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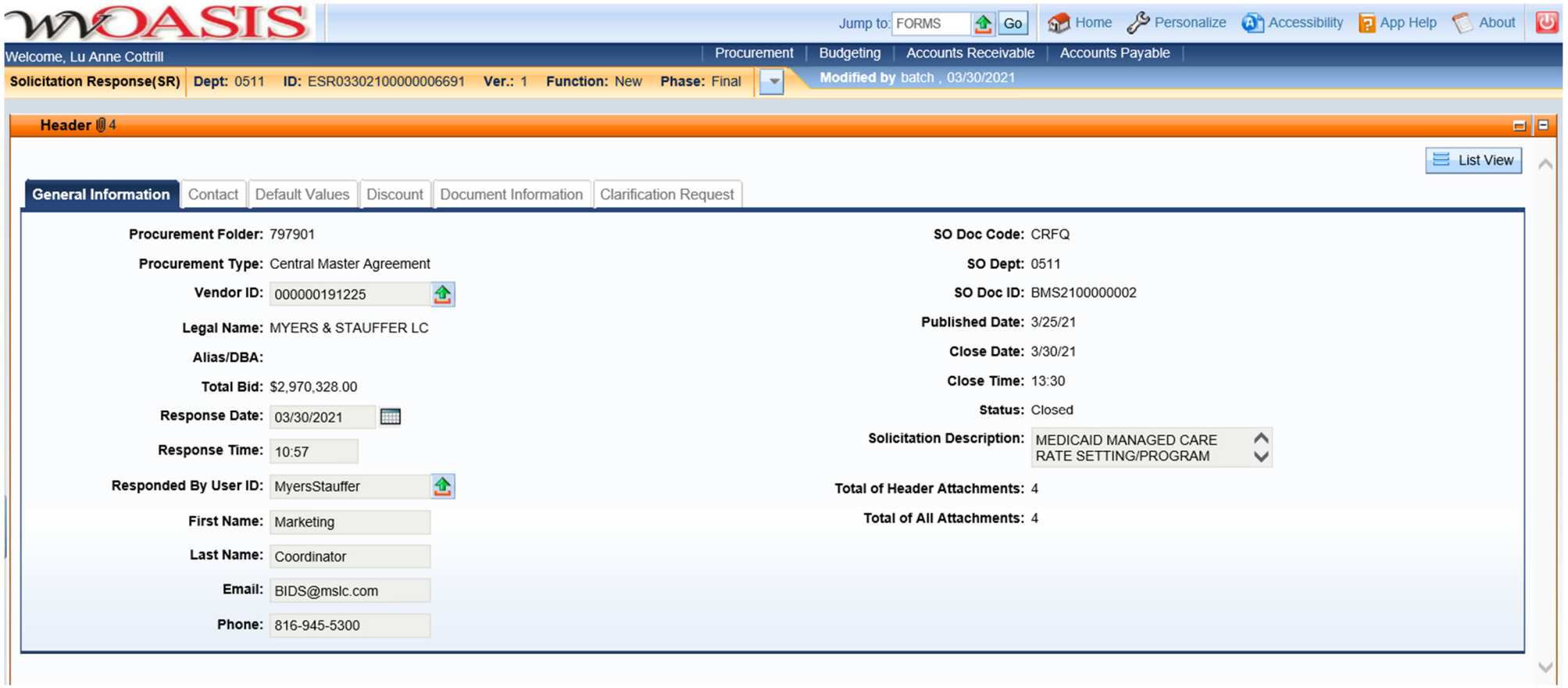

wvOASIS
Jump to: FORMS Go
Home
Personalize
Accessibility
App Help
About
Welcome, Lu Anne Cottrill
Procurement
Budgeting
Accounts Receivable
Accounts Payable
Solicitation Response(SR) Dept: 0511 ID: ESR03302100000006691 Ver.: 1 Function: New Phase: Final
Modified by batch , 03/30/2021
Header 4
List View
General Information
Contact
Default Values
Discount
Document Information
Clarification Request
Procurement Folder: 797901
Procurement Type: Central Master Agreement
Vendor ID: 000000191225
Legal Name: MYERS & STAUFFER LC
Alias/DBA:
Total Bid: $2,970,328.00
Response Date: 03/30/2021
Response Time: 10:57
Responded By User ID: MyersStauffer
First Name: Marketing
Last Name: Coordinator
Email: BIDS@mslc.com
Phone: 816-945-5300
SO Doc Code: CRFQ
SO Dept: 0511
SO Doc ID: BMS2100000002
Published Date: 3/25/21
Close Date: 3/30/21
Close Time: 13:30
Status: Closed
Solicitation Description: MEDICAID MANAGED CARE RATE SETTING/PROGRAM
Total of Header Attachments: 4
Total of All Attachments: 4

**Department of Administration**
**Purchasing Division**
**2019 Washington Street East**
**Post Office Box 50130**
**Charleston, WV 25305-0130**

# State of West Virginia
# Solicitation Response

| | |
|---|---|
| **Proc Folder:** | 797901 |
| **Solicitation Description:** | MEDICAID MANAGED CARE RATE SETTING/PROGRAM ADMIN |
| **Proc Type:** | Central Master Agreement |

| Solicitation Closes | Solicitation Response | Version |
|---|---|---|
| 2021-03-30 13:30 | SR 0511 ESR03302100000006691 | 1 |

**VENDOR**

000000191225
MYERS & STAUFFER LC

**Solicitation Number:** CRFQ 0511 BMS2100000002

**Total Bid:** 2970328 **Response Date:** 2021-03-30 **Response Time:** 10:57:59

**Comments:**

**FOR INFORMATION CONTACT THE BUYER**
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

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

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

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|---|---|---|---|---|---|
| 1 | Lead Actuary Services | | | | 0.00 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Commodity Line Comments:** Please see uploaded Price Quote for further details.

**Extended Description:**

Lead Actuary Services
$_____Per Hour X 5,000 Hours Annually

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|---|---|---|---|---|---|
| 2 | Staff Actuary Services | | | | 0.00 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Commodity Line Comments:** Please see uploaded Price Quote for further details.

**Extended Description:**

Staff Actuary Services
$_____Per Hour X 20,000 Hours Annually

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|---|---|---|---|---|---|
| 3 | Technical Support Staff (non-actuary) | | | | 200.00 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Commodity Line Comments:** Please see uploaded Price Quote for further details.

**Extended Description:**

Technical Support Staff (non-actuary)
$_____Per Hour X 5,000 Hours Annually

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|---|---|---|---|---|---|
| 4 | Clerical Support Staff | | | | 0.00 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Commodity Line Comments:** Please see uploaded Price Quote for further details.

**Extended Description:**

Clerical Support Staff
$_____Per Hour X 5,000 Hours Annually

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|---|---|---|---|---|---|
| 5 | Managed Care Program Oversight Services | | | | 2969953.00 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Commodity Line Comments:** Please see uploaded Price Quote for further details.

**Extended Description:**

Managed Care Program Oversight Services Annual Cost
All-Inclusive Fixed Annual Amount (Inclusive of 12 Months)

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|---|---|---|---|---|---|
| 6 | Managed Care Oversight Ad Hoc Services | | | | 175.00 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Commodity Line Comments:** Please see uploaded Price Quote for further details.

**Extended Description:**

Managed Care Oversight Ad Hoc Services
$____ per hour X 5,000 hours Annually

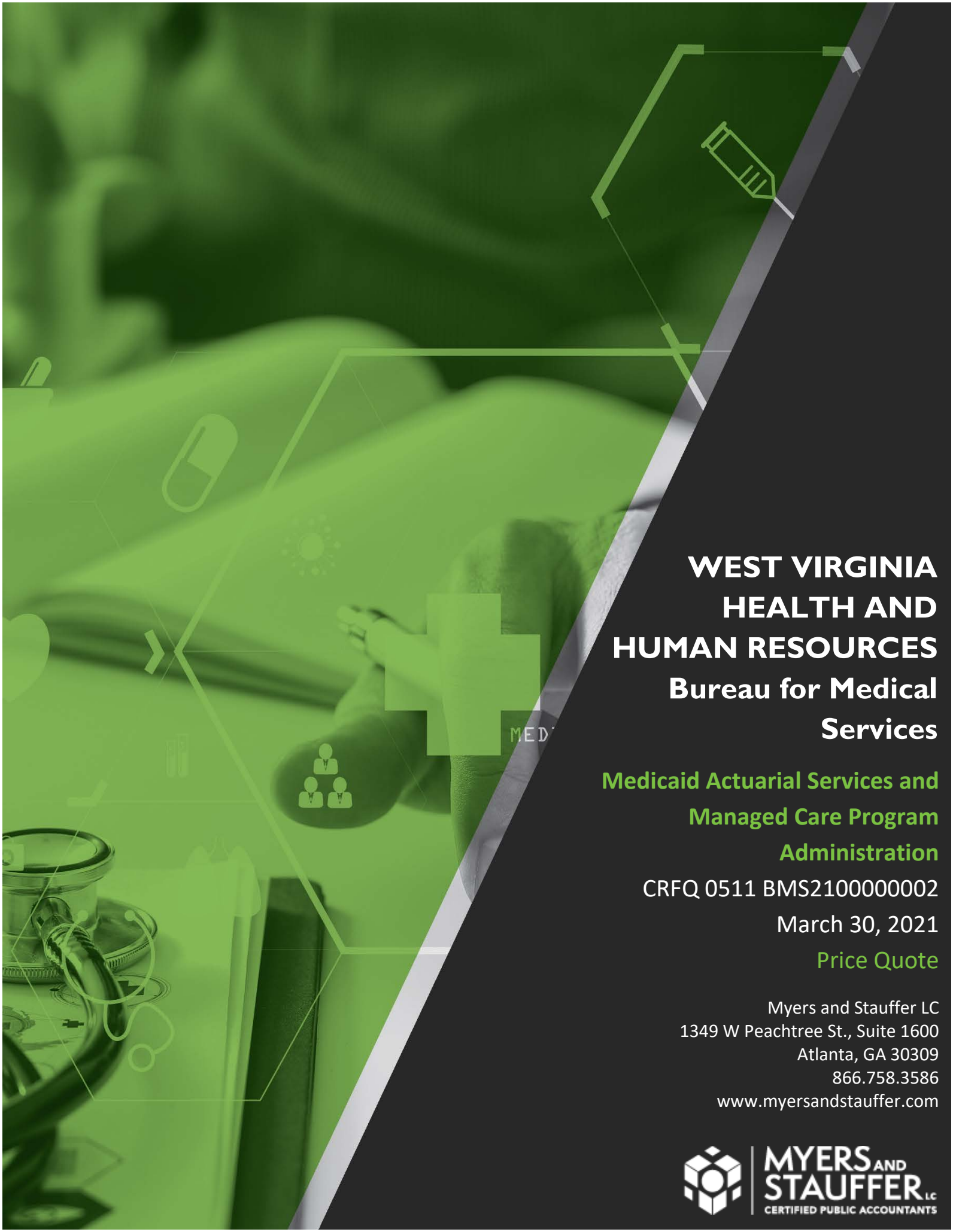
| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Ln Total Or Contract Amount |
|---|---|---|---|---|---|
| 7 | Actuarial Services Ad Hoc Services | | | | 0.00 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Commodity Line Comments:** Please see uploaded Price Quote for further details.

**Extended Description:**

Actuarial Services Ad Hoc Services
$____ per hour X 5,000 hours Annually



# WEST VIRGINIA HEALTH AND HUMAN RESOURCES

## Bureau for Medical Services

### Medicaid Actuarial Services and Managed Care Program Administration

CRFQ 0511 BMS2100000002

March 30, 2021

Price Quote

Myers and Stauffer LC
1349 W Peachtree St., Suite 1600
Atlanta, GA 30309
866.758.3586
www.myersandstauffer.com

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

# I. Transmittal Letter

March 30, 2021

Ms. Crystal Hustead, Senior Buyer
West Virginia Purchasing Division
2019 Washington Street, East
Charleston, WV 25305

Dear Ms. Hustead and Members of the Evaluation Committee:

Myers and Stauffer LC (Myers and Stauffer) is pleased to present our Price Quote in response to *Centralized Request for Quote (CRFQ) 0511 BMS2100000002: Medicaid Actuarial Services and Managed Care Program Administration* to the state of West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS or the Bureau).

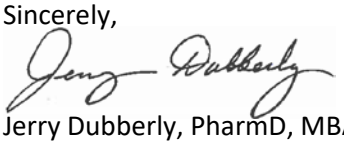
Using the instructions included in *CRFQ Exhibit A: Pricing*, we have completed the Pricing Page (as included in Amendment 3) providing:

- *A fixed monthly cost for all Managed Care Oversight activities (Line 5).*
- *An hourly rate for each actuarial staffing level for those activities under the Actuarial Services header (Lines 1 and 2).*
- *An hourly rate for technical non-actuary support and clerical support staff (Lines 3 and 4).*
- *An hourly program oversight rate and hourly actuarial services rate for services rendered under the ad hoc category (Lines 6 and 7).*

***Please note that a rate of $0 per hour is provided for lines 1, 2, 4, and 7, indicating Myers and Stauffer is not charging any hourly amounts for the actuarial, ad hoc actuarial, or clerical hours. We want to offer BMS as much budget predictability as possible while removing complicated billing practices.***

We have also included our information directly in the Pricing Page on wvOASIS. If you require additional information or would like a presentation of our capabilities, please contact me at JDubberly@mslc.com or 404.290.8370. We look forward to working with the Bureau to support the future success of the West Virginia Medicaid program.

Sincerely,



Jerry Dubberly, PharmD, MBA
Principal



1349 W. Peachtree St. NE, Ste 1600 | Atlanta, GA 30309
PH 404.524.0775 | PH 866.758.3586 | FX 404.524.0782
www.myersandstauffer.com

# II. Pricing Page

| Department of Administration<br>Purchasing Division<br>2019 Washington Street East<br>Post Office Box 50130<br>Charleston, WV 25305-0130 | State of West Virginia<br>Centralized Request for Quote<br>Service - Misc |
|---|---|

| | |
|---|---|
| **Proc Folder:** 797901 | **Reason for Modification:** |
| **Doc Description:** MEDICAID MANAGED CARE RATE SETTING/PROGRAM ADMIN | ADDENDUM 3<br>TO PROVIDE ANSWERS TO<br>VENDOR QUESTIONS |
| **Proc Type:** Central Master Agreement | |

| Date Issued | Solicitation Closes | Solicitation No | Version |
|---|---|---|---|
| 2021-03-25 | 2021-03-30 13:30 | CRFQ 0511 BMS2100000002 | 4 |

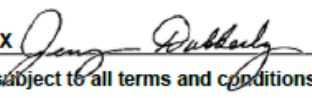
**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** 715150015
**Vendor Name :** Myers and Stauffer LC
**Address :** 1349
**Street :** W Peachtree Street NE, Ste 1600
**City :** Atlanta
**State :** Georgia **Country :** United States of America **Zip :** 30309
**Principal Contact :** Jerry Dubberly
**Vendor Contact Phone:** (866) 758-3586 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

**Vendor Signature X**  **FEIN#** 48-1164042 **DATE** 3/29/2021

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

Date Printed: Mar 25, 2021 Page: 1 FORM ID: WV-PRC-CRFQ-002 2020/05

| ADDITIONAL INFORMATION |
|---|
| THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WV DHHR), IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT FOR MEDICAID ACTUARIAL SERVICES AND MANAGED CARE PROGRAM ADMINISTRATION AND OVERSIGHT PER THE ATTACHED DOCUMENTS.<br><br>***QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS*** |

| INVOICE TO | SHIP TO |
|---|---|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|---|---|---|---|---|---|
| 1 | Lead Actuary Services | | 5,000 | 0 | $0 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Extended Description:**
Lead Actuary Services

$ 0 Per Hour X 5,000 Hours Annually

| INVOICE TO | SHIP TO |
|---|---|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|---|---|---|---|---|---|
| 2 | Staff Actuary Services | | 20,000 | $0 | $0 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Extended Description:**
Staff Actuary Services

$ 0 Per Hour X 20,000 Hours Annually

| INVOICE TO | SHIP TO |
|---|---|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|---|---|---|---|---|---|
| 3 | Technical Support Staff (non-actuary) | | 5,000 | $200 | $1,000,000 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Extended Description:**
Technical Support Staff (non-actuary)

$ 200 Per Hour X 5,000 Hours Annually

| INVOICE TO | SHIP TO |
|---|---|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|---|---|---|---|---|---|
| 4 | Clerical Support Staff | | 5,000 | $0 | $0 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Extended Description:**
Clerical Support Staff

$ 0 Per Hour X 5,000 Hours Annually

Date Printed: Mar 25, 2021 **Page:** 3 FORM ID: WV-PRC-CRFQ-002 2020/05

| INVOICE TO | SHIP TO |
|---|---|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|---|---|---|---|---|---|
| 5 | Managed Care Program Oversight Services | | 1 | $2,969,953 | $2,969,953 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Extended Description:**
Managed Care Program Oversight Services Annual Cost

All-Inclusive Fixed Annual Amount (Inclusive of 12 Months)

| INVOICE TO | SHIP TO |
|---|---|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|---|---|---|---|---|---|
| 6 | Managed Care Oversight Ad Hoc Services | | 5,000 | $175 | $875,000 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Extended Description:**
Managed Care Oversight Ad Hoc Services

$ 175 per hour X 5,000 hours Annually

Date Printed: Mar 25, 2021 **Page:** 4 FORM ID: WV-PRC-CRFQ-002 2020/05

| INVOICE TO | SHIP TO |
|---|---|
| HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US | HEALTH AND HUMAN RESOURCES<br>BUREAU FOR MEDICAL SERVICES<br>350 CAPITOL ST, RM 251<br>CHARLESTON WV 25301-3709<br>US |

| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
|---|---|---|---|---|---|
| 7 | Actuarial Services Ad Hoc Services | | 0 | $0 | $0 |

| Comm Code | Manufacturer | Specification | Model # |
|---|---|---|---|
| 93151507 | | | |

**Extended Description:**
Actuarial Services Ad Hoc Services

$__0__ per hour X 5,000 hours Annually

**SCHEDULE OF EVENTS**

| Line | Event | Event Date |
|---|---|---|
| 1 | VENDOR QUESTION DEADLINE | 2021-03-05 |

Date Printed: Mar 25, 2021 **Page:** 5 FORM ID: WV-PRC-CRFQ-002 2020/05

# WEST VIRGINIA HEALTH AND HUMAN RESOURCES

## Bureau for Medical Services

### Medicaid Actuarial Services and Managed Care Program Administration

CRFQ 0511 BMS2100000002

March 30, 2021

Technical Quote

Myers and Stauffer LC
1349 W Peachtree St. NE, Suite 1600
Atlanta, GA 30309
866.758.3586
www.myersandstauffer.com

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

MYERS AND STAUFFER LC
CERTIFIED PUBLIC ACCOUNTANTS

# I. Transmittal Letter

March 30, 2021

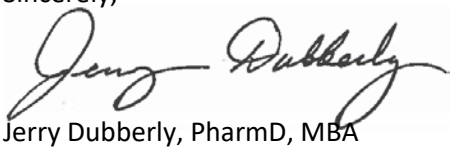
Ms. Crystal Hustead, Senior Buyer
West Virginia Purchasing Division
2019 Washington Street, East
Charleston, WV 25305

Dear Ms. Hustead and Members of the Evaluation Committee:

Myers and Stauffer LC (Myers and Stauffer) is pleased to present our Technical Quote in response to *Centralized Request for Quote (CRFQ) 0511 BMS2100000002: Medicaid Actuarial Services and Managed Care Program Administration* to the state of West Virginia, Department of Health and Human Resources, Bureau for Medical Services (BMS or the Bureau). It will be a privilege and a pleasure to support the success of the state of West Virginia in this important work.

It is our most sincere intent that our proposal clearly indicates that Myers and Stauffer is uniquely qualified and eager to provide the Bureau with not only services that meet the specifications of the CRFQ, but also the experience and insight that will positively benefit the State and your Medicaid beneficiaries. If you require additional information or would like a presentation of our capabilities, please contact me at JDubberly@mslc.com or 404.290.8370. We look forward to working with the Bureau to support the future success of the West Virginia Medicaid program.

Sincerely,



Jerry Dubberly, PharmD, MBA
Principal



1349 W. Peachtree St. NE, Ste 1600 | Atlanta, GA 30309
PH 404.524.0775 | PH 866.758.3586 | FX 404.524.0782
www.myersandstauffer.com

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*Myers and Stauffer is a limited liability company organized in the state of Kansas. In the fall of 1998, we entered into a transaction with Century Business Services, Inc. (CBIZ), which resulted in the creation of CBIZ M&S Consulting Services, LLC. CBIZ M&S Consulting Services, LLC is wholly-owned by CBIZ, Inc. As part of this business model, Myers and Stauffer acquires office space, personnel, and other business resources from CBIZ M&S Consulting Services, LLC. These resources, including personnel and consultants, are assigned exclusively to serve the clients of Myers and Stauffer. Myers and Stauffer is wholly-owned by its partners. The American Institute of Certified Public Accountants (AICPA) has reviewed our business structure and refers to this model as an alternative practice structure. AICPA professional standards provide specific guidance regarding independence within alternative practice structure firms. These professional standards are published in the Independence, Integrity and Objectivity section of the AICPA Code of Professional Conduct at ET Section 1.220.020. We fully comply with these, and all other, professional standards.*

# III. Designated Contact Information Form

**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Name, Title)
Jerry Dubberly, Principal
(Printed Name and Title)
1349 Peachtree Street NE, Ste 1600, Atlanta, GA 30309
(Address)
(866) 758-3586 / (404) 524-0782
(Phone Number) / (Fax Number)
JDubberly@mslc.com
(email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Myers and Stauffer LC
(Company)
, Principal
(Authorized Signature) (Representative Name, Title)

Jerry Dubberly, Principal
(Printed Name and Title of Authorized Representative)

3/29/2021
(Date)

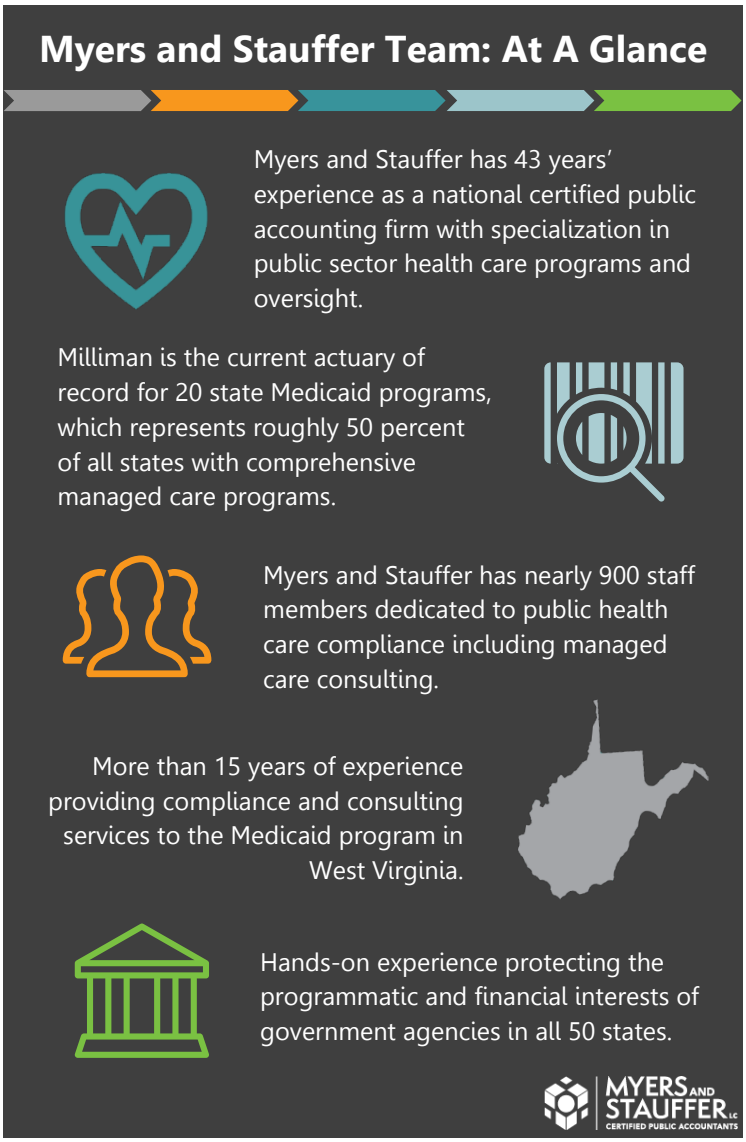
(866) 758-3586 / (404) 524-0782
(Phone Number) (Fax Number)

Revised 02/10/2021

# IV. Executive Summary

Myers and Stauffer understands BMS is seeking a vendor to provide actuarial services and program oversight for the State's Medicaid managed care programs, including both the Mountain Health Trust (MHT) and the Mountain Health Promise (MHP) programs, as well as other programs upon additional request.

Myers and Stauffer's Medicaid and other human services agency clients (including public health agencies in West Virginia) have spanned all 50 states and the federal government. We have decades of experience providing Medicaid managed care program administration and consulting services.

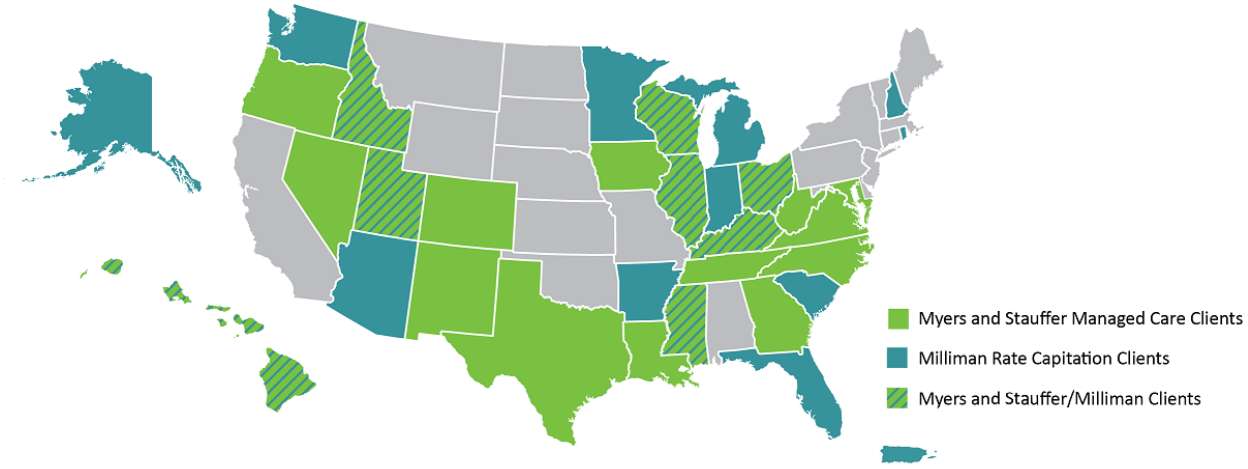



Our proposed solution includes Milliman as our subcontractor for the provision of actuarial services. Milliman is nationally recognized for their actuarial and evaluation capabilities. They are the current actuary of record for 20 state Medicaid agencies. Each of these relationships include being the primary actuary certifying actuarially sound managed care capitation rates. Milliman has been serving many of its current Medicaid agency clients for nearly 20 years, and setting managed care rates for more than 25 years. This level of consistency speaks volumes to the quality and value they continue to bring to their state Medicaid agency partners.

Together, the resumes of Myers and Stauffer and Milliman (collectively referred to as "the Myers and Stauffer Team" or "the Team") combine the actuarial and Medicaid managed care knowledge and experience to offer the State an impeccable level of expertise.

As shown in *Figure 1*, we bring BMS our Medicaid managed care experience and best practices from more than 30 states.

*Figure 1. Myers and Stauffer Team: Client Map*




Our areas of expertise and experience are diverse, and – at a minimum – include:

- *Managed care organization (MCO) program design, implementation, and oversight.*
- *Medicaid managed care capitation rate setting and risk adjustment for the state agencies.*
- *Medicaid revenue management and financial policy.*
- *Monitoring of MCO compliance with contractual, federal, and state regulations and reporting requirements.*
- *Facilitating strategic planning activities to design or improve managed care programs, operations, and performance.*
- *Identifying and pursuing appropriate federal authorities (e.g., State Plan, and 1115, 1135, 1915(b) and 1915(c) waivers, etc.) to accomplish states' objectives.*
- *Supporting negotiations with the Centers for Medicare & Medicaid Services (CMS) for approval of program enhancements and capitation rates.*
- *Conducting options analysis and performing detailed fiscal and operational feasibility analyses.*
- *Supporting stakeholder engagement and communications.*
- *Performing data analytics and presenting MCO performance in useful formats (e.g., dashboards).*

- *Preparing program assessments and evaluations, along with quality and performance improvement recommendations.*

Having provided support to federal, state, and local health and human service agencies for more than 65 combined years, the Myers and Stauffer Team is prepared to hit the ground running with an in-depth understanding of Medicaid, managed care, and the West Virginia Medicaid program. Our response clearly conveys the Team meets or exceeds all requirements and our proven ability to provide all services sought through this CRFQ.

## Established Vendor for the State

We have worked with West Virginia public health agencies since 1997 and have developed a lasting reputation for meeting policy challenges with viable and cost-effective solutions; working productively with the State's Medicaid providers and other state contractors; and delivering all required services on time and according to expectations. We are also well known for our commitment to go above and beyond to meet client needs. Currently we are providing the following services for the State:

- Medicaid provider reimbursement consulting services (WV Public Employees Insurance Agency [PEIA]: 2001 – Present). *Includes project for identification and assessment of strategies to reduce the financial risk of high-cost drugs and services for the State's Children's Health Insurance Program (CHIP) and its contracted managed care plans. (2021 – Present).*
- Compliance audits of anesthesia services (PEIA: 2020 –Present).
- Audits of specialty medications (PEIA: 2021 – Present).

# V. Qualifications (CRFQ – Specifications: Section 3)

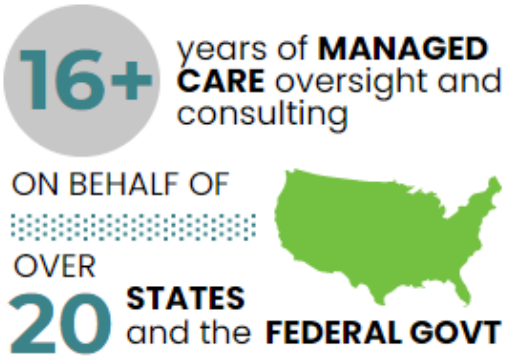
The Myers and Stauffer Team attests that we exceed the minimum qualifications listed in Section 3 of the CRFQ.

## Experience (3.1)

### Experience: Medicaid Managed Care Contract and Policy Development and/or Oversight

- ✓ *The Vendor(s) must have a minimum of five (5) years' experience in Medicaid managed care contract and policy development and/or oversight.*
- ✓ *The vendor is required to have experience providing both services in at least two (2) states, either as a prime vendor or subcontractor.*

The Myers and Stauffer Team offers an exceptionally qualified, experienced, and diverse consulting team that combines West Virginia-specific experience with national expertise in Medicaid managed care programs.




Our Team brings the Bureau considerable expertise with MCO strategic planning and best practices, program design, waiver development, procurement, program implementation and reviews, policy analysis, audits, operations, oversight, and evaluation. Our team has extensive experience conducting analyses of policy opportunities, legislation and regulations, and best practices. Our insight in these areas benefit from many of our staff's previous employment with state Medicaid agencies and CMS. Our scope of comprehensive services helps ensure the program design and procurement approaches are aligned with State needs and are poised to achieve intended performance goals. Once implemented, we work extensively to support states operating Medicaid managed care programs to ensure appropriate oversight of MCO operations. Throughout this engagement, we will leverage our multi-state knowledge and experience as we offer West Virginia-specific solutions.

Highlights of our work with Medicaid agencies in MCO program design, procurements, contract development, program reviews, policy analysis, audits, encounter data validation, implementation, and monitoring activities, include the following:

- *Work across various Medicaid divisions, as well as sister agencies, in the design and implementation of Medicaid managed care monitoring and oversight activities. These Medicaid divisions may include policy, operations, quality management, utilization management, member*

*services, provider services, pharmacy services, fiscal services, information technology and decision support, program integrity, and legal services, as well as internal operational work groups across divisions. Sister agency involvement has included departments of education, public health, behavioral health, disabilities, juvenile justice, corrections, human services, and others.*

- *Program design activities to support the development of or revision to MCO contracts in support of states' goals and ability to monitor MCO performance and contract compliance.*
- *Drafting and assisting states in the oversight of contracts that support operations of a Medicaid managed care program, such as enrollment assistance brokers, external quality review organizations (EQROs), and credentialing verification organizations, among others.*
- *Review agency infrastructure and operations and provide recommended changes to establish more detailed and efficient processes to support comprehensive monitoring and oversight of MCO contracts.*
- *Development of, or revision to contract compliance monitoring tools, including MCO reporting templates, to support analysis activities conducted by agency staff.*
- *Training to support agency staff in their understanding of managed care and how to effectively monitor managed care programs.*
- *Support of 1135, 1115, 1915(b), and 1915(c) waivers, including strategic planning, waiver application, negotiations with CMS, implementation, oversight, amendments and renewals, and developing budget neutrality, cost effectiveness, and cost neutrality targets.*
- *Designing, implementing, and evaluating directed payment programs authorized under 42 Code of Federal Regulations (CFR) 438.6, including activities such as strategic planning, stakeholder engagement, drafting of concept papers and the CMS preprint, creating financial models, and designing the evaluation methodology.*
- *Interaction with MCOs (in partnership with Medicaid agencies) and their delegated vendors on a regular basis to provide managed care program consulting and oversight support. These efforts are designed to assist our Medicaid agency clients in attaining the goals, objectives, and value for their managed care programs and to ensure MCOs and other vendors are performing in accordance with their contracts.*
- *Readiness reviews and MCO monitoring activities to ensure managed care enrolled individuals have access to needed health care services and that our Medicaid agency clients have prompt access to the data they need to manage these critical health care programs.*

Through our four decades of successful work with state Medicaid agencies and managed care programs, we have gained significant expertise with managed care concepts, programs, and best practices. In addition, our staff are 100 percent dedicated to public health care and many have previous experience serving in leadership positions within Medicaid agencies, CMS, Medicaid health plans, fiscal agent contractors, health care providers, and a multitude of state and local social service agencies. We have

Medicaid and health policy experts, actuaries, data developers, analysts, pharmacists, medical doctors, registered nurses, innovation agents, certified coders, reimbursement system specialists, certified professionals in health care quality, former hospital accountants, former Medicare intermediary auditors, former state Medicaid Surveillance and Utilization Review coordinators, a former Medicaid Director, a former State Health Official, and certified fraud examiners (CFEs), among other professionals.

As shown in *Table 1*, the Myers and Stauffer Team has the required experience to leverage our multi-state knowledge and experience as we offer MHT/MHP state-specific solutions. Myers and Stauffer exceeds all CRFQ specifications serving as a prime or subcontractor in 21 states beyond the five years of managed care contract and policy development and/or oversight experience required. We bring a level of proficiency that is uncommon and uniquely qualifies us to provide managed care program oversight.

*Table 1. Myers and Stauffer Managed Care Experience*

| Myers and Stauffer: Medicaid Managed Care Experience | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Client** | **Contract Duration** | **Role** | **Policy Support** | **Financial Oversight** | **Operational/ Contractual Oversight** | **Technical Assistance** | **Encounter Data Oversight** |
| **State Medicaid Programs** | | | | | | | |
| Colorado | 2016 – Present | Prime | ✓ | ✓ | ✓ | ✓ | |
| Georgia | 2007 – Present | Prime | ✓ | ✓ | ✓ | ✓ | ✓ |
| Idaho | 2021 – Present | Prime | ✓ | ✓ | | ✓ | ✓ |
| Illinois | 2017 – Present | Prime | ✓ | ✓ | | ✓ | |
| Iowa | 2016 – Present | Sub | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hawaii | 2014 – Present | Prime | ✓ | ✓ | | ✓ | |
| Kentucky | 2018 – Present | Prime | ✓ | ✓ | ✓ | ✓ | |
| Louisiana | 2012 – Present | Prime | ✓ | ✓ | ✓ | ✓ | ✓ |
| Maryland | 2006 – Present | Prime | ✓ | ✓ | | ✓ | |
| Mississippi | 2015 – Present | Prime | ✓ | ✓ | ✓ | ✓ | ✓ |
| New Mexico | 2015 – Present | Prime | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nevada | 2017 – Present | Prime | ✓ | ✓ | ✓ | ✓ | ✓ |
| North Carolina | 2019 – Present | Prime | ✓ | | | ✓ | |
| Ohio | 2020 – Present | Prime | ✓ | ✓ | | ✓ | |
| Oregon | 2019 – Present | Prime | ✓ | | | ✓ | |
| Tennessee | 2021 – Present | Prime | ✓ | ✓ | ✓ | ✓ | |
| Texas | 2004 – Present | Prime | ✓ | ✓ | ✓ | ✓ | |
| Utah | 2020 – Present | Prime | ✓ | ✓ | | ✓ | |
| Virginia | 2012 – Present | Prime | ✓ | ✓ | | ✓ | |
| **West Virginia** | **2021 – Present** | **Prime** | ✓ | | | ✓ | |
| Wisconsin | 2018 – Present | Prime | ✓ | ✓ | | ✓ | ✓ |
| **Federal Programs** | | | | | | | |
| CMS *(multiple contracts)* | 2008 – Present | Prime/ Sub | ✓ | ✓ | ✓ | ✓ | |

In addition to the summary information provided in *Table 1*, we offer two representative client profiles below to demonstrate our diverse experience in supporting states with program design, MCO monitoring and oversight, procurement, and implementation activities.

**Managed Care Oversight Client Profile 1: Myers and Stauffer**

GEORGIA DEPARTMENT *of* COMMUNITY HEALTH

## Oversight and Support of Care Management Organizations

***2007 – Present***

**Overview/Scope of Project**

For nearly 20 years, Myers and Stauffer has provided oversight of the Care Management Organizations (CMOs) for the Georgia Department of Community Health (DCH). The CMOs are the risk-based MCOs in Georgia Medicaid that accept risk for Medicaid and CHIP populations with the exception of individuals who are aged, blind, or disabled (ABD) and those receiving long-term care services and supports.

**Role in Project/Services Provided**

- Performance reviews of various aspects of the CMO program.
- On-site financial and performance audits of the CMOs and their significant subcontractors and recommendations for process and contractual improvements.
- Financial reconciliations and medical loss ratio (MLR) audits.
- Consultation with the Medicaid actuaries to provide input during the rate setting process.
- Reviews of internal controls.
- Post-payment review of claims for accuracy and contract compliance.
- Researching and making recommendations regarding the development of policies and procedures related to the CMO program.
- Conducting testing for network adequacy and availability, including conducting secret shopper calls for appointment availability and wait times.
- Monitoring and reporting on health plan compliance with contractual and regulatory provisions.
- Preparation of written and oral reports, including presentations to the DCH and the Board of Community Health in Georgia and legislative committees.
- Bi-monthly reconciliation of the encounter data being submitted by the health plans and their subcontractors to DCH's Medicaid Management Information System (MMIS) vendor to ensure completeness and accuracy. Work with the MMIS vendor and CMOs to identify issues with accurately storing and reporting CMO submitted encounter data. Recommend operational changes in order to enhance the reliability of the encounter data.
- Analyses to measure the reliability and accuracy of encounter and member data used to establish capitation rates (i.e., inaccurate encounter and member data could lead to higher than necessary capitation rates). Test for member duplicates and claims paid as fee-for-service (FFS) when a member is assigned to a CMO.
- Reconciled and test CMO adherence to Affordable Care Act (ACA)-required payment increases for compliance with state and federal statutes.
- Conducted reviews of CMO readiness to transition to International Classification of Diseases-10, identified and reported areas of vulnerability to be addressed by the CMOs and DCH.
- Supported onboarding and go-live of four CMOs through development of a Command Center strategy with clear lines of reporting, accountability, and authority across the CMOs and state staff.

GEORGIA DEPARTMENT of COMMUNITY HEALTH

## Oversight and Support of Care Management Organizations

***2007 – Present***

- Completed on-site readiness reviews of four MCOs for DCH in 2017. These reviews included assessing call center operations readiness; determining system readiness for claim processing and timely provider payments; determining readiness to submit encounter claims to DCH following go-live; assessing subcontractor readiness; and assessing other systems readiness, including coordination of benefits and provider appeals (ability to receive and track complaints, etc.).
- Provided assistance to DCH with the readiness review of two CMOs merging into one health plan in 2021. This review included assessing the CMOs' facility and system integration, member and provider outreach, training, and communications, provider network management, call center operations; determining system readiness for claim processing and timely provider payments; determining readiness to submit encounter claims; assessing subcontractor readiness; and assessing other systems readiness, including coordination of benefits, member and provider appeals, utilization review, quality improvement, and reporting.

**Results/Significant Accomplishments**

- Recommendations regarding encounter data resolution improved the accuracy, completeness, and timeliness of information available to DCH to perform analysis, oversight, management, and evaluation of the program.
- Provided information and recommendations to improve contractual language and CMO accountability for the services delivered and improving quality and access to care for Georgia Medicaid member.
- Allowed DCH to be more proactive and identify issues and opportunities for improvement.
- Performed readiness reviews of each CMO and its significant subcontractors to ensure readiness including sufficiency of networks to ensure access to care, protocols to promote continuity of services, adequacy of provider claims processing and payment systems, among other operational processes to ensure successful implementation that avoids disruptions in care and provider abrasion.

## Managed Care Oversight Client Profile 2: Myers and Stauffer

KENTUCKY Cabinet for Health and Family Services | CHFS

### Managed Care Consulting Services

***2018 – Present (Current Engagement)***

***2011 - 2013 (Prior Managed Care Engagements)***

**Overview/Scope of Project**

Myers and Stauffer provides technical assistance to the Department for Medicaid Services (DMS) for its Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs. We provide ongoing support to assist the Department through a number of performance improvement and monitoring tasks, and we also provide ad-hoc support related to emerging issues and needs of the Department.

**Role in Project/Services Provided**

- Conducted extensive research about nationwide Medicaid managed care programs, best practices, and innovations for a variety of topic areas such as care management, provider network adequacy, financial management practices, and administration of services for children in foster care, among other topics.
- Analyzed information available about the Kentucky Medicaid managed care program and the Commonwealth's MCO program design opportunities, and conducted stakeholder interviews to understand current state of the Medicaid managed care program. This included interviews with DMS staff, sister agency personnel, MCOs, the Department's contracted actuary, the EQRO, and other stakeholders.
- Provided key findings, options for program design, key considerations, and recommendations.
- Worked with DMS and the Kentucky Department for Community-Based Services, to research, design, and implement the Supporting Kentucky Youth (SKY) program, a single MCO model managed care program for children in foster care or receiving adoption assistance and certain youth involved in the juvenile justice system.
- Supported development of a comprehensive MCO Request for Proposal (RFP), scoring guide, and RFP evaluation tools.
- Recommended contract requirements specific to various MCO operational areas based on discussions and decisions during RFP Development Work Group and other meetings.
- Designed and conducted MCO readiness reviews, monitored MCO corrective actions, and completed required readiness review reporting for new MCOs as required by CMS.
- Conducted performance management assessment of the Department's monitoring and oversight of MCOs, and provided a report of findings and recommendations for enhancement.
- Conducted an independent assessment of Kentucky's 1915(b) waiver program.
- Drafted the 1915(b) waiver extension and renewal.
- Assisted with program design and development of an RFP for a Medicaid pharmacy benefit manager (PBM) and now support implementation of the new PBM contract.

**Results/Significant Accomplishments**

- Myers and Stauffer conducted research on national Medicaid managed care best practices and analyzed options to modernize Kentucky's Medicaid managed care model to meet current and future needs. Our efforts resulted in an RFP and contract language that met the needs of the Commonwealth and places it in a position to further improve care coordination, health outcomes, and contractual accountability of its MCOs.

KENTUCKY Cabinet for Health and Family Services
CHFS

## Managed Care Consulting Services

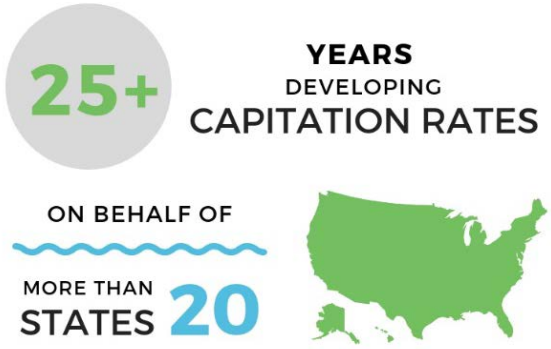
***2018 – Present (Current Engagement)***

***2011 - 2013 (Prior Managed Care Engagements)***

- Our work led to the program design and development of a single MCO model program to provide high-fidelity services for children in foster care or receiving adoption assistance, and certain youth involved in the juvenile justice system. We facilitated and implemented program governance and work groups, and supported the analysis and implementation of revised or new workflows and business processes to support the SKY program.
- In concert with Medicaid staff and the MCOs, Myers and Stauffer facilitated a Reporting Requirements Work Group to overhaul the Medicaid reporting package and supported the development of reporting templates and submission calendar.
- Prior to the effective date of six newly procured MCOs, we facilitated a Transition of Care Work Group to ensure continuity of care between MCOs, especially for those members identified as high-risk based on need and utilization.

## Experience: Capitation Rates for Medicaid Managed Care Organizations

- ✓ *The Vendor(s) must have a minimum of ten (10) years of experience in the development of capitation rates for Medicaid managed care organizations.*
- ✓ *The vendor is required to have experience providing both services in at least two (2) states, either as a prime vendor or subcontractor.*




The Myers and Stauffer Team's actuarial partner – Milliman Medicaid Consulting Group – consists of the highest credentialed Medicaid practice in the country both in terms of numbers of credentialed actuaries and the level of their education. All lead actuarial personnel proposed for the BMS contract have achieved the highest level of professional certification available to actuaries in the United States, including fellowship in the Society of Actuaries (FSA) or significant specific subject matter expertise and Associate of the Society of Actuaries (ASA), as well as membership in the American Academy of Actuaries (MAAA).

As a firm, Milliman has provided actuarial services to public health providers, including state Medicaid and CHIP agencies, for over 25 years – with 20 states currently served.

The Medicaid actuarial space requires a highly unique set of skills that only certain firms can provide. Because only state actuaries can set and certify the rates to be accepted by CMS, the State owns the entire process of setting the rates. Even in a situation when plans may bid rates during the procurement, only the state actuary is able to sign the CMS certification and be responsible for the soundness of the rates. States must choose an actuarial consultant who is not only experienced, but whom they can trust to put the needs of the state at the forefront.

Our proposed lead and staff actuaries have the years of Medicaid managed care rate setting experience to meet requirements of this solicitation. While our lead actuaries have Medicaid health plan experience, their expertise is focused on the managed care capitation rate setting process for at least 10 years. Our staff actuaries also specialize in Medicaid managed care rate setting which exceeds the requirements of this solicitation.

The following list summarizes how our actuarial subcontractor meets and exceeds the requirements to serve as the certifying actuarial vendor for the West Virginia Medicaid programs.

- ***Rate Certifications.*** *Milliman actuaries are qualified and prepared to certify actuarially sound rates for programs receiving federal financial participation (FFP) while incorporating the broad and deep Medicaid managed care experience we have accumulated. They have also set rates for numerous state-only funded programs, and while not reviewed by CMS, they adhere to the same quality standard for those programs as well.*


- ***Risk Adjustment.*** *Milliman has extensive experience in developing and applying risk adjustments to Medicaid managed care capitation rates. For acute care rates, they have expertise in developing customized state-specific modeling weights for the Chronic Disability Payment System in several states. Although this is a primary risk adjustment tool in Medicaid, they have experience using a variety of other tools to best meet state needs. In addition, they have developed state-specific behavior health and long-term care risk adjustment tools.*

- ***Capitated Plan Negotiation.*** *After draft capitation rates are developed in collaboration with the State, it is critical to meet with the capitated plans to ensure they fully understand the rate setting methodology and assumptions. Milliman has a long history of developing constructive partnerships with capitated plans and state Medicaid agencies to develop rates that are sufficient, but not excessive, and provide adequate service access and quality. This process involves both collective and individual meetings with plans prior to rate setting and to present final results. This approach best allows prompt submission of rates to CMS. The goal is that all parties are able to follow the capitation rate calculations and understand all data, methodology, and assumptions used in the process, leading to fact-based productive dialogue during rate discussions with MCOs.*

- ***Capitated Plan Re-Procurement Support.*** *Milliman has assisted many different state clients in their Medicaid capitated plan re-procurement efforts. Selecting quality capitated plans is an important part of running a Medicaid managed care program to ensure beneficiaries receive quality care in a cost-effective manner. They supported many states with strategy considerations in designing the procurement structure, as well as structuring the requested information related to capitation rates, provider contracting, managed care savings opportunities, and administrative costs. They assist the states in better understanding the information submitted by the capitated plans, especially in cases where technical information was requested.*

- ***Supporting Documentation and other Stakeholder Communications.*** *For all major deliverables, Milliman will provide reports that clearly document the methodology and assumptions used to develop results. Clarity, transparency, and responsiveness are invaluable in establishing trust with capitated plans and other key stakeholders. For any items needing further clarification or*

*refinement, they will work with BMS to ensure they and the capitated plans understand the methodology underlying the original or revised results.*

- ***Evaluating Legislative and Policy Changes.*** *Milliman is familiar with the legislative cycles that often impact Medicaid rate setting and financial projections, and will work with BMS to incorporate new legislative and policy initiatives into the capitation rate development process on a timely basis.*
- ***Medicaid Policy Analysis.*** *Milliman actuaries have worked with clients to review and analyze every major piece of federal legislation and regulation affecting the Medicaid and CHIP programs. They work with clients to understand and implement federal policy changes in the best interest of their programs.*
- ***Quality.*** *Milliman is committed to maintaining our national reputation for integrity and high-quality work. They ensure the highest quality results through internal control procedures, resulting in capitation rates that are as accurate as possible for the populations and benefits covered under a Medicaid managed care program. All work is peer reviewed by other professionals before being sent to clients. Their actuarial credentialing process goes beyond the SOA, requiring individuals to demonstrate competency through experience, technical knowledge, and high sensitivity to quality before being granted authority to sign deliverables.*
- ***Collaboration and Training Opportunities.*** *Milliman provides opportunities for state Medicaid agency clients to discuss issues not only with their Milliman consultants, but also with other state clients. They annually hosts a live, free, State Medicaid Client Forum attended by the financial and policy leaders of Milliman's state Medicaid agency clients. Milliman's many Medicaid experts present on current issues facing Medicaid programs nationwide and allow state Medicaid agency participants to openly share ideas and concerns with each other. In addition, they often host webinars discussing hot topics or recent federal regulation changes. They will continue to facilitate additional educational opportunities for our state partners.*
- ***Innovation.*** *Milliman pursues continuous improvement of the data sources, methodologies, and strategies underlying the rate development services provided to state Medicaid agency clients. For example, they developed a Prescribed Drugs High-Risk Pool in Florida that might be of interest for West Virginia.*
- ***Independence.*** *Milliman is wholly owned and managed by approximately 450 principals that have been elected in recognition of their technical, professional, and business achievements. Their sole business is providing independent consulting services and products to clients. The consultants of the firm are not permitted to own stock in any insurance or reinsurance company, nor are they allowed to own stock in client organizations. Due to these policies, Milliman, like Myers and Stauffer, provides analyses and opinions that are entirely independent and objective. Most importantly, they do not answer to public shareholders or investment firms whose sole goal is maximizing profit. Rather, they are able to put clients' needs first as their entire business model depends on their continued satisfaction.*

- ***Transparency.*** *Milliman is committed to transparency in the rate setting process with respect to the underlying data, assumptions, and adjustments utilized in the capitation rate development. They strive for a collaborative relationship with state Medicaid agency clients, where Milliman is viewed as a trusted partner. At the same time, they work towards a professional, positive relationship with the contracted capitated plans with open lines of communication so issues can be identified and addressed proactively. They have found this type of relationship results in productive, fact-based discussions with capitated plans regarding their encounter data, financial data, and questions about the assumptions used in rate development. It is important for the capitated plans to trust the rate development process and the information they receive from the state's actuary. Milliman often hears from MCOs that their level of transparency in rate setting is by far the best in the industry.*

Milliman continues to be a leader in providing transparent and robust actuarial documentation as is increasingly required by federal regulators. Because of their work with state clients to provide thorough documentation and in meeting rate development standards, four of their state clients have been selected by CMS to participate in an accelerated rate review pilot program. Our understanding is that only five state Medicaid programs were selected for this pilot. The accelerated review program is intended to reduce the CMS rate review time for Medicaid programs that have met certain criteria, including:

- *Meeting all rate development standards.*
- *Having no known significant issues in rate setting.*
- *Completeness and thoroughness of documentation.*

Our Team is proud of the joint work Milliman and states have accomplished to be a part of this pilot program, and we look forward to continuing to additional collaborative opportunities to further the Medicaid managed care rate development process in West Virginia. Milliman and Myers and Stauffer will work closely together to draw from the expertise of each organization to make sure that policy decisions and other technical assistance provide to BMS is highly coordinated between these areas and the rate setting process.

As shown in *Table 2,* our Myers and Stauffer Team is able to leverage our actuarial knowledge and experience as we offer state-specific solutions. Milliman exceeds all CRFQ specifications serving as a prime in 20 states beyond the 10 years of experience required.

*Table 2. Rate Capitation Experience*

| Milliman: Rate Capitation Clients | | | | | | |
|---|---|---|---|---|---|---|
| **Client** | **Contract Duration** | **Role** | **Capitation Rate Setting & Risk Adjustment** | **Alternative Payment Method Development** | **Waiver Development and Support** | **Fee for Service Rate Support** |
| Alaska | 2016 – Present | Prime | ✓ | ✓ | ✓ | ✓ |
| Arkansas | 2018 – Present | Prime | ✓ | | | ✓ |
| Arizona | 2019 – Present | Prime | ✓ | ✓ | | |
| Florida | 1999 – Present | Prime | ✓ | ✓ | ✓ | ✓ |
| Hawaii | 2005 – Present | Prime | ✓ | ✓ | ✓ | |
| Idaho | 2010 – Present | Prime | ✓ | | ✓ | |
| Illinois | 1998 – Present | Prime | ✓ | | ✓ | |
| Indiana | 2000 – Present | Prime | ✓ | ✓ | ✓ | ✓ |
| Kentucky | 2020 – Present | Prime | ✓ | ✓ | ✓ | |
| Michigan | 1997 – Present | Prime | ✓ | ✓ | ✓ | ✓ |
| Minnesota | 1992 – Present | Prime | ✓ | ✓ | ✓ | |
| Mississippi | 2008 – Present | Prime | ✓ | | | ✓ |
| New Hampshire | 2013 – Present | Prime | ✓ | | ✓ | ✓ |
| Ohio | 2007 – 2011, 2015 – Present | Prime | ✓ | ✓ | ✓ | ✓ |
| Puerto Rico | 2001 – Present | Prime | ✓ | ✓ | | ✓ |
| Rhode Island | 2019 – Present | Prime | ✓ | | | |
| South Carolina | 2008 – Present | Prime | ✓ | | ✓ | ✓ |
| Utah | 2010 – Present | Prime | ✓ | | | ✓ |
| Washington | 1996 – Present | Prime | ✓ | ✓ | | |
| Wisconsin | 2015 – Present | Prime | ✓ | ✓ | | ✓ |

In addition to the summary information provided in *Table 2*, we offer two representative client profiles below to demonstrate our diverse experience in supporting states with program design, MCO monitoring and oversight, procurement, and implementation activities.

**Rate Capitation Client Profile 1: Milliman**

Washington State Health Care Authority

## Actuarial Consultant Services

***1996 – Present***

**Overview/Scope of Project**

The Washington Health Care Authority (HCA) has a variety of actuarial and benefits needs throughout the agency that vary in scope and nature. The typical needs and the most impacted agency organizations are described in detail below. The largest work efforts are rate setting for the Apple Health MCOs (Medicaid), rate setting for the self-insured Public Employees Benefit Board (PEBB) and School Employees Benefits Board (SEBB) plans, and rate negotiations with the PEBB and SEBB MCOs.

**Role in Project/Services Provided**

- Perform actuarial analysis necessary to support Apple Health programs and functions.
  - On an as-needed basis, perform actuarial analysis and develop recommendations on possible changes to Apple Health program structure, premium subsidy policies and related issues to improve health care quality for Apple Health clients, and overall program cost effectiveness.
  - Provide actuarial analysis and evaluation of proposed legislation relating to Apple Health programs to HCA staff and, as needed, staff legislative committees.
  - Provide actuarial consulting services for development of capitation rates for Apple Health programs using standard practices, norms, and benchmarks in the health care industry, including the following;
    - CMS certification of rates.
    - Potential benefits and risks associated with each option, including impact on utilization, cost, and coordination of care.
    - Options to improve the quality of health care delivered to Apple Health clients.
    - Improve affordability to the State (i.e., health care purchasing).
  - Work and communicate with MCOs to collect and process data including confirmation of completeness and data integrity.
  - Provide actuarial services to promote transparency and access to measures on quality of care, utilization, efficiency measures, and cost projections.
  - Assist in developing an overall risk management strategy for Apple Health programs, including methods to manage risk selection associated with offering multiple health insurance products and health plans; geographic, demographic, and health status risk associated with the Apple Health population; and the financial exposure associated with new technologies, procedures, and pharmaceuticals.
  - Peer review, as requested, of budget and legislative processes, fiscal notes, legislative mandates, or procurement activities to ensure projections, modeling, and assumptions are reasonable. Identification of areas of concern and sensitivity to brief turnaround requirements are critical.
  - Provide assistance with meeting preparation and attend, or actively participate in various HCA technical, strategic planning, or key stakeholder meetings, and legislative hearings.
  - Assist in the analysis of medical and pharmaceutical claims/encounter data to cost management targets and assessment of formulary rebate methodologies.
  - Assist with declaration responses to legal disputes in collaboration with HCA staff and HCA's Assistant Attorney General.
- Apple Health Contracts.
  - Assist the Apple Health management team in evaluation of procurement methodology and approaches.
  - Assist in the development of criteria for procuring health plan contracts for Apple Health programs, including criteria weighting as necessary.

Washington State Health Care Authority

## Actuarial Consultant Services

***1996 – Present***

- Provide assistance with meeting preparation and attend, or actively participate in the coordination, solicitation, negotiation, or performance review of Apple Health program contracts. Work may include, but is not limited to:
  - Recommend when it is appropriate to solicit proposals from new vendors for contracts supporting the delivery of benefits.
  - Assist in the development and execution of any RFP or renewal for insured carriers, including development of evaluation criteria, consulting or taking the lead in vendor negotiations, participation in the solicitation selection committee, implementation planning, and stakeholder briefs.
  - Provide advice on vendor contracting, strategic partnerships, and health plan performance improvement strategies, including structuring performance incentives in health plan contracts using qualitative and quantitative performance metrics.
  - Assist with negotiations with health plan vendors on their respective medical rate submissions; identify technical problems; work with vendors to identify and correct assumptions, and negotiate appropriate payment amounts based on Legislative funding, populations served, provider networks, financial experience, and other factors that influence rate development.

- Other HCA Program Actuarial and Financial Consulting.
  - Actuarial and financial analysis of selected health services and the Washington State preferred drug list.
  - State-only health care programs.
  - Utilization analysis.
  - Cost benefit analysis.
  - Peer review of work performed by HCA staff.
  - Health services consulting.
  - Market research and trend analysis.
  - Communication strategies and activities related to technology assessment, employee wellness, etc.
  - Public meeting assistance.

**Results/Significant Accomplishments**

Over the past 25 years, worked closely with HCA (including prior agencies supporting this work), to support the development of key HCA programs, including most recently:

- Expansion of managed care to disabled members in the Apple Health program.
- Expansion of managed care to foster care members in the Apple Health program.
- Medicaid expansion through the ACA, including conversion of the Medical Care Services program into the Apple Health program.
- Served a key role in developing the PEBB Accountable Care Program.
- Collaborated with HCA staff, Office of Financial Management, and Legislative staff in the development and implementation of the SEBB program.
- Support for the Washington Cascade Care program.
- Support for the development of 90/180 day civil commitment beds.
- Support for the Safety Net Assessment Fund.
- Developing rate structures to support the investment in primary care, prevention, and health promotion.
- Ongoing evaluation and support of efficient and cost-effective benefit programs.
- Supporting analytics designed to improve outcomes for high-need, high-cost individuals.
- Analyzing payment reform and alignment.
- Furthering the objectives of consistent unit cost evaluation across programs and provider types.
- Aligning the payment methodologies to support community-driven initiatives to improve population health.
- Programs of All-Inclusive Care for the Elderly rate development and support.

**Rate Capitation Client Profile 2: Milliman**

## Actuarial Consultant Services

***2005 – Present***

**Overview/Scope of Project**

Milliman has supported the QUEST programs since 2005. This includes the prior QUEST program excluding full expansion, Medicaid expansion, QExA including the conversion of Medicaid and dually-eligible members to managed care including medical and long-term services and supports, the development of the Community Care Services (CCS) behavioral health program, and the most recent transition to the QUEST Integration program. Milliman has been able to support these programs addressing the unique challenges in Hawaii with five MCOs with varied mix of enrollment serving a relatively small population.

The scope of has included the following:

- Develop methodology for the capitated rates.
- Calculate MCO-specific rates for the 1115 waiver.
- Develop behavioral health rates under CCS.
- Develop rates for budget neutrality purposes.
- Develop other carved-out rates as needed by the State.
- Work with CMS Office of the Actuary to get rates approved.
- Reset risk adjustment factors.
- Assist in the development of the medical RFP.
- Calculate risk share settlements.
- Calculate primary care physician enhancement.
- Clear up MCO encounter data issues.
- Attend in-person rate development meetings.

**Role in Project/Services Provided**

- Perform actuarial analysis necessary to support QUEST Integration programs and functions.
  - Provide actuarial consulting services for development of capitation rates for QUEST Integration programs using standard practices, norms, and benchmarks in the health care industry, including the following:
    - CMS certification of rates.
    - Potential benefits and risks associated with each option, including impact on utilization, cost, and coordination of care.
    - Options to improve the quality of health care delivered to QUEST Integration clients.
  - Provide actuarial analysis and evaluation of proposed legislation relating to QUEST Integration programs to MQD staff and, as needed, staff legislative committees.
  - Work and communicate with MCOs to collect and process data including confirmation of completeness and data integrity.
  - Provide actuarial services to promote transparency and access to measures on quality of care, utilization, efficiency measures, and cost projections.
  - Assist in developing an overall risk management strategy for QUEST Integration programs, including methods to manage risk selection associated with offering multiple health insurance products and health plans; geographic, demographic, and health status risk associated with the QUEST Integration population; and the financial exposure associated with new technologies, procedures, and pharmaceuticals.
  - Directed payment support and payment reform.

## Actuarial Consultant Services

*2005 – Present*

**Results/Significant Accomplishments**

Over the past 15 years, worked closely with the Med-QUEST Division (MQD) to assist in a number of key program changes, including:

- Expansion of managed care to disabled members, including those dually eligible for Medicare.
- Conversion of LTSS services to managed care.
- Medicaid expansion through the ACA.
- Implementation of risk adjustment in QUEST Integration.
- Establishment of risk mitigation programs to better manage the risk between MQD and MCOs, and among MCOs.
- Development of a separate behavioral health program (CCS).
- Current work on payment reform by assisting in a diagnosis-related group conversion.
- Provider tax support.
- Procurement support.
- Financial risk mitigation support.
- Utilization analytics including Milliman Health Waste Calculator.
- Support of housing support program.

Milliman has been able to transfer institutional knowledge as MQD staff has changed, and has listened intently as MQD shared the future vision of a program to serve the most vulnerable Hawaiians.

## Why Choose the Myers and Stauffer Team

The Myers and Stauffer Team is highly regarded for professional objectivity, integrity, innovation, expert staff, and quality service. We are focused on finding ways to protect and maximize our public clients' scarce resources while improving health outcomes. Our Team has the experience, expertise, and resources to meet your needs and exceed your expectations. Our Team's combined experience offers BMS a fresh and innovative perspective from subject matter experts (SMEs) with years of managed care and actuarial experience. In addition, our Team is proposing a cost structure that promotes transparency and predictability of charges under this solicitation, as specified in our response under *Task 4.1.3.3*.

### Added Level of Integrity

Contracting with the Myers and Stauffer Team affords BMS the peace of mind of working with two of the most trusted professions – certified public accountants and actuaries.

Myers and Stauffer does not contract with health plans, MCOs, or third-party administrators, thereby avoiding perceived and real conflicts of interest. BMS and other stakeholders can have complete confidence in our recommendations. Our professionals spend 100 percent of their time working on health care engagements like this. Utilizing Myers and Stauffer to perform these technical services will afford BMS an additional level of quality and performance, since our firm is held to the highest professional standards for integrity, quality, and performance.

In addition, when developing capitation rates, our partner, Milliman, ensures the certified rates are "actuarially sound" for purposes of 42 CFR 438.4. To ensure compliance with generally accepted actuarial practices and regulatory requirements, we refer to published guidance from the American Academy of Actuaries, the Actuarial Standards Board, CMS, and federal regulations. Based on our experience with numerous other state Medicaid agencies, the level of scrutiny being applied to risk-based managed care rates by CMS officials has significantly increased from historical levels and we are ready to meet BMS and CMS expectations.

BMS needs an ethical contractor whose professional staff are educated and trained in public health care and human service actuarial and consulting services, as well as the specific laws, regulations, and rules that affect all aspects of public health. As BMS works to meet its goals, you will require the service of a uniquely insightful and well-rounded team. One with:

- *Depth of local and national resources and insight, including a firm-wide focus on serving government entities.*
- *New and innovative approaches adapting to changes in technology, operating and budgetary environments, and federal and state requirements.*
- *Leaders that stay on the forefront of issues that may affect managed care, Medicaid, and CHIP, presenting economical solutions in anticipation of any needs.*
- *Strict adherence to the rules governing the handling and security of protected information.*
- *Application of extensive knowledge of federal and state regulations and provider operations to ensure the accurate analysis, research and information.*

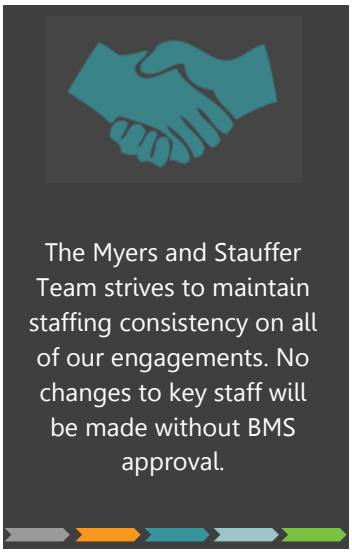
The Myers and Stauffer Team is that team.

## Staffing (3.2)

- ✓ *The vendor shall provide required individual staffing qualifications for each position that the Bureau will utilize for both the actuarial services and program oversight components of the contract.*
- ✓ *The vendor shall provide technical support staff and clerical support staff to assist with administrative duties that do not have required minimum qualifications, as needed.*
- ✓ *The number of actuarial staff needed will be driven by individual Statements of Work (SOW), with an annual estimation of hours outlined in the pricing page for cost estimation purposes.*

Myers and Stauffer will staff this engagement to meet and exceed the State's expectations. Our proposed professional resources are highly skilled in the Medicaid managed care policy, operations, capitation rate setting, and compliance fields. Our Team is fully trained and ready to begin work immediately upon contract award. It will not be necessary for us to build capacity or spend contract hours training individuals.

Our proposed team members have both the responsibility and authority to work collaboratively and across internal organizational lines to support this scope of work. This collaborative environment is how we approach work both internally and with our clients.




### Required Key Staff

Myers and Stauffer is committed to providing the highest quality deliverables and services by deploying the necessary and appropriate resources to meet the requirements of this CRFQ.

Myers and Stauffer strives to maintain staffing consistency on all of our engagements. Upon contract award, we will seek BMS' approval of our propose staffing plan. Our proposed staff are committed to this engagement for the duration of the contract and will not be changed without BMS approval. In the unlikely event of staff turnover, we will offer replacement personnel of equal or greater credentials and experience. We will provide written notice and a request for approval of staffing changes proactively, except in the event of an immediate vacancy. If an immediate vacancy occurs, we will convey that information to BMS with a plan to address immediate and longer-term staffing needs. In the unlikely event BMS does not approve our proposed staff or a staff member leaves the firm, we will present alternative candidates with the appropriate experience and skill set by drawing from our existing staff of Medicaid and actuarial professionals for BMS consideration.

*Figure 2* illustrates our organizational chart. *Table 3* highlights our proposed key staff for this project. We have included resumes for these staff members in *Appendix A: Resumes.*

*Figure 2. Myers and Stauffer Team Organizational Chart*

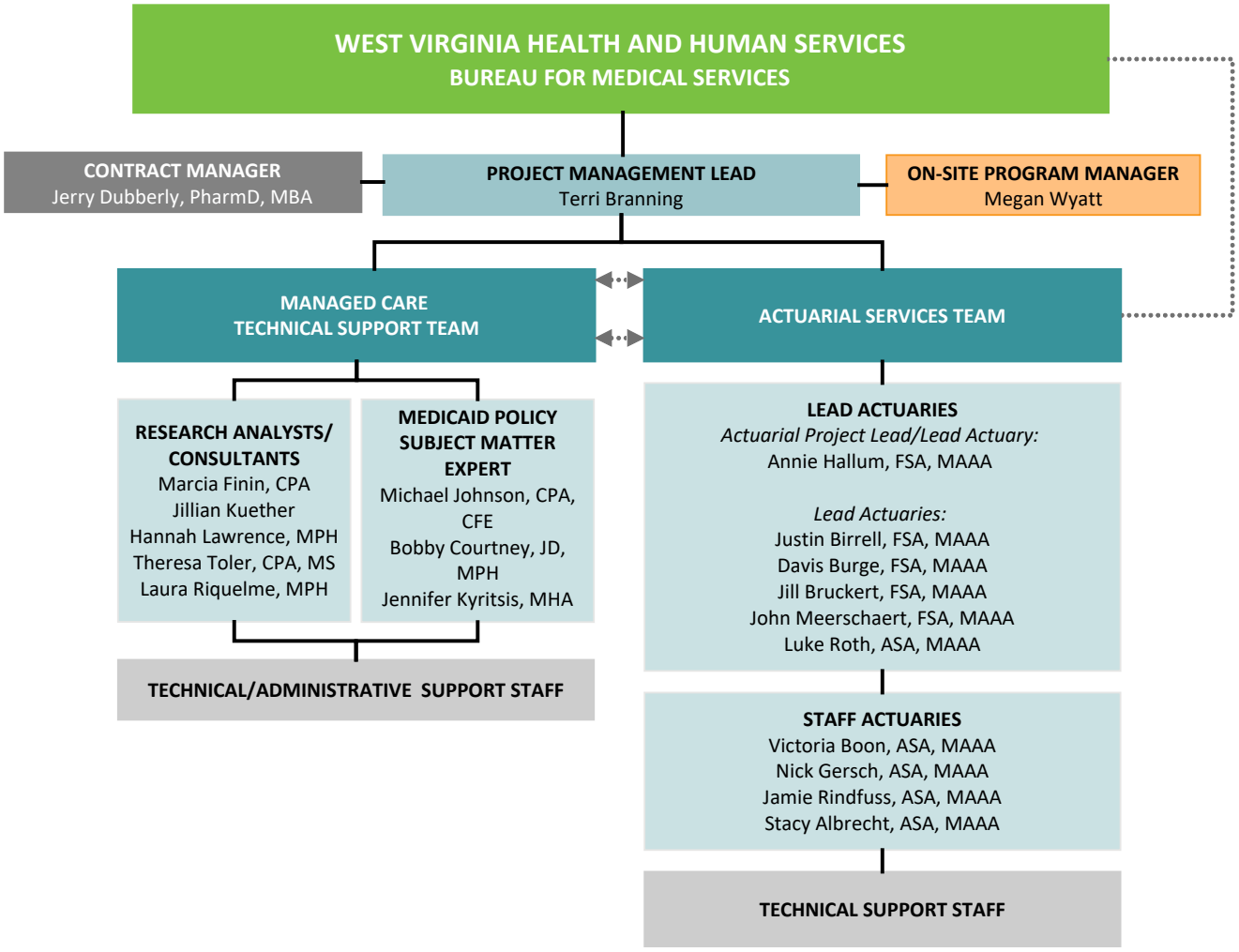


*Table 3. Proposed Key Staff*

| Myers and Stauffer: Proposed Key Staff | | | |
|---|---|---|---|
| **Proposed Key Staff Name/Title** | **Role** | **Requirement** | **Overview of Qualifications** |
| **Jerry Dubberly, PharmD, MBA**<br>*Principal (Partner)*<br>Myers and Stauffer | **Contract Manager:** Dr. Dubberly will ensure the Project Management Lead and Team have the resources necessary to perform the scope of work. | Responsible for overseeing Vendor's responsibilities under this Contract (per *CFRQ Section 11*) | ✓ More than 30 years of Medicaid/public health care experience, including as partner in charge of Medicaid managed care engagements.<br>✓ Former State Medicaid Director of Georgia managing three successful Medicaid MCO contracts serving more than 1.3 million Medicaid and CHIP lives.<br>✓ Doctor of Pharmacy/Master of Business Administration (MBA). |
| **Terri Branning**<br>*Senior Manager*<br>Myers and Stauffer | **Project Management Lead:** Ms. Branning will oversee that all contractual deliverables are fulfilled and provided within the required timeframes. | Required to have a minimum of a bachelor's degree, with five years' experience with Medicaid managed care. | Ms. Branning exceeds all requirements including:<br>✓ More than 41 years of health care industry experience, including executive leadership roles in Medicaid, managed care, and self-funded health plans.<br>✓ Former Executive Business Analyst for Georgia DCH.<br>✓ Bachelor's degree. |
| **Megan Wyatt**<br>*Senior Manager*<br>Myers and Stauffer | **On-Site Program Manager:** Ms. Wyatt will assist the Bureau with day-to-day MCO operations oversight, including addressing vendor inquiries and attending operations meetings. | Required to have a minimum of a bachelor's degree, with three years' experience in Medicaid operations, either with a state agency, federal agency, or rendering services under contract to a state. | Ms. Wyatt exceeds all requirements including:<br>✓ More than 13 years of experience with Medicaid operations, including Medicaid managed care capitation, rate setting, physician rates, and inpatient hospital prospective payment rates.<br>✓ Former Senior Manager of Reimbursement Policy and Fiscal Analysis/Medicaid Analysis Unit Manager–Financial Services for the Georgia DCH.<br>✓ Bachelor's degree. |
| **Marcia Finin, CPA**<br>*Manager*<br><br>**Jillian Kuether**<br>*Manager*<br><br>**Hannah Lawrence, MPH** | **Research Analysts/ Consultant:** Our Research Analysts/ Consultants will provide assistance in | Required to have a minimum of a bachelor's degree, with two (2) years' experience working with Medicaid, either with a state agency, federal | Ms. Finin exceeds all requirements including:<br>✓ More than 25 years of rendering Medicaid/public health care services to state agencies, including managed care oversight contracts.<br>✓ Bachelor's degree.<br>✓ Certified Public Accountant (CPA). |

| Myers and Stauffer: Proposed Key Staff | | | |
|---|---|---|---|
| **Proposed Key Staff Name/Title** | **Role** | **Requirement** | **Overview of Qualifications** |
| *Senior Consultant*<br><br>**Theresa Toler, CPA, MS**<br>*Senior Accountant*<br><br>**Laura Riquelme, MPH**<br>*Consultant*<br><br>Myers and Stauffer | policy research and development, contract development and maintenance, and other MCO oversight activities as outlined within the procurement. | agency, or rendering services under contract to a state. | Ms. Kuether exceeds all requirements including:<br>✓ More than six years of rendering Medicaid/public health care services to state agencies, including managed care oversight contracts.<br>✓ Master's degree in Applied Statistics.<br>Ms. Lawrence exceeds all requirements including:<br>✓ More than eight years of rendering Medicaid/public health care services to state agencies, including managed care consulting contracts.<br>✓ Master's degree in Public Health.<br>Ms. Toler exceeds all requirements including:<br>✓ More than five years of rendering Medicaid/public health care services to state agencies, including managed care oversight contracts.<br>✓ Master's degree in Accounting.<br>✓ Certified Public Accountant.<br>Ms. Riquelme exceeds all requirements including:<br>✓ More than five years of rendering Medicaid/public health care services to state agencies, including managed care compliance contracts.<br>✓ Master's degree in Public Health, Health Promotion and Behavior. |
| **Michael Johnson, CPA, CFE**<br>*Member (Partner)*<br><br>**Bobby Courtney, JD, MBA**<br>*Principal (Partner)*<br><br>**Jennifer Kyritsis, MHA**<br>*Senior Manager*<br><br>Myers and Stauffer | **Medicaid Policy SME:** These individuals will be leveraged for consultation services on federal Medicaid regulation and policy and serve as an SME under both the program oversight and | Required to have a minimum of bachelor's degree, with 10 years' experience in Medicaid policy research and development, either with a state agency, federal agency, or rendering services under contract to either agency type. | Mr. Johnson exceeds all requirements including: exceeds all requirements including:<br>✓ More than 25 years of extensive experience working with state Medicaid clients on managed care initiatives and program integrity engagements.<br>✓ Bachelor's degree.<br>Mr. Courtney exceeds all requirements including:<br>✓ More than 20 years of experience in the health care industry with specialization in experience working with state Medicaid |

| Myers and Stauffer: Proposed Key Staff | | | |
|---|---|---|---|
| **Proposed Key Staff Name/Title** | **Role** | **Requirement** | **Overview of Qualifications** |
| | actuarial services sections. | | clients on public health law and policy.<br>✓ Juris Doctorate (Health Law), Master's degree in Public Health.<br>Ms. Kyritsis exceeds all requirements including:<br>✓ More than 25 years of health care administration experience, including 18 years of compliance and consulting experience working with stage agency Medicaid managed care programs.<br>✓ Master's degree in Health Care Administration. |
| **Annie Hallum FSA, MAAA**<br>*Consulting Actuary*<br><br>**Justin Birrell FSA, MAAA**<br>*Consulting Actuary (Principal)*<br><br>**Davis Burge FSA, MAAA**<br>*Consulting Actuary*<br><br>**Jill Bruckert, FSA, MAAA**<br>*Senior Consulting Actuary*<br><br>**John Meerschaert FSA, MAAA**<br>*Consulting Actuary (Principal)*<br><br>**Luke Roth ASA, MAAA**<br>*Senior Healthcare Consultant*<br><br>Milliman | **Lead Actuary:** As Actuarial Project Lead, Ms. Hallum will oversee and ensure all deliverables within each approved Statement of Work (SOW) are fulfilled as defined within the SOW and will serve as a main point of contact for BMS, in addition to five other the lead actuaries listed. | Required to have a minimum of 10 years' experience with Medicaid managed care rate setting, and shall be either an FSA and/or MAAA. | We are proposing at least six qualified Lead Actuaries. All our Lead Actuaries exceed all requirements including:<br>✓ All our Lead Actuaries have at least 10 years of the Medicaid managed care rate setting experience working for state agencies.<br>✓ Five Lead Actuaries proposed are FSAs and set the rates in at least two other states prior to this engagement.<br>✓ Luke Roth, ASA, is a national expert with more than 10 years' experience developing MCO value-based purchasing initiatives, including directed payment programs (DPPs) for the managed care rate setting certifications.<br>✓ Milliman's team has at least 75 more Medicaid FSAs to accommodate BMS as needed.<br>✓ See *Appendix B: Actuarial Credentials* for copies of relevant credentials. |
| **Victoria Boon ASA, MAAA**<br>*Associate Actuary* | **Staff Actuary:** At least four staff actuaries will assist the Lead Actuaries in | Required to have a minimum of five years' experience with Medicaid managed care rate | Our staff actuaries exceed all requirements including:<br>✓ All our staff actuaries have at least five years' experience with Medicaid managed care rate setting. |

| Myers and Stauffer: Proposed Key Staff | | | |
|---|---|---|---|
| **Proposed Key Staff Name/Title** | **Role** | **Requirement** | **Overview of Qualifications** |
| **Nick Gersch ASA, MAAA**<br>*Associate Actuary*<br><br>**Jamie Rindfuss, ASA, MAAA**<br>*Associate Actuary*<br><br>**Stacy Albrecht, ASA, MAAA**<br>*Actuary*<br><br>Milliman | providing the deliverables defined within each approved SOW. | setting or other insurance pricing, and shall be either a an FSA and/or MAAA. | ✓ All our staff actuaries are credentialed ASA and MAAA.<br>✓ Milliman's team has at least 35 more Medicaid ASAs to accommodate BMS as needed. |

## Technical Support Staff and Clerical Support Staff

In addition to our proposed key staff, we will have supporting staff available to assist these team members with project work, as needed. *Table 4* includes supporting staff roles that will be assigned to this engagement.

*Table 4. Support Staff*

| Myers and Stauffer: Support Staff | | |
|---|---|---|
| **Role** | **Potential Level of Staff Assigned** | **Overview of Qualifications** |
| **Managed Care Technical Support Staff** | Senior Manager, Manager, Senior Analyst/ Associate, Analyst/ Associate | ✓ Medicaid/public health care compliance and consulting experience with specialization in managed care support and provider network analysis.<br>✓ Experience may range from two to more than 10 years depending on level of skill required.<br>✓ Minimum of bachelor's degree in accounting, health care, or other relevant major.<br>✓ May hold one or more of the following certifications: CPA, CFE, or Certified in Healthcare Compliance (CHC). |
| **Managed Care Administrative Staff** | Paraprofessional/ Administrative Assistant | ✓ Medicaid/public health care compliance and consulting experience. |
| **Actuarial Services Technical Support Staff** | Data Analysts | ✓ At least two years of experience performing and overseeing data analysis for health care organizations, health insurance companies, or public agencies charged with regulating or administering health care. |

## Capacity to Provide Services

The Bureau will benefit from an unparalleled level of hands-on service from our team's professionals throughout the year. We can provide this level of service because our business model allows our professionals to be involved and immediately available throughout the entire engagement, from planning through final delivery of the product. Our approach ensures that team management will stay abreast of key issues in West Virginia and will take an active role in addressing them.

### Project Management

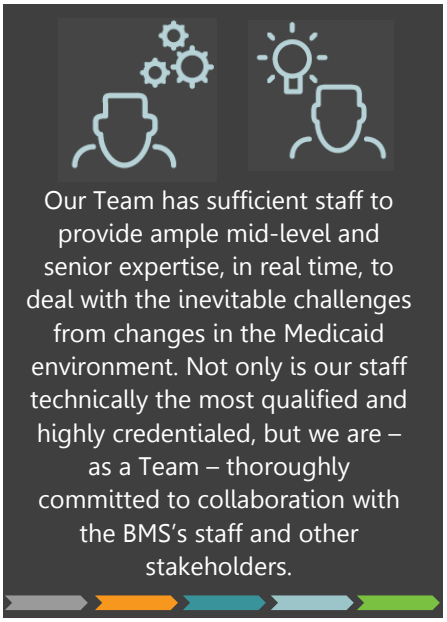
Myers and Stauffer's approach to using subcontractors on engagements is to seamlessly integrate the staff of the subcontractor with our staff. This ensures we are able to maintain quality control standards and provide a consistent service approach. Milliman's staff works alongside the Myers and Stauffer staff and are involved in planning, meetings, and any team communications. They fully function as members of the Myers and Stauffer team which means continuity of staff, consistent training, and the same engagement approach.

We have found our clients prefer this approach as they only have to deal with one engagement team and one point of contact for contractual accountability and timeliness of deliverables. That is why we have designated Ms. Terri Branning as Project Management Lead. While you will have access to all engagement leaders, Ms. Branning will ensure all work, status updates, and issues are coordinated centrally for the engagement as a whole, saving BMS time and reducing miscommunication. It also reduces the risk of multiple requests or questions in overlapping areas as there is only one team with appropriate supervision performing the various audit tasks. Lastly, we believe this approach helps us monitor compliance requirements related to the use of subcontractors because we have the ability to better monitor time and effort.

Through Addendum 3 to the CRFQ, we understand BMS is allowing vendors to provide a job posting in lieu of the actual resume for the on-site position, and the requirement for on-site staff is currently being waived. However, we are pleased to present Ms. Megan Wyatt to fulfill the responsibilities of this position on an interim basis as we search for a permanent resource. She is prepared to relocate to West Virginia when the State lifts the waiver for the on-site requirements, and she will provide continuity as we onboard the permanent on-site manager. Ms. Wyatt brings more than 15 years of experience with Medicaid operations, including Medicaid managed care rate setting, program management, policy and fiscal analysis, projections, and the CMS Medicaid State Plan amendment (SPA) process. Prior to joining Myers and Stauffer, she served the Georgia Medicaid program as their Senior Manager of Reimbursement Policy and Fiscal Analysis, and also as the manager of the Medicaid Analysis Unit.

**Our Team's Bench Strength**

With Myers and Stauffer's nearly 900 professionals nationally, we are able to staff this engagement immediately with a tenured team, and have the flexibility to reallocate staff, as needed, to further support the requirements of our engagements. Every one of Myers and Stauffer's professionals is dedicated to public health care agencies allowing us to truly understand the needs and objectives of our client.




Our actuarial partner, Milliman, is also committed to maintaining a global reputation for integrity and high-quality work. Milliman's staffing model ensures it has streamlined a highly efficient process related to actuarial rate setting that provides timely results of the highest quality. All work is managed by actuarial consultants with the highest level of credentials. Milliman has 75 FSAs and 35 ASAs that specialize in Medicaid agency work. This number of credentialed staff allows us to provide high-quality work on an ongoing basis, as well as devote additional resources during times of increased workload.

# VI. Mandatory Requirements (CRFQ – Specifications: Section 4)

The Myers and Stauffer Team attests that we will fulfill all mandatory requirements listed in Section 4 of the CRFQ.

## Mandatory Contract Services Requirements and Deliverables (4.1)

- ✓ *Contractor must meet or exceed the mandatory requirements listed below.*
- ✓ *All managed care program administration requirements are applicable to both the Mountain Health Trust and Mountain Health Promise program.*
- ✓ *The fixed monthly payment for these services shall be inclusive of completing the defined activities for both programs.*
- ✓ *Actuarial services shall be provided based on independent Statements of Work (SOW) and shall be reimbursed at the prevailing hourly rate upon the issuance of an approved delivery order.*
- ✓ *The Vendor may subcontract Actuarial Services only.*

### Managed Care Program Administration (4.1.1)

The experience and qualifications of the Myers and Stauffer Team consistently exceeds the managed care program administration requirements set forth in the CRFQ. In the matrix below, we provide summary information on client-specific engagements examples that address the CRFQ requirements.

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
|---|---|---|---|
| 4.1.1.1 | The State Medicaid Managed Care Program, both Mountain Health Trust and Mountain Health Promise, currently operate under a 1915(b) waiver. Requests for services related to waiver analyses outside of the Managed Care waivers shall be accounted for under ad hoc services. Services provided under the ad hoc section will be done at an hourly rate and will require execution of an approved SOW and delivery order before work can commence. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We understand that the State Medicaid Managed Care Program (Mountain Health Trust and Mountain Health Promise) operates under a 1915(b) waiver. The Myers and Stauffer Team has extensive experience with Medicaid managed care programs operated through 1915(b) waiver authority, State Plan Amendments, and 1115 authority and is qualified to fulfill this requirement. We have managed care and waiver experience in the following states:<br>● Colorado, 1115 DSRIP<br>● Georgia, 1915(b) |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
|---|---|---|---|
| | | | • Hawaii, 1915(b)<br>• Kentucky, 1915(b)<br>• Maine, 1915(b)<br>• Nebraska, 1915(c)<br>• Nevada, 1915(b)<br>• New Hampshire, 1115 DSRIP<br>• New Jersey, 1115 DSRIP<br>• Texas, 1115 DSRIP<br>• Washington, 1115 DSRIP<br><br>In addition to our corporate experience, our individual team members bring prior experience working directly for state Medicaid programs and developing/operationalizing/ managing/evaluating managed care delivery models, working directly for MCOs, and consulting with states on the program design, implementation and operation of Medicaid managed care programs.<br><br>For this contract, we understand that requests for services related to waiver analyses outside of the Managed Care waivers shall be accounted for under ad hoc services and services provided under the ad hoc section will be done at an hourly rate and will require execution of an approved SOW and delivery order before work can commence. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
|---|---|---|---|
| 4.1.1.2 | The vendor shall provide oversight with current and new programs developed and operating under existing managed care waivers, new waivers, or waiver renewals. | Yes | The Myers and Stauffer Team understands and is capable of performing this task. Our most relevant clients providing oversight of current and new programs developed and operating under existing managed care waivers, new waivers, or waiver renewals include:<br>● Kentucky 1915(b) Medicaid managed care program:<br>o Development of MCO request for proposal and associated contract language.<br>o MCO readiness reviews and reporting.<br>o Provider network adequacy review.<br>o 1915(b) Independent Assessment.<br>o 1915(b) waiver extension and renewal.<br>● Georgia 1915(b) Medicaid managed care program:<br>o Conduct financial and performance audits of the Care Management Organizations (CMOs) and their significant subcontractors and provide recommendations for process and contractual improvements.<br>o Monitor and report on CMO compliance with contractual and regulatory provisions.<br>o Analyses to measure the reliability and accuracy of encounter and member data used to establish capitation rates.<br>o Conduct testing for network adequacy and availability. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
|---|---|---|---|
| 4.1.1.3 | The vendor shall assist with drafting 1915(b) waiver applications and associated quality strategies. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>The Myers and Stauffer Team has years of technical assistance experience providing states with guidance in determining overall strategy and drafting waiver applications. Most recently, we were instrumental to our state partners in the success of the following waiver projects:<br>● Kentucky:<br>o 1915(b) extension and renewal support.<br>● Hawaii:<br>o Drafted the Medicaid Quality Strategy.<br><br>Individual members of our proposed team have also supported waiver strategy, planning sessions with CMS on appropriate federal authorities, drafting of concept papers, and development of waiver applications in states such as Georgia, Indiana, Ohio, and Pennsylvania. |
| 4.1.1.4 | The vendor shall develop correspondence, such as waiver applications, letters to federal entities, etc. related to waivers or other managed care program needs. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer is experienced at communicating with a diverse group of stakeholders including the federal government, using a variety of methods. We have significant experience preparing correspondence and communications for all types of managed care program needs (including with and to federal health agencies e.g., CMS). This includes waiver applications, letters, meeting notes, status reports, and documentation of questions and answers, and CMS decisions, as well as responding to ad hoc |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
|---|---|---|---|
| | | | requests from CMS and other entities in a timely manner. Samples of our recent experience include:<br>● Kentucky:<br>o 1915(b) renewal support, including planning meetings with client and drafting of all correspondence with CMS.<br>o Conducted 1915(b) Independent Assessment report.<br>o Drafted MCO contract modifications for CMS review and approval.<br>o MCO readiness reviews and status reporting for CMS.<br>● Hawaii:<br>o Drafted the Health Plan request for proposal and contract language for CMS review and approval.<br>o Drafted the Medicaid Quality Strategy.<br>● Mississippi:<br>o Supported the design, negotiation, implementation, and renewal of the managed care directed payment program.<br>● New Jersey:<br>o Drafted and negotiated 1115 DSRIP waiver Standard Terms and conditions and Funding and Mechanics Protocol.<br>● Washington:<br>o Under an 1115 DSRIP waiver, developed Value Based Payment (VBP) analysis findings for quarterly CMS reporting. |
| 4.1.1.5 | The vendor shall conduct analyses of waiver programs and develop | Yes | The Myers and Stauffer Team understands and is capable of performing this task. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
|---|---|---|---|
| | recommendations for improving effectiveness and efficiency of waiver programs. | | Myers and Stauffer has direct, hands-on experience assisting our state Medicaid clients with health care and human service benefit transformation including:<br>● Kentucky:<br>o Drafted 1915(b) Independent Assessment report.<br>● Maine:<br>o Drafted 1915(b) Independent Assessment report.<br>● Colorado:<br>o Under the 1115 waiver, conduct quarterly and annual analyses of the waiver performance and opportunities.<br>● New Hampshire:<br>o Drafted 1115 DSRIP Independent Assessment report.<br>● New Jersey:<br>o In support of the 1115 DSRIP waiver, developed the state's performance measure specifications to monitor performance metrics as the basis for incentive award.<br>● Texas:<br>o Under the 1115 DSRIP waiver, conduct ongoing analyses of waiver participant performance.<br>● Washington:<br>o Under the 1115 DSRIP waiver, supported midpoint assessments of Accountable Communities of Health (ACH), as well as assessments of ACH project plans and semi-annual reports. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
|---|---|---|---|
| 4.1.1.6 | The vendor shall assist the Bureau with activities related to its 1115 waiver for Substance Use Disorder, including but not limited to, federal reporting requirements and other analyses, as needed, which will be administered under the managed care organizations. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has related experience as follows:<br>● Nevada: Drafted the Nevada SUD 1115 waiver for an Institution for Mental Disease (IMD) exclusion.<br>● 1115 DSRIP waivers addressing SUD in Colorado, New Hampshire, New Jersey, Texas, and Washington.<br>● Support several pharmacy and Mental Health Parity and Addiction Equity Act (MHPAEA)-related clients which also cover SUD related issues. |
| 4.1.1.7 | The vendor shall provide policy impact analyses and support to the Bureau, including, but not limited to, reviewing and analyzing policy options, developing documents for review, programmatic impact assessments, conducting federal regulatory review, developing presentations, and assisting with implementation of strategies (i.e. preparation of work plans, facilitation of meetings, monitoring, and evaluation). | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has extensive experience working collaboratively with state and community partners to identify opportunities to improve the delivery of health services and supports, supporting implementation of the identified solutions, and evaluating their effectiveness. Examples of recent client successes include:<br>● Kentucky:<br>o Conducted performance management assessments and developed recommended monitoring and oversight of MCOs.<br>o Conducted assessment of child welfare services agency in preparation for new single MCO model program for children in foster care or receiving adoption assistance, and certain youth in the juvenile justice system. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | | | • Kentucky pharmacy services:<br>o Review and presentation of pharmacy policy options, facilitation of weekly strategy meetings, conducted fiscal and operational analyses, developed implementation strategies, and supporting implementation, as well as evaluation of performance.<br>• Georgia:<br>o Policy and fiscal analysis (e.g., Physician rate increase impact on MCO and fee-for-service).<br>o Forecast costs due to policy changes, and financial costs due to pharmacy benefit structure changes.<br>• South Dakota:<br>o Strategic analysis of delivery model options and organizational assessment.<br>• Hawaii:<br>o Developed VBP model and options analyses.<br>o Drafted Health Plan request for proposal and contract language addressing VBP model and requirements.<br>• Nevada:<br>o As related to the SUPPORT Act, evaluated policy options to improve access to SUD services, facilitated extensive stakeholder engagement meetings, developed a strategic plan to improve access, and facilitated meetings with State |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | | | leadership to present options and findings. |
| 4.1.1.8 | The vendor must agree to revise all analyses based on future releases or revisions of information at the state or federal level within an agreed upon timeframe between the vendor and Bureau. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Examples of similar analysis revisions for our state clients include:<br>● South Dakota:<br>o Work plan included a first and second draft for review by the State. Feedback from the first draft was incorporated and included in the second draft for the Governor's Office.<br>● Kentucky:<br>o Analyses of MCO best practices were presented and discussed with the State. Feedback was received with additional research conducted where needed and revisions made within an agreed upon timeframe. |
| 4.1.1.9 | The vendor shall monitor federal regulations and requirements for potential changes and provide analyses on program impact on an ongoing basis. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We monitor federal regulations and requirements for potential changes and provide analyses of those regulations and requirements for clients. Myers and Stauffer receives daily alerts regarding federal regulation changes, identifies and tracks legislative items, and continuously analyzes the potential impact on our clients and communicate our findings accordingly. Examples include:<br>● Patient-Driven Payment Model (PDPM):<br>o Tracked the PDPM development, analyzed the fiscal and operational impact. |

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| | | | ○ Raised concerns to CMS and the National Association of Medicaid Directors which contributed to changes in federal direction.<br>● Medicaid Managed Care Final Rule:<br>○ Monitored interim and final rule.<br>○ Assessed impact and provided impact assessments to clients.<br>○ Conducted a national webinar on final rule content.<br>○ Assisted with final rule implementation.<br>● Patient Access and Interoperability Final Rule:<br>○ Conducted impact assessment of final rule.<br>○ Summarized rule, requirements, and potential impact to clients.<br>○ Supporting state initiatives to comply with the rule. |
| 4.1.1.10 | The vendor must develop and submit an Operations Plan within the first thirty (30) calendar days of contract award that addresses compliance with program requirements and services. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer develops Operations Plans as standard protocol for all of our clients. The Operations Plan will include, at a minimum, details about the transition of the contractual responsibilities, all staff assignments, project milestones and deadlines, deliverables, West Virginia Medicaid Inbox management, and key stakeholder communications. Most relevant to this CRFQ, we have developed detailed Operations Plans for the following states:<br>● Kentucky: Managed care consulting included the development of an operations plan and the management of an inbox for MCOs during readiness review and go-live. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | | | • Hawaii: Operations plan to cover activities related to the development of MCO RFP and contract, MCO reporting, and Quality Strategy.<br>• Nevada: State Comprehensive work plans and operational plans related to the State Innovation Model grant, Certified Community Based Health Clinics (CCBHC) grant application and implementation, and SUPPORT Act activities. |
| 4.1.1.11 | The vendor shall develop and maintain the MCO contracts associated with both Mountain Health Trust and Mountain Health Promise. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has experience providing programmatic input during the MCO contracting process for various states including:<br>• Kentucky:<br>o Conducted national research and facilitated program design meetings to identify innovations to incorporate in new MCO contracts as part of procurement support.<br>o Monitored and maintained all necessary MCO contract modifications and associated amendments.<br>• Nevada:<br>o Developed recommended contract language including performance guarantees for the State's incorporation into MCO contracts. |
| 4.1.1.12 | The vendor shall conduct annual network adequacy assessments, with approach to completing approved by | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has developed network adequacy methodology, developed reporting, |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | the Bureau, for both MHT and MHP, in a mutually agreed upon schedule. | | and assessed network adequacy for the following states:<br>● Georgia.<br>● Kentucky. |
| 4.1.1.13 | The vendor shall analyze and monitor Managed Care contract performance, as described in greater detail in 4.1.15.1. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has worked with multiple states to analyze, monitor, and test compliance with Medicaid contracts including managed care, encounter data validation, and MLR. Examples include:<br>● Georgia:<br>o Conduct audits of financial and performance contract requirements of the Care Management Organizations (CMOs) and their significant subcontractors and provide recommendations for process and contractual improvements.<br>o Monitor and report on CMO compliance with contractual and regulatory provisions.<br>o Conduct financial reconciliations and Medical Loss Ratio audits.<br>● Kentucky:<br>o Facilitated MCO readiness reviews.<br>o Facilitated Reporting Requirements Workgroup with the State and MCOs to develop detailed MCO reporting package.<br>● Mississippi:<br>o Conducted cost effectiveness analysis of MCOs and subcontractors.<br>o Reviewed EQR Protocol 5. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | | | o Conducted encounter data validation for compliance.<br>o Reviewed MCO Third Party Liability compliance with contractual requirements. |
| 4.1.1.14 | The vendor shall develop an annual report on MCO performance and compliance with contractual obligations within ninety (90) calendar days of the end of the reporting period. The end of the reporting period is the end of the state fiscal year annually. The annual report shall also address program enrollment, services available, cost savings resulting from the program, performance on key quality indicators, MLR overview, improvement strategies implemented, program goals, and other information as requested by the Bureau. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer performs contract performance review in numerous states including:<br>● Georgia:<br>o Conduct financial and performance audits of the Care Management Organizations (CMOs) and provide recommendations for process and contractual improvements. These findings were incorporated into the Department's Annual Report.<br>o Monitor and report on CMO compliance with contractual and regulatory provisions.<br>o Conduct encounter data reconciliation and validation, and provide detailed reports at the CMO level.<br>● Washington:<br>o Under the 1115 DSRIP waiver, annual review of MCO VBP payments for accuracy and contract compliance.<br><br>We also perform Medical Loss Ratio and administrative expense analysis reports in multiple states including Georgia, Iowa, Louisiana, Maryland, Mississippi, New Mexico, Utah, Virginia, and Wisconsin. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| 4.1.1.15 | The vendor shall conduct program readiness documentation and desk reviews, as needed, for an undetermined number of managed care entities, dependent upon entry into the WV Medicaid program. Reviews shall also be provided on an on-going basis for existing MCOs, as deemed necessary by the Bureau to ensure continued programmatic compliance. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer developed and performed readiness reviews for multiple states. State examples include:<br>● Georgia:<br>o Conducted readiness reviews, including both desk reviews and on-site review for Care Management Organizations (CMOs) and subcontractors, developed readiness review tools, drafted review reports and recommendations, and supported management of CMO corrective actions.<br>● Kentucky:<br>o Developed readiness review tools, conducted staff training, facilitated desk reviews, supported virtual MCO interviews, drafted reporting to CMS, and monitored MCO corrective actions.<br><br>We also developed and facilitated Command Center activities to ensure successful onboarding of programs and MCOs pre- and post- contract operational dates. This work was performed in:<br>● Georgia.<br>● Nevada.<br>● Kentucky. |
| 4.1.1.16 | The vendor shall perform analyses and ongoing monitoring of MCO provider networks, conduct quarterly analyses of | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has provided monitoring and oversight for MCO provider networks to |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | the MCOs' networks against program requirements. | | ensure compliance for various states including:<br>● Georgia.<br>● Kentucky. |
| 4.1.1.17 | The vendor shall develop MCO-specific reports and maps showing providers, clinics, and hospitals by specialty and location. Information shall be submitted within 10 calendar days of request, unless otherwise noted. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer develops custom reports and maps for our clients in a variety of public health areas including managed care, such as:<br>● Kentucky:<br>o Developed and facilitated a Reporting Requirements Workgroup with six MCOs, Medicaid staff, Pharmacy team, information technology division, and fiscal agent to design standardized reporting templates to monitor provider network adequacy.<br>● Georgia:<br>o MCO-specific maps are generated to indicate regional provider participation and participation by provider specialty. Reports are generated on an as needed basis and per mutually agreed upon specifications. |
| 4.1.1.18 | The vendor shall work with the Bureau to develop a comprehensive reporting calendar for the MHT and MHP programs that complies with federal, state, and bureau-specific reporting requirements as defined by the managed care contracts. The current authorities can be accessed at: httPs://www.medicaid.gov/medicaid/m | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has developed detailed reporting calendars for the following states:<br>● Kentucky.<br>● Louisiana.<br>● Nevada. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | anaged- care/guidance/medicaid-and-chip-managed-care-final-rules/index.html#:-:text=On%20January%2017%2C%202017%2C%20CMS%20released%20a%20final,under%20Medicaid%20managed%20care%20contracts%20and%20rate%20certifications. WV State Code Chapter 9: https://code.wvlegislature.gov/9/. | | |
| 4.1.1.19 | The vendor must identify and comply with all federal and state Medicaid laws, regulations, and policies, as outlined by the Centers for Medicare and Medicaid Services and the Bureau for Medical Services, which can be accessed at www.medicaid.gov/medicaid/managed-care/index.html. http://www.dhhr.wv.gov/bms/Members/Managed%20Care/Pages/default.aspx. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We will identify and comply with all federal and state Medicaid laws, regulations, and policies, as outlined by the Centers for Medicare and Medicaid Services and the Bureau for Medical Services. |
| 4.1.1.20 | The vendor shall analyze Early Periodic Screening, Diagnosis and Treatment (EPSDT) service provisions and prepare federal and state reports on methods to improve efficiency, effectiveness, coordination and quality of those services in West Virginia as needed, in an agreed upon format and submission standard between the vendor and the Bureau. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Examples of Myers and Stauffer's experience with EPSDT analysis and reporting is detailed below:<br>● Hawaii:<br>o Supported the development of the Quality Strategy which supports improved access to EPSDT services.<br>● New Jersey:<br>o Calculated metrics related to the use of EPSDT services and provided reports of performance to CMS for review. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | | | • External Quality review (EQR) Protocol 5: Analyzed compliance with MCO regulations and requirements which supported analysis of EPSDT compliance. |
| 4.1.1.21 | The vendor must provide ad-hoc reports upon request on information including, but not limited to, comparisons of the Managed Care program with the fee-for-service program to improve the efficiency, effectiveness, and quality of the Managed Care program within the timelines established for each project as outlined by the Department. These ad-hoc reports will be based on an approved SOW and Delivery Order. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has the resources to provide ad-hoc services at the necessary times to ensure that we meet all milestones and provide quality and responsive services to the Bureau. State examples include:<br>• Georgia:<br>o Developed forecasting model to show impact of changes in fee-for-service and managed care programs. Worked with the state to develop multiple potential payment methodologies and estimate cost of each approach.<br>• Kentucky:<br>o Compared the outpatient pharmacy benefit under fee-for-service and managed care environments, issued an ad-hoc report, and presented to Medicaid leadership. |
| 4.1.1.22 | The vendor must provide an analysis tool with access for ten (10) state users for use in identifying medical service utilization patterns by category of service and medical and administrative cost profiles for all Managed Care cohorts, major lines of business, and individual Managed Care recipients to improve quality of care and outreach. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We will use tools or software as agreed with BMS. Upon contract award, we will provide detailed demonstrations of available options and capabilities as our proposed solution to meet the BMS requirements.<br><br>Myers and Stauffer has experience with analytic tools needed to identify medical service utilization patterns by category of |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | | | service and medical and administrative cost profiles for all Managed Care cohorts, major lines of business, and individual Managed Care recipients to improve quality of care and outreach. We have developed and implemented interactive dashboards and reports for similar analyses to West Virginia's requirements. |
| 4.1.1.23 | The vendor must provide all data, program and regulatory analyses required to respond to, but not limited to, Legislative, Federal, State, Budgetary, Provider or Advocacy requests in a timeframe that is mutually agreed upon by vendor and state. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Because of the nature of our business, Myers and Stauffer is very familiar with such requests and understands the importance of delivering clear, complete, and timely responses. Examples of similar work includes:<br>● Nevada:<br>o Assisted with analysis of proposed state legislation to pursue federal authority for a Section 1115 waiver for mental health services provided in an Institution for Mental Diseases (IMD), including consultation regarding operational and fiscal impacts to the State.<br>o Collected and analyzed provider and advocacy feedback regarding services needed to support Therapeutic Foster Care through a 1915(i) State Plan Amendment.<br>● New Jersey: Conducted analysis of provider requests for further analysis of calculated DSRIP improvement performance measurements which were tied to incentive payments. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | | | • National webinar to present program and regulatory analysis related to the 2016 Medicaid Managed Care Final Rule. |
| 4.1.1.24 | The vendor must develop a strategy for MCO contracting, including options for performance targets, use of incentives and/or penalties, modifications to program requirements, implementation and oversight of a Managed Care medical loss ratio (MLR), and others as requested. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has extensive experience developing strategies for states related to MCO contracting, including supporting MCO contract revisions and amendments, recommending contract language for ancillary vendors supporting managed care programs, such as pharmacy benefit managers (PBMs and EQROs. MCO contracting examples include:<br><br>• Kentucky:<br>o Provided extensive revisions to MCO contract, including language to strengthen the State's monitoring and oversight capabilities such as provider network adequacy, MCO non-compliance, MCO reporting, and MCO performance on improving health outcomes.<br>o Designed the requirements, procurement approach, RFP, RFP scoring tools, and currently supporting implementation activities for the single MCO PBM.<br>o Recommended performance incentive program in MCO contracts, as well as performance penalties in MCO and single MCO PBM contracts.<br>o Recommended language for EQRO contractual requirements. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | | | • Hawaii:<br>o Drafted significant revisions to MCO contract, including modifications to address MCO non-compliance, MCO reporting, VBP, and enhanced program integrity requirements.<br>• Nevada:<br>o Analyzed existing MCO contract for opportunities for improvement.<br>o Identified areas for amendment to bring contract into compliance with Medicaid Managed Care Final Rule and drafted appropriate language for review.<br>o Developed performance guarantees for MCO contract.<br>o Drafted language to address MCO oversight and monitoring strategy.<br>• Louisiana:<br>o Conducted MLR examinations for five health plans plus behavioral health and dental health plans.<br>o Provided contract language and instructions for template for filing.<br>• Mississippi:<br>o Conducted MLR examinations for three Medicaid and two CHIP health plans.<br>o Conducted review of data used for risk adjustment.<br>o Conducted review of administrative expenses reported.<br>o Provided contract language and instructions for template for filing. |
| 4.1.1.25 | The vendor shall develop a comprehensive quality assessment and performance improvement strategy, that complies with federal regulations, | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We offer innovative solutions designed to promote the quality, efficiency, and delivery of |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | Quality Improvement Systems for Managed Care (QISMC), CMS standards, other quality review programs, and input from enrollees, advocates, Managed Care organizations, and other stakeholders to identify options and recommendations for monitoring and evaluating the quality and appropriateness of care and services to enrollees. | | care, leading to better patient experiences and reductions in costs. We have assisted numerous clients with quality improvement strategies including:<br>● New Jersey:<br>o Developed and implemented quality assessment and improvement strategy to assess performance of DSRIP-participating hospitals.<br>o Conducted learning collaborative forums based on the Plan Do Study Act approach.<br>o Reported activities and results to CMS.<br>● Hawaii: Drafted Medicaid Quality Strategy. |
| 4.1.1.26 | The vendor shall meet with the State's Managed Care entities, provider groups and other parties as determined necessary by the Bureau at locations to be determined dependent upon availability of space at no additional cost to state. | | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Our proposed fees are inclusive of meetings. Details such as meeting frequency and format will be agreed upon with BMS upon contract award. Our on-site Program Manager will also be available, as needed, for meetings.<br><br>We have extensive experience meeting and working with MCOs in the states of: Iowa, Illinois, Indiana, Louisiana, New Mexico, Ohio, Tennessee, Texas, Virginia, Washington, and Wisconsin.<br><br>We also have facilitated larger stakeholder groups consisting of various stakeholders (states, providers, community members, etc.) for the following states: Georgia, Hawaii, Kentucky, Nevada, New Hampshire, New Jersey, South Dakota, and Washington. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| 4.1.1.27 | The vendor shall assist in developing options for program expansion and assist in implementation of program expansion, including preparation of documents outlining options for program expansions, including cost savings, policy considerations, risks, issues, agency and bureau coordination requirements, and legal constraints, etc. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has extensive experiencing in design, development, procurement, implementation, and ongoing operations for Medicaid managed care programs. Should program expansion be an option the Bureau wishes to explore, we can provide expertise to facilitate that process. Most recently, we provided similar services to:<br>● South Dakota: Conducted an analysis of expanding programs and restructuring existing programs in the Medicaid division. The analysis included options, advantages/constraints, operational/ fiscal impacts, and required federal authorities among other factors.<br>● Georgia: Conducted analysis assessing costs for changing payment methodologies including rate setting and specific changes (e.g., outliers, and outpatient, inpatient, pharmacy, and physician payments).<br>● Maine: Conducted assessment and estimation of payment changes. |
| 4.1.1.28 | The vendor shall assist with the development of reports for WV House Bill:<br><br>http://www.legis.state.wv.us/Bill Status/bills text.cfin?billdoc=H B4217%20SUB%20ENR.htm&ye2014&s esstype=RS&billtype= B&houseorig=H&i=4217 | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has assisted our clients with reports and other materials to present to state legislative bodies and other entities:<br>● We develop annual reports for legislative requests in Georgia and Louisiana, as well as other states.<br>● We also have worked with the Medicaid and CHIP Payment and Access Commission, the legislative branch |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | | | agency that provides policy and data analysis and makes recommendations to Congress and other government divisions. |
| 4.1.1.29 | The vendor shall be responsible for collection of all required reports of the MCOs, reviewing reporting for any errors or omissions, generating reports for the Bureau based on the data reported, and maintaining a tracking log of the submission to be used in monitoring MCO contract compliance. Required reports and due dates of the MCOs are included in Exhibit C. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br>Myers and Stauffer provides reporting support by reviewing MCO-submitted reports and providing a dashboard or other similar tools for these states: Georgia, Iowa, and Louisiana. |
| 4.1.1.30 | The vendor shall provide an electronic tool that serves as a program compliance dashboard that will allow the Bureau to track, at a minimum, but to be refined by the Bureau:<br>• All deliverables submitted by the MCOs as outlined under the Managed Care contract.<br>• MCO policies and procedure documents.<br>• Contract and amendment language and version history.<br>• MCO quality metrics and report card.<br>• Network adequacy documents and readiness review materials.<br>• Grievances and Appeals.<br>• Vendor shall provide classroom-led training to staff on utilizing the project management system and | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We will use tools or software as agreed with BMS. Upon contract award, we will provide detailed demonstrations of available options and capabilities as our proposed solution to meet the BMS requirements.<br><br>Our software supports advanced analytics, reporting, and data warehousing. It has the ability to input health care information from multiple sources and has built in business intelligence capabilities.<br><br>Myers and Stauffer has extensive experience in analytics and informatics, related to Medicaid data. We will work with the State to determine the best way to display the quality metrics and report card dashboards. We expect this to be a highly interactive and iterative process, which provides frequent feedback loops between Myers and Stauffer and the State during the design phase of the dashboards. Myers and Stauffer provides a |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Experience/Qualification |
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| | maintain a training manual for reference.<br><br>• Platform must be hosted by the vendor and allow access for up to ten (10) users at any time. Settings must be configurable to meet state needs. The current state operating system is Windows 10. For teleconference capabilities, the State currently uses Skype for Business. The State will then switch over to Google Workplace at a point in the coming months for teleconferencing. There is no firm date on the switch to Google Workplace. | | dashboard or other similar tools for these states: Georgia, Iowa, and Louisiana. |

## Actuarial Services (4.1.2)

As part of the Myers and Stauffer Team, Milliman will provide the actuarial services outlined in the CRFQ. The experience and qualifications of Milliman consistently exceeds the actuarial requirements set forth in the CRFQ. In the matrix below, we provide summary information on client-specific engagements that address the CRFQ requirements.

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
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| 4.1.2.1 | The vendor shall complete the development, setting, certification, and/or review of rates for the State's Managed Care programs. Capitation rates for Managed Care shall be developed based on readily available State data and set by cohorts, including, but not limited to, age, gender, eligibility category, geographic location, and population risk factors. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Our actuaries will provide technical and professional services to ensure the capitation rate setting process fully complies with 42 CFR 438.4, the most recent Medicaid Managed Care Rate Development Guide published by CMS, additional CMS regulations as they are passed, and all professional actuarial standards of practices. Our Medicaid capitation rate setting methodology follows a standard underlying process but is customized to each client and population based on local characteristics, MCO market, benefits, and program maturity. Our experience in Medicaid rate setting has included traditional modified adjusted gross income, ABD, ACA expansion, dual-eligible, and special needs populations, which has provided us the ability to benchmark MCO managed care efficiency on a population specific basis.<br><br>We complete this task in every state where we serve as a certifying actuary. |
| 4.1.2.2 | Vendor shall develop high, mid, and low capitation rate ranges for review. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>If requested by BMS and as approved by CMS, we will develop high, mid, and low capitation rate ranges for review. These approaches are not commonly used currently, and we would |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
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| | | | also engage in discussions with BMS related to the pros and cons of such a methodology and the limitations under the current rule. |
| 4.1.2.3 | Vendor must develop Managed Care rates at the individual MCO level, if the Bureau chooses to develop MCO-specific rates based on risk stratification. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We have generally pooled experience for rating purposes but then made plan-specific adjustments as warranted including the following:<br>● Adjusted for risk profile, including standard risk adjustment but also adjustments for levels of homelessness, autism, and LTSS needs.<br>● Unique plan unit costs, such as federally qualified health center use rates where the prospective payment system rates are included in the capitation rates.<br>● Plan adjustments based on procurement strategies where a plan may commit to assumptions as part of bidding process.<br>● Particular high-cost pharmacy needs, specific to plan membership. |
| 4.1.2.4 | Vendor shall participate and provide support in rate setting discussions and meetings as needed, and provide supporting documentation, including but not limited to, presentations, rate workbooks, spreadsheet files, and rate memos, as requested by Bureau staff for meetings. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Our Team is prepared to provide a complete, detailed explanation of the rate setting methodology for key stakeholders in any format required. We propose to have at least two in-person meetings with the MCOs prior to the rate work to understand issues to review specific to each plan and second to present state fiscal year (SFY) rates. We would also meet with plans for any material mid-year adjustments and/or risk adjustments. We |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
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| | | | complete similar tasks in every state where we serve as certifying actuary.<br><br>Open communication with the State and all stakeholders has produced an efficient model where we are always able to submit MCO rates at least 90 days prior to rating period.<br><br>As an example, we are sharing a link to our publicly available rate reports and exhibits for the state of Wisconsin: https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Reimbursement_and_Capitation/Home.htm.spage#crbp |
| 4.1.2.5 | Vendor shall work collaboratively with Department staff to improve the accuracy and efficiency of the existing data sources and new data sources used for rate development, and the methodologies used in the rate setting process. Collaboration shall include attending meetings, conference calls, and other requests that the Bureau deems necessary. It is the expectation of the Bureau that the vendor shall provide new and innovative ideas around the rate setting process and efficiencies of such. The Vendor shall facilitate direct communication channels between Actuary and the Department. The frequency shall be on an as requested basis. The location of the meetings will be mutually agreed upon, either in-person or virtually. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We will work improve the accuracy and efficiency of the existing data sources and new data sources used for rate development, and the methodologies used in the rate setting process. We complete this task in every state where we serve as a certifying actuary.<br><br>Myers and Stauffer will also facilitate direct communication channels between BMS and Milliman. In addition, Ms. Hallum will serve as a main point of contact for BMS for the actuarial matters.<br><br>The following is an example of innovative ideas around the rate setting process and efficiencies:<br>● In addition to the accuracy of the data, we also support the State in reviewing benchmarks to determine where plans can improve performance. We have recently run the Milliman Health Waste |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| | | | Calculator (https://info.medinsight.milliman.com/category/health-waste-calculator/) in Hawaii and Washington to guide plans to areas that need improvement.<br>● We have developed risk adjustment processes to address social determinants of health (SDOH) issues including homelessness and LTSS needs.<br>● We have created unique risk mitigation strategies to address plans with unique member mix or limited populations with high cost newborns or pharmacy.<br>● We monitor performance of each plan related to state initiatives. |
| 4.1.2.6 | Vendor shall provide the Bureau with reports and calculations in the formats specified by the Bureau, including all formulae, databases, data sets, and other documents as requested on an as needed basis in an agreed-upon standard format compliant to the data being requested. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We complete this task in every state where we serve as a certifying actuary. |
| 4.1.2.7 | The vendor shall assist the Department in identifying where rate uniformity can occur to ensure payments are made consistently across all bureaus by conducting a rate uniformity workgroup and analysis of all rates currently administered in a schedule to be coordinated between the vendor and Department. The analysis shall identify inconsistencies and recommendations to the Department for improving its rate setting process and helping align areas that are not in uniformity. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We will participate in all activities as relates to the rate uniformity efforts. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| 4.1.2.8 | Vendor shall update the capitation rates based on data, pricing trends, changes resulting from federal and/or state requirements, program changes and certify such amendments, at a minimum of one time per fiscal year. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Our actuaries perform this task regularly and always maintain a level of flexibility allowing to respond to the changes as needed. As an example, this past year we worked with our states to monitor data related to COVID-19 impacts. We reviewed the need to update risk mitigation models, rates, and real-time hospital capacity. In Florida, for a period of time, we had daily and weekly updates by hospital of actual and projected needs as COVID-19 cases increased. |
| 4.1.2.9 | The vendor shall develop and successfully implement a plan to transition all data, methodologies, documentation, and ongoing projects to the next succeeding vendor, at least thirty (30) calendar days in advance of the contract end date. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>We will develop and successfully implement a plan to transition all data, methodologies, documentation, and ongoing projects to the next succeeding vendor, at least 30 calendar days in advance of the contract end date. |
| 4.1.2.10 | The vendor shall coordinate with the State's fiscal agent to ensure accurate encounter, claims, and eligibility data is used for rate setting. Vendor shall review encounter data for completeness and/or inconsistencies as part of rate setting process, and provide a summary report of any inconsistencies to the Bureau for review on an ad hoc basis in a format agreed upon between the vendor and Bureau. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Our actuaries understand the needs and requirements related to the actuarial services that BMS has set forth in this CRFQ. As encounter data serves as the base experience in the capitation rate setting process, significant resources will be invested by our Team to validate the completeness and accuracy of MCOs' encounter data. We will utilize validated encounter and other data in order to develop managed care capitation rates, produce MCO risk adjustment analyses, and thoroughly carry out all necessary actions to produce the most comprehensive, compliant, and highest quality services as |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| | | | outlined by this CRFQ. In addition, we will provide any reports on an ad-hoc basis, as requested. We complete similar tasks in every state where we serve as a certifying actuary. |
| 4.1.2.11 | Vendor shall work with fiscal agent to ensure completeness of all reports used for state and federal reporting, as requested by the Bureau. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Our actuaries, data analysts, and policy advisors will work with fiscal agent (i.e., Gainwell Technologies) to ensure completeness of all reports used for state and federal reporting, as requested by BMS.<br><br>We have experience working directly with the state, plans, or other third parties to gather and validate data required for all necessary tasks. |
| 4.1.2.12 | The vendor must gather, process, validate and analyze Managed Care encounter and claims data, including carved out services and provide technical assistance to the Managed Care organizations on data issues. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Our MCO data collection process is customized to fit the populations covered and services provided under each managed care program. This process is not only inclusive of encounter claims submissions, but also various financial performance metrics (MLR, administrative loss ratio, underwriting margin), detailed revenue and expense elements, and additional details pertaining to an MCO's business and carved-out services. We complete this task in every state where we serve as a certifying actuary. |
| 4.1.2.13 | The vendor shall assist in development of methodologies for calculating Directed Payment Program amounts or other supplemental payments, and the associated preprints and quality strategies for such programs. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Our team will complete the updated CMS DPP pre-print forms for each SFY, review methodology, recalculate amounts or other supplemental payments, and incorporate these amounts into the capitation rates. We |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| | | | complete similar tasks in every state where we serve as a certifying actuary.<br><br>Between Myers and Stauffer and Milliman we have reviewed almost every directed payment model approved in the country and participated in the approval of many of them.<br><br>This partnership allows for a streamlined integration between directed payments, quality program, pay-for-performance models and certified rates. |

## Ad-Hoc Services (4.1.3)

We understand that all ad-hoc services will have to be approved by BMS prior to the delivery. We will draft detailed Delivery Orders to outline the ad-hoc scope as requested. The experience and qualifications of Myers and Stauffer Team consistently exceeds the ad-hoc requirements set forth in the CRFQ. In the matrix below, we provide information that addresses the CRFQ requirements.

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| 4.1.3.1 | The contractor must provide the Bureau and/or Department with additional consultation and actuarial services and complete other work as requested. | Yes | The Myers and Stauffer Team understands and is capable of performing this task. |
| 4.1.3.2 | The vendor shall provide a Statement of Work, including but not limited to, the number of project hours, resources to be used, and cost affiliated with each ad hoc request for review by the Bureau/Department. | Yes | The Myers and Stauffer Team understands and is capable of performing this task. |
| 4.1.3.3 | The vendor shall provide a fixed hourly rate for programmatic services and a fixed hourly rate for actuarial services. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Please review the cost sheet included in this solicitation. We have provided an approach for the provision of programmatic services and |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| | | | actuarial services in our cost sheet that provides BMS with as much predictability as possible while removing complicated billing practices. |
| 4.1.3.4 | The vendor shall analyze the accuracy of payments and reimbursements related to changes under the Affordable Care Act (ACA) or other federal or state health care and/or payment provision rules, regulations, laws, or codes. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>The following is an example of Myers and Stauffer's work related to payments and reimbursement under ACA:<br>● Georgia: Developed a management tool related to costs associated with the ACA. We also assisted the State in calculating the impact of potential legislative requests. |
| 4.1.3.5 | The vendor shall provide assistance in development of payment methodologies for other programs, including, but not limited to, long-term care, nursing home, and Home and Community Based Services waivers. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer has more than 43 years of experience providing rate setting and reimbursement system consulting. This includes expertise in Medicaid financing, payment ecosystems that support and promote program policies and health care objectives, and payment systems. Our experience covers almost every type of provider and associated program including long-term care facilities, nursing homes, and home and community-based services (HCBS).<br><br>We have provided assistance developing payment methodologies for various programs across a number of state Medicaid programs. Our experience includes payment methodology consulting for the following services and corresponding states:<br>● Long-Term Care: Alaska, Arkansas, Colorado, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Mississippi, |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| | | | Missouri, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Pennsylvania, South Dakota, Tennessee, and Virginia.<br>● HCBS: Alaska, Connecticut, Idaho, Indiana, Iowa, Louisiana, Maine, Nebraska, New Jersey, and New Mexico.<br>● Pharmacy: Alabama, Alaska, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wyoming, as well as CMS. |
| 4.1.3.6 | The vendor shall assist with programmatic activities needed within other divisions of the Bureau for Medical Services outside of the Managed Care Unit. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>Myers and Stauffer understands that public health care does not occur solely in one agency, but rather across many governmental units. Our 43 years of experience working with state Medicaid agencies has prepared us to know how to successfully manage activities across divisions, such as:<br>● Kentucky:<br>o Developed and implemented governance and work groups across multiple state agencies for program design, onboarding and operations of single MCO model program for children in foster care or receiving adoption assistance, and certain youth in the juvenile justice system. Facilitated work groups across |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| | | | Medicaid, child welfare, behavioral health/intellectual and developmental disabilities, and juvenile justice agencies.<br>o Facilitated work across multiple Medicaid divisions to support MCO procurement, readiness reviews, and contract implementation activities.<br>o Drafted RFP scope of services and providing project management support for the implementation of PBM services.<br>o Through the above work, also coordinated with State technology services, fiscal agent, and State health information exchange. |
| 4.1.3.7 | The vendor shall assist finance with all facets of the provider rate development and implementation process. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br><br>As stated previously, Myers and Stauffer has more than 43 years of providing rate setting and reimbursement system consulting. This includes expertise in Medicaid financing, payment ecosystems that support and promote program policies and health care objectives, and payment systems.<br><br>The following is an example of innovative ideas around the rate setting process and efficiencies:<br>● In addition to the accuracy of the data, we also support the State in reviewing benchmarks to determine where plans can improve performance. We have recently run the Milliman Health Waste Calculator (https://info.medinsight.milliman.com/category/health-waste-calculator/) in |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| | | | Hawaii and Washington to guide plans to areas of improvement.<br>● We have developed risk adjustment processes to address SDOH issues including homelessness and LTSS needs.<br>● We have created unique risk mitigation strategies to address plans with unique member mix or limited populations with high-cost newborns or pharmacy.<br>We monitor performance of each plan related to State initiatives. |
| 4.1.3.8 | The vendor shall conduct research and recommend approaches in key areas of chronic care/disease management, pharmacy, eligibility and coverage, quality improvement, rural health, and other as requested. | Yes | The Myers and Stauffer Team understands and is capable of performing this task.<br>Myers and Stauffer has experience in each of these areas both related to managed care and in general Medicaid environmental including:<br>● South Dakota: Conducted research of national best practices related to chronic care/disease management, pharmacy, rural and frontier health access and disparities, as well as other operational opportunities. Recommendations were developed and presented to the Department leadership for management decisions.<br>● Kentucky:<br>o Conducted research and created recommendations across a number of pharmacy areas such as 340B strategies, reimbursement, utilization, and benefit design.<br>o Researched MCO care management approaches for enhancements to MCO contract. |
| 4.1.3.9 | The vendor shall provide assistance in overseeing continued implementation of the State's Serious Emotional | Yes | The Myers and Stauffer Team understands and is capable of performing this task. |

| CRFQ Section | WV CRFQ Requirement | Meets/ Exceeds Req. | Approach/Qualification |
|---|---|---|---|
| | Disorder (SED) 1915(c) waiver, which falls under the Mountain Health Promise program. | | We have assisted the following with waiver strategies:<br>● Nevada: Supported the design, development, and approval of 1915 authority to support the needs of individuals with serious emotional disturbances under the care of the State's foster care program.<br>● Kentucky:<br>o Designed and developed an MCO program under 1915 authority to provide high-fidelity services to individuals served through the Commonwealth's foster care program.<br>o Provided recommendations regarding implementation and oversight of the program. |

# VII. Contract Award

## Contract Award/Pricing Page (CRFQ – Specifications: Section 5.1/2)

We understand that the contract will be awarded to the Vendor that provides the contract services meeting the required specifications for the lowest cost as shown on the Pricing Page.

We have included our Price Quote, following CRFQ Exhibit A and using the Pricing Page, separately through wvOASIS (with pricing entered electronically and also uploaded as an electronic document). Our pricing is based on our understanding of your request and our previous experience providing Medicaid actuarial services and managed care program administration in numerous states.

# VIII. Additional Information

## Performance (CRFQ – Specifications: Section 6)

Myers and Stauffer understands and accepts that we shall agree upon a schedule for performance of contract services and contract service deliverables, unless such a schedule is already included herein by BMS. In the event that this contract is designated as an open-end contract, we shall perform in accordance with the release orders that may be issued against this contract.

## Payment (CRFQ – Specifications: Section 7)

Myers and Stauffer understands and accepts that BMS will pay a fixed fee for the managed care program management services, and an hourly rate for actuarial and ad-hoc services as shown on the Pricing Pages, for all contract services performed and accepted under this contract. We agree to accept payment in accordance with the payment procedures of the state of West Virginia.

## Travel (CRFQ – Specifications: Section 8)

Myers and Stauffer understands and accepts that we shall be responsible for all mileage and travel costs, including traveling time, associated with performance of this contract. Any anticipated mileage or travel costs are included in the flat fee or hourly rate listed on our bid, but such costs will not be paid by BMS separately.

## Facilities Access (CRFQ – Specifications: Section 9)

Myers and Stauffer understands and accepts that performance of contract services may require access cards and/or keys to gain entrance to BMS' facilities. In the event that access cards and/or keys are required, we will comply with the following requirements:

- *Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service (CRFQ Section 9.1).*
- *Vendor will be responsible for controlling cards and keys and will pay a replacement fee if the cards or keys become lost or stolen (CRFQ Section 9.2).*
- *Vendor shall notify BMS immediately of any lost, stolen, or missing card or key (CRFQ Section 9.3).*
- *Anyone performing under this contract will be subject to BMS' security protocol and procedures (CRFQ Section 9.4).*
- *Vendor shall inform all staff of BMS' security protocol and procedures (CRFQ Section 9.5).*

## Vendor Default (CRFQ – Specifications: Section 10)

Myers and Stauffer understands and accepts that the following shall be considered a vendor default under this contract:

- *Failure to perform contract services in accordance with the requirements contained herein (CRFQ Section 10.1.1).*
- *Failure to comply with other specifications and requirements contained herein (CRFQ Section 10.1.2).*
- *Failure to comply with any laws, rules, and ordinances applicable to the contract services provided under this contract (CRFQ Section 10.1.3).*
- *Failure to remedy deficient performance upon request (CRFQ Section 10.1.4).*

We also understand and accept that the following remedies shall be available to BMS upon default:

- *Immediate cancellation of the contract (CRFQ Section 10.2.1).*
- *Immediate cancellation of one or more release orders issued under this contract (CRFQ Section 10.2.2).*
- *Any other remedies available in law or equity (CRFQ Section 10.2.3).*

## Miscellaneous (CRFQ – Specifications: Section 11)

The primary Contract Manager for the engagement will be as follows:

Contract Manager: Jerry Dubberly, PharmD, MBA
Telephone Number: 404.290.8370/Toll-free Number: 866.758.3586
Fax Number: 404.524.0782
Email: JDubberly@mslc.com

Please also see completed contract manager information in IX. Forms.

## Conflict of Interest/Exceptions (CRFQ – Instructions to Bidders/General Terms and Conditions)

Myers and Stauffer has no conflicts of interest. In completing our due diligence on our subcontractor, Milliman, we requested, reviewed, and are including their "Conflict Mitigation Plan" as *Appendix C: Subcontractor Conflict Mitigation Plan.*

The Myers and Stauffer Team has no exceptions to the specifications in the solicitation in which we understand will become the basis for the contractual agreement. We do respectfully request a conversation regarding additional language the State may wish to consider upon contract award.

# IX. Forms

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ BMS2100000002

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.

Myers and Stauffer LC
Company

Authorized Signature

3/29/2021
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Revised 02/10/2021

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

**State of West Virginia**
**Centralized Request for Quote**
**Service - Misc**

| | | | |
|---|---|---|---|
| **Proc Folder:** 797901<br>**Doc Description:** MEDICAID MANAGED CARE RATE SETTING/PROGRAM ADMIN<br>**Proc Type:** Central Master Agreement | | | **Reason for Modification:** |
| **Date Issued** | **Solicitation Closes** | **Solicitation No** | **Version** |
| 2021-02-26 | 2021-03-18 13:30 | CRFQ 0511 BMS2100000002 | 1 |

**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** 715150015
**Vendor Name :** Myers and Stauffer LC
**Address :** 1349
**Street :** W Peachtree Street NE, Ste 1600
**City :** Atlanta
**State :** Georgia **Country :** United States of America **Zip :** 30309
**Principal Contact :** Jerry Dubberly
**Vendor Contact Phone:** (866) 758-3586 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

**Vendor Signature X** Jerry Dubberly **FEIN#** 48-1164042 **DATE** 3/29/2021

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

Date Printed: Feb 26, 2021 Page: 1 FORM ID: WV-PRC-CRFQ-002 2020/05

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

**State of West Virginia**
**Centralized Request for Quote**
**Service - Misc**

| | | | |
|---|---|---|---|
| **Proc Folder:** 797901<br>**Doc Description:** MEDICAID MANAGED CARE RATE SETTING/PROGRAM ADMIN<br>**Proc Type:** Central Master Agreement | | | **Reason for Modification:**<br>ADDENDUM 1<br>TO EXTEND BID OPENING |
| **Date Issued** | **Solicitation Closes** | **Solicitation No** | **Version** |
| 2021-03-12 | 2021-03-25 13:30 | CRFQ 0511 BMS2100000002 | 2 |

**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** 715150015
**Vendor Name :** Myers and Stauffer LC
**Address :** 1349
**Street :** W Peachtree Street NE, Ste 1600
**City :** Atlanta
**State :** Georgia **Country :** United States of America **Zip :** 30309
**Principal Contact :** Jerry Dubberly
**Vendor Contact Phone:** (866) 758-3586 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

**Vendor Signature X** Jerry Dubberly **FEIN#** 48-1164042 **DATE** 3/29/2021

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

Date Printed: Mar 12, 2021 Page: 1 FORM ID: WV-PRC-CRFQ-002 2020/05

| | | |
|---|---|---|
| Department of Administration<br>Purchasing Division<br>2019 Washington Street East<br>Post Office Box 50130<br>Charleston, WV 25305-0130 | State of West Virginia<br>Centralized Request for Quote<br>Service - Misc | |

| | | | |
|---|---|---|---|
| **Proc Folder:** 797901<br>**Doc Description:** MEDICAID MANAGED CARE RATE SETTING/PROGRAM ADMIN<br>**Proc Type:** Central Master Agreement | | | **Reason for Modification:**<br>ADDENDUM 2<br>TO EXTEND BID OPENING |
| **Date Issued** | **Solicitation Closes** | **Solicitation No** | **Version** |
| 2021-03-23 | 2021-03-30 13:30 | CRFQ 0511 BMS2100000002 | 3 |

**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** 715150015
**Vendor Name :** Myers and Stauffer LC
**Address :** 1349
**Street :** W Peachtree Street NE, Ste 1600
**City :** Atlanta
**State :** Georgia **Country :** United States of America **Zip :** 30309
**Principal Contact :** Jerry Dubberly
**Vendor Contact Phone:** (866) 758-3586 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

**Vendor Signature X** Jerry Dubberly **FEIN#** 48-1164042 **DATE** 3/29/2021

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

Date Printed: Mar 23, 2021 **Page:** 1 FORM ID: WV-PRC-CRFQ-002 2020/05

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

**State of West Virginia**
**Centralized Request for Quote**
**Service - Misc**

| | |
|---|---|
| **Proc Folder:** | 797901 |
| **Doc Description:** | MEDICAID MANAGED CARE RATE SETTING/PROGRAM ADMIN |
| **Proc Type:** | Central Master Agreement |
| **Reason for Modification:** | ADDENDUM 3<br>TO PROVIDE ANSWERS TO<br>VENDOR QUESTIONS |

| Date Issued | Solicitation Closes | Solicitation No | Version |
|---|---|---|---|
| 2021-03-25 | 2021-03-30 13:30 | CRFQ 0511 BMS2100000002 | 4 |

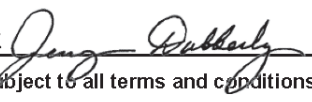
**BID RECEIVING LOCATION**

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

**VENDOR**

**Vendor Customer Code:** 715150015
**Vendor Name :** Myers and Stauffer LC
**Address :** 1349
**Street :** W Peachtree Street NE, Ste 1600
**City :** Atlanta
**State :** Georgia **Country :** United States of America **Zip :** 30309
**Principal Contact :** Jerry Dubberly
**Vendor Contact Phone:** (866) 758-3586 **Extension:**

**FOR INFORMATION CONTACT THE BUYER**
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

**Vendor Signature X**  **FEIN#** 48-1164042 **DATE** 3/29/2021

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

Date Printed: Mar 25, 2021 **Page:** 1 FORM ID: WV-PRC-CRFQ-002 2020/05

West Virginia Ethics Commission

# Disclosure of Interested Parties to Contracts

(Required by *W. Va. Code* § 6D-1-2)

**Name of Contracting Business Entity:** Myers and Stauffer LC **Address:** 1349 Peachtree St NE, Ste 1600 Atlanta, GA 30309

**Name of Authorized Agent:** Jerry Dubberly **Address:** 1349 Peachtree St NE, Ste 1600 Atlanta, GA 30309

**Contract Number:** CRFQ 0511 BMS2100000002 **Contract Description:** Medicaid Managed Care Rate Setting/ Program Admin

**Governmental agency awarding contract:** State of West Virginia Department of Administration

☐ **Check here if this is a Supplemental Disclosure**

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below *(attach additional pages if necessary)*:

1. **Subcontractors or other entities performing work or service under the Contract**
   ☑ Check here if none, otherwise list entity/individual names below.

2. **Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)**
   ☐ Check here if none, otherwise list entity/individual names below.
   Kevin Londeen, CPA

3. **Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)**
   ☐ Check here if none, otherwise list entity/individual names below.

Signature: Jerry Dubberly Date Signed: 3/29/2021

***Notary Verification***

State of Missouri, County of Jackson:

I, Jerry Dubberly, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 29th day of March, 2021.

Notary Public's Signature

***To be completed by State Agency:***
Date Received by State Agency: _____
Date submitted to Ethics Commission: _____
Governmental agency submitting Disclosure: _____

CORY STUEFER
Notary Public - Notary Seal
State of Missouri
Jackson County
Commission # 16462506
My Commission Expires 10-04-2024

*Revised June 8, 2018*

STATE OF WEST VIRGINIA
Purchasing Division

# PURCHASING AFFIDAVIT

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** 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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: Myers and Stauffer LC

Authorized Signature: _____ Date: 3/29/2021

State of Missouri

County of Jackson, to-wit:

Taken, subscribed, and sworn to before me this 29th day of March, 2021.

My Commission expires October 4th, 2024.

**AFFIX SEAL HERE**

CORY STUEFER
Notary Public, Notary Seal
State of Missouri
Jackson County
Commission # 16462506
My Commission Expires 10-04-2024

**NOTARY PUBLIC** _____

*Purchasing Affidavit (Revised 01/19/2018)*

**REQUEST FOR QUOTATION**
**CRFQ BMS2100000002**
**Medicaid Actuarial Services and Managed Care Program Administration**

**9.4.** Anyone performing under this Contract will be subject to Agency's security protocol and procedures.

**9.5.** Vendor shall inform all staff of Agency's security protocol and procedures.

**10. VENDOR DEFAULT:**

**10.1.** The following shall be considered a vendor default under this Contract.

**10.1.1.** Failure to perform Contract Services in accordance with the requirements contained herein.

**10.1.2.** Failure to comply with other specifications and requirements contained herein.

**10.1.3.** Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

**10.1.4.** Failure to remedy deficient performance upon request.

**10.2.** The following remedies shall be available to Agency upon default.

**10.2.1.** Immediate cancellation of the Contract.

**10.2.2.** Immediate cancellation of one or more release orders issued under this Contract.

**10.2.3.** Any other remedies available in law or equity.

**11. MISCELLANEOUS:**

**11.1. Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

**Contract Manager:** Jerry Dubberly
**Telephone Number:** (866) 758-3586
**Fax Number:** (404) 524-0782
**Email Address:** JDubberly@mslc.com

Revised 12/12/2017

# X. Appendix

- *Appendix A: Resumes*
- *Appendix B: Actuarial Credentials*
- *Appendix C: Subcontractor Conflict Mitigation Plan*

## Appendix A: Resumes

# Jerry Dubberly, PharmD, MBA

**Principal (Partner), Myers and Stauffer LC**

Dr. Dubberly leads the Consulting practice area within the firm. He focuses on providing executive support and strategic planning assistance to Medicaid and other government-sponsored health care programs. He has assisted our clients with delivery system and payment transformation initiatives including integration of behavioral and physical health, design and implementation of managed care, architecture of value-based payment (VBP) programs, advancing home and community-based services (HCBS) and support models, and other delivery system and payment enhancements. He has also been on the forefront of analytics and evaluation of programs and developing continuous improvement strategies to improve the effectiveness and efficiency of those programs.

**WV Role: Contract Manager**

- ✓ More than 30 years of Medicaid/public health care experience, including as partner in charge of Medicaid managed care engagements.
- ✓ Former State Medicaid Director of Georgia, managing three successful Medicaid managed care organization (MCO) contracts serving more than 1.3 million Medicaid and Children's Health Insurance Program (CHIP) lives.
- ✓ Doctorate in pharmacy, master's degree in health services management.

Prior to joining Myers and Stauffer, Dr. Dubberly served as Georgia's Medicaid Director for more than six years, where he was responsible for health care coverage for 1.9 million Georgians and an annual benefits budget of $10 billion. Dr. Dubberly brings a wide range of experience with Medicaid policy and financing, delivery of integrated care models, pharmacy services, clinical practice, health information technology (health IT), and experience with a variety of other state and federal health care programs. He was responsible for oversight and management of the MCO contracts and the contractors' performance.

### Education

PharmD, Pharmacy, University of Arkansas Medical Sciences, 2005/M.B.A., Health Services Management, University of Tennessee at Chattanooga, 1995/B.S., Pharmacy, University of Georgia, 1990

### Experience

30 years of professional experience

### Certifications

Registered Pharmacist

### Relevant Work Experience

**Myers and Stauffer LC (2015 – Present), Principal (Partner)**

- **Hawaii Department of Human Services:** Support managed care procurement and aspects of VBP program design for the State's delivery system reform efforts for the, including:
  - Serves as the partner in charge and subject matter expert (SME) for this engagement with ultimate internal accountability for the firm's performance and delivery of services.

- **Kentucky Cabinet for Health and Family Services:** Provide technical assistance for Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs , including:

- Serves as the partner in charge and SME for this engagement with ultimate internal accountability for the firm's performance and delivery of services.

- **Nevada Department of Health and Human Services:** Implementation and onboarding of four Medicaid MCO contracts; the development of a managed care information strategy; and reviewed key business processes for redesign and reengineering to improve the effectiveness and efficiency of the Medicaid Division, including:
  - Served as partner in charge of this engagement and SME.

- **Nevada Department of Health and Human Services:** Design, development, and Centers for Medicare & Medicaid Services (CMS) negotiation of section 1915(c) waiver application for the therapeutic foster care population, including:
  - Advised on integration of physical and behavioral health, delivery system models, criteria for certified community behavioral health centers (CCBHCs), and VBP models within a CCBHC environment.

- **Nevada Division of Public and Behavioral Health:** Support activities associated with submitting a Section 1115(a) Demonstration waiver application for substance use disorder (SUD) services.
  - Provide subject matter expertise and consulting services to the State.
  - Active participation in strategic planning sessions and CMS negotiations.
  - Serve as partner in charge with responsibilities for all service delivery and team performance.

- **Kentucky Cabinet for Health and Family Services**: Independent assessment of the Department for Medicaid Services' 1915(b) waiver for the Medicaid managed care program.
  - As Project Manager for this engagement, responsible for the quality and timeliness of deliverables and ongoing communications with the client.
  - Managing analysis of quality, access, and cost effectiveness of the Commonwealth's Medicaid managed care program.
  - Supported development of research design, data request, and implementation plan.
  - Managing development of the independent assessment report for submission to the Department and CMS.

**Georgia Department of Community Health (2004 – 2015), Medicaid Director, Deputy Director Medical Assistance Policy Section, Director of Pharmacy Services**

- **Oversight and Expansion of Medicaid MCOs.** As the Medicaid Director, Dr. Dubberly held ultimate responsibility for oversight and monitoring of three Medicaid MCOs covering more than 1.4 million Georgians. He also led an initiative to build an enhanced care coordination and increased medical oversight managed care model for children in foster care, adoption assistance, and certain children in the juvenile justice system to achieve improved health outcomes.
- **Aged, Blind, and Disabled (ABD) Care Coordination Project.** Recognizing the ABD population's absence of meaningful access to medical coordination and case management, along with their significant fiscal contribution to total Medicaid expenditures, a program was designed to address this gap. The program was developed to include features of patient-centered medical homes, primary care case management (PCCM), disease management, and care coordination.
- **Executive Sponsor of Medicaid Management Information System (MMIS) Implementation.** This effort replaced the Georgia MMIS system utilized to pay claims, manage utilization, and provide all federal and state reporting. To accomplish this objective, the implementation approach was defined by the business owners with the systems staff supporting the business needs of the organization. This project culminated with what providers and CMS deemed as the smoothest implementation in recent history.
- **Procurement of a Medicaid Pharmacy Benefits Manager Contract.** As Pharmacy Director, his responsibilities included Request for Proposal (RFP) creation, evaluation of responses, contracting, and implementation of the Pharmacy Benefit Manager (PBM) vendor contract. This effort resulted in savings of more than $12.2 million over the 5.5 year life of the contract. Designed end-user functionality of new pharmacy claims processing platform. This project required analysis of current system functionality, current and future business needs, and efficiency and ease of use for end-users. Each of these parameters had to be evaluated and implemented under the guidance and limitations of industry transaction standards.

# Terri Branning

**Senior Manager, Myers and Stauffer LC**

**WV Role: Project Management Lead**

- ✓ More than 41 years of health care industry experience, including executive leadership roles in Medicaid, managed care, and self-funded health plans.
- ✓ Former Executive Business Analyst for Georgia DCH.
- ✓ Bachelor's degree in nursing.

Ms. Branning has worked in the health care industry for more than 41 years. She has extensive experience supporting state Medicaid agencies with stakeholder engagement, strategic planning, process improvement, procurement planning, and the design of health care delivery and payment system transformations. She has supported states with new initiatives, including State Innovation Model planning and evaluation, implementation of a CCBHC demonstration, and procurement and onboarding of MCOs. Her experience spans both public and private health care settings, which has provided her with in-depth knowledge of managed care delivery models including program design, implementation, and monitoring and oversight activities.

## Education

B.S., Nursing, Emory University, 1979

## Experience

41 years of professional experience

## Relevant Work Experience

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

- **Hawaii Department of Human Services:** Support managed care procurement and aspects of VBP program design for the State's delivery system transformation efforts:
  - Assisted with development of a Request for Information (RFI) to obtain stakeholder insights about VBP models and other delivery system considerations. Interviewed the State's contracted MCOs and the external quality review organization (EQRO) to obtain input on the current managed care delivery system.
  - Assisted with development of program design considerations and recommended RFP and contract requirements for procurement of Medicaid MCOs.
  - Assisted with development of a proposal evaluation tool for the Medicaid managed care procurement.
  - Supported development of the Medicaid Quality Strategy and MCO monitoring and oversight reporting.

- **Kentucky Cabinet for Health and Family Services:** Provide technical assistance to the Department for Medicaid Services, including supporting managed care procurement activities and recommendations for performance management oversight of the contracted MCOs:
  - Supporting implementation of a PBM contract that will support the managed care program. Participating in meetings with the PBM, MCOs, and Department. Reviewing and commenting on draft materials submitted by the PBM.
  - Managed development of program design considerations for procurement of MCOs to administer services to Medicaid enrollees, including development of a new managed care single MCO delivery model, Supporting Kentucky Youth (SKY), for children and youth in foster care or receiving adoptive assistance, and certain youth involved in juvenile justice system. Drafted RFP and MCO contract requirements.
  - Interviewed Department and sister agency staff to support recommendations for the managed care procurement and to assess existing infrastructure for performance management oversight.
  - Supported the Medicaid and child welfare services departments with preparation for and implementation of the SKY MCO contract. Conducted an environmental assessment of the child welfare services department and recommended staffing, business processes, technology, communications, and training. Provided project management, supporting internal governance and reporting, and facilitated multiple interdepartmental work groups to develop or modify business processes and workflows.

- Assisted with MCO readiness reviews, including development of a readiness review tool, staff training, and other materials. Drafted findings reports, including reports for CMS for two newly contracted MCOs.

- **Nevada Department of Health and Human Services:** Supported implementation and onboarding of four Medicaid MCO contracts and development of a managed care information strategy, and reviewed key business processes for redesign and reengineering to improve the effectiveness and efficiency of the Medicaid Division:
  - Developed and implemented the MCO onboarding Command Center to support an efficient and well-organized MCO onboarding process.
  - Created a multi-stakeholder communication plan addressing key communications, such as frequently asked questions for providers, open enrollment update(s), and internal Command Center procedures.
  - Created an external dashboard reporting on MCO performance results for public posting.
  - Provided business recommendations for key MCO contract amendments.

- **Georgia Department of Community Health:** Oversight and monitoring of Georgia Families Care Management Organizations (CMOs):
  - Assisted with CMO readiness reviews and participated in CMO onboarding Command Center operations.
  - Supported the State's member communication strategy during the CMO onboarding process, including targeted communications related to the CMO auto-assignment process.
  - Assisted with the development of CMO performance dashboards during onboarding, including development of processes for monitoring participation of behavioral health providers in the CMO networks.

**Georgia Department of Community Health (DCH), (2010 – 2015), Executive Business Analyst**

- Led major Medicaid procurements and supported implementation with dedicated internal project teams. Supported the development of proposal evaluation tools with State procurement staff.
- Developed and implemented a Medicaid program, in collaboration with multiple child-serving state agencies, to transition approximately 24,000 children and youth in foster care, adoption assistance, and the juvenile justice system into risk-based managed care with enhanced care coordination and increased clinical oversight.
- Developed CMO contract and supported the State's actuarial vendor in developing capitation rates. Participated in CMS State Technical Assistance Team meetings to determine required federal authorities.
- Led the CMO readiness review and supported the management and resolution of corrective actions.
- Managed Command Center activities to ensure a successful transition of the new program across agencies.
- Managed an initiative to develop a program to provide care coordination and case management to the vulnerable ABD member population. Facilitated stakeholder taskforces charged with developing the program design and participated in meetings with CMS to determine required federal authority.
- Facilitated stakeholder engagement with multi-disciplinary taskforces, which included provider organizations, advocacy groups, child-serving state agencies, and contracted vendors. Implemented successful strategies to engage stakeholders who collaborated in program design, implementation planning, and statewide communication.

**Georgia Department of Community Health, (2007 – 2010), Consultant**

- Served as the interim Chief of the State Health Benefit Plan with responsibility for administering benefits for more than 700,000 Georgia state and public school employees and retirees with a $2.6 billion budget.

**HealthCare Advisory Services, Atlanta, Georgia, (1994 – 2006), President**

- Consultant to the Georgia Department of Community Health (DCH) during the development, procurement, and implementation of the Medicaid managed care program which transitioned more than one million Medicaid beneficiaries to full-risk managed care. Led readiness review and Command Center activities for onboarding the new CMOs, including tracking and oversight of CMO provider network development, claims processing, and call center performance.

**CIGNA HealthCare of Georgia, Atlanta Georgia, (1983 – 1994), Vice President and Health Plan Manager, Director of Operations, Director of Planning, Analysis and Development, Director of Provider Relations and Assistant Director of Health Services**

**Egleston Children's Hospital and Grady Memorial Hospital, Atlanta, Georgia, (1979 – 1983), Pediatric Critical Care Nurse**

# Megan Wyatt

**Senior Manager, Myers and Stauffer LC**

**WV Role: On-Site Program Manager**

- ✓ More than 15 years of experience with Medicaid operations, including managed care rate setting, program management, policy and fiscal analysis, projections, and the CMS Medicaid SPA process.
- ✓ Former Senior Manager of Reimbursement Policy and Fiscal Analysis, and also Medicaid Analysis Unit Manager for the Georgia Department of Community Health.
- ✓ Bachelor's degree in liberal arts/science.

Ms. Wyatt has significant state government experience in the areas of Medicaid policy and fiscal analysis, program management and review, auditing, budgeting, and provider reimbursement – including the managed care capitation rate development process. Prior to joining Myers and Stauffer, she worked for 11 years on Medicaid and CHIP, with a focus on managed care. She performed Medicaid and CHIP projections; federal legislative analysis, budget development; analyzed and developed Medicaid program and reimbursement policies, including physician rates, inpatient hospital prospective payment rates, and graduate medical education (GME) payments; drafted presentations, briefing papers, talking points, and memos; and wrote Medicaid State Plan amendments (SPAs). She also has in-depth knowledge of the state budget and appropriation process including the development, analysis, and monitoring of budgets.

## Education

B.A, Liberal Arts and Science (Geography), University of Illinois at Urbana-Champaign, 1988

## Experience

27 years of professional experience

## Relevant Work Experience

**Myers and Stauffer LC (2017 – Present), Senior Manager**

- **Georgia Department of Community Health:** Oversight and monitoring of Georgia Families CMOs, including:
  - Communicated with Department regarding scenario criteria and data needs.
  - Calculated federal and state scenario costs in both fee-for-service (FFS) and MCO settings.
  - Presented findings to Department Chief Financial Officer and staff.

- **Kentucky Cabinet for Health and Family Services:** Performed the cost effectiveness analysis for the Kentucky 1915(b) managed care program waiver. Provided technical assistance for the Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs, specifically:
  - Reviewed/made recommendations to current MCO contract to improve agency monitoring and oversight in the areas of capitation development and payment, medical loss ratios (MLRs), and encounter data.
  - Evaluated/made recommendations to improve the State Medicaid Agency financial management process in the areas of capitation development and payment, MLRs, and encounter data.

- **Mississippi Division of Medicaid:** Acted as team lead responsible for two projects:
  - Coordinated cost effectiveness study of the $2.8 billion MississippiCAN managed care program by collaborating with agency and contractors to analyze/review program data to assess the cost effectiveness criteria; appropriateness of managed care capitation payments relative to actual managed care expenditures; impact of managed care on Medicaid expenditures over time; impact of managed care on potentially preventable events; and the impact of managed care on health outcomes over time and compared to peer states and the nation. Drafted final report which included findings, identified managed care best practices to improve cost effectiveness, and recommendations specific to MississippiCAN.

  - Project Manager for compliance review to assess each MississippiCAN managed care plan's oversight of subcontractor contract compliance. The subcontractors were reviewed for non-emergency transportation (NET), dental, vision, hearing, behavioral health, and PBM services. The review also verified that contractual services were available and delivered to enrollees, that administrative and medical costs were appropriate, and determined the compliance of encounter data integrity and submissions.

- **Nevada Department of Health and Human Services:** Implementation and onboarding of four Medicaid MCO contracts; the development of a managed care information strategy; and reviewed key business processes for redesign and reengineering to improve the effectiveness and efficiency of the Medicaid Division.
  - Reviewed/presented findings on MCO reporting requirements for compliance with federal MCO rules.
  - Reviewed MCO standard reporting requirements, instructions, and templates to identify opportunities to improve agency monitoring and oversight.
  - Reviewed/made recommendations to current MCO contract for to improve agency monitoring/oversight.
  - Evaluated/made recommendations to improve the agency document review and approval process.
  - Coordinated with agency staff to develop MCO standard reporting templates and instructions.

- **North Carolina Department of Health and Human Services:** High-level assessment of the reimbursement, capitation, and financial risks associated with monitoring contracted MCO. The assessment was performed to assist in the development of an MCO Audit Program and training guide focused on financial risk management.
  - Review of recent MCO RFPs, draft contract, managed care waiver, and draft financial reporting templates to identify areas of risk and to assess the associated level of risk.
  - Made recommendations to address risks; presented during meetings and in briefing documents.
  - Assisted in the development of the MCO Audit Program Tool.

**Georgia Department of Community Health (DCH) (2012 – 2017) (2006 – 2010), Senior Manager of Reimbursement Policy and Fiscal Analysis/Medicaid Analysis Unit Manager – Financial Services**

- Responsible for the Medicaid managed care program capitation rate setting and policy/financial analysis including value-based purchasing, risk adjustment, and viability of Neonatal Intensive Care Unit kick payments.
- Performed rate setting and analysis for various Medicaid categories of service including physician services.
- Coordinated, analyzed, and implemented changes to the Medicaid hospital inpatient prospective payment system (PPS) including automation of inpatient outlier payments and establishment of a GME pool.
- Prepared public notices, SPAs, and other documentation required by CMS in response to Medicaid policy and reimbursement changes.
- Prepared presentations, narratives, policy briefs, talking point/legislative fiscal notes for internal and external stakeholders including DCH board members, the DCH Hospital Advisory Committee, government officials, and media requests.
- Assisted with updates to Georgia MMIS to reflect changes in reimbursement.
- Performed and presented analysis on the federal Patient Protection and Affordable Care Act (ACA) impacts to Medicaid and CHIP including DCH budget requests specific to ACA. Projected the impact of Medicaid expansion to Georgia Medicaid.
- Projected Medicaid and CHIP enrollment and expenditures for FFS and managed care populations.
- Assisted in budget development for these programs, analyzed budget proposals, and policy changes requested by departmental and other government officials.
- Analyzed federal and state legislation including the federal health care reform legislation.

**Georgia Governor's Office of Planning and Budget (1995 – 2006), Budget Analyst/Senior Budget Analyst/Coordinator**

- Assisted in budget development for Medicaid and social services agencies, analyzed budget proposals, and policy changes requested by departmental and other government officials.

**Health Management Associates Inc. (2010 – 2012), Senior Consultant**
**Georgia Office of School Readiness (1999 – 2000), Child and Adult Food Care Program Manager/Policy Coordinator**
**Georgia Child Care Council (1999), Contract Manager**

# Marcia Finin, CPA

**Manager, Myers and Stauffer LC**

**WV Role: Research Analyst/Consultant**

- ✓ More than 25 years of Medicaid/public health care experience, including managed care oversight contracts.
- ✓ Bachelor's degree in accounting.
- ✓ Certified Public Accountant.

Ms. Finin has extensive experience in both public and private accounting, with a concentration in health care. Ms. Finin consults with state Medicaid agencies on oversight and reporting of MCOs. She conducts external quality reviews (EQR), validating encounter data reported by the MCO. She works closely with state clients and proposes solutions for high-quality transparency reporting and reliable encounter data submissions to the client. Ms. Finin has consulted with state agencies on reimbursement engagements and policy support for nursing facilities, community residential facilities for the developmentally disabled, intermediate care facilities for individuals with intellectual disabilities, and pharmaceutical providers. Her responsibilities include designing, developing, and maintaining reimbursement models for Medicaid programs in multiple states, including assisting management with policy decisions and legislation (i.e., case mix and state maximum allowable cost [MAC] rates).

Additionally, Ms. Finin has served as drug rebate manager and managed all accounting aspects of the drug rebate receivables; consulted with the client and CMS to develop policies and procedures; directed dispute resolutions; and supervised staff in the billing and collections of drug rebate receivables. She has designed a cost survey and conducted training workshops to collect statistical data and costs incurred by service providers in rendering services associated with waiver and early intervention programs. In addition, she developed a comprehensive rate analysis based on the data collected for evaluating established rate structures and reviewing policy and procedure issues.

## Education

B.S., Accounting, Ball State University

## Experience

26 years of health care consulting and reimbursement experience/8 years of financial accounting experience

## Certifications

Certified Public Accountant

## Relevant Work Experience

**Myers and Stauffer LC (1995 – Present), Manager**

- **Louisiana Department of Health, Nevada Department of Health and Human Services, New Mexico Human Services Department, Wisconsin Department of Human Services:** Assess the completeness and accuracy of encounter data submitted by MCOs to the State for EQR Protocol 4 Validation of Encounter Data.
  - Work with the client and their staff in assessing the completeness and accuracy of encounter data submitted by MCOs.
  - Helped the client reach the goals of transparency and payment reform to support their efforts in quality measurement and improvement.
  - Review state contracts and requirements.
  - Review MCO systems capabilities.
  - Analyze encounter data.

  - Review medical records.
  - Summarize findings.

- **New Mexico Human Services Department:** Perform a thorough review of the current processes used to collect and report federal Medicaid expenditures.
  - Work with the client to improve management structure and processes to ensure compliance with federal, state, and other applicable laws and regulations.
  - Complete reconciliations for four state fiscal years that incorporated accounting and financial systems data, third-party systems data, and federal reporting for Medicaid.
  - Ensure that federal reporting and account balances are accurate.

- **Indiana Family & Social Services Administration, Kentucky Cabinet for Health and Family Services:** Provide reimbursement methodology consulting, compliance analysis, fiscal impact analysis, provider tax calculations, and monitoring services for long-term care facility provider tax programs.
  - Designed reimbursement methodologies in accordance with state-prescribed initiatives for achieving savings.
  - Evaluated Medicare upper payment limits (UPLs) in relation to established Medicaid reimbursement rates.
  - Managed Medicaid cost report desk reviews.

- **Various State Medicaid Programs:** Provided pharmacy rate setting and reimbursement services including data analysis, fiscal modeling, rate setting, and consulting services for state Medicaid pharmacy programs.
  - Design reimbursement strategies based on actual drug acquisition costs.
  - Develop average acquisition cost/state MAC pricing methodologies.
  - Specialty drug and clotting factor reimbursement.

**Community Health Network (1987 – 1995)**

- **Financial Accounting Services:** provide support and supervision to staff supporting accounts payable and payroll. Accountable for cash management, general ledger, and annual audits.
  - Prepare financial statements for multiple entities, annual budgets, and monthly variances.
  - Implement accounting software demonstrating significant improvements in efficiencies/cost savings and integrate financial systems.
  - Forecast operational plans for prospective business endeavors.

# Jillian Kuether, MS

**Manager, Myers and Stauffer LC**

**WV Role: Research Analyst/Consultant**

- ✓ More than six years of Medicaid/public health care experience, including managed care oversight contracts.
- ✓ Master's degree in applied statistics.

Ms. Kuether performs research, data analysis, data validation, reconciliation, and legislative monitoring of the public health care marketplace. She supports a number of engagements involving reimbursement methods, data, data analytics, managed care compliance, and health care coding issues. She reviews claims data; performs reconciliations and data validations; communicates issues and findings; and drafts reports.

## Education

M.S., Applied Statistics, Kennesaw State University, 2017/B.S., Mathematics, Minor in Applied Science and Data Analysis, Kennesaw State University, 2015

## Experience

6 years of professional experience

## Relevant Work Experience

**Myers and Stauffer LC (2016 – Present), Manager**

- **Georgia Department of Community Health:** Oversight and monitoring of Georgia Families CMOs, including:
  - Review CMO-submitted provider payment data for comparison to encounter submissions.
  - Analyze payment variances between CMO-submitted data and the State's encounter data for inaccurate or missing encounter submissions.
  - Draft report and provide recommendations for encounter data issues identified through reconciliation with the CMOs' data.
  - Review and provide streamlined feedback on CMOs' merger readiness plans for potential areas of concern, including analysis of call center volume projections for appropriate number of representatives.

- **Louisiana Department of Health:** Oversight and monitoring of the Healthy Louisiana (formerly known as Bayou Health) program MCOs.
  - Review MCO-submitted provider payment data for comparison to encounter submissions.
  - Analyze payment variances between MCO-submitted data and the State's encounter data for inaccurate or missing encounter submissions.
  - Draft report and provide recommendations for encounter data issues identified through reconciliation with the MCOs' data.

- **Mississippi Division of Medicaid:** Assists the Division in a wide-ranging assessment of the health plans' contract compliance. Under the contract, we perform encounter claim to cash disbursement journal reconciliations to assess completeness; assess encounter claim accuracy under CMS EQR Protocol 5; review capitation payments for payment accuracy and potential duplicated capitation payments; provide examination services of MLR report filings; provide review services of administrative expenses, perform consulting services related to risk adjustment, perform other compliance testing of other monthly monitoring tools; and assisted with the development of a quality improvement strategy and evaluate options for other forms of directed payments.
  - Review CCO submitted provider payment data for comparison to encounter submissions.
  - Analyze payment variances between CCO submitted data and the State's encounter data for inaccurate or missing encounter submissions.

- Draft report and provide recommendations for encounter data issues identified through reconciliation with the CCOs' data.
- Summarize CCOs' payments to providers by State-requested criteria.
- Conduct interviews with CCO subcontractors regarding oversight, claims adjudication, provider/member data integrity, encounter data submission, and payment processing.
- Draft report and provider recommendations for subcontractor procedure/data issues and CCO subcontractor oversight.
- Review pharmacy and inpatient encounter data for potential overpayments and monitor recoveries.
- In depth review of NET service records for completeness, appropriateness of miles traveled, and accuracy of state reporting.

**CAN Capital (2015 – 2016), Payment Procurement Analyst**

- Perform data analysis on payment schedules, attrition, and uncompensated care cost (UCC) filings.
- Utilize Excel to perform advanced functions factual data for management decisions relating to customers and advises management on best course of action.
- Responsible for developing Excel formulas for tracking processed payments, returned payments, and UCC filings.
- Track, record, and process payments to specific CAN Capital accounts made through automated clearing house, wire, and check.
- Research accounts to investigate payment processing issues.
- Investigate returned checks, track attrition, and process the resubmission of payments.
- Investigate merchant accounts that exhibit unusual payment performance.
- Identify and assist merchants failing to operate in compliance with their contract.

# Hannah Lawrence, MPH

**Health Care Senior Consultant, Myers and Stauffer LC**

**WV Role: Research Analyst/Consultant**

- ✓ More than eight years of Medicaid/public health care experience, including managed care consulting contracts.
- ✓ Master's degree in public health, health services, policy, and management.

Ms. Lawrence provides strategic consulting to state governments through analysis and research of managed care data, assumptions and methodologies used for rate development, ensuring compliance with state and federal regulations, and developing processes to measure outcomes of technical and administrative business functions.

Prior to joining Myers and Stauffer, Ms. Lawrence spent several years supporting the state of South Carolina in managing the Medicaid Promoting Interoperability Program (formerly the Medicaid Electronic Health Record [EHR] Incentive Program) by advancing the adoption and meaningful use of certified EHR technology and health information exchange (HIE) in the state. She has extensive experience working directly with providers and facilitating conversations regarding health IT and HIE. In her role, she was responsible for communications with CMS and industry leadership and provided oversight of the program.

## Education

M.P.H, Health Services, Policy and Management, University of South Carolina, 2014/B.S.P.H., Community Health, Indiana University, 2012

## Experience

8 years of professional experience

## Certifications

Certified Health Education Specialist

## Relevant Work Experience

**Myers and Stauffer LC (2017 – Present), Health Care Senior Consultant**

- **Mississippi Division of Medicaid:** Assists the Division in a wide-ranging assessment of the health plans' contract compliance. Under the contract, we perform encounter claim to cash disbursement journal reconciliations to assess completeness; assess encounter claim accuracy under the CMS EQR Protocol 5; review capitation payments for payment accuracy and potential duplicated capitation payments; provide examination services of MLR report filings; provide review services of administrative expenses, perform consulting services related to risk adjustment, perform other compliance testing of other monthly monitoring tools; and assisted with the development of a quality improvement strategy and evaluate options for other forms of directed payments.
    - Reviewed and analyzed current health plan subcontractor oversight policies and procedures, data, and reporting.
    - Developed interview questions for and performed more than 60 interviews with health plan representatives.
    - Assisted in drafting three health plan final reports for agency review and dissemination to stakeholders.

- **Kentucky Cabinet for Health and Family Services:** Provide technical assistance for Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs, including:

- Reviews and analysis of the current managed care program including current contracts and national best practice literature to support the development of option analyses detailing a best-in-class system, noting best practices and recommendations for change.
- Assist in the development of questions to survey MCOs to review the existing Kentucky Medicaid MCO environment and provide feedback and key considerations to DMS.

- **Louisiana Department of Health:** Myers and Stauffer was contracted to provide technical assistance and facilitate a stakeholder engagement series of large and small group discovery sessions and discussions. We brought together state government and community-level stakeholders to gather information, develop a detailed Action Plan, and a list of priorities to effectively advance Louisiana's health IT-related investments across several sectors with the objective of reducing health care costs, enhancing care delivery, and improving health outcomes of Louisianans.
  - Assist in preparing tools and event planning materials for discovery sessions which build consensus among various stakeholders from state government, health care providers and payers, business, technology, patient advocacy, and academia to successfully negotiate discussions, define focus, and set priorities.
  - Led stakeholder engagement activities and updates for the complete re-write of the State's State Medicaid Health IT Plan (SMHP). Conducted research and developed instruments to gather relevant data from stakeholders. Led semi-structured interviewing of key stakeholders.
  - Supported the generation of a priority list based on the discovery sessions and initiatives in the health IT roadmap to guide LDH on future tasks and priorities.

- **Nevada Department of Health and Human Services:** Evaluation of the health IT infrastructure within Nevada. This includes the engagement of stakeholders of state- and community-level stakeholders within Nevada to inform the development of a Nevada Health IT Roadmap and an update to the SMHP. Additional work includes a sustainability evaluation of the sole standalone HIE in Nevada.
  - Provide the state with a two- to five-year plan that sets goals and establishes a range of initiatives that will set direction for the State in creating sustainable solutions through various initiatives.
  - Conduct certification activities including a seven-point assessment and evaluation plan. Review state HIE certification based on certification body outline, details, and state regulations.
  - Perform analysis and update benchmarks through stakeholder engagement findings and utilization of existing data sources.
  - Assist the State in pursuit of initiatives related to the development of core HIE services including public health infrastructure advancements.
  - Provide guidance and facilitation for board and data steward council meetings and support to the Data Governance Organization including best practices, research regarding MCI, data sharing, and data quality.

**South Carolina Department of Health and Human Services (2015 – 2017), Project Coordinator**

- Served as team lead for the Department's Medicaid EHR incentive program with evaluation detailing the health IT landscape, development of annual implementation advance planning document submissions, development and submission of addendum system technical changes to state-level repository, and quarterly data reporting to CMS.
- Served as an SME for the program responsible for researching and explaining complex regulations, and serving as public health liaison to the state public health agency and state HIE.
- Reviewed strategic planning and design of future health IT initiatives available to the state Medicaid agency in procurement of a replacement MMIS.

# Laura Riquelme, MPH

**Health Care Consultant, Myers and Stauffer LC**

**WV Role: Research Analyst/Consultant**

- ✓ More than five years of Medicaid/public health care experience, including managed care compliance contracts.
- ✓ Master's degree in public health, health promotion, and behavior.

Ms. Riquelme is a Health Care Consultant with experience in delivery system reform implementation and evaluation. She has experience in managed care, including onboarding of MCOs, readiness reviews, and oversight and performance reporting. She supports engagements involving reimbursement methods, data analytics, health care reform, and research.

She has conducted extensive literature reviews and participated in primary research. Additionally, she has worked in public health at the grassroots level and has experience working directly with the populations who participate in government-funded health care programs.

## Education

M.P.H, Health Promotion & Behavior, Georgia State University, 2017/B.A., Liberal Studies, Georgia College & State University, 2013/ B.S., Community Health Education, Georgia College & State University, 2012

## Experience

5 years of professional experience

## Certifications

Certified Associate in Project Management

## Relevant Work Experience

**Myers and Stauffer LC (2016 – Present), Health Care Consultant**

- **Kentucky Cabinet for Health and Family Services:** Provide technical assistance for Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs, including:
  - Developed final readiness review reports, which provided the Department with a final status prior to go-live of the new Medicaid managed care contracts.
  - Provided project management support to the readiness review of health plans selected for the 2021 – 2025 Medicaid managed care program, such as maintenance of the readiness review tools and participation in collaborative work groups.
  - Supported the procurement and transition of MCOs for a new Medicaid contract through RFP development and implementation readiness reviews.
  - Conducted internal stakeholder interviews to gather information on the current processes of the foster care system.
  - Drafted communication materials for external stakeholders.
  - Contributed to the development of the Independent Assessment Report for the 1915(b) Waiver Program.
  - Conducted research to support the engagement.

- **New Hampshire Department of Health and Human Services:** Provide technical assistance to New Hampshire's Section 1115 Medicaid Transformation Waiver titled "Building Capacity for Transformation."
  - Developed technical support documents for the Integrated Delivery Network (IDN) partners.

- Supported the development and execution of quarterly statewide learning collaboratives through creation of agendas, surveys, slide decks, and pre- and post-learning collaborative resource sheet containing definitions, useful links, and key takeaways from the event.
- Assisted with updating the New Hampshire Collaboration, Performance, and Analytics System website to allow the dissemination of best practices and for the participating IDN partners to exchange ideas and access to project-specific data.

- **Washington Health Care Authority:** Provide support to Washington's Section 1115 Medicaid Demonstration Waiver titled "Medicaid Transformation Project."
  - Conducted desk reviews of the Accountable Communities of Health (ACHs) for the mid-point assessment report.
  - Assisted with research for engagement.

- **Mississippi Division of Medicaid:** Assists the Division in a wide-ranging assessment of the CCOs' contract compliance. Under the contract, we perform encounter claim to cash disbursement journal reconciliations to assess completeness; assess encounter claim accuracy under CMS EQR Protocol 5; review capitation payments for payment accuracy and potential duplicated capitation payments; provide examination services of MLR report filings; provide review services of administrative expenses, perform consulting services related to risk adjustment, perform other compliance testing of other monthly monitoring tools; and assisted with the development of a quality improvement strategy and evaluate options for other forms of directed payments. Duties include:
  - Contributed to the cost effectiveness study report through research and the creation of a comparison matrix of Mississippi and peer states chosen by the Division.

- **Nevada Department of Health and Human Services:** Implementation and onboarding of four Medicaid MCO contracts; the development of a managed care information strategy; and reviewed key business processes for redesign and reengineering to improve the effectiveness and efficiency of the Medicaid Division, including:
  - Assisted with research for engagement.

- **Nevada Department of Health and Human Services:** Project management and subject matter expertise to implements its SUPPORT Act grant award. The purpose of the planning grant is to increasing the capacity of Medicaid providers to deliver SUD treatment or recovery services.
  - Completed research and analysis of the state's current level of integrated primary and behavioral health care and provided policy and infrastructure best practices and actionable recommendations for implementing policy.
  - Drafted questions for and conducted internal stakeholder interviews.
  - Developed and maintained a document repository and tracking matrix of 1,000-plus documents.

- **Nevada Department of Health and Human Services:** Design, development, and CMS negotiation of section 1915(c) waiver application for the therapeutic foster care population, including:
  - Created a comparison of existing 1915(c) waivers in the state.
  - Researched similar waivers and services in other states.

- **South Dakota Department of Social Services:** Conduct research and provide a summary report regarding strategic opportunities for the Medicaid program, as well as recommendations regarding the organizational structure of the Medicaid Division including:
  - Conducted an analysis on the current Medicaid health care delivery models to support the development of the final assessment report.
  - Provided best practices and recommendations for implementing delivery system enhancements.
  - Drafted interview questions for discussions with Department and sister agency staff.

# Theresa Toler, CPA, MS

## Senior Accountant, Myers and Stauffer LC

Ms. Toler participates in Medicaid managed care engagements which include attest and consulting services for Colorado, Louisiana, New Mexico, and Wisconsin. She also participates in Medicaid disproportionate share hospital (DSH) payment project for Kansas and performs field and remote audits for the Medicaid DSH examinations.

**WV Role: Research Analyst/Consultant**

- ✓ More than five years of Medicaid/public health care experience, including managed care oversight contracts.
- ✓ Master's degree in accounting.
- ✓ Certified Public Accountant.

### Education

M.S., Accounting, University of Missouri – Kansas City, 2018/ B.S., Accounting, Kansas State University, 2017

### Experience

5 years of professional experience

### Certifications

Certified Public Accountant

### Relevant Work Experience

**Myers and Stauffer LC (2016 – Present), Senior Accountant**

- **Colorado Department of Public Health and Environment:** Provide MLR examination services to the one MCO to the Department.
  - Performed MLR reviews of MCOs.
- **Nevada Department of Health and Human Services:** Assess the completeness and accuracy of encounter data submitted by the MCOs to the State for Nevada EQR Protocol 4 Validation of Encounter Data.
  - Performed consulting services related to EQR reporting.
- **New Mexico Human Services Department:** Perform a thorough review of the current processes used to collect and report federal Medicaid expenditures.
  - Completed agreed-upon procedures (AUP).
  - Assisted with establishing procedures and work papers.
  - Conducted sampling procedures to ensure nursing facility claims were accurately reported and paid in accordance with contracts.
- **Indiana Family and Social Services Administration:** Provides reimbursement methodology consulting, compliance analysis, fiscal impact analysis, provider tax calculations, and monitoring services for long-term care facility provider tax programs.
  - Researched HCBS waivers as a basis in providing recommendations to the Department.
- **Illinois Department of Healthcare and Family Services:** Assessed the MCO liabilities and claims payment accuracy for each provider type to assist the State in closing out the contractual obligations under the MCO contracts.
  - Performed sampling procedures for provider claims data.

- **Louisiana Department of Health:** Oversight and monitoring of the Healthy Louisiana (formerly known as Bayou Health) program MCOs.
    - Perform consulting services related to EQR reporting.
    - Assist with establishing procedures and work papers.

- **Mississippi Division of Medicaid:** Provides MLR examination services of the three MCOs to the Mississippi Division of Medicaid.
    - Performed MLR reviews of MCOs for the Mississippi Department of Medicaid.
    - Performed sampling of revenues, medical expenses, Health Care Quality Indicators (HCQI), administrative expense, and related-party review to ensure the MLR is reasonable, allowable, and classified in compliance with Medicaid guidelines.

- **Texas Health and Human Services Commission:** Compliance reviews under AUPs of the annual cost reports submitted by Texas Medicaid MCOs.
    - Completed AUP for MCO financial statistical report AUPs.
    - Conducted sampling procedures to ensure medical claims were accurately reported and paid in accordance with contracts.

- **Wisconsin Department of Health Services:** CMS EQR Protocol 5, MLR examinations, and administrative expense reviews for all Medicaid managed care health plans participating in the Wisconsin managed care programs.
    - Perform consulting services related to EQR reporting.
    - Perform MLR reviews of MCOs for the Department.
    - Perform sampling of revenues, medical expenses, HCQI, administrative expense, and related-party review to ensure the MLR is reasonable, allowable, and classified in compliance with Medicaid guidelines.
    - Assist with establishing procedures and work papers.

# Michael Johnson, CPA, CFE

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

**WV Role: Medicaid Policy SME**

- ✓ More than 30 years of extensive experience working with state Medicaid clients on managed care initiatives and program integrity engagements.
- ✓ Bachelor's degree in accounting.
- ✓ Certified Public Accountant/Certified Fraud Examiner.

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

## Education

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

## Experience

26 years of professional experience

## Certifications

Certified Public Accountant
Certified Fraud Examiner

## Relevant Work Experience

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

- **Georgia Department of Community Health:** Providing oversight and monitoring of the Georgia Families CMOs.
  - Assists the Department in the oversight of their managed care program.
  - Validates encounter data.
  - Conducts on-site reviews at CMOs addressing contract compliance.
  - Conducts MLR examinations
  - Conducts readiness reviews.
- **Hawaii Department of Human Services:** Support managed care procurement and aspects of value-based purchasing program design for the state's delivery system reform efforts.
  - Serves as a technical advisor on state managed care issues.
- **Kentucky Cabinet for Health and Family Services:** Provide technical assistance to the Department for Medicaid Services for its Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs.
  - Serves as a technical advisor on state managed care issues.
- **Louisiana Department of Health:** Examine the MLR reports filed by their MCOs.
  - Assists the Department in the oversight of their managed care program.
  - Validates encounter data.
  - Conducts MLR examinations.

- **Mississippi Division of Medicaid:** Assessment of the CCOs' contract compliance. Under the contract, we perform encounter claim to cash disbursement journal reconciliations to assess completeness; assess encounter claim accuracy under CMS EQR Protocol 4; review capitation payments for payment accuracy and potential duplicated capitation payments; provide examination services of MLR report filings; provide review services of administrative expenses; perform consulting services related to risk adjustment; perform other compliance testing of other monthly monitoring tools; and assist with the development of a quality improvement strategy and evaluate options for other forms of directed payments.
    - Assists the Department in the oversight of their managed care program.
    - Conducts encounter data validation.
    - Reviews risk adjustment inputs.
    - Assesses compliance matters, including third-party liability, timely payment, denials, etc.
    - Conducts administrative cost reviews.
    - Conducts MLR examinations.

- **New Mexico Human Services Department:** Assists in assessing the compliance of the Medicaid MCOs with contract requirements.
    - Assists the Department in the oversight of their managed care program.
    - Validates encounter data.
    - Conducts on-site reviews at CMOs addressing contract compliance.

- **Wisconsin Department of Health Services:** Examine the MLR and review administrative expenses and encounter data filed by the health maintenance organizations.
    - Conducts MLR examinations.
    - Validates encounter data.

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

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

# Bobby Courtney, JD, MPH

**Principal (Partner), Myers and Stauffer LC**

**WV Role: Medicaid Policy SME**

- ✓ More than 20 years of experience in the health care industry with specialization in experience working with state Medicaid clients on public health law and policy.
- ✓ Juris Doctorate in health law.
- ✓ Master's degree in public health (health policy).

Mr. Courtney specializes in public health law and policy, and has 20 years of experience working in the health care industry. He provides a broad range of consulting services, including issues related to Medicaid SPAs and waivers (e.g., 1915(b), 1915(c), 1915(b)/(c) combined, and 1115 demonstration), Medicaid managed care, long-term services and supports, value-based purchasing/alternative payment models (APMs), Medicaid pharmacy reimbursement policy, as well as federal health care regulations and policies. Recently, he led an internal initiative to understand, track, and communicate information regarding new CMS flexibilities available to support states in their response to COVID-19.

## Education

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

## Experience

20 years of professional experience

## Certifications

Juris Doctor

## Relevant Work Experience

**Myers and Stauffer LC (2017 – Present), Principal (Partner)**

- **Hawaii Department of Human Services:** Support managed care procurement and aspects of value-based purchasing program design for the state's delivery system reform efforts.
  - Provides technical assistance regarding various Medicaid policy initiatives.
- **Centers for Medicare & Medicaid Services**: Rate setting for the National Average Drug Acquisition Cost (NADAC) via a monthly voluntary national survey process and weekly through changes in published prices. Additional ad-hoc analysis is performed as requested.
  - Provides technical assistance regarding value-based purchasing and drug pricing transparency issues.
  - Provides legal and policy research and analysis.
- **Kentucky Cabinet for Health and Family Services:** Independent assessment of the Department for Medicaid Services' 1915(b) waiver for the Medicaid managed care program.
  - Supported the State by drafting its 1915(b) managed care waiver amendment.
- **Nebraska Department of Health and Human Services:** Support the effort to merge all of the State's HCBS 1915c waiver operations and administration under a single organizational structure. Conduct an organizational analysis of the new agency structure, the development of a combined eligibility and assessment team, the review and gaps analysis of the organizational structure for both direct services and administration, and the development of revised job classifications to meet the needs of the different waivers staffing requirements.
  - Provide research and support for HCBS program redesign, including 1915(c) waiver amendments.
  - Perform state and federal statutory and regulatory analyses, as well as Medicaid State Plan research.

- **Nevada Department of Health and Human Services:** Consulting services to ensure compliance with Medicaid and Medicare regulations, principles, and policies and to assist the agency with the implementation or development of new Medicaid programs or policies.
    - Serves as SME and provides technical assistance regarding federal waiver authorities.
    - Serves as presenter for annual Department staff training.
- **New Hampshire Department of Health and Human Services:** Professional services necessary to develop, operate, and lead the Delivery System Reform Incentive Payment (DSRIP) Learning Collaborative – a required element of the Department of Health and Human Services' Building Capacity for Transformation, Section 1115 Medicaid Demonstration Waiver.
    - Serves as Project Manager; responsible for communications with state and industry leadership.
    - Provides oversight of the DSRIP Learning Collaboratives.
    - Provides technical assistance provided to the program's IDNs.
- **Washington Health Care Authority:** Support DSRIP program, which is composed of nine ACHs. Through this engagement, Myers and Stauffer's responsibilities include but are not limited to: receipt and evaluation of ACH project plans; provision of technical assistance regarding project plan improvement opportunities; conducting semi-annual assessments of ACH projects; performing a mid-point assessment of the DSRIP program; assessing value-based purchasing contracting by the MCOs; collaboration with other HCA contractors; and assisting with certain training and communication efforts.
    - Serves as independent reviewer of project plans and semi-annual reports submitted by ACHs.

**Richard M. Fairbanks School of Public Health (2014 – Present), Adjunct Faculty**

- Teaches annual course on health care emergency preparedness and policy to group of 10 to 20 students.
- Researches and publishes findings on health care emergency preparedness policy.

**SVC Inc. (2014 – 2017) (currently HMA Medicaid Market Solutions), Senior Health Policy Analyst**

- Assisted states in the design, implementation, and oversight of public health insurance programs – Indiana, Iowa, Kentucky, and Ohio.
- Supported states with drafting and submission of 1115, 1919(b), and 1915(c) waivers, CMS readiness review, and waiver negotiations (Iowa [included Medicaid managed long-term services and supports 1915(b)/(c) combined waivers], Indiana, Kentucky, and Ohio).
- Performed compliance analysis of state Medicaid managed care programs based on 2016 revised Medicaid managed care rule (including contract, waiver, and administrative rule review) (Indiana, Iowa, and Ohio).
- Supported state managed care contract revisions (Indiana and Iowa).
- Provided training on 2016 revised Medicaid managed care rule to state staff (Iowa and Ohio).
- Assisted with drafting emergency, proposed, and final rules (Indiana).

**MESH, Inc., (2011 – 2014), Interim CEO, Chief Programing Officer, Director of Policy and Planning**

- Collaborated with government and private entity clients to ensure effective service delivery.
- Drafted and presented testimony, legal memoranda, policies, and other related documents.
- Served as executive leader for the National Healthcare Coalition Resource Center.
- Monitored state and federal legislation of potential impact to the organization and coalition partners.
- Provided consulting services to developing healthcare coalitions across the United States.

**OSF Saint Francis Medical Center (2000 – 2008), Strategic Planning Specialist**

# Jennifer Kyritsis, MHA

**Senior Manager, Myers and Stauffer LC**

**WV Role: Medicaid Policy SME**

- ✓ More than 25 years of health care administration experience, including 18 years of compliance and consulting experience involving Medicaid managed care programs.
- ✓ Master's degree in health care administration.

Ms. Kyritsis has worked in the health care industry for more than 25 years, much of that time consulting with state Medicaid agencies. She has extensive experience with project management, research and analysis of health care policy, program design, strategic planning, procurement, implementation, and supporting ongoing operations. She has supported more than 12 state Medicaid agencies with projects focused on the design, implementation, operation, or evaluation of health care delivery models and reform options. Her work regularly includes development of recommendations for program design in consideration of state and federal regulations. Ms. Kyritsis provides clients with interpretation of federal regulations and planning for and facilitation of discussions with CMS. She responds to client inquiries about requirements of CMS when considering SPAs or federal waiver requests for Medicaid programs. She has assisted with drafting of multiple 1915(b) and 1115 waiver applications.

## Education

M.H.A, University of North Carolina, 2000/B.S., Public Health, University of North Carolina, 1993

## Experience

25 years of professional experience

## Relevant Work Experience

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

- **Hawaii Department of Human Services:** Supported the Department with its Medicaid managed care procurement and aspects of VBP program design for the State's delivery system reform efforts for the, including:
  - Assisted with development of program design considerations and recommended RFP and contract requirements for procurement of Medicaid MCOs.
  - Assisted with development of a proposal evaluation tool for the Medicaid managed care procurement.
  - Drafted questions for interviews of the State's contracted MCOs and the EQRO to obtain input on the current managed care delivery system.
  - Supported development of a RFI to obtain stakeholder insights about VBP models and other delivery system considerations.

- **Kentucky Cabinet for Health and Family Services:** Provide technical assistance to the Department for Medicaid Services for the Medicaid managed care program, including supporting managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs, including:
  - As Project Manager for this engagement, responsible for the quality and timeliness of deliverables and ongoing communications with the client.
  - Providing project management support to the Department for implementation of a newly procured PBM that will support the Kentucky Managed Care Program. Participating in meetings with the PBM, MCOs, and the Department. Reviewing and commenting on draft materials submitted by the PBM. Supporting procurement activities for the PBM, including review of the RFP scope of work and drafting of questions.
  - Managed development of program design considerations and recommended contract requirements for procurement of MCOs to administer services to Medicaid enrollees. Drafted sections of the RFP to include background, RFP questions, and evaluation criteria. Drafted MCO contract modifications.
  - Conducted interviews with Department, sister agency staff, and the EQRO to support recommendations for the managed care procurement and to gain insights into current operations to support assessment of

existing infrastructure for performance management oversight. Developed interview guides for interviews of agency staff, MCOs, and the EQRO.
    - Facilitated the MCO readiness review process for the Department. Managed development of materials to support the review, including a master readiness review tool for use by the MCOs and the Department in exchange of information and comments, a timeline, and detailed agendas for on-site reviews. Provided training to Department and MCO staff on the review process. Communicated with MCOs to answer questions and to provide information about required follow up and timelines. Drafted findings reports to provide to the MCOs. Findings reports for two newly contracted MCOs were submitted to CMS.
    - Managed development of the Commonwealth's 1915(b) waiver renewal application to address program design changes that resulted as part of the MCO procurement process. Drafted responses to questions from CMS to support their approval of the renewal application.
    - Managed a performance management assessment to identify opportunities for enhancement of the Department's approaches to oversight of the contracted MCOs. Interviewed staff responsible for oversight of the MCOs, including staff who work with the EQRO to assess quality and outcomes.

- **Kentucky Cabinet for Health and Family Services:** Conducted an independent assessment of the Department for Medicaid Services' 1915(b) waiver for the Medicaid managed care program.
    - As Project Manager for this engagement, responsible for the quality and timeliness of deliverables and ongoing communications with the client.
    - Managed analysis of quality, access, and cost effectiveness of the Commonwealth's Medicaid managed care program. Supported development of research design, data request, and implementation plan.
    - Managed development of the independent assessment report for submission to the Department and CMS. Drafted responses to CMS' questions for final approval of the assessment.

- **Idaho Department of Health and Welfare:** Supported the Department's procurement of a non-emergency medical transportation (NEMT) vendor.
    - Drafted RFP language to include requirements for the NEMT broker scope of work to increase accountability and incorporate federal NEMT regulations. Drafted RFP questions for vendor response.
    - Conducted a multi-state review of NEMT best practices, innovations, and lessons learned from broker contract implementations.

**Guidehouse (formerly Navigant Consulting) (2014 – 2017), Director/(2004 – 2014), Associate Director, Managing Consultant/ Tucker Alan Inc. (Acquired by Navigant) (2000 – 2004) Manager, Senior Consultant**

- Supported various state Medicaid agencies nationwide with design and implementation of health reform initiatives and Medicaid managed care programs.
- Managed planning, program design, procurement, and implementation of state Medicaid contracts for delivery system initiatives and reforms, including managed care programs, disease management, and enhanced PCCM programs, enrollment brokers, NEMT vendors and pharmacy services, among others.
- Managed stakeholder feedback processes, research and analysis, and development of program design options for Medicaid reform initiatives.
- Developed federal documents such as SPAs, 1915(b) and 1115 waiver applications, and grant applications. Obtained public input, facilitated discussions with CMS, and trained State staff on requirements of federally-required approvals.
- Managed readiness reviews of health plans contracted to administer Medicaid managed care programs, enrollment brokers, and other entities, including activities such as developing readiness review tools, training staff, conducting of desk and on-site reviews, drafting findings reports, and recommending corrective actions.

**UNC Department of Family Medicine (1998 – 2000), Reimbursement Analyst/Continuous Quality Improvement Coordinator**

**UNC Physicians and Associates (1994 – 1998), Financial Counselor/Managed Care Specialist**

# Annie Hallum, FSA, MAAA

**Consulting Actuary, Milliman**

Ms. Hallum is a consulting actuary with Milliman's Health practice. She joined the firm in 2009, and has more than 12 years of experience providing actuarial support and consulting to state Medicaid agencies. Her experience includes conducting capitation rate setting over the past 11 years, as well as cost effectiveness projections, fiscal analysis, benchmarking of experience, and provider payment design and evaluation. Ms. Hallum will serve as an overall Actuarial Project Lead and a point of contact for BMS.

**WV Role: Lead Actuary (Actuarial Project Lead)**

- ✓ 11 years of experience with Medicaid Managed Care rate setting.
- ✓ Fellow of the Society of Actuaries (FSA).
- ✓ Member of the American Academy of Actuaries (MAAA).
- ✓ Bachelor's degrees in statistics and mathematics and economics.

## Education

B.S., Statistics, *Magna cum Laude* University of Washington, 2009/B.A., Mathematics, and Economics, *Magna cum Laude,* University of Washington, 2009

## Experience

12 years of professional actuarial experience, including:

**Medicaid managed care rate setting:**

- Hawaii (2010 – 2015; 2019 – 2020).
- Nevada (2009 – 2015).
- Utah (2019 – 2021).
- Vermont (2019 – 2021).
- Washington (2009 – 2015; 2019 – 2021).
- Wyoming (2017 – 2018).

**Other rate setting (e.g., provider payment rates):**

- Colorado (2019).
- Idaho (2017 – 2018).
- Minnesota (2017 – 2018).
- Nebraska (2017 – 2018; 2021).

## Certifications

Member, American Academy of Actuaries (MAAA), 2012
Fellow, Society of Actuaries (FSA), 2013

## Relevant Work Experience

**Milliman (2009 – 2015, 2019 – Present), Consulting Actuary**

**Navigant/Guidehouse (2017 – 2018), Associate Director**

**Relevant project experience:**

- **Hawaii Department of Human Services**
  - Risk mitigation settlements (2019 – Present).
  - Development of Medicaid capitation rates for CCS (2019 – 2020) and QI (2012 – 2015).

  - Development of Affordable Care Act enhanced physician fee schedule for provider payments and quarterly calculation of enhanced payments by provider (2013 – 2015).

- **Nevada Department of Healthcare Financing and Policy**
  - Risk adjustment and risk mitigation settlements (2010 – 2015).
  - Development of Medicaid capitation rates for Temporary Assistance for Needy Families (TANF), State CHIP (SCHIP), disabled, and expansion populations (2009 – 2015).

- **Utah Department of Health**
  - Development and certification of Medicaid capitation rates for TANF, SCHIP, disabled, and expansion populations (2019 – Present).
  - Risk adjustment (2019 – Present).
  - Assistance with 1115 waiver design and evaluation (2019 – Present).

- **Vermont Agency of Human Services**
  - Development of Medicaid capitation rates for TANF, disabled, long-term services and supports (LTSS), and expansion populations (2019 – Present).
- **Washington Health Care Authority**
  - Risk adjustment (2010 – 2015; 2019 – Present).
  - Development of Medicaid capitation rates for TANF, SCHIP, foster care, disabled, expansion, and Programs of All-Inclusive Care for the Elderly (PACE) populations (2010 – 2015; 2019 – Present).
  - Provider payment rate and hospital tax program updates (2018, 2020 – Present).

- **Wyoming Department of Health**
  - Development of Medicaid capitation rates for PACE and youth behavioral health care management populations (2017 – 2018).

- **Colorado Department of Healthcare Policy and Financing**
  - Development of all-payer hospital budget model (2019).
- **Idaho Department of Health and Welfare**
  - Assisted with provider payment rate development for LTSS (2017 – 2018).
  - Review of Medicaid managed care dental rates (2018).

- **Minnesota Department of Health**
  - Assisted with payment rate calculations and simulation modeling of the fiscal impact of updating its Medicaid inpatient All-Patient Refined diagnosis-related group (APR-DRG) payment system (2018).

- **Nebraska Department of Health and Human Services**
  - Assisted with payment rate calculations and simulation modeling of the fiscal impact of annual updates to its Medicaid inpatient APR-DRG based methodology and converting its outpatient payment system from a cost-based methodology to enhanced ambulatory patient groups (EAPGs) (2017 – 2018).

**Publications**

- **Direct Contracting Duals Model: Medicaid MCOs Managing Medicare FFS Costs for Dual-Eligible Beneficiaries**, 04 February 2021, Nicholas Johnson, Sam Shellabarger, Annie Hallum
  - https://us.milliman.com/-/media/milliman/pdfs/2021-articles/2-8-21-direct_contracting_duals-v1.ashx
- **Key insights into 2021 Medicare Advantage D-SNP landscape**, 18 November 2020, Nicholas Johnson, Annie Hallum, Nick Gipe
  - https://us.milliman.com/en/insight/key-insights-into-2021-medicare-advantage-dsnp-landscape
- **Medicaid Dental Program Delivery Systems**, 11 May 2020, Joanne Fontana, Annie Hallum, Catherine Lewis
  - https://us.milliman.com/en/insight/medicaid-dental-program-delivery-systems

# Justin C. Birrell, FSA, MAAA

**Consulting Actuary (Principal), Milliman**

**WV Role: Lead Actuary**

- ✓ More than 20 years of Medicaid Managed Care rate setting.
- ✓ Fellow of the Society of Actuaries (FSA).
- ✓ Member of the American Academy of Actuaries (MAAA).
- ✓ Bachelor's degree in mathematics.

Mr. Birrell has 26 years of actuarial experience in a variety of health-related areas. His primary focus over the last 20 years has been Medicaid managed care rate setting. This has involved work for states, including Florida, Hawaii, Idaho, Nevada, Utah, Vermont, and Washington. His experience includes:

- Current work in multiple states to develop rates and an appropriate structure integrating both the Medicare and Medicaid component of costs into a rate for members eligible for both programs.
- Experience in developing rate structures for integrated (medical, mental health, chemical dependency, and long-term care) health care models for Medicaid recipients that improve health care and reduce expenditures, including CMS documentation of rates and rate structures.
- Expertise in the development and documentation of Medicaid capitation rates in multiple states for managed care services for TANF, ABD, and other unique Medicaid populations, including those eligible for Medicare or only eligible for Medicaid benefits.
- Experience in documentation of cost effectiveness for Medicaid programs.
- Experience risk adjusting Medicaid capitation rates.
- Experience in developing NET rates for Medicaid populations.
- Expertise in analyzing large claims databases and health care modeling.
- Design and evaluation of pay-for-performance incentives in Medicaid managed care programs.
- Development of PACE rates.

## Education

B.S., Mathematics Brigham Young University, 1994

## Experience

25 years of professional experience with 20 years in Medicaid managed care for multiple states.

## Certifications

Member, American Academy of Actuaries (MAAA) – 2007
Fellow, Society of Actuaries (FSA) – 2010

## Relevant Work Experience

**Milliman (1995 – Present), Principal and Consulting Actuary**

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

- Development of reporting templates for expansion risk mitigation and financial reporting including MLR evaluation (2000 – Present).
- Produced databook and scoring methodology for MCO procurements (2000 – Present).
- Fiscal impact analyses on ad-hoc basis (2000 – Present).

- **Hawaii Department of Human Services:**
  - Preparation and management of risk adjustment analysis for managed care plans (2014 – Present).
  - Development of Medicaid capitation rates for TANF, disabled, dual-eligibles, SCHIP, and expansion populations including medical, LTSS, and behavioral health (2005 – Present).
  - Development of projections of the impact of benefit and enrollment changes including the impact of ACA legislation on state expenditures (2012 – 2014).
  - Development of reporting guide to evaluate plan performance and MLR review (2002 – Present).
  - Produced databook and scoring methodology for MCO procurements (2005 – Present).
  - Fiscal impact analyses on ad-hoc basis (2005 – Present).
- **Nevada Department of Health and Human Services:**
  - Development of Medicaid capitation rates (TANF and SCHIP) for dual demonstration program (2013 – 2019); peer review (2002 – 2019).
  - Fiscal impact analyses on ad-hoc basis (2002 – 2009).
- **Vermont Agency of Human Services:**
  - Development of Medicaid expansion capitation rates for newly eligible population (2012 – 2020).
- **Utah Department of Health:**
  - Development of behavioral health and NET rates (2010 – Present).
- **Washington Department of Social and Health Services:**
  - Development of PACE rates (2007 – Present).
- **Idaho Department of Health and Welfare:**
  - Development of projections of the impact of benefit and enrollment changes including the impact of ACA legislation on state expenditures (2013 – Present).
  - Georgia, Illinois, Pennsylvania, Washington, and Wisconsin. (2008 – 2015).
- **Florida Agency for Health Care Administration:**
  - Acute care services for children, parents, pregnant women, disabled, human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS), serious mental illness (SMI), child welfare, long-term care, and dual-eligible populations. LTSS for elderly and physically disabled populations. Additionally, development of PACE, SNP, dental, and NEMT rates. Member of Florida's Statewide Medicaid Managed Care procurement negotiation team. (1999 – Present).
  - Chronic Disability Payment System (CDPS) +Rx with category weights customized to Florida covered benefits and provider payment levels, including model customization for serious mental illness individuals and children receiving private duty nursing (PDN) services. Use of functional assessment based risk scores for the PACE program. (2010 to Present).

**Publications**

- Building blocks: Block grants, per capita caps, and Medicaid reform, 31 January 2017, Brad Armstrong, Jennifer Gerstorff, Nicholas Johnson and Justin Birrell, https://us.milliman.com/en/insight/building-blocks-block-grants-per-capita-caps-and-medicaid-reform

# Davis Burge, FSA, MAAA

**Consulting Actuary, Milliman**

**WV Role: Lead Actuary**

- ✓ 11 years of Medicaid Managed Care rate setting experience.
- ✓ Fellow of the Society of Actuaries (FSA).
- ✓ Member of the American Academy of Actuaries (MAAA).
- ✓ Bachelor's degrees in mathematics and physics.

Mr. Burge works as a consulting actuary with Milliman's Health practice. Since joining Milliman in 2010, his primary focus has been Medicaid managed care rate setting. This involves work for the states of Hawaii, Idaho, Nevada, Utah, and Washington. He developed analyses, risk-adjusted capitation rates, cost effectiveness documentation, and reports for Medicaid managed care rate settings. He worked on a variety of projects, including physical health, managed long-term care (MLTC), behavioral health, health care reform, integrated physical and behavioral health, dental, and other state-specific analyses. Mr. Burge worked on a variety of ground breaking projects including using social determinants of health in the capitation rate setting process and working to develop APMs.

## Education

B.S., Mathematics, *Summa cum Laude*, Pacific Lutheran University, 2011/B.A., Physics, *Summa cum Laude*, Pacific Lutheran University, 2011

## Experience

11 years of experience setting managed care rates for Idaho, Washington, Hawaii, Nevada, and Utah.

## Certifications

Member, American Academy of Actuaries (MAAA), 2014
Fellow, Society of Actuaries (FSA), 2016

## Relevant Work Experience

**Milliman (2010 – Present), Consulting Actuary**

- **Idaho Department of Health and Welfare:**
  - Expansion budget development (2020 – Present).
  - Dental rate setting (2020 – Present).
  - Healthy Connection Value Care total cost of care value-based program (2020 – Present).
- **Hawaii Department of Human Services:**
  - Non-disabled TANF (MAGI) rate setting (2010 – 2019, 2020).
  - Disabled (ABD) and MLTC rate setting (2010 – 2019, 2020).
  - Medicaid expansion rate setting (Extension) (2010 – 2019, 2020).
  - CHIP rate setting (2010 – 2019, 2020).
  - Standalone behavioral health rate setting (2010 – 2019).
  - Foster care rate setting (2010 – 2019, Present).
  - Encounter data integrity rate setting (2010 – 2019).
  - Health plan financial and MLR reporting (2010 – 2019).
  - Client communication and data management (2010 – 2019).
  - Policy and program strategy, quantification, and implementation (2010 – 2019).
  - ACA physician fee schedule (2012 – 2019).
- **Washington Health Care Authority:**
  - Non-disabled TANF (MAGI) rate setting (2012 – 2016).

- Integrated physical health and behavioral health rate setting (2015 – 2016, 2020 – Present).
- Foster care rate setting (2018).
- Pharmacy rate setting (2020 – Present).
- Encounter data integrity rate setting (2012 – 2018, 2020 – Present).
- Rural all-payer APMs (2017 – 2018).
- Client communication and data management (2012 – 2018, 2020 – Present).
- Policy and program strategy, quantification, and implementation (2012 – 2018, 2020 – Present).

- **Utah Department of Health:**
  - CHIP rate setting (2019).
  - Standalone dental CHIP rate setting (2019).
  - Integrated physical health and behavioral health rate setting (2018 – 2019).
  - Standalone dental rate setting (2019).
  - Encounter data integrity rate setting (2018 – 2019).
  - Health plan financial and MLR reporting (2018 – 2019).
  - Client communication and data management (2018 – 2019).
  - Policy and program strategy, quantification, and implementation (2018 – 2019).

- **Nevada Department of Health and Human Services:**
  - Non-disabled TANF (MAGI) rate setting (2011 – 2012).
  - Encounter data integrity rate setting (2011 – 2012).
  - Client communication and data management (2011 – 2012).

- **Milliman, Internal Research:**
  - Commercial Nationwide Loosely Managed Benchmarks; required an understanding of underlying changes in the commercial marketplace including high-level understanding of significant Medicare reimbursement. Lead development of Milliman's health cost guidelines (HCGs) commercial standard demographics and age gender factors. This analysis was the basis for most key HCG products.
  - Medicaid Solutions (2018 – 2019): Led facilitation of Medicaid rate setting model development and collaboration across offices. This work was key in sharing experience learned across Milliman's 17 state agency clients.
  - Transformed Medicaid Statistical Information System Research (2020 – Present): Leading a team to request this data for research purposes.

# Jill Bruckert, FSA, MAAA

**Senior Consulting Actuary, Milliman**

**WV Role: Lead Actuary**

- ✓ 10 years of experience with Medicaid Managed Care rate setting.
- ✓ Fellow of the Society of Actuaries (FSA).
- ✓ Member of the American Academy of Actuaries (MAAA).
- ✓ Bachelor's degree in business administration, actuarial science, and finance.

Ms. Bruckert is a Consulting Actuary with Milliman's Health practice. She joined the firm in 2007 and has spent the last 10 years of her career providing actuarial support and consulting services to state Medicaid agencies. She leads the development and certifies Medicaid managed care capitation rates in two states: Florida and Mississippi. She has extensive experience developing and implementing custom risk adjustment mechanisms for Medicaid populations. In addition, Ms. Bruckert has led other financial-related analyses for state Medicaid agencies that are not limited to managed care. She has modeled FFS provider rates for behavioral health and HCBS for waivers and state plan-covered services. She has also developed detailed, agency-wide projections to assist in budget development. Ms. Bruckert will serve as a Lead and a peer review actuary.

## Education

B.S., Business Administration, Actuarial Science, and Finance, Drake University, 2007

## Experience

Medicaid managed care rate setting experience includes:

- Florida (2014 – Present).
- Mississippi (Acute Care Program: 2011 – Present; CHIP: 2014 – Present).

## Certifciations

Member, American Academy of Actuaries (MAAA), 2011
Fellow, Society of Actuaries (FSA), 2010

## Relevant Work Experience

**Milliman (2007 – Present), Senior Consulting Actuary**

- **Florida Agency for Health Care Administration:**
  - LTSS for ABD populations. Provided actuarial support for the re-procurement of the managed long-term care program. Programs are administered by managed Medicaid health plans. (2014 – Present).
  - CDPS+Rx with category weights customized to Florida covered benefits and provider payment levels including customization for specialty populations and benefits not considered in CDPS+Rx. (2010 – Present).
  - Functional-based risk assessment model development for PACE population. (2018 – Present).
- **Mississippi Division of Medicaid:**
  - Acute care services for parents, pregnant women, children, foster care children and physically disabled. Administered by managed Medicaid health plans. (2011 – Present).
  - CDPS+RX with category weights customized to Mississippi covered benefits and provider payment levels. (2011 – Present).
  - Modeling of provider reimbursement rates for the following services (2013 – Present):
    - Community mental health center (CMHC).
    - Autism spectrum disorder.

        - Telehealth.
        - Assisted living waiver.
        - Elderly and disabled waiver.
        - Independent living waiver.
        - Intellectual disability/developmentally disabled waiver.
        - Bridge to independence transition care management.
        - Bariatric surgery case rate.
    - Development of detailed expenditure projection models for entire Medicaid agency, including beneficiaries under managed care, waivers, and FFS programs. Includes consideration for all known payment timing issues and program changes, including conversion of beneficiary groups. (2014 – Present).

- **Wisconsin Department of Health Services:**
    - CDPS+Rx with category weights customized to Wisconsin covered benefits and provider payment levels. (2016 – Present).

- **Ohio Department of Medicaid:**
    - Independent assessment of waiver cost effectiveness. (2017, 2018, Present).

- **Illinois Department of Healthcare and Family Services:**
    - Independent assessment of waiver cost effectiveness. (2019 and 2020).

- **Virginia Department of Medical Assistance Services:**
    - Review of current forecasting methodology and suggestions for improvement in methodology, monitoring, reporting, and communication of projections. Review included interviewing multiple stakeholders in Virginia, as well as five other states for comparison purposes. (2019).

# John Meerschaert, FSA, MAAA

## Consulting Actuary (Principal), Milliman

**WV Role: Lead Actuary and SME**

- ✓ Over 26 years of experience with Medicaid Managed Care rate setting.
- ✓ Fellow of Society of Actuaries (FSA).
- ✓ Member of American Academy of Actuaries (MAAA).
- ✓ Bachelor's degree in actuarial science, risk management, and quantitative analysis.

Mr. Meerschaert is a Principal and Consulting Actuary in Milliman's Health practice, joining the firm in 1994. He has devoted much of his career to working with public health care programs and is recognized as a Medicaid industry expert. Mr. Meerschaert has more than 26 years of experience working with state Medicaid agencies. This includes developing and certifying rates for full-risk Medicaid managed care programs that cover multiple groups under risk contracts every year since the inception of the actuarial soundness requirement in 2002. He has a diverse background in health insurance and managed health care programs. He has advised state government agency, hospital system, MCO, insurance company, and other health care clients. Over his career, Mr. Meerschaert has led Medicaid managed care capitation rate development and actuarial certification for programs in five states that cover a wide range of acute care services, LTSS, PACE organizations, behavioral health services, NET services, and dental services. He has also implemented risk adjustment, risk corridors, and other risk mitigation initiatives to protect program stakeholders from population acuity differences and other claim fluctuations. Mr. Meerschaert is an elected member of Milliman's Board of Directors.

### Education

B.B.A., Actuarial Science, Risk Management, and Quantitative Analysis, University of Wisconsin

### Experience

More than 26 years of Medicaid managed care experience.

### Certifications

Member, American Academy of Actuaries (MAAA), 1998
Fellow, Society of Actuaries (FSA), 1999

### Relevant Work Experience

**Milliman (1994 – Present), Principal and Consulting Actuary**

- **Florida Agency for Health Care Administration:**
  - Acute care services for children, parents, pregnant women, disabled, HIV/AIDS, SMI, child welfare, long-term care, and dual-eligible populations. LTSS for elderly and physically disabled populations. Additionally, development of PACE, SNP, dental, and NEMT rates. Member of Florida's Statewide Medicaid Managed Care procurement negotiation team. (1999 – Present).
  - CDPS+Rx with category weights customized to Florida covered benefits and provider payment levels, including model customization for SMI individuals and children receiving PDN services. Use of functional assessment-based risk scores for the PACE program. (2010 – Present).
  - Modeling of provider reimbursement rates for inpatient and outpatient hospital services, including Florida's transition to APR-DRGs and EAPGs. (2012 – Present).
- **New Hampshire Department of Health and Human Services:**
  - Acute care services for children, parents, pregnant women, foster care children, disabled, dual-eligible, and expansion adult populations. (2011 – Present).

- CDPS+Rx with national category weights, including customization to reflect increased costs related to opioid addiction and the impact of enrollment duration. (2013 – Present).
- Narrative and 1915(b) cost effectiveness, 1915(c) cost neutrality, and 1115 budget neutrality projection development (2014 – Present).
- Modeling of provider fee schedule changes CMHCs, SUD providers, and other service types.

- **Wisconsin Department of Human Services:**
  - Acute care services for children, parents, pregnant women, childless adults, disabled, and dual-eligible populations. LTSS for elderly, developmentally disabled, and physically disabled populations. (1994 – 2005 and 2015 – 2018).
  - For acute care program, CDPS+Rx with category weights customized to Wisconsin covered benefits and provider payment levels. For LTSS programs, Wisconsin is one of only two programs nationwide to risk adjust LTSS for the functional acuity needs of beneficiaries in addition to covered benefits and provider payment levels. (2015 – 2018).

- **Mississippi Division of Medicaid:**
  - Acute care services for parents, pregnant women, children, foster care children, and disabled populations. (2008 – 2012).
  - CDPS+Rx with category weights customized to Mississippi covered benefits and provider payment levels. (2009 – 2012).
  - Modeling of provider reimbursement rates for CMHC and HCBS waiver providers. (2011 – 2014).

- **South Carolina Department of Health and Human Services:**
  - Acute care services for parents, pregnant women, children, foster care children, and disabled populations. (2008 – 2014).

- **Various Large Provider Systems and Hospital Associations**
  - Identification and modeling of alternate contracting arrangements between state Medicaid agencies, Medicaid MCOs, and provider organizations including direct contracting opportunities, accountable care organization structures, capitation arrangements, and creation of provider-owned health plans for clients in Georgia, Illinois, Pennsylvania, Washington, and Wisconsin. (2008 – 2015).

**Publications**

- Enabling sustainable investment in social interventions: A review of Medicaid managed care rate-setting tools, 06 February 2018, Shelly Brandel, John Meerschaert, https://www.commonwealthfund.org/publications/fund-reports/2018/jan/enabling-sustainable-investment-social-interventions-review

# Luke Roth, ASA, MAAA

**Senior Healthcare Consultant, Milliman**

**WV Role: Lead Actuary and SME**

- ✓ More than 10 years of Medicaid managed care and rate setting experience.
- ✓ Expert in Medicaid payment methodology design and compliance.
- ✓ Associate of the Society of Actuaries (ASA).
- ✓ Member of the American Academy of Actuaries (MAAA).
- ✓ Bachelor's degree in mathematics.

Mr. Roth is a senior health care consultant with Milliman's Health practice. He has 15-plus years of experience supporting state Medicaid agencies with analysis and management of Medicaid program revenues and expenditures. He focuses on analyzing, designing, and implementing Medicaid program funding mechanisms, including health care-related taxes and directed payment programs in managed care. He also has experience evaluating, designing, and managing Medicaid program payment methodologies and rates, including PPS and fee schedules, FFS supplemental UPL payments, managed care pass-through payments, uncompensated care pool (UCP) payments, and DSH payments.

## Education

B.A., Mathematics, University of Washington, 2005

## Experience

Managed care and rate setting experience includes:

- Arizona (2020 – Present).
- Florida (2020 – Present).
- Hawaii (2019 – Present).
- Illinois (2014 – Present).
- Massachusetts (2015 – 2016).
- Puerto Rico (2020 – Present).
- Washington (2007, 2013 – 2018).
- Wisconsin (2015 – 2018).

## Certifications

Member, American Academy of Actuaries (MAAA), 2018
Associate, Society of Actuaries (ASA), 2018

## Relevant Work Experience

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

**Navigant/Guidehouse (2011 – 2018), Associate Director**

**Relevant project experience:**

- **Illinois Department of Healthcare and Family Services:**
  - Hospital potentially preventable re-admission (PPR) payment incentive model design, reporting, and settlement (2014 – 2018).
  - ACA Section 2703 health home program design (2014 – 2015).
  - Hospital APR DRG and EAPG payment system design and rate setting (2016 – 2018).

  - Managed care supplemental and state-directed payment arrangement design and compliance (2016 – 2021).
  - Health care-related tax design and compliance (2016 – 2018).

- **Commonwealth of Puerto Rico, Administración de Seguros de Salud de Puerto Rico:**
  - Hospital APR-DRG payment system design and rate setting (2018 – Present).
  - Managed care state directed payment arrangement design and compliance (2020 – Present).
- **Florida Agency for Health Care Administration:**
  - Hospital APR-DRG and EAPG payment system design and rate setting (2020 – Present).
  - Managed care state directed payment arrangement design and compliance (2020 – Present).
- **Hawaii Department of Human Services:**
  - Hospital APR-DRG payment system design and rate setting (2019 – Present).
- **Arizona Health Care Cost Containment System:**
  - Health care-related tax design and compliance (2020 – Present).
  - Managed care state directed payment arrangement design and compliance (2020 – Present).
- **Washington Health Care Authority:**
  - Hospital APR-DRG payment system design and rate setting (2007).
  - Hospital APR-DRG and EAPG payment system design and rate setting (2013 – 2014).
  - Hospital PPR payment incentive model design, reporting, and settlement (2015 – 2018).
  - University of Washington – Medicine (UW Medicine) physician supplemental payment program design, rate setting, and supplemental payment calculations (2013 – 2018).
  - UW Medicine physician supplemental payment state directed payment arrangement design (2017 – 2018).
- **Wisconsin Department of Health Services:**
  - Hospital APR-DRG and EAPG payment system design and rate setting (2015 – 2018).
  - Hospital PPR payment incentive model design, reporting, and settlement (2016 – 2018).
- **MassHealth:**
  - UCP program evaluation and design (2015 – 2016).
- **California Children's Hospital Association:**
  - Hospital APR-DRG payment system design and rate setting (2011 – 2012).

**Publications**

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

# Victoria Boon, ASA, MAAA

**Associate Actuary, Milliman**

Ms. Boon is an associate actuary with Milliman's Health practice. She joined the firm in 2016, and has five years of experience. She has provided actuarial consulting services to state Medicaid agencies, the Department of Veterans Affairs, and health plans. Ms. Boon's experience includes capitation rate setting, fiscal analysis, and provider payment design.

**WV Role: Staff Actuary**

- ✓ Five years of experience with Medicaid state agencies and health plans.
- ✓ Member of the American Academy of Actuaries (MAAA).
- ✓ Associate of the Society of Actuaries (ASA).
- ✓ Bachelor's degree in actuarial science.

## Education

B.S., Actuarial Science, *Summa cum Laude*, Washington State University, 2015

## Experience

Medicaid managed care experience includes:

- Hawaii (2016 – Present).
- Puerto Rico (2019 – Present).
- Utah (2018 – Present).
- Washington (2016 – Present).

## Certifications

Member, American Academy of Actuaries (MAAA), 2019
Associate, Society of Actuaries (ASA), 2019

## Relevant Work Experience

**Milliman (2016 – Present), Associate Actuary**

- **Hawaii Department of Human Services:**
  - Development of medical Medicaid capitation rates (2018 – Present).
  - Risk mitigation settlements (2018 – Present).
  - Assisting with payment rate calculations and simulation modeling of the fiscal impact of converting its Medicaid inpatient payment system from per diem rates to an APR-DRG-based methodology, including subsequent updates to grouper versions and rate factors (2018 – Present).
- **Utah Department of Health:**
  - Development of dental and medical Medicaid capitation rates for SCHIP population (2018 – Present).
- **Washington Health Care Authority:**
  - Development of medical Medicaid capitation rates for TANF, disabled, SCHIP, and expansion populations (2016 – Present).

# Nicholas R. Gersch, ASA, MAAA

**Associate Actuary, Milliman**

**WV Role: Staff Actuary**

- ✓ Six-plus years of experience with Medicaid and CHIP managed care rate setting.
- ✓ Associate of the Society of Actuaries (ASA).
- ✓ Member of the American Academy of Actuaries (MAAA).
- ✓ Bachelor's degree in East Asian studies.

Mr. Gersch is a credentialed actuary with more than six years of experience working with Medicaid and CHIP. His actuarial experience has included managed care capitation rate setting, capitation rate review for association health plans, NEMT rate setting, population acuity analyses, risk adjustment, pharmacy repricing, regulatory compliance, program integrity, and many other areas within Medicaid and CHIP. He has experience presenting on actuarial topics within the health care industry, wrote a work requirements article for the Society of Actuaries (SOA) and is an active member in the SOA and American Academy of Actuaries Medicaid national subcommittees. In addition to Medicaid, Mr. Gersch has also worked in the professional employer organization space, self-insured employer space, and with commercial exchange products.

## Education

B.A., East Asian Studies (Mandarin Language Concentration), Math Minor, Kalamazoo College, 2012

## Experience

More than six years of professional experience working with Medicaid, CHIP, and NEMT managed care rate setting for several states.

## Certifications

Member, American Academy of Actuaries (MAAA), November, 2016

Associate, Society of Actuaries (ASA), September, 2016

## Relevant Work Experience

**Aon (2014 – 2018), Actuarial Consultant**

**Wakely (2018 – 2019), Associate Actuary**

**Navigant/Guidehouse (2019 – 2020), Managing Consultant**

**Milliman (2021 – Present), Associate Actuary**

- **Kentucky Department for Medicaid Services:**
  - Development of Medicaid managed care capitation rates for state fiscal years (SFY) 2015 – 2017.
  - Redevelopment of rates for ACA expansion population in SFY2014.
  - Risk adjustment (CDPS+Rx) and risk mitigation settlements (2015 – 2017).
  - Development of NEMT capitation rates for SFY 2016 – 2017.
  - Developed provider pass-through payments for the state of Kentucky and helped develop a phase out schedule due to the 2016 CMS "Mega Regs" (2016 – 2017).
- **Kansas Department of Health and Environment:**
  - Development of Medicaid capitation rates (2015 – 2017).
  - Analyzed and demonstrated budget neutrality and cost effectiveness of Medicaid expansion in the state of Kansas.

- Estimated the cost impact of implementing a NADAC pricing mechanism in the state of Kansas (2016).

- **TennCare:**
  - Risk adjustment (adjusted clinical groups) and risk mitigation settlements (2018 – 2021).
  - Development of Medicaid capitation rates for TANF, duals, disabled, CHIP, and LTSS (CHOICES) populations (2018 – 2021).
  - Worked with the state of Tennessee and the Tennessee Hospital Association to help them understand reimbursement methodologies (2019).
  - Supported analysis of block grants (2019 – 2020).
  - Prepared budget forecast report for the Tennessee Comptroller (2017, 2019 – 2020).
  - Presented on the potential impact of various policy changes to Medicaid programs including work requirements (2018 – 2020).
- **Georgia Department of Community Health:**
  - Development of Medicaid capitation rates for TANF, CHIP, and the Georgia Pathways partial expansion population (SFY 2020 – 2021).
  - Development of NEMT capitation rates (SFY 2018 – 2021).
  - Development of Foster Care (GF360) Medicaid managed care capitation rates for 2020 and 2021.
- **Washington Health Care Authority:**
  - Development of Medicaid managed care capitation rates for calendar year 2022 (Present).
- **Idaho Department of Health and Welfare:**
  - Support financial projections for total cost of care program (Present).
- **Texas Health and Human Services Commission:**
  - Assisted the Office of Inspector General of Texas understand the impact of overpayment recoveries on the State's managed care program (2019).
- **Florida Association Health Plans, Indiana Association Health Plans, and Ohio Association Health Plans:**
  - Rate review (2018 – 2019).
- **Mississippi Division of Medicaid:**
  - Rate review (2019).

**Relevant Publications**

- **Medicaid Work Requirements: Enrollment Impact of Different Policies**, White Paper (June, 2018)
  - https://www.soa.org/globalassets/assets/library/newsletters/health-watch-newsletter/2018/june/hsn-2018-iss86-schaeffer-gersch.pdf
- **Non-Emergency Medical Transportation Post-COVID: An Actuarial Prognosis,** White Paper (November, 2020)
  - https://guidehouse.com/-/media/www/site/insights/healthcare/2020/nonemergencymedicaltransportationpostcovidactuaria.pdf

# Jamie Rindfuss, ASA, MAAA

**Associate Actuary, Milliman**

Mr. Rindfuss is an associate actuary with Milliman's Health practice. He joined the firm in 2013, and has eight years of experience providing actuarial support and consulting to state Medicaid agencies. His experience includes capitation rate setting, incurred but not reported (IBNR) reserve estimates, fiscal projections, and risk adjustment.

**WV Role: Staff Actuary**

- ✓ Eight years of experience with Medicaid managed care rate setting.
- ✓ Member of the American Academy of Actuaries (MAAA).
- ✓ Associate of the Society of Actuaries (ASA).
- ✓ Bachelor's degree in financial economics and statistics.

## Education

B.A., Financial Economics and Statistics, *Cum Laude*, University of Rochester, 2013

## Experience

Medicaid managed care rate setting experience includes Idaho, Hawaii, Nevada, and Washington.

## Certifications

Member, American Academy of Actuaries (MAAA), 2017
Associate, Society of Actuaries (ASA), 2017

## Relevant Work Experience

**Milliman (2013 – Present), Associate Actuary**

- **Idaho Department of Health and Welfare:**
  - Development of dental Medicaid capitation rates (2020 – Present).
  - Development and support of Healthy Connections Value Care Program, shared savings initiative to control cost and incentivize quality among participating providers (2020 – Present).
  - Client communication and data management (2020 – Present).
  - Prepare documents for CMS review and respond to CMS' questions (2020 – Present).
- **Washington Health Care Authority:**
  - Development of budget neutral CDPS-based risk adjustment factors (2020 – Present).
  - Developed and led MCO supplemental risk adjustment diagnosis code audit process (2020 – Present).
  - Client communication and data management (2020 – Present).
- **Hawaii Department of Human Services:**
  - Development of budget neutral CDPS-based risk adjustment factors (2020 – Present).
- **Nevada Department of Health and Human Services:**
  - Development of medical Medicaid capitation rates for TANF, disabled, and expansion populations (2013 – 2017).
  - Development of budget neutral CDPS-based risk adjustment factors (2013 – 2017).

# Stacy Albrecht, ASA, MAAA

**Actuary, Milliman**

Ms. Albrecht is an associate actuary with Milliman's Seattle Health Practice. She joined the firm in 2013, and has eight years of experience providing actuarial support and consulting to state Medicaid agencies. Her experience includes capitation rate setting, IBNR reserve estimates, fiscal projections, Medicare and Medicaid integration, and risk adjustment.

**WV Role: Staff Actuary**

- ✓ Eight years of experience with Medicaid managed care rate setting.
- ✓ Member of the American Academy of Actuaries (MAAA).
- ✓ Associate of the Society of Actuaries (ASA).
- ✓ Bachelor's degree in actuarial science.

## Education

B.S., Actuarial Science, *Magna cum Laude*, Central Washington University, 2013

## Experience

**Medicaid managed care rate setting experience**:

- Hawaii (2014 – 2021).
- Idaho (2020 – 2021).
- Utah (2018 – 2021).
- Washington (2014 – 2021).

## Certifications

Member, American Academy of Actuaries (MAAA), 2017
Associate, Society of Actuaries (ASA), 2016

## Relevant Work Experience

**Milliman (2013 – Present), Actuary**

- **Hawaii Department of Human Services:**
  - Development of medical, long-term care, and behavioral health Medicaid capitation rates for TANF, disabled, dual-eligibles, SCHIP, and expansion populations (2014 – Present).
  - Development of Medicaid capitation rates for Community Care Services behavioral health population (2017 – Present).
  - Development of reporting guide to evaluate plan performance and MLR review (2014 – Present).
  - Produced databook and scoring methodology for MCO procurements (2014 – Present).
  - Development of analyses for legislative sessions (2014 – Present).
  - Fiscal impact analyses on ad-hoc basis (2014 – Present).
  - Client communication and data management (2014 – Present).
  - Policy and program strategy, quantification, and implementation (2014 – Present).
  - Prepare documents for CMS review and respond to CMS questions (2014 – Present).
- **Washington Health Care Authority:**
  - Development of Medicaid capitation rates for TANF, disabled, SCHIP, and expansion populations (2014 – Present).
  - Payment enhancement to physicians and safety net hospitals (2014 – Present).
  - Client communication and data management (2014 – Present).

- **Utah Department of Health:**
  - Development and certification of Medicaid capitation rates for SCHIP, behavioral health, developmental disability, and expansion programs (2018 – Present).
  - Assistance with 1115 waiver design and evaluation (2018 – Present).
  - Development of reporting guide to evaluate plan performance and MLR review (2018 – Present).
  - Client communication and data management (2018 – Present).
  - Policy and program strategy, quantification, and implementation (2018 – Present).
- **Idaho Department of Health and Welfare:**
  - Expansion budget development (2020 – Present).

## Appendix B: Actuarial Credentials

The Actuarial Directory

Anne Pankow Hallum
FSA MAAA

Email annie.hallum@milliman.com

Designations
MAAA 2012
FSA 2013

SOA CPD attestation status
Compliant(2019-2020)
Compliant(2018-2019)

Academic degrees
B.A.
B.S.

Industry
Consulting

Primary area of practice
Health

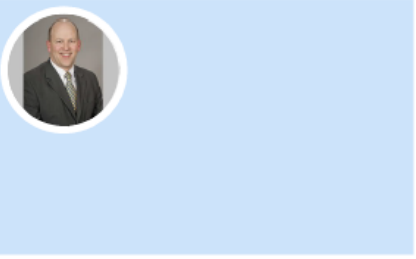
Society of Actuaries Sections
Health

The Actuarial Directory

## Justin Crayton Birrell

FSA MAAA

Email justin.birrell@milliman.com
Tel +1(206)504-5548



### Designations

MAAA 2007
FSA 2010

### SOA CPD attestation status

Compliant(2018-2019)
Compliant(2019-2020)

### Academic degrees

B.S.

### Industry

Consulting

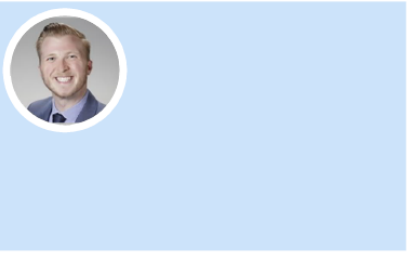
### Primary area of practice

Health

The Actuarial Directory

Davis Burge
FSA MAAA

Email davisburge@gmail.com
Email davis.burge@milliman.com
Tel +1(206)504-5998



Designations

MAAA 2014
FSA 2016

SOA CPD attestation status

Compliant(2019-2020)
Compliant(2018-2019)

Primary area of practice

Health

Specializations

Health Insurance - Commercial
Health Insurance – Public Systems

Society of Actuaries Sections

Health

The Actuarial Directory

## Jill Alise Bruckert

FSA MAAA

Email jill.bruckert@milliman.com
Tel +1(262)796-3445

JB

### Designations

FSA 2010
MAAA 2011

### SOA CPD attestation status

Compliant(2018-2019)
Compliant(2019-2020)

### Industry

Consulting

### Primary area of practice

Health

### Specializations

Long Term Care Insurance
Public Systems/Social Insurance

### Society of Actuaries Sections

Health
Long Term Care Insurance

The Actuarial Directory

## John D Meerschaert

FSA MAAA

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Fax +1(262) 7840033
Tel +1(262)784-2250

JM

### Designations

MAAA 1998
FSA 1999

### SOA CPD attestation status

Compliant(2018-2019)
Compliant(2019-2020)

### Academic degrees

B.B.A.

### Industry

Consulting

### Primary area of practice

Health

### Society of Actuaries Sections

Health
Social Insurance & Public Finance

The Actuarial Directory

Luke BG Roth
ASA MAAA

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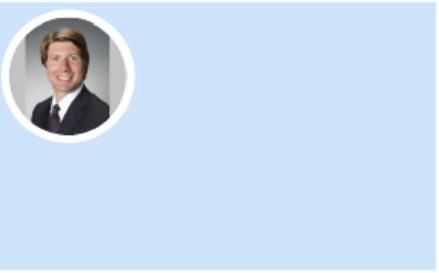

Designations

MAAA 2018
ASA 2018

SOA CPD attestation status

Compliant(2019-2020)
Compliant(2018-2019)

Industry

Healthcare: Health Insurance

Primary area of practice

Health

Specializations

Health Insurance - Commercial
Health Insurance – Public Systems
Predictive Analytics
Provider Systems
Public Systems/Social Insurance
Regulatory

Society of Actuaries Sections

Health

The Actuarial Directory

## Victoria Mei Kay Boon

ASA MAAA

Email victoria.boon@milliman.com
Tel +1(206)613-8115

VB

Designations
ASA 2019
MAAA 2019

SOA CPD attestation status
Compliant(2018-2019)
Compliant(2019-2020)

The Actuarial Directory

## Nicholas Richard Gersch

ASA MAAA

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Tel +1(248)760-4435

NG

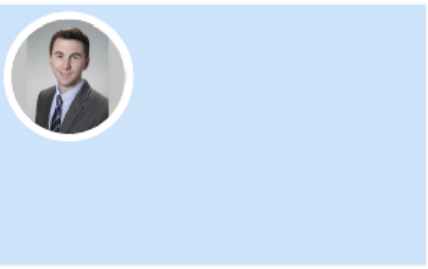
Designations
MAAA 2016
ASA 2016

SOA CPD attestation status
Compliant(2018-2019)
Compliant(2019-2020)

The Actuarial Directory

James Rindfuss
ASA MAAA

Email jamie.rindfuss@milliman.com



Designations
MAAA 2017
ASA 2017

SOA CPD attestation status
Compliant(2018-2019)
Compliant(2019-2020)

Industry
Healthcare: Health Insurance

Primary area of practice
Health

The Actuarial Directory

Stacy Hannah Albrecht
ASA MAAA

Milliman Inc

1301 Fifth Avenue
Suite 3800
Seattle
Washington 98101-2605
United States

Email stacy.albrecht@milliman.com
Tel +1(253)205-9586


Designations
ASA 2016
MAAA 2017

SOA CPD attestation status
Compliant(2019-2020)
Compliant(2018-2019)

# Appendix C: Subcontractor Conflict Mitigation Plan

## Milliman Organizational Conflict Mitigation Plan

State agencies and Milliman have successfully mitigated all potential conflicts of interest over our 25-year relationship serving as actuary for state agencies. We will continue to successfully mitigate any potential conflicts in the future. Additionally, the Milliman consulting team proposed for this work has not and will not consult with any current or potential capitated plan on any work related to the West Virginia Medicaid program.

Milliman has a strong reputation for integrity and quality in all its work products, and these have been core values of Milliman since our formation in 1947. Because of the depth of our expertise and the scope of our clientele, potential conflicts arise often, and Milliman has long-established procedures that prevent inappropriate sharing of information in such situations.

Milliman follows strict procedures to avoid conflicts of interest in our work. Milliman has successfully used these procedures in numerous situations for all types of clients. Specifically, we have successfully implemented our conflict avoidance process in numerous states where different Milliman consultants work either for the state Medicaid agency or for Medicaid health plans within a state.

Our conflict mitigation plan is built around the following procedural steps and safeguards. This process takes place before a consultant can proceed with a new project and continues during the project if there is any change in the situation.

1. At the beginning of any client relationship, the lead Milliman consultant for the new client is required to notify all other consultants of the nature of the relationship through our conflict check notification system. This process ensures that other Milliman consultants with potential conflicts of interest are aware of the new relationship and can act accordingly. Milliman consultants are also required to use the conflict check notification system for any client project with existing clients that has the potential for conflicts with other clients.

2. After a potential conflict of interest has been identified, the next step is to notify all affected parties. All parties must agree to the conflict avoidance arrangements before any new project or any work with a new client can begin. Milliman maintains a need-to-know policy, meaning that no judgment or material factual information will be shared between Milliman consultants representing competing parties, unless Milliman is jointly retained by those parties, or such disclosure is approved by all of the affected clients. This policy restricts concurrent similar assignments from competing clients without sufficient physical separation of the consulting services for the competing clients.

3. We create internal structures so all information is kept strictly confidential to the specifically assigned client team. Milliman regularly builds walls between teams of consultants for projects with similar circumstances. We utilize separate teams of consultants and support staff, secure file storage, and a communication blackout between teams of consultants. In addition, any Milliman actuarial consultants

leading each project are Members of the American Academy of Actuaries and are thereby bound to confidentiality by the Actuarial Code of Conduct.

Milliman's Organizational Conflict Mitigation Plan is administered by the Corporate Secretary and the relevant Global Practice Director. Mary Clare is Milliman's Chief Legal Officer and Corporate Secretary. Tom Snook is Milliman's Global Health Practice Director. Mr. Snook sits on Milliman's Board of Directors and provides leadership for all Milliman health consulting and product practices around the world.

In addition to our client and project-specific conflict mitigation procedures and safeguards, Milliman also has strict policies that guard against personal conflicts of interest and the release of confidential information:

- *Milliman maintains an employee policy that restricts any ownership or financial interest in outside organizations that pose a conflict of interest. The policy restricts ownership of any insurance companies and prohibits financial interest by an employee in any entity that the employee consults for in his/her practice.*
- *Each employee who has access to client information is required to sign an agreement with Milliman regarding the protection of sensitive client information. Milliman maintains internal procedures designed to protect the confidentiality of sensitive client information, including administrative, technical, and physical safeguards as appropriate for the information. In addition, employees are instructed regarding any specific handling procedures required by contract with respect to client information.*
- *Milliman's Governing Principle on Fee Arrangements stipulates that neither the firm nor any employee may accept or share in contingent fees or any other form of compensation that may cause, or give the appearance of causing, a compromise of professional objectivity or independence.*

Specific to this solicitation and for transparency reasons, the Milliman Medicaid team responding to this solicitation discloses that a Milliman consultant based in Minneapolis, unrelated to the Medicaid team bidding on this work, provides consulting services to The Health Plan (THP). Currently, the scope for the THP consulting is limited to Medicare and commercial work only.