board (2013 to Present). Charlie is Project Principal for an initiative to support the GMCB with project management services to support the planned improvements in data processing, security, and usability of the Vermont Healthcare Uniform Reporting and Evaluation System data resource. This support includes the review and refinement of the existing business case, oversight of business requirements development, and identification of optimal collaboration points between the selected implementation vendors, among other project management tasks.

Vermont Agency of Human Services, Health Services Enterprise (2014). Charlie served as Project Principal for a "lessons learned" initiative to help the State evaluate the governance, management and oversight of the initial implementation of this first release of the Health Services Enterprise solution (Vermont Health Connect and MAGI Medicaid eligibility) including the best approach to organizational realignment to meet their goals.

Colorado Department of Human Services (2014). Charlie served as Project Principal to oversee an initiative to provide best practices research, needs assessment, and a feasibility study for the current childcare automated tracking system for the CDHS. This project's goal was to understand the current system's technical feasibility relative to the Colorado Child Care Assistance Program. In this role, Charlie was responsible for the quality of work provided to the CDHS, including the approval of all deliverables.

Missouri Department of Mental Health (2013). BerryDunn completed an independent assessment of DMH's current information systems, as well as future information system needs as defined by DMH management and the HITECH Act. Based on our evaluation, BerryDunn developed an Information Strategy Plan to identify gaps between the current and long-range business and technical needs and provide a roadmap for DMH to acquire, develop, and/or integrate clinical information systems to optimize efficiency and meet state/federal regulatory requirements. Following the completion of our initial long-range planning project, BerryDunn worked with DMH to analyze funding alternatives for procuring a new EHR solution. As Principal, Charlie oversaw the quality of services provided by our team.

West Virginia Offices of the Insurance Commissioner (2011 to 2013). BerryDunn worked with the OIC on several key activities, most notably leading the development of the State's HIX IT Strategic Plan, which serves as a strategic roadmap for to guide the State in complying with ACA requirements and timelines. We also led the development of the HBE Business Plan and Financial Sustainability Model; developed an RFI for HBE systems vendors; provided grant writing support; provided project management for several initiatives; facilitated the Plan Management workgroup; and provided policy analysis in areas such as financial management. Charlie served as Principal for this engagement, providing project oversight and high level management of the project team.

Massachusetts Executive Office of Health and Human Services (2011 to 2012). BerryDunn led the development of Massachusetts' State Medicaid Health IT Plan (SMHP), as required by the American Recovery and Reinvestment Act and Health Information Technology Economic and Clinical Health Act. The SMHP serves as the strategic vision for EOHHS as it moves forward with the development of health information technology (HIT) and information exchange activities and will become a critical component of the overall Commonwealth HIT Plan. Following the development of the SMHP, BerryDunn developed Massachusetts' Implementation Advance Planning Document, which set forth the State's funding request and cost justification to CMS. Charlie served as Project Director for this engagement, where he was responsible for four core teams of BerryDunn and subcontractor resources, along with Subject Matter Experts and other project resources.

Vermont Department of Children and Families (2010 to 2012). BerryDunn was engaged by the Vermont DCF to analyze the current processes and business needs for the Child Development Division's Integrated Services Data Management System. As the result of our analysis, DCF determined the need to procure a new system. BerryDunn then assisted with the development of functional requirements and an RFP document. We then provided project advisory services during the implementation of the selected system. As Engagement Manager, Charlie had responsibility for the quality of work provided to the DCF, including the approval of all deliverables.

West Virginia Bureau for Medical Services (2003 to 2007). BerryDunn worked in partnership with West Virginia's BMS to assess the development and implementation of the MMIS replacement and Pharmacy POS system and ensure that the systems developed met stated business and technical requirements. Charlie served as part of BerryDunn's project team to provide independent QA services for West Virginia's MMIS implementation.

EDUCATION AND PROFESSIONAL AFFILIATIONS

BS, Computer Science and Economics, University of Maine, Orono 05/1993

Certified Project Management Professional, Project Management Institute 12/2006

Project Management Institute

THIS IS TO CERTIFY THAT

Charles Knapp Leadbetter III

HAS BEEN FORMALLY EVALUATED FOR DEMONSTRATED EXPERIENCE, KNOWLEDGE AND PERFORMANCE IN ACHIEVING AN ORGANIZATIONAL OBJECTIVE THROUGH DEFINING AND OVERSEEING PROJECTS AND RESOURCES AND IS HEREBY BESTOWED THE GLOBAL CREDENTIAL

Project Management Professional

IN TESTIMONY WHEREOF, WE HAVE SUBSCRIBED OUR SIGNATURES UNDER THE SEAL OF THE INSTITUTE

Deanna Landers • Chair, Board of Directors

Mark A. Langley • President and Chief Executive Officer

PROJECT MANAGEMENT INSTITUTE CORPORATE SEAL 1969

PMP® Number 445633

PMP® Original Grant Date 23 December 2006

PMP® Expiration Date 22 December 2016

PMI Project Management Institute

BerryDunn

Kristan Drzewiecki, MP, PMP – Project Manager

Kristan Drzewiecki is a Manager in BerryDunn's Government Consulting Group, with more than ten years of professional project design, implementation, and management experience. She is a strong leader, facilitator, and technical writer with the ability to translate complex policies into clear, tangible actions. Kristan has a deep understanding of the systems and processes that support the delivery of government-funded health and human services.

RELEVANT PROJECT EXPERIENCE

Colorado Department of Human Services (2014). Kristan served as Project Manager to conduct an assessment of the current child care automated tracking system for the CDHS to understand its technical feasibility relative to the Colorado Child Care Assistance Program. She also led the effort to define current and future system requirements.

West Virginia Office of the Insurance Commissioner (2011 to 2013). Kristan provided program management and strategic planning services to assist the State with evaluating its alternatives for implementing a HIX. As part of her work, she created an Exchange Implementation Work Plan; developed a HIX IT Strategic Plan; created a budget and sustainability model for the Exchange, with a focus on the IT components; drafted an I-APD and Cost Allocation Strategy for Medicaid-Exchange touch points; and assessed eligibility system options.

Massachusetts Executive Office of Health and Human Services (2010 to 2011). Kristan served as Lead for the development of Massachusetts' State Medicaid Health IT Plan, with responsibility for managing the timeline, tasks, and team members associated with the development of the SMHP and the HIT I-APD.

West Virginia DHHR and BMS (2008 to 2011). Kristan worked with DHHR and BMS stakeholders to identify ACA provisions that impacted DHHR offices; evaluate specific ACA provisions in terms of their impacts on policies, programs, systems, budgets and operations; and monitor regulations and guidance. As Lead Analyst, she facilitated meetings with stakeholders, provided subject matter expertise, oversaw a team of BerryDunn analysts, and developed and reviewed project deliverables. During this time she also served as an Analyst for the MITA 2.0 State Self-Assessment, assisted with the development of an RFP and APD for the MMIS Replacement project, and led the development of the DW/DSS APD.

Vermont Department of Children and Families (2010 to 2011). BerryDunn was engaged by the Vermont DCF to analyze the current processes and business needs for the Child Development Division's Integrated Services Data Management System. As the result of our analysis, DCF determined the need to procure a new system. BerryDunn then assisted with the development of functional requirements, development of an RFP document for a vendor to develop a Children's Integrated System solution, and provided project advisory services for the implementation. Kristan served as Business/Technical Analyst for this project, where she conducted onsite fact-finding meetings and facilitated Joint Requirements Planning (JRP) work sessions, conducted best practice research, and assisted in the development of project deliverables.

West Virginia Bureau for Medical Services (2006 to 2008). Kristan worked as part of BerryDunn's team to provide post-implementation QA oversight of West Virginia's MMIS. As QA Analyst, Kristan reviewed vendor deliverables, implementation planning documents, and other project artifacts to identify and recommend strategies to address potential risks and issues.

Connecticut Department of Public Health (2007). BerryDunn conducted a business needs assessment and workflow analysis of the processes completed by the Connecticut DPH for its licensing and credentialing system. For this project, we document technical and functional requirements and develop a Logical System Design Document that outlined the necessary business and technical requirements, system interface requirements, and created an entity relationship model. Kristan assisted with the licensing system analysis, including the assessment of current processes and systems and facilitating JRP work sessions. BerryDunn's analysis provided the requirements necessary for DPH to create an RFP to procure a new system.

Project Development and Grant Writing (2000 to 2007). Kristan has extensive experience developing projects and writing proposals for Federal, state, and local government programs, including Low Income Housing Tax Credit, Federal Home Loan Bank, HUD (Continuum of Care, HOPWA, CDBG, HOME, and Section 811), corporations, and private foundations. She has developed multi-million dollar state funding applications for housing and supportive services; developed $2+ million CDC grant for HIV/AIDS prevention services in Puerto Rico; and wrote a successful corporate grant for a two-year project for the Maine Association of Substance Abuse Programs.

EDUCATION AND PROFESSIONAL AFFILIATIONS

Master of Planning, Housing and Community Development, University of Virginia 05/1997

Bachelor of Science, Foreign Service, Georgetown University 05/1992

Project Management Professional, Project Management Institute 12/2014

Project Management Institute

THIS IS TO CERTIFY THAT

Kristan Drzewiecki

HAS BEEN FORMALLY EVALUATED FOR DEMONSTRATED EXPERIENCE, KNOWLEDGE AND PERFORMANCE IN ACHIEVING AN ORGANIZATIONAL OBJECTIVE THROUGH DEFINING AND OVERSEEING PROJECTS AND RESOURCES AND IS HEREBY BESTOWED THE GLOBAL CREDENTIAL

Project Management Professional

IN TESTIMONY WHEREOF, WE HAVE SUBSCRIBED OUR SIGNATURES UNDER THE SEAL OF THE INSTITUTE

Steven V. DelGrosso • Chair, Board of Directors

Mark A. Langley • President and Chief Executive Officer

PMP® Number 1777878

PMP® Original Grant Date: 30 December 2014

PMP® Expiration Date 29 December 2017

PMI Project Management Institute

Hilda R. Heady, MSW, ACSW – Stakeholder Engagement Lead

Hilda Heady has spent 38 years working in the field of healthcare policy and administration, women's health, workforce development and community-based health professions training, and working with Veterans. She formerly served as Associate Vice President for Rural Health at West Virginia University in Morgantown; Executive Director of the West Virginia Rural Health Education Partnerships; and Program Director of the West Virginia Area Health Education Center. She was CEO of a rural West Virginia hospital and director of a birth center and provided content leadership on patient-centered care and cultural competence in these roles. She is also a former President of the National Rural Health Association and served in many leadership positions. She also holds adjunct professor appointments with Georgetown University and West Virginia University.

RELEVANT EXPERIENCE

Atlas Research, LLC (2010 to present). Hilda serves as the Senior Vice President and Chair of the Rural Health Research & Policy Group for Atlas Research, LLC. In this position, she leads rural health research and policy efforts and serves as a subject matter expert on rural health workforce policies and strategies, rural Veterans, rural health care policy, and rural health services research. She is or has served as the Project Lead on the Homeless Veterans Supported Employment Program, the VISN 5 Housing First Advisory and Technical Assistance Services project, the Rural Women Veterans Qualitative Research; Homeless Women Veterans Success Stories with the Department of Labor Women's Bureau; Hospice and Palliative Care Project with the National Rural Health Resource Center and the Veterans Integrated Services Network (VISN) 23; Rural Homeless and Prevention of Homelessness Services for VISN 5, and the DC VA Medical Center. Her work includes supervising case managers working with homeless Veterans; supporting the National Veterans Caregiver Training Program with VA; leading the VA Collaboration with the Rural Community Health Centers project including assessment of Veterans' dual use of both systems of health care; and program evaluation of the HRSA-funded Health Workforce Development Network in western Maryland.

WVU Health Sciences Center (1992 to 2010). As the Associate Vice President for Rural Health, Hilda directed the statewide rural health professions training program and other workforce development programs, with responsibility for developing and managing statewide partnerships of over 700 with eight regional training consortia and five Area Health Education Centers (AHECs). She also directed the WVU HSC Office of Rural Health and served on statewide coordinating and policy committees and various boards furthering efforts to improve rural health statewide.

West Virginia Area Health Education Center Organization (2001 to 2010). As State Program Director, served as principal investigator for the Basic/Core AHEC grant to the WVU School of Medicine; oversaw operation and distribution of grant funds to four regional AHEC centers; and worked with local Center Boards and community leaders, as well as faculty and administrators from the state's three medical schools.

Preston Memorial Hospital (1987 to 1992). Hilda served as CEO and administrator of a 76-bed rural hospital, with responsibility for administering a $6.5M annual budget and providing leadership under severe financial crisis, including passage of a $2M tax levy and $6M bond refinancing.

WVU Graduate School of Social Work (1977 to 1980). Hilda taught courses in rural community development, supervision, process consultation, and community organization

PUBLICATIONS, PRESENTATIONS, AND APPOINTMENTS

Ms. Heady speaks nationally regarding cultural competence in healthcare and policy, rural values and culture, Veterans, and health workforce issues. She also gives guest lectures, and manages relationships with leaders and stakeholders across various practice areas and health services research projects.

In 2010-11 she served as guest editor for the Rural Veterans special issue of the Journal for Rural Social Sciences. She focuses on the growing health problems of Veterans, particularly new Veterans returning from conflicts in Iraq and Afghanistan. Her expertise on these issues has led to invitations to provide congressional testimony on numerous occasions. In 2008, she was appointed to the national Veterans Rural Health Advisory Committee (VRHAC), advising the Secretary of the Department of Veterans Affairs.

SELECTED HONORS AND DISTINCTIONS

Distinguished West Virginian Award by Governor Joe Manchin, III (2009)

Lifetime Achievement Award in Rural Health by the National Rural Health Association (2006)

HRSA Associate Administrator's Award for outstanding achievement in expanding community based health professions training (2005)

Governor's Award for Outstanding Achievement in Rural Health in 1996

Exemplar Award by the National Association of Social Workers (1992)

EDUCATION AND PROFESSIONAL AFFILIATIONS

Master of Social Work, West Virginia University

Bachelor of Science, Sociology and Psychology, University of Southwestern Louisiana

Member, National Rural Health Association
President, 2005

Michael Powell, MA – Strategy Development Lead

Michael Powell is an experienced government change management professional with an emphasis on delivery. His 15 years of experience include working with Governor Martin O'Malley of Maryland, advising on technology and innovation, and broad experience in the public, private, and non-profit sectors, including executive management, project management, consulting, analysis, and sales. He has been published in Government Technology magazine, and has been featured as a speaker at numerous industry events. Currently, Michael serves on the board of the Baltimore Efficiency and Economy Foundation.

RECENT RELEVANT EXPERIENCE

Office of the Governor, State of Maryland (2012 to 2015). Michael served as the Chief Innovation Officer, a member of Governor O'Malley's senior staff, responsible for advising and leading on innovation and technology. In this role, he helped to manage the Department of Information Technology, the Major IT Project Development Fund, Cybersecurity, and the Governor's Delivery Unit. While with the State, he launched Maryland's Open Data Portal, which now includes hundreds of datasets available to the public, and has been recognized as a national leader. Additionally, he sponsored the creation of a "ComStat for Health" platform, a state-wide, real-time dashboard of clinical health information shared by all of Maryland's acute care hospitals.

Michael was instrumental in managing the StateStat system, a program that manages the Open Data Portal in tracking the Governor's 16 strategic goals for the State.

Baltimore Police Department (2005 to 2007). As the Director of Intergovernmental Relations, Michael managed the coordination of all city services in support of the administration's primary goal of reducing violent crime at a time when Baltimore was a national leader in crime reduction. While there, he served as part of the team that designed and implemented two strategies that accounted for much of a 7% reduction in crime (a 30-year low).

Mayor's CitiStat Office, City of Baltimore (2001 to 2005). Michael served as the Technical Director for the CitiStat Office, leading the technical analysis for the CitiStat performance management program, which won the Innovations in Government award from the Kennedy School at Harvard University. He also performed operations analyses, and was specifically responsible for analyzing the Police Department, Department of Information Technology, and Office of Homeless Services, and managing all technical applications. His accomplishments include developing a HousingView GIS system, launching the Code Blue emergency homeless shelter program, and leading several public safety efforts.

RECENT RELEVENT SPEAKING ENGAGEMENTS

Pennsylvania Digital Summit (plenary), 2014

CyberMaryland, 2014

Public CIO Technology Summit, 2014

National Association of State CIOs (plenary), 2013

EDUCATION AND PROFESSIONAL AFFILIATIONS

Master of Arts, Geography, Miami University

Bachelor of Science, Sociology and Geography, James Madison University

Named one of FedScoop's "Top 25 Most Influential People Under 40 in Government and Technology" (2013)

Linda K. Riddell, MS – Data Lead

Linda Riddell is a Population Health Scientist experienced in applying health data to strategic questions to help individuals and organizations develop actionable and specific health plans. Her specialty is in assessing data sources, linking the available data to valid measures, and translating the measures into engaging presentations. She has worked with data from all-payer claims databases, medical claims processors, decision support systems, validated surveys, and public datasets. With her strong background in quality measures, she helps teams make the best use of the data available and ensure that get a clear picture of health status and progress toward goals.

RECENT RELEVANT EXPERIENCE

Health Economy, LLC (2003 to present). Linda is Principal and Owner of Health Economy, an independent population health consultancy. She is currently working with two divisions within the Maine Department of Health and Human Services: the Office of MaineCare Services and the Office of Continuous Quality Improvement. Linda's work includes providing data analysis and other support to the Medical Director for strategic initiatives and responses to public and legislative inquiries. Additionally, she has designed and implemented an analysis framework for a major savings initiative that entailed creating an entirely new approach for six state agencies to share data about clients; developed an outcomes-based dashboard that allowed the Medical Director to find and learn from efficient, high quality providers; compared different data sources, including a HIE, APCD, and the state's own claims system to determine the best way to access and apply the data to the state's goals, and analyzed health and financial impacts of policy changes.

For Fortune 500 health insurers, employers, and wellness vendors, Linda used public health data sets and survey instruments to develop measures that allow the employer client to be compared to their home state's population. She also designed reports for the employers purchasing health coaching services, showing the improvement over time (i.e., percentage of people scoring higher on medication adherence). The report also described how these improvements impacted health costs, productivity, and absenteeism.

Maine Community Health Options (2012 to present). Linda joined as a Formation Board Member two years before Maine Community Health Options (MCHO) began offering coverage on the federal marketplace, helping to oversee its growth from three employees to more than 100. MCHO is funded by the ACA to provide a member-governed health insurer.

Healey & Associates, Inc. (2001 to 2003). As an Account Manager, Linda provided technical administrative oversight for 16 self-funded health insurance plans, with $20 million in annual funding. She developed new analysis reports using health claims data bases that allowed the employer to tailor wellness interventions and design benefits that responded to the unique health needs of the covered people.

Maine Workers Compensation Board (1995 to 1999). Linda was appointed by the Governor as the Director and confirmed by the Senate to serve as a management director on this labor-

management board. The board oversaw workers compensation administration, regulation, and statutory compliance for all carriers in the state.

EDUCATION AND PROFESSIONAL AFFILIATIONS

Master's Degree, Health Policy and Management, University of Southern Maine, Muskie School for Public Service

Bachelor of Arts, English, University of Cincinnati
(Phi Beta Kappa and summa cum laude)

Continuing education: Johns Hopkins University, University of Michigan, and Massachusetts Institute of Technology in biostatistics, social epidemiology, survey design, and advanced analytics.

Patricia Hart – Strategy Analyst and Workgroup Facilitator

Patricia Hart has over 27 years of experience conducting research, facilitating groups, writing grants, and analyzing data for government agencies, health care organizations, academic institutions, and private companies. For the past 14 years, her consulting practice has focused on public health, healthcare, and social services program evaluation and research. Patricia is well versed in management consulting, evaluation design, research methods, data collection, analysis, reporting, and presenting findings.

RECENT RELEVANT EXPERIENCE

Collaborative of Four Health Care Systems and Maine DHHS, Shared Health Needs Assessment and Planning Project (April 2015 to present). Patricia Hart is the project lead for a team of consultants contracted to analyze health data sets and collect stakeholder input on health priorities in Maine's communities. She serves as the liaison between the multi-stakeholder group and the project analysts to define needs and seek approvals for the primary and secondary data collection efforts. This shared health needs assessment will ultimately fulfill the Internal Revenue Services' Community Health Needs Assessment requirements for Maine's four largest health care systems and the State Health Assessment for the Maine Center for Disease Control and Preventions' public health accreditation process.

Maine DHHS (July 2014 to present). Patricia is facilitating a Comprehensive Strengths and Needs Assessment (CSNA) and planning process for Maine's Maternal Child Health Block Grant required by HRSA for state recipients of Social Security Act-Title V funding. The comprehensive planning process includes extensive stakeholder and consumer input to understand the health needs of woman, infants, children, children and youth with special health care needs, and adolescents.

Eastern Maine Healthcare Systems (July to September 2014). Patricia helped Maine's second largest health system update its Community Health Needs Assessment to include findings from a stakeholder survey and analyze differences among counties in its service region. She produced a set of reports with analyses for eight of Maine's 16 counties.

REPRESENTATIVE LIST OF PUBLICATIONS

Evaluation Plan for the Patient Navigation Approach to Managing High Blood Pressure and Cholesterol in Two Federally Qualified Healthcare Practices in Maine, prepared for the Maine Center for Disease Control and Prevention, Institutional Review Board, 2013.

Maine Cardiovascular Health Program Evaluation Plan, prepared for the Maine Cardiovascular Health Program on behalf of the Maine Center for Public Health Evaluation Team, 2007.

Comprehensive Evaluation Plan for the Partnership for a Tobacco Free Maine, the Maine Cardiovascular Health Program, the Maine Physical Activity and Nutrition Program and the state and local Healthy Maine Partnerships Program, prepared for the Maine Bureau of Health in 2002 and 2006.

Improving Care for Patients with Hypertension and High Cholesterol in the Primary Care Setting, Case Studies, Outcomes Measures, and Evaluation Survey Findings, prepared with Market Decisions for the Maine Cardiovascular Health Program, 2005.

Evaluation of the Healthy Androscoggin/St. Mary's Health System Project to Include Tobacco Assessment and Referral as a Vital Sign, prepared for St. Mary's Health System, 2014.

Environmental Indicators for Tobacco Policy in Maine's Cities and Schools, prepared for the Healthy Maine Partnerships, Maine Bureau of Health, 2006.

Let's Go! Healthcare Evaluation, Summary of Focus Groups with Healthcare Providers in Maine, New Hampshire, and Massachusetts, prepared for MaineHealth, December 2013.

Youth Healthy Lifestyle Project, Five Year Evaluation Report, prepared for Eastern Maine Healthcare Systems, September 2013.

EDUCATION

Master of Science, Resource Economics, University of Massachusetts

Bachelor of Arts, Economics/Classical Studies, The College of William and Mary

William A. Neal, M.D. – Clinical SME

Dr. William Neal began working with the WVU Department of Pediatrics in 1974 and continued his work with the University until his recent retirement, most recently serving as Chair of Pediatric Cardiology. Since 1998, his focus has been on cardiovascular disease prevention and epidemiology. He has received numerous awards and distinctions for his work, including recognition by the West Virginia Rural Health Education Partnership for his exemplary commitment and service in outreach to rural communities and students in 2006 and the Distinguished West Virginian Award by Governor Bob Wise in 2003.

ACADEMIC APPOINTMENTS

Professor & James H Walker MD Chair of Pediatric Cardiology, Department of Pediatrics, West Virginia University, October 2008 to 2014

Professor, Department of Pediatrics, West Virginia University, March 1998 to 2014

Interim Chief, Section of Pediatric Cardiology, September 2000 to July 2005

Professor & Chairman, Department of Pediatrics, West Virginia University, July 1985 to March 1998. Sabbatical Leave, January 1 to June 30, 1997 WVU Department of Community Medicine

Professor & Chairman Protem, Department of Pediatrics, Charleston Division, West Virginia University, July 1984 to March 1985

Professor, Department of Pediatrics, Chief, Section of Pediatric Cardiology, WVU, 1981 to 1985

Associate Professor, Department of Pediatrics, Chief, Section of Pediatric Cardiology, West Virginia University, 1976 to1981

Assistant Professor, Department of Pediatrics, West Virginia University, 1974 to1976

Instructor, Department of Pediatrics, University of Minnesota, 1973 to 74

SELECTED HONORS AND DISTINCTIONS

Outstanding Clinician Award, West Virginia University School of Medicine, Class of 1976

Pediatrician of the Year - 1996, American Academy of Pediatrics, WV Chapter

Dean's Award for Superior Lifetime Achievement, West Virginia University, 2000

National Rural Health Association, Louis Gorin Award for Outstanding achievement in Rural Health, Salt Lake City, May 15, 2003

Governor's Award, Distinguished West Virginian, 2003

American Public Health Association, 2003 GlaxoSmithKline Partnership for Healthy Children Award, San Francisco, November 16, 2003

The Ethel & Gerry Heebink Award for Distinguished State Service, West Virginia University, April 2004.

Special Achievement Award for Distinguished Service and Dedication to the Mission and Goals of the American Academy of Pediatrics, 2005

West Virginia Rural Health Education Partnership (WVRHEP): Judith Kandzari Award. For exemplary commitment and service in outreach to rural communities and students, 2006

2007 Secretary's Innovation in Prevention Awards. National Prevention and Health Promotion Summit, Washington DC. US Department of Health & Human Services. November 2007

RESEARCH SUPPORT

Following is a selected listing of research projects conducted by Dr. Neal:

WV DHHR, Neal (PI), 2001 to 2013: Coronary Artery Risk Detection In Appalachian Communities (CARDIAC) Project. The goal of this project is to assess the health status of WV youth.

Benedum Foundation, Neal (PI), 2007 to 2013: WV Healthy Lifestyle Act for Children. Evaluate and Enhance the Childhood Obesity Component of WV House Bill 2816. This grant supports school and community-based interventions for school-age children and families.

Benedum Foundation (20080273), Neal (PI), 2009 to 2012: Feasibility of Establishing a School-based Electronic Health Record in WV. The goal is to electronically interface health related data collected by the CARDIAC Project with the WV Education Information System (WVEIS)

WVU Children's Hospital Foundation, Neal (PI), 2006 to 2012: Schools on the Move. Individual awards to 45 schools to promote physical activity.

US Department of Education, Neal (Co-PI), PEP grant 2011 to 2014: Greenbrier CHOICES (Children's Health Opportunities Involving Coordinated Efforts In Schools).

Benedum Foundation (20110140), Neal (Co-PI), 2011 to 2012: Validation of a Model for Reducing and Preventing Obesity in West Virginia. Collaborative Project with Marshall University.

RWJF62079, Dino & Neal (PI), 2007 to 2009: RWJF. Evaluating WV HB 2816 Healthy Lifestyle Act of 2005. The goal of this project was to evaluate the progression of the HB2816 in WV.

In addition to the research projects listed above, Dr. Neal served as Principal Investigator or Co-Investigator on multiple federal grants to study cardiovascular diseases and health intervention strategies. In addition, he has presented nationally on a range of topics, including cardiovascular health, obesity, infant mortality, and physical activity.

EDUCATION AND PROFESSIONAL AFFILIATIONS

Education

Fellowship Pediatric Cardiology, University of Minnesota (1972 to 1974)

Pediatric Residency, University of Minnesota (1970 to 1972)

Rotating Intern, Milwaukee County General Hospital (1966 to 1967)

MD, Medicine, West Virginia University (1962 to 1966)

Bachelor of Science, Chemistry, Xavier University (1959 to 1962)

Professional Affiliations

President, National Perinatal Association, 1982 to 1984

Executive Board, National Association of Children's, Hospitals and Related Institutions, 1990 to 1994

Executive Committee, Association of Medical School Pediatric Department Chairmen, 1991 to 1994

Member, Board of Director's, Children's Miracle Network, 1993 to 2002

National Chairman of the Board of Trustees, Children's Miracle Network, 1998 to 2000

American Heart Association, Behavioral Science and Epidemiology Study Section (BSEP 2), 2001 to 2003

American Heart Association: Atherosclerosis, Hypertension, and Obesity in the Young (AHOY) Committee

State Committees

Chairman, WV Perinatal Association, 1975 to 1978

Board of Directors, Region VI/VII EMS Authority, 1975 to 1986

Medical Advisory Board, WV Department of Human Services, 1978 to Present

American Heart Association, West Virginia Affiliate President, 1984 to 1985

Monongalia County Medical Association President, 1985

School Health Committee, WV Department of Education, 1998 to present

Chair, Cardiovascular Disease Advisory Committee, Bureau of Public Health, 2003 to present

Board of Directors, Steering Committee, West Virginia on the Move, 2003 to present

WV Action for Healthy Kids, 2003 to present

Board of Directors, WV Medical Foundation, Vision Shared Leadership Team, WV Healthy Weight Coalition, 2004 to present

Institutional Committees

Alumni Association President, WVU School of Medicine, 1981

Chairman of Council Alumni Association, WVU School of Medicine, 1982

Board of Directors, West Virginia University, Medical Corporation, 1982 to 1986

Executive Committee Member, WVU School of Medicine, 1985 to 1998

Dean's Search Committee, School of Medicine, Chairman, 1989 to 1990

Radiology Chair Search Committee, School of Medicine, Chairman, 1990 to 1992

Institutional Review Board for the Protection of Human Subjects, 1998 to 2002

Center for Interdisciplinary Research in Cardiovascular Science, Search Committee, 2004 to present

WVU School of Medicine, Promotions & Tenure Committee, 2004 to 2005

Chair, Exercise Physiology Chair Search Committee, 2005

Member, WVU School of Medicine, Admissions Committee, 2012

Jamie Hart, PhD, MPH – Subject Matter Expert

Jamie Hart, PhD, MPH, a recognized health equity and strategic development expert, is Executive Vice President with Atlas Research, a subcontractor to BerryDunn for this engagement. She has extensive experience in improving health outcomes and increasing access to care for underserved populations through strategic planning and facilitation, provision of training and technical assistance, research, and assessment.

Dr. Hart previously worked at Altarum Institute as Director of the Knowledge Transfer and Technical Assistance Practice Area and Lead of the Health Equity Area of Expertise. She is highly regarded for her ability to bring diverse audiences together and facilitate productive discussions to define and address common goals. She currently assists the Office of Minority Health in executing an implementation strategy for the National Plan for Action to Reduce Health Disparities by providing ongoing technical assistance and facilitation to a Federal interagency team of more than 30 agencies, 10 regional planning bodies, and a national board. She also facilitates ongoing planning processes with agencies such as the Office of Adolescent Health and Office of Population Affairs.

She works with the NIH National Heart, Lung, and Blood Institute to increase the capacity of community health workers to address cardiovascular disease prevention and asthma management among underserved populations. She also recently directed contracts to promote national HIV prevention efforts; assess HIV-related technical assistance; examine efforts to recruit and retain African Americans who are HIV positive in care; and assess the severity of need for programs and services in order to distribute Ryan White CARE Act funds accordingly.

Dr. Hart directed the jointly-funded Veterans Affairs, Health and Human Services, Housing and Urban Development, and Department of Labor Homeless Policy Academies Initiative for five years. She has since been involved in the adaptation of this model to address co-occurring mental health and substance use disorders within specific populations, including returning service members, Veterans and their families; tribal communities; and students at historically black colleges and universities.

Prior to Altarum, Hart worked at the University of Michigan as an instructional consultant in the Center for Research on Learning and Teaching; as a research assistant on the CDC's Project REACH; and as a project director, researcher, and trainer at the Center for Research on Group Dynamics.

Dr. Hart holds a Master's degree in public health, health behavior, and health education, along with a Master's associate degree and a Doctorate of Philosophy in U.S. history with a specialization in African-American history, all from the University of Michigan. Her dissertation research focused on reproductive health and access to health care for African-American women.

BerryDunn

Jason Ormsby, PhD, MBA, MSHA – Subject Matter Expert

Jason Ormsby is Senior Vice President of Health Care Delivery Improvement and Program Evaluation for Atlas Research, a subcontractor to BerryDunn for this engagement. He has recognized expertise in health systems, quality measurement and improvement, accreditation, health professional education and certification, patient safety, and value-based purchasing. Dr. Ormsby has long focused on the linkages between health care quality, provider education and health information technology (HIT), as well as access for vulnerable populations involving rural and racial/ethnic/socioeconomic disparities. His projects for Atlas include a wide array of care delivery improvements in the Department of Veterans Affairs involving patient centered care models, rural health, women Veterans, and the collaboration between the VA and Federally Qualified Health Centers, as well as evaluation of VA contracting with private providers.

Dr. Ormsby has participated in quality measurement and improvement initiatives for the Department of Health and Human Services, particularly the new value-based purchasing models. He also provides expert guidance to public and private organizations involving the implementation and impact of the ACA, and has led related studies like an evaluation of Massachusetts health reform for The Commonwealth Fund. Through his faculty position within the Georgetown University Department of Health Systems Administration, Dr. Ormsby teaches on quality and policy and leads a robust Lean Six Sigma process improvement education and training curriculum which has provided certifications for graduate students and health professionals, as well as quality improvement solutions for numerous hospitals and health systems.

Dr. Ormsby began his career in health care administration at Mayo Clinic, where he focused on the implementation and meaningful use of HIT. After winning the prestigious David A. Winston Health Policy Fellowship, Dr. Ormsby moved to Washington, DC, and served as professional staff for the US House Ways and Means Committee, working on numerous Medicare quality measurement and improvement issues under Chairman Bill Thomas. He also directed health policy education initiatives for an organization led by Senators Jay Rockefeller and Bill Frist. Prior to joining Atlas Research, Dr. Ormsby handled federal relations for The Joint Commission, again focusing on the areas of quality measurement, care delivery improvement, patient safety, value-based purchasing, and HIT. He represented The Joint Commission on national quality and HIT advisory bodies, including the National Quality Forum, Hospital Quality Alliance, Ambulatory Quality Alliance, American Health Information Community and National eHealth Collaborative.

Dr. Ormsby holds a Doctor of Philosophy degree in Public Administration and Health Policy from The George Washington University, and Master's degrees in Business Administration and Health Services Administration from Arizona State University. He serves on the Board of the David A. Winston Health Policy Fellowship.

Eduardo Ortiz, MD, MPH – Subject Matter Expert

Eduardo Ortiz is Medical Director for Atlas Research, a subcontractor to BerryDunn for this engagement. A board-certified in internal medicine, he has additional expertise in evidence-based medicine, systematic review methodology, guideline development, quality and safety, quality measures, informatics, outcomes research, and blood pressure.

Before joining Atlas Research, he was director of clinical development and informatics at ProVation Medical, Wolters Kluwer Health, where he led the clinical content and development team for ProVation Order Sets, which have been used in over 700 hospitals, outpatient facilities, and emergency departments nationally and internationally.

Previously, he was a senior medical officer in the Division for the Application of Research Discoveries with the National Heart, Lung, and Blood Institute (NHLBI) at the National Institutes of Health. His work at NHLBI focused on translating research into clinical practice and the development and implementation of evidence-based guidelines. He was the program coordinator for the JNC 8 Blood Pressure Guideline, NHLBI co-lead for the Guidelines Implementation Work Group, evidence-based methodology lead for NHLBI's Cardiovascular Guidelines Program, and a methodologist and primary care clinical content expert for NHLBI's Sickle Cell Disease Guideline Program. He also served as an NHLBI representative on many multidisciplinary committees and as a liaison to numerous organizations on issues related to guidelines, systematic reviews, evidence-based medicine, quality measures, informatics, blood pressure, and cardiovascular disease prevention. He also served as a senior advisor in the Center for Biomedical Informatics.

Other positions include associate chief of staff, director of clinical informatics, and attending physician on the inpatient and outpatient clinical services at the Washington DC VA Medical Center; senior fellow and senior advisor for clinical informatics at the Agency for Healthcare Research and Quality; attending physician and research scientist at the VA San Diego Healthcare System, investigator with the VA-RAND Health Sciences Program, San Diego site director of the Southern California Evidence-Based Practice Center; and associate director of Outcomes Research and Management, U.S. Medical and Scientific Affairs, Merck and Co., Inc.

Dr. Ortiz has held academic faculty appointments at the Johns Hopkins School of Medicine, Harvard Medical School, George Washington University School of Medicine, and the University of California, San Diego School of Medicine.

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Connie Ouellette, CPA, FHFMA – Subject Matter Expert

Connie Ouellette is a Principal in BerryDunn's Healthcare Industry Group and leads the Group's hospital practice. She specializes in finance and third-party reimbursement and has provided consulting services to numerous healthcare providers, including hospital organizations, physician group practices, long-term care facilities, and home health agencies. She is experienced working with providers to support the CON process, including developing CON applications and assisting healthcare facilities with managing major capital spending on new facilities and equipment.

Connie helps clients with a variety of issues, including:

- Operational and financial analyses
- Third-party payor estimates
- Preparation and review of Medicare and Medicaid cost reports
- Medicare and Medicaid appeal assistance
- Medicare designations

Connie earned her Bachelor of Science in Accounting, *summa cum laude*, from the University of Southern Maine. She is a Certified Public Accountant and a Fellow in the Healthcare Financial Management Association, and is a member of the American Institute of Certified Public Accountants and the Healthcare Financial Management Association (HFMA), previously serving as President of the New Hampshire/Vermont Chapter of HFMA.

Keely Sayers, MPH, CPEHR – Facilitator

Keely is a Senior Consultant in BerryDunn's Government Consulting Group with nine years of professional experience in the healthcare delivery and public health industries. Keely focuses her serving state health and human services agencies. She worked as part of BerryDunn's team for the West Virginia Offices of the Insurance Commissioner to develop a Health Insurance Exchange IT Strategic Plan and a Business Plan and Financial Sustainability Model, document business requirements and processes, perform an IT system gap analyses, and prepare for the Establishment Review process with CMS. She is currently working with the Massachusetts Executive Office of Health and Human Services – Departments of Mental Health, Public Health, and Developmental Services – to plan for a new hospital information system to support the Commonwealth's public hospital facilities.

Prior to joining BerryDunn in 2012, Keely served as a research coordinator at Boston University School of Medicine and School of Public Health/MAVERIC, where she carried out quantitative and qualitative cognitive and neurological testing of participants and scored, managed and analyzed data for the Language in the Aging Brain Project and the Normative Aging Study. While at Health Care for All (HCFA), Keely led the development of a new survey on Rapid Response Methods, collected data from 34 hospitals, developed a scoring system for the qualitative and quantitative data, and analyzed this data to help hospitals gain and understanding of benefits and barriers with implementation.

Keely has a Master's in Public Health with a concentration in healthcare policy and administration and is a Certified Professional in Electronic Health Records (CPEHR).

Alison Buckser – Facilitator

Alison Buckser is an independent consultant and long-time BerryDunn subcontractor with strong public health, data analysis, policy analysis, facilitation, procurement, and technical writing expertise, which she has developed over 20 years of working with public health agencies, health and human service agencies, and not-for-profit organizations on the planning, development, and management of initiatives to meet the health and well-being of targeted populations.

Alison recently served as part of BerryDunn's team to conduct a needs assessment and strategic planning project for the Arizona Health Care Cost Containment System (AHCCCS) in support of the Personal Health Records (PHR) component of the Testing Experience and Functional Tools grant. Alison led the needs assessment, which entailed reviewing relevant documentation and interviewing a number of key stakeholders, including subject matter experts and business process owners within AHCCCS and the Department of Economic Security (DES)/Division of Developmental Disabilities (DDD), the Arizona Long-Term Care System (ALTCS) Advisory Council, health IT leaders working on Arizona's health information exchange (HIE), community advocacy groups, and LTSS providers to better understand Arizona's long-term care system and populations and to gather potential requirements for a PHR solution. In addition, Alison worked as part of BerryDunn's team for the West Virginia Bureau of Medical

Services in writing federal grant applications in coordination with State staff, analyzing the effect of healthcare reform laws, and writing Advance Planning Documents (APDs).

Alison's public health experience includes collaborating with community organizations on projects related to homelessness, mental health, children's health, oral health, and smoking cessation. She has done extensive work with the State of Rhode Island on programs such as Money Follows the Person, outreach and support for those transitioning from nursing homes to the community, Real Choices System Transformation, and efforts to expand dental access to children. She previously worked as Project Director for the American Cancer Society, with responsibility for directing the SmokeLess States Initiative, Campaign for a Health Rhode Island. This position included directing activities to build support and pass legislation to make 99% of Rhode Island workplaces smoke-free and overseeing administration of three grants to community organizations, including selection and oversight of grantees.

Alison earned her Master of Public Health from Yale University School of Medicine and her Bachelor of Arts in History from Brown University.

Allister Chang, BS – Strategy Analyst

Allister Chang is a consultant employed with UPD Consulting, a subcontractor to BerryDunn for this engagement to provide strategy development and implementation services. Allister is currently working with the Office of the State Superintendent (OSSE) in Washington D.C., analyzing data to design and implement data quality improvement processes to increase usage and data integrity. In his role he works the State and developers to ensure that state policy is translated and aligned with data system functionality.

He is also a former chemical engineer and high school educator. Starting his career in manufacturing, he analyzed complex processes and oversaw commercial scale trials to implement productivity and energy savings worth over $3M per year in the solar industry. He then joined Teach For America to use his industry experience to excite students about science at an under-served school in San Jose. While teaching, he coached three science teams whom all placed top 3 in the region; one of which surpassing a US News Top 100 high school.

Allister holds a BS in Chemical Engineering from Michigan State University.

Raymond Taylor, PhD – Data Analyst/Statistician

Dr. Raymond Taylor is a professor emeritus at North Carolina State University where he taught social science research and statistics for 25 years. During that period he founded a private operations research laboratory and managed it for twelve years before turning it over to the University and returning to Maine. The laboratory specialized in the applications of mathematics to decision science in the public sector, including education and health. More recently he has worked with the Maine Department of Labor on Worker's Compensation claims data and as Director of Data Analytics for the Maine Department of Health and Human Services.

He is the author of nearly 150 articles in scientific journals plus several books -- most significantly "*Decision Science in the Public Sector*" now being prepared for the fourth edition.

The book has appeared in English, Russian, Ukrainian, and parts in Spanish. Using it as a springboard, Raymond has lectured around the globe on the optimization of public policy.

Raymond holds several degrees, including an undergraduate degree in mathematics from Bucknell University and a doctorate in statistics and research methods from the University of Pennsylvania.

David Regan, MBA, PMP – Data Analyst

David Regan is a Senior Consultant in BerryDunn's Government Consulting Group with 13 years of experience in the healthcare, environmental science, and real estate industries where he has provided business consulting, project management, client relations, and oversight of operations for a variety of clients. He excels in the area of quality assurance, continuous process improvement, writing, and the creation and presentation of analytics.

Currently, David is the Project Manager for an initiative to support the Vermont Green Mountain Care Board with project management services to support the planned improvements in data processing, security, and usability of the Vermont Healthcare Uniform Reporting and Evaluation System data resource. This support includes the review and refinement of the existing business case, oversight of business requirements development, and identification of optimal collaboration points between the selected implementation vendors, among other project management tasks.

Prior to joining BerryDunn in 2012, David worked for Health Dialog, a provider of care management, healthcare analytics, decision support, and health coaching. He worked directly with data managers from client sites to securely acquire claims extracts and then usher the data through the load process. He was involved in quality assurance at numerous points in the data warehousing process, and managed downstream analytic reporting efforts. He routinely acted as a lead on client presentations of population analytics, medical cost savings, clinical outcomes and operational metrics. He also served as subject matter expert for the company on disease management accreditation requirements by the National Committee for Quality Assurance (NCQA).

APPENDIX B: PROJECT AND PERFORMANCE MANAGEMENT PLANS

B.1 Project Management Plan

BerryDunn's team will apply proven project management processes, tools, and techniques across all project activities, based on principles in the Project Management Institute's (PMI's) Project Management Book of Knowledge (PMBOK), version 5. Our approach includes applying standard processes across the project management lifecycle, as shown in Exhibit N and described below.

Exhibit N: Project Management Lifecycle

Initiation: Establishing Project Structure and Governing Processes

Project initiation is signaled by acceptance of our proposal and successful negotiation of a contract. Based on existing documentation, terms of the contract, and additional input from the HCA, BerryDunn will create the following initial planning deliverables:

- **Project Work Plan**, including:
    - As part of our proposal we have submitted the following components of our initial Project Work Plan:
        - A narrative Work Plan (presented in Attachment A of this proposal)
        - Microsoft Project Gantt Chart with key milestones identified (provided in Attachment B of this proposal)
    - Upon contract award we will extend the Work Plan to include:
        - Deliverables Dictionary
        - Resource Plan (including BerryDunn and HCA resources assigned to each major task)
        - Project Assumptions and Constraints
        - Agreed-upon processes for managing change, risks/issues, quality, communications, and resources
        - Templates for standard documentation (e.g., Status Reports, Agendas, Deliverable Acceptance Forms, etc.)

Planning: An Ongoing Process…

Planning is not a one-time task, but an ongoing project management process. It entails clarifying deliverable expectations, identification and integration of tasks, estimation of effort and/or duration, allocation of appropriate resources, and development of strategies to mitigate any significant project risks. BerryDunn's Project Manager will conduct initial planning with the HCA and maintain and update planning documents throughout the engagement.

Execution and Control: Execute the Plan. Monitor and Measure. Report Outcomes.

Throughout the course of the engagement, BerryDunn's Project Manager will apply knowledge, skills, tools, and techniques to direct project activities, review deliverables, leverage resources, facilitate communication, and monitor team function to achieve the expectations established in the contract and further refined by the State through initial and ongoing project planning.

Prior to submitting deliverables to the HCA for approval, the BerryDunn Project Manager will review the deliverables to evaluate fitness of use and compliance with established acceptance criteria. Status Reports provide a snapshot of project health and measure actual progress against expected outcomes.

Project Close: Are We There Yet?

Project close activities and deliverables will validate that the HCA's expectations have been met and tasks have been completed as agreed upon. Knowledge transfer activities are designed to ensure a smooth transition of our work to the HCA.

Scope Management

From a project perspective, effective scope management establishes and helps to satisfy stakeholder expectations. This involves defining the scope of the project, periodically validating scope, and monitoring planned work against approved scope to ensure accountability for actual against planned outcomes.

BerryDunn will review the scope, objectives, and requirements for each project task and major deliverables with the HCA prior to commencing work in order to clarify HCA expectations and ensure a common understanding among project team members. Changes will follow an agreed-upon change control process as determined during initial project planning between BerryDunn and the HCA.

Changes in scope, cost, and/or staffing, made by mutual agreement and approval with the HCA, may necessitate a revision to the Project Work Plan and/or Schedule. If such revisions are necessary, they will be submitted for HCA review and approval using an agreed-upon Change Request Form, similar to the format presented in Exhibit O.

Sample Change Request Form

Request #:

Description of Change:

Reason for Change:

Impact Assessment

- **Scope**
- **Schedule**
- **Budget**
- **Deliverable Description**

Change Requested By: _____

Date Request Submitted: _____

Reviewed By	Date Reviewed	Recommendation

Change Request ☐ **Approved** ☐ **Denied**

_____ _____

State Signature *Date*

_____ _____

BerryDunn Signature *Date*

Exhibit O: Sample Change Request Form

Upon signature approval, BerryDunn will update the Project Schedule and/or Project Work Plan to reflect the agreed-upon change(s). It should be noted that some changes may impact a project without changing the contract. Such changes should be evaluated by the BerryDunn Principal and the HCA and approved by the HCA prior to their adoption.

Project Influences

Project influences are defined as conditions external to the project that will, or could have, an impact on creating the deliverables or achieving the project objectives. These influences can be categorized as assumptions, constraints, and dependencies. We have identified the following assumptions, constraints, and dependencies as potentially influencing this project, which we have factored into our proposed project approach.

Assumptions are premises about the business and/or project environment that, for the sake of planning, are taken as fact. The following assumptions are assumed true for the purposes of this project:

- HCA and DHHR leadership considers this project a priority, and although staff may be faced with many other important priorities, leadership will clearly communicate and

support the prioritization of project participation. We acknowledge that resource constraints may exist (see below) and will work to accommodate potential scheduling conflicts and constraints, while still maintaining agreed-upon timeframes for completing project work.

- This project will require coordination among the various stakeholder groups. Stakeholders will be cooperative in responding to requests for information and meetings.

Constraints are restrictions that may affect a project's ability to reach its intended goals and objectives. The project has limited or no control over constraints. The following are considered constraints for purposes of planning for this project:

- Availability of HCA and DHHR staff and project stakeholders is limited due to many competing priorities, including daily business and other projects and initiatives, which may impact the project schedule and ability to conduct some of the planned work concurrently. Throughout the project, we will work with HCA leadership to plan our work, taking into consideration the availability and competing demands of key stakeholders. If scheduling issues arise that will impact the overall project timeline or milestones, we will alert the HCA of these issues as part of our regular status reporting and work together to determine an appropriate resolution.
- The completion of BerryDunn's project work may be reliant on the timely receipt of data and/or documentation from the State and/or other sources.

Dependencies describe a relationship that exists between projects or entities that could impact the success of either or both. These relationships must be taken into account when planning project work. The following is a list of project dependencies considered for project planning purposes:

- Decisions made in other projects currently underway (e.g., WV State Health Improvement Plan) may impact this project and vice versa.

Quality Control Procedures

BerryDunn is an independent Certified Public Accounting and Consulting firm. Our professional services – including our quality control procedures – comply with the regulations of the American Institute of Certified Public Accountants (AICPA), Public Company Accounting Oversight Board (PCAOB), and other regulatory bodies.

We take the quality of our work seriously and work to exceed our clients' expectations of the quality and timeliness of our communications, service delivery, and final work products. We strive to assure quality by understanding client expectations, developing a reasonable and achievable project approach, gaining client concurrence on project tasks and timing, and using appropriate staff for each engagement. Our approach to Quality Management includes the following activities:

Quality Management Planning	•BerryDunn's Project Manager, in collaboration with the HCA, will identify quality standards relevant to the project and determine how to satisfy them.
Quality Assurance	•BerryDunn's Project Manager will evaluate project performance and deliverables on a regular basis to ensure an understanding of and compliance with the approved quality management standards and work with the HCA to eliminate causes of unsatisfactory performance.
Quality Control	•BerryDunn's Project Manager, in collaboration with firm analysts, will monitor specific project results and deliverables to determine compliance with relevant quality standards.

The following quality assurance guidelines apply to the preparation, submission, review, and approval of project deliverables:

- BerryDunn will provide a Deliverable Expectation Document for each deliverable prior to commencing work, for the HCA's review and approval of the planned format, content, and review timeline for each deliverable.
- Each deliverable will undergo an internal BerryDunn QA review prior to submission for HCA approval. Both the written quality and context of the deliverables will be reviewed by multiple BerryDunn resources.
- By submitting a deliverable, the BerryDunn team members represent that, to the best of their knowledge, they have performed the associated tasks in a manner that will meet the stated objectives.
- The HCA will review each deliverable and either grant approval, reject portions of or the complete document, request revisions be made, or state the inability to respond to the deliverable until a specified date.
- By approving a deliverable, the HCA represents that it has reviewed the deliverable and detected no errors or omissions of sufficient gravity to defeat or substantially threaten the attainment of the deliverable's objectives.

Tools and Technology

For the daily management and undertaking of project tasks, we strive to avoid unnecessary delays, enhance productivity, promote collaboration, and minimize barriers to participation. To that end, we utilize software that is familiar to most users, as shown in Table 5. As part of the initial planning process and as needed throughout the project, we will review software preferences and user accessibility needs to ensure we are meeting the HCA's needs.

Table 5: Program Management Technology/Tools

Technology/Tool	Description and Benefits for this Project
Microsoft Word and Excel	Most of our deliverables are developed using these common software applications.
Microsoft Project	We use Microsoft Project to develop and maintain project schedules. Where licensing constraints present a barrier, BerryDunn can easily provide an alternative format such as PDF for ease of client access. All of our Project Managers are familiar with Microsoft Project and use it to manage engagements.
Adobe Acrobat	We frequently provide "final" documents in Adobe PDF format, as this format allows documents to be easily shared with project stakeholders without the concern that documents have been altered. This transferable file format allows clients to access and read the deliverable documents without having to license specific Microsoft software products.
Microsoft PowerPoint	We use PowerPoint primarily for communicating key information during presentations and training sessions. In addition to displaying the PowerPoint presentation on a display screen, we provide hand-outs of the presentation for participants.
Microsoft Visio	We use Visio for the development of process flows, organization charts, and business process diagrams and typically provide clients with final versions in both Visio and PDF formats.
Teleconference Bridge, Videoconference, and Recording	BerryDunn provides teleconference and videoconference technology, which allows up to 20 callers to participate in teleconferences and multi-point video conferences.
Go-To Meeting	BerryDunn maintains multiple accounts with this industry-leading, web-based collaboration software. It is easy to use and allows for effective communication and collaboration even when all team members are not in the same location.

Communications Plan

BerryDunn understands that communication is key to project success. The right people need the right information at the right time. Project Communication Management includes the processes required to ensure timely and appropriate collaboration on the project. As part of our Work Plan, we will provide a communications plan designed to support timely and appropriate communication and collaboration on the project. The intent is to provide information to appropriate team members and stakeholders, clarify their roles and responsibilities, and minimize the impact to their day-to-day jobs. The following project management tools and standards are used to address communication needs:

- **Roles, Responsibilities, and Method of Communication** – As part of the Communications Plan, we will identify project participants (e.g., HCA team members, DHHR executive leadership, Steering Committee) and stakeholder groups who have a need for project information. The plan describes the communication needs of each group as well as the method(s) and frequency of communication to meet those needs.
- **Internal Project Communication** – Internal project communication between team members will be enhanced with the following:
  - *BerryDunn KnowledgeLink*, which allows for secure sharing of project-related information among State and BerryDunn project team members
  - Email, tele-conferencing, and, when available, video-conferencing, and GoTo Meeting
  - Advance copies of agendas and handouts for attendees to review prior to meetings
- **Meeting Management** – BerryDunn's team members are experienced meeting facilitators and will schedule and structure meetings and work sessions to make best use of attendees' time. Following are general guidelines for the project meetings we will facilitate:
  - Meetings will begin and end on time.
  - Meeting participants will be provided with reasonable notice of the meeting, as well as reasonable notice of meeting time/date changes and cancellation.
  - Key meeting participants who cannot attend should send a designee to attend in their stead.
  - Clearly defined meeting purpose or objectives will be included in the meeting invitation.
  - Meeting participants should come to the meeting prepared, which includes reviewing meeting materials in advance and being prepared to present information when scheduled to do so.

During initial project planning, we will review these general meeting management guidelines and determine whether modifications are needed to comply with the HCA's established standards and guidelines.

Resource Management

The Resource Management section of the Project Plan will outline project roles and responsibilities for HCA, DHHR, and BerryDunn team members, and other stakeholders as warranted, and depict the organization of project leadership, teams, and participants.

Risk Management

BerryDunn leverages the PMI PMBOK Project Risk Management discipline as a framework for the proactive management and control of risks and issues. Exhibit P presents key elements of this discipline.

Exhibit P: Key Elements of PMBOK Project Risk Management Framework

BerryDunn uses the following definitions during the management of risks and issues:

> **RISK:** Uncertain events or conditions that, if they occur, may cause the project to be unsuccessful or less than successful in meeting objectives. Risks are events or conditions that have not yet occurred but may occur in the future. The risk's impact may be positive or negative. A risk can be accepted, deferred, or mitigated.
>
> **ISSUE:** Unaddressed Risks may become Issues, and unresolved Issues may increase project risk. An Issue is a point or matter that is unresolved, in question, under discussion, or in dispute. An Issue is a situation, which has occurred or will definitely occur, as opposed to a Risk, which is a potential event. If left unresolved, an Issue will negatively impact project scope, schedule, budget, or quality.

Our risk management approach includes the following:

- *Identifying the Right Risks.* Identifying too many or too few risks can negatively impact risk management processes. It is important to define the difference between risks, issues, and action items, and address each appropriately. This allows project management to focus their efforts on priority risks/issues.
- *Documenting Risks.* Consistent and comprehensive documentation of risks and issues facilitates efficient communication and shared understanding and analysis. BerryDunn will document and maintain identified risks and provide a summary of risks in the Status Report.

- *Communicating Risks.* Clear and timely communication of risks is essential to the risk management process. In order to ensure an appropriate level of action, we will inform the HCA of significant risks as they are identified, not waiting until the Status Report. In this way, we are often able to include progress toward the implementation of recommendations in the reports.
- *Effectively Prioritizing Risks.* As part of our regular status update meetings, we will work with the HCA to review risks, plan mitigation strategies, make recommendations, and address changes in priorities.
- *Defining and Executing Mitigation Plans/Strategies.* The development of a mitigation strategy is central to effective risk management. The time to look at options, develop an approach, and reach consensus is *before the risk becomes a reality*. There are four options for risk mitigation strategy:
  - *Avoid* – Work to eliminate the risk and protect the project from its impact
  - *Transfer* – Shift risk to a third party along with ownership of the response
  - *Mitigate* – Work to reduce the probability and/or impact of the risk
  - *Accept* – Acknowledge the risk and not take any action unless the risk occurs

We will work with the HCA to establish a strategy for the resolution of each issue and the mitigation of each risk, including designation of an owner and identification of a target date for resolution toward resolution and mitigation.

B.2 Performance Management Plan

BerryDunn's approach to performance management relies on two methods of evaluating compliance with service level agreements (SLAs): self-reporting and client survey.

- **Self-Reporting** – BerryDunn will consult approved project documents such as the Project Schedule and deliverable review forms to gather project data for reporting on SLAs.
- **Client Satisfaction Survey** – On an annual basis, BerryDunn will provide the HCA's Project Governance Team with a simple, brief, user-friendly client satisfaction survey to gather performance information. If more than one individual chooses to complete the survey, the scores will be averaged for each indicator.

Table 6 describes the conditions, SLAs, performance guarantee, metrics, and method of measurement for BerryDunn's performance on this project.

Table 6: BerryDunn Performance Management Plan

Condition	Service Level Requirement	Performance Guarantee	Metric(s)	Method of Measurement
Timeliness	Deliverables are provided on or before the due date in the approved Project Schedule.	100% on-time delivery of deliverables	Number of deliverables submitted on-time / Total number of deliverables submitted Average number of days difference between Planned and Actual deliverable submission dates	Self-reporting
Timeliness	Requested revisions to deliverables are made and the deliverables resubmitted within 5 business days.	100% of revised deliverables are resubmitted within 5 business days	Number of revised deliverables resubmitted on-time / Total number of revised deliverables resubmitted Average number of days to resubmit revised deliverables	Self-reporting
Timeliness	Vacancies in key positions are filled within 30 days.	100% of vacancies are filled within 30 days	Number of vacancies filled on-time / Total number of vacancies filled Average number of days to fill vacant positions	Self-reporting
Quality	Work products are generally complete, clear, comprehensive, accurate, and free of formatting, spelling and grammatical errors.	100% of deliverables meet the requirement	Number, type and severity of state comments on deliverables	Self-reporting
Performance	Project resources are well-qualified and allocated appropriately to meet project scope, schedule and quality requirements	Score of 4 or above on a 5-point scale	Results of annual customer satisfaction survey	Annual customer satisfaction survey

Condition	Service Level Requirement	Performance Guarantee	Metric(s)	Method of Measurement
Performance	Project team is adhering to the project management processes outlined in the approved Project Management Plan	Score of 4 or above on a 5-point scale	Results of annual customer satisfaction survey	Annual customer satisfaction survey
Performance	Project team members are cooperative, professional, and respond promptly to requests for assistance and information	Score of 4 or above on a 5-point	Results of annual customer satisfaction survey	Annual customer satisfaction survey

APPENDIX C: SIGNED DOCUMENTATION

In this section, we have provided the following signed documentation:

- Solicitation Cover Page
- Vendor Preference Form
- Addendum Acknowledgement Form
- Purchasing Affidavit

	Purchasing Divison **2019 Washington Street East** **Post Office Box 50130** **Charleston, WV 25305-0130**	**State of West Virginia** **Request for Proposal** **10 — Consulting**

Proc Folder: 92749

Doc Description: RFP for State Health Plan

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2015-03-24	2015-04-29 13:30:00	CRFP 0507 HCC1500000001	1

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Name, Address and Telephone Number:

Berry Dunn McNeil & Parker, LLC

100 Middle Street, Portland Maine 04101

(207)775-2387

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick
(304) 558-0067
robert.p.kilpatrick@wv.gov

Signature X **FEIN #** 01-0523282 **DATE** April 29, 2015

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

Rev. 04/14

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with ***West Virginia Code***, §5A-3-37. (Does not apply to construction contracts). ***West Virginia Code***, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the ***West Virginia Code***. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

2. **Application is made for 2.5% vendor preference for the reason checked:**
____ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

3. **Application is made for 2.5% vendor preference for the reason checked:**
____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

4. **Application is made for 5% vendor preference for the reason checked:**
____ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
____ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Berry Dunn McNeil & Parker, LLC **Signed:** _____

Date: April 29, 2015 **Title:** Principal

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: HCC1500000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[✓]	Addendum No. 1	[ ]	Addendum No. 6
[ ]	Addendum No. 2	[ ]	Addendum No. 7
[ ]	Addendum No. 3	[ ]	Addendum No. 8
[ ]	Addendum No. 4	[ ]	Addendum No. 9
[ ]	Addendum No. 5	[ ]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Berry Dunn McNeil & Parker, LLC
Company

Authorized Signature

April 29, 2015
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

RFQ No. HCC1500000001

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, 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: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. 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.

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.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"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 exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Berry Dunn McNeil & Parker, LLC

Authorized Signature: _____ Date: April 29, 2015

State of Maine

County of Cumberland, to-wit:

Taken, subscribed, and sworn to before me this 29th day of April, 2015.

My Commission expires _____, 20___.

AFFIX SEAL HERE

MARY M. MILLS
Notary Public, Maine
My Commission Expires December 24, 2016

NOTARY PUBLIC Mary M Mills