The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 1

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1908567
Procurement Type: Central Master Agreement
Vendor ID: 000000100824
Legal Name: PUBLIC CONSULTING GROUP LLC
Alias/DBA:
Total Bid: $6,195,600.00
Response Date: 07/15/2026
Response Time: 22:31
Responded By User ID: PCGUS
First Name: Lisbeth
Last Name: Bell
Email: bids@pcgus.com
Phone: 6177171120

SO Doc Code: CRFQ
SO Dept: 0511
SO Doc ID: BMS2600000003
Published Date: 6/26/26
Close Date: 7/16/26
Close Time: 13:30
Status: Closed
Solicitation Description: SCHOOL BASED HEALTH SERVICES (SBHS)
Total of Header Attachments: 1
Total of All Attachments: 1

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:	1908567
Solicitation Description:	SCHOOL BASED HEALTH SERVICES (SBHS)
Proc Type:	Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2026-07-16 13:30	SR 0511 ESR07142600000000244	1

VENDOR

000000100824
PUBLIC CONSULTING GROUP LLC

Solicitation Number: CRFQ 0511 BMS2600000003

Total Bid: 6195600 **Response Date:** 2026-07-15 **Response Time:** 22:31:06

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	Base Year One (1) Mandatory Svc 4.1.1 through 4.1.18				995000.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments:

Extended Description:

Mandatory Services for Base Year One (1) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 05/01/2027 to 01/31/2028 (9 months)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Optional Renewal Year 1 Mandatory Svc. 4.1.1 through 4.1.18.				1335000.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments:

Extended Description:

Mandatory Services for Optional Renewal Year One (1) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 02/01/2028 to 01/31/2029

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Start up Costs (4.1.15.9 -4.1.15.10)				0.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments:

Extended Description:

ear 1 Start Up Costs Section 4.1.8.9-4.1.8.10-(3 Months)
Service from 02/01/2027 to 04/30/2028

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Optional Renewal Year 2 Mandatory Svc. 4.1.1 through 4.1.15.				1401750.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments:

Extended Description:

Mandatory Services for Optional Renewal Year Two (1) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 02/01/2029 to 01/31/2030

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Optional Renewal Year 3 Mandatory Svc. 4.1.1 through 4.1.15.				1471850.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments:

Extended Description:

Mandatory Services for Optional Renewal Year Three (3) Section 4.1.1 through 4.1.15.10, all-inclusive annual cost. Service from 02/01/2030 to 01/31/2031

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Add Svc Base Year One (1) - 1000 Hours				230000.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments: $230/hour X 1,000 estimated hours for bid evaluation = $230,000

Extended Description:

Additional Services Base Year One (1) Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))
Service from 05/01/2027-01/31/2028 (9 months)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Add Svc Optional Renewal Year 1-1000 hours (4.1.9-4.1.9.2)				242000.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments: $242/hour X 1,000 estimated hours for bid evaluation = $242,000

Extended Description:

Additional Services Optional Renewal Year One (1). Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))
Service from 02/01/2028-01/31/2029.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Add Svc Optional Renewal Year 2-1000 hours (4.1.9-4.1.9.2)				255000.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments: $255/hour X 1,000 estimated hours for bid evaluation = $255,000

Extended Description:

Additional Services Optional Renewal Year Two (2). Section 4.1.9 -4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))
Service from 02/01/2029-01/31/2030.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Add Svc Optional Renewal Year 3-1000 hours (4.1.9-4.1.9.2)				265000.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments: $265/hour X 1,000 estimated hours for bid evaluation = $265,000

Extended Description:

Additional Services Optional Renewal Year Three (3) Section 4.1.9-4.1.9.2 (Enter Total Cost (Cost Per Hour x1000 estimated hours for bid evaluation.))
Service from 02/01/2030-01/31/2031.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Pr Yr Settlement-11 BY1 (4.1.10-4.1.10.1)				0.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments:

Extended Description:

Prior year settlement Base Year One (1). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.))
Service from 02/01/2027-01/31/2028. (12 months)

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Pr Yr Settlement-11 OY1 (4.1.10-4.1.10.1)				0.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments:

Extended Description:

Prior year settlement Optional Renewal Year One (1). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.))
Service from 02/01/2028-01/31/2029.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Pr Yr Settlement-11 OY2 (4.1.10-4.1.10.1)				0.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments:

Extended Description:

Prior year settlement Optional Renewal Year Two (2). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.)) Service from 02/01/2029-01/31/2030.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Pr Yr Settlement-11 OY3 (4.1.10-4.1.10.1)				0.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Commodity Line Comments:

Extended Description:

Prior year settlement Optional Renewal Year Three (3). Section 4.1.10-4.1.10.1. (Enter Total Cost (Cost Per Settlement x11 estimated settlements for bid evaluation.)) Service from 02/01/2030-01/31/2031.

PUBLIC CONSULTING GROUP

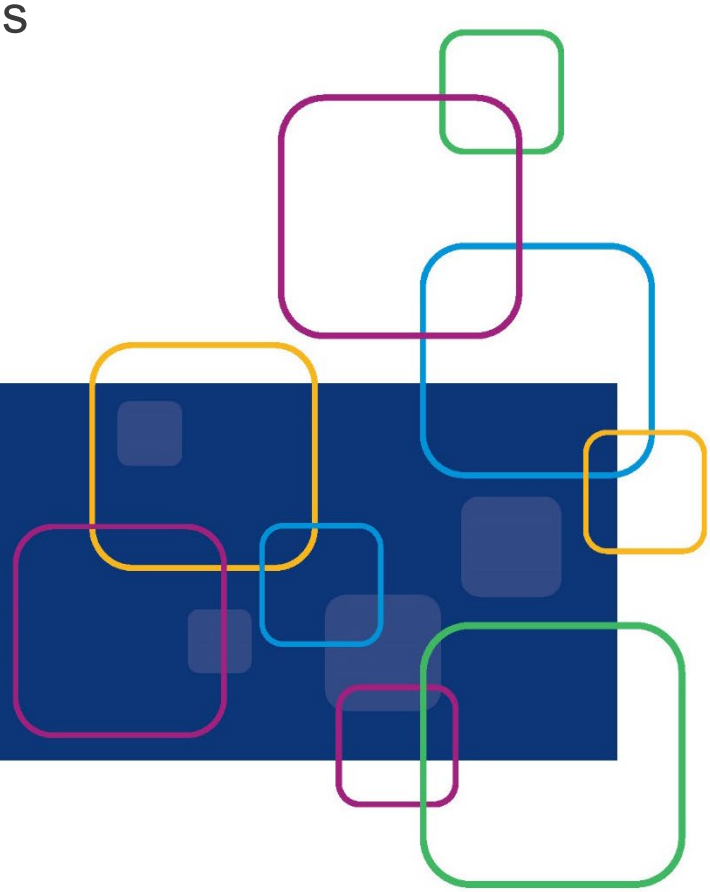
Solutions that Matter

TECHNICAL PROPOSAL

State of West Virginia Department of Administration, Purchasing Division

School Based Health Services

CRFQ-0511-BMS2600000003



July 16, 2026 | 01:30PM ET

Crystal G. Hustead
Department of Administration
Purchasing Division
2019 Washington Street East
Charleston, WV 25305

PUBLIC CONSULTING GROUP

Solutions that Matter

July 16, 2026

Crystal G Hustead
State of West Virginia
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

Dear Ms. Hustead:

Public Consulting Group LLC (PCG) is pleased to present a response to the State of West Virginia Department of Human Services, Bureau for Medical Services' (the Agency) request for a vendor to provide *School Based Health Services (SBHS)* CRFQ-0511-BMS2600000003. We are excited to propose to the Agency team our unique approach to addressing the West Virginia Medicaid School Based Health Services program. PCG brings a diverse range of both experiences and skillsets that will allow West Virginia to address this important initiative. PCG has extensive experience in this area as articulated in the body of our response

PCG is pleased to have been your SBHS vendor since 2011 and we very much would like to continue our relationship with you. Partnering with the local education agencies (LEAs), PCG and the Agency have achieved great success in working together to establish a reformed SBHS program over the last 15 years. Our intricate knowledge of the SBHS program and our existing relationships with the LEAs will allow us to hit the ground running and continue providing high-quality and cost-effective services to the Agency.

PCG has been assisting the State in expanding the School-Based Health Services Program to allow reimbursement for direct medical services provided to non-Special Education Medicaid Eligible students. and we are assisting the state to revise the methodology to come into compliance with the 2023 CMS Guidance on School-Based Services and Random Moment Time Studies, with those changes effective for the 2026 -2027 school year. PCG is the national leader in providing states and school districts with strategies, operations, policy and consulting to address, modify, implement and optimize school-based Medicaid programs. PCG is also uniquely positioned to continue to partner with West Virgnia on this initiative as no other firm has the scope of experience working with school districts, State Department of Education ***AND*** State Medicaid agencies. PCG provides a breadth of knowledge and depth of experience in both Medicaid and Education critical in implementing and operating an effective, complaint school-based porgam. These relationships allow PCG to be the trusted pvendor on this important initiative.

PCG was incorporated in 1986 as a privately held corporation. The organization's corporate mission is to provide "***Solutions that Matter***" to the public sector. After 40 years of steady growth and impact, PCG is now one of the largest firms in the nation providing services and solutions to state and local government agencies and nonprofit organizations. PCG's growth is attributable to the quality and value of the services it provides within the public sector. Headquartered in Boston, Massachusetts, PCG employs professionals from every state in the country to best achieve the results necessary for our state and local partners.

As the contracted partner to over 20 state departments of education and 25 state Medicaid agencies, as well as 5,000+ school districts across the country, PCG is among the leading firms in providing consultative solutions driving outcomes and efficiencies. PCG employs over 2,000 full-time professionals in areas that include special education, school leadership, Medicaid policy experts, operations,

implementation, professional development, program development, data analysis, technology, and reporting. Our consultants and subject matter experts help states and school district leaders build the capacity and culture necessary to effectively achieve their respective goals.

PCG has performed the responsibilities described in this scope of work for West Virginia as well as dozens of times for state agencies across the country. PCG understands the funding and operational challenges faced by local and state governments and the need to maximize all allowable revenue sources possible, particularly in the school-based arena. These experiences, coupled with our extensive Education presence, will provide West Virginia the best option to continue to have a successful program with no transition risk. PCG provides a team with experience unmatched in the area of school-based Medicaid programs which will be critical to West Virginia as a number of significant program changes are set to begin implementation and will continue through the very start of this contract. PCG is the only vendor that has effectively accomplished both efforts in more states than all other competitors combined and our existing infrastructure and work with the Agency and the schools eliminates all transition risk associated with this project and implementing the numerous changes. The program in West Virginia will have significant changes, and it will be critical that West Virginia has the vendor that can fully assist the State and schools through the transition, implementation and ongoing operations. PCG is the vendor with the unparalleled experience necessary to help West Virginia accomplish all of the goals outlined in this proposal.

No vendor in the country has more experience operating school-based programs on a statewide basis. PCG supports Medicaid school-based service claiming operations on a statewide basis in 17 states, thus meeting and exceeding the minimum requirements. Furthermore, no vendor has generated more allowable revenue than PCG. PCG has generated more than $13 billion dollars in Medicaid reimbursements and currently has school-based Medicaid engagements with thousands of school districts nationwide.

The PCG SBHS model that is used in West Virginia, as well as numerous other states, features:

- *An efficient and robust web-based claiming system;*
- *High-level customer service to facilitate compliant LEA participation; and*
- *Seasoned professionals with the necessary expertise and West Virginia experience to continue to manage on-going program operations.*

Our model ensures that West Virginia will continue to capture funding for the health-related services provided to students with disabilities while maintaining regulatory compliance and sufficient financial reporting requirements.

PCG Has Extensive Administrative Claiming and Cost Settlement Experience

PCG deploys a uniform process to leverage the financial data collected from LEAs for Medicaid administrative claiming and cost settlement purposes. We have designed a nationally recognized cost reporting software solution to streamline and simplify administrative claiming and cost reporting for school districts. Our robust, web-based application minimizes burden on the users while maintaining strict compliance with Centers for Medicare and Medicaid Services (CMS) regulations with data entry edits and built-in quality review functions.

PCG Has Extensive Service Documentation and SBHS Billing Experience

Part of this engagement will be the implementation of a statewide Service Documentation and SBHS Billing. Like Administrative Claiming and Cost Settlement experience, no other vendor can match PCG's experience and proven success in this area. PCG's Service Documentation and SBHS Billing Services

have been implemented in several states at the statewide level including New Jersey and Oklahoma. We have implemented service documentation on a statewide basis in more states than all other vendors combined. Our service documentation and SBHS services are also utilized by thousands of districts in more than 25 states across the country. We know how to successfully implement these solutions at the state and district level. It is always critical when implementing new solutions to have a proven vendor and that is even more criticla when that is done on a large scale effort like a statewide implementation. We know how to work with states to develop processes and trainings that will meet the districts of all sizes and locations. We understand how to obtain stakeholder implementation in the process in a way that enhances and does not hinder the progress and success of the program and we know how to provide ongoing support that will be needed beyond the initial training and rollout. Our existing knowledge of West Virginia and the LEAs provides us additional experience that no other vendor can match.

PCG is a Trusted Partner of the Agency

PCG has had a proven track record as the vendor for the SBHS program's administration for over a decade and demonstrated a strong presence in West Virginia through numerous other engagements with the state. Our experience includes several revenue enhancement and cost savings engagements on behalf of the Agency, including a behavioral health system redesign, a comprehensive assessment and implementation plan maximizing Federal recoveries for the state, as well as the current operation of the transformed SBHS program.

PCG is Committed to Meeting Industry Standards

PCG is committed to best practices, continual improvement, and helping our clients meet their compliance and audit needs. Each year we engage an independent audit firm to complete a SOC 1 Type 2 report on the PCG Claiming System and associated operational controls for processing quarterly MAC and Annual Cost Settlement claims and payments. All PCG statewide MAC and/or Annual Cost Settlement clients are included in the resulting report. The overall result from the most recent report for the period of July 1, 2024 to June 30, 2025 verified that we have an established internal process and control structure that facilitates the processing of accurate and reliable Medicaid claims and payments.

PCG Offers the Agency Unmatched Value

We believe our talented team possesses the experience necessary to fulfill the requirements of this RFP. Backed by over 30 years of school-based health experience, PCG brings an expert team with decades of experience and proven processes to this engagement, providing the Agency with the confidence and comfort that your SBHS program is administered in full compliance with government regulations in the most efficient and cost-effective manner possible.

We have developed a high level of loyalty and trust amongst our clients and our response demonstrates our deep understanding of the Agency's needs and our ability to continue to successfully meet and exceed the expectations outlined in the scope of work.

If you have any questions regarding this proposal, please contact:

Peter Gilles
148 State Street, 10th Floor
Boston, MA 02150
Phone: (617) 717-1123
Email: pgilles@pcgus.com

PCG looks forward to working with you on this important engagement, and we hope that this proposal will be viewed favorably.

Sincerely,

William S. Mosakowski
President and CEO
Public Consulting Group LLC

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
Medical

Proc Folder: 1908567			**Reason for Modification:**
Doc Description: SCHOOL BASED HEALTH SERVICES (SBHS)			
Proc Type: Central Master Agreement			
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2026-06-16	2026-07-16 13:30	CRFQ 0511 BMS2600000003	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000000100824

Vendor Name : Public Consulting Group LLC

Address :

Street : 148 State Street, 10th Floor

City : Boston

State : Massachusetts **Country :** USA **Zip :** 02109

Principal Contact : Peter Gilles

Vendor Contact Phone: (312) 253-3742 **Extension:**

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

Vendor Signature X William J. Gordon **FEIN#** 04-2942913 **DATE** July 16, 2026

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

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.

(Printed Name and Title) Peter Gilles, Manager

(Address) 148 State Street, 10th Floor, Boston, MA 02109

(Phone Number) / (Fax Number) (312) 253-3742

(email address) pgilles@pcgus.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through *wv*OASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Public Consulting Group LLC
(Company)

(Signature of Authorized Representative)

William S. Mosakowski, President and CEO July 16, 2026
(Printed Name and Title of Authorized Representative) (Date)

(617) 426-2026
(Phone Number) (Fax Number)

wsm@pcgus.com
(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ BMS2600000003

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)

[X] Addendum No.nl	[ ] Addendum No. 6
[ ] Addendum No.n2	[ ] Addendum No. 7
[ ] Addendum No.n3	[ ] Addendum No. 8
[ ] Addendum No. 4	[ ] Addendum No. 9
[ ] Addendum No.n5	[ ] 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.

Public Consulting Group LLC

Company

William Hoersdorfer

Authorized Signature

July 16, 2026

Date

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

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III. QUALIFICATIONS

3.1 Professional Experience with School-Based Services

3.1. Minimum of three (3) years of professional experience in administering and performing School-Based Administrative Claiming, Cost Reporting and RMTS on a statewide basis. The Vendor shall submit within three business days of request a detailed description of its experience that includes specific examples of prior work performed in a minimum of three (3) separate states, not including West Virginia, that list the following information: name of clients served, narrative description of type of services provided, dates, quality results (CMS acceptance or denial of any aspect of work product, description of the results of audits of the work product, CMS disallowances (if any), and any other information related to the work product and whether it met with approval). The vendor may include in its response any other information that demonstrates the Vendor's relevant experience. The response shall correlate components described above with the requirements of this solicitation to indicate specifically which have been successfully achieved (e.g., implemented on time, methodologies and supporting materials accepted by CMS, post-implementation successful operations and acceptance by CMS of resulting claims).

PCG Background

Public Consulting Group LLC (PCG) is a Delaware limited liability company and a subsidiary of Public Consulting Group Holdings, Inc. PCG and its affiliates employ 2,000+ professionals worldwide – all committed to delivering solutions that change lives for the better. Since 1986, PCG has operated as a leading public sector solutions implementation and operations improvement firm that partners with health, education, and human services agencies to improve lives. Together with its affiliates, PCG offers clients a multidisciplinary approach to solve their challenges or pursue opportunities. The PCG family of companies has extensive experience in all 50 states, in six Canadian provinces, and a growing practice in Europe.

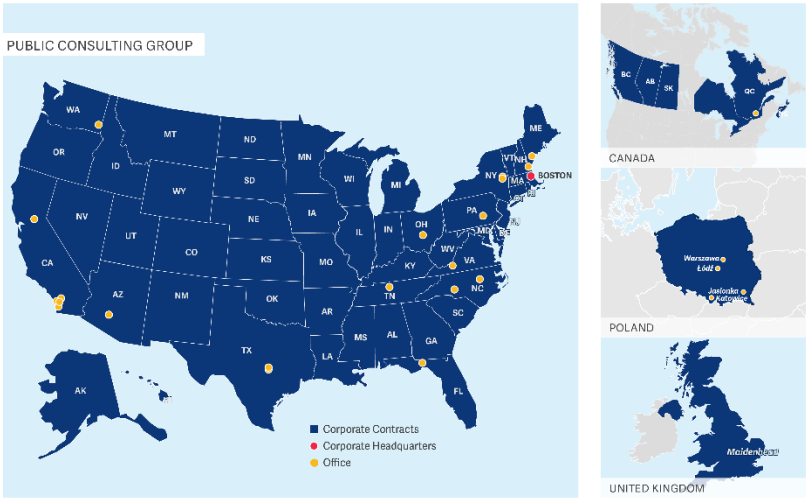


Figure 1: Locations of PCG Offices and Current Contracts

Because PCG has dedicated itself almost exclusively to the public sector for over 35 years, the firm has developed a deep understanding of the legal and regulatory requirements and fiscal constraints that often dictate a public agency's ability to meet the needs of the populations it serves. We are honored to have

helped thousands of public sector organizations improve client outcomes by implementing a range of solutions to maximize resources, make better management decisions using performance measurement techniques, improve business processes, achieve and maintain federal and state compliance, and promote equitable systems and practices. Many of PCG's employees have extensive experience and subject matter knowledge in a range of government-related topics, from child welfare, public assistance, and Medicaid and Medicare policy to special education, literacy and learning, and school-based health finance.

Figure 2: PCG's Depth of Experience

Our seasoned professionals work closely with agency leaders to achieve more effective and efficient business, human, and systematic processes by:

- Analyzing and assessing service needs;
- Evaluating and designing programs, services, and systems;
- Increasing program revenue; and
- Improving compliance with state and Federal regulations.

PCG Company Structure

PCG is managed through four practice areas, each of which is run by a Practice Area Director (PAD) who maintains responsibility, accountability, and authority for overall project management, client relations, and business development. These practice areas are supported by a corporate infrastructure as indicated in the organizational chart below, which defines the structure of our company and the management team.

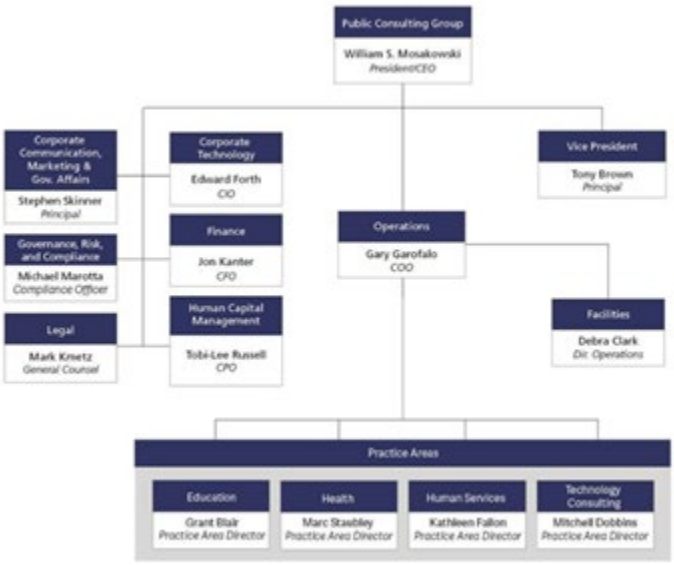


Figure 3: PCG's Corporate Organizational Structure

PCG is comprised of four unique practice areas and three core competencies, the latter of which are foundational to each practice area's offerings. PCG's four practice areas are Education, Health, Human Services, and Technology Consulting.

Education

Our Education practice offers consulting services and technology solutions that help schools, LEAs, and state education agencies promote student success, transform teaching and learning, improve programs and processes, advance equity, and optimize financial resources. Together with its state-of-the-art technology, PCG's consulting approach helps educators make effective decisions by transforming data into meaningful results. The practice area has active projects across 46 U.S. states and territories plus the District of Columbia. Current and recent clients include 21 state education agencies, 18 of the 25 largest urban U.S. LEAs, more than 5,600 school districts, and more than 73,000 schools. Our special education management systems, including EDPlan™, EasyIEP™, and IEPonline™, serve over 2 million special education students across the U.S. PCG has also recovered more than $12 billion in federal Medicaid funds for LEA clients, more than any other firm.

Health

Our Health team offers in-depth programmatic knowledge and regulatory expertise to help states and municipal health agencies respond to regulatory changes, improve access to health care, maximize program revenue, improve business processes, and achieve regulatory compliance. Using industry best practices, our Health team helps organizations deliver quality services with constrained resources to promote improved client outcomes. PCG is a recognized leader in health care reform and health benefits exchange consulting and a leading provider of services in cost reimbursement, rate setting, cost settlement services, and health care expense management. Our experience as seen in Core Competency (Figure 4) below includes providing policy and program operational support and strategic decision-making guidance across all the populations covered by the Medicaid program.

Human Services

Our Human Services team helps state, county, and municipal human services agencies achieve their performance goals and better serve populations in need. The practice area's seasoned professionals offer proven solutions to help agencies design programs, services, and systems; increase program

revenue; cut costs; and improve compliance with state and federal regulations. PCG is a proven national leader in management consulting services for state Temporary Assistance for Needy Families (TANF) programs, state child welfare and juvenile justice programs, workforce investment boards, Social Security advocacy management, early childhood programs, and state Supplemental Nutrition Assistance Programs (SNAP). Currently, PCG has more than 286 active human services contracts spanning 43 states.

Technology Consulting

Technology Consulting offers a full spectrum of quality IT services to help government agencies at every stage of the IT life cycle. Services include Independent Verification and Validation (IV&V) and Quality Assurance (QA), enterprise and technical architecture assessments, project management, procurement support, requirements definition, feasibility studies, application development, management consulting, disaster recovery and business continuity planning, security assessments, and infrastructure support services. These IT services put PCG in a unique position to be able to offer clients specialized IT services with a programmatic perspective provided by our other practice areas. Currently, the Technology Consulting team has more than 90 active contracts across 28 states and territories.

PCG's Core Competencies

PCG offers hundreds of products and services across 25 areas of core competency in three categories: Systems, Data, and Technology; Strategy, Design, and Intelligence; and People, Processes, and Management.

Figure 4: PCG's Core Competencies

Relevant Medicaid Administrative Claiming and Annual Cost Settlement Experience

PCG offers unmatched national expertise in school-based Medicaid Programs. With decades of experience, PCG has successfully designed, developed, implemented, and managed services similar to the ones described in this RFP in almost ***two dozen states.*** No other vendor in the country can claim the breadth and depth of national expertise and experience in school-based Medicaid services as PCG.

PCG has provided school-based Medicaid claiming services since 1992. PCG understands the funding and operational challenges faced by local and state governments, resulting in the need to maximize all allowable revenue sources possible. We also understand the importance of adhering to program requirements that ensure compliance with federal rules and regulations and claiming best practices. Our team brings years of experience working with state Medicaid agencies and state education agencies to implement and manage successful services provided to students with disabilities.

PCG has generated more than $13 billion dollars in Medicaid reimbursements nationally and currently has school-based Medicaid engagements with more than 19 state departments and 2,500 school districts. PCG has deep experience meeting all the requirements set forth in this RFP. In addition to West Virginia, PCG is currently serving the following 17 states with statewide Medicaid initiatives: **Arizona, Colorado, Delaware, Georgia, Hawaii, Illinois, Kansas, Kentucky, Michigan, Montana, Nebraska, New Jersey, New York, North Dakota, Oklahoma, Utah, and Wisconsin.** PCG also supports school LEAs in the administration of the Medicaid Administrative Claiming and / or Cost Settlement projects in California, Florida, Massachusetts, Nevada, Rhode Island, North Carolina, and Ohio.

PCG has a proven track record of providing innovative and compliant claiming solutions for optimizing reimbursement through the Medicaid Program. Our industry experience with state agencies will continue to allow the West Virginia Department of Human Services (DHS), Bureau for Medical Services (BMS), the West Virginia Department of Education (WVDE), and West Virginia Local Education Agencies (LEAs) to optimize reimbursement while remaining in compliance with the Centers for Medicare and Medicaid Services (CMS) requirements. The chart below highlights PCG's national Medicaid reimbursement experience. Our work with direct services billing and administrative programs for state agencies across the country provides DHS with the advantage of a partnership that is nationally recognized, with a West Virginia local focus.

State	Fee For Service	Administrative Claiming	Total
Alaska	$1,870,193	n/a	**$1,870,193**
Arizona	$723,005,812	$124,666,267	**$847,672,079**
Arkansas	$6,698,684	n/a	**$6,698,684**
California	$19,394,480	n/a	**$19,394,480**
Colorado	$579,312,563	$73,832,962	**$653,145,525**
Connecticut	$10,620,429	n/a	**$10,620,429**
Delaware	$84,156,448	n/a	**$84,156,448**
District of Columbia	$120,000,000	n/a	**$120,000,000**
Florida	$38,576,205	n/a	**$38,576,205**
Georgia	$277,571,824	$210,383,673	**$487,955,497**
Idaho	$27,088,545	n/a	**$27,088,545**
Illinois**	$740,848,475	$583,440,517	**$1,388,881,017**
Indiana	$33,840,874	$96,920,810	**$130,761,684**
Kansas	$255,363,385	$223,167,275	**$478,530,660**
Kentucky	$17,086,252	$84,745,381	**$101,831,633**
Louisiana	$4,500,000	n/a	**$4,500,000**
Massachusetts	$419,887,925	$257,606,205	**$677,494,129**
Michigan	$1,489,343,785	$386,377,611	**$1,875,721,397**
Minnesota	$243,610,986	n/a	**$243,610,986**

State	Fee For Service	Administrative Claiming	Total
Missouri	$2,000,000	$3,000,000	**$5,000,000**
Montana	n/a	$2,433,812	**$2,433,812.34**
Nebraska	$16,415,610	$16,509,947	**$32,925,556**
Nevada	$130,468,760	$25,109,373	**$155,578,132**
New Jersey	$1,382,917,913	$238,836,670	**$1,621,754,583**
New York	$524,038,333	n/a	**$524,038,333**
North Carolina	$798,878,906	$220,803,233	**$1,019,682,140**
North Dakota	n/a	$844,659	**$844,659**
Pennsylvania	$700,684,297	$329,300,377	**$1,029,984,674**
Ohio	$10,615,609	n/a	**$10,615,609**
Oklahoma	$16,937,430	$2,856,160	**$19,793,590**
Oregon	$212,113	n/a	**$212,113**
Rhode Island	$110,697,258	$19,668,169	**$130,365,427**
South Carolina	$261,132,048	n/a	**$261,132,048**
South Dakota	$3,209,995	$23,695,223	**$26,905,218**
Tennessee	$14,686,394	n/a	**$14,686,394**
Texas	$192,753,306	n/a	**$192,753,306**
Utah	$50,284,333	$17,823,279	**$68,107,613**
Virginia	$199,994,053	n/a	**$199,994,053**
Vermont	$1,200,000	n/a	**$1,200,000**
Washington	$44,040,618	n/a	**$44,040,618**
West Virginia	$244,055,240	$29,541,401	**$273,596,641**
Wisconsin	$799,369,896	$287,377,067	**$1,086,746,963**
Total	**$10,597,368,976**	**$3,258,940,071**	**$13,920,901,072**

Figure 5: LEA Reimbursement Generated by PCG by State

Furthermore, PCG has had a specific focus on implementing LEA administrative claiming methodologies and school-based service cost settlement reimbursement methodologies on behalf of Medicaid programs. Our experience is comprehensive, in that, we have successfully assisted Medicaid programs with all facets of a MAC and Medicaid cost settlement reimbursement methodology. **PCG has generated over $13 billion in school-based Medicaid reimbursement for medical services.** No other School-Based Medicaid vendor can claim the breadth and depth of national expertise and experience in School-Based Medicaid services that PCG can. Our statewide services include: Our services include:

Random Moment Time Study (RMTS) & Medicaid Administrative Claiming (MAC) Services

- Development of a proprietary web-based RMTS system to streamline and automate the administration and management of time study processes;
- Assisting states with the design and development of MAC programs, including the drafting of approved implementation plans;
- Establishing a centralized coding methodology to ensure compliant coding;
- Deploying our proprietary PCG Claiming System to facilitate a streamlined process to collect financial data for the calculation of MAC reimbursement;
- Performing comprehensive MAC training to LEAs on how to properly complete RMTS and financial reporting requirements

- Providing ongoing LEA support throughout the MAC preparation and submission process;
- Performing comprehensive quality control measures on all submitted information;
- Generating MAC claims to determine each LEA's net claim amount.

Medicaid Cost Reporting Services

- Performing Medicaid cost settlement feasibility analyses to determine project revenue potential;
- Leading program design efforts, which includes drafting Medicaid state plan amendments, Medicaid cost reporting forms, and cost report instructions;
- Assisting with obtaining Centers for Medicare and Medicaid Services (CMS) program approval;
- Deploying our proprietary PCG Claiming System to facilitate a streamlined process to collect Medicaid cost reports;
- Performing comprehensive Medicaid cost report training to LEAs on how to properly complete Medicaid cost reports;
- Providing ongoing LEA support throughout the Medicaid cost report preparation and submission process;
- Completing desk reviews and validation of Medicaid cost reports submitted for cost settlement; and
- Processing of Medicaid cost settlement amounts.

Direct Service Documentation and Billing Services

- Deploying a secure, web-based Medicaid documentation and billing system to support compliant service documentation, claim generation, and reimbursement tracking;
- Providing comprehensive training to LEA staff on Medicaid documentation requirements, provider qualifications, service logging, and billing compliance;
- Conducting Medicaid eligibility verification and pre-billing validation reviews to ensure services are provided to eligible students and supported by required documentation;
- Performing automated and manual quality assurance reviews to identify documentation deficiencies, compliance concerns, and potential claim errors prior to submission;
- Generating and submitting Medicaid claims for covered school-based services in accordance with State Plan requirements and applicable federal regulations;
- Providing ongoing technical assistance and support to LEAs regarding documentation, provider credentialing, billing procedures, compliance requirements, and audit readiness;
- Processing remittance advice files, reconciling claim payments, and providing reimbursement reporting and analysis to participating LEAs; and
- Conducting denial management activities, including claim correction, resubmission support, reimbursement optimization, and trend analysis to maximize program revenue and compliance.

West Virginia-Specific Experience

PCG has worked closely with the State of West Virginia over the past two decades on several important engagements covering behavioral health, long-term care, physician, and school-based services program. Starting in 2005, PCG began working with the West Virginia Department of Health and Human Resources (DHHR), Bureau for Behavioral Health & Health Facilities (BHHF) on a review of the state's behavioral health system; a process that resulted in a report detailing programmatic and financial considerations for the state to support expanded access to care through community-based programs and state-operated facilities while reducing the state's spend on diversions through private hospital beds. Following the development of the initial assessment and recommendations, PCG worked with BHHF to support the implementation of many of the recommendations, including the introduction of cost report format to support more discrete analyses on the cost of services. In 2006 through 2007, PCG conducted a study of the long-term care system in West Virginia by analyzing, reporting, and discussing the feasibility of strategies for implementing "rebalancing" and for "money follows the person" initiatives. PCG's effort resulted in a final report with recommendations to assist the state in transitioning individuals from more restrictive and expensive institutional settings into less restrictive and costly community settings.

Since July 1, 2011, PCG has been successfully performing most of the school-based service claiming services outlined within this task order on behalf of the Agency. Since that time, PCG has successfully

assisted in the Agency transforming the school-based cost settlement and MAC programs to achieve several significant programmatic milestones and enhancements.

Thus far during the term of this contract, PCG has successfully:

- Implemented an automated time study process through PCG's proprietary Random Moment Time Study (RMTS) web-based system.
- Implemented a centralized coding methodology for the RMTS, thereby reducing programmatic risk and enhancing program compliance. PCG is responsible for the coding of all moments, ensuring consistency, and reducing programmatic risk in case of a CMS or Office of Inspector General (OIG) audit.
- Automated a financial collection process for the Medicaid administrative claiming program and Medicaid cost reporting through the deployment of PCG's web-based Medicaid Claiming System.
- Restructured the Medicaid State Plan to enhance Medicaid cost settlement reimbursement.
- PCG authored a Medicaid State Plan to change cost allocation processes and introduce a new direct medical service, Targeted Case Management.
- Implemented Medicaid cost reporting and MAC training and support functions.
- Developed training programs surrounding both the MAC and Medicaid cost settlement programs.
- Developed a toll-free hotline and email support to provide LEAs with the necessary guidance and support to successfully and compliantly participate in the school-based service program.
- Supported the Agency throughout a comprehensive CMS program audit.

SPA Expansion and CMS Grant Support

PCG has been working with DHS over the past year to help draft the State Plan Amendment (SPA) to allow for the reimbursement of direct medical services to children that have medical necessity documented in a manner other than on an IEP or IFSP. This change will expand significantly the population of students, who the school LEAs in West Virginia are already providing services to, the opportunity to receive reimbursement for those services. As part of the support, PCG worked with BMS and WVDE to also identify additional eligible providers and helped draft language to allow for these providers to be covered under the State Plan as well. The SPA will be effective as of July 1, 2026. Included in that process was making the changes to the program that were required under the 2023 CMS Guidance on School-Based Services. PCG has conducted training with LEAs on the changes to the SPA and time study to not only inform them of the new requirements but help them collect the data and make additional changes needed as we start the new school year. As the SPA works through the approval process with CMS, PCG will continue to assist West Virginia with responses to any CMS questions, participation in calls with CMS and required edits to obtain formal approval.

West Virginia was awarded a grant by CMS to help cover some of the expenses associated with the expansion of the School-Based Services Program and provide additional resources to the LEAs. PCG assisted West Virginia in the application of that grant and has been helping to facilitate the necessary items to maintain the grant funding such as stakeholder meetings and Q&A sessions, quarterly grant reports as well as the annual renewal application. This grant brought an additional $2.5M in revenue to West Virginia.

Over the past 15 years, PCG has been a partner to DHS on the SBHS Program. We have worked to keep the Agency informed of potential changes, identify opportunities for improvement and bring our national expertise to the project on a regular basis. We are proud of the work the Agency and PCG have brought to this program and the significant impact it has had on the LEAs of West Virginia. We know that additional changes and opportunities will most likely continue in the future, and we know that our strong partnership will continue to identify those and provide the best outcomes for West Virginia. We are confident that we can continue to meet and exceed West Virginia's expectations in performing the services outlined in this solicitation.

Similar Experience in Other States

Capability and Experience

PCG understands West Virginia is seeking to contract a vendor with the necessary experience and expertise in school-based Medicaid policy design and claiming support. PCG has unparalleled Medicaid experience within school-based service (SBS) programs, having successfully designed, developed, implemented and operated services like those described in this RFP in over a dozen states. The project team proposed by PCG for this engagement has substantial experience in the following areas, which are of relevance to this RFP's statement of work:

- Working with states to design and operate statewide SBS programs.
- State Plan Amendment (SPA) modification, implementation, and addressing comments with the Centers for Medicare & Medicaid Services (CMS)
- Working directly with states to expand their programs based on an analysis of their specific needs.
- Hosting training related to key program components.

Experience Administering Statewide School-Based Services Programs

PCG's school-based program administration and support footprint is captured in nearly half of the United States. PCG is currently serving the following seventeen states with statewide Medicaid initiatives: Arizona, Colorado, Delaware, Georgia, Hawaii, Illinois, Kansas, Kentucky, Michigan, Montana, Nebraska, New Jersey, North Dakota, Oklahoma, Utah, West Virginia, and Wisconsin. Furthermore, PCG is supporting SBS programs at the local level within the Commonwealth of Massachusetts as well as the states of California, Nevada, North Carolina, and Texas.

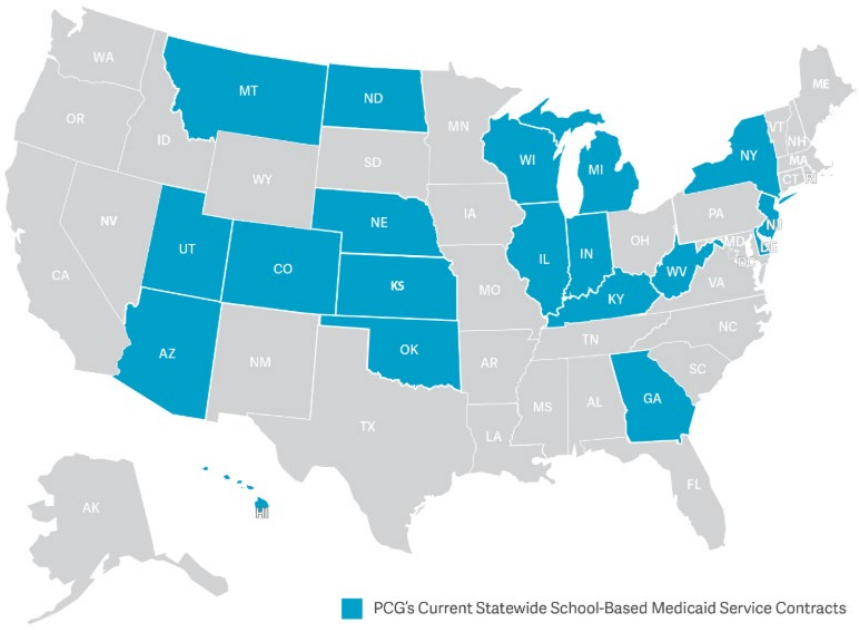


Figure 6: PCG's Current Statewide School-Based Medicaid Contracts.

PCG has extensive experience in assisting states in the development, implementation, and operation of school-based Medicaid programs. The services PCG has provided to statewide school-based Medicaid programs have allowed our clients to optimize Medicaid allowable revenue while maintaining highly compliant programs. **We have assisted clients in over 38 states and the District of Columbia to recover over $12 billion in Medicaid direct service reimbursement through fee-for-service (FFS) claiming and annual cost settlement programs, along with administrative claiming.**

Experience with Program Design and Expansion

PCG has provided school-based Medicaid claiming services since the early 1990's. PCG understands the funding and operational challenges faced by local and state governments, resulting in the need to optimize all allowable revenue sources possible. We also understand the importance of adhering to program requirements that ensure compliance with Federal rules and regulations and claiming best practices. Our team brings years of experience working with state Medicaid agencies and state Education agencies to design, implement and manage programs that focus on the successful delivery of services provided to students with disabilities.

PCG has a proven track record of providing innovative and compliant claiming solutions for optimizing reimbursement through SBS programs. Our industry experience with state agencies will bring West Virginia and LEAs the chance to further optimize reimbursement, maintain Medicaid and the Individuals with Disabilities Education Act (IDEA) compliance, and streamline the administrative burden of coordinating special education programs. The following represents some of the key ways in which PCG's experience differentiates us from other vendors:

- PCG's experience spans both assisting Medicaid agencies to navigate through the Medicaid SPA process and operating the approved programs.
- PCG's SBS experience is broad and diverse – serving programs with less than 50 LEAs to programs with hundreds of LEAs. The school-based Medicaid program in Illinois, for example, has 891 LEAs.
- PCG provides high-touch customer service, inspired by our firm's commitment to client satisfaction and our mission—*providing solutions that matter.* Selecting PCG to work with BMS will allow you to expand your partnership with our SBS experts and continue to grow as well as allowing West Virgina to expand the support from PCG's dedicated staff, who work hard to identify financial and strategic solutions to promote high-quality student healthcare.

We understand better than any other vendor that a successful school-based Medicaid program addresses issues relevant to each stakeholder. A well-designed program must address the issues that are most important to the Medicaid agency: program design, state and Federal compliance, and Federal reporting. Through our support of almost 7,000 LEAs, PCG also recognizes that a successful program must address issues most important to LEAs, which are minimizing administrative burden, improving reimbursements for services, and providing training. To substantiate our experience, ***Figure 7*** below lists a few state-level contracts as they relate to this engagement. PCG's school-based Medicaid knowledge is unmatched as we have experience with program creation from the start and/or adding on sought-after services to existing project work. Through examination of PCG's related projects it clearly shows that we are the only firm that has the resources, skillset, and experience to perform the full work as outlined in this RFP.

Agency	Start	End	SPA Development	Free Care	Time Study Guide	RMTS Administration	Administrative Claiming	Cost Settlement	Training	Audit Support	Fee For Service
Arizona Health Care Cost Containment System	2009		X	X	X	X	X	X	X	X	X
Colorado Department of Health Care	2006		X	X	X	X	X	X	X	X	

Agency	Start	End	SPA Development	Free Care	Time Study Guide	RMTS Administration	Administrative Claiming	Cost Settlement	Training	Audit Support	Fee For Service
Policy and Financing											
Delaware Department of Education											
Georgia Department of Community Health	2010		X	X	X	X	X	X	X	X	
Hawaii Department of Education											
Indiana Department of Education											
Illinois Department of Healthcare and Family Services	2020		X	X	X	X	X	X	X	X	
Kansas Department of Health and Environment											
Kentucky Department of Education	2008		X	X	X	X	X		X	X	
Michigan Department of Community Health											
Montana Department of Public Health and Human Services											
Nebraska Department of Health and Human Services	2022		X	X	X	X	X	X	X	X	
New Jersey Department of Treasury											
New York Department of Health	2011		X		X	X		X	X	X	

Agency	Start	End	SPA Development	Free Care	Time Study Guide	RMTS Administration	Administrative Claiming	Cost Settlement	Training	Audit Support	Fee For Service
North Carolina Division of Medical Assistance											
North Dakota Department of Health and Human Services	2024				X	X	X		X	X	
Pennsylvania Department of Education	2012	2023	X		X	X	X	X	X	X	X
Oklahoma Department of Education											
South Dakota Department of Social Services	2013	2022			X	X	X		X	X	
Utah Department of Health											
Washington, D.C., District of Columbia Public Schools and Department of Health Care Finance	2009	2010	X		X	X		X	X	X	X
West Virginia Department of Human Services	2011		X	X	X	X	X	X	X	X	
Wisconsin Department of Health Services											

Figure 7: Services provided by PCG under statewide contracts

Program Expansion Experience

PCG has worked closely with Arizona, Colorado, Georgia, Illinois, Michigan, and Utah with their 'Free Care' expansion opportunities. Free Care expansion provides an opportunity for additional Medicaid reimbursement for non-IEP, Medicaid enrolled students who are receiving approved direct medical services. Free Care expansion is just one of the many ways to illustrate that PCG continually looks for improvements within the School-Based Services Program and following through with necessary research and implementation support. Below is a list of service offerings that PCG, in partnership with the states, had completed in preparation for implementing Free Care in their respective states:

- Performed financial forecasting using existing program data
- Estimated cost outcomes
- Met with a sample of LEAs to gather more detailed information on the expansion opportunities
- Assessed the number of students receiving Free Care services

- Evaluated and assessed the process for documenting services
- Reviewed providers currently delivering Free Care services
- Conducted pilots to determine the new Random Moment Time Study (RMTS) percentage and financial impact of adding new qualified providers
- Formulated recommendations for program expansion
- Drafted SPA language
- Revised Time Study Implementation Guides
- Addressed CMS feedback and edits
- Developed content for stakeholder meetings dedicated to the implementation of Free Care
- Trained coordinators on nuances of Free Care requirements
- Updated all applicable Program Manual sections
- Developed and implemented all required system updates

The work we performed in Colorado for Free Care has been highlighted nationally on many occasions, including by CMS. In fact, the last section of the recently released CMS guidance includes the Colorado Program, which PCG assisted in the development of with the State, as a model for other states to follow. Additionally, upon issuances of the CMS 'Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming,' in May 2023, as mentioned in this RFP, CMS outlined certain advantages, mandatory changes, and flexibilities of statewide Medicaid programs. The guidance also encourages Free Care expansion. In response to the release of the 2023 guidance, PCG met with all our states to determine priorities, discuss the mandatory changes, and outline the impact that these would have on the existing programs. Since SPA changes are needed in many of our states, PCG has been working diligently and directly with our states to prioritize changes prior to the deadline for SPA submission.

An example of this is with the State of Colorado. PCG recently was approved for additional contract work with the state that resulted from the new CMS guide. The guide outlined multiple items that will require the Department of Healthcare Policy and Finance (HCPF) to modify the current School Health Services (SHS) program. PCG proposed analysis around specialized transportation, the RMTS, and the restructuring of cost pools to explore reimbursement loss/opportunities for participating LEAs. PCG's approach is multi-phased across two years which spans the scope of work from research/analysis to support post implementation of the new policies. For post implementation, this includes system updates, along with communication and training with the LEAs.

In Illinois, PCG worked with the Illinois Department of Healthcare and Family Services (HFS) to modify the existing School-Based Services Program. The SBS program had not changed since the late 1990s. PCG worked with HFS to review the existing program, obtain stakeholder feedback, and redesign the SBS program and gain CMS approval. Working with PCG, Illinois transformed its existing SBS program by adding additional providers and services (such as ABA services delivered by Registered Behavior Technicians, Licensed Clinical Counselors) to the traditional IEP/IFSP student population billing as well as expanding the eligible student population to cover the Free Care Population (student's with medical necessity documented in a manner other than an IEP/ IFSP such as 504 plans, Individual Health Plans, etc.), coverage for Assessments and Evaluations as well as state mandated screenings, emergency crisis intervention services as well as changing the reimbursement methodology to include a cost settlement methodology. PCG worked with HFS while CMS was developing the new SBS program guidance, participated in the approval process with CMS, which they obtained in April 2023 as well as working with the stakeholders in the state to communicate changes that would be coming and then implement those changes statewide.

In Michigan, PCG assisted the State in developing and implementing their Care 4 Students or C4S program. The C4S program expands the eligible population of School-Based Services to those with medical necessity established in a manner other than an IEP/IFSP or more commonly known as Free Care. PCG assisted the State in conducting stakeholder group sessions across the state to obtain

feedback from LEAs. PCG also helped draft the necessary changes to the State Plan Amendment for the program and worked with Michigan to obtain CMS approval. In addition to expanding the student population, PCG worked with Michigan to significantly expand the population of mental health service providers that previously were not allowed to bill for their SBS services. This expansion of providers increased the services that could be billed under the SBS program for both the IEP and non-IEP Medicaid population covered in the program.

PCG Association Memberships

PCG is committed to not only working directly with our states and local clients to understand the nuances of each statewide Medicaid program, but also keeping up to date with all state and Federal policy changes, Office of Inspector General (OIG) audits, and other major topics effecting the school-based Medicaid program environment. To this end, PCG is a member and/or sponsor of important organizations whose focus is on providing quality healthcare services in the school-based setting. PCG is a member and sponsor of the National Alliance for Medicaid in Education (NAME) and has been active with NAME since its inception in 2003. PCG has staff who have served on the NAME board, as well as many staff who have served as presenters and facilitators at the annual NAME conferences serving to educate stakeholders on school-based Medicaid. For example, PCG gave a presentation in October 2023 on how states with recently expanded programs are evaluating the new CMS guide.

In addition to NAME, PCG also works with the Healthy Schools Campaign, and was on the inaugural committee of Health Students, Promising Futures (HSPF) sharing insights into how best to support states with Medicaid school-based programs. In the first years of HSPF, as the organization worked to build a collaborative with states and to expand the knowledge of both partner states and HPSF staff, PCG was the sole vendor invited to provide subject matter expertise at the semi-annual collaboration meetings. PCG has acted as a presenter, facilitator, and content editor for their guides and resources.

PCG's subject matter experts have also given presentations for and/or provided education to many other organizations interested in children's health services in school, including the American Federation of Teachers, Council of Great City Schools, and Meadows Mental Health Policy Institute, as well as several other state level organizations involved in supporting schools in the provision of Medicaid services to students.

PCG works collaboratively with these organizations to share insights, policy differences across states, discuss operational efficiencies and sharing improvements, speaking with other state leaders and LEAs heavily involved in school-based Medicaid, among others. This shows PCG's commitment to the health and education sector, specifically with providing financial solutions to state and local agencies.

Relevant Project Experience – State Qualifications

In the following pages, PCG has provided detailed project qualifications for a sample of our extensive, statewide school-based services experience. These project qualifications provide further details on the work we have performed for these clients.

Client	**Arizona Health Care Cost Containment System (AHCCCS), State of Arizona**
Project	**Medicaid School-Based Claiming Services**
Timeframe	February 2009–Present
Scope	PCG was selected as the third-party administrator for the Medicaid Direct Service and Administrative Claiming programs for over 100 Local Education Agencies (LEAs) that participate or would like to participate in Medicaid School-Based Claiming. ✓ Program promotion, education, training, and technical assistance to LEAs ✓ Develop Administrative Claiming Methodology and Manual ✓ Administer quarterly random moment time study ✓ Implement the PCG Claiming System, a web-based cost reporting system used for collecting quarterly and annual expenditures ✓ Prepare and submit financial Medicaid administrative claims ✓ Develop and implement a comprehensive School-Based Claiming Program Handbook ✓ Conduct prepayment reviews for all personal care or health aide services (review request against IEP documentation) and report review outcome to LEA ✓ Process and pre-adjudicate direct service claims from all LEAs prior to submission for approval to AHCCCS ✓ Disburse Medicaid interim direct service and administrative claim payments to LEAs ✓ Conduct Annual LEA Compliance reviews ✓ Provide in-depth training during regional information sessions and webinars ✓ Provide ongoing compliance and program support to AHCCCS
Key Achievements	In 2011, PCG supported AHCCCS in the development of a cost-based reimbursement methodology and state plan amendment. The change from a Fee-for-Service model to cost based reimbursement was requested by CMS. PCG assisted the Agency in negotiations with CMS, identified, and implemented program and operational changes needed and conducted state-wide training and communications regarding the changes to the program. PCG has process approximately 45,000 claims.
Client Contact	Lisa DeWitt Third Party Accounts Manager Division of Fee For Service Management 801 E. Jefferson St, MD 8200 Phoenix, AZ 85034 602.417.4771 Lisa.DeWitt@azahcccs.gov

	Department of Health Care Policy and Financing (DHCPF), State of Colorado
Project	**CO School Health Services (SHS) Program**
Timeframe	2008–Present
Scope	SHS Program administration in partnership with the Department including calculation of school district annual cost settlements, quarterly Medicaid Administrative Claims (MAC), and management of all supporting processes including the quarterly Random Moment Time Study (RMTS).
Key Achievements	✓ Developed SHS reimbursement program that complies with evolving Centers for Medicare & Medicaid Services (CMS) guidance featuring interim rates and annual cost settlement process with original State Plan Amendment (SPA) approval in July 2008 and an expansion of services to include Free Care in October of 2020 ✓ Implemented the PCG Claiming System, a web-based system that integrates time studies with cost, and cost reporting both quarterly and annual and support reimbursement calculations ✓ Worked closely with the Department to develop and publish the SHS Program Manual documenting all components of the program; updated in 2020 to include Free Care ✓ Worked with the Department and the Colorado Department of Education (CDE) to design and develop a multiple-grade student Medicaid eligibility matching process ✓ Provided comprehensive annual and mid-year trainings and conducted Comprehensive Compliance Reviews to increase program compliance
Client Contact	Shannon Huska Special Financing Deputy Division Director CO Department of HCPF Finance Office 1570 Grant Street, Denver, CO 80203 303.866.3131 shannon.huska@state.co.us

Client	**Healthcare and Family Services, State of Illinois**
Project	**School-Based Health Services Program**
Timeframe	July 2017–Present
Scope	PCG works with the State of Illinois Department of Healthcare and Family Services to assist with Medicaid claiming for school-based administrative costs, management of the quarterly Random Moment Time Study (RMTS) and annual cost settlement for 892 local education agencies.
Key Achievements	✓ Implemented the PCG Claiming System, a web-based system that integrates time studies with cost, and cost reporting both quarterly and annual and support reimbursement calculations; ✓ Implemented an RMTS process for Medicaid Administrative Claiming (MAC) and Medicaid cost settlement purposes; ✓ Provided training to school districts on Medicaid cost reporting application and RTMS processes in support of HFS SBHS federal claiming processes; ✓ Developed Medicaid cost report and Medicaid administrative claiming training manuals to ensure LEAs have a thorough knowledge of the HFS Fee-for-Service (FFS) Program, MAC, and RMTS ✓ Completed Medicaid cost report audits and desk reviews; ✓ Calculated annual Medicaid cost settlements; ✓ Provided ongoing technical assistance on programmatic and policy issues related to the Medicaid school-based services program; ✓ Ensured the integrity and the accuracy of claims filed by LEAs enrolled in the SBHS Program ✓ Ensured consistent data collection and reporting for the annual reconciliation of the SBHS FFS Program.
Client Contact	Kati Hinshaw Interim Chief, Bureau of Program & Policy Coordination Illinois Department of Healthcare and Family Services 201 South Grand Avenue, East Springfield, IL 62763 (217) 782-3230 Kati.e.hinshaw@illinois.gov

	State of Michigan, Department of Community Health
Project	**Statewide Contract for the Administrative Outreach Program**
Timeframe	July 2003–Present
Scope	This scope of PCG's responsibilities includes all operational aspects of the RMTS process for four (4) staff pools. PCG also supports the statewide direct service Medicaid program by providing training for the cost settlement reimbursement process and financial collection of Targeted Case Management and Personal Care Services. PCG's current role and responsibilities include: ✓ Administer the AOP Program statewide ✓ Manage an integrated, web-based system to facilitate all quarterly components of the program, including RMTS, quarterly financial data collection, and claim calculation ✓ Provide other key program support activities such as training, reporting, compliance audit support, and provider support ✓ Continuously look for new ways to optimize reimbursement, take advantage of new reimbursement opportunities available in Michigan and at the national level, and find efficiencies or other financial savings ✓ Help ensure that all claiming processes, claims, technology tools, and supporting documentation meet the strictest compliance tests possible to minimize the risk of any audit or compliance issues ✓ Assist the state in supporting claims and claiming methodologies in the event of any federal audits ✓ Assist with obtaining CMS approval of any applicable SPA and time study methodology changes ✓ Partner with MDHHS and the Michigan Department of Education (MDE) to develop and deliver statewide training initiatives regarding the program as well as an annual Michigan School Based Medicaid Conference and many other regional and implementation meetings throughout the state
Key Achievements	✓ Trained centralized RMTS coders in collaboration with MDHHS and CMS ✓ Developed training materials for program ✓ Trained 75 Independent School District coordinators on program ✓ Established program support hotline ✓ Developed partnership with CMS, MDHHS and schools ✓ Completed first quarter of RMTS using centralized moment coding ✓ Worked with MDHHS and CMS to include activities that were originally not reimbursable ✓ Enhanced program by identifying reimbursable activities that were missing from the program policy ✓ Achieved a RMTS return rate compliance of 99.0% ✓ Trained 700 financial contacts on program ✓ Developed comprehensive quality assurance procedures for financial data including a database for performing standard edit checks on data ✓ Implemented AOP Advisory Group consisting of representatives from CMS, MDHHS, MDE, PCG and the schools

	✓ Re-negotiated requirements of the summer quarter time study to alleviate administrative burden on the schools ✓ Worked with MDHHS and CMS to change the Medicaid Eligibility Rate (MER) calculation from a one-to-one match to a county-based calculation resulting in around 30% claim increase each quarter
Client Contact	Mr. Kevin Bauer School Services Program Policy Specialist Medicaid Program Policy Division Michigan Department of Health and Human Services 400 South Pine Street, 7th Floor Lansing, MI 48909 517.241.8398 Bauerk2@michigan.gov

Client	**Department of Treasury, State of New Jersey**	
Project	**Statewide Contract for the Special Education Medicaid Initiative (SEMI) Program, Medicaid Administrative Claiming (MAC), and Cost Settlement**	
Timeframe	2005–Present	
Description of Services Performed	**Fee for Service Claiming** PCG was awarded this contract by the State of New Jersey's Department of the Treasury to assist with Medicaid-based claiming of related services and evaluation services. The SEMI Program is administered by the Department of the Treasury in conjunction with the Department of Education and the Division of Medical Assistance and Health Services. As part of this contract, PCG reviewed all service bill rates. PCG successfully submitted valid claims for the State of Jersey within 90 days of the start of the contract. In September 2005, PCG implemented EasyTrac™, a web-based system used for documenting the delivery of services. Throughout the 2005-2006 school year, PCG trained staff from 105 districts on how to utilize the system. In Fall 2008, the State augmented the data required to submit a claim: districts were required to enter Individualized Education Program (IEP) implementation dates and provider certification and licensure data for all services in addition to physician authorization dates for nursing services. Over the course of 8 months, PCG trained nearly 300 districts on how to gather and enter the information into EasyTrac™. **Medicaid Administrative Claiming** In conjunction with the State of New Jersey, PCG successfully lowered the number of required sample moments from 4,000 per quarter to 1,000, resulting in minimal time requirements from participating clinicians and staff. PCG also successfully transitioned the time study to a CMS approved centralized coding method allowing consistency with code selection. Beginning in Fall 2005, PCG offered districts the option to complete the random moment time study via a secure website. In Fall 2008, PCG implemented an online system for districts to report the required financial data for the program. **Cost Settlement** In Fall 2012, PCG fully incorporated cost settlement requirements into the SEMI Program. While these components align with MAC program requirements, the process was new to over 250 districts. PCG offered training to all districts both in person and online, with online training occurring as frequently as twice a day during weeks with a submission deadline. Additionally, New Jersey has met the established 90% RMTS compliance benchmark each quarter through PCG's successful outreach efforts.	
Client Contact	Cathy Nichols SEMI Coordinator New Jersey Department of the Treasury (609) 633-7407 Cathy.nichols@treas.nj.gov	Jeffrey Wilkes, MPH, CPH Director, Office of Reimbursement New Jersey Department of Human Services Division of Medical Assistance and Health Services (609) 300-3119 Jeffrey.wilkes@dhs.nj.gov

	West Virginia Department Human Services
Project	**Statewide Contract for School Based Health Services**
Timeframe	2011–Present
Description of Services Performed	PCG has worked with the West Virginia Department of Human Services (DHS), Bureau for Medical Services (BMS) since 2011 to develop and implement a cost-based settlement process for direct medical service costs related to the School Based Health Services Program. PCG also implemented a Medicaid Administrative Claiming (MAC) Program to bring additional Federal revenue to the State. Per requirement of the Centers for Medicare and Medicaid Services (CMS), West Virginia engaged PCG to assist the State in drafting State Plan Amendment language to ensure continued compliance with the statutory and regulatory requirements governing SBHS and certified match funding. PCG drafted revisions to sections 3.1.a. and 4.19.b of West Virginia's State Plan and worked with the State to revise this documentation based on CMS feedback and to subsequently obtain CMS approval. PCG also drafted and submitted to CMS an Implementation Plan outlining the Random Moment Time Study (RMTS) process that will be used in calculating Medicaid reimbursement for direct services and administrative costs, a Cost Reporting Template and Instruction Manual governing the cost reporting process, and training materials related to both. Most recently, PCG has worked with DHS in support of the state's CMS grant to support SBHS program expansion. PCG has worked with DHS and other key stakeholders to obtain feedback on potential program expansion options and to prepare State Plan Amendment revisions in preparation for submission to CMS.
Key Achievements	✓ Worked closely with DHS/BMS to negotiate with CMS in seeking approval for a revised State Plan Amendment; ✓ Implemented and currently operate a CMS approved statewide Random Moment Time Study (RMTS); ✓ Assisted with the development of annual cost settlement documentation including school district cost reports, Certified Public Expenditure policies and procedures, and Audit and Oversight policies and procedures; ✓ Implemented the PCG Claiming System to facilitate collecting quarterly and annual expenditure information from LEAs; and ✓ Trained district staff throughout the state on program components including the RMTS, and the collection of the required quarterly and annual financial data used for administrative claiming and cost settlement.
Client Contact	Tara L Buckner Chief Financial Officer West Virginia Department of Health and Human Services P: 304-558-9138 Tara.L.Buckner@wv.gov

CMS Audits of Medicaid School-Based Services Projects

As the national leader in Medicaid school-based health services, several of PCG's clients have been the subject of audits at the state and federal levels. While PCG and our clients stand behind the work performed, there have been US Department of Health and Human Services (DHHS), Office of the Inspector General (OIG) audits that have included findings and recommendations for the return of federal funds.

The following is the list of the OIG audits of PCG clients that have resulted in findings and recommended recoupments:

Pennsylvania Improperly Claimed $551 Million in Medicaid Funds for its School-Based Program, March 2024, A-02-21-01011: The OIG in its report covering asserted that Pennsylvania claimed an estimated unallowable Federal funds of $182.5 million because it did not support that all moments used in RMTSs and coded as Medicaid-eligible were for Medicaid-eligible health services or Medicaid administrative activities. Also, Pennsylvania improperly claimed an additional $368.9 million when it used unsupported ratios to allocate costs to Medicaid. Finally, Pennsylvania's RMTSs did not include all days worked by school staff members because it did not include the first month of the school year. As a result of these deficiencies, Pennsylvania improperly claimed $551.4 million. These deficiencies occurred because Pennsylvania and its contractor developed complex cost allocation methods that were difficult or impractical to support with documentation or did not follow CMS guidance. All findings and recommendations remain open and unimplemented.

New Jersey's Medicaid School-Based Cost Settlement Process Could Result in Claims That Do Not Meet Federal Requirements, March 2022, A-02-20-01012: The OIG asserted that New Jersey's methodology for claiming Medicaid school-based costs, as described in the Process Guide, does not comply with Federal requirements. Specifically, the Process Guide's methodology for conducting random moment time studies (RMTSs) (1) does not meet Federal requirements for statistical sampling, (2) defines one Medicaid administrative activity code as including activities not necessary for the administration of the Medicaid State plan, and (3) does not ensure that RMTS responses and Medicaid cost allocation ratios are supported. In designing its Process Guide, New Jersey did not address deficiencies identified during our prior audit of its school-based program, follow CMS guidance, and ensure that its Medicaid cost allocation ratios could be supported. Therefore, if CMS does not work with New Jersey to address the deficiencies identified in this report, Medicaid claims submitted for reimbursement by New Jersey school districts will not meet Federal requirements and the risk of improper payments could increase by tens of millions of dollars per year. New Jersey has resolved all recommendations through SPA negotiations with CMS.

New York Improperly Claimed $439 Million in Medicaid Funds for Its School-Based Health Services Based on Certified Public Expenditures, July 2021, A-02-18-01019: The OIG, in its report covering October 1, 2011 through June 30, 2016, asserted that New York claimed unallowable Federal funds because it did not support that all random moments coded as health care were for Medicaid-eligible health services. New York also did not provide support that it did not double-claim for services when a student in one school district received services from another school district. In addition, New York improperly claimed excess costs for 1 year. Finally, New York did not follow Federal RMTS requirements and used an unsupported method to claim Medicaid costs. The OIG further asserted that New York and its contractor developed complex methods that were difficult or impossible to correctly implement and support with documentation. As a result, New York claimed estimated unallowable Federal funds totaling $98 million. In addition, New York claimed $32 million in Federal funds because it did not follow Federal RMTS requirements or document that CMS approved its allocation methodology, and $309 million in Federal funds using ratios that were not supported. All findings and recommendations remain open and unimplemented.

Kentucky Claimed Millions in Unallowable School-Based Medicaid Administrative Costs, June 2021, A-04-17-00113: The OIG asserted that Kentucky did not claim school-based Medicaid administrative costs in accordance with Federal requirements. It used an invalid RMS to allocate costs to Medicaid, and it included unallowable costs in its cost pools. In addition, Kentucky claimed these costs without promptly submitting CAP amendments to DCA for review and without obtaining DCA approval. As a result, the $58.9

million ($29.4 million FFP) that it claimed in school-based Medicaid administrative costs for FFYs 2009 through 2014 was unallowable.

New Jersey Improperly Claimed Tens of Millions for Medicaid School-Based Administrative Costs Based on Random Moment Sampling That Did Not Meet Federal Requirements, November 2019, A-02-17-01006: In its audit, covering $63.8 million in Federal Medicaid school-based administrative costs for the period October 2011 through June 2016, the OIG asserted that The random moment sampling methodology used by New Jersey to claim Medicaid school-based administrative costs did not meet Federal requirements. Specifically, it did not comply with statistical sampling requirements and was not adequately supported. Also, the methodology did not comply with New Jersey's approved cost allocation plan. In addition, New Jersey's coding of what school employees were doing during random moments was mostly incorrect or unsupported. The random moment sampling methodology used by New Jersey did not comply with Federal requirements because New Jersey disregarded CMS guidance and assurances it made to CMS. Therefore, we determined that New Jersey claimed $63.8 million in unallowable Federal Medicaid reimbursement. All findings and recommendations remain open and unimplemented.

New Jersey Claimed Hundreds of Millions in Unallowable or Unsupported Medicaid School-Based Reimbursement, November 2017, A-02-15-01010: The OIG asserted that New Jersey did not follow Federal regulations and CMS guidance when it developed its payment rates for Medicaid school-based services and, as a result, claimed $300.5 million in unallowable costs. New Jersey claimed an additional $306.2 million in reimbursement using payment rates developed with unsupported costs. Among the OIG's findings, they determined that (1) New Jersey's contractor changed school employees' responses to time studies to indicate that their activities were directly related to providing Medicaid services when the responses indicated the activities were unrelated, (2) New Jersey improperly incorporated into its payment rates more than $400 million owed to the school employees' pension fund despite not having made scheduled payments to the fund in nearly 20 years, and (3) salaries of some employees who did not provide health-related services were incorporated into the payment rates. In addition, New Jersey did not maintain documentation related to the time studies, which it used to identify the percentage of time personnel provided particular services. The OIG recommended that New Jersey refund $300.5 million in Federal Medicaid reimbursement claimed based on payment rates that incorporated unallowable costs, work with CMS to determine the allowable amount of the remaining $306.2 million claimed for Federal Medicaid reimbursement, and revise its payment rates so they comply with Federal requirements. All recommendations and findings remain open and unimplemented.

Michigan Improperly Received Medicaid Reimbursement for School-Based Health Services, September 2016, A-05-13-00056: The OIG's report found that Michigan Department of Health and Human Services (the State agency) did not always comply with Federal requirements when using a random moment time study (RMTS) to claim direct medical service costs related to Medicaid school-based health services (SBHS). Specifically, the RMTS methodology did not meet acceptable standards because the sample universe from which the State agency selected the sample items was incomplete. The sample universe did not contain all the job titles of the employees whose salaries and wages were allocated on the basis of the sample results. As a result, the State agency received unallowable Federal reimbursement totaling $954,000 for services provided during State fiscal year 2011. The OIG recommended that the State agency (1) refund $954,000 (Federal share) to the Federal Government for unallowable SBHS costs and (2) strengthen policies and procedures to monitor the SBHS program and ensure that it claims all SBHS costs in accordance with applicable Federal and State requirements. In written comments on our draft report, the State agency concurred with our recommendations and provided details about corrective actions.

Kansas Improperly Received Medicaid Reimbursement for School-Based Health Services, August 2014, A-07-13-04207: In its report, the OIG asserts that not all of the Medicaid direct medical service costs that the Kansas Department of Health and Environment, Division of Health Care Finance (State agency), claimed for school-based health services (SBHS) were reasonable, adequately supported, or otherwise allowable in accordance with Federal and State requirements. As a result, the State agency received a total

of $10.7 million in unallowable Federal reimbursement during the period July 1, 2009, through June 30, 2010. Specifically, the State agency accounted for only $17.1 million ($11.9 million Federal share) of the $24.8 million ($17.3 million Federal share) in interim payments (paid to participating school districts for SBHS) during final cost settlement. As a result of this error, the State agency received $5.4 million in unallowable Federal reimbursement. The State agency also received $4.7 million in unallowable Federal reimbursement because it claimed unallowable costs based on random moment time study errors. In addition, the State agency claimed Medicaid direct medical service costs that were not supported by its internal cost reporting solution and as a result, received $643,000 in unallowable Federal reimbursement. Finally, the State agency received $11,000 in unallowable costs because the Kansas City, Kansas, public school district overstated employee benefit and supply costs. The State agency did not have adequate policies and procedures to monitor the SBHS program and to ensure that it claimed all costs in accordance with applicable Federal and State requirements. The OIG recommended the State agency refund $10.7 million to the Federal Government for unallowable SBHS costs and strengthen policies and procedures to monitor the SBHS program and ensure that (1) SBHS costs are accurate and supported and (2) it claims all SBHS costs in accordance with applicable Federal and State requirements. In written comments on our draft report, the State agency described corrective actions that it had implemented or planned to implement for most of our findings. The State agency disagreed with our finding related to the random moment time study errors. While the State agency disagreed with our proposed recoupment related to these errors, it said that it was willing to work with the Centers for Medicare & Medicaid Services to develop a method to recalculate the fiscal year 2010 direct reimbursement percentage that would satisfy all parties.

Review of New Jersey's Medicaid School-Based Health Claims Submitted by Public Consulting Group, Inc., September 2010, A-02-07-01052: The OIG recommended New Jersey refund $5.6 million to the Federal Government based on a review of 100 FFS claims for the period of April 6, 2005 through June 27, 2007. The OIG found 36 claims that they asserted did not comply with Federal and State requirements as the claims were for services that were not (1) provided or supported, (2) in compliance with referral or prescription requirements, (3) in compliance with Federal provider qualification requirements, and (4) documented in the child's health plan.

3.2 CMS Approved Program Implementation

3.2. Within three (3) business days of request, the Vendor must provide documentation demonstrating that it has implemented a CMS-approved program in a minimum of three (3) separate states, not including West Virginia, Medicaid programs. The Vendor's response shall include documentation of CMS approval of implemented programs, such as CMS approval letter(s).

PCG has unparalleled and extensive Medicaid experience within school-based service programs, having successfully designed, developed, and implemented the services described in his engagement in more than a dozen states.

Over the last 10 years, PCG has successfully implemented a CMS-approved program in more than ten states, including several states that included the full array of program elements - Administrative Claiming, Cost Settlement, and RMTS – as well states with at least two of the program elements. The following table provides a brief listing of those states that PCG has assisted in obtaining CMS approval for the SBHS program and subsequently implemented the approved program. Where applicable, PCG has included a link to the most recent CMS-approval letter and accompanying approval package for the program, and will, as required in this solicitation, provide, within three business days, the CMS-approval letter with State Plan Amendment and Time Study Implementation Plan for any requested program. For several states, such as Colorado, Michigan, and Wisconsin, we have provided the most recent program approval and implementation to support program expansions, however PCG's work extends to the initial program approval and implementation, dating back to as early as 2009.

State	Approval Date	Approved Program Elements	Link to Most Recent Approval Package
Arizona	10/25/2021	• Cost Settlement • RMTS • Free Care	AZ-21-0006 (medicaid gov)
Colorado	2/9/2020	• Administrative Claiming • Cost Settlement • RMTS • Free Care	CO-19-0021.pdf (medicaid.gov)
Georgia	6/14/2021	• Administrative Claiming • Cost Settlement • RMTS • Free Care	GA-17-0014.pdf (medicaid.gov)
Illinois	4/18/2023	• Administrative Claiming • Cost Settlement • RMTS • Free Care	IL-21-0008.pdf (medicaid.gov)
Michigan	8/8/2019	• Administrative Claiming • Cost Settlement • RMTS • Free Care	MI-18-0013.pdf (medicaid.gov)
Montana	5/15/2026	• Administrative Claiming • RMTS	
Nebraska	4/21/2026	• Administrative Claiming • RMTS	

New Jersey	7/22/2024	• Administrative Claiming • Cost Settlement • RMTS	NJ-23-0024.pdf (medicaid.gov)
North Dakota	8/7/2025	• Administrative Claiming • RMTS	
Oklahoma	3/28/2023	• Administrative Claiming • RMTS	
Utah	11/17/2025	• Administrative Claiming • Cost Settlement • RMTS • Free Care	UT-25-0009.pdf (medicaid.gov)
Wisconsin	8/8/2025	• Administrative Claiming • Cost Settlement • RMTS • Free Care	WI-25-0014.pdf (medicaid.gov)

Figure 8: PCG Supported CMS Approved Program Implementation

3.3 Medicaid Reimbursement Strategy Experience

3.3 Within three (3) business days of request, the vendor must provide documentation demonstrating a minimum of one (1) year experience in development of Medicaid reimbursement strategies. Response shall include detailed description of the types of reimbursement methodologies developed, implemented, and supported in other States, specifically the types of methodologies that support pay for performance or that are tied to quality outcomes. Response shall also describe whether the methodologies were accepted by CMS (i.e., State Plan Amendment) and whether or any claims calculated utilizing the developed methodologies have been audited by CMS (and if so the audit outcomes), as well as whether any such claims have been disallowed by CMS.

PCG is eager to assist West Virginia in strategizing reimbursement reform initiatives throughout the term of this engagement. As a firm, PCG provides Medicaid rate setting and reimbursement services for an array of healthcare services and provider types. These are core competencies of PCG, borne of 35+ years of rate-setting experience. PCG is nationally known for evaluating and assessing historical payment methodologies and working with states to identify and recommend alternative payment methodologies in order to more appropriately align reimbursement to services provided and/or outcomes, as Medicaid moves towards value-based purchasing. We compare predictive models to outcomes, communicate complex reimbursement issues to the provider community, conduct peer-state analyses, and implement pay-for-performance measures to improve quality of care and ensure that Medicaid programs receive value for services rendered and reimbursed.

PCG has, as indicated in *Section 3.2 CMS Approved Program Implementation*, PCG has worked with several states over the last decade to transform or expand their school-based services programs and receive CMS approval of their State Plan Amendments as well as their Time Study Implementation Plans. Most recently, PCG supported Montana and Nebraska in updating their Medicaid Administrative Claiming programs while also supporting Utah in first implementing a cost settlement methodology for direct services in 2022 and subsequently expanding their program to include services provided under other medical plans of care in 2025.

We are confident that you will find that PCG is far and away the most qualified vendor to assist West Virginia with strategizing about how to transform the way the state utilizes reimbursement methodologies to incentivize the type of service utilization that will result in high-quality care, while also containing cost growth. Per the RFQ, we have provided tables below to highlight the types of projects PCG has been involved in over the years.

To our knowledge, the project listed below, or any rate-setting or P4P project PCG has performed, has ever resulted in a CMS or audit finding. As you will see, we easily exceed the one-year requirement of experience in developing innovative reimbursement methodologies.

Free Care Nursing	
States and Time Period	Colorado (2020) Georgia (2019–Present) Michigan (2020–Present)
Description of the type of reimbursement methodology	***Colorado:*** PCG and the Department Health Care Policy and Financing (HCPF) worked closely to explore Colorado specific Free Care program expansion opportunities. PCG and HCPF worked through multiple phases to determine whether HCPF should move forward with Free Care or to keep the program as is. Based on data and analysis coupled with Free Care pilot results, HCPF determined the state would move forward with Free Care and program expansion. PCG worked with the HCPF to revise the SPA, Time Study Implementation Guide (TSIG) and other supporting documents that were submitted to CMS. We focused on new licensure requirements that had an impact on the expansion of services. Any updates to program requirements were addressed within communications from HCPF to districts and other program stakeholders as well as during PCG provided training sessions. PCG created and delivered targeted Free Care trainings during a live annual training (2019), mid-year training (2020), mini web-based training (2020), and the web-based annual training 2020. The topics covered a general overview, RMTS, licensure, and plans of care. In addition to meetings and training, PCG updated all affected aspects of the PCG Claiming System, user guides, and program materials to reflect program expansion. The SPA and TSIG were approved in February 2020 and implemented in October 2020. ***Michigan:*** PCG worked with the Michigan Department of Health and Human Services in 2020 to expand their school-based Medicaid Program to expand the program as a result of the CMS policy change in regard to the Free Care Rule. Michigan expanded the school-based services program to allow for the reimbursement of medical services to Medicaid enrolled students that have medical necessity documented in a manner other than an IEP/IFSP. Michigan called their program expansion Care For Students or C4S. PCG helped Michigan to revise their SPA, Time Study Implementation Guide (TSIG) and other support documents. PCG helped Michigan communicate changes in policy to the participating school districts. PCG also helped Michigan update their State Policy Manuals. PCG also updated all affected areas of the PCG Claiming System, user guides, and program materials to reflect program expansion. The SPA and TSIG were approved in 2020. ***Georgia:*** Beginning in 2019, PCG partnered with the Georgia Department of Community Health (DCH) to expand the Children's Intervention School Services Program in response to the Center for Medicare and Medicaid Services (CMS) removing their "Free Care" Rule that limited the billing of Medicaid services in schools to just those students with a Medicaid covered services on their IEP / IFSP. The CISS program in Georgia was expanded to allow for the billing of Nursing Services to Medicaid Enrolled school students that had medical necessity documented beyond those on the IEP/ IFSP. The billing of Nursing Services was expanded to include those students where medical necessity was documented on 504 plans, Individual Health Plans, Prescriptions, Doctor's orders and other methods in which medical necessity had been established. ***Throughout this process, PCG helped Georgia to revise their SPA, Time Study Implementation Guide (TSIG) and other support documents.*** Additionally, PCG developed and led trainings on the expansion of school nursing services throughout Georgia. The expansion was successfully implemented for the start of FY2021.
Were methodologies accepted by CMS?	Yes, these methodologies were approved and have been implemented

Hospital Quality Improvement Payment (HQIP) Program	
States and Time Period	Colorado Hospital Quality Incentive Payment Program (December 2011–June 2015, September 2017-Current)
Description of the type of reimbursement methodology	The **Colorado Hospital Quality Incentive Payment (HQIP**) program provides incentive payments to hospitals for improvement of health care and patient outcomes. In September of 2017, PCG was engaged by the Colorado Department of Health Care Policy and Financing to perform as the program's contractor. As part of this project, PCG developed a robust web-based Data Collection Too (DCT) that is critical to HQIP program implementation. PCG has assisted in developing from participating hospitals across the state of Colorado, identify potential hospital quality metrics relating to areas of improvement within Colorado, and calculate and report hospital specific incentive payments for the HQIP program. PCG has played roles in consulting with the HQIP subcommittee about how to best structure the measures, completing calculations to distribute approximately $90,000,000 of HQIP pool money to participating qualifying hospitals, conducts site visits to providers to ensure that the data reported to the state by its hospital providers reconcile with the actual events that occur within those hospitals.
Were methodologies accepted by CMS?	Yes, these methodologies were approved and have been implemented

3.4 Project Manager Experience

3.4. The Project Manager must have at least three (3) years professional experience in School-Based Administrative Claiming, Cost Reporting, and RMTS on statewide basis.

PCG's proposed Project Manager, Patrick Cassidy, meets and exceeds the minimum three years experience in School-Based Administrative Claiming, Cost Reporting, and RMTS on statewide basis. Mr. Cassidy has supported statewide school-based Medicaid programs since joing PCG in 2012, including direct experience on the West Virginia SBHS program.

Additional information regarding our project team can be found below and in *Section 4.1.14 Key Staff Requirements.*

Staffing & Experience

PCG has assembled a highly qualified project team to support WV DHS throughout the duration of this engagement. The project team has extensive experience and expertise in the fields of school-based services Medicaid Administrative Claiming (MAC) and Annual Cost Settlement, as well as unparalleled familiarity and expertise with the specific operations of these programs in West Virginia. The core team includes our Project Director, Project Manager, and key subject matter experts who will work in close collaboration with WV HHS and other stakeholders to ensure the successful execution of the project.

A Project Team with West Virginia-Specific Experience

The proposed project team understands the West Virginia environment. All members of our Project Team have worked on West Virginia related projects. PCG's West Virginia specific experience separates PCG from the competition, as this knowledge allows our team to continue our work immediately upon project award.

A Senior Staff with a Deep Understanding of School-Based Medicaid Services

Our Project Director and Technical Advisors have been involved in school-based Medicaid since its inception, setting up and managing initiatives nationwide over the last 25 years. This team has been involved with school-based services initiatives in Arizona, Colorado, Delaware, Georgia, Illinois, Indiana, Kentucky, Michigan, Nebraska, New Jersey, New York, North Dakota, Oklahoma, Pennsylvania, South Dakota, Utah, West Virginia, Wisconsin, and of course West Virginia. Peter Gilles, a Manager at PCG with more than 25 years of experience in school-based Medicaid programs, will serve as the Project Director. In this role, Mr. Gilles will provide strategic oversight of all project activities and serve as the primary point of escalation for DHS. He will be responsible for guiding the project team, ensuring adherence to timelines, and maintaining high-quality deliverables. Mr. Gilles will also act as the primary liaison between PCG and DHS, facilitating clear and consistent communication.

Supporting Mr. Gilles are two senior advisors with extensive expertise in the field. Dr. Melinda Hollinshead, PCG's Director of Policy and Regulation, will apply deep knowledge of Medicaid policy and regulatory frameworks to support the development of key project deliverables, including drafting the Random Moment Time Study (RMTS) Implementation Guide Plan and the State Plan Amendment (SPA) for CMS approval. Joe Weber, PCG's Senior Medicaid Advisor, has over 20 years of experience in school-based Medicaid and will provide technical and programmatic expertise to ensure that all project components are implemented in compliance with state and federal requirements.

Patrick Cassidy will serve as Project Manager. Since joining PCG in 2012, Patrick has worked extensively with West Virginia specific programs, including Medicaid Administrative Claiming (MAC), Random Moment Time Study (RMTS), and Cost Settlement initiatives, and has experience supporting School Bases Service programs across the country. He will remain the primary day-to-day contact for the project, responsible for coordinating status meetings, managing communication, and ensuring alignment on project tasks. Patrick will work closely with the full project team to monitor the work plan, track progress, and ensure the timely delivery of all project milestones and deliverables.

The PCG team also includes key operational and quality assurance personnel who will play vital roles in the successful execution of this engagement. Sandy Pillar serves as the Coding Supervisor, bringing specialized expertise in Medicaid service coding to ensure accurate and compliant RMTS claim coding. Bill Wagner leads Quality Assurance, overseeing the review of all deliverables to ensure they meet rigorous standards for accuracy, consistency, and regulatory compliance.

Nate Erickson, Operations Lead, is responsible for all operational aspects of the Random Moment Time Study (RMTS), including the collection and validation of Staff Pool Lists, school calendars, and shift schedules; the sampling and distribution of moments; monitoring moment compliance; and calculating final time study results for each sample period. Additionally, Nate supervises the operations team responsible for collecting allowable financial expenditure data each sample period. He will also lead the calculation of MAC claims and Annual Cost Settlement and support school LEAs in completing the Certification of Public Expenditures (CPE) for each claim. His oversight ensures accuracy, timeliness, and compliance throughout every stage of the MAC claiming and Cost Settlement process.

Geneveive Knapp, Service Documentation and Claiming Lead, will oversee the service documentation and monthly claiming program, including system implementation and configuration, user training and support, Medicaid eligibility monitoring, monthly claims processing and compliance checks, revenue reporting, and reimbursement optimization. Genevieve has over 10 years' experience managing school-based Medicaid programs, including leading the fee-for-service Medicaid program for more than fifty clients across the Mid Atlantic region and directing Medicaid claiming for New York City public schools.

Marina Fielder, Sr. Manager, will oversee the nursing and mental health documentation area, including system implementation and configuration, user training and support for applicable user types. Marina has over 20 years' experience as a nurse, including 10 years as a school nurse. Marina currently acts as product lead and subject matter expert for our nursing and mental health logging systems.

This experienced and well-integrated team reflects PCG's commitment to bringing the right expertise, resources, and strategic leadership to support DHS in achieving its objectives efficiently and effectively throughout the course of this engagement.

A Project Team with School-Based Services Expertise

The professionals assembled within this project team understand all facets and best practices in operating successful MAC and Annual Cost Settlement programs. They currently handle every step of the ongoing West Virginia engagement and have extensive expertise in West Virginia's current RMTS, MAC and Annual Cost Settlement programs. Their expertise and experience includes:

- ✓ Knowledge of Medicaid State Plan;
- ✓ Knowledge of Medicaid Administrative Claiming;
- ✓ Knowledge of Annual Medicaid Cost Settlement;
- ✓ Experience in training LEA staff;
- ✓ Experience in providing in-depth customer service to LEA staff; and
- ✓ Experience assisting States in implementing and operating MAC and Annual Cost Settlement initiatives.

In addition to this expertise, PCG has extensive experience with Direct Service Documentation and Claiming. PCG is the nation's leading provider of school-based Medicaid services and currently delivers Medicaid Documentation and Fee-for-Service (FFS) Claiming services to more than **1,800 school districts across 29 states**. Through these engagements, PCG supports the full claiming lifecycle, including service documentation, eligibility validation, compliance review, claims submission, remittance reconciliation, denial management, and reimbursement optimization.

Personnel and Resources Assigned to this Project

The staff listed below and in our organizational chart are our primary personnel and resources dedicated to West Virginia. While our staff provide support on multiple projects, this diversity of experience enhances

the service we deliver for West Virginia. By working on various projects, our staff gain a comprehensive understanding of the Medicaid environment, which allows them to better appreciate West Virginia's unique aspects and needs. They bring valuable insights from their broader experience directly to West Virginia.

Although these are the primary staff assigned to the project, PCG's extensive experience means we have additional personnel available to support the project across all workstreams as needed to ensure successful execution of project tasks. Below is an estimate of time each of the proposed staff will be dedicated to this project based on current project requirements. However, our team is dedicated to the West Virginia project and will increase time dedicated to West Virginia as needed. PCG will utilize additional resources as needed for this project but is proposing a staff of key personnel outlined below.

Name	Function	Job Title	Percentage of time assigned to this Project
Peter Gilles	Project Director	Manager	20%
Melinda Hollinshead	Policy and Regulatory Advisor	Director of Policy and Regulation	10%
Joe Weber	Senior Medicaid Advisor	Associate Manager	10%
Patrick Cassidy	Project Manager	Client Success Partner	50%
Sandy Pillar	Coding Supervisor	Compliance Manager	10%
Nate Erickson	Operations Lead	Claims Manager	30%
Bill Wagner	Quality Assurance	Director of Compliance	15%
Arathi Prasad	Claiming System	Chief Information Officer	10%
David Murry	Operations Team	Operations Associate	50%
Heather O'Donnell	Operations Team	Training Specialist	10%
Genevieve Knapp	Service Documentation and Claiming Lead	Senior Consultant	10%
Michael Finucane	Service Documentation and Claiming Lead	Consultant	10%
Marina Fielder	Nursing and Mental Health Documentation Lead	Senior Manager	10%

Figure 9: Key Project Staff

IV. MANDATORY REQUIREMENTS

4.1.1 Random Moment Time Study

As noted earlier, PCG has been working with BMS to update the SPA and the Random Moment Time Study Implementation Plan to come into compliance with the 2023 CMS Guidance on School-Based Services. The 2023 guidance contains a number of mandatory changes to the program that states were required to address in program documents and implement by July 1, 2026. PCG and BMS have drafted those documents to reflect the mandatory changes, and those are awaiting CMS approval. At the direction of CMS, those mandatory changes, while not fully approved, are being implemented as of July 1, 2026. These mandatory changes include a maximum notification window for sampled participants of 2 days, a maximum response time for sampled moments of 2 school days, inclusion of contracted staff in the time study and the inclusion of all regular school days in the time study. The 2023 guidance also included a number of flexibilities that West Virginia has chosen to take advantage of to reduce the administrative burden on participating LEAs. These changes include moving from 3 quarterly time studies to 2 semester time studies and reduction of the sampling validity requirements from a 95% confidence level with an error rate of +/-2% to a 95% confidence level with an error rate of +/-5% (which significantly reduces the number of working moments to be completed each time study period). We are highlighting these changes here because the RFP requirements reflect the old methodology in some areas. PCG can meet these requirements if the program needs to change back to these requirements, but we have drafted our response to reflect the methodology that is being presented to CMS for approval with July 1, 2026, effective date. We are confident that the changes proposed by West Virginia, including the flexibilities such as semesters and reduced sampling size, will be approved by CMS as we have helped secure approval for these options in several states over the last 3 years.

4.1.1.1. The Vendor shall be responsible for developing, implementing, and reporting to the Agency the results of a quarterly, statewide time study that is consistent with State Plan authority and based on a Random Moment Sampling methodology to determine the amount of time and associated costs LEA staff provides in support of the Medicaid SBHS program.

Overview

PCG brings extensive nationwide experience in implementing and enhancing RMTS processes, supporting LEAs and programs of all sizes. Leveraging this broad expertise, PCG is committed to identifying and integrating operational efficiencies that strengthen program performance and reduce administrative burden for participating LEAs.

Central to this effort is the PCG Claiming System, a comprehensive web-based platform designed to streamline time study administration and financial reporting activities. The system is continually evaluated and enhanced to improve usability, support compliance, and meet evolving program requirements. Participating LEAs use the PCG Claiming System to efficiently manage and submit staff pool lists (SPLs), calendars, and shifts essential for conducting accurate and compliant time studies.

RMTS Web-based System

PCG recognizes the extensive responsibilities that Local Education Agencies (LEAs) must manage to maintain compliance with federal and state program requirements. This understanding has informed the design of the PCG Claiming System, which incorporates user-focused functionality to support the many operational and compliance demands of the RMTS program. The system supports the full range of RMTS requirements, from staff participant list (SPL) development through moment completion, delivering a consistent, efficient, and compliant process for all participating West Virginia LEAs.

Supporting the 56 participating LEAs across West Virginia is a well-established and streamlined process within the PCG Claiming System. Each LEA is provided secure system access and the flexibility to assign users based on local roles and responsibilities. PCG staff configure system accounts for each LEA's

designated Medicaid coordinator, along with any additional personnel involved in program administration. The system's role-based access controls ensure users have permissions aligned with their responsibilities while maintaining data security and program integrity.

To participate in the RMTS, LEAs create and maintain their SPLs, calendars, and shifts, which together define the time study universe for each semester. The PCG Claiming System provides an intuitive, guided workflow to support these activities for both long-standing participating LEAs and any newly identified LEAs. During initial setup, coordinators enter required participant and scheduling information directly into the system. In subsequent semesters, previously entered data automatically populates, allowing coordinators to update existing SPLs by adding or removing participants as needed. This functionality significantly reduces administrative burden from period to period, particularly during the school year. West Virginia LEAs already have a working knowledge of the PCG Claiming System and are familiar with the requirments and responsibilites to effectivley manage their staff pool lists, calendars, and shifts.

In addition, the system includes functionality to import and export data using Excel, allowing coordinators to select the method that best aligns with their internal processes. These features were intentionally designed to create a flexible, efficient, and responsive claiming system that accommodates the diverse operational needs of West Virginia LEAs while promoting accuracy, consistency, and compliance across all RMTS activities.

With deep experience supporting programs that utilize varied cost pools and job category structures, PCG has designed the PCG Claiming System to easily align with the cost pool configurations outlined in the state's Time Study Implementation Plan (TSIP). When coordinators create their SPLs, the system will already be configured to clearly identify the available job categories and corresponding cost pools that are allowed. Furthermore, when coordinators are adding participants, the system will guide them by identifying required fields for adding new individuals to the SPL. The PCG Claiming System is also designed with several optional fields that enhance oversight by the coordinator and support ongoing program monitoring. This user-focused design ensures that LEA coordinators can efficiently build and maintain accurate, compliant staff pool lists each sample period. Additional details regarding these processes are included in section 4.1.2.3

Random Moment Notification

A key strength of the PCG Claiming System is that all RMTS notifications, sampling activities, and moment completion processes are centrally managed within the platform, supporting consistency, compliance, and operational continuity for West Virginia LEAs. Once calendars, shifts, and staff participant lists (SPLs) are entered, PCG staff conduct structured reviews of submitted information to ensure alignment with RMTS requirements and West Virginia's approved TSIP. Following this review, PCG generates statistically valid RMTS samples for each cost pool in advance of the applicable semester.

With compliance as a foundational priority, particularly during the transition to a two-semester time study structure already underway, PCG applies a comprehensive set of quality control and validation procedures after sample generation and prior to the start of each semester. These established controls help ensure readiness, accuracy, and consistency before each time study period begins and reinforce program stability during the contract term.

During the active time study period, the PCG Claiming System administers all RMTS moment notifications for selected participants. Notifications are scheduled and managed by PCG in alignment with West Virginia's TSIP requirements and are designed to promote participant awareness, timely response, and compliance. Each notification includes a secure, participant-specific hyperlink that provides direct access to the assigned moment without requiring additional login credentials, supporting both ease of use and data security. This approach has consistently produced a positive user experience for participants while preserving data integrity and audit readiness. PCG offers several LEA resources, directly accessible from the Claiming System dashboard page, providing direction for LEAs to complete these processes.

The system automatically issues reminder notifications to participants who have not yet completed their moments while the response window remains open. LEA coordinators may be copied on reminder emails to support local oversight and compliance monitoring; however, in accordance with security protocols, coordinator copies (CC) do not include participant-specific access links. These notification and reminder processes are integral to PCG's ability to meet and maintain the statistical validity and response rate thresholds defined in the TSIP. The CC overdue moments are one, of several, tools available for coordinaters to ensure moment response compliance.

By combining centralized administration, built-in quality controls, and proven notification workflows already adapted to West Virginia's two-semester RMTS model, PCG ensures continuity of operations and minimizes compliance risk. These established processes would be difficult for another vendor to assume mid-implementation without disruption, reinforcing the importance of maintaining program stability and consistency for the agency and participating LEAs.

On the following several pages we outline the functionality and features of our proprietary, web-based system. Our RMTS Claiming System process is user friendly and comprehensive in regard to documenting and reporting to ensure that proper time study administration processes comply with Federal reporting requirements.

Generating Random Moments

When randomly generating moments, our system takes into account each LEA's calendar and school shifts (shifts are staff work hours) in order to properly generate moments only for those time periods in which LEAs are in session. We are the only vendor with a system that allows for not only LEA and school level calendars, but also the ability to differentiate part-time staff hours from full-time staff hours in the sampling process. This functionality allows for a more accurate sampling and RMTS process. Our time study sampling process then uses random sampling with replacement moments, in which moments from the available pool are randomly selected, and then randomly matched with staff eligible on that date and time. This process meets the CMS sampling rules and regulations required for the Medicaid School Based Administrative Claiming and Cost Settlement Programs. The use of LEA specific calendars, as well as individual shifts, results in a more accurate sample and reduces significantly the times when a staff person at a local LEA may be sampled at a moment in which they are not working, while allowing the full universe of work time to be included in the sample universe.

PCG has worked with West Virginia to implement important CMS required changes to the State Plan Amendment (SPA), effective July 1, 2026. PCG's random moment time study sampling methodology meets statistical validity at a confidence level of 95 percent with a precision level of +/- 5 percent. For West Virginia, we will sample 1,500 moments each for the four time-study pools: Direct Service Providers, Targeted Case Management Providers, Personal Care Providers, and Administrative Service Providers in accordance with Centers for Medicare & Medicaid Services (CMS)-approved processes. The sampling precision level requires significantly less moments than the old +/-2% methodology. Other vendors may recommend sampling fewer than 1,500 moments per period. However, decreasing the sample size to much creates risk that the minimum number of working moments will not be achieved, putting the reimbursement for the period at risk, as well as leading to significant variances in the time study results from period to period which makes it difficult for LEAs to plan and budget. We have done extensive reviews of the sampling data over a number of years and states. Sampling 1,500 moments per period almost completely eliminates the risk of not receiving enough working moments to meet statistical validity and significantly reduces the time study result variances from period to period while still signficantly reducing the administrative burden on the LEAs. This sampling structure and the implementation of semesters reduces the number of sampled moments that LEAs need to complete each year by 67%.

The number of moments selected each period is monitored based on return rates from previous periods to meet statistical sampling requirements. The size of the sample for each cost pool can be increased or decreased based on return results. For example, if one of the cost pools has a decrease in the number of working moments, PCG will inform the Agency so that we can discuss the possibility of increasing the

number of sampled moments for that particular cost pool. PCG recommends discussing these options with the Agency prior to generating the quarterly sample. Even if there are more completed random moments than needed in a given quarter, all returned moments would be utilized in the calculation of the time study results.

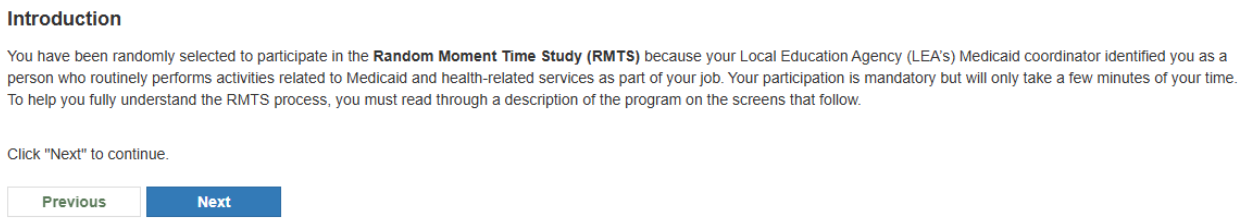
Completing a Random Moment

When a participant is chosen for a random moment, they will first receive an email notification with information on the RMTS, as well as a link that will direct the participant to the Claiming System. Additionally, the system also automatically generates reminder and late notifications for participants who have not responded to their moment. PCG's system also copies LEA RMTS coordinators on late notifications so that they can perform follow up individually with participants who did not complete a random moment in a timely manner.

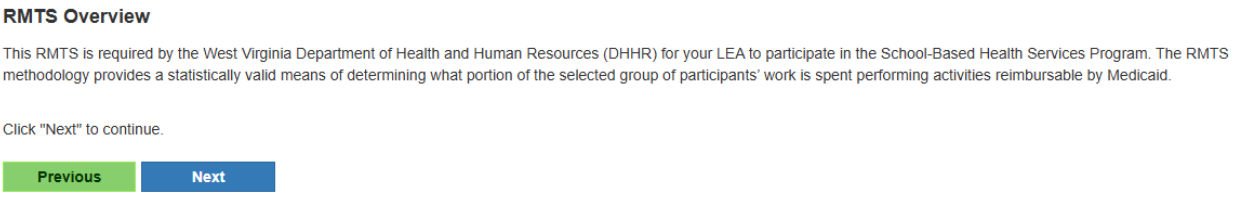
The first notification to the random moment participant is an auto-generated email that is sent at the time of the assigned random moment and includes the time and date of the moment as well a site link, which will direct the participant to the RMTS system.

After clicking on the link to and logging on to the Claiming System, participants are directed to an instruction screen, which provides a brief overview of the RMTS program as below. This allows PCG and our customers to demonstrate that every sampled participant completed training on the RMTS process prior to completing the sampled moment.

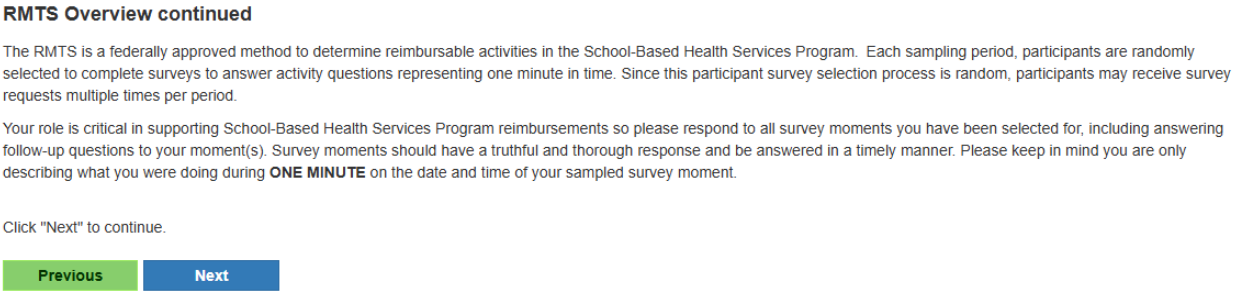
Moment Training Screen Example #1:



Moment Training Screen Example #2:



Moment Training Screen Example #3:



Moment Training Screen Example #4:

School-Based Health Services Program Medicaid Overview

Medicaid is a joint Federal and state program in your community, including schools, that provides health care for eligible low-income populations determined by factors including family size, income, and the federal poverty level. Medicaid pays for costs of direct medical services to children. These covered medical services include, but are not limited to, speech therapy, physical therapy, occupational therapy, nursing and mental health services.

LEAs can be reimbursed for providing medically necessary school-based services for students enrolled in Medicaid. Medicaid allowable administrative claiming activities are reimbursed through a RMTS providing important reimbursements to your LEA.

Click "Next" to continue.

Previous Next

Moment Training Screen Example #5:

We may need to follow up with you about your response if it lacks necessary detail. To help prevent follow-ups, please review the table below.

If you were...	Please tell us...
I was in a meeting (staff meeting, an IEP meeting, etc.)	What was being discussed or presented during your sampled **one minute** of time.
I was checking my email	What specifically was being addressed in the e-mail at the time of your sampled moment.
I was writing the IEP/IFSP	What specific IEP/IFSP information were you writing, reading or reviewing at the time of your sampled moment?
I was driving to another destination	Why you were driving to the destination and what you did upon arriving there (i.e. to deliver a service, to attend a meeting, etc.)
I was doing an evaluation	What type of evaluation were you performing (initial or re-evaluation; academic or health-related), and what potential eligibility classifications was the student being evaluated for.
I was counseling a student	What plan of care, if any, directed your activity. Was the counseling academic in nature (discussing grades), or mental health/behavioral.
I was in a training or professional development	The topic of the training and what was being discussed or facilitated during your sampled **one minute** of time.

Do not copy these examples into your sampled moment.

Click "Next" to continue.

Previous Next

Moment Training Screen Example #6

Additional Tips for Completing Your Moment

- For each survey moment question, please respond in either the dialogue box, or select an answer from the drop-down menu.
- If you are selected for a survey for a moment while eating lunch, on break or using the restroom, please complete the survey and document that in your response.
- Answer your moment survey questions with as much detail about the activity you were performing as possible.
- At the end of the survey, you must click "**submit**" to finalize your responses and complete the survey. If you do not click "**submit**", your responses will not be registered. The survey will be invalid, and you will continue receiving email reminders to complete your survey.

You may only respond to surveys you have been selected to complete.

Thank you for reviewing these training screens.

Please click "Next" to complete your moment and remember your responses are critical in determining School-Based Health Services Program reimbursement!

Previous Next

After pressing the "Next" button through several additional moment training screens, participants are then directed to five questions required to complete the RMTS.

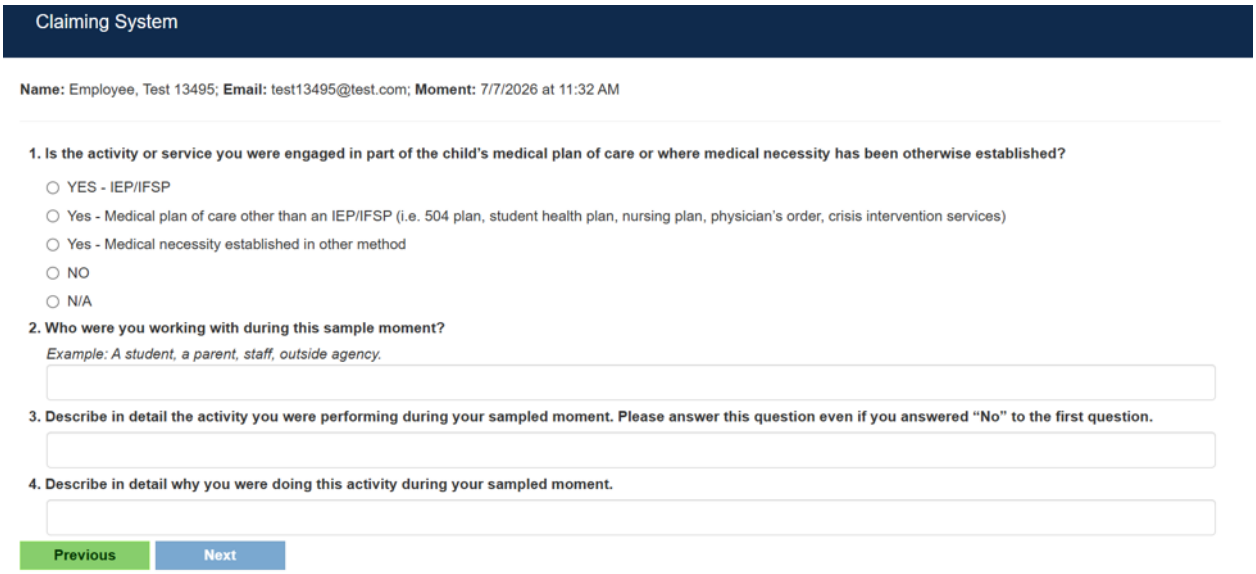


Figure 10: RMTS Survey Questions

After answering the questions, the system will ask the participant to review their responses for accuracy, then check the 'Submit' checkbox along with clicking the 'Submit Moment' button as shown below.

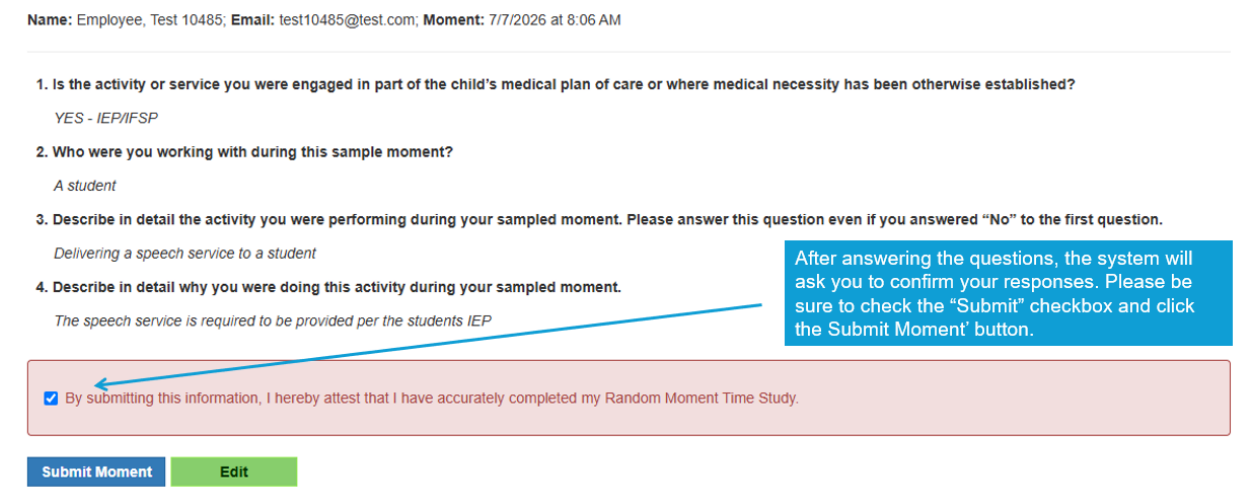


Figure 11: RMTS Survey Submission

As the RMTS is taking place throughout the period, sampled participants respond to their moments via the above web-based system. As part of the ongoing process, PCG uses the approved activity codes to centrally code all moments that are completed and have responses. Follow-up activities are performed as necessary. This allows the PCG team to obtain the necessary clarification or gather additional information about a moment response in order to select the correct activity code; PCG's follow-up activity and responses are recorded within the RMTS site. This allows for all information regarding a moment that may be requested in the event of an audit or review to be housed within the system and easily retrievable. PCG has a series of on-demand reports that can be run at any time, allowing for instantaneous data extraction. Additionally, our centralized coding team and quality control group keep up to date on coding, meaning that when current RMTS results are requested, they can be provided quickly.

Upon completion of the coding and QC process, PCG runs a Time Study Results Summary Report. This report shows the number of responses assigned to each activity code. This information will be quality checked for accuracy and then sent to the Agency. We also have a report that can compile every RMTS form into a single Microsoft Excel file, allowing staff at PCG and the state agency to comprehensively review participant responses in one convenient location.

4.1.1.2. The Vendor shall be responsible for documenting RMTS procedures and providing the Agency with support of its Time Study Implementation Guide within five (5) business days of request. The Time Study Implementation Guide must be approved by the Agency prior to distribution.

PCG will document RMTS procedures and provide the Agency with guidance regarding any changes to the Agency's Time Study Implementation Guide. Components of the Time Study Implementation Guide include required personnel, RMTS methodology, RMTS sampling requirements, RMTS process, Time Study participants, Time Study compliance, oversight and monitoring, Time Study activity definition and coding, Medicaid eligibility rate development, and financial data collection. The implementation guide will be kept current and revised on an ongoing basis based on any changes to process or to the program. In terms of CMS approval, PCG has extensive knowledge and experience in all components of the approval process including guide drafting and development, internal (state) approval, CMS submission, responses to CMS inquiries, and final approval.

4.1.1.3. The Vendor shall not implement changes to the RMTS procedure without prior approval of CMS and the Agency

PCG understands that CMS approval of RMTS procedure is required prior to implementation of RMTS methodology. Any proposed changes would be submitted to the Agency prior to implementation for approval. We also fully understand that the RMTS process is outlined by the Time Study Implementation Guide that has been approved by CMS and that any changes to that guide would also require CMS approval prior to implementation. PCG has worked with the Agency to highlight any changes that affect the West Virginia program, implication of those changes on the program and participating LEAs as well as process to address those changes. In addition, PCG has assisted the Agency to submit and receive approval of the previous RMTS implementation plan.

4.1.1.4. The Vendor shall conduct the RMTS on a quarterly basis. Quantified results from the time study will be used to allocate the amount of time staff spent on Medicaid and non-Medicaid reimbursable activities. The results will also be used to calculate costs associated with an Administrative Claim, as well as to calculate the relevant statewide percentages used in the calculation of LEA-specific Direct Services rates. The Vendor will perform these calculations and provide no later than the 15th of the month following the quarter end.

As outlined throughout Section 4.1.1 Random Moment Time Study RMTS, PCG remains committed to conducting the RMTS using the PCG Claiming System. PCG understands the premise of the RMTS is to calculate the relevant statewide percentages used in the calculation of LEA-specific Direct Service rates. As part of this process and highlighted through this section, PCG codes all moments, conducts thorough QA processes, and aggregates the moments by activity code to calculate statewide time study percentages. Furthermore, PCG understands these calculations are to be provided in a mutually agreed-upon format no later than the 15th of the month following the quarter end.

4.1.1.5 Within three (3) business days of request, the Vendor must provide a sampling methodology for the RMTS that is consistent with and complies with the sampling plan criteria delineated in CMS-approved West Virginia SBHS Claiming Guide, revised May 8, 2020, which can be found at: https://bms.wv.gov/media/25611/download?inline and any applicable federal rules, which can be found at: https://www.whitehouse.gov/omb/information-for-agencies/circulars/. If subsequent guidance(s) is issued by CMS, the Vendor will be responsible for modifications to the sampling methodology to comply with any such changes upon request.

PCG will propose a sampling methodology for the RMTS process that is consistent with federal guidance and SBHS claiming rules. Beginning in FY27, PCG will implement a semester based RMTS, transitioning from a quarterly RMTS process. The following are the semesters typically followed for the RMTS program:

- First day staff return to work (August) - December 31st
- January 1st - June 30th
- July 1st - First day staff return to work (August)

On an annual basis, PCG will review LEA calendars for each semester to determine the date parameters for which ALL counties are in session during that semester. Those dates and times will be included in the sample. *Additional details on specific sampling methodology is listed in Section 4.1.1.7*. PCG will document and report this process annually to the Agency.

PCG will use an average of the two (2) subsequent period's time study results to calculate a claim for the July – August period. The two quarters utilized for the average for the July – August period would be the subsequent August – December and January - June. This is in accordance with the May 2023 Medicaid School-Based Administrative Claiming Guide. This means there will be no time study conducted for the July to August, as most SBHS staff are not working due to summer recess. The average results of the RMTS process for the prior or subsequent two (2) periods are typically applied to the July – September period in order to allocate the associated permissible costs paid during the summer. In general, this is acceptable if administrative activities are not actually performed during the summer break, but salaries (reflecting activities performed during the regular school year) are prorated over the year and paid during the summer break.

PCG understands and will fully comply with any directives or modifications made by CMS to the sampling methodology.

4.1.1.6. The Vendor will establish cost pools, at a minimum, for Direct Service Providers, Targeted Case Management Providers, Personal Care Providers and Administrative Service Providers. For the quarter October — December 2025, approximately 4,907 medical and non-medical personnel participated in RMTS.

Since 2011, PCG has been responsible for conducting the RMTS for West Virginia using the established four required cost pools and will continue to fulfill this requirement. Additionally, PCG will continue to analyze and present period results to ensure that West Virginia is maximizing reimbursement based on the current cost pool structure. During the October – December 2025 RMTS period, there were 4,907 active statewide participants throughout the four established cost pools. The below chart highlights the number of participants per cost pool, as well as an average number of moments per participant.

Cost Pool	Number of Participants	Number of Moments	*Average Moments Per Participant per quarter*
Direct Service	755	3,000	*4*
Personal Care	1,349	3,000	*2.2*

Figure 12: Moments by Cost Pool

The rationale for utilizing multiple time study cost pools in West Virginia is to best group 'like' professionals together to ensure that LEAs are receiving an appropriate amount of reimbursement for these services. This allows for the most accurate depiction of how health professionals, operating in the school setting, spend their time.

PCG has worked with the Agency to implement a semester based time study approach. The benefit of the semster approach is the reduction in moments per participant. Not only are moments now distributed over a longer time period, there will be few moments assigned to participants throughout the longer period. This appoach has the benefit of still oversampling moments to meet CMS statistical validity requirments but also reduces the moment burden on RMTS participant throughout West Virgina.

Cost Pool	Number of Participants	Number of Moments	*Average Moments Per Participant per semester/period*
Direct Service	755	1,500	*2*
Management			
Personal Care	1,349	1,500	1.1

Figure 13: Moments by Cost Pool

4.1.1.7. The Vendor shall assure that the sample size is statistically valid, and at a minimum, includes a confidence level of ninety-five percent (95%) with a precision level of+/- two percent (2%). The response shall include a description of the sample size determination methodology and calculations used to determine actual sample size that will be used.

The 2023 CMS Guidance allows states to reduce the sampling statistical validity requirement from a confidence level of 95% with a precision level of +/-2% to a confidence level of 95% with a precision level of +/-5%. The SPA and the Random Moment Time Study Plan that have been submitted to CMS for approval with an effective date of July 1, 2026 both reflect that change. PCG has worked with BMS to

implement this change starting July 1, 2026. As we noted earlier, our system can be changed to revert back to the +/-2% requirement if needed. Our response below outlines the new sampling requirement of +/-5%.

In order to achieve statistical validity, PCG will maintain program efficiencies and reduce unnecessary administrative burden for providers. PCG will continue to implement a consistent sampling methodology for all activity codes and groups to be used. PCG has constructed the Statewide RMTS sampling methodology to achieve a level of precision of +/- 5 percent with a 95-percent confidence level for activities per the 2023 CMS guidance.

Statistical calculations show that a minimum statewide sample of 385 completed moments quarterly, per cost pool, is adequate to obtain this precision when the total pool of moments is greater than 3,839,197. Additional moments are selected period to account for any invalid moments. Invalid moments are observations that cannot be used for analysis, e.g., moments selected for staff who are no longer at the school, or who changed jobs and are no longer in an allowable position and their old position has not been filled.

The following formula is used to calculate the number of moments sampled for each time study cost pool:

$$Ss = \frac{Z2 * (p) * (1-p)}{c2}$$

where:

Z = Z value (e.g. 1.96 for 95% confidence level)

p = percentage picking a choice, expressed as decimal (0.5 used for sample size needed)

c = confidence interval, expressed as decimal (e.g., .05 = ±5)

Correction for Finite Population

$$\text{new ss} = \frac{Ss}{1 + \frac{ss-1}{Pop}}$$

where:

pop = population

The following table shows the sample sizes necessary to assure statistical validity at a 95-percent confidence level and tolerable error level of five percent. Additional moments will be selected to account for invalid moments, as previously defined. An over sample of 15 percent will be used to account for invalid moments.

N=	Sample Size Required	*Sample Size plus 15% Oversample*
200,000	384	*442*
400,000	384	*442*
750,000	384	*442*
3,000,000	385	*443*

Figure 14: Sample Size

As we discussed earlier in our response, while 385 moments are only needed to meet statistical validity, too small of a sample size increase the risk that an insufficient number of working moments will be returned to meet the threshold as well as significant variances from period to period in the time study results that can create significant uncertainty in the final reimbursement amounts. Given this, as we have outlined earlier, we would recommend sampling 1,500 moments per sample pool. Decreasing the sample size too much creates risk that the minimum number of working moments will not be achieved, putting the reimbursement for the period at risk, as well as leading to significant variances in the time study results from period to period which makes it difficult for LEAs to plan and budget. We have done extensive reviews of the sampling data over a number of years and states. Sampling 1,500 moments per period almost completely eliminates the risk of not receiving enough working moments to meet statistical validity and significantly reduces the time study result variances from period to period while still significantly reducing the administrative burden on the LEAs. The 95-percent confidence level and tolerable error level of five percent is being implemented starting July 1, 2026. As we have stated earlier, the PCG Claiming System could be changed back to sample at the 95-percent confidence level and tolerable error level of two percent if that were ever to be required again by CMS.

4.1.1.8. The Vendor shall have sample selection procedures, to be approved by the Agency, to randomly select a sample of staff and moments using a statistically valid methodology, including procedures of how Vendor will notify the participants of their selected moment and the timing of the notification via email, including timelines for reminder emails in the event the sampled participant does not respond. Notification procedures shall include capacity to include other staff (e.g., supervisor) on the individual notification email and reminder emails.

PCG will continue to utilize our proven approach in sampling staff and moments using a CMS-approved methodology. Part of this approach involves a moment notification and reminder process to ensure that the RMTS response rate is statistically valid while producing accurate representative time study results.

When a participant is chosen for a random moment, they will first receive an email notification that includes information on the RMTS, the date and time of their selected moment, as well as a link that will direct the participant to the Claiming System site. Additionally, the system also generates reminder and late notifications for participants who are late in completing their moment. PCG's system also copies LEA RMTS

coordinators on late notifications so that they can follow up individually with participants if they did not complete a random moment in a timely manner.

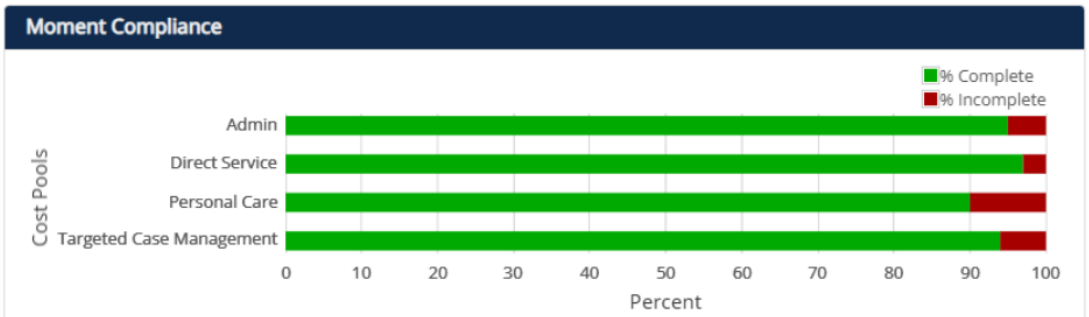
The first notification to the random moment participant is an auto-generated email that includes the time of the moment as a link to directly access the Claiming System site. The participant receives additional late notifications and the LEA contact is copied on these email notifications if the random moment was not completed within 24 hours following the time of the random moment. Reminder notifications give the LEA contact alerts that the participant has not yet completed their random moment. They have the option to personally follow-up with the participant at this time. The LEA contact can always directly check the compliance information at any time in the RMTS system.

The system is very flexible and can be updated easily to increase or decrease the number (and frequency) of notification and reminder messages to the participant and the coordinator. The process outlined above has been utilized to help achieve high return rates of sampled moments. PCG monitors these return rates and discusses any trends with the Agency. We would discuss with the Agency the value of increasing or decreasing these notifications if the return results warrant a change, prior to implementation of any change.

For West Virginia RMTS coordinators, PCG provides multiple tools to help ensure that the participants from their staff pool list are completing their RMTS moments. Each LEA coordinator creates a unique password for accessing LEA-specific RMTS information. This gives them access to real-time RMTS return compliance data which can be accessed through the Compliance Report.

- **Compliance Report** - The compliance report is used to ensure that all moments have been completed and that all LEAs remain in compliance. The report allows coordinators to view all moments that have occurred through the generation of the report and also displays the time and date the moment was submitted to PCG. Coordinators can easily view which participants have not completed their moments, and conduct follow-up with them to assure completion of the moment within the allowed timeframe.

- **Moment Compliance Widget** - In addition to these reporting capabilities, the PCG Claiming System features a real-time compliance widget that displays the percentage of moments that have been issued and completed. This functionality enables coordinators to easily monitor their RMTS response rates at any point throughout the sample pool, supporting timely oversight and promoting continued compliance.



Cost Pool	Moments Submitted	Moments To Date	Follow-Up	Percent Submitted	Total Moments
Admin	2847	3000	0	95%	3000
Direct Service	2897	3000	0	97%	3000
Personal Care	2876	3200	0	90%	3200
Targeted Case Management	2806	3000	0	94%	3000
All Pools	11426	12200	0	93.66%	12200

Figure 15: The Moment Compliance Widget provides on-demand and realtime RMTS information for school LEAs

4.1.1.9. The Vendor shall provide for oversampling of moments to ensure sampling objectives are met.

PCG will continue to account for invalid moments and help ensure a valid sample by sampling a minimum of 15% oversample of period moments.As we have noted throughout, given the change in the sampling thershold permitted in the 2023 gudance by CMS, PCG would recommend to continue to sample around 1,500 moments per sample period for the reasons repviously stated. The Time Study will require an 85 percent response rate. Moments not returned or not accurately completed and subsequently resubmitted by the LEA will not be included in the results unless the return rate for valid moments is less than 85 percent. If the return rate of valid moments is less than 85 percent, all non-returned moments will be included and coded as a non-allowable/non-Medicaid time. The time study questionnaire or survey forms will be kept open no longer than two (2) school days after the end of the time study period to ensure the accuracy of the time. To ensure that enough moments are received to have a statistically valid sample, West Virginia will over- sample additonal moments each period. To ensure that LEAs are properly returning sample moments, the LEA's return percentage for each period will be analyzed. In West Virginia, participants in the Administrative, Direct Service, and Targeted Case Management cost pools rutinely respond to 95% of moments. This strong compliance rate is indicitive of the existing close and collaborative relationship between West Virginia and PCG.

4.1.1.10. The Vendor shall have procedures, to be approved by the Agency, to address non-responsiveness to requested moments.

As outlined thoroughly in *Section 4.1.1.8,* PCG utilizes, and will continue to exercise, a systematic approach to both notify participants of their selected moments, as well as informing coordinators of any non-response

to assigned moments in their LEA. This process also enables coordinators to run real-time compliance reports, which will apprise key staff to any responded moments. Furthermore, PCG staff will follow up with LEAs when non responsiveness trends are identified to re-enforce the importance of compliance. If certain LEAs continuously do not meet program requirements, PCG will alert the Agency staff to discuss options and potential penalties to the LEA, including the potential of removing them from participation in the program if appropriate.

4.1.1.11. The Vendor shall create a universal sample pool database of LEA staff members eligible to participate in the time studies. The Vendor's sampling methodology must ensure that the universe of sample units is adequately represented to a ninety-five percent (95%) confidence level as described in 4.1.1.7 and provide for oversampling as described in 4.1.1.9.

PCG will continue to utilize our web-based Claiming System to create a universal sample pool database of eligible LEA staff members. PCG's random moment time study sampling methodology meets statistical validity at a confidence level of 95 percent with a precision level of +/- 5 percent. Historically for West Virginia, we sample 3,000 moments for each of the four cost pools representing Direct Service Providers, Targeted Case Management Providers, Personal Care Providers and Administrative Service Providers**.** Starting July 1, 2026, the number of moments sampled per semester have been reduced to 1,500 moments to correspond with the new sampling requirements in the 2023 CMS Guidance and West Virginia State Plan Amendment and Random Moment Time Study Implementation Plan. These four cost pools are specific to the West Virginia SBHS program, and PCG has configured our web-based application in accordance with the State's approved methodology. The number of moments selected each period are monitored based on return rates from previous quarters to meet statistical sampling requirements. The size of the sample for each cost pool could be increased or decreased based on return results. For example, if one of the cost pools has a decrease in the number of working moments, PCG will inform the Agency so that we can discuss the possibility of increasing the number of sampled moments for that particular cost pool. PCG always discusses these results with the Agency prior to generating the period sample. Even if there are more completed random moments than needed in a given quarter, all returned moments would still be utilized in the calculation of the time study results.

4.1.1.12. The Vendor's sampling methodology must include a specification for single source interpretation and coding of all time study participants' activities. This requirement necessitates a process that participants only describe and report their activity at the sample moment. The Vendor will be responsible for coding all moments.

PCG's Claiming System only allows a participant to report activity on their single assigned sample moment. If a participant is selected for more than one moment in a given day or quarter, they are required to independently complete the required questions completely separate from all other moments.

During the course of the quarter, PCG will continue to be responsible for completing a comprehensive centrally coding review of all moments based on the participants reported activities. A breakdown of PCG's four-phase approach to coding moments can be found next in *Section 4.1.1.13.*

4.1.1.13. The Vendor's methodology must include a specification for primary and secondary review of the sampled moment activity descriptions and assigned codes to ensure coding accuracy and consistency, maintaining a tracking system to document all instances of reported errors in coding and ensuring corrective action is taken when errors are identified. The Vendor will be responsible

for conducting follow-up as necessary to ensure proper coding and that data can be used.

Coding Random Moments

In supporting the implementation of RMTS in West Virginia, PCG leverages its well-established centralized coding team, which is already configured to support West Virginia's two-semester time study structure. This operational change has been fully built into PCG's RMTS methodology and PCG Claiming System, and implementation is already underway. As a result, the new contract period begins after this transition has begun, making continuity of operations critical and creating a high degree of risk for any new vendor attempting to assume responsibility mid-process.

PCG's centralized coding team is responsible for reviewing, following up on, and coding RMTS moments promptly after participants submit their responses. This centralized approach has a strong and proven track record nationwide and significantly reduces the administrative burden on sampled participants by eliminating the need for them to interpret or code their own moments. This model ensures consistency, accuracy, and compliance across all participating West Virginia LEAs.

The PCG Claiming System utilizes a machine-learning–based algorithm to analyze participant responses and determine whether an activity code can be automatically assigned. While this functionality is not generative artificial intelligence or a large language model (LLM), it constitutes a form of artificial intelligence that enhances efficiency and consistency. When the algorithm does not achieve a sufficient confidence score, the response is automatically routed to a Tier I human coder for review. Importantly, all coded moments—whether algorithmically assigned or manually coded—are ultimately reviewed and validated by human quality control staff.

The algorithm also supports quality at the point of data entry. After a participant submits a moment but before certification, the response is reviewed. If the system identifies a need for additional detail, the participant is prompted to provide clarification in a targeted manner. For example, if a participant indicates they were in a meeting, the system may request additional information about the type of meeting and the topic being discussed. Participants have the ability but are not required to add this context prior to certifying and submitting their moment.

Once a moment is certified, the algorithm assigns an activity code and a confidence score. Moments with lower confidence scores are automatically routed to a Tier I coder, who reviews the response to determine whether sufficient information exists to assign an activity code. If additional clarification is required, the coder initiates a structured follow-up process. The sampled participant receives an email with a secure link that allows them to view their original response, review the specific follow-up question, and provide additional clarification. After the participant certifies the updated response, the moment is re-entered into the coding workflow.

If a moment contains sufficient information, the Tier I coder assigns an activity code and routes the moment to a Tier II coder for secondary review. Tier II coders review all moments coded either by the algorithm with high confidence or by Tier I staff. The Tier II coder may approve the code or return the moment to Tier I staff with guidance for further clarification or a recommended adjustment. Once a moment is approved by the Tier II coder, it is finalized in the PCG Claiming System.

PCG also applies a third level of quality control within its coding operations. Senior coders review a designated percentage of finalized moments each week to assess accuracy and consistency. Any discrepancies are reviewed collaboratively with Tier I and Tier II coders, and corrective action is taken as needed. This layered quality assurance structure promotes consistency across coders and strengthens the defensibility of RMTS results.

At the end of each sample period, PCG generates a five percent (5%) sample of coded moments to support DHS's quality review process. PCG can either provide DHS with a statistically valid 5% sample by cost pool

or furnish the full-time study response file to allow DHS to draw its own sample, based on DHS's preference. All follow-up questions, participant responses, coding decisions, and quality reviews are fully documented and retained within the PCG Claiming System to support transparency, audit readiness, and oversight.

With extensive national experience evaluating RMTS responses, PCG's centralized coding team applies a consistent, disciplined set of internal review procedures aligned with West Virginia's approved Time Study Implementation Plan (TSIP). This expertise enables staff to quickly identify when additional clarification is needed and to initiate follow-up efficiently and appropriately. Participants are notified of follow-up requests via email and provided with secure, direct access to their original responses within the system.

Because PCG has already implemented West Virginia's two-semester RMTS structure and has active operational knowledge of the program environment, PCG is uniquely positioned to provide uninterrupted, high-quality support to West Virginia LEAs. Transitioning to a different vendor after this process has begun would introduce significant operational and compliance risk. PCG's continued involvement ensures stability, consistency, and confidence for DHS and participating LEAs, while allowing program efficiency and accuracy to continue strengthening over time.

4.1.1.14. The Vendor shall be responsible to maintain each LEA's roster data. Results of roster data will be made available to the Agency in an Excel or .txt format upon request.

As described previously, PCG will continue the responsibility in maintaining all RMTS data, including but not limited to LEA roster data, within PCG's Claiming System. This data is maintained permanently within PCG's systems for easy retrieval and review. PCG agrees that the results of roster data will be made available to the Agency in an Excel or txt format, upon request.

4.1.2 Administrative Claiming

4.1.2.1. The Vendor shall be responsible for using web-based software to collect accurate LEA staff, salaries, and other information, as required by the in CMS-approved West Virginia SBHS Claiming Guide, revised May 8, 2020 (See 4.1.1.5 for reference), to calculate aggregate LEA-specific Administrative Claim information.

PCG will continue to utilize its Web-based Claiming System in order to collect accurate LEA staff, salaries, and other information required to calculate aggregate LEA-specific Administrative claim information. *A comprehensive outline of these processes can be found below in Section 4.1.2.2.*

4.1.2.2. The Vendor shall be responsible for collecting all allowable expenditure information per the CMS-approved West Virginia SBHS Claiming Guide, revised May 8, 2020, (See 4.1.1.5 for reference), from participating LEAs to compute individual LEAs' Administrative Claims.

Within this section, PCG outlines our approach and proposed continued responsibilities for providing a web-based application to support the financial collection process for the calculation of the period Administrative Claim. West Virginia will continue to utilize PCG's Claiming System, a robust web-based application developed to facilitate the collection of financial and statistical information in a streamlined and efficient fashion to support School-Based Administrative Claiming. PCG's Claiming System has the necessary functionality to support the needs of the Department of Human Services, Bureau for Medical Services (the Agency) and has been successfully deployed on behalf of Medicaid programs across the country at a statewide implementation level, including Arizona, Colorado, Delaware, Georgia, Illinois, Indiana, Kansas, Kentucky, Michigan, New Jersey, New York, Oklahoma, Pennsylvania, Utah, West Virginia, and Wisconsin, to support school-based Medicaid claiming and cost reporting needs.

PCG has a successful record of accomplishment with West Virginia LEAs, as web-based applications have been successfully implemented and utilized to support Medicaid school-based administrative claiming since state fiscal year 2011. PCG's Claiming System is customized and configured to meet the specific needs of West Virginia. By selecting PCG, the Agency will ensure that there is no disruption in school-based service claiming, as our proven application is already deployed, and meets and exceeds the requirements outlined within the scope of work. On the following pages, PCG provides an overview of the Claiming System to demonstrate system capabilities and how West Virginia school LEA financial contacts will utilize the system to submit the necessary data for Administrative Claiming purposes.

Claiming System Administrative Claiming Functionality

When LEA staff visits PCG's web-based secure Claiming System, he/she is taken to the login screen as seen in *Figure 16*. Each LEA contact receives a unique password upon registering and is prompted to specify his/her login credentials prior to accessing any LEA specific information.

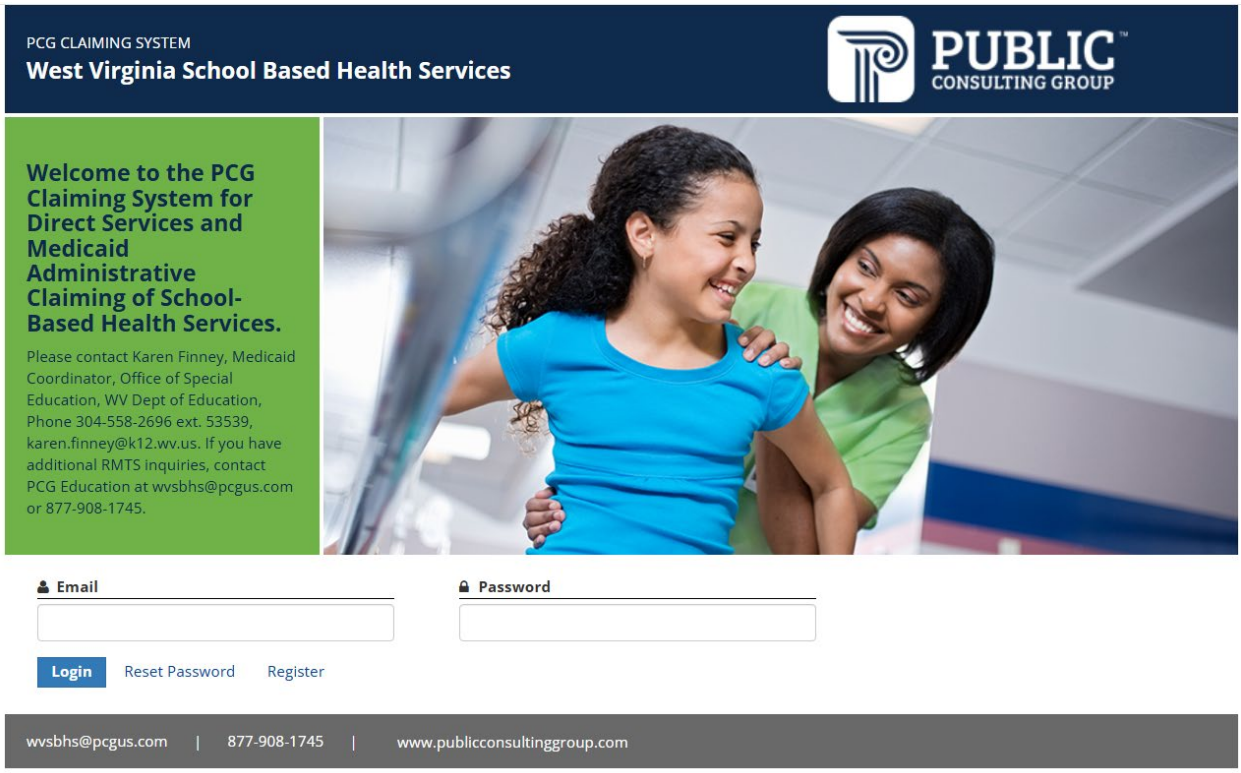


Figure 16: Login Screen

After logging in, the user is taken to the dashboard page seen in *Figure 15: Claiming System Home Page*. The dashboard includes important documents and resources including upcoming due dates, user guides, and training manuals. Any additional helpful resources, guides, manuals, or state plans can be added upon request. These documents are updated regularly to provide the LEAs with the most current information. LEAs in West Virginia have found these documents helpful.

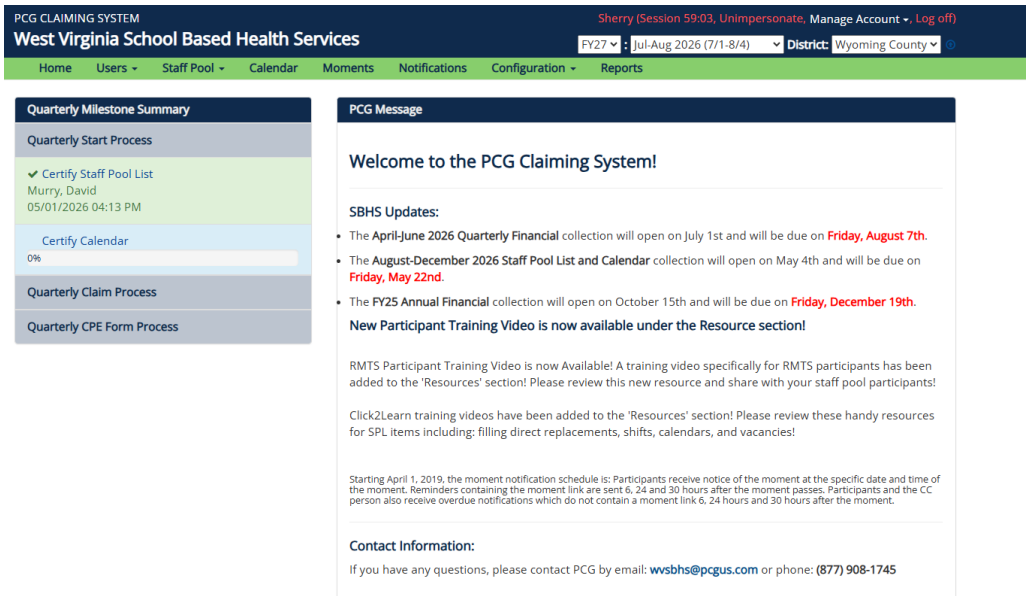


Figure 17: Claiming System Home Page

To submit period financial information, the user clicks the “Financials” tab and then selects the appropriate time period in the upper right corner of the page under “Quarterly.” The user is then presented with separate cost categories in which to submit the LEA’s period financial information. The user begins the process by clicking on the first category, “Salaried Staff,” as shown below in *Figure 18*.

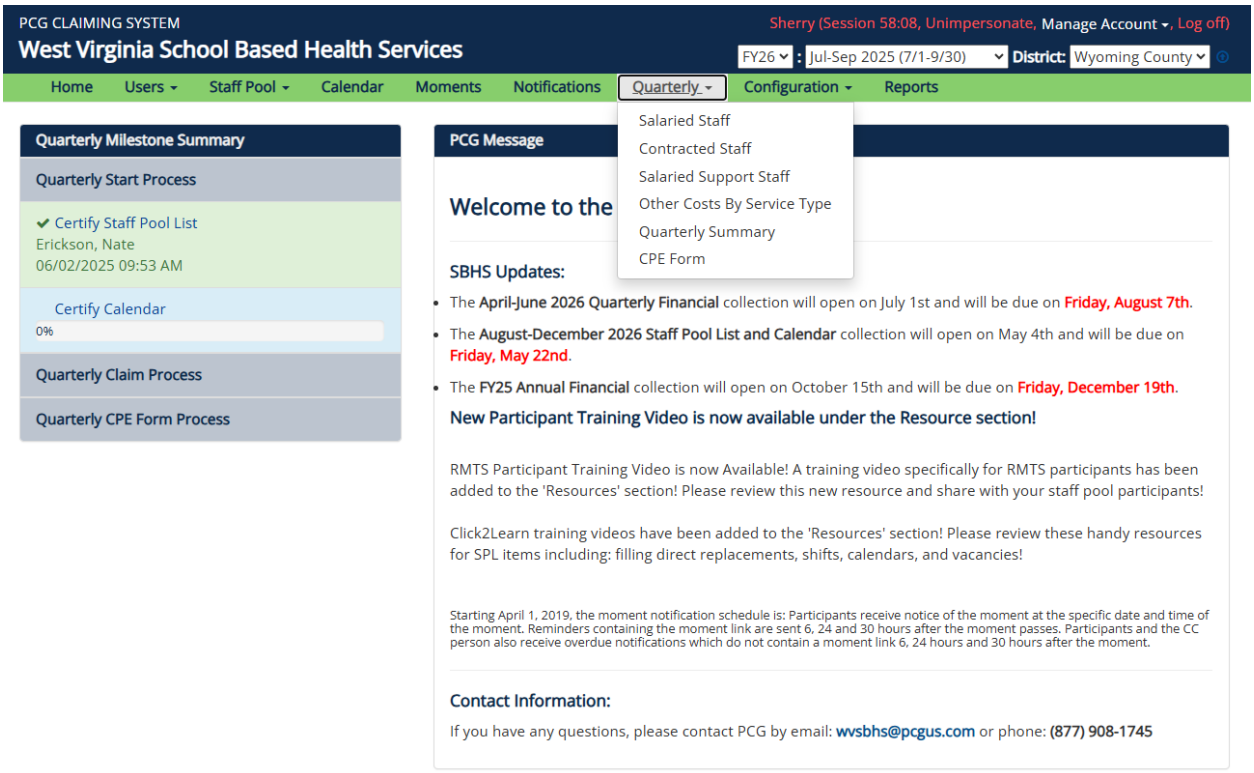


Figure 18: Period Financials Menu

Each LEA identifies the eligible participants on their staff pool list prior to the start of the quarter when certifying their Staff Pool List. After the close of the quarter, the “Financials” tab allows the user to enter the allowable salary and benefit information for eligible participants. *Figure 19 Salaried Staff Page* is an overview of the process for entering costs for “Salaried Staff.”

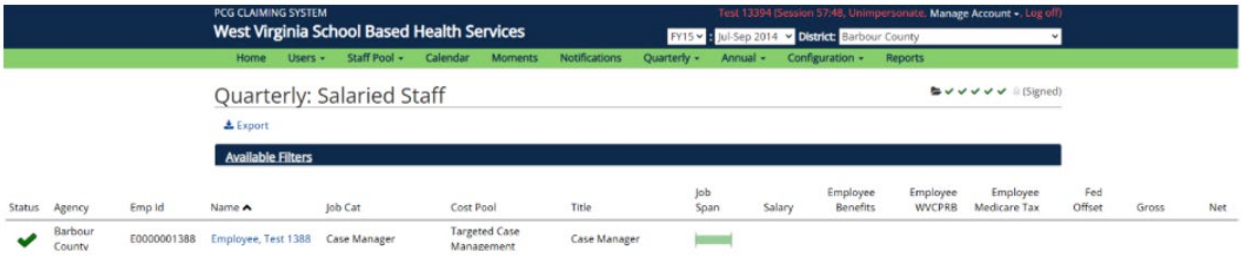


Figure 19: Salaried Staff Page.

The fields that are pre-populated prior to the start of the quarter are pulled directly from the certified staff pool list and include Last Name, First Name, Job Category, Cost Pool, Staff Employment Status, LEA Job Title, and LEA Employee ID.

This is an automated process that ensures only certified participant specific data is available for the financial LEA contact entering the period cost data. This process ensures that only eligible participants will appear, saving the LEA contact from re-entering this information, and ensures proper reporting. PCG requires LEAs to enter their costs on a per-provider basis to ensure that each dollar is accounted for and can easily be traced back in the case of an audit.

To enter data for a participant, the user clicks on the participant's name as seen below in *Figure 20*.

Figure 20: Participant Data.

This allows the user to enter salary and benefit information for an individual participant. Here, Test Employee has a period salary of $3,255 period benefit costs of $507.45, retirement costs of $0, and Medicare costs of $0. To save this information, the user clicks "Save Changes" on the bottom right of the box.

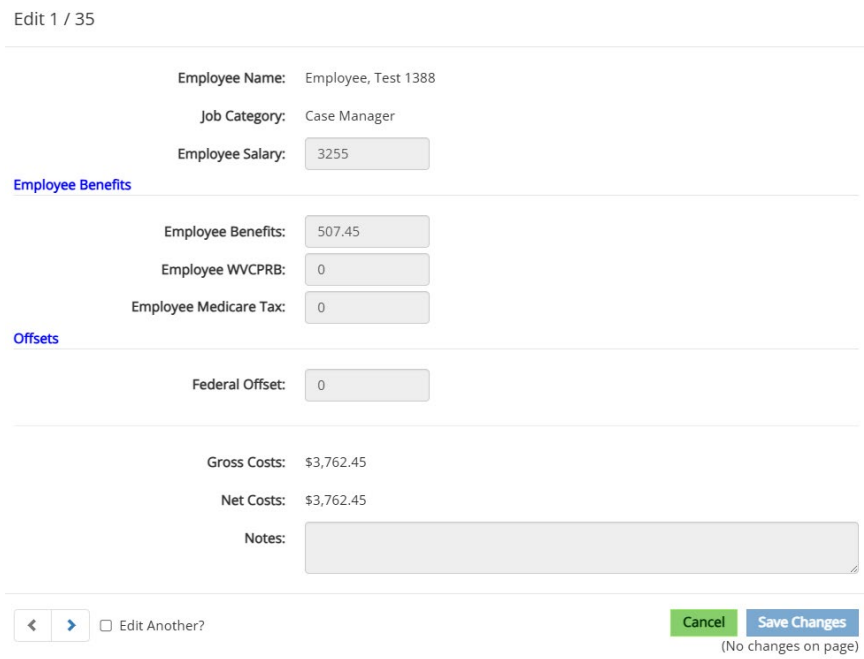


Figure 21: Participant Data Entry.

As shown in figure 22 below, payroll information has now been entered for Test Employee.

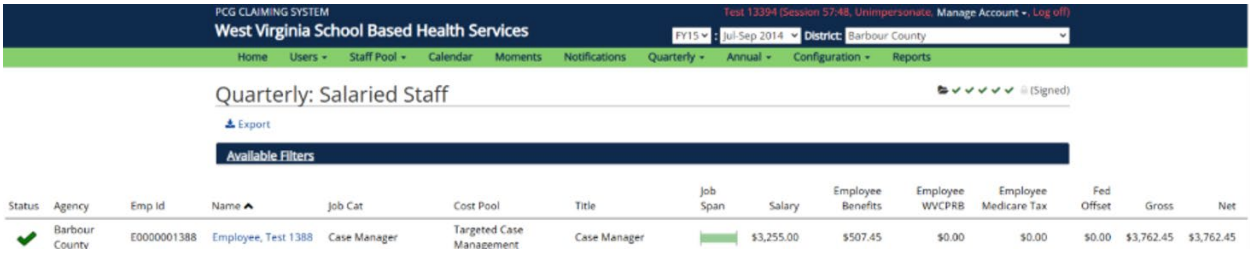


Figure 22: Participant Data – Populated

While the ability to enter costs by individual is advantageous for smaller LEAs with limited numbers of staff, it is not a time-efficient process for larger LEAs. For LEAs with a larger number of staff, the system allows them to export the data into a document that can be used in conjunction with the LEA's accounting system, or the LEA can use the exported document to enter information for multiple staff at one time in Microsoft Excel. The system has an import/export feature to pull the populated data from the system, allowing the user to update the cost fields, and then import the data back into the Claiming System. First, the user clicks "Export" at the top of the screen to export a CSV document that can be completed in Microsoft Excel, as seen below in *Figure 23*.

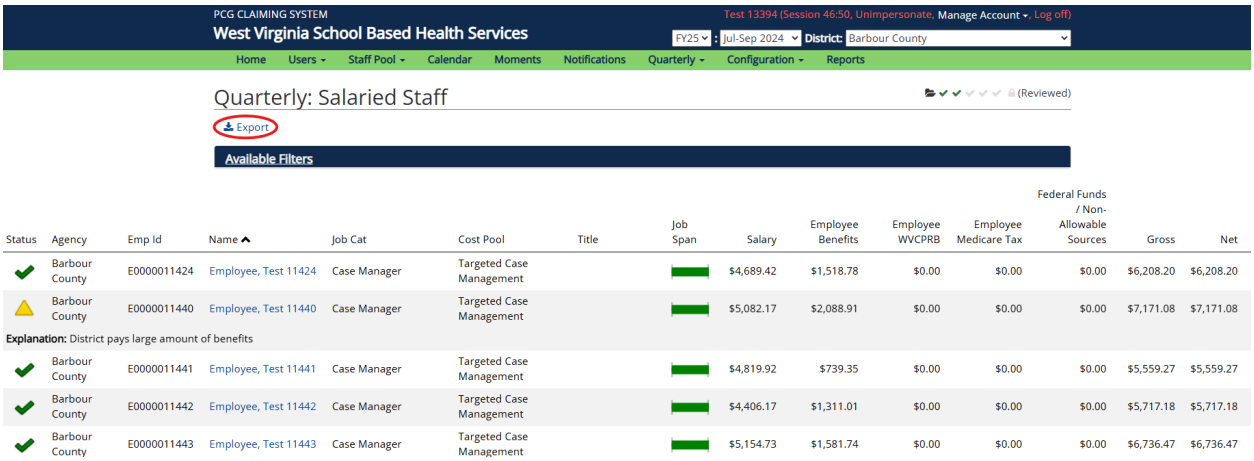


Figure 23: Export of Participant Data.

An example of the CSV document opened in Microsoft Excel is shown in *Figure 24* with the corresponding columns from the "Salaried Staff" page.

	A	B	C	D	E	F	G	H	I	J	K	L
1	Agency	Employeel	LastNa	FirstNa	JobCategory	HoursPaid	Salary/Contra	Health	401(k)	Life Ins	Federa	State O
2	RESA 1/Mcdowell County	960002209	Airplane	Amber	Case Manager		10000	5000	1000	1000	0	0
3	RESA 1/Mcdowell County		Apple	Kenneth	Case Manager							
4	RESA 1/Mcdowell County	960000223	Arnold	Lawrence	Case Manager							

Figure 24: Export of Participant Data.

Leveraging this utility, the user can quickly enter all payroll information for every participant in their staff pool list. LEAs can use this file in conjunction with their specific financial reports, which decreases the burden on the LEA by reducing the overall manual data entry for the user. After completing this spreadsheet as seen in *Figure 25*, the user can import it back into the PCG financial system.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Agency	Employeel	LastNa	FirstNa	JobCategory	HoursPaid	Salary/Contra	Health	401(k)	Life Ins	Federa	State O	Notes	Explan
2	RESA 1/Mcdowell County	960002209	Airplane	Amber	Case Manager		10000	5000	1000	1000	0	0		
3	RESA 1/Mcdowell County		Apple	Kenneth	Case Manager		5000	100	25	100				
4	RESA 1/Mcdowell County	960000223	Arnold	Lawrence	Case Manager		2500	100	50	200				

Figure 25: Export of Participant Data.

To import this document back into PCG's financial system, the user returns to the "Salaried Staff" screen and selects "Choose File." A dialogue box appears as seen in *Figure 26*, and the user selects the saved CSV document. Lastly, the user clicks "Upload."

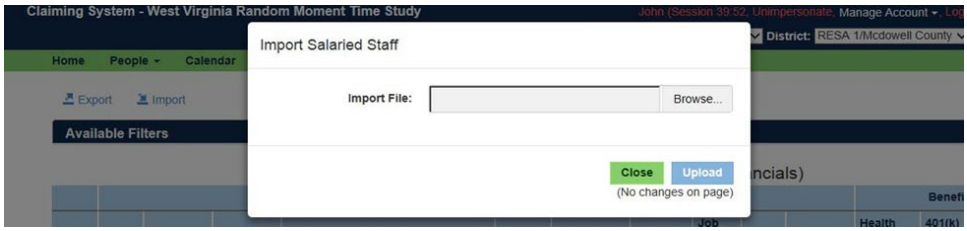


Figure 26: Upload Participant Data.

As seen in *Figure 27*, the "Salaried Staff" page is now completely updated with the information that was entered into the CSV document.

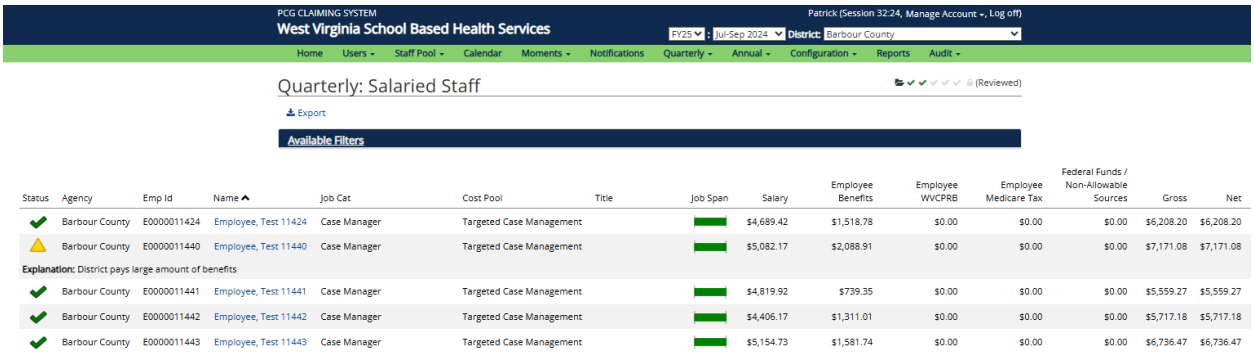


Figure 27: Participate Data – Populated.

On the "Other Costs by Service Type" screen, the user has the option to enter in other costs associated with the various service types listed in the LEA's staff pool list. Such "Other Costs" include materials and supplies, staff professional dues and fees, and staff travel and training costs. If the LEA incurred costs for any of these categories that were not paid using Federal funds and can be directly associated with someone listed on the staff pool list, then the LEA could report them below. If Federal funds were used to pay for any of the "Other Costs," they could be reported in the "Federal Offset" column.

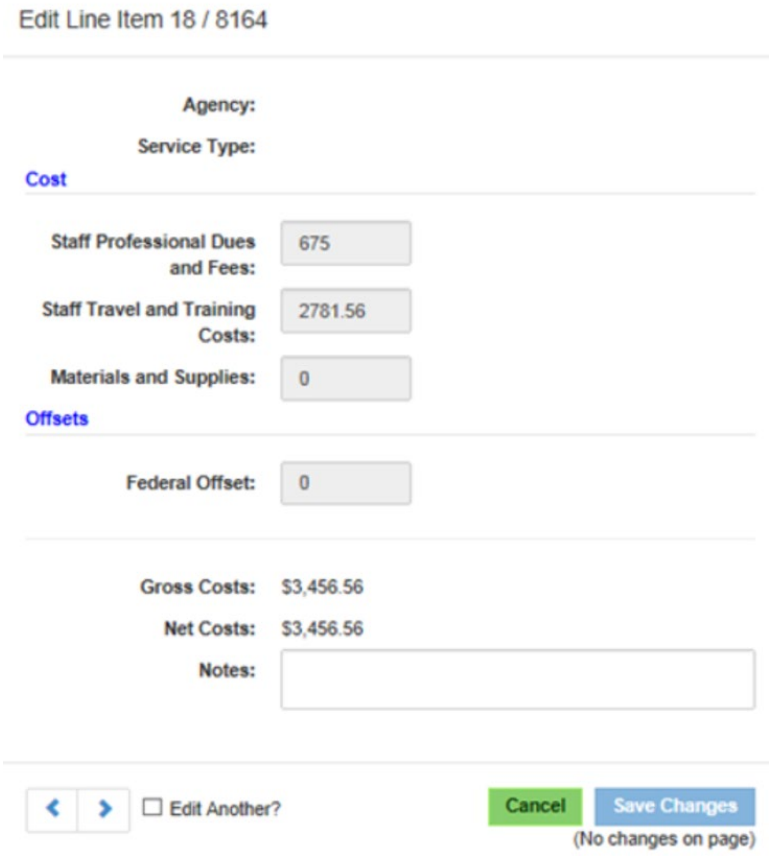


Figure 28: "Other Costs" Data Entry.

To enter other costs for each service type the user first clicks on the service type. The West Virginia LEA contacts have been trained to understand that federal funds are not claimable but can be listed in the "Federal Offset" column. The system will automatically subtract these costs from the total reported costs.

In addition, contacts have been informed that costs reported in the “Other Costs” section must be able to be tied back to a participant listed on the staff pool list.

PCG’s Claiming System has many quality control measures that PCG implemented for West Virginia to ensure accurate data is reported throughout the financial submission process. PCG has developed a number of edit checks to ensure the information submitted by LEAs is reasonable and that obvious errors are caught. Each of the edit checks are customizable and configurable to meet the needs of our specific clients. PCG reviews the list of edit checks with our clients to work together to identify any additional edit checks that could improve program compliance. One such edit check we regularly perform is an analysis on the reasonableness of salaries/benefits reported by LEAs. For example, for this specific edit check calculations are performed by taking the statewide salary and benefits per job category for the previous fiscal year, and then calculating one standard deviation above the mean for each job category. This number is used as the salary and benefit threshold for each job category.

Below is a list of some of the edits that are conducted automatically by this system. The list is not an all-inclusive list of system edits:

- Contracted staff costs for staff identified as “employees”
- Employee Salary costs for staff identified as “contractors”
- No Cost data reported for an individual
- High Reported Salary Amount
- High Reported Benefits Amount
- High Reported Direct Support Staff Salary Amount
- High Reported Direct Support Staff Benefits Amount
- Reporting Non-compensation costs (ex. Materials and Supplies) in a job category without reported compensation costs
- Federal Revenues Exceeds Total Reported Payroll Costs

There are three levels of edit checks in the system:

- **Level 1**: This type of edit check will not allow information to be saved when entering it directly into the system in an inappropriate field. An error message will appear, describing the error and how to correct it. For example, if a LEA tries to enter a negative number in a salary or benefit field, or if they try to enter contracted costs and a salary for the same employee.
- **Level 2**: This type of edit check will flag an unexpected entry. The system will allow the LEA to provide an explanation.
- **Level 3**: This type of edit check will not allow the flagged entry to be certified. The entry must be corrected before saving an employee’s costs.

The screenshot shown below notifies the user that there are edits that need to be resolved or explained before submitting a participant’s financial data (ex: Salary is low for job).

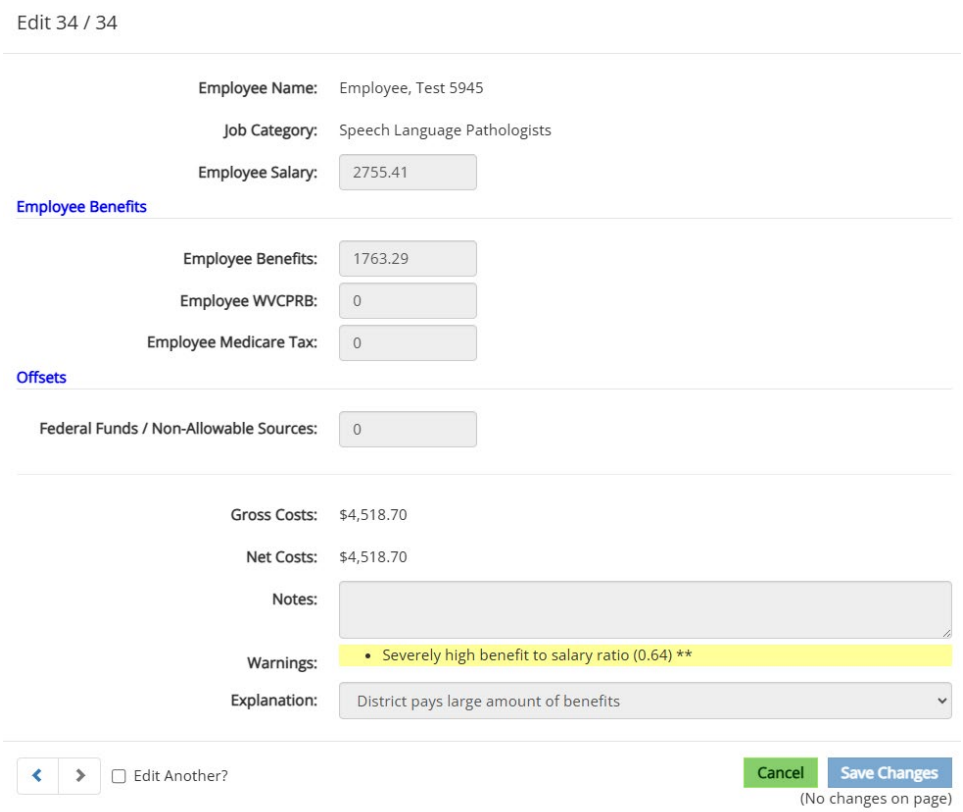


Figure 29: Edits Triggered.

As reflected in *Figure 30* once the flagged costs have been corrected, or an explanation has been given, the user is then able to save changes to that participant's costs.

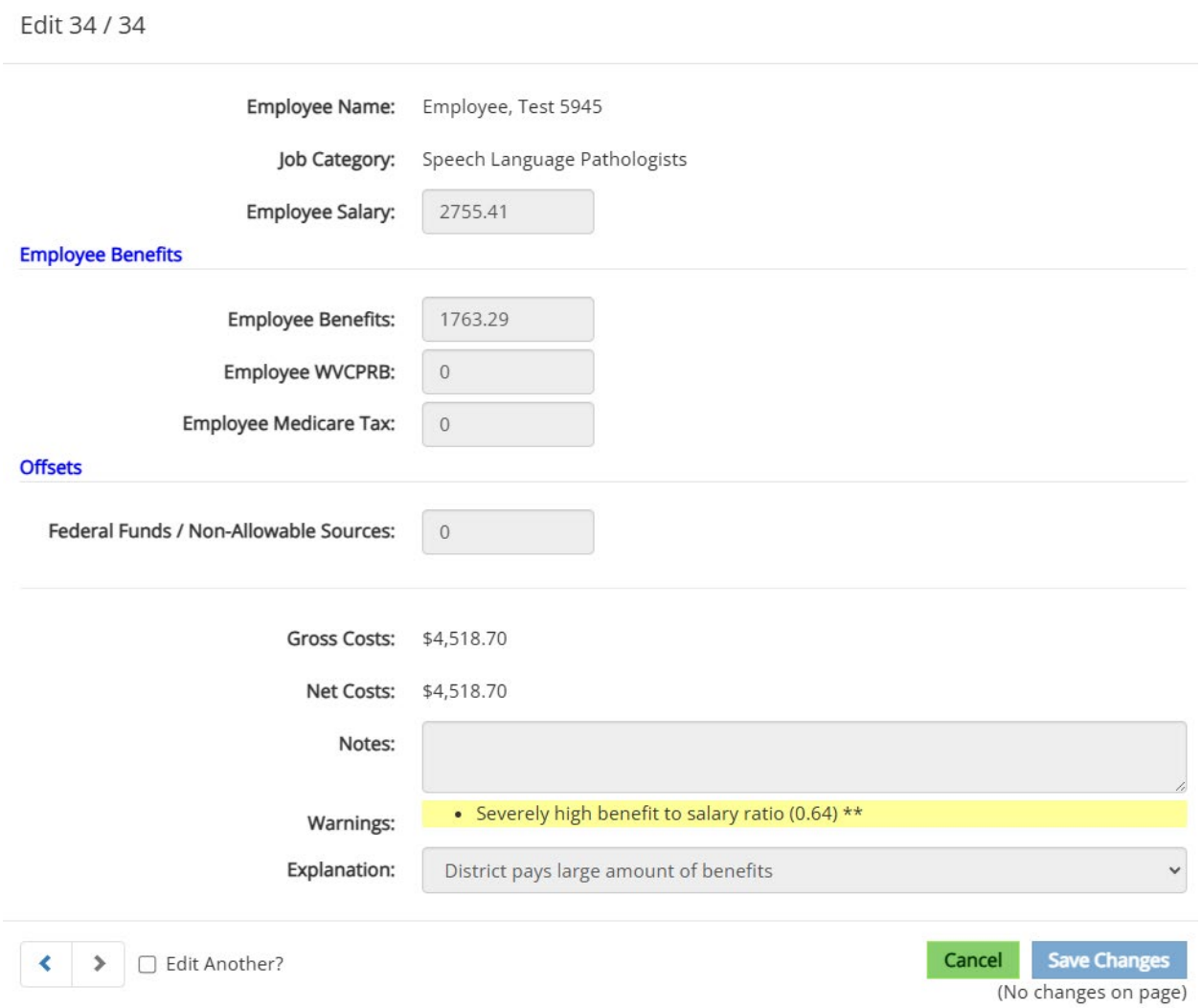


Figure 30: Saving Edits.

Since the system notifies the LEA immediately when costs are reported outside of predefined ranges, LEAs are able to instantly correct mistakes either identified through the edit checks or provide further explanation without receiving unnecessary emails requesting follow-up.

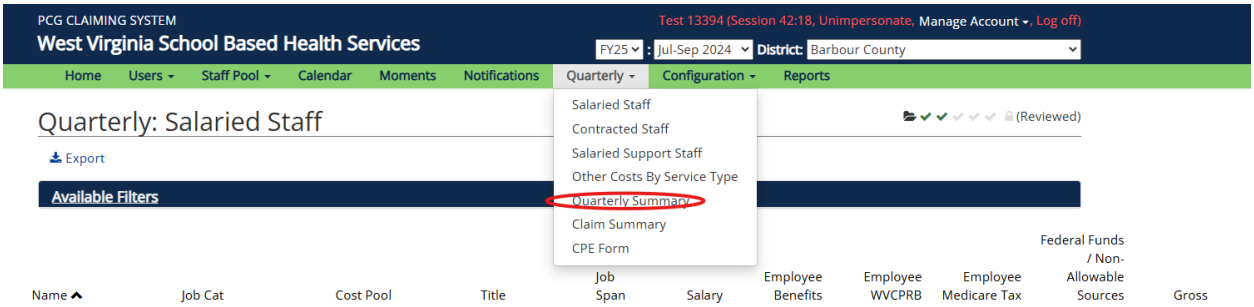


Figure 31: Menu – Period Summary.

After entering all costs and resolving edit checks, the user returns to the “Financials” tab and proceeds to the last step, “ Summary” as shown in *Figure 32*.

The “Period Summary” page, as displayed in *Figure 32,* reflects the summary of costs reported in the previous steps, as well as a summary of the edit checks that were performed in the financials. The West Virginia LEA contacts have found this screen helpful as they can see the aggregated costs per job category and confirm that what they entered is accurate.

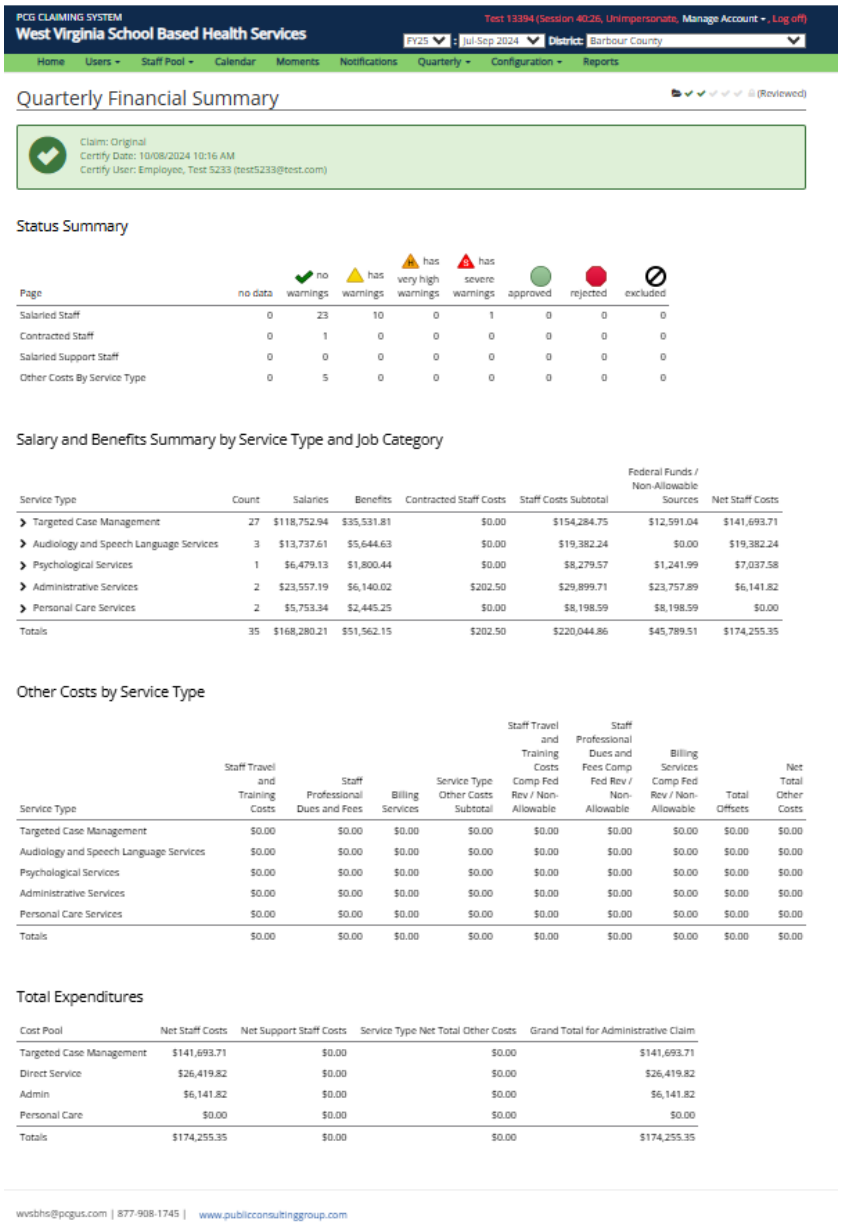


Figure 32: Period Summary Page.

Costs are totaled by job category, which allows the user to verify total costs prior to certifying. Allowing the LEA to view the total costs that will be included in the claim prior to submission allows the LEA to confirm accuracy one final time prior to locking the data.

After reviewing all summaries, the user scrolls to the top left of the screen and clicks the “Certify Period Financial” button to certify the LEA’s financials.

After clicking the “Certify Period Financial,” the “Period Financial” tab now shows that the quarter has been successfully certified. The system stores which user in the LEA certified the data, as well as a timestamp of when they certified. This is helpful in the case of an audit to verify exactly when and who within the LEA completed the certification.

Once all LEAs have submitted and certified their financial data on the Claiming System, PCG begins its claim generation process.

4.1.2.3. The Vendor shall be responsible for developing a standardized, Internet-based system for collection of RMTS information which may include, but not be limited to, collection of LEA staff rosters, adjustments to staff rosters and school calendars.

PCG will fulfill this responsibility by continuing to utilize PCG’s Claiming System, an advanced and user-friendly RMTS website, which is suitable to meet all of the requirements specified and is currently implemented in West Virginia, as well as an additional 19 states nationally. The following section is an overview of the streamlined approach PCG has implemented to ensure that staff rosters are accurate and complete for both RMTS and Administrative Claiming, in addition to making certain that moments are being sampled and assigned correctly based on our school calendar and “Shift” features.

Staff Roster and School Calendar Overview

Once LEA contacts are added to the PCG Claiming system, they will receive an email with the subject ‘New Account Registration’ from a ‘do not reply’ email address. First-time users need to click the web link in the email and will then be brought to a web page to enter their password in the ‘Password’ and ‘Confirm Password’ fields. Users then click the ‘Complete Registration’ button and will be brought back to the main page to enter the email and new password to log in to the site.

If the LEA contact does not have their password, they can select the “Forgot Password” button, which will instantly connect them with instructions on how to enter the system. In addition to the “Forgot Password” button, for assistance they can either:

- Call our PCG Hotline at (877) 908-1745
- Email wvsbhs@pcgclaimingsystem.zendesk.com

Allowing various methods for the LEA to contact PCG increases the probability that they will update their staff pool list on time, feel comfortable asking questions, and confirm their participant’s compliance.

Below is the home screen available after logging into the website. The home screen contains links to all of the functionality within the system, such as People, Calendars, and Moments. Users can navigate through the staff pool and calendars sections of the Claiming System from this page. The home screen dashboard also contains quick access points that display information regarding period milestone summaries, moment status, and resources uploaded by PCG. Users can click on the ‘Home’ link at any time to return to the home screen.

Navigating PCG’s System

Users log into PCG’s secure System at https://claimingsystem.pcgus.com/wv/Account/Login. There they are asked to provide their email and password as shown on the following page.

If the user does not have or cannot remember their username and password, they can email PCG at wvsbhs@pcgus.com, call our PCG hotline at 877-908-1745, or click on the ‘Forgot your password’ link to have their login information emailed to them instantly.

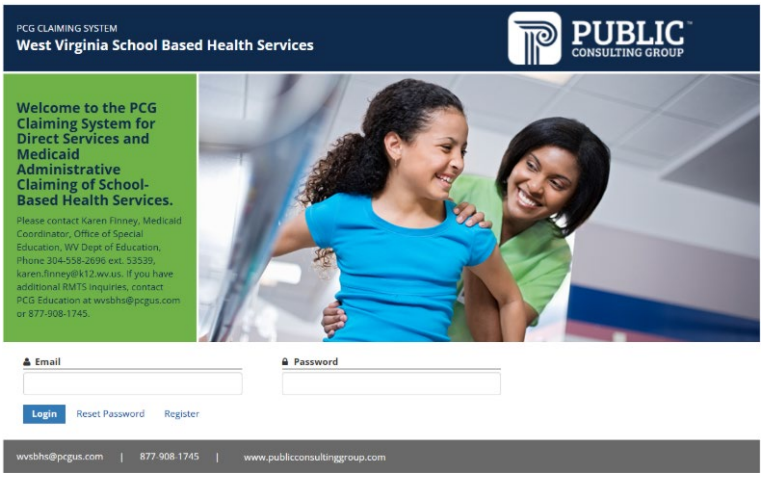


Figure 33: Users log in to the PCG Claiming System with their unique login credentials.

Once logging in, users are presented with their dashboard page. Dropdowns at the top right display the current fiscal year, the quarter, and the LEA. The system defaults to the current quarter. If the user has access to multiple LEAs, clicking on the list will display an alphabetized list of every LEA they have access to. DHS employees have view access to all school LEA data. Their dropdown is alphabetized from Barbour County to Wyoming County.

The menu at the top of the dashboard displays sections the user has access to. Users are given view or edit permission based on their role. 'Home' takes them back to the Message Board and Resources screen. The menu options of Users, Staff Pool, Calendar, Moments, Quarterly, Annual, Configuration, Reports, and Documentation Upload are described throughout the RFP response. In this section, we will focus on the home page and then RMTS components: Calendar, Staff Pool List, Shifts, and Moments.

Program milestones are on the left side of the dashboard. Completed milestones are noted with a  checkmark as well as the user who completed the action and a timestamp of when the action was completed.

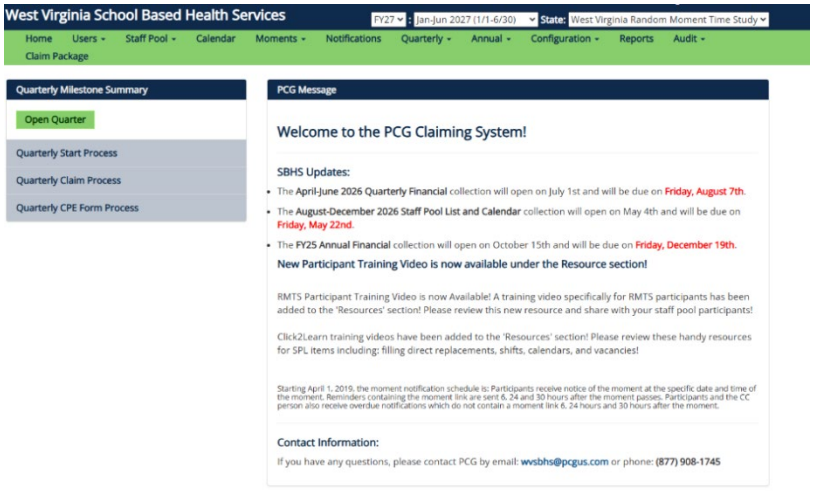


Figure 34: The PCG Claiming Dashboard contains due dates, milestone status, and access to program resources.

Reminders are posted to the 'Message Board' section and compliance is tracked in real time using the Moment Compliance Widget as referenced in section 4.1.1.8

The bottom section of the dashboard displays important dates and resources including training dates, links to recorded trainings, system or program updates, and manuals and user guides that can be easily downloaded.. Reports can be quickly generated from the bottom of the dashboard screen.

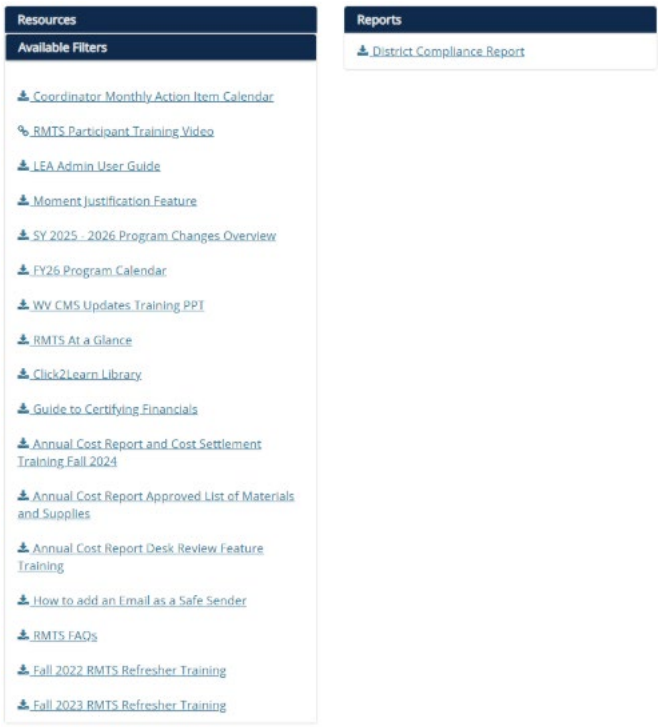


Figure 35: The PCG Claiming System gives LEAs convenient access to resources and reports

On the Claiming system website, users can access critical information on their LEA's participation rates. They can check the compliance of staff members, update their staff pool lists, and generate reports. PCG staff also monitor compliance and provide regular reports to LEA staff. Working together, we ensure that each LEA meets federal guidelines.

LEA User Access

It is essential for LEAs to have appropriate access to the PCG Claiming System. LEAs can manage this access via the Users page:

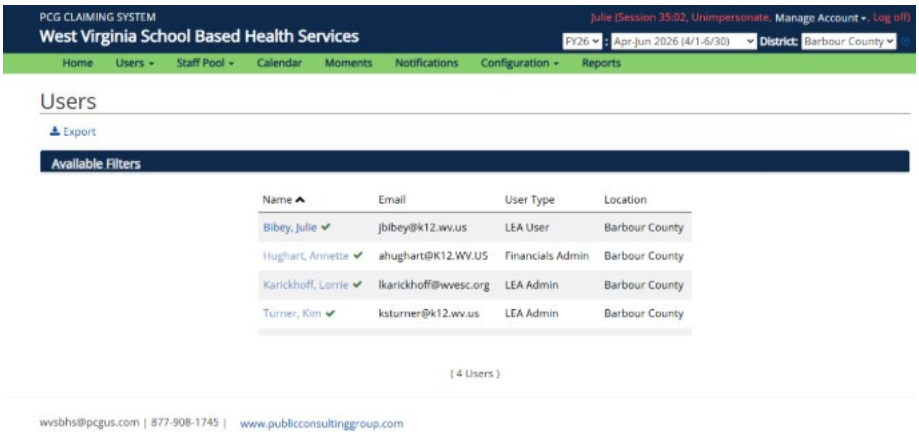


Figure 36: LEAs can directly manage who has access to their LEAs data in the PCG Claiming System

- View existing users: LEAs can easily see who has access to their LEA and what type of access they have. For example, in the screenshot above, the LEA has three users: two LEA Admins (who can edit and certify data) and one LEA Viewer (who can view but not edit or certify data).
- Add new users: LEAs can add a new user by clicking the "Add New User" button.
- Edit/update user information: LEAs can update the access level and contact information for their users by clicking on their names.

Providing LEAs with access to and control over their users enhances security, as LEAs know exactly who has access to their data. This feature is also convenient; if a LEA experiences turnover and needs to update access, they can do so independently. Of course, PCG is happy to assist with this process when needed.

Calendars

PCG's RMTS process starts with the collection of the school calendars, including customized shifts, and school start/end times from each LEA. PCG believes the best way to correctly conduct a statistically valid random moment time study is to indicate days off and include custom shifts by school, job category, or participant for each and every school LEA. This ensures the greatest likelihood that participants are receiving random moments during work hours and not before or after the school day or on a scheduled day off.

When randomly generating moments, the PCG Claiming System uses the calendar feature to ensure that RMTS participants are not selected for moments on LEA holidays and non-workdays such as holidays, winter/spring break, and the end of the school year. Each participating LEA creates a calendar by identifying the non-workdays as shown below. This LEA will not receive moments on the days highlighted in red:

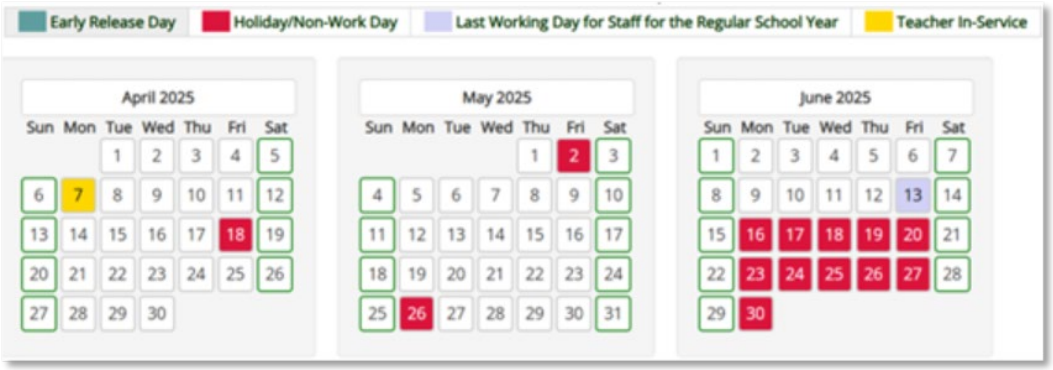


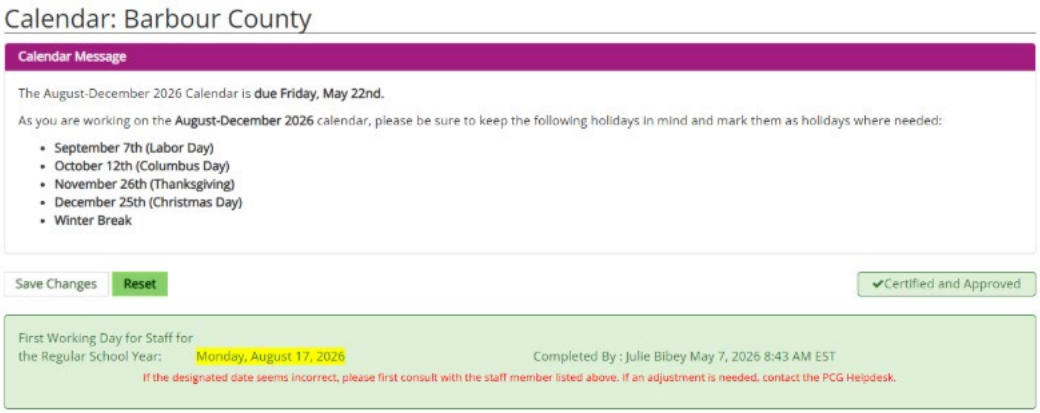
Figure 37: The RMTS Calendar is intuitive and allows LEAs to specify days when staff are not working so that they are not selected for RMTS surveys.

LEAs also have the option of noting Teacher In-Service and Early Release Days. Indicating these in-service and early release days does not affect moment sampling (since staff are working on in-service days) but indicating these days can help a LEA make sure they are completing their calendar accurately by distinguishing between in-service days and holiday/non-workdays. (Note: weekends are never selected for moments.)

For the January – June period, PCG also asks LEAs to indicate their last working day for staff for the regular school year. When LEAs enter this day and click Save Changes, the days after the Last Day of School are automatically marked as red holiday/non-workdays. This is a new feature developed by PCG to make the RMTS calendar process more streamlined for LEAs and to help increase RMTS accuracy since it is essential that summer breaks are marked to prevent moments from being selected for these days.

After completing the calendar, LEAs certify their calendars. The calendars are then locked and cannot be edited. This certification and locking are an important tool in helping LEAs be audit ready by maintaining electronic records.

To aid LEAs in the process of completing the calendar, PCG added a banner to the calendar page that provides reminders and key information. As an example, for the April – June 2025 quarter we reminded LEA to mark Memorial Day and to include their last day of school. We also included general information and a link to our video training about calendars:



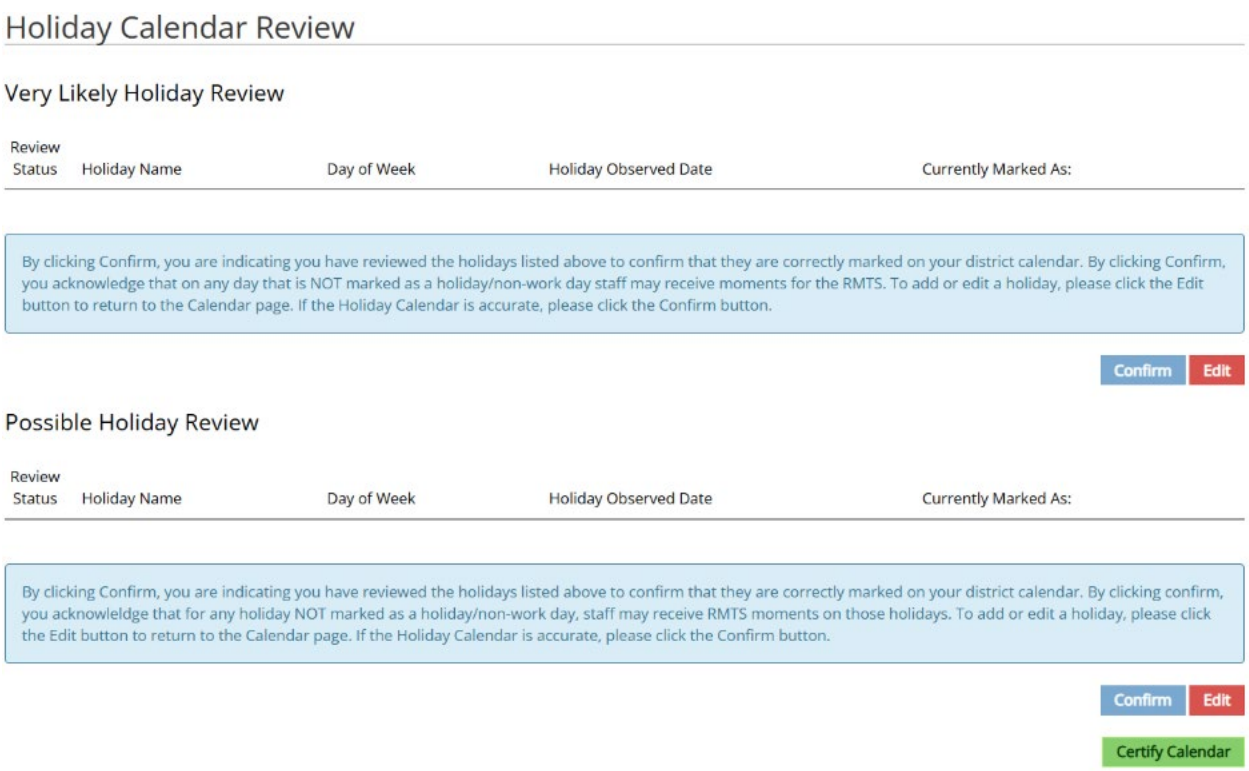


Figure 38: Banner messages give LEAs helpful information on the specific Claiming System page where they need the information, including links to resources.

As DHS knows, PCG is deeply committed to compliance and accuracy. To this end, PCG staff members review each LEA calendar as part of the quality assurance process. For example, if a LEA does not indicate a winter break, or if a LEA does not mark January 1 as a holiday, or the LEA does not indicate the non-work days at the end of the school year, PCG will ask the LEA to verify the accuracy of the calendar. Note: Attachment A of the RFP specifies collecting calendars by both LEA and individual school. According to PCG and DHS's CMS-approved methodology, collecting calendars by LEA is sufficient and less burdensome for LEAs. However, PCG is fully capable of collecting calendars by individual school if DHS prefers that approach.

Staff Pool List: Time Study Participants

After the calendars are created, the LEAs update their staff pool lists. LEAs log into PCG's secure website where they see the list of staff members previously certified. LEA staff then make any staff additions, subtractions, or changes. Once the new list is completed, they simply click to certify. Details on this process follow.

A major benefit of the PCG' Claiming System is that the staff certified by the LEA each quarter are the same staff list that the LEA's business/finance director sees when entering financial data during the reporting period and automatic flow of staff makes compliance easier on the LEAs and decreases audit risk.

LEAs identify eligible participants who perform allowable Medicaid direct services and/or administrative activities. The participants fall into one of four cost pools: Administrative, Direct Service, Personal Care, and Targeted Case Management.

LEA users update their LEA's staff pool list by clicking the 'Staff Pool Positions' tab, as seen below. Employees/positions from the previous period are pre-populated, so users only need to make updates. This approach reduces the administration burden of LEA staff by leveraging staff pool list data

previously reported from the prior quarter. Staff pool lists are due approximately one month prior to the start of each period.

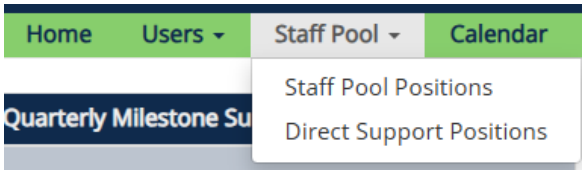


Figure 39: The Staff Pool List can be easily accessed through the 'Staff Pool' Drop Down Menu.

After clicking 'Staff Pool Positions' under the 'Staff Pool' dropdown, all current active staff members in the particular LEA will appear with the following information:

- Agency (the LEA)
- Cost Pool (Targeted Case Management, Direct Service, Admin, Personal Care)
- Job Category
- Job Title
- Full Name
- Email
- Indication of Inactive Status (a red X in the 'Inactivate' column means that the positions are currently active but can be inactivated by clicking the red X)

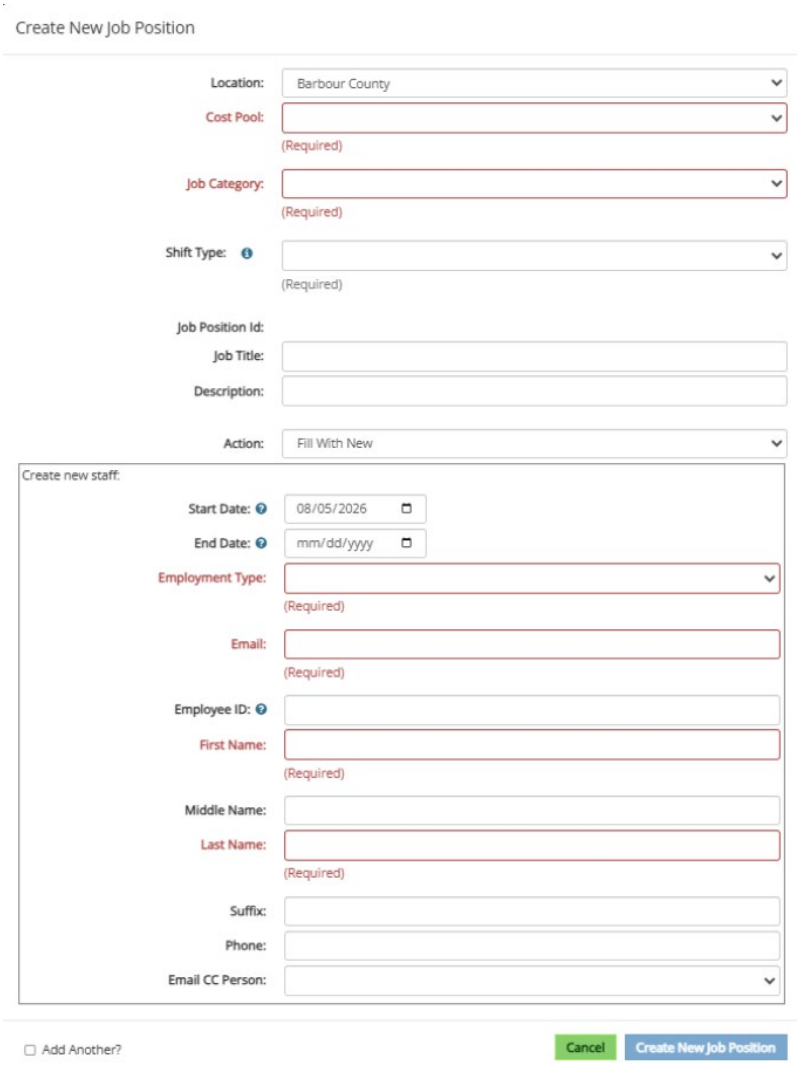


Figure 40: SPL Participant Guided Creation

Alternatively, LEA users can use PCG's export/import feature to add multiple participants at one time or make edits to existing participants. The user clicks 'Export' to download a Microsoft Excel document with the LEA's staff pool list.

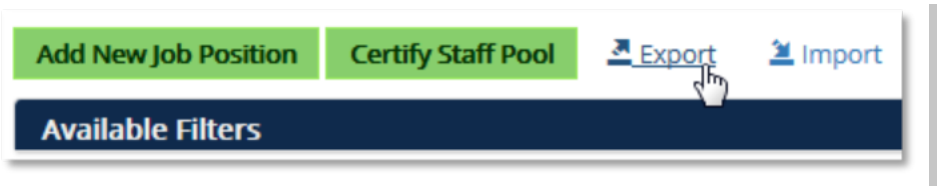


Figure 41: LEAs with large Staff Pool Lists can use the Export/Import feature to make mass changes in a convenient and efficient manner

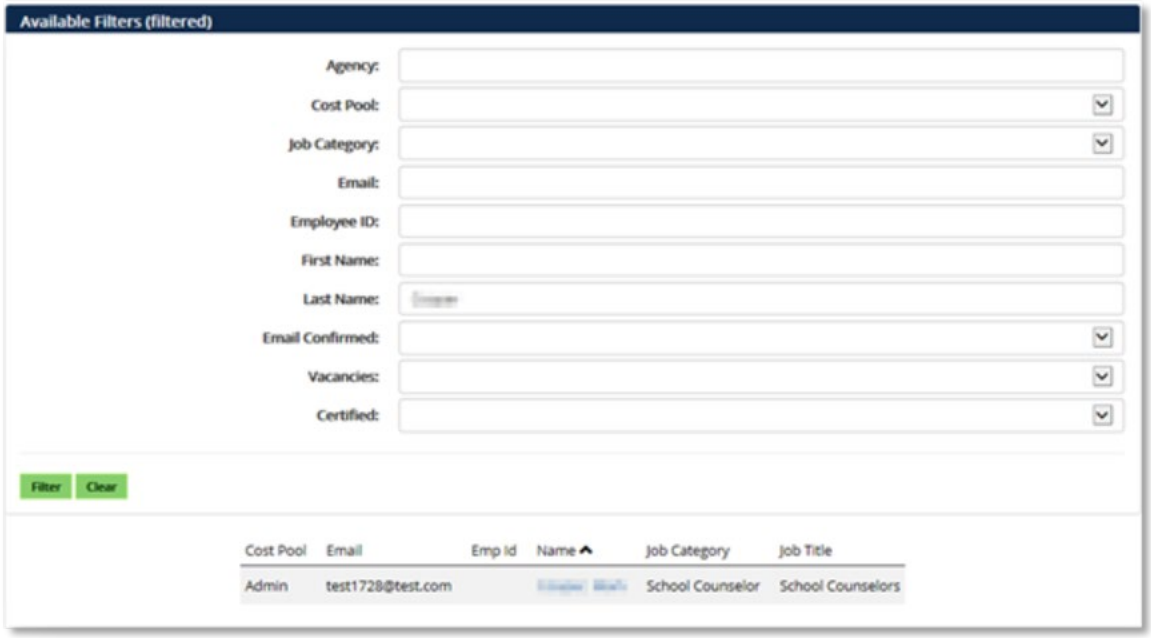


Figure 42: An example of a LEA using Filters to search for one specific employee

Prior to each time study, LEAs mst also submit calendars identifying all non-work days for staff during the period. The PCG Claiming System offers an intuitive calendar creation tool that allows coordinators to simply select the non-work days, with the system updating automatically. In alignment with recent CMS guidance, the calendar functionality has been enhanced to capture additional required data, including the first working day of the year and the final working day prior to summer break. These enhancements streamline the calendar creation process and further support coordinators in maintaining an accurate and compliant time study universe.

As an additional tool to help LEAs with Staff Pool List accuracy, PCG and DHS collaborated with LEAs to implement an “Expired Vacancy” feature for the April – June 2025 Staff Pool List collection. Vacancies are a useful tool for the staff pool list since they allow LEAs to enter placeholder positions on the Staff Pool List which they can later fill with specific people, but too many vacancies can be detrimental to the Random Moment Time Study. To help balance the need for vacancies with the need for an accurate and up-to-date Staff Pool List, the ‘Expired Vacancy’ feature flags vacancies that have been vacant for more than 12 months. (This period is customizable and something PCG and DHS can further refine as needed.) The feature also displays how long the positions have been vacant. LEAs are then forced to fill or delete the flagged vacancies. Here is an example of this feature in action:

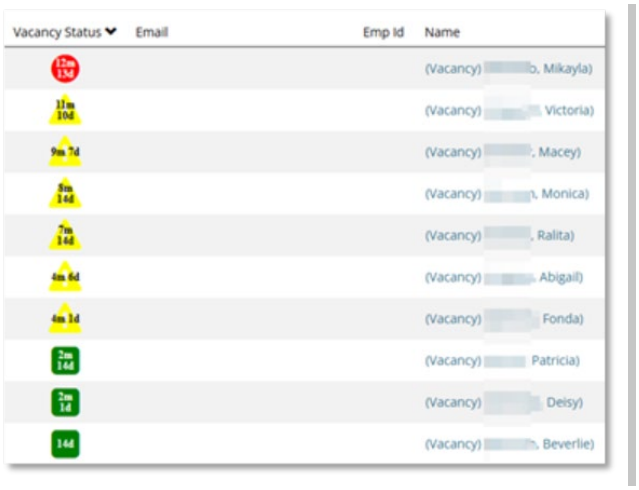


Figure 43: The 'Expired Vacancy' feature flags vacancies that have been vacant for long periods of time and require the LEA to fill or delete the vacancies.

In this example, the LEA will be forced to fill or delete the vacancies marked with a red circle. They will be able to keep the vacancies flagged with yellow triangles and green squares, but in a future quarter these yellow triangle vacancies will turn red and need to be filled or deleted. (Note that this is a large LEA, and most LEAs only have a maximum of 2-3 vacancies.)

This 'Expired Vacancy' feature is an example of PCG's commitment to accurate and up-to-date Staff Pool Lists, as well as our commitment to making compliance and accuracy as streamlined as possible for LEAs. LEAs provided feedback on this feature and said that it seems extremely useful and indicated that they appreciated the intuitive design.

After LEAs finish updating their Staff Pool List, they certify the Staff Pool List. We will discuss the certification process later in the proposal but first want to talk about Shifts.

Shifts

While the Calendar informs PCG of the days LEAs are in session, Shifts provide the specific times that staff are working. LEAs are required to set their own shifts in PCG's Claiming System by selecting Shifts:

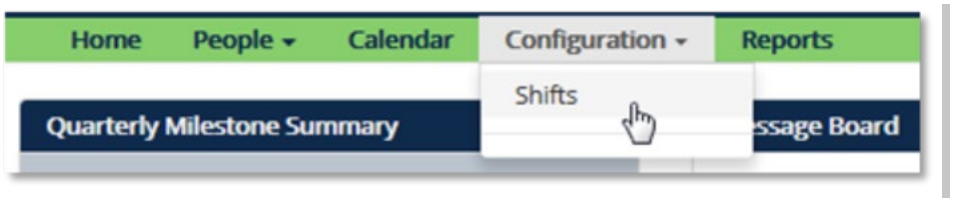


Figure 44: LEAs access 'Shifts' via the Configuration menu.

After clicking the Shifts button, LEAs see a list of the Shifts they have created:

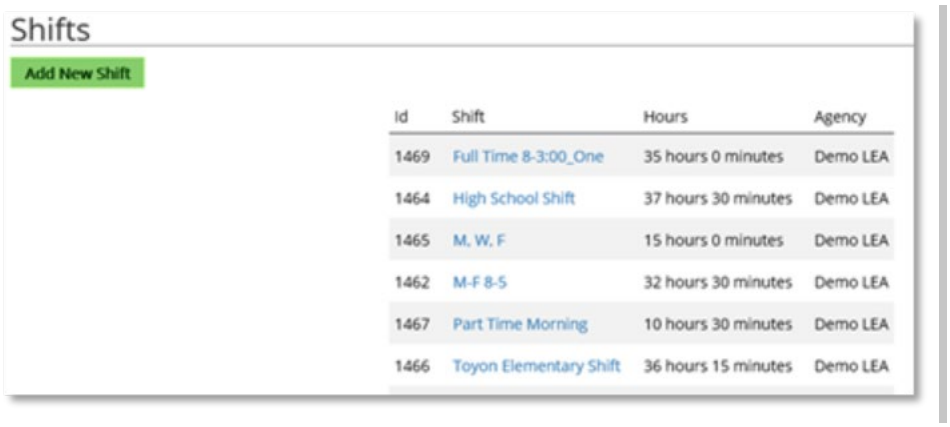


Figure 45: LEAs can create shifts to set different start and end times for various categories of Staff Pool List participants.

Since LEAs often have different start and end times for their schools (for example, elementary, middle, and high school campuses often have different or staggered start and end times) the Shifts functionality allows PCG to identify working time. This helps to ensure that participants are selected for moments during their actual workday.

Many vendors collect and rely upon a single start and end time to be used across the entire state. This is detrimental to the accuracy of the time study since staff have a higher probability of being sampled at a time when they are not working. West Virginia maintains an exceptional RMTS response rate that also includes a very high rate of working moment responses. A single statewide start and end time could greatly affect these results and could affect the ability to meet the minimum number of working moments each quarter needed to meet the minimum statistical thresholds. Additionally, recent findings from the OIG suggest that alternatives to individual working hours, such as standard bell and late start and earliest end-time work schedules, do not cover the entire work period and support fewer hours/minutes that were worked by participants. By not covering the entire work period, the sample can be considered invalid since it does not represent 100% of the time worked by participating staff. PCG avoids this risk through our Shifts functionality. This functionality reflects our commitment to compliance and accuracy.

Similar to calendars, PCG conducts a review of the Shifts submitted by LEAs. When reviewing Shifts, we look for shifts that seem unreasonable. For example, LEAs sometimes inadvertently enter AM when they mean PM, or they will label a Shift “Full Time”, but the shift will only cover 8 hours for the entire week.

As part of the certification process, the PCG Claiming System flags changes and potential issues for the LEAs to review. After clicking certify, LEAs are taken to a screen where they can see summary counts of positions added and removed, as well as the status of vacancies on the Staff Pool List:

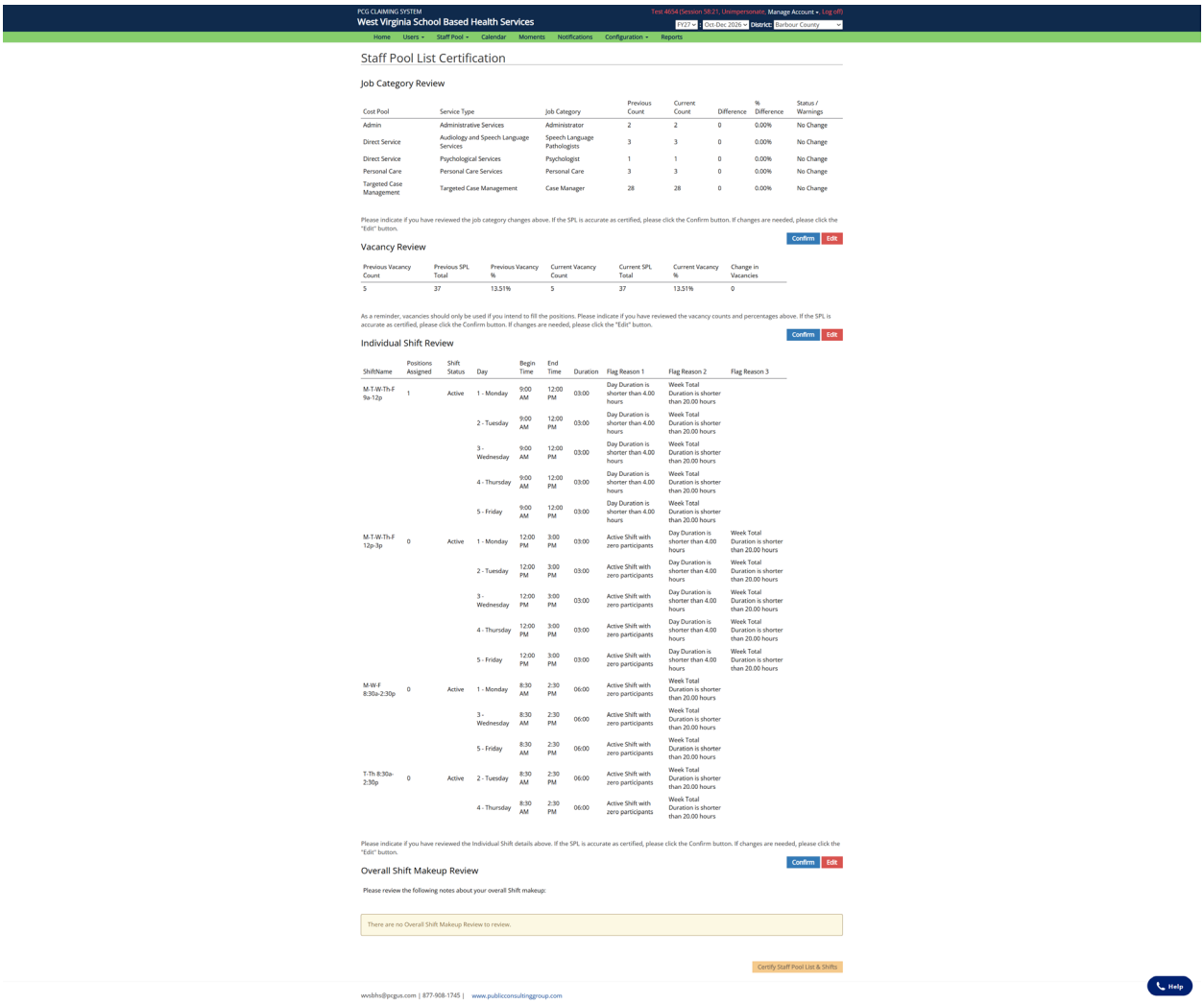


Figure 46: The Staff Pool List certification process includes a summary screen of positions added and removed as well as a review of vacancies.

In the above example, the LEA is clearly shown that they removed a School Psychologist, added a Licensed Speech Language Therapist and a Special Education teacher, and reduced the number of vacancies on their Staff Pool List. The LEA has the ability to confirm that these changes were intentional. If the changes were not intentional, or if more changes are needed, the LEA can click Edit to be taken back to the Staff Pool List page for additional updates. LEAs are also given a chance to review their Shifts on this page. LEA users are presented with questions about individual shifts as well as their overall shift makeup:

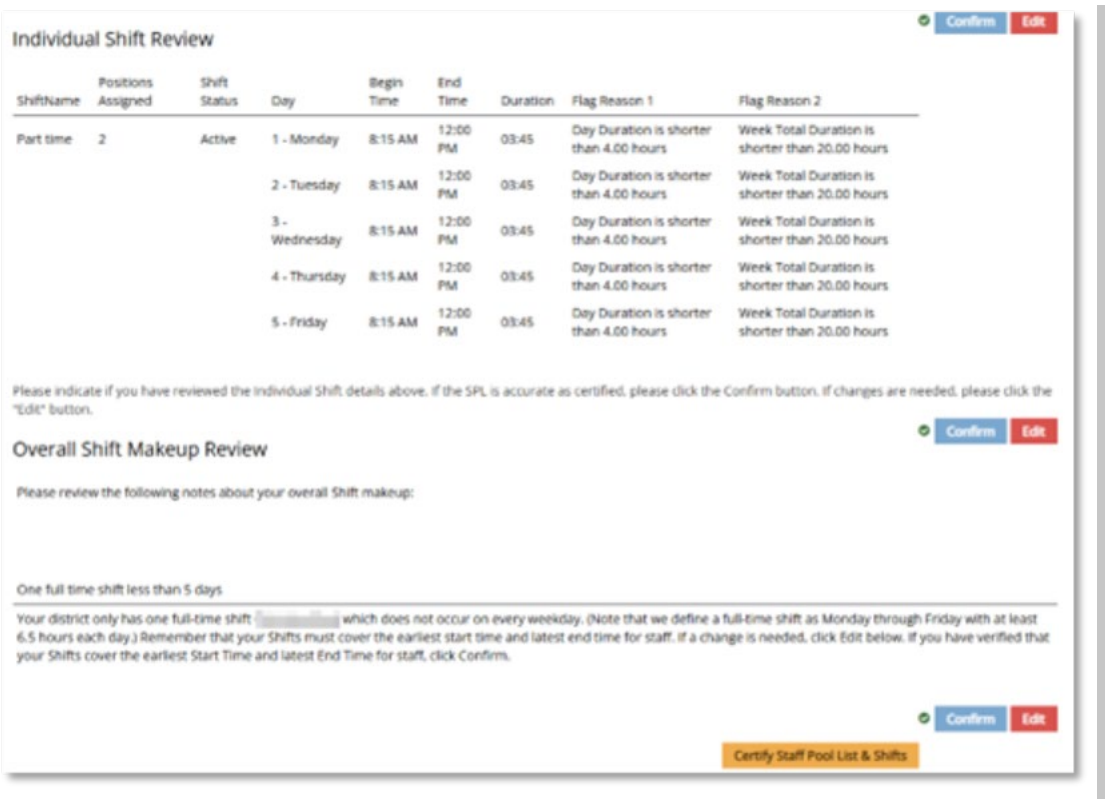


Figure 47: LEAs can review shifts prior to completing the certification process.

In the example above, the system flagged that the 'Part time' shift lasts less than 20 hours per week. The system also noted that the LEA has only one full-time shift set up. LEAs can confirm the accuracy of their Shifts. If needed, they can click Edit to make additional changes. If the Shifts are accurate as initially entered, the LEA can click the 'Certify Staff Pool List & Shifts' button to finalize their Staff Pool List and Shifts.

At this point, Staff Pool Lists, Calendars, and Shifts are locked and ready for inclusion in the Random Moment Time Study. As noted above, PCG does conduct review of LEA submissions. If PCG finds something questionable, PCG can unlock the Staff Pool List, Calendar, or Shift for edits.

Certifying Staff Pool Lists and Shifts

After the LEA finishes making all the necessary updates to their Staff Pool List and Shifts, they must click 'Certify Staff Pool' as shown below. The list of participants that the LEA certifies will be the same list that appears on financials after the close of the quarter. This process ensures that the LEA is not claiming costs for ineligible employees and decreases any audit risks.

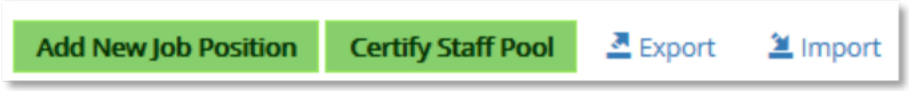


Figure 48: After updating Staff Pool Lists and Shifts, LEAs Certify the Staff Pool List.

Once the LEA reviews their information, the then certify the staff pool list, calendar, and shifts, which then defines the universe in which random moments may be assigned.

4.1.2.4. The Vendor shall ensure that the web-based system is populated with all required LEA information for RMTS activities that is necessary to calculate LEA-specific Administrative Claims. The Vendor shall be responsible for implementing the Administrative Claiming Process.

As described throughout this proposal, PCG will ensure that the Claiming System implemented in West Virginia will continue to contain all information necessary for both implementing the RMTS and calculating quarterly Administrative Claims. One of the major benefits of PCG's web-based Claiming System is that the staff that are certified by the LEA prior to each quarter are the same staff members the LEA's business/finance director sees when logging into PCG's financial reporting site. This allows the LEAs to ensure that the participants match up properly, increasing compliance and decreasing the audit risk of claiming costs for unallowable participants.

Once LEAs have certified staff pool lists, adjusted school calendars, and created correct working shifts, PCG has all of the components necessary to implement the RMTS, code and monitor responses, and use those results to implement the Administrative Claiming Process based on LEA reported allowable costs. Information on the Administrative Claiming process is detailed in Section 4.1.2.8.

4.1.2.5. The Vendor shall ensure that its data stores, process, and calculation methodologies include the capacity to adjust any prior period or current period data necessary for claim adjustment and/or recalculation.

Once a quarter has been certified by financial contacts in the Claiming System, the LEA cannot edit any financial information without contacting PCG. This limitation enables PCG to control when LEAs are making changes to their certified financials. In certain situations, the LEA may realize that they incorrectly reported costs for a previous quarter. If they realize their error before the quarterly claim has been generated, PCG has the capability to roll-back the quarter and allow the LEA contact to make his/her changes and certify again. However, in other cases, the LEA may want to make changes to their costs after the claim has been paid. PCG's quarterly amendment process allows the LEA to make changes while still capturing the originally certified data. This is important to track the originally claimed data in the case of an audit. All historical data is captured and stored securely for accurate claiming and to ensure a clean audit trail. In addition, the newly amended data is captured to keep a trail of the most recently processed claim data.

West Virginia LEA contacts also have access to their previously submitted financial data and amended data. This historical data is securely stored within PCG's previous Medicaid Cost Reporting system (MCRCS), as well as the current Claiming System, which offers easy access for the LEAs to view the previous data that they reported. Storing this historical data will become very useful to the LEA in the case of an audit. If requested, years of this historical data can be easily extracted and provided to agency staff.

4.1.2.6. The Vendor shall maintain LEA-specific information for the Administrative Claim, including, but not limited to, quarterly claim summaries, staffing information supplied by the LEAS, and other pertinent information that the Vendor utilized in calculating the claim along with any relevant documentation, concerning the Administrative Claim, for access by the respective LEA.

PCG is currently providing Administrative Claiming support services on a statewide, consortium, or LEA level in over 20 states. This experience allows us to provide extensive reporting and analysis around Administrative Claiming reimbursement levels by LEAs. Our experience not only allows us to draw comparisons within a state but against other states and LEAs throughout the country. Several factors can affect the level of Administrative Claiming reimbursement: expenditure data, non-restricted indirect cost

rates, Medicaid eligibility rates, time study results, staff listed on the staff pool, and the use of federal funds to name a few. We provide quarterly reports that are designed to look at all of these factors independently as well as their cumulative effect. This is a critical factor in determining whether or not a LEA is optimizing their Administrative Claiming revenue. PCG looks at data to provide LEAs insight into the creation and maintenance of their quarterly staff list. Our reporting is another factor that distinguishes PCG from others in the marketplace.

4.1.2.7. The Vendor will be responsible for coordinating with and assisting the Agency with the collection and editing of all data from State agencies, including, but not limited to, total enrollment and enrollment of special education students that is necessary to carry out this program and meet School-Based Health Services requirements based on the relevant regulations and CMS guidance. The Vendor will evaluate the collection methods to ensure that all necessary data is collected and stored within timely filing timeframes to meet applicable requirements and comply with the WV State Plan, which can be found at: https://bms.wv.gov/cms/west-virginia-state-medicaid-plan.

As the current West Virgina SBHS vendor, PCG will continue to facilitate the process with the Agency of capturing all required data collection needed in order to submit judicious quarterly Administrative Claims. PCG understands that this practice needs to be in ordinance with all CMS and West Virginia regulations and guidelines.

4.1.2.8. The Vendor will be responsible for preparation of financial information used for MAC claiming.

Calculating a valid quarterly administrative claim requires a proven cost-allocation method. The cost-allocation method is a combination of complex computations and an automated integrated system. PCG has developed an approved cost-allocation model that has been utilized for other clients to obtain reimbursement for administrative activities performed. In particular, this model focuses on the following areas:

- ***Reimbursable Costs:*** The first step of our cost-allocation methodology is to ensure that all items of allowable costs are identified and included in the trial balance of expenses. These costs are aggregated into cost pools. PCG's claiming mechanism takes each cost pool and applies the appropriate time study information and/or other methodologies in order to calculate the reimbursable cost. As previously mentioned, PCG will utilize its Claiming System and web-based tool in WV to streamline cost capture and compliance.

- ***Time Study Results:*** The time study results are entered into our claiming model and applied against the expenditures (e.g. salary, fringe benefits, materials, supplies, and capital) of participating groups in the time study.

- ***Eligibility Ratios:*** A key component of the claim is the calculation of the Medicaid eligibility rate, the special education Medicaid eligibility rate, and the general administration overhead factor. PCG will determine these percentages on a quarterly basis and use them in determining the reimbursable amount of each cost pool.

- ***Federal Match Rate:*** Each area of reimbursable cost will be applied against the appropriate federal financial participation rate of 50 percent or 75 percent.

The final step is to prepare, perform quality assurance checks, and submit the actual claim. Claims will be submitted in the required format. All administrative claims prepared on behalf of divisions will be consistent with Office of Management and Budget Circular A-87 (OMB A-87) Federal cost allocation guidelines. We will use our knowledge of these regulations to ensure full compliance with all Federal requirements. It is important that the claim contains all supporting documentation in the event of an audit.

- ***Check Claim:*** PCG is committed to submitting all claims accurately. We've built into our claim preparation process both automated and manual quality assurance procedures. Our claim program contains many automated checks that ensure that the integrity of equations and data is maintained. In addition, after a claim is prepared, various elements of the claim are compared to past quarter results to see if there are any conspicuous differences.

- ***Supporting Documentation:*** All costs must be identified, organized, and easy to trace to the various cost centers. PCG maintains computerized versions of the claims in addition to meticulous hardcopy files of all backup documentation arranged by quarter. The documentation is securely stored and can be easily accessed in the event of an audit.

- ***Claim Certification:*** As required by the State Medicaid Agency, a claim certification statement or Certified Public Expenditure (CPE) form must be signed by a financial representative of the school or city prior to submission of the claim. PCG generates the CPE in the Claiming System and collects LEA's signed forms per participating quarter.

- ***Claim Submission:*** Finally, PCG provides the Agency with all signed CPEs, claims and supporting documentation (including adjustments) to be submitted on the CMS-64 by the agreed upon timeline per quarter.

4.1.2.9. The Vendor will be responsible for any component not previously communicated that is required to support MAC claiming.

PCG understands and will continue the responsibility of fully supporting all aspects of MAC claiming. PCG also recognizes that components of MAC claiming which have not been previously communicated are the full responsibility of the vendor.

4.1.3 Direct Service Claiming – Cost Reporting Requirements

4.1.3.1. The Vendor shall be responsible for development and implementation of a CMS approved, web-based cost reporting system that will be based on the State Fiscal Year End (June 30). The cost reporting system must be operational within three (3) months of contract award.

Public Consulting Group LLC (PCG) features technologies that simplify, streamline, and satisfy state and federal requirements for a successful cost settlement program. PCG will deploy our proprietary web-based Claiming System that incorporates both time study and financial reporting capabilities to support Local Education Agency (LEA) claiming, with extensive and proven track records in jurisdictions across the country. PCG's Claiming System is a robust, automated, web-based time study and cost reporting software solution specifically designed with LEAs in mind to assist them with the complexity of the time study, administrative claiming, and cost reporting processes for Medicaid reimbursement.

This solution is unlike other solutions offered by competing firms in that the financial reporting component of the system requires discrete cost reporting that enables our analysts to conduct tailored desk reviews to ensure compliance and avoid reporting errors. PCG's Claiming System provides a simple step-by-step process to direct the end user through the cost reporting process. There are a number of comprehensive edit and error checks in order to ensure information is reported accurately, which will provide the Department of Human Services, Bureau for Medical Services (the Agency) and Centers for Medicare and Medicaid Services (CMS) the confidence that the Medicaid cost settlement results will withstand federal scrutiny. *Our financial reporting system currently supports statewide school-based claiming programs for administrative claiming, direct services cost settlement, or the combination of both in 17 states.*

4.1.3.2. The Vendor shall be responsible for conducting interim LEA annual cost reconciliation of actual incurred costs to interim Medicaid payments and completing final cost settlement of the difference between actual incurred costs and interim payments. Providers are required to submit an annual cost report on or before December 31st of the same year following the end of the cost reporting period. Interim cost settlement shall be completed on or before June 15 following the submission of the annual cost report. Final cost settlement will occur within twenty-four (24) months following the submission of the annual cost report.

PCG's Claiming System

Participating LEAs will submit annual Medicaid cost reports and complete quarterly financial data through PCG's web-based Claiming System. PCG's Claiming System is an automated, web-based software solution which is used nationally to assist states and LEAs with Certified Public Expenditure (CPE) reimbursement implementation. The Claiming System is designed specifically to assist LEAs with reporting necessary financial and statistical data and may be customized to address the specific reporting requirements of the Agency and the CPE reimbursement methodology approved by CMS. PCG is fully responsible for hosting and maintaining the Claiming System on PCG servers. Also, PCG's Claiming System does not require any installation on local hardware and can be accessed by any LEA or the Agency through an internet connection.

PCG's Claiming System reduces the amount of time LEAs spend to complete the cost report while enhancing understanding of the cost settlement process through a simple step-by-step process directing the end user. Each quarter and annually, PCG's Claiming System will contain the necessary data to facilitate cost reconciliation and settlement such as: salary and wage expenses, contractor costs, materials and supplies expenses, transportation costs, unrestricted indirect cost rates, the time percentage pertaining to direct care derived from time study results, Medicaid eligibility rates, and any additional operating costs permitted by CMS and approved in the West Virginia State Plan.

By populating certain fields within the cost reporting form, PCG's Claiming System simplifies the cost reporting process.

PCG's Claiming System simplifies the cost reporting process by populating certain fields within the cost reporting form to reduce the administrative burden on LEAs to the greatest extent possible. PCG has worked with the Agency and other stakeholders to identify data elements during the design and development phases that could be pre-populated in the Claiming System. These data elements include LEA Medicaid provider numbers, national provider identifier (NPI) numbers, the direct medical services time study percentage from the Random Moment Time Study (RMTS), LEA-specific indirect cost rates, and the total Medicaid reimbursement received through the interim payment process from the state Medicaid Management Information System (MMIS).

The screen shots on the following pages are examples of the annual Medicaid cost report pages from our current web-based claiming system developed for LEAs in West Virginia. Additional customization can be accommodated upon request.

LEAs can navigate through the Medicaid cost report process following the easy-to-use drop-down screens, demonstrated in the graphic below. In addition, if an LEA has questions on allowable financial data or requires additional assistance, PCG provides comprehensive support throughout the cost report preparation process. This support is offered through our WV-specific toll-free hotline, as well as by a dedicated email account that is constantly monitored by PCG staff. PCG strives to provide the necessary resources to ensure LEAs have the proper support throughout the submission process.

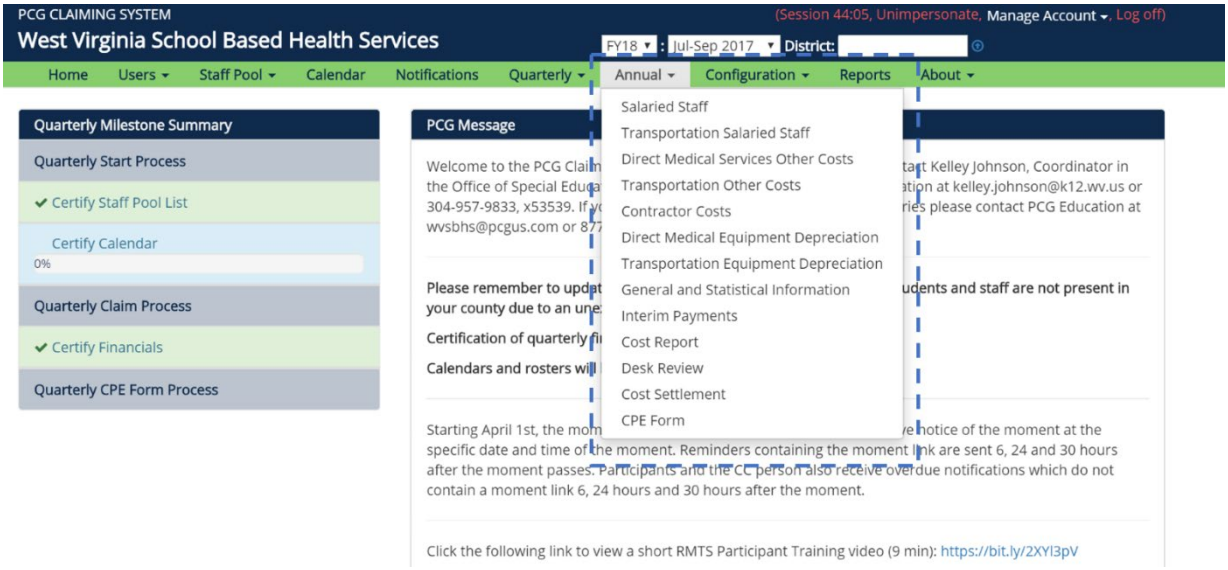


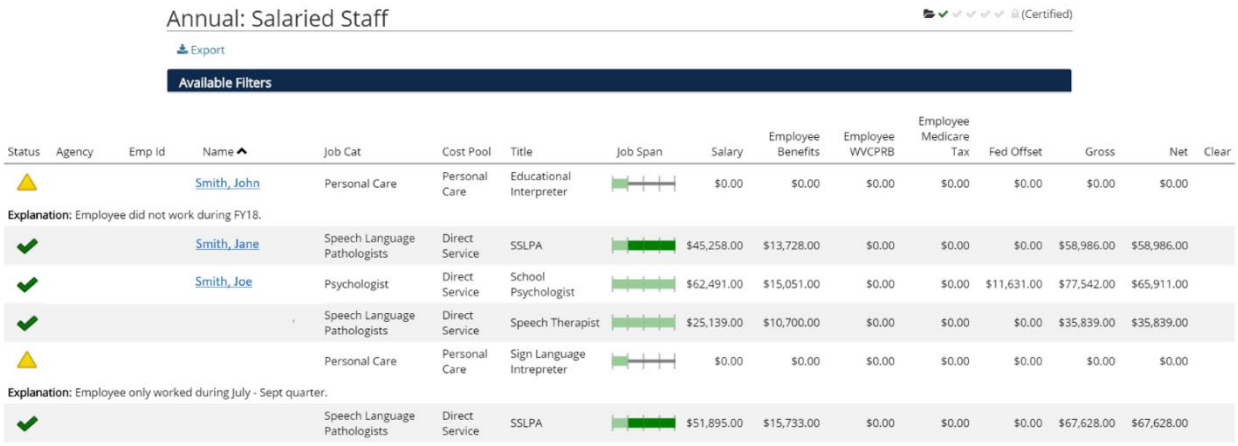
Figure 49: Annual Cost Report Menu.

Each link available on the Direct Medical Services Cost Report contains pertinent information on the completion of the report by the LEA user. LEAs are encouraged to complete each link in a sequential

manner, beginning with the “Salaried Staff” tab. The image in *Figure 49* outlines what the user will view once this tab is selected.

Annual Salaried Staff

This page will include the direct medical services payroll information reported by job category and employment status, e.g., total number of full-time speech language pathologists. The system will use this data to automatically calculate and generate cost settlement results based upon the information entered. Much of the information on this page will be pulled from the three Quarterly staff pool lists to help reduce the administrative burden on LEAs. *Figure 50* below shows an example of the Annual Salaried Staff page. The salaried staff page will provide important cost reporting reference information such as the length of time the staff member was active on the staff pool list, thus reducing the need for LEAs to refer back to quarterly staff pool list rosters.



Status	Agency	Emp Id	Name	Job Cat	Cost Pool	Title	Job Span	Salary	Employee Benefits	Employee WVCPRB	Employee Medicare Tax	Fed Offset	Gross	Net	Clear
⚠			Smith, John	Personal Care	Personal Care	Educational Interpreter		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Explanation: Employee did not work during FY18.															
✓			Smith, Jane	Speech Language Pathologists	Direct Service	SSLPA		$45,258.00	$13,728.00	$0.00	$0.00	$0.00	$58,986.00	$58,986.00	
✓			Smith, Joe	Psychologist	Direct Service	School Psychologist		$62,491.00	$15,051.00	$0.00	$0.00	$11,631.00	$77,542.00	$65,911.00	
✓				Speech Language Pathologists	Direct Service	Speech Therapist		$25,139.00	$10,700.00	$0.00	$0.00	$0.00	$35,839.00	$35,839.00	
⚠				Personal Care	Personal Care	Sign Language Intrepreter		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Explanation: Employee only worked during July - Sept quarter.															
✓				Speech Language Pathologists	Direct Service	SSLPA		$51,895.00	$15,733.00	$0.00	$0.00	$0.00	$67,628.00	$67,628.00	

Figure 50: Annual Salaried Staff Page.

An integral feature of the PCG Claiming System is the addition of the status column which is used to prompt the user when edit checks are triggered. These edit triggers have been put in place to flag any disparities or questionable costs reported—for example, if a reported salary appears to be too high for a reported job category. This mechanism has repeatedly proved successful in catching erroneous costs reported before certification of the report.

While completing the annual payroll page, the following icons may appear:

- A green check will appear if no edits were triggered and no further action is needed.
- A yellow yield sign will appear if edit checks were triggered that exceed the statewide threshold by ***one*** deviation of the average. An explanation will need to be entered before certifying.
- An orange yield sign will appear if edit checks were triggered that exceed the statewide threshold by ***two*** deviations of the average. An explanation will need to be entered before certifying.

The LEA user has two options for completing the Annual Payroll Information and may use whichever method is easiest for them. The first option is to enter data by line item, as exhibited in *Figure 51*, where information for each individual may be completed on a line-by-line basis. This option may be useful for users of small LEAs with few employees on the Staff Pool List, or to make edits to a single employee’s payroll information.

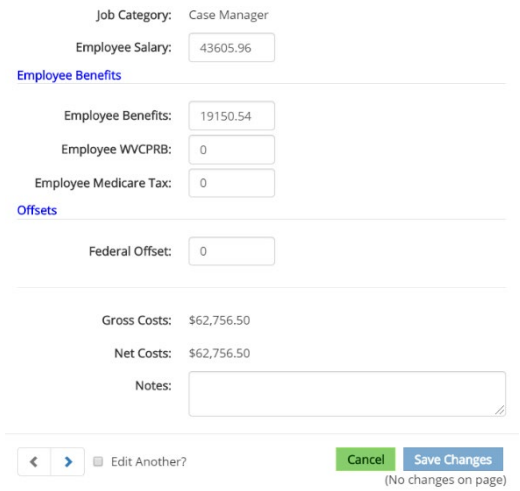


Figure 51: Annual Salaried Staff Data Entry.

The second option is for users to export and import information using an Excel file. By exporting the file, the user is provided with an easy-to-edit spreadsheet where the necessary information may be entered.

Once the information is entered, this file may be imported back into the system and the fields are updated instantaneously.

Contractor Costs

This page will allow LEA users to input costs for vendors or outside contractors providing eligible school-based health services to students. As shown in the following figure, LEA users will be able to simply add each provider/vendor and indicate: the service type, total costs, and any federal funding that was used in the provision of these services.

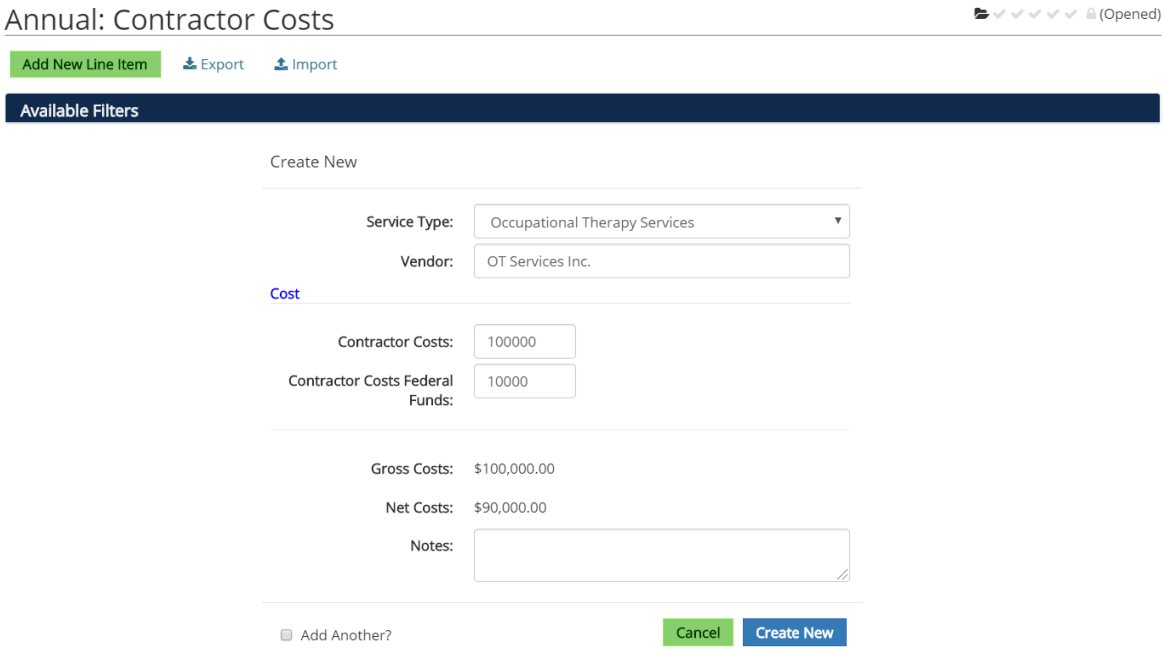


Figure 52: Contractor Costs Page

Direct Medical Services Other Costs

The following image illustrates the Direct Medical Services Materials and Supplies reported in an example cost report:

Figure 53: Direct Medical Services Other Costs Page

LEAs are allowed to enter the cost of any materials and supplies purchased for the provision of direct medical services for the use of Special Education students. These items must be listed on the CMS list of approved materials and supplies and cost less than $5,000.

As illustrated in *Figure 54*, to input costs for these items, users would simply select 'Service Type' on the relevant direct medical service type and enter the amount of materials and supplies purchased, as well as the portion of these costs paid by Federal funds, if applicable.

Figure 54: Entering Costs for Materials and Supplies

Once an LEA completes this section, they have the option to report "Direct Medical Services Equipment Depreciation" (if applicable).

The screen in *Figure 55* below will appear after clicking on the 'Direct Medical Equipment' link on the 'Assets' dropdown.

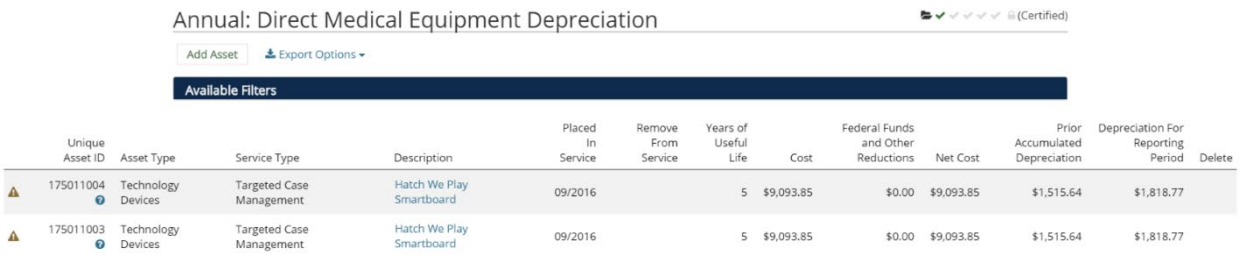


Figure 55: Direct Medical Equipment Depreciation Page.

On this page, the LEA has the option of reporting any “Direct Medical Services Equipment Depreciation” for items on the approved CMS list that individually cost more than $5,000.

These assets must be depreciated according to a straight-line depreciation method. This method assumes that the asset depreciates an equal amount of value from one year to another during the useful life defined for the asset. The annual depreciation is calculated by dividing the purchase price by the estimated useful life of the asset. To further ease LEA burden, this calculation automatically occurs within PCG’s Claiming System once the required fields are entered as indicated in *Figure 56.*

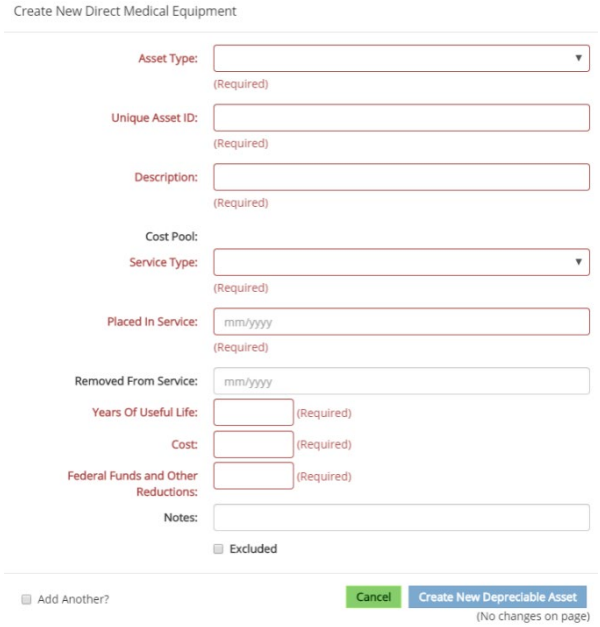


Figure 56: Entering Asset Costs.

General and Statistical Information

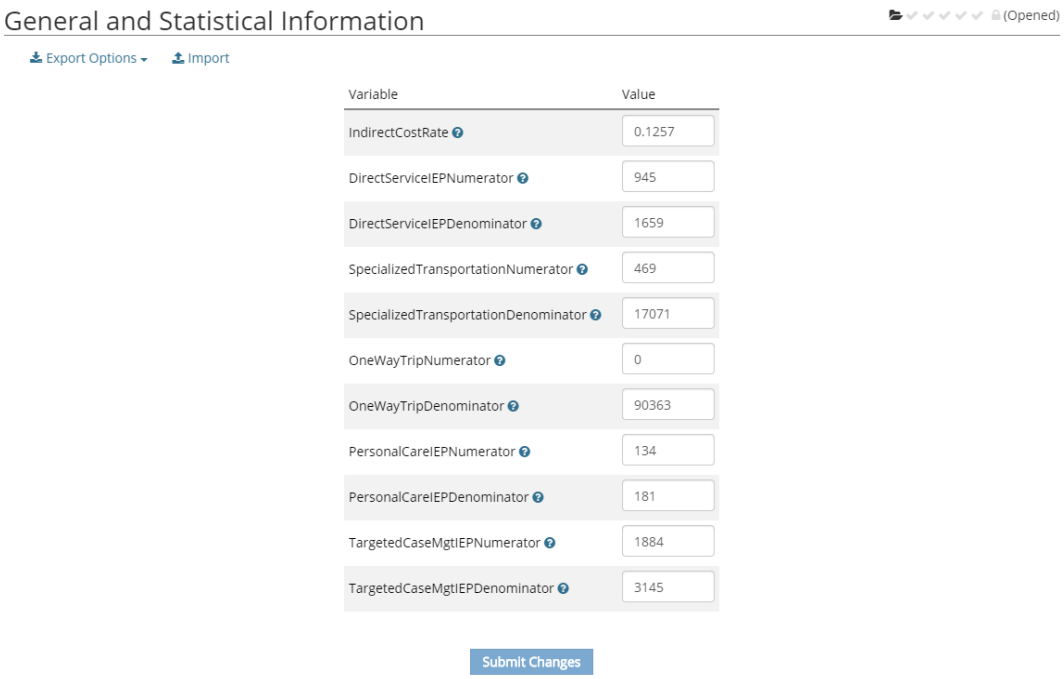


Figure 57: Ratios Reported on the General and Statistical Information Page.

Several sections of the "General and Statistical Information" page may be pre-populated by PCG with information provided directly from the Agency. Some of these items may include: IEP Numerators and Denominators, the Specialized Transportation Numerator and Denominator, and the Unrestricted Indirect Cost Rate. These variables can be inputted at any time by PCG and therefore will not interfere with the LEA's ability to edit and certify their cost reports in a timely manner.

Certain information for the following categories may be required to be entered by the LEAs (or pre-populated per the Agency request). An example would be the One Way Trip denominator, which is only required when the LEA reports transportation costs.

Transportation

The transportation section of the claiming system will include a Transportation Payroll page where LEAs will report payroll information for bus drivers, bus aides, mechanics, and substitute drivers who work on modified vehicles for special education students. These individuals may be categorized as "only specialized transportation" if they only work on special education transportation vehicles, or "not only specialized transportation" if they work on both special education and general education transportation vehicles. As shown in *Figure 58* below, the Transportation Payroll page will function similarly to the Salaried Staff page, allowing for edit checks and explanation entries.

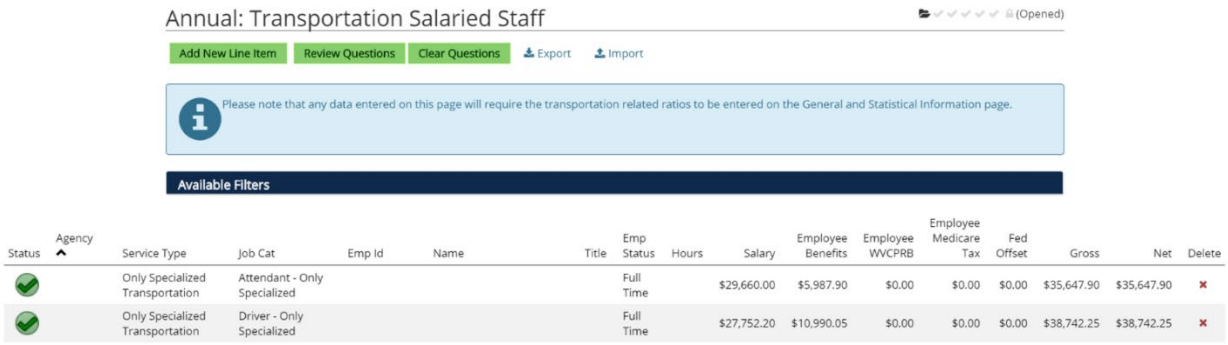


Figure 58: Transportation Costs – Salaries.

The Transportation Other Costs page will allow LEAs the opportunity to report the following costs relating to the provision of special education transportation: lease/rental, insurance, maintenance and repairs, fuel and oil, purchased professional services-transportation services, and purchased professional services-transportation equipment and other related costs. These costs can be reported as “only specialized transportation” if LEAs are able to discretely break out their special education transportation costs from their general education transportation costs. If an LEA is unable to separate these costs from their total transportation costs, they may report the total costs for each cost category under “not only specialized transportation.”

LEAs can use the Transportation Equipment Depreciation page to report any transportation purchases in excess of $5,000. LEAs will record pertinent information on this page, such as the cost of the asset, whether the asset is considered “not only specialized transportation” or “specialized transportation only,” and the month and year placed in service and removed from service (if applicable). Through this information, PCG’s claiming system will calculate for the user the total claimable amount of depreciation for these assets for the fiscal year.

The PCG Claiming System will apply ratios to all transportation costs, as appropriate, based on the LEA’s categorization of these expenses. Per approval of the State Plan Amendment, those costs listed at “not only specialized transportation,” the Specialized Transportation Ratio will be applied to determine which portion of the total transportation costs can be attributed to special education transportation. The One-Way Trip Ratio would then be applied to determine which portion of these costs are Medicaid Allowable. For those costs categorized as “only specialized transportation,” only the One-Way Trip Ratio will be applied, whereas for those costs categorized as “not only specialized transportation”, both the Specialized Transportation and One Way Trip Ratio will be applied. The application of these ratios and the calculation of Medicaid allowable costs can be viewed in the Cost Summary Report.

Additional steps within the cost reconciliation process are outlined in subsequent sections. PCG will continue with LEA reporting certification deadlines of on or before December 31st of the same year and finalilization of the annual cost report by June 1st.

4.1.3.3. The Vendor shall be responsible for reviewing data submission by LEA's and comparing to anticipated results (e.g., based on prior period data submissions and any other available data) to determine data accuracy and reasonableness and to follow-up with LEA's and amending specific cost calculations when necessary.

Following the submission and certification of the annual cost reports in the PCG Claiming System, PCG will conduct desk reviews during which we will review the data submissions of the LEA’s and compare these submissions to anticipated results using prior period data submissions and available data, as applicable. The desk review and the monitoring review processes associated with the annual cost report occur prior to the LEA receiving their final cost settlements in order to eliminate the need for adjustments. As questions arise regarding data accuracy and the reasonableness of the included costs, PCG will reach out to LEAs to address concerns and request revisions to the cost report, if necessary, throughout the duration of desk reviews.

The desk review was specifically constructed as a tool to identify outlier costs and variances against national and state averages, using industry experience to review particular components of each cost report. This process includes reviewing each edit triggered based on the LEAs submitted costs and data when compared against determined thresholds. Each response is carefully reviewed to verify accuracy and compliance with the requirements and guidelines of West Virginia's school-based Medicaid program. PCG staff will review each and every financial and statistical data element submitted by LEAs for reporting outliers and errors. Additionally, PCG is willing to work with the Agency to develop additional desk review processes and procedures to ensure that all parties understand the areas we target for review and the

breadth of the review process. PCG's experience performing a consistent review process is outlined in detail on the following pages.

The desk review process involves a comprehensive list of edit checks and procedural review. The following is a list of desk review protocols that PCG typically performs:

1. ***Review salary and benefit data for reasonableness.*** PCG will examine salary and benefit data and validate against peers and the Agency guidance.

2. ***Review LEA explanations to flagged edits.*** PCG reviews all explanations from LEAs for why costs exceeding thresholds should be permissible.

3. ***Review salary and benefit costs by service type to total time study count.*** PCG verifies that only costs of clinicians participating in the time study are included in the cost settlement.

4. ***Compare employee benefit to salary ratios for reasonableness.*** PCG calculates the statewide average benefit to salaries ratio and uses it as a benchmark for reasonableness.

5. ***Test the reasonableness of other costs.*** The West Virginia state plan allows for the reporting of other direct medical materials and supplies. PCG will test the expenditure data reported and identify outliers with unusually high other costs relative to salary and benefits.

6. ***Evaluate the reasonableness of Medicaid eligibility for transportation services.*** PCG verifies the number of one-way trips reported in the numerator and denominator for reasonableness.

7. ***Review of Allowable Transportation Costs.*** PCG reviews all allowable specialized transportation costs to ensure reasonableness and that the costs reported are eligible for reimbursement.

The desk review feature is contained entirely within the PCG claiming system and, therefore, all correspondence is preserved, and any identified confirmations or corrections are available to reference at any time. LEAs are notified of any new desk review correspondence via system notifications, and LEAs are provided with a pre-defined amount of time to respond to the desk review process. As shown in the figure below, for every desk review item, the LEA has the ability to mark the item as correct or incorrect, as well as offer an explanation to further justify the item.

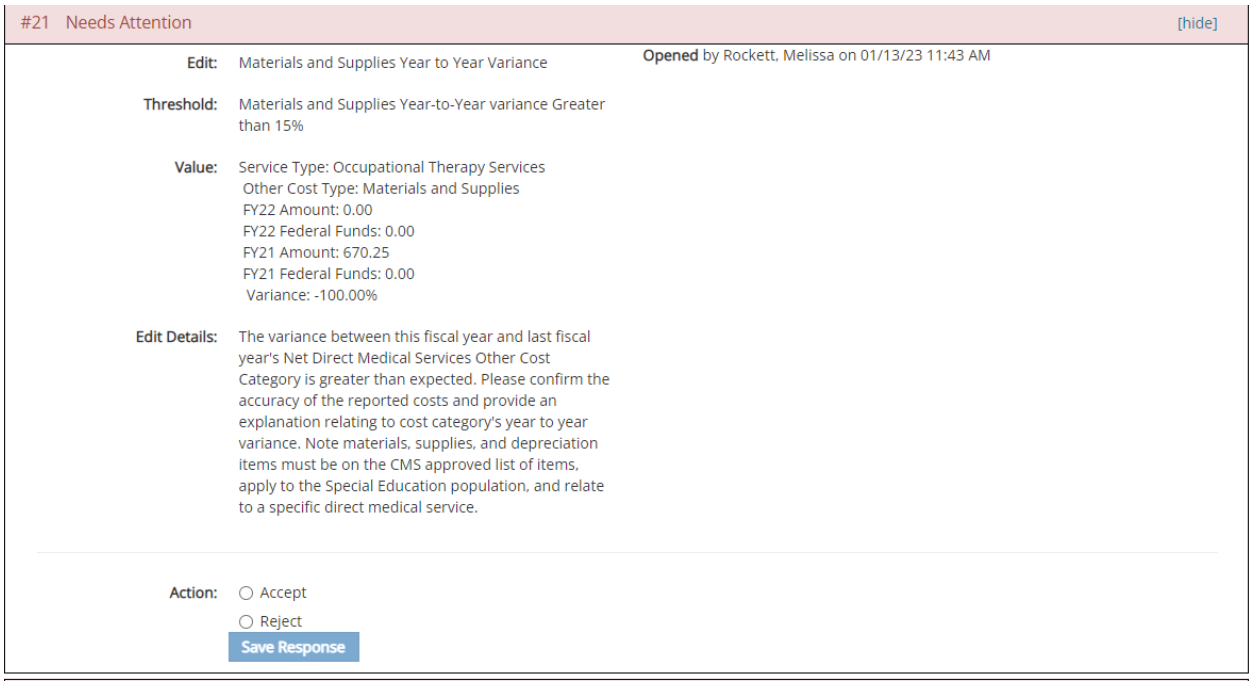


Figure 59: Desk Reviews in the PCG Claiming System

If PCG receives feedback from the LEA on the identified issues, PCG will review supporting documentation or explanations to determine whether any adjustments or actions are required. If adjustments are required, PCG reopens the LEA's report in the PCG Claiming System and works with them to adjust the appropriate costs and recertify. If a response is not received in a timely manner, PCG proceeds with continuous customer service outreach including phone calls and e-mails. In the event that a LEA is completely unresponsive, PCG will provide notification to the Agency for further guidance on approaching the non-responsiveness of the LEA and determining an appropriate course of action.

If any potential policy or programmatic issues are identified during the desk review process, PCG will involve the Agency as appropriate and necessary. Historically, PCG is proactive in bringing issues to the attention of our clients in order to facilitate statewide memorandums on policy issues. Additionally, PCG maintains all audit documentation and work papers as an audit trail in case the desk review process is reviewed prospectively by CMS, OIG, or any other auditing body.

The desk review process associated with the annual cost report occur prior to the school provider receiving their final cost settlements eliminating the need for adjustments. All reported cost and apportioning ratio data identified in error because of monitoring review or desk review is required to be corrected on the cost report within the PCG Claiming System prior to cost settlement and payment.

4.1.3.4. The Vendor shall be responsible to obtain and provide to the Agency an annual certification, as requested by the Agency, from each LEA of actual, incurred allowable costs, including the federal and nonfederal share of each expenditure.

PCG will be responsible for obtaining an annual certification from each LEA of their actual, incurred allowable costs. These will include the federal and non-federal share of each expenditure.

Upon PCG's completion of the LEA's desk review, and once the cost settlement claim is approved by the Agency, each LEA must certify their CPE form and approve the cost settlement within the PCG Claiming

System. Both actions are seamless, and easily made by the appropriately authorized representative by the click of a button, which is typically the CPE, Superintendent, Business Officer, or other appropriate representative. The CPE form informs school providers of their final calculated Medicaid costs, along with the comparison to interim payments and calculated the final cost settlement. PCG tracks and manages the collection of the CPEs on behalf of the Agency and LEAs. PCG has previously worked with the Agency to format the CPE form specifically for West Virginia. Only those LEAs in which a CPE form has been properly completed and submitted are able to proceed with the processing of the Medicaid cost settlement. All CPE forms prior to January 2022 are archived securely for audit purposes, uploaded as a document in the PCG Claiming System, and copies are also provided to the Agency if desired or requested. PCG has developed the ability to capture electronic signatures and store CPE forms electronically within the PCG Claiming System as of January 2022. Any CPE form that was signed after January 2022 is available for download immediately after it has been electronically signed in the claiming system.

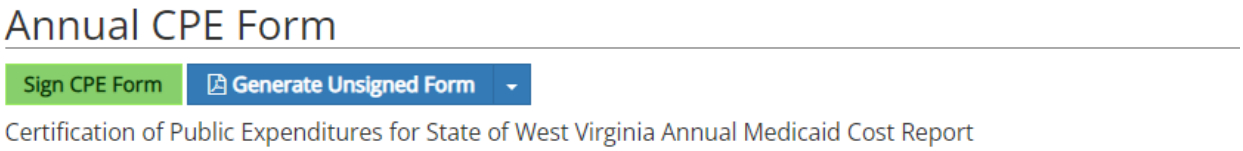


Figure 60: CPE Form Collection.

4.1.3.5. The Vendor will be responsible for providing the Agency with information needed for payment or recoupment of interim and final cost settlement amounts.

PCG commits to providing the Agency with any information required for payment or recoupment of interim and final cost settlement amounts. This information may include any cost reporting data as submitted in the PCG Claiming System, and any documentation including e-mails and backup data collected throughout the desk review and/or monitoring review process.

As the national leader in providing school-based health service cost settlement services, PCG has extensive experience in providing state Medicaid agencies with various reports to present interim and final cost settlement calculations. PCG will be able to provide the Agency with multiple report format options in order to determine the structure and the content of the reports for cost settlement results, as shown in *Figure 61* below. This information is available under the statewide view in the PCG Claiming System, on the 'Cost Report' page.

Figure 61: PCG Claiming System Cost Report/Cost Settlement Calculation Export Options.

PCG will support all questions related to the results of the cost settlement calculation process and PCG will inform the provider of any appeal rights, if applicable. If necessary, PCG can file amendments to the annual cost settlement claim in the PCG Claiming System to correct any errors identified after payment, as confirmed by the Agency. While not common, the amendment process is sometimes necessary and

amended filing within the PCG Claiming System is simple. The PCG Claiming System preserves the original claim, in addition to the amended claim, which is important for auditing purposes. As in the same instance of an original claim, PCG would provide exportable cost reports and LEA results from the PCG Claiming System in accordance with agreed upon formats with the Department for the amended claim as well.

PCG also performs analytical work to summarize the general findings of the Medicaid cost settlement results, particularly for those LEAs that are in payback, or recoupment, situations. Our team identifies and explains the reason(s) for recoupment, such as billing for services in which services were funded primarily with federal funds that were offset in reported costs, failing to include all permissible costs within the cost report, or cost base being simply lower than the current interim rates, as a few examples. In addition, PCG performs year to year cost settlement comparisons to validate results are consistent with prior year settlements. PCG will also provide suggestions on the type of analytical information we have provided to other state Medicaid agencies, which they have found to be beneficial and informative.

4.1.3.6. The Vendor will be responsible for calculating and providing the Agency with interim payment rates that will be paid by the West Virginia Medicaid program for each SBHS service for each LEA on an annual basis following cost report reconciliation.

PCG will assume responsibility for calculating and providing the Agency with interim payment rates on an annual basis following cost report reconciliation. It is vital that interim rates are closely aligned with provider costs, and PCG recognizes that this is a delicate balance to maintain. Rates should not be over inflated as this would result in providers owing money back to the Medicaid program after the cost settlement and cost reconciliation process; however, it is equally important to ensure rates are maximized so providers do not experience a loss in revenue streams throughout the fiscal year.

In order to equate interim rates closely to provider costs, PCG will review data extracted from MMIS and the PCG Claiming System to establish provider specific interim rates on an annual basis by service type. PCG will develop a comprehensive Excel workbook, which will automate the rate setting process. The Excel workbook will calculate provider-specific rates once essential data is extracted into the application, including Medicaid eligibility rates, provider costs, provider-specific unrestricted indirect cost rates, and aggregate time study data. The results will then be diligently reviewed by PCG staff to ensure rates are accurate and maximized in comparison to provider costs. PCG has experience in multiple states successfully implementing interim rate setting under our school-based health service contracts with the District of Columbia, Colorado, Louisiana, New Jersey, Texas, and Wisconsin.

4.1.3.7. The Vendor will be responsible for obtaining on a quarterly basis, Certification of Public Expenditure (CPE) from each LEA. Certification forms must be submitted to the Agency no later than the 15th of the month following the quarter end.

PCG will collect a Certification of Public Expenditure (CPE) from each LEA for their Medicaid Administrative Claiming on a quarterly basis and a CPE for Direct Service Claiming from each LEA on an annual basis. LEAs will be able to electronically sign their CPE form via their unique user credentials directly in the PCG Claiming System. While these CPEs will be housed in the PCG Claiming System, PCG staff will also be able to submit the PDF forms to the Agency upon request.

4.1.3.8. The Vendor will be responsible for collecting an annual non-restricted indirect cost rate (ICR) from each LEA. The Vendor will be responsible for the collection of any item that was not included in the Vendor's cost report or other data collection tools that subsequently are identified as required to complete cost settlement. The Vendor will be responsible for any such omissions and ensuring that all information

that is required to comply with the WV State Plan, CMS guidance related to SBHS, and applicable regulations have been collected and is documented accordingly. Reference to WV State Plan can be found on 4.1.2.7.

PCG will assume responsibility for collecting an annual Non-Restricted indirect cost rate (ICR), and any other item that was not included reguired to completet cost settlement, from each LEA. To encourage consistency and ease the administrative burden, PCG will leverage current relationships with the West Virginia Department of Education (WVDE) to compile the indirect cost rate for all LEAs. As the cognizant agency responsible for calculating the indirect cost rates on behalf of all LEAs in the state, WVDE can be called upon to facilitate the collection of the indirect cost rates for all LEAs. These Non-Restricted ICRs will be loaded into PCG's Claiming System so that indirect costs may be captured within the cost report.

4.1.3.9. The Vendor will be responsible for assisting the Agency in monitoring the time study and MAC program to ensure compliance with federal requirements (See 4.1.1.5 for reference). The areas of review include, but are not limited to: Participant List/Roster to ensure only eligible categories of staff are reported on the participant list based on the approved RMTS categories in the implementation plan; RMTS Time Study which includes sampling methodology, actual sample and time study results; RMTS Central Coding,- review at a minimum of five percent (5%) sample per quarter of the completed coding; Compliance with Training requirements and Financial Reporting to ensure that costs are only reported for eligible cost categories and meet reporting requirements.

Following cost report submission, PCG will complete a desk review process where we will review LEA cost reports for any missing data required to complete cost settlement. PCG will reach out to any LEAs who may be missing this data in their initial cost report submission and request its inclusion. During this process, PCG will also ensure that all included information complies with the WV State Plan, CMS guidance and applicable regulations, and that this information has been collected and is documented accordingly.

PCG's familiarity with the West Virginia School-Based Health Services program provides us with substantial knowledge regarding the validation and data collection that happens "behind the scenes" for West Virginia. For example, PCG is acutely aware of the historical issues that LEAs have had with double billing specialized transportation procedure codes T2001 and/or T2002. To mitigate these problems, PCG has developed a methodology with the Agency that identifies all potential duplicate claims as well as claims that exceed the limit of four trips per day per student. Each year, we identify the LEAs that have issues with specialized transportation claiming and bring them to the attention of the Agency. As a result, each year West Virginia has experienced a decrease in the amount of double-billed specialized transportation claims, which has improved the accuracy of the One Way Trip Numerator calculations.

4.1.3.10. The Vendor will assist the Agency with monitoring of all LEA's at least once every three (3) years. Monitoring will consist of either on-site or desk review, or a combination of both. The goal of the monitoring will be to ensure that the LEA's are maintaining appropriate documentation as required by CMS (e.g., in the event of CMS audit the LEA's would be able to provide documentation to support data submitted and utilized in the RMTS, cost report and administrative claiming).

PCG agrees to assist the Agency in the monitoring of the time study and MAC program for compliance with federal requirements. With more than 25 years of experience working with school-based Medicaid programs, PCG has extensive knowledge of State and Federal Medicaid billing and claiming requirements, supporting both MAC and Medicaid cost settlement programs. As a national leader in this particular arena, PCG has legal and regulatory staff review at our disposal that constantly monitor the Office of Inspector General (OIG) and other national school-based service programmatic audits. We use these reports to

inform our staff, as well as aid in establishing national best practices for constructing highly compliant school-based programs.

PCG understands the utmost importance and necessity to work with the Agency and other agency divisions and units to support fraud detection and pursuit activities. PCG will serve as a trusted partner to support all participating LEAs in appropriately claiming for services available under the Medicaid Administrative Claiming and the Medicaid cost settlement program. We have established processes, as well as built-in edit checks within our automated financial reporting systems, to aid in these efforts. We will work with the Agency to customize and configure our program integrity efforts to meet the specific needs and expectations of the Agency.

Areas of review will include, but will not be limited to:

- Participant List/Roster of eligible categories of staff are reported based on the approved RMTS categories in the implementation plan;
- RMTS which includes sampling methodology, actual sample and time study results;
- RMTS Central Coding – review at a minimum 5% sample per quarter of the completed coding;
- Compliance with Training requirements and Financial Reporting so costs are only reported for eligible cost categories and meet reporting requirements; and
- And any other areas of review as determined by the Agency and agreed by PCG.

PCG appreciates the value of a comprehensive oversight and monitoring program to ensure that the school-based health services program is implemented and operated in compliance with all state and federal regulations. PCG will implement, in conjunction with the Agency, a comprehensive program oversight and monitoring program for the school-based direct services program that will include comprehensive desk reviews and on-site compliance reviews of LEAs. PCG agrees to assist the Agency with in-depth cost report reviews of all LEA's at least once every three years, either through on-site meetings, by desk review, or a combination of both. PCG proposes reviewing one-third of West Virginia LEAs each fiscal year, with the expectation that each LEA would be reviewed once in a three-year cycle.

Through these in-depth reviews, PCG would request appropriate documentation to substantiate the inclusion of reported costs on the cost report. LEAs will be notified with ample time before the desk review begins to collect the required backup. PCG will then review this information and discuss any questions that arise with the LEA. Once all questions have been answered and the desk review has been completed, PCG will compile a summary with the results of the desk review to the LEA and to the Agency. A revision of the cost report may be requested if an LEA's documentation is insufficient. This review would ensure that appropriate documentation as required by CMS is being maintained by the LEA, and that in the event of CMS audit the LEA would be able to provide adequate documentation as requested by CMS.

4.1.4 Documentation System and Billing Services

PCG has a unique approach to the documentation of services delivered to schools applied in LEAs across the country and to the billing of eligible services. Staff in schools have a number of demands on their time and their focus needs to be on the delivery of services to students. Spending unnecessary time worrying about Medicaid billing, or needing to complete documentation in multiple systems, is not only a source of frustration for staff, but it also consumes their valuable time. For those reasons, and others, our focus, which you will see throughout our process, is streamlining the ability for staff to document all the services they provide students. Staff can then focus on documenting their services for every student, regardless of Medicaid status, in a single location. Using a single system for all students allows staff to document not only for the Special Education population, but also for students they serve in the general education population, and for Medicaid eligible and non-Medicaid eligible students, all of which may be represented in the same group for services. This allows staff to remain in compliance with both Education and Medicaid requirements, as well as the requirements to maintain their license. If they are documenting their services in a single system, designed to capture all the required components, as with PCG's EasyTrac system, then the billing of appropriate services to Medicaid will flow directly from that documentation eliminating the need to interrupt the provider. Coordinators at the LEA also will have one location they can access if there is a request to provide service documentation to a parent or others, as well as to monitor the documentation of services throughout the school year.

Many systems may require the provider to document the service in multiple locations. By developing the system capabilities to capture all of the data elements, the services documented in our system can be extracted not only for Medicaid billing, but the information can be used to populate other systems in the LEA if needed, such as the Student Information System (SIS). This ability to extract and share the data removes any need for staff to have to "double document" the service, reducing their time spent on documentation and increasing the time they can focus on service delivery.

Once a service is documented by the provider, PCG will check to determine if that service is eligible to be billed to Medicaid. The eligibility of the service for Medicaid billing is contingent upon the child's enrollment in Medicaid, consent, authorization, and a number of other factors that are checked during the claiming process. Contacts at the LEA will be able to see clearly what services have been submitted for reimbursement and, not only which services have not been submitted, but why they have not been submitted. This will allow the LEA contact to be able to focus on efforts to optimize reimbursement by following up on those targeted claims. Medicaid enrollment can also be back-dated to the application date. PCG will regularly check Medicaid enrollment status for students. If a student's application is approved, provided all other requirements are met, PCG can claim for those services back to the enrollment date without having to obtain additional documentation from the service provider. All of these capabilities are implemented to streamline the process for LEAs, reduce the administrative burden, and optimize reimbursement, while maintaining the highest level of compliance.

4.1.4.1 The Vendor shall have detailed knowledge of Medicaid's federal and State regulations and requirements relating to all facets of the practice of school-based medical services and administrative billing and payment. The Vendor's overall solution must utilize techniques and procedures which provide accurate Medicaid-approved billing for school-based services. The Vendor shall be HIP AA (Heath Insurance Portability and Accountability Act) and FERP A (Family Education Rights and Privacy Act) compliant in all areas of information sharing, claims processing and overall procedural functions.

PCG has pioneered a proven approach for administering successful Medicaid Documentation and Billing programs across the nation. No other vendor has the experience that PCG holds in regard to school-based Medicaid. Our extensive and proven experience along with our financial stability differentiates us from other firms and makes PCG the lowest risk choice. States and LEAs recognize and trust PCG's approach to

school-based Medicaid program implementations. Building from this experience, PCG's approach to this project will be based on the following tenets:

- **Partnership:** PCG values partnership with all clients. We believe collaboration and transparency are keys for a successful partnership. Given PCG Education's K-12 domain expertise, we want to be a long term thought partner with West Virginia districts.
- **Comprehensive Medicaid Consulting:** PCG will implement and maintain our technology solutions and also offer Medicaid consulting services beyond our technology, including support related to any audits or reviews.
- **Continuous Support:** PCG will designate staff to be available for implementation, training, and support.
- **Rigorous Compliance Process:** PCG is fully committed to making sure the West Virginia Medicaid program implementation meets all state and federal compliance standards.
- **Reimbursement Optimization:** PCG will analyze the current Medicaid program methodology against West Virginia's Medicaid State plan to identify opportunities for reimbursement optimization and expansion.
- **Program Simplification:** To simplify the work for district providers and key administrators, PCG will outline clear actions and areas of responsibility.

4.1.4.2 The Centers for Medicare and Medicaid Services (CMS) established a recognized set of codes under HIP AA. The HCPCS (Ancillary Services/ Procedures), CPT-4 (Physicians Procedures), CDT (Dental Terminology), ICD-9 (Diagnosis and Hospital Inpatient Procedures), ICD-10 (as of October 1, 2015) and NDC (National Drug Codes) codes are the adopted code sets for procedures, diagnoses, and drugs.

4.1.4.3 HIP AA Administrative Simplification Transaction and Code Set Standards require adherence to the content and format requirements for transactions. There are certain standard transactions required for Electronic Data Interchange (EDI) of health care data. Additional information on HIP AA is available at: http://www.Medicaid.gov.

4.1.4.4 The Vendor shall only file SBHS claims for registered students that are Medicaid-eligible and for services that are included in the student's Individualized Education Plan(IEP) or other approved plans of care. The service must be provided by a qualified provider in compliance with the Medicaid State Plan and/or federal requirements. Services covered in the Medicaid State Plan for LEAs include, but are not limited to nursing services, physical therapy, occupational therapy, speech/ language services, audiology, psychological counseling, evaluations and specialized transportation. Adequate supporting documentation, in a form ready for review, of provider qualifications and the provision of covered services, must be maintained.

Faithful Stewardship of Student Data

Data security and compliance is paramount to PCG. PCG's solution adheres to Family Education Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) compliance requirements for any students receiving related services. PCG maintains a SOC 2 Type II certification through a vigorous review of our current systems both internally and externally. As part of the requirements of this certification as well as being good stewards of PII, our EDPlan software, which includes our EasyTrac module for FFS documentation and claiming, has always included the ability to automatically log a user out of the system after a set amount of time. This helps prevent unauthorized access to HIPAA and FERPA protected information. EDPlan is also equipped with role-based security which dictates which data a user can view and/or edit.

EasyTrac solution uses HTTPS, a combination of the Hypertext Transfer Protocol and a cryptographic protocol over an encrypted Secure Socket Layer (SSL) or Transport Layer Security (TLS) connection to meet security standards. PCG's passwords meet "hardened" password complexity requirements that make it highly challenging for an unauthorized user to guess the password successfully. PCG also employs Multi Factor Authentication for additional safeguards. The hosting facility provides around-the-clock network security management and comprehensive network security services limiting physical access to the server. The transport networks meet the most stringent security standards in order to protect customer information and data. PCG's solution is completely web-based with controls in place to ensure that data is maintained and transmitted securely.

Data Exchanges through Secure SFTP

PCG is capable of securely accepting, storing and utilizing daily West Virginia Educational Information System (WVEIS) extracts including RSKEY student identifier and other required student, provider and program data elements. PCG is an education data leader in the Mid Atlantic region – both in integrating and protecting data. PCG's extensive work provides us with experience integrating with student information system (SIS) across the nation. We have developed a streamlined process through our extensive experience with this specific integration.

Compliance and Quality Control

PCG is committed to adhering to all applicable state and federal regulations and laws, paying strict attention to our policies and procedures and their execution in daily client interactions, and claiming operations and systems. PCG will work with DHS to develop a compliance agreement, which outlines how PCG will check services to confirm compliance documentation data and how PCG will receive that data from the LEA.

PCG will be responsible for the following compliance elements related to documentation and claiming:

- Developing and maintaining a standard operating procedure manual, outlining the activities performed during the monthly billing process, including the set of quality control procedures for post claim creation.
- Implementing system rules, aligned to West Virginia policy, to confirm completeness of service documentation and compliance data entered into the system by LEAs.
- Reviewing certain LEA data per the compliance agreement to confirm the presence of required compliance elements, including IEP, Plan of Care, Provider Certification, and Medicaid Enrollment, prior to claiming.
- Submitting HIPAA-compliant claim files that utilize the Centers for Medicare and Medicaid Services (CMS) recognized set of codes and adhere to the content and format requirements for the Electronic Data Interchange (EDI) of health care data.
- Continuously monitoring state and federal Medicaid policy to confirm PCG systems and processes remain compliant.
- Maintaining and retaining documentation supporting paid Medicaid claims, per the West Virginia State Medicaid program's retention requirements.

LEAs will be responsible for:

- The accuracy of the data entered in EasyTrac, either through manual entry or automated import
- The content and quality of delivered services and documentation
- The maintenance and retention of all documentation created outside of EasyTrac necessary to support the payment of Medicaid claims

In the event of an audit, we will extend support to DHS and LEAs by attending entrance and exit conferences, providing help with auditor data requests, and reviewing responses back to the auding entity. Leveraging the audit tracking features of EasyTrac and our robust claim reporting capabilities, we can assist DoHS in demonstrating the execution of compliance checks and the underlying data used to validate

claims. Any audit findings will be promptly addressed through the implementation of corrective actions, and in close collaboration with DHS.

4.1.5 System Overview

To meet the specifications outlined in the Centralized Request for Quote, PCG will propose its Medicaid Documentation and FFS Claiming Program that combines PCG's EasyTrac solution and EDPlan Health module with a proactive, compliance-focused approach and data analytics best practices – all driven by an unparalleled emphasis on customer experience.

For the sake of clarity, title to and all intellectual property rights in PCG's proprietary software will remain with PCG. PCG will grant to WV LEAs and their authorized users a non-exclusive, fully paid license to use the software for the purposes set forth in the CRFQ, for the term of the contract. This proposal includes data integration, training, and project management services to deliver the EasyTrac solution described in the following pages to WV LEAs. PCG describes each proposed element in the sections that follow.

4.1.5 The Medicaid Module Solution will integrate and use the data available to process Medicaid claims for children. The system will guide the personnel through the maze of Medicaid regulations, minimizing the possibility of violating laws and regulations, but maximizing legitimate reimbursements. The Medicaid Module must be efficient and constantly kept up to date with changing Medicaid laws. The system must capture all fields of service documentation required for Medicaid claiming. The web-based application must be available to all LEAs and allow them system access. Staff shall be able to document medical services provided to all students they serve regardless of Medicaid status. District administrators must have access to review records documented by all providers within the system. The vendor must host and maintain the system. The claims must be processed without users having to use the services of a third party and without adding additional staff.

Our Solution: EasyTrac

EasyTrac is a single repository for documentation. All health-related service records (therapist notes) and claim supporting documentation (service provider licensure/certification, parental consent, Medicaid enrollment, etc.) are stored in a uniform manner and in a single, secure, web-based repository. With the right permissions, LEA staff can effortlessly retrieve these records, including therapist notes, during state reporting, Medicaid audits, due process complaints, parent requests, etc. The single repository is also beneficial to compliance staff and supervisors making resource allocation decisions.

What Are the Benefits of EasyTrac?

Easy-to-Use: EasyTrac is intuitive and simplistic; staff are typically "up and running" within a matter of minutes.

Real Time Data Collection: Staff enter services as frequently as possible, which gives administrators immediate access to current data rather than waiting and using outdated information to make managerial decisions.

Universal Logging: In alignment with the national expansion of school-based Medicaid, EasyTrac allows providers to enter service documentation for all students, regardless of Medicaid or Special Education status.

Convenient for Providers: Access is available wherever there is an internet connection. EasyTrac is flexible to the hardware already being used by providers, whether it be laptops, tablets, or smartphones.

Improves Information Exchange between Providers and Administrators: EasyTrac can be used as a mechanism to quickly disseminate information from administrators to providers.

Increases Data Integrity: Data edit checks are built into the EasyTrac system thus minimizing the possibility of providers accidentally capturing inappropriate billing information.

This tool is available online and can be accessed by a desktop, laptop, tablet, or smartphone. Where possible, documentation is driven by drop-down menus to minimize the amount of time a staff member needs to document a service. Each component of the claim cycle, as well as project management and coordination, can be implemented electronically:

- Staff Caseloads
- Service Documentation
- Student Evaluations and IEPs
- Track Provider Qualifications
- Service History Reports
- Student Data Submission
- Student Medicaid Eligibility
- Compliance Settings

In the next few pages, we will highlight some of the key features of the EasyTrac solution and a “tour” of the EasyTrac solution interface:

Caseload Setup Wizard

The first step to successful service documentation is managing caseloads and service delivery schedules.

Through EasyTrac’s caseload setup functionality, providers can quickly and easily:

- Access the Caseload Setup Wizard to manage their own caseload
- Add/Remove students at any point in time
- Receive alerts if a student has been added/removed from their caseload

Administrators can also:

- Be granted access to a Caseload Administration Wizard to manage the caseload of others
  - Generate caseload reports to track caseload information by provider, provider type, school, school code, region, etc.
- Quickly retrieve caseload information for each provider via the Users search

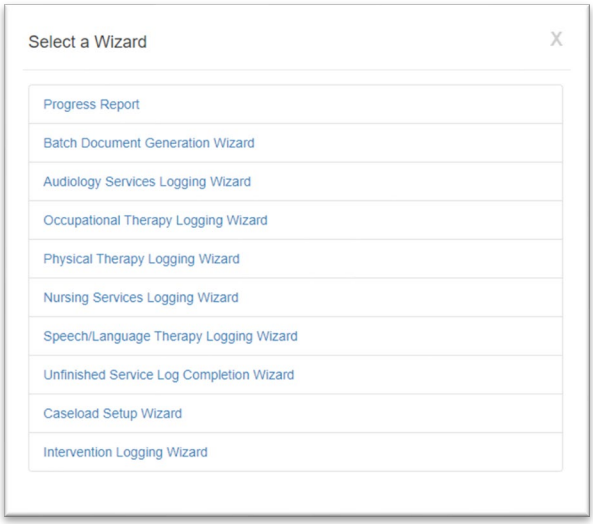


Figure 62: Logging Wizard Selection

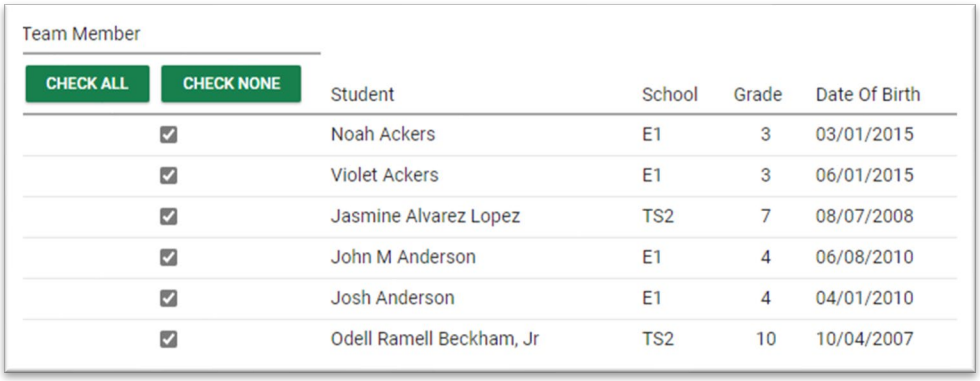


Figure 63: Logging Wizard Student Selection

Service Logging Calendar

The EasyTrac Service Logging Calendar function promotes complete logging in a timely manner by providing the ability for a provider to track their daily schedule in the same system where they complete their logs. Providers' caseloads automatically pull into the Service Logging Calendar, so providers can quickly set up all their appointments, including various data elements to prefill when completing service logs. Once appointments are scheduled, they appear on providers' My Calendar page. Providers can click on an appointment, and it will launch the service logging wizard for that student or group of students, where additional details about the session can be entered into a session log.

Calendar appointments are color-coded based on the following:

- Service Logs that have been entered in EasyTrac: **Green**
- Service Logs that are past due and have not been entered in EasyTrac: **Yellow**
- Service Logs that are scheduled for a future date and are not available for logging yet: **Blue**

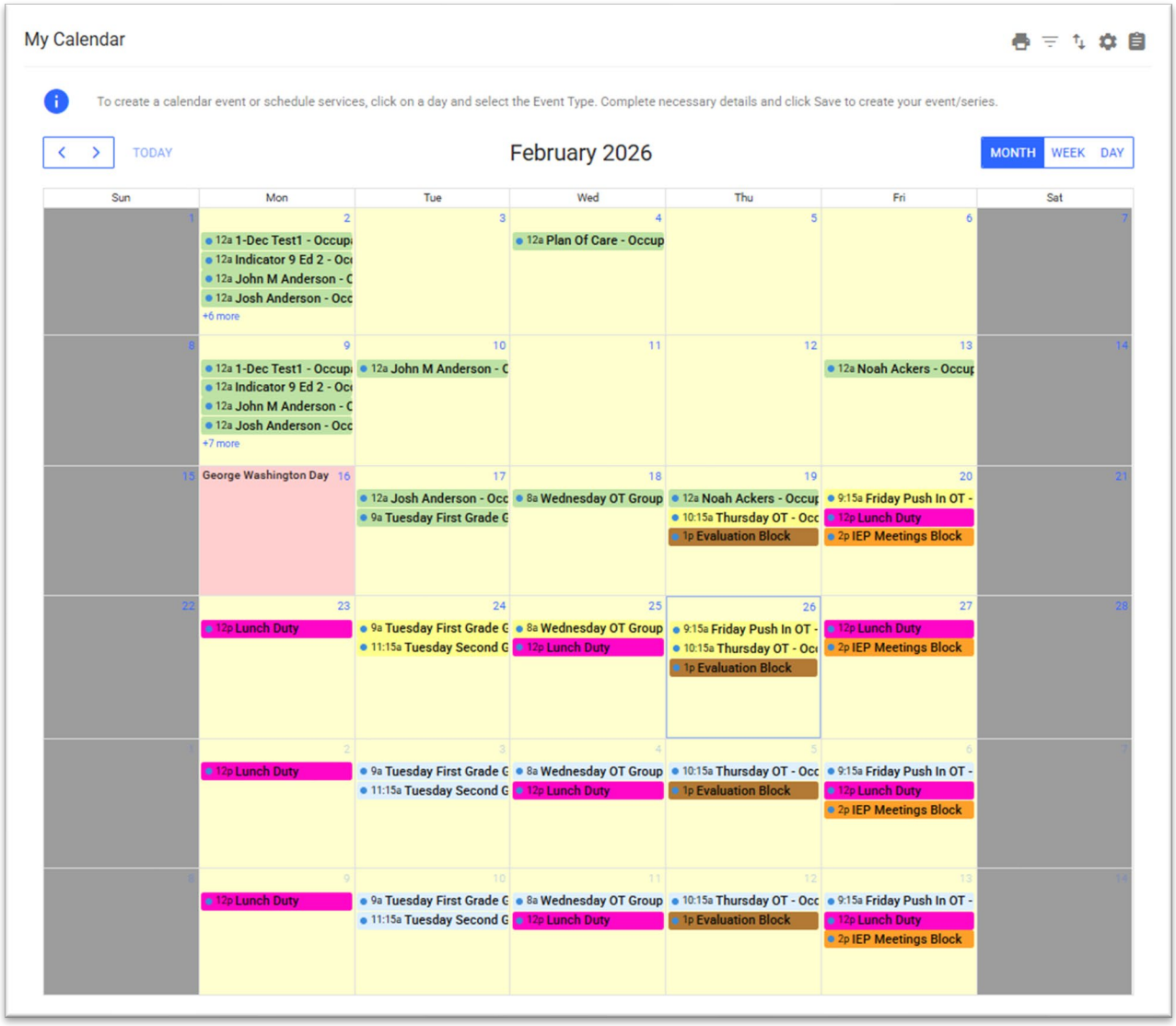


Figure 64: Service Logging Calendar

Key features of the Service Logging Calendar include the ability to:

- Schedule new appointments
- Schedule students individually or in groups
- Add or remove students from existing groups directly within the calendar
- Set a start and end date for the appointment
- Schedule recurring appointments with flexible frequency/recurrence options
- Import school calendars to automatically grey out dates such as non-school days, snow days, holidays, etc.
- Drag and drop to reschedule individual appointments to another day/time
- Manage existing appointment series
- Label/Tag appointments and filter based on label/tags
- See a summary of current service information, based on unlogged, logged, and future services
- View and print month, week, or day view of the calendar

- Automatically prefill data elements from the appointment into service logs for the purposes of completing service logs more quickly (date, time, and type of service, etc.)

Service Documentation Wizards

EasyTrac offers an intuitive and streamlined interface for users to document services. Where possible, documentation is driven by customizable lists to minimize the amount of time needed to document services. The date automatically pre-populates from the calendar, and the provider can fill in the additional details, including service type, duration, group size, areas covered, and comments. Many divisions configure the wizard to include service types that are billable (e.g. individual therapy, group therapy, and evaluations) and non-billable (e.g. student absent, provider absent, etc.). Including non-billable service types helps administrators track undelivered services and their cause.

The wizards allow for spell check. Completion rules, aligned with West Virginia Medicaid policy for service logs, confirm that service logs include all required elements before they can be saved and considered for Medicaid claiming. The completion rules are dynamic and based on the selected service type, as illustrated in the screenshot below.

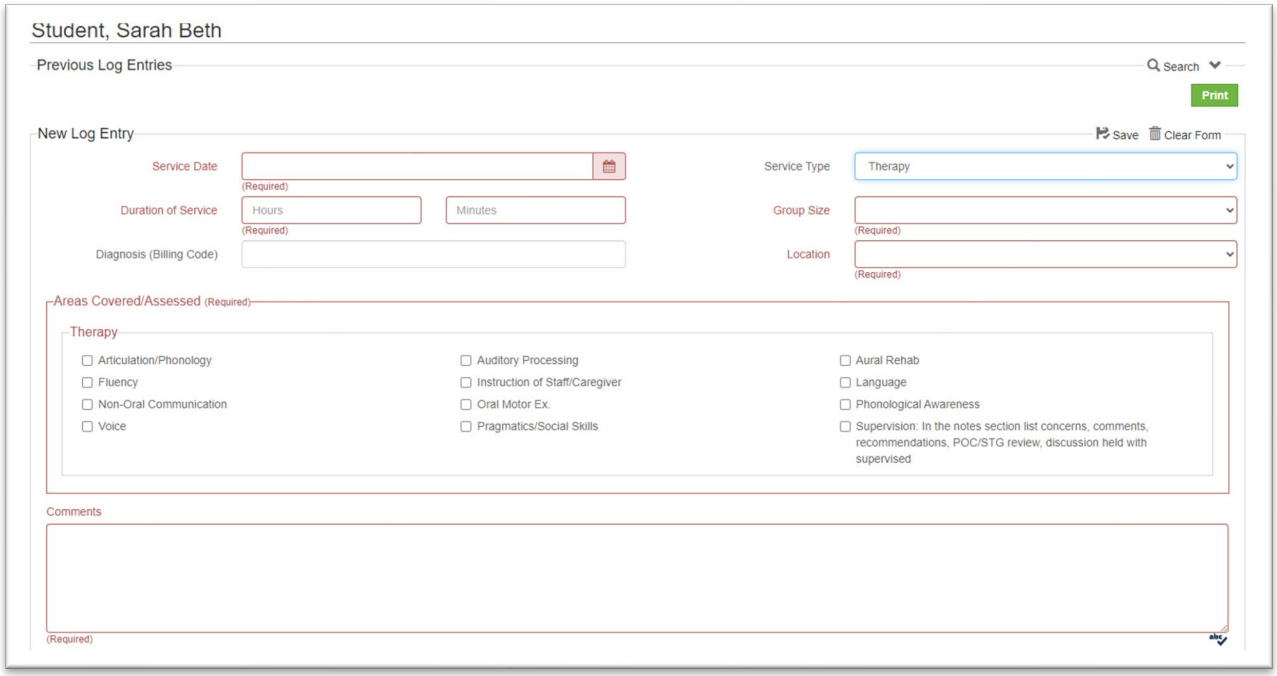


Figure 65: Service Documentation Wizard Logging Screen

EasyTrac provides the ability to log for individuals or groups, as seen in the illustration below. With group logging, key elements of the service, such as time and Areas Covered/Assessed, can be logged once for the group, then specific information, such as progress and participation, can be added for each student.

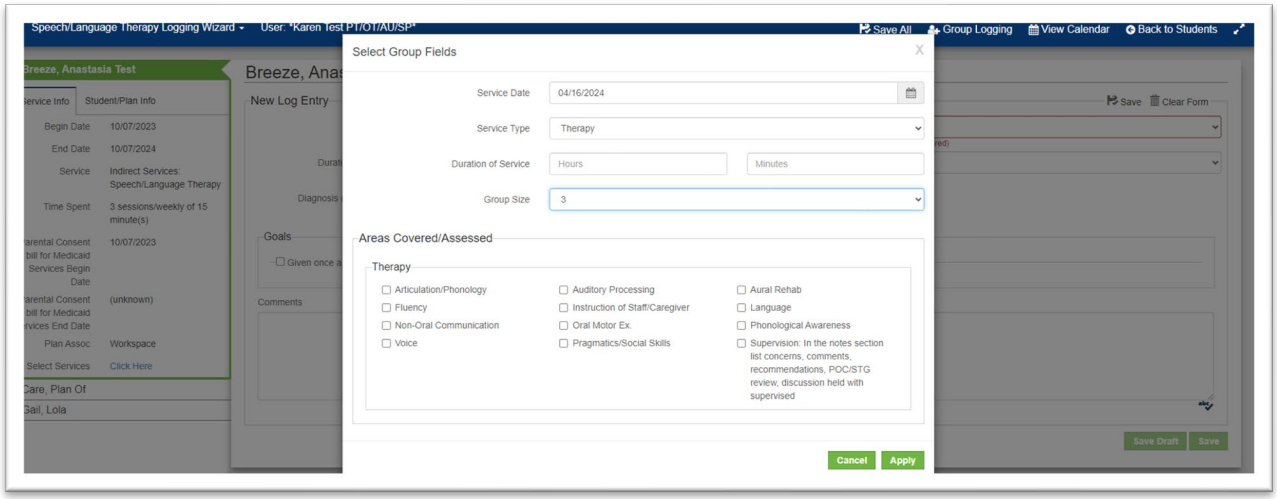


Figure 66: Group Logging View

The Previous Log Entries table gives providers direct access to all previous logs. It also enables them to edit or delete previous logs that may have been completed in error. Additionally, timesaving “Pre-Fill” functionality automatically adds service elements from similar previously logged services, which can then be modified as needed. See illustration below.

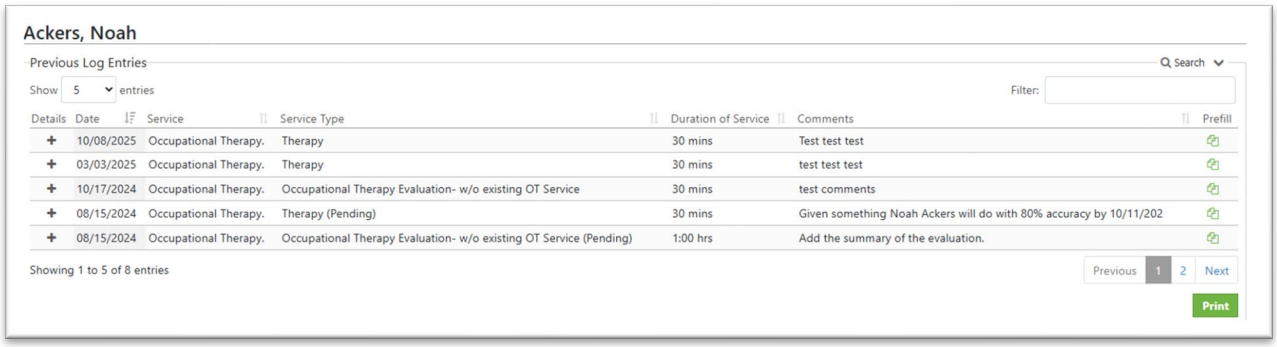


Figure 67: Previous Log Entries Table

Below is an example of a previously logged service and the “Request Removal” button that is available for providers. LEA administrators also have access to mark any service log for deletion. (When a service log is deleted from EasyTrac, PCG will automatically submit a void for that service if it was claimed and reimbursed during a previous monthly claiming cycle.)

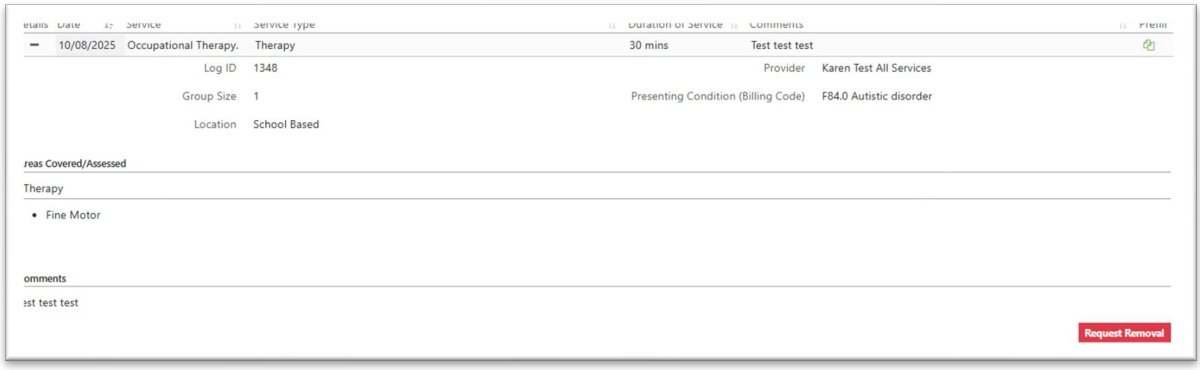


Figure 68: Request Log Removal Button

Supervisor Review and Approval

EasyTrac allows divisions to **manage supervisors and supervisees directly in the system**. This feature is helpful in cases where state or federal guidelines require a provider to be supervised.

A provider can be set up with one or multiple supervisors.

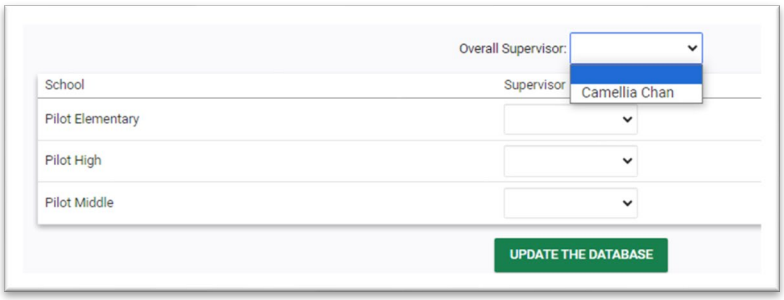


Figure 69: Supervisor Setup

The supervisor approves or rejects service logs within the system. If a service is rejected, the supervisor will indicate the reason, and the supervisee will receive notification and reason for rejection.

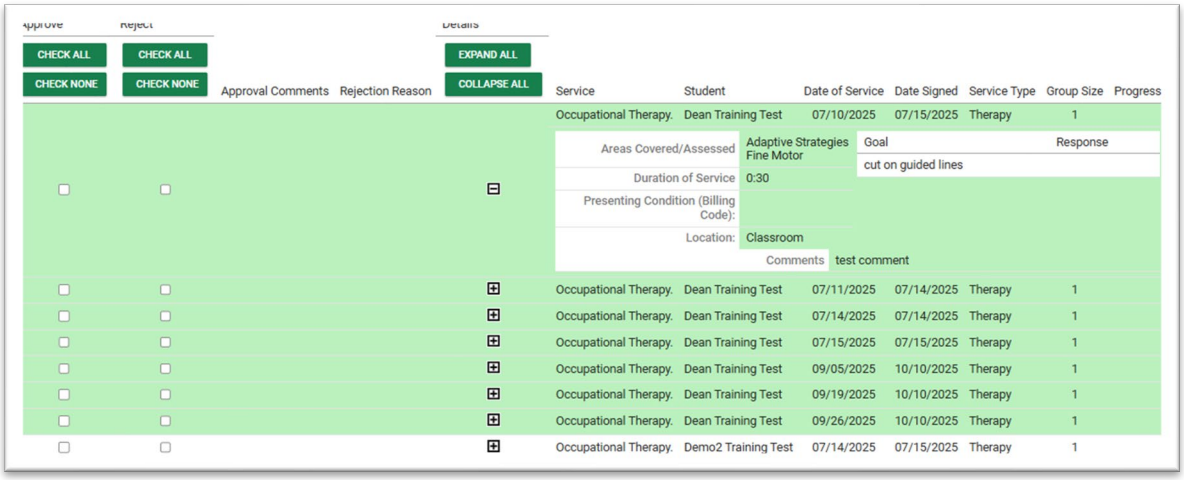


Figure 70: Supervisor Log Approval

Logs that are rejected by a supervisor can be edited and resubmitted by the provider who documented the log via the Service Log Resubmission Wizard. See illustration below.

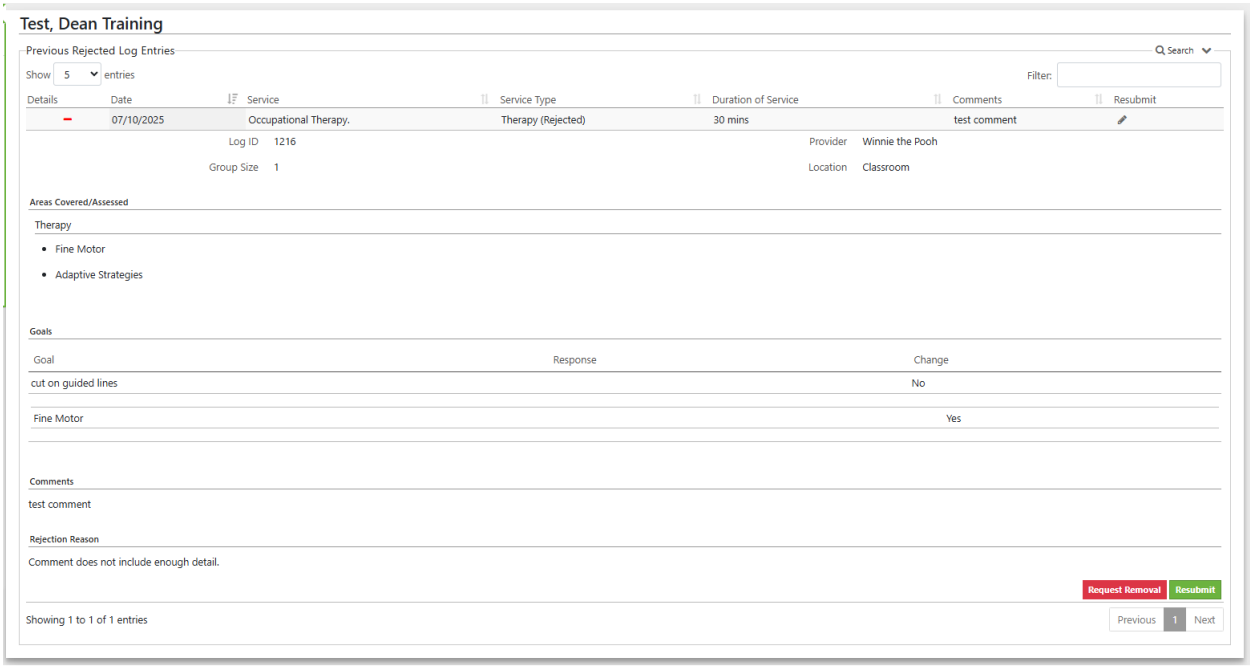


Figure 71: Service Log Resubmission Wizard

Transportation Logging

PCG's EasyTrac system provides multiple methods to log transportation services. Services can be logged on a case-by-case basis, weekly or monthly by bus route, or uploaded from a bus logging system's report. LEAs currently use a bus logging system. Reports generated from the logging system can be easily uploaded to EasyTrac with minimal formatting. This is the preferred method for transportation logging as it minimizes the potential for input error and reduces redundant operations. Regardless of input method, EasyTrac allows for systematic matching of medical service dates to transportation to optimize transportation claims. The screenshot below shows an example of the monthly logging wizard for transportation services.

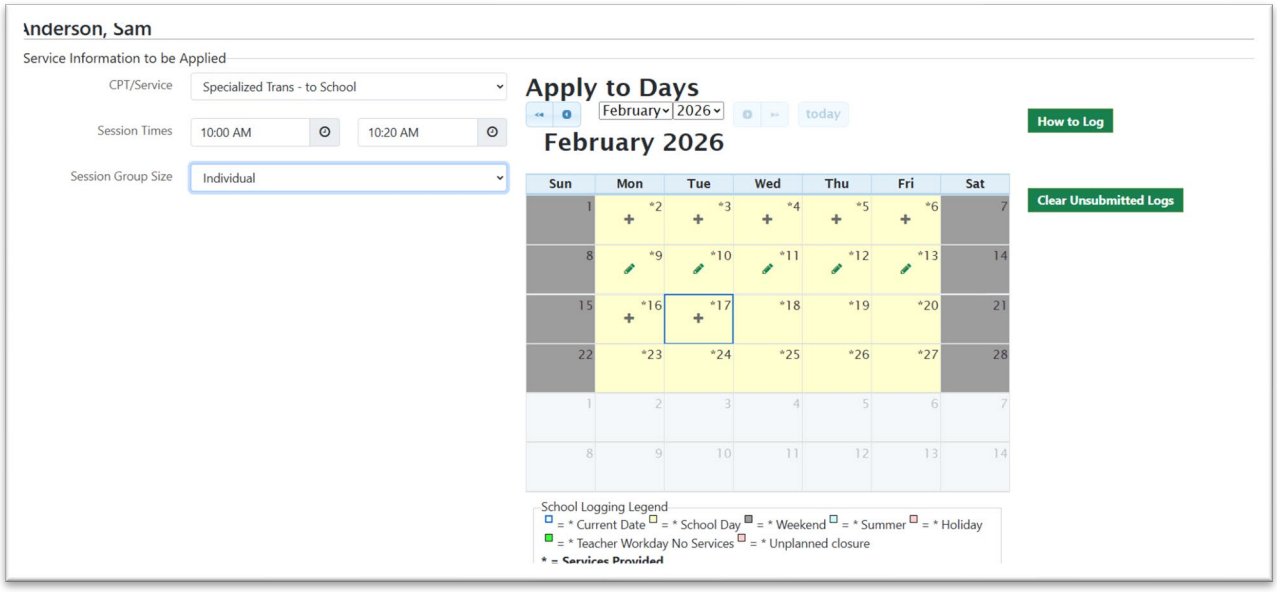


Figure 72: Transportation Monthly Logging Wizard

Provider Licensure

Provider licensure, including certification type, start and end dates, and NPI are entered in the provider's user profile, which is referenced in the claiming process.

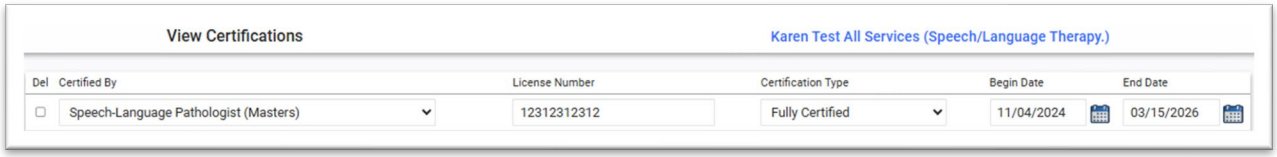


Figure 73: Provider Licensure

Medicaid Parent Consent Collection and Tracking

Each student profile includes a "Documents" section, where student-specific Medicaid Parent Consent letters can be created and printed. When the signed letter is received, it is uploaded to the Documents page, where the consent response and signature date are entered.

For Medicaid Parental Consent letters created outside of EasyTrac, the relevant consent information can be entered on the student's Personal Info Page. In this case, the signed letter may still be uploaded to the student's profile.

Figure 74: Student Medicaid Parent Consent

Plans of Care

The Plan of Care (POC) within EasyTrac allows therapists to electronically complete and sign Plans of Care for the students they serve. This is both a requirement for Medicaid Fee-for-Service claiming and for

therapy licensure boards. Service and goal information pull directly into the plan, eliminating duplicate entry.

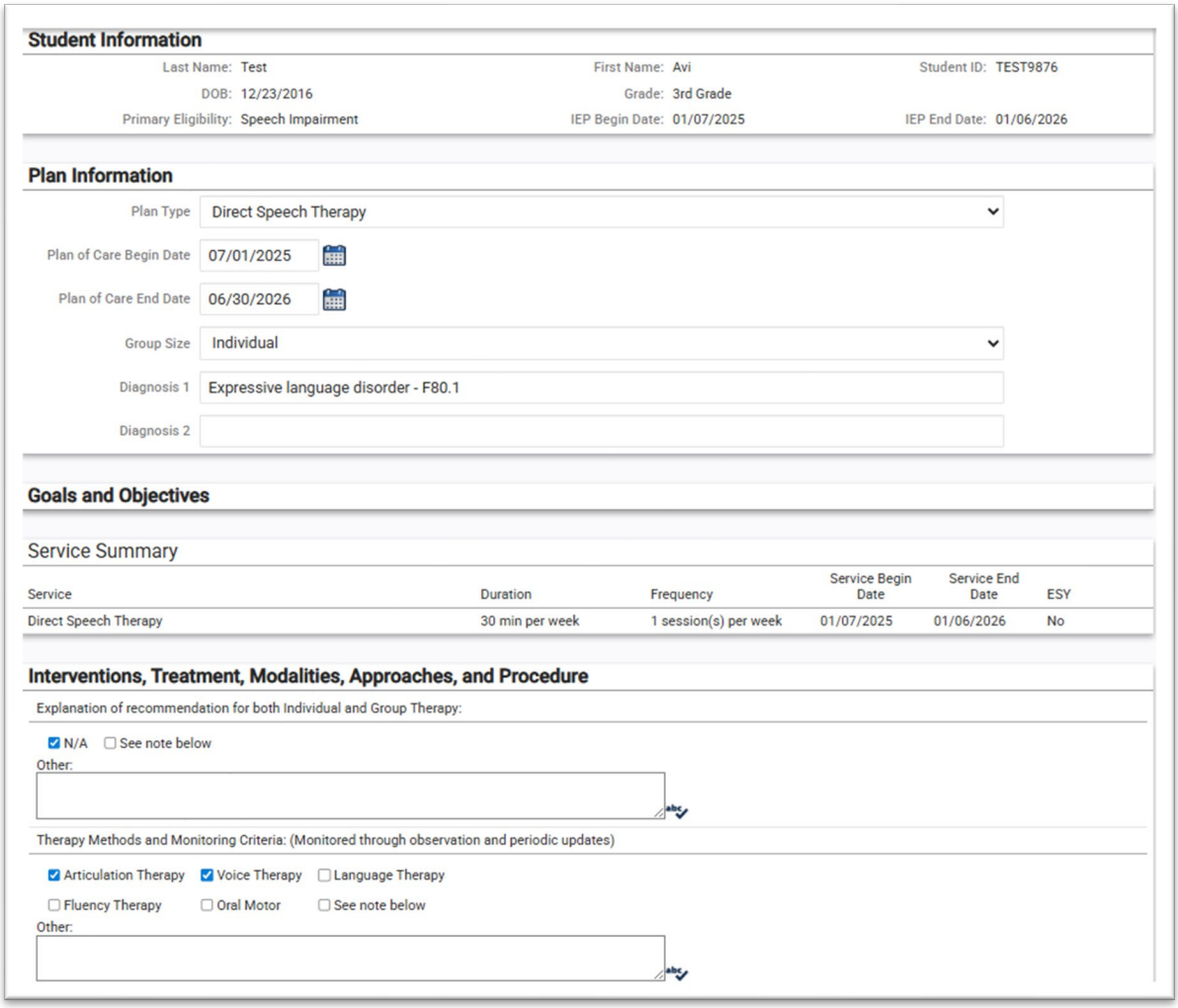


Figure 75: Electronic Plan of Care Process

Physician Authorization

Physician Authorization Events are added to the Student Profile page, and relevant data including service, start and end dates, are referenced in the claiming compliance check.

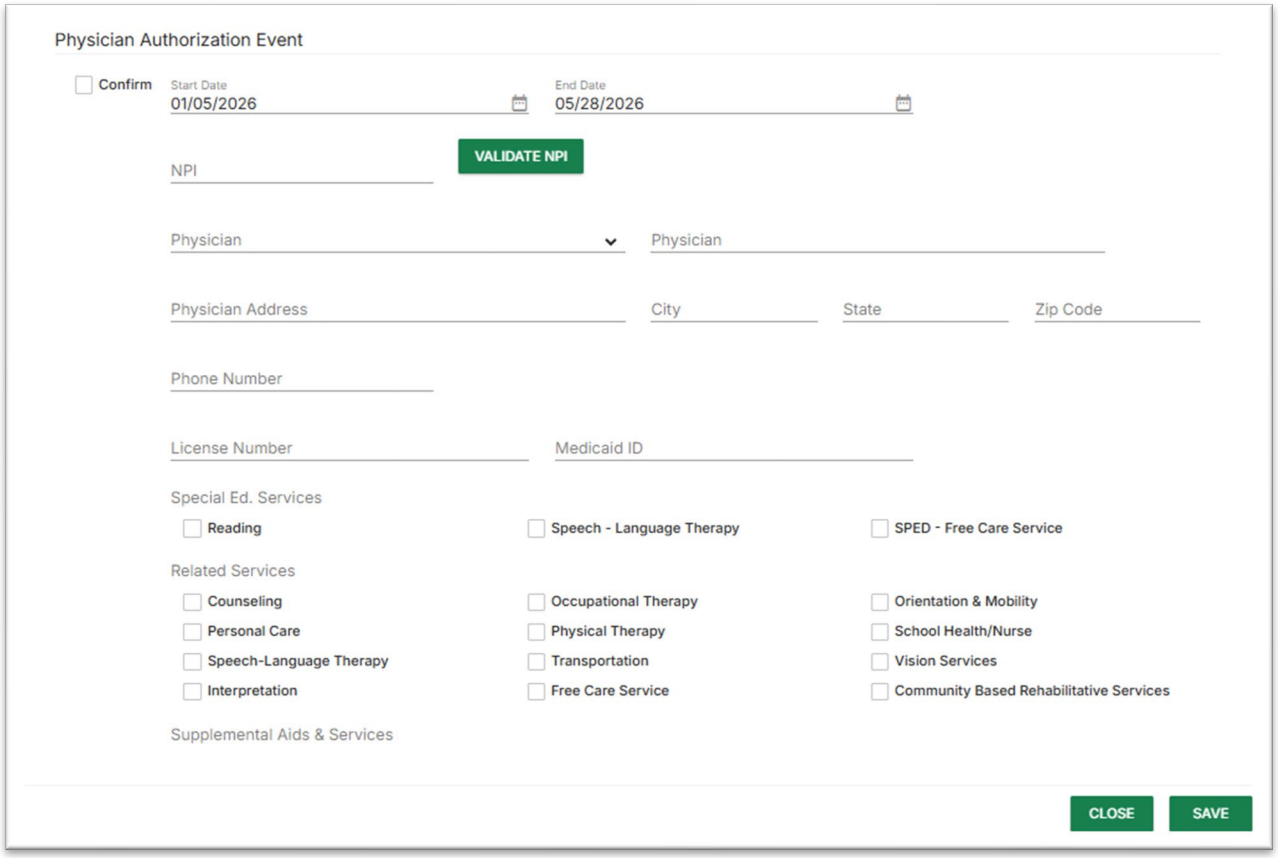


Figure 76: Electronic Physician Authorization

Robust Dashboards and Reports

EasyTrac dashboards and reports are designed to provide divisions with the real-time, actionable data necessary to effectively manage their Medicaid program, optimize reimbursement, and maintain compliance. System Dashboards are designed to help LEAs prioritize activities with the greatest potential impact on reimbursement. Monthly Revenue and Claiming Reports provide valuable insight into the overall health of the program and progress toward reimbursement goals.

Medicaid Admin Dashboard

This dashboard provides administrators with tracking and reporting tools to efficiently and effectively manage the LEA's service documentation. The real-time widgets allow administrators and users to drill down into the data by modifying search criteria, sorting and filtering results and printing and/or exporting results.

Figure 77: Medicaid Admin Dashboard

The **Service Log Monthly Volume** widget can be used to identify trends in service logging by comparing total service logs year-over-year. By clicking directly on the interactive widget, users can further drill into logging data by sorting billable and non-billable logs.

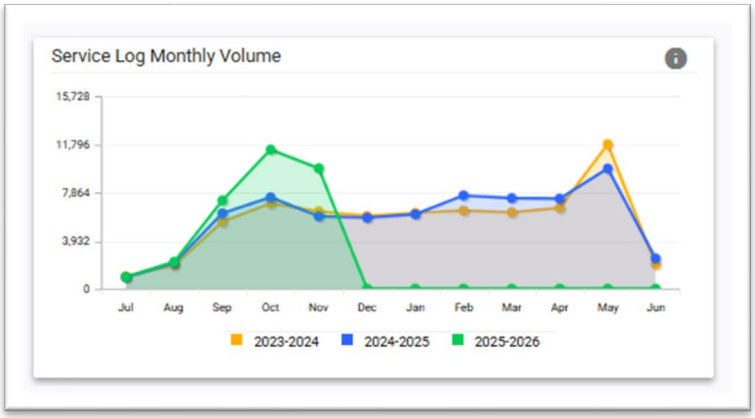
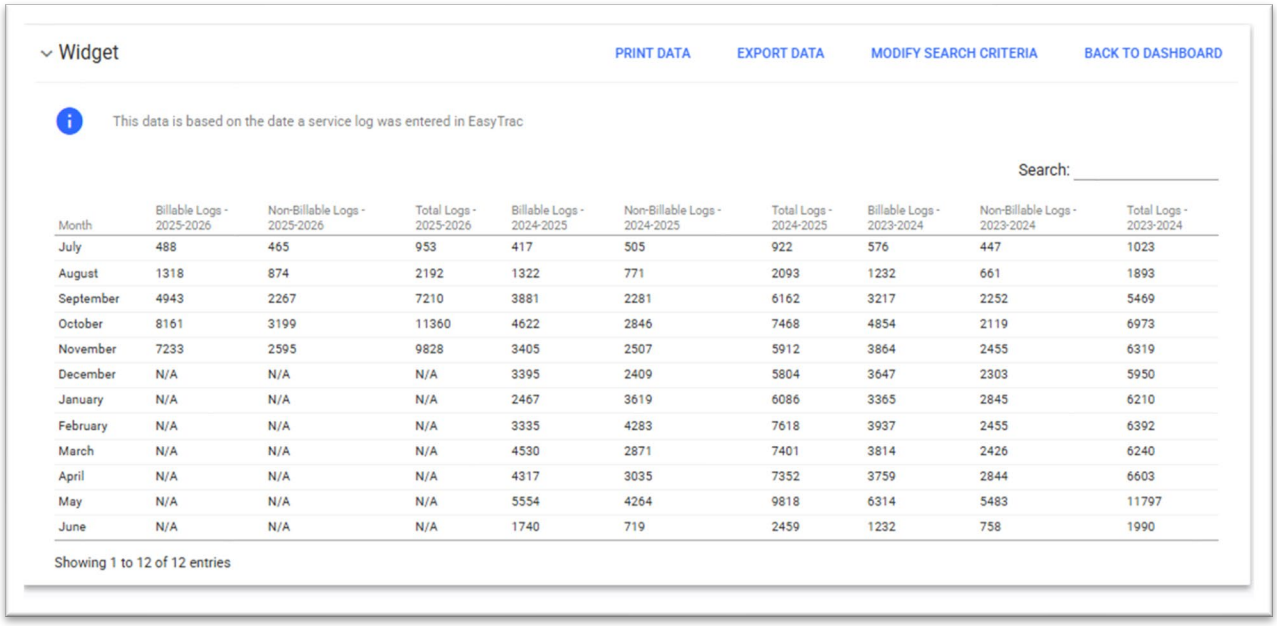


Figure 78: Service Log Monthly Volume Widget

The **Service Log Comparison** widget provides a similar analysis, with logs rolled up by service for the current month of the current year compared to the same month in the prior year. In the drilldown, users can compare billable vs nonbillable logs and modify search criteria for service date vs log date and year to date vs month to date.



Widget

PRINT DATA EXPORT DATA MODIFY SEARCH CRITERIA BACK TO DASHBOARD

This data is based on the date a service log was entered in EasyTrac

Search:

Month	Billable Logs - 2025-2026	Non-Billable Logs - 2025-2026	Total Logs - 2025-2026	Billable Logs - 2024-2025	Non-Billable Logs - 2024-2025	Total Logs - 2024-2025	Billable Logs - 2023-2024	Non-Billable Logs - 2023-2024	Total Logs - 2023-2024
July	488	465	953	417	505	922	576	447	1023
August	1318	874	2192	1322	771	2093	1232	661	1893
September	4943	2267	7210	3881	2281	6162	3217	2252	5469
October	8161	3199	11360	4622	2846	7468	4854	2119	6973
November	7233	2595	9828	3405	2507	5912	3864	2455	6319
December	N/A	N/A	N/A	3395	2409	5804	3647	2303	5950
January	N/A	N/A	N/A	2467	3619	6086	3365	2845	6210
February	N/A	N/A	N/A	3335	4283	7618	3937	2455	6392
March	N/A	N/A	N/A	4530	2871	7401	3814	2426	6240
April	N/A	N/A	N/A	4317	3035	7352	3759	2844	6603
May	N/A	N/A	N/A	5554	4264	9818	6314	5483	11797
June	N/A	N/A	N/A	1740	719	2459	1232	758	1990

Showing 1 to 12 of 12 entries

Figure 79: Service Log Comparison Widget Table View

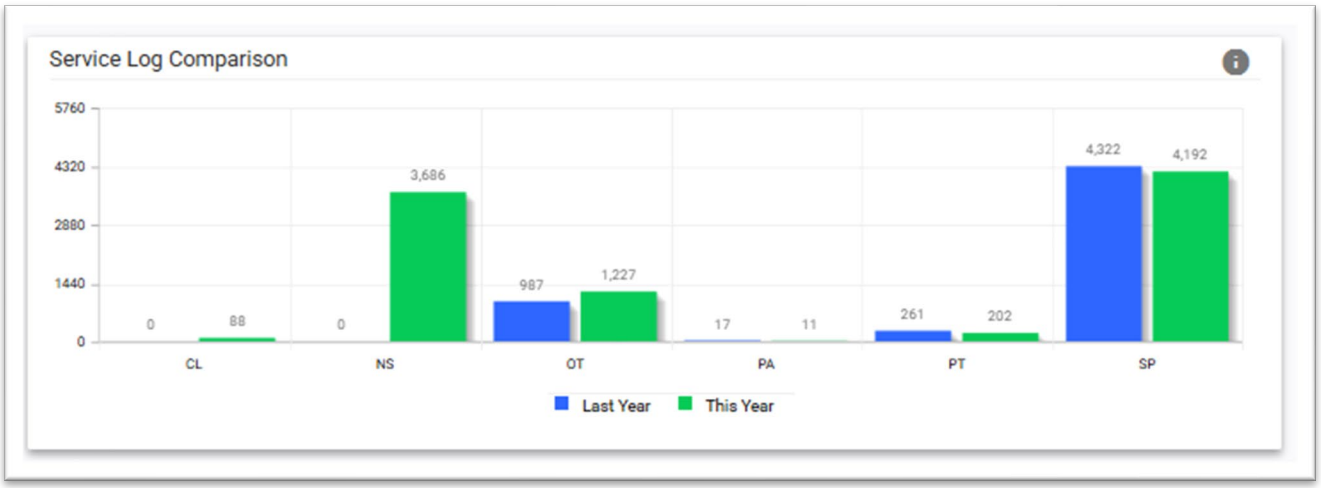


Figure 80: Service Log Comparison Widget Graph View

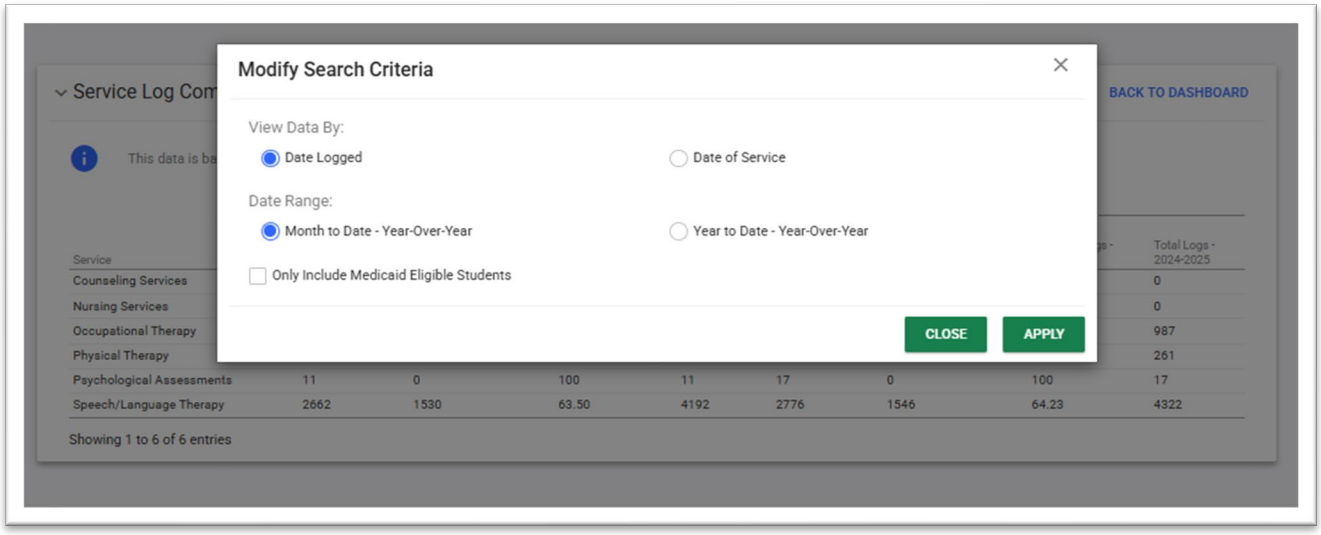


Figure 81: Service Log Comparison Widget Search Criteria

The **Average Days from Service to Log** widget provides the average number of days between service delivery and service entry in EasyTrac. Administrators can drill down to review this data by specific service and provider.

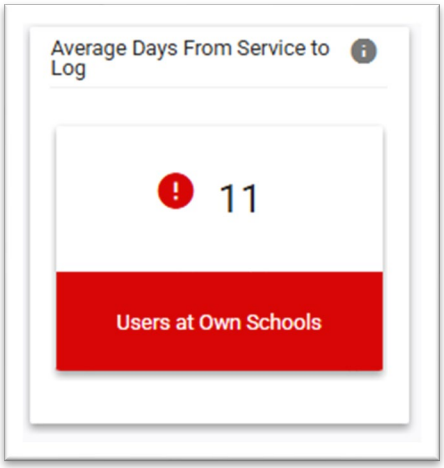


Figure 82: Average Days from Service to Log Widget

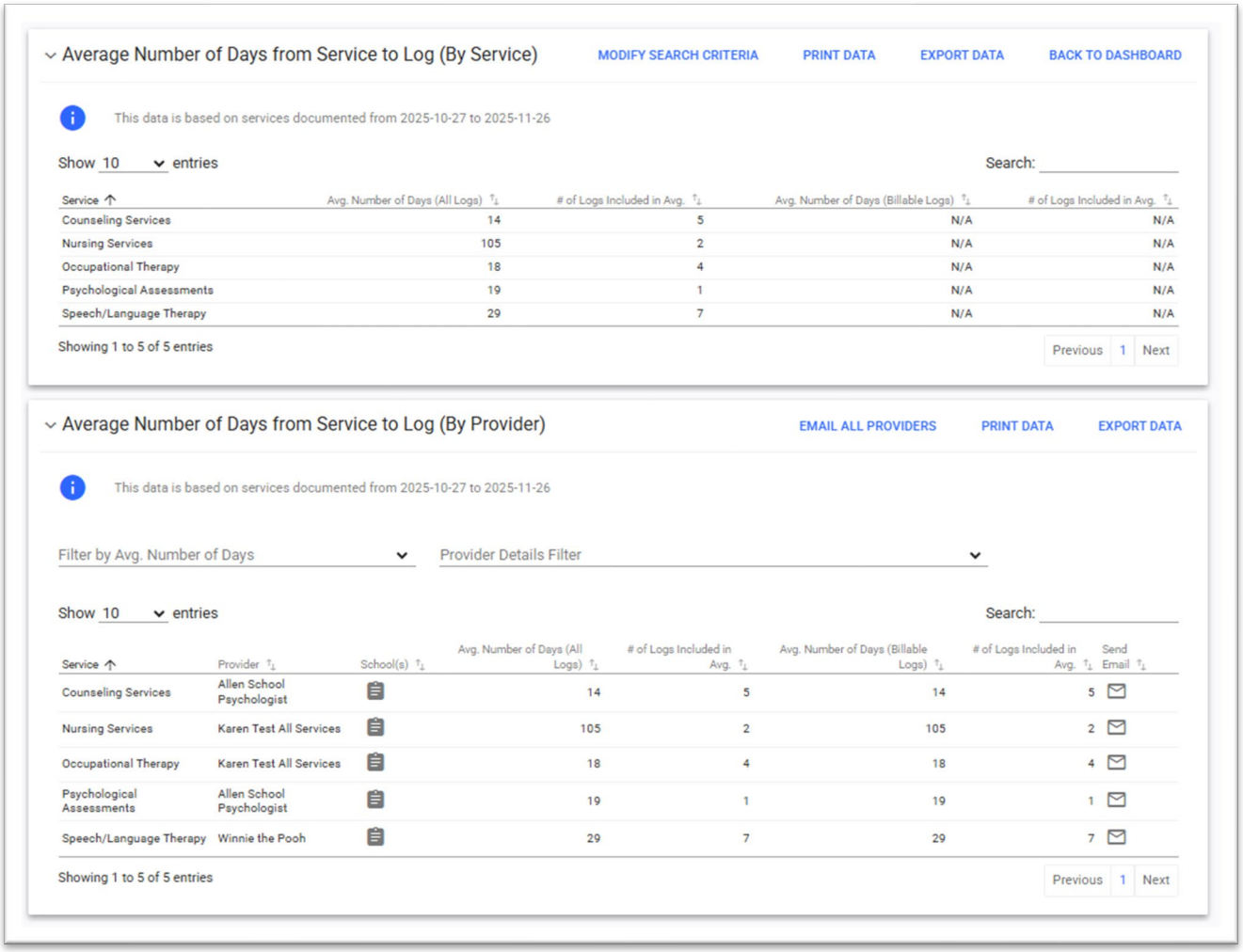


Figure 83: Average Days from Service to Log Widget Detailed View

The **Providers With/Without Service Logs** allows administrators to track logging trends and identify specific providers for follow-up.

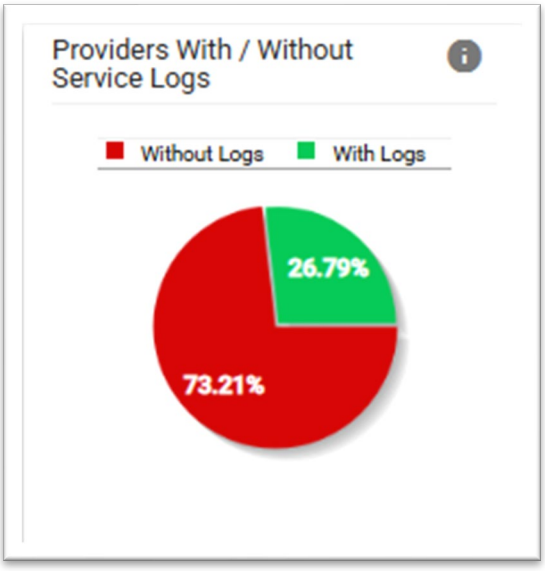


Figure 84: Providers With/Without Service Logs Widget

Service Log Exceptions Dashboard

This dashboard displays unique service logs within a specified date range deemed ineligible for claiming due to missing or invalid information such as Medicaid Parent Consent or Provider Certification for the specific service. By clicking on the color-coded tile for each missing compliance piece, administrators can view log details and take action to add missing compliance information or export the data for escalation to the appropriate staff member. By scrolling down, they can see logs missing compliance data aggregated by school, service, provider, and student.

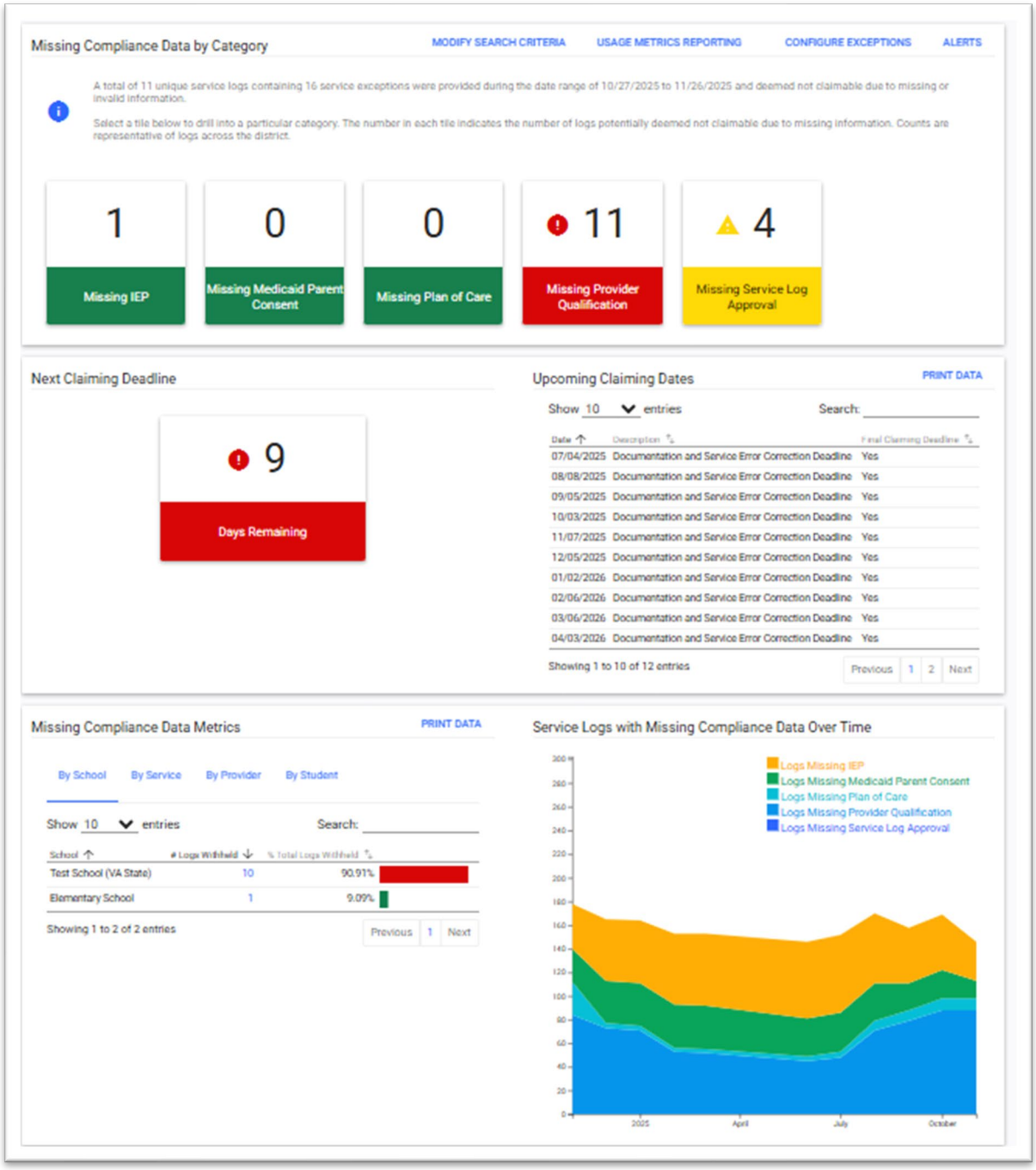


Figure 85: Service Log Exceptions Dashboard

Service Log Search

With specific access limited by user permissions, this robust tool allows users to retrieve service logs using a variety of search criteria options, such as service date, service log entry date, service type, school, provider, or student. Results, which include the Medicaid claiming status and payment amount for each service, can be printed or exported.

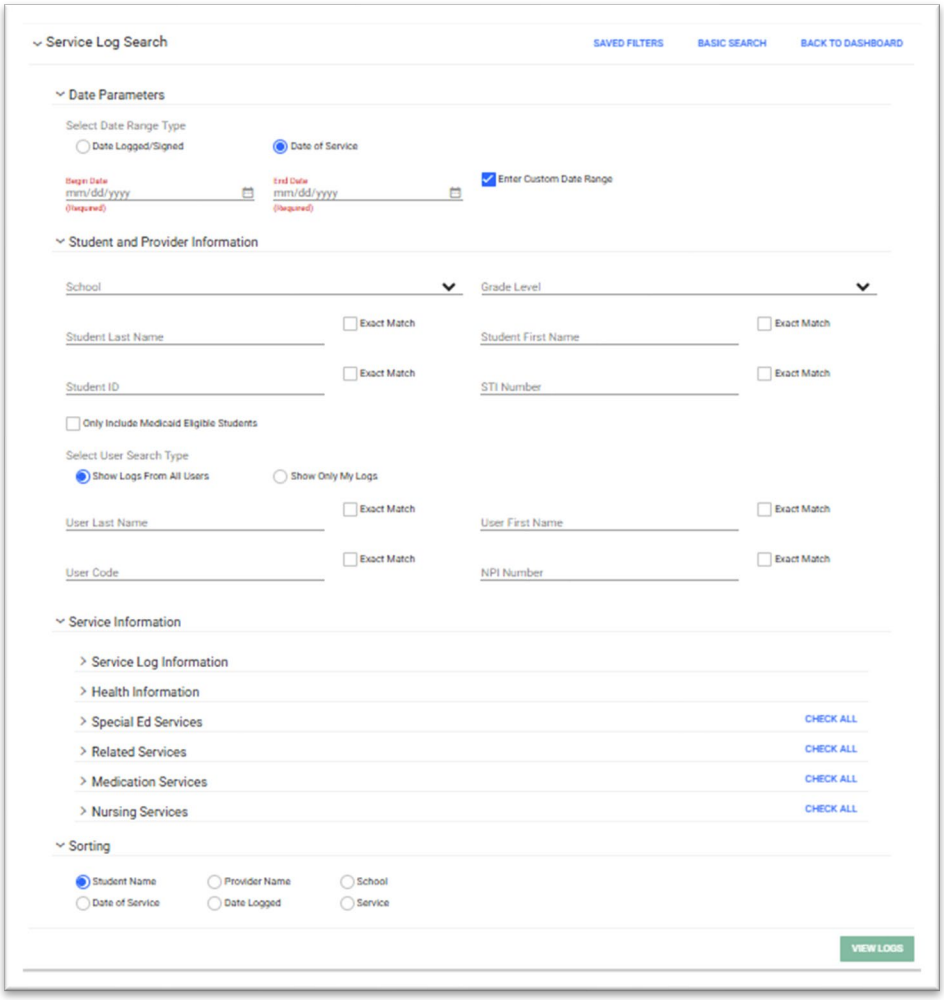
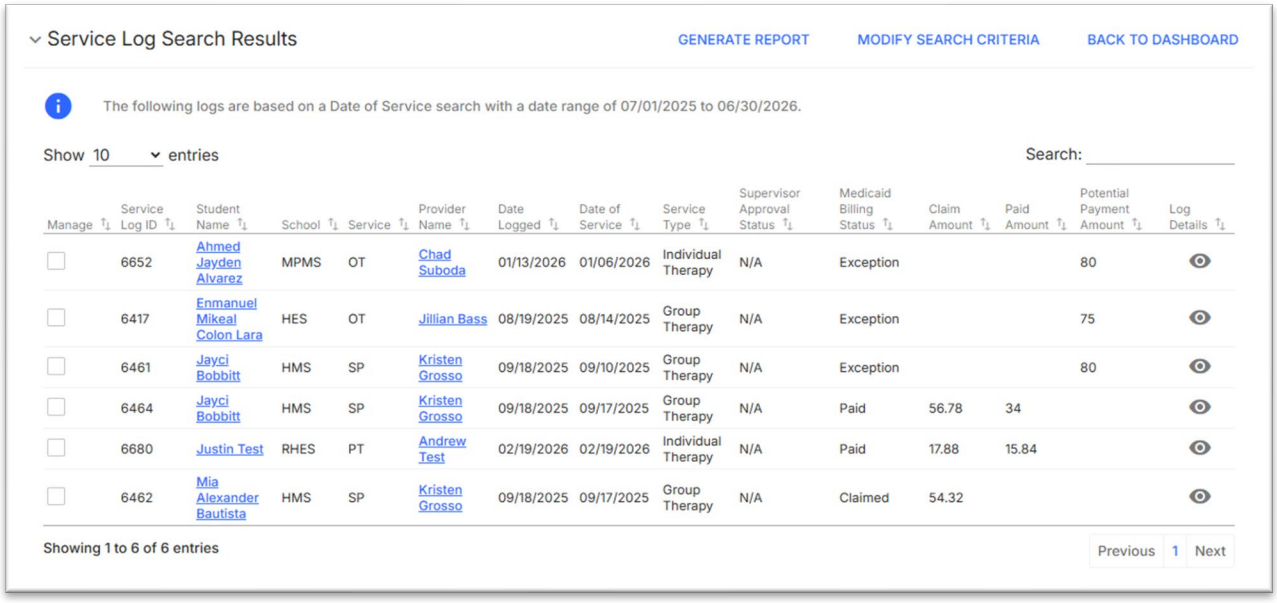


Figure 86: Service Log Search Criteria



Service Log Search Results

GENERATE REPORT | MODIFY SEARCH CRITERIA | BACK TO DASHBOARD

The following logs are based on a Date of Service search with a date range of 07/01/2025 to 06/30/2026.

Show 10 entries

Search:

Manage	Service Log ID	Student Name	School	Service	Provider Name	Date Logged	Date of Service	Service Type	Supervisor Approval Status	Medicaid Billing Status	Claim Amount	Paid Amount	Potential Payment Amount	Log Details
	6652	Ahmed Jayden Alvarez	MPMS	OT	Chad Suboda	01/13/2026	01/06/2026	Individual Therapy	N/A	Exception			80	
	6417	Enmanuel Mikeal Colon Lara	HES	OT	Jillian Bass	08/19/2025	08/14/2025	Group Therapy	N/A	Exception			75	
	6461	Jayci Bobbitt	HMS	SP	Kristen Grosso	09/18/2025	09/10/2025	Group Therapy	N/A	Exception			80	
	6464	Jayci Bobbitt	HMS	SP	Kristen Grosso	09/18/2025	09/17/2025	Group Therapy	N/A	Paid	56.78	34		
	6680	Justin Test	RHES	PT	Andrew Test	02/19/2026	02/19/2026	Individual Therapy	N/A	Paid	17.88	15.84		
	6462	Mia Alexander Bautista	HMS	SP	Kristen Grosso	09/18/2025	09/17/2025	Group Therapy	N/A	Claimed	54.32			

Showing 1 to 6 of 6 entries

Previous 1 Next

Figure 87: Service Log Search Results

YTD Reimbursement Summary

This quick performance snapshot should be used to track overall performance health. The example below shows a major drop in speech reimbursement for a LEA where speech services make up a significant portion of their overall program.

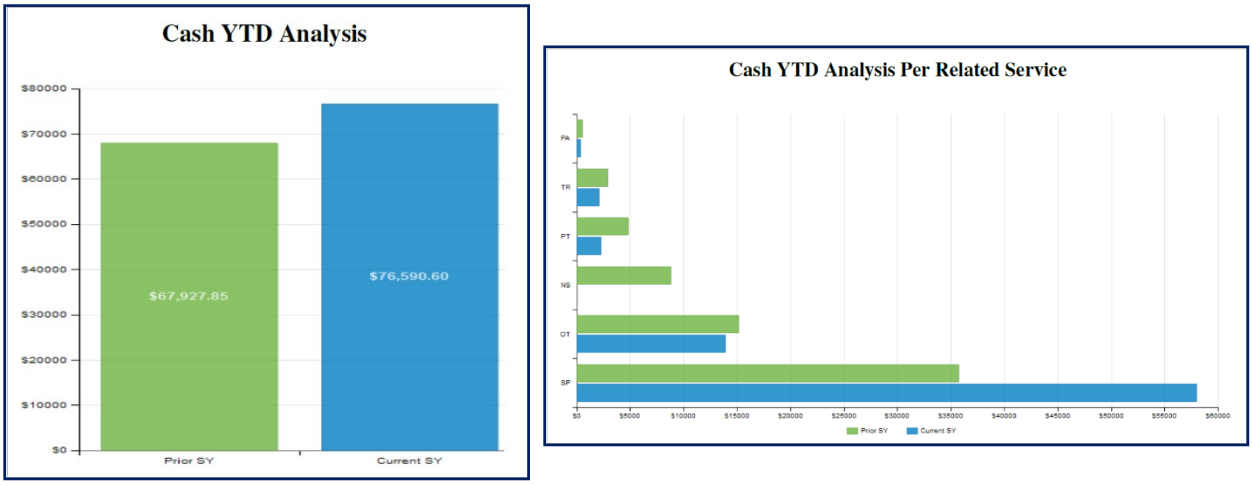


Figure 88: YTD Reimbursement Summary Graphs

Denials Report

This report shows services that passed all compliance checks and were submitted to Medicaid for reimbursement but were denied. Administrators can filter and sort this report to determine if there are any specific areas that need attention to generate additional allowable reimbursement.

Denied Amount	$ 3,517.54	
Denied Amount	**Denial Remark(s)**	**Denial Reason(s)**
$ 325.60		Patient cannot be identified as our insured.
$ 98.02	Missing/incomplete/invalid referring provider primary identifier.	The referring provider is not eligible to refer the service billed.
$ 2,931.04	Missing/incomplete/invalid referring provider primary identifier.	The referring provider is not eligible to refer the service billed.
$ 162.88	Consult our contractual agreement for restrictions/billing/payment information related to the	The disposition of this service line is pending further review.

Figure 89: Denials Report

EDPlan Health Service Logging Module (Nursing and Mental & Behavioral Health)

PCG's EDPlan Health solution is a secure, digital, and efficient system for school health and mental health professionals to collect and view pertinent student health information, document student encounters, and report health data. EDPlan Health solution is utilized by LEAs across the nations to manage workflows, maintain compliance, seamlessly collect Medicaid billing requirements and improve school-based healthcare for students in an efficient and cohesive manner and provides the opportunity for all WV LEAs to access a documentation and Medicaid billing solution, allowing all school nurses across the State to transition from paper recordkeeping and ineffective Medicaid billing practices.

Key Features of PCG's Nursing Services:

- Nursing & Medication Service Logging Wizards
- Daily Medication Administration Schedule / Dashboard
- Medication Inventory Tracking
- General Office Visit Template & Letter
- Supervisor Sign-off
- Standard Reports –Medication Inventory Report (pdf), Medications Report (xls), Nursing Service Log Report (xls)

Nursing Service logging is accomplished through "logging wizards" and the submitted service log information is then used for Medicaid billing. Note that nurses do have the ability to create a caseload, but it is not required.

EDPlan Health allows for scheduling of procedures and medications – creating a daily schedule which can be followed by nurses and other school health staff. Providers can build a medication schedule within a student's profile and then students who receive scheduled medication(s) are grouped by school or the nurse's caseload in two calendar-based logging access points: the Daily Schedule dashboard (Figure 88) and the Medication Daily Administration Logging Wizard (Figure 89). Any nurse working at that school, including substitutes, can access both calendars and see whether a student has or has not received medication for the day regardless of which nurse documented the delivery. Logged medications appear with a green "Yes" and unlogged medications appear with a red "No" in both tools.

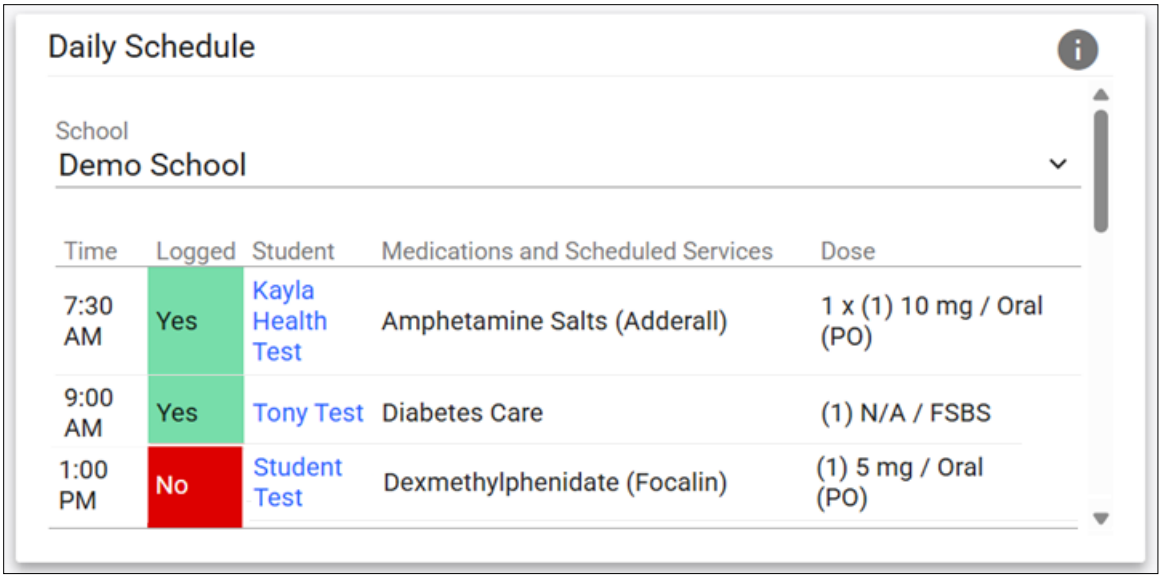


Figure 90: Daily Schedule in EDPlan Health

To enable logging efficiencies that support school health staff's workflows, EDPlan Health includes a "Daily Schedule" tile on the Main Menu dashboard for nurses (Figure 88). Upon logging into EDPlan Health, nurses will see this calendar view without having to access another system area. To log from the Daily Schedule, a nurse can simply click the student's name to open the log entry page where they can document that scheduled service.

Like the Daily Schedule, the Medication Daily Administration Logging Wizard serves as another calendar-based logging access point through our Wizards tab for nurses and other health professionals to log their provided services. Compared to the Daily Schedule, this workflow solution offers a few extra pieces of information:

- A date field to access daily calendars and log services provided in the past
- A status or service type column; and
- An inventory column.

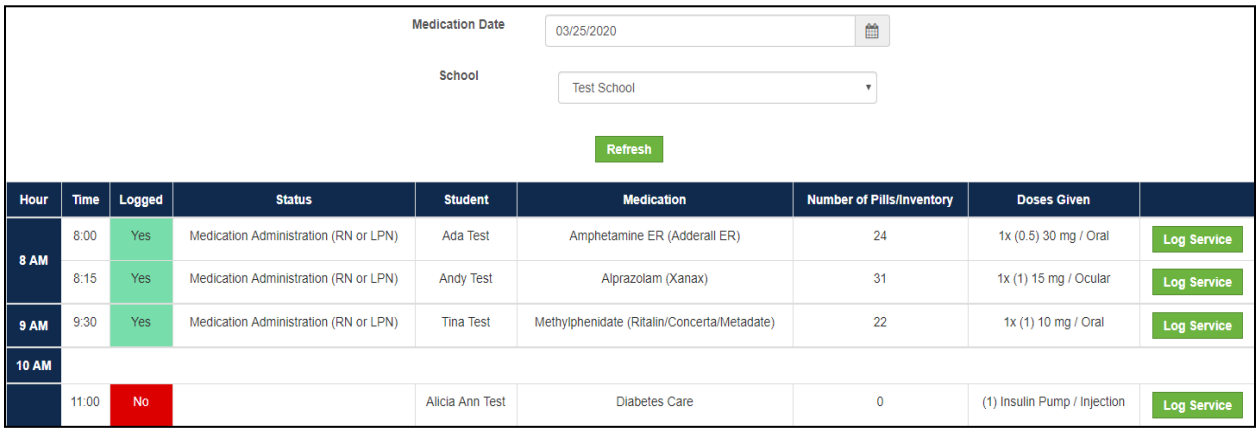


Figure 91: Medication Daily Administration Logging Wizard in EDPlan Health

Medications and other recurring nursing services (IEP, IHP, 504) are scheduled directly on a student's Health Information page. Once a service is added to the student's record, the service will appear in the above workflow features. Nurses with credentials to provide that service and with access to that student, will see the services appear in their Daily Schedule and Medication Daily Administration Wizard. When adding a service to a student's record, a nurse can provide a "Doses Narrative" where nurses can enter

any special instructions related to the delivery, as well as session timing and diagnosis code information for that service as shown in Figure 92.

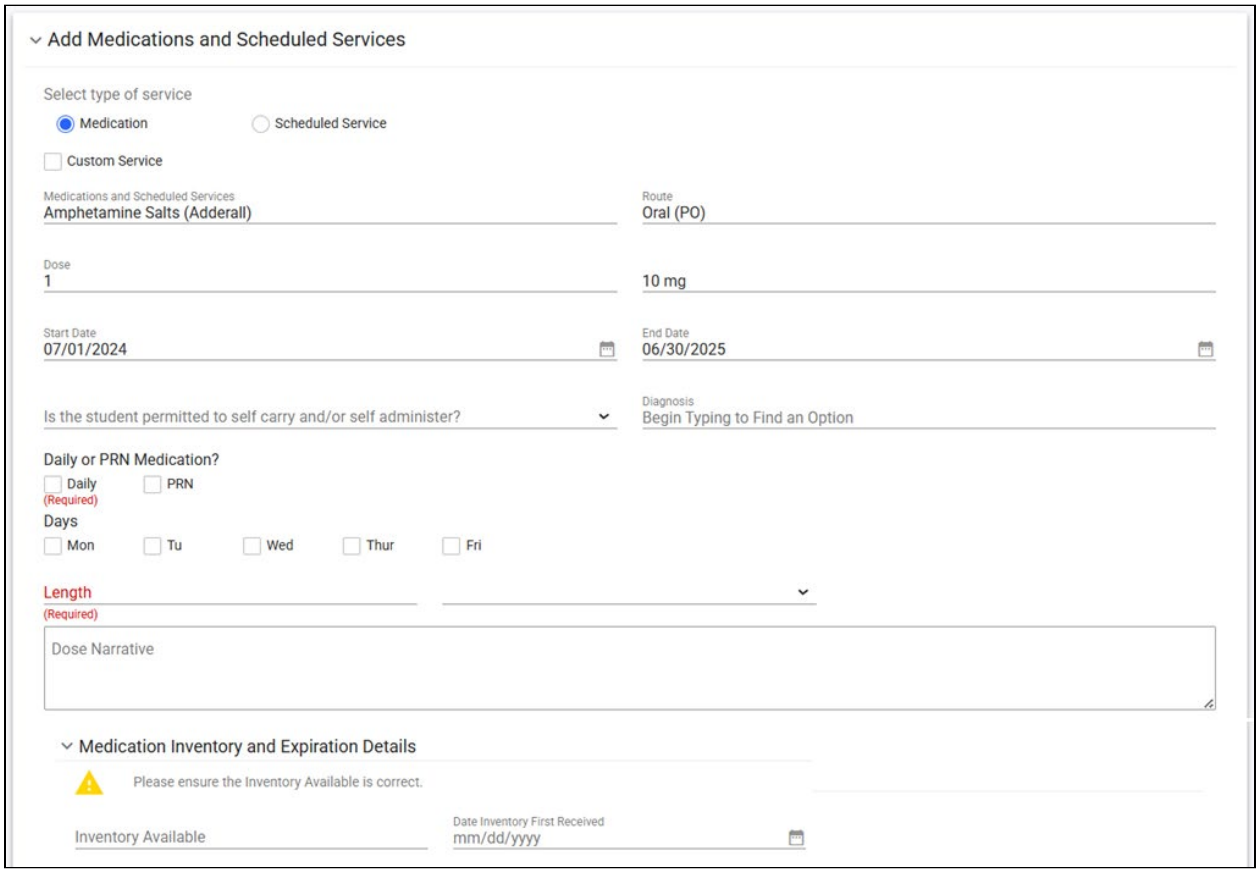


Figure 92: Medication Services in EDPlan Health

Health Information Page

Every student's record in EDPlan Health includes a page displaying student health information capable of storing health alerts, nursing services, and medication services. Previously delivered nursing and medication services are saved to the student's record and are accessible to other nurses should the student change schools.

Key Features of PCG's Mental Behavioral Health Services:

- A secure, compliant, web-based platform to document services via logging wizards
- Mental Behavioral Health and Crisis Services templates
- Generic Mental Health encounter template
- Reports
    - Diagnostic Assessment/IPOC Approval
    - Prescribed versus Delivered
    - Service Logs

Mental Behavioral Health Service Logging

The proposed MBHS solution includes an integrated service documentation tool to simplify how the mental and behavioral health services delivered to students are documented. Below is a sample of what this feature looks like.

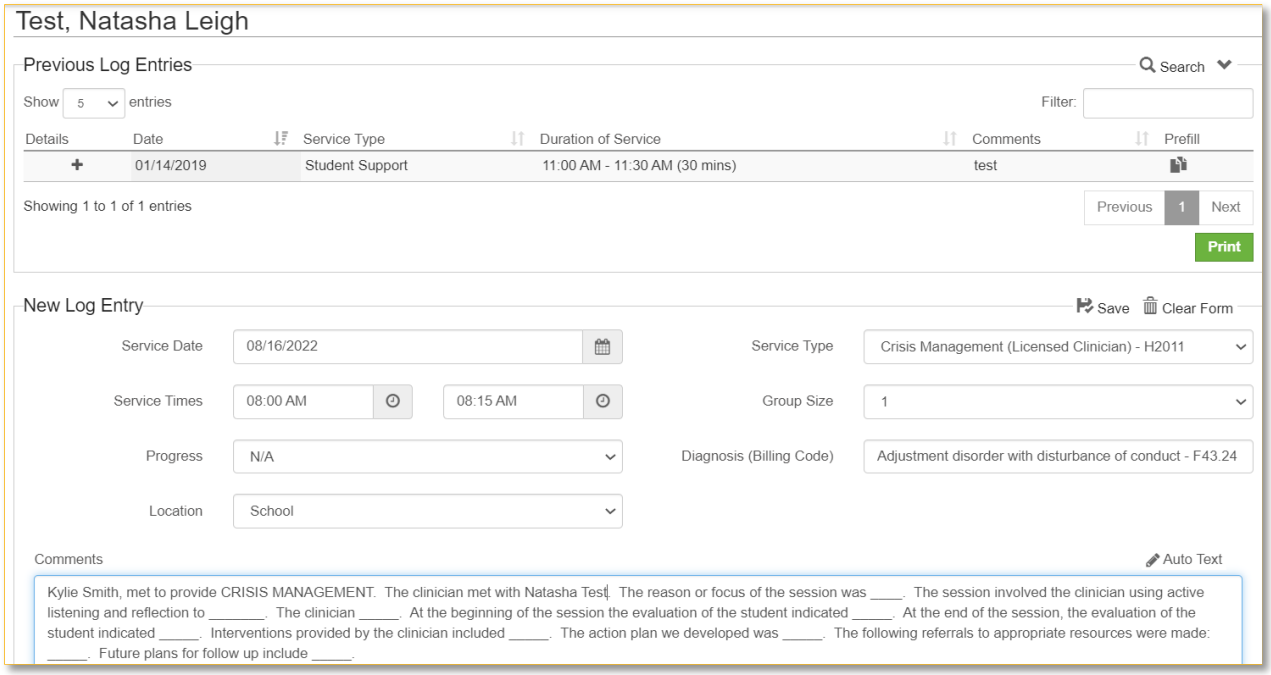


Figure 93: MBHS Service Documentation Tool

4.1.6 Medicaid Eligibility

4.1.6 The Vendor shall develop, operate, and maintain a process to identify Medicaid-eligible students and provide feedback to the LEAs on Medicaid eligibility status. The Vendor shall provide Medicaid beneficiary numbers when known, verify Medicaid eligibility, and provide third-party liability information if available. The Vendor shall provide to the LEAs, on a monthly basis, one updated list of Medicaid-eligible students. The first complete list of Medicaid-eligible students shall be operational under the Vendor within ninety (90) calendar days of the contract effective date.

Monthly Medicaid Match Process

PCG performs a monthly check on student eligibility by directly interfacing with the Web Portal for Medicaid matching. This is done through the HETS 270-271 process. PCG submits a secure 270 file with student demographic information, and a secure 271 file with student recipient Medicaid eligibility information is sent back to PCG. This information is uploaded and accessible only to staff specified by the LEA.

The following illustration provides a visual depiction of the monthly Medicaid Match Process:

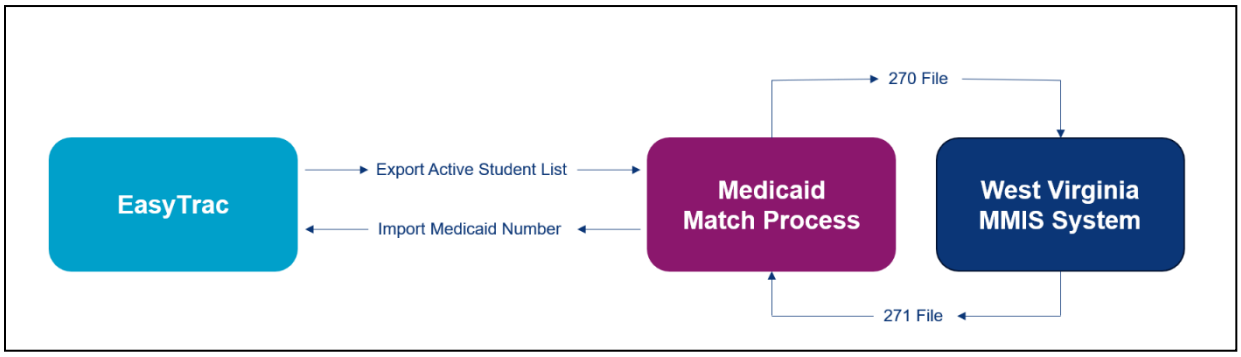


Figure 94: Medicaid Match Process

The PCG Medicaid Match process presents a substantial time-saving advantage. LEAs are not required to manually look up Medicaid eligibility information on specific students, and the most current eligibility information is always updated directly from DHS systems to minimize human error. PCG also normalizes student names to fit with the naming conventions (e.g. remove special characters, normalize hyphens, etc.) This process can save hundreds of hours for eligibility inquiries annually.

Medicaid Student Profile and Reports

Student Medicaid Eligibility data is automatically loaded to each student's EasyTrac profile and can be viewed by LEA staff. Administrators can run Eligibility reports to identify Medicaid enrolled students by LEA or school.

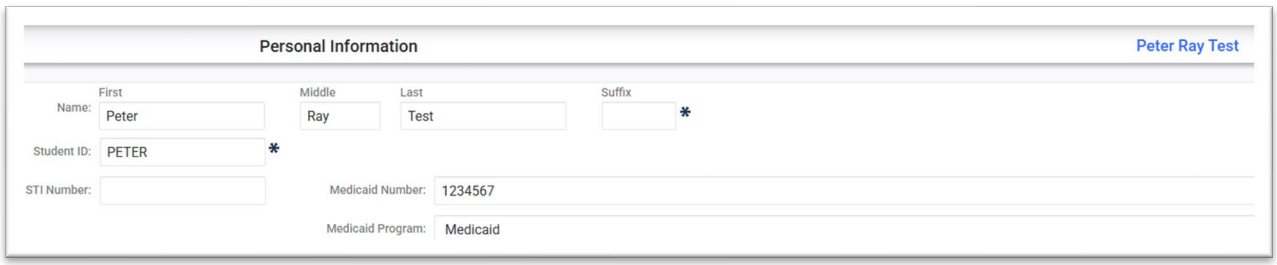


Figure 95: Viewing Student Medicaid Eligibility

The first Medicaid Match will be complete, with Medicaid data available to LEAs, within 90 days of the contract effective date.

4.1.7 Student Eligibility

4.1.7. The Vendor shall develop, operate and maintain a web-based student eligibility database to submit names for verification and identification as Medicaid eligible. The Vendor shall provide technical assistance to each participating LEA for obtaining parental consent, to provide full registration of students, to facilitate and streamline the documentation of services, to verify the credentials of providers and to assist in the use of the general claims processing system. The Vendor shall provide electronic submission of data within the participating LEAs. The system shall provide, to the LEAs, options for organizing the claims process able to be coded for one central district location and/ or coded for each school within the district. The student eligibility database shall be operational under the new Vendor within ninety (90) calendar days of the contract effective date.

PCG will develop, operate, maintain, and support a secure, HIPAA and FERPA-compliant, web-based student eligibility and claims management system that enables participating LEAs to efficiently identify Medicaid-eligible students, document services, and support compliant claims processing. The system also supports ongoing Medicaid eligibility monitoring to ensure only eligible services are submitted for reimbursement. This functionality is described in the solicitation requirements and aligns with capabilities documented in the proposal's system overview.

PCG will provide comprehensive technical assistance to each participating LEA throughout implementation and ongoing operations. This support includes guidance on obtaining and maintaining parental consent, monitoring student enrollment, provider assignment and management, service documentation requirements, provider credential verification, and the claims processing process. Dedicated training, help desk support, written guidance, and ongoing consultation will be provided to ensure LEA personnel can effectively administer the program and maintain compliance with State and federal requirements. PCG's EasyTrac platform continuously monitors required documentation, including parental consent, Medicaid eligibility, provider certifications and licensure, physician authorizations, plans of care, and other supporting records. Automated alerts and exception reporting notify LEAs when required documentation is missing, expired, or approaching expiration.

The system supports secure electronic submission and management of data across participating LEAs. LEAs may upload student, provider, and school information through file imports or manual entry, allowing flexibility in maintaining accurate records. The platform also supports integration with third-party special education and IEP systems, enabling standardized and accurate data transfers into the claims processing system. Role-based security controls ensure providers only have access to students assigned to their caseloads and only to information necessary to support service delivery and Medicaid claiming.

Administrators can run Eligibility reports to identify Medicaid enrolled students by LEA or school. The first Medicaid Match will be complete, with Medicaid data available to LEAs, within 90 days of the contract effective date.

4.1.8 Electronic Claim Submission

4.1.8 The Vendor is required to submit data electronically. The Vendor shall be HIPAA compliant in all areas of information sharing, claims processing and overall procedural functions.

4.1.8.1 The Vendor shall provide the personnel necessary to develop, operate and maintain an electronic submission of data that meets the DHS requirements to prepare federal fund claims, including providing claims data in a form or manner required by State or federal fiscal intermediaries.

Compliant, thorough, and intuitive billing

PCG will provide the personnel, technology, and operational support necessary to develop, operate, maintain, and continuously enhance a HIPAA compliant electronic data submission and claims processing system that meets all West Virginia Department of Human Services (DoHS), Medicaid, and federal claiming requirements. Our web-based EasyTrac platform enables the electronic collection, validation, management, and submission of student, provider, service, and compliance data necessary to support the preparation of federal fund claims.

PCG's solution is supported by a dedicated team of implementation specialists, Medicaid program consultants, system analysts, technical support personnel, and claims processing professionals who oversee ongoing system operations, data integrity, compliance monitoring, and claims submission activities.

4.1.8.2 The State's Medicaid Provider Manual is also available at https://bms.wv.gov/providers/policy-manuals.

PCG has reviewed the Provider Manual, and we are confident that our documentation and claiming system will enable West Virginia districts to create service documentation and claims that fully comply with documented policy.

4.1.8.3 The Vendor shall provide a claims processing system that includes, but is not limited to, the following requirements:

4.1.8.4 Provide a web-based registration system to register students and provide an electronic option for the submission of names to be registered and identified as Medicaid eligible, along with providing options for each LEA to organize the claims to be process coded for one central district location and/ or coded for each school within the district

4.1.8.5 Provide each participating LEA with separate and secure website credentials that meet HIPAA and FERPA requirements

4.1.8.6 Provide the ability to compare student list(s) obtained from the LEAs against the Medicaid eligible list from the State before uploading it for the LEAs to assign services and providers

Student rosters will be imported to PCG's EasyTrac solution from the West Virginia Educational Information System (WVEIS). Students can also be added manually to the system. Each month, PCG will compare the student roster from EasyTrac to state Medicaid eligibility data via the Medicaid Matching (270/271) process. Student Medicaid eligibility data will be available to districts via student profiles, system dashboards, and reports. Eligibility data can be viewed by district or individual school.

PCG's EasyTrac platform provides each participating LEA with a unique and secure system environment designed to protect confidential student and provider information while supporting efficient Medicaid documentation and claiming activities. Each LEA receives dedicated access to its own LEA-specific site and data, ensuring that users may access only the information associated with their organization.

All users are issued unique credentials and must authenticate before gaining access to the system. Passwords are managed in accordance with industry security best practices, including password complexity requirements, password expiration protocols, and account lockout protections designed to prevent unauthorized access. In addition, PCG supports multi-factor authentication (MFA), providing an additional layer of security beyond traditional username and password credentials.

4.1.8.7 Provide the ability to capture provider information with adequate supporting documentation including, but not limited to:

4.1.8.7.1 Qualifications, certifications and licensures;

4.1.8.7.2 Covered service(s);

4.1.8.7.3 The verification that service(s) was provided by a qualified provider.

4.1.8.8 While capturing the student and provider information, require the user to update service documentation, including:

4.1.8.8.1 Parental consent;

4.1.8.8.2 IEP implementation dates;

4.1.8.8.3 Physician authorization dates; and

4.1.8.8.4 Service provider certifications and licensures;

4.1.8.9 Provide the ability to distinguish between Medicaid approved/ covered (Direct Services or IEP Meetings/ Evaluation Services) services and non-Medicaid approved services, which may include guidance counselors, Learning Disabilities Teacher Consultants (LDTCs) for district use only. Only Medicaid-approved services will be billed through the system;

PCG's Monthly Billing Process

The steps of PCG's monthly billing process are listed below and explained in more detail on the following pages:

1. Generate Billing Files
2. Perform Quality Assurance
3. Submit 837 Billing File for Payment
4. Verify Payment and Analyze Reimbursement
5. Review Denials and Resubmit on a rolling 12 month in arrears

Step 1: Generate Billing Files

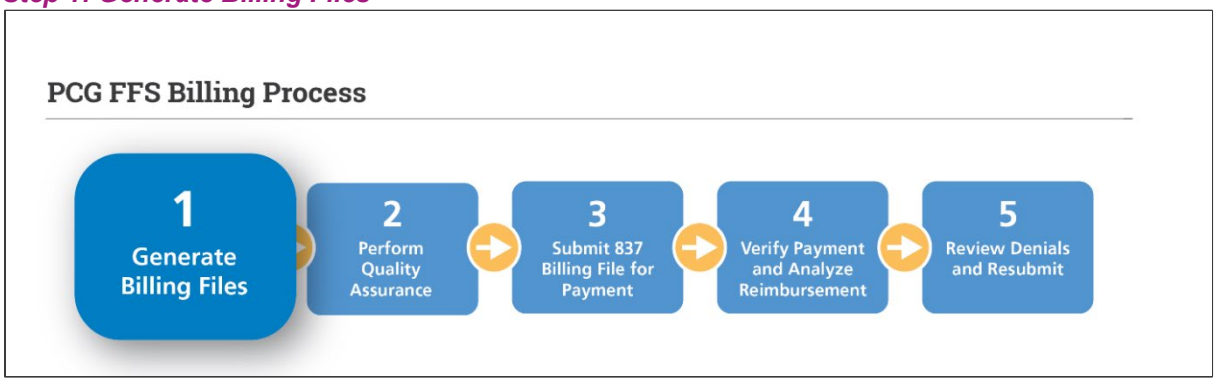


Figure 96: Step 1 of PCG's FFS Billing Process

During this step of PCG's Medicaid billing process, the following actions will be performed by PCG on behalf of LEAs:

- Medicaid eligibility check via HIPAA Eligibility Transaction System (HETS) 270-271 process
- Pre-billing checks before creation of Fee-for-Service claims

Based on our review of published policy, PCG recommends the standard compliance checks below; these checks are enabled to validate that only relevant and complete information is submitted for reimbursement. The process for capturing these compliance elements are laid out in the System Overview.

While other vendors may promise high reimbursement amounts, we are committed to optimizing *allowable* reimbursement – because PCG believes in submitting fully compliant claims that have passed every check that would be examined in the case of an audit. Any potential service logs to be billed must pass the following compliance checks before being included in a claim:

Age Check – As per state policy, claims are not submitted past a student's 21st birthday.

IEP/IFSP Check – The service log will be checked to determine whether it falls within the student's IEP/IFSP date range (if one exists).

Covered Services Check – The service log will be reviewed to verify that the documented service qualifies as a Medicaid-covered service.

Medicaid Parent Consent Check – EasyTrac allows for the historical tracking and capture of Medicaid Parent Consent through the Student Personal Page. LEAs must enter a positive Consent (Yes) to allow the submission of data before any student service logs are released for billing.

Physician Authorization Check – All service logs, except service coordination and transportation, are checked for a referral by a fully qualified enrolled Medicaid provider.

Plan of Care Check – All service logs are checked before submission to confirm that they are covered by a Plan of Care.

Timely Documentation Check – All service logs are checked to confirm the service log was entered and signed within 35 days of the service date.

Weekend/Holiday Exclusion Check – EasyTrac warns providers if services are documented on weekends, holidays, or other non-school days, and can restrict these services from being claimed.

Provider Credential Check – EasyTrac allows LEAs to enter licensure and certification information for service providers, including NPI, required in the Medicaid program. Each provider's credential status is checked prior to submitting service claims.

Supervision Signoff Check – Each log is checked for supervisor approval, should a therapist require supervisor signoff.

Do Not Bill Date Range Check – LEAs can specify a date range for therapist service logs not to be pulled for Medicaid Fee-for-Service billing. This can be especially useful as a way to prevent submission of logs from federally funded therapists. This allows therapists to continue documenting service logs as normal, and maintain certification status, but prevent logs from being submitted for Medicaid Fee-for-Service billing.

Non-Transportation Claim Check – Confirms that another billable service was claimed for the student on the same date as the transportation service.

Service Limit Check – Checks service amounts and frequency against published Medicaid limits.

A claim batch will include only valid service logs that have met the necessary components for Medicaid Fee-for-Service billing. Any services that fail a validation/compliance check will be reported to the LEA for follow up, if appropriate.

Step 2: Perform Quality Assurance

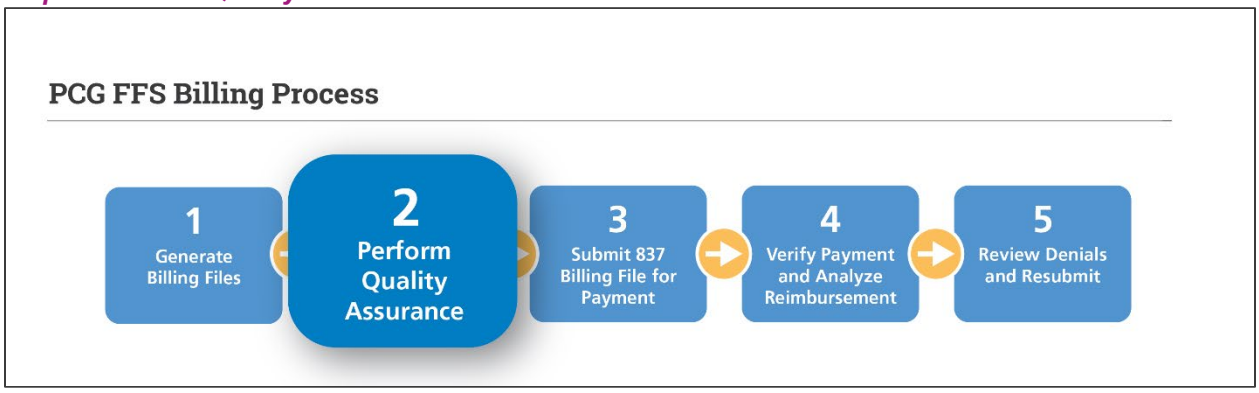


Figure 97: Step 2 of PCG's FFS Billing Process

Once a claim batch is created, PCG performs a Quality Assurance (QA) review to make sure that the appropriate claiming procedures were followed and that the data passes reasonability checks. We utilize standard Quality Control checklists that are filled out every single time a claim is generated and requires two levels of review. Through this 2-step process, we can confirm that all pre-billing checks were performed and that the amounts are in line with expected performance.

Step 3: Submit 837 Billing File for Payment

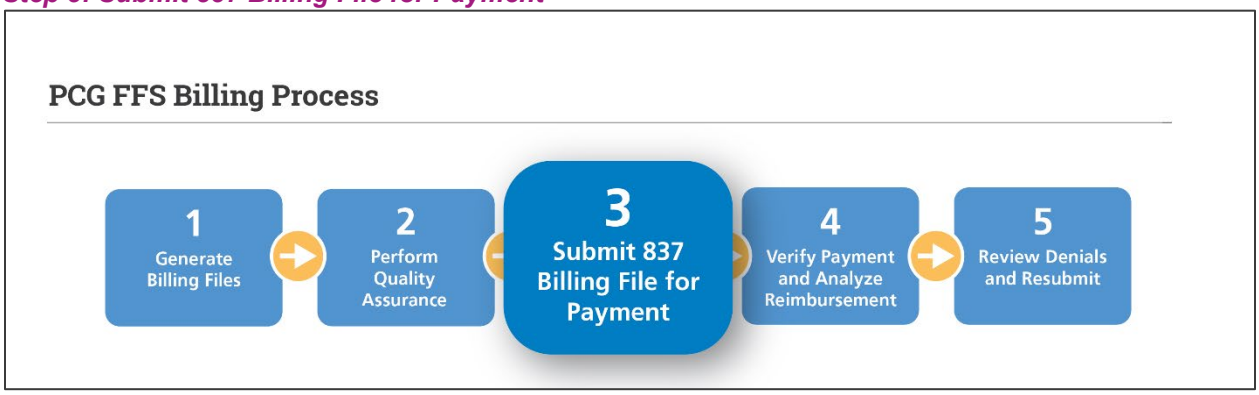


Figure 98: Step 3 of PCG's FFS Billing Process

Once the QA review is complete, PCG's system translates the claim batch into the file format needed to submit claims electronically: a HIPAA secure Electronic Data Interchange (EDI) file called the HIPAA 837 file. The 837 is a federal ASCX12 format that is compliant with DHS standards for electronic health claim submission. Claims are submitted in the 5010-X222A1 Health Care Claim Professional (837) format.

PCG submits claims pursuant to specific state Medicaid reimbursement program policies. PCG will also process all LEA requested voids and resubmission to minimize audit risk.

Step 4: Verify Payment and Analyze Reimbursement

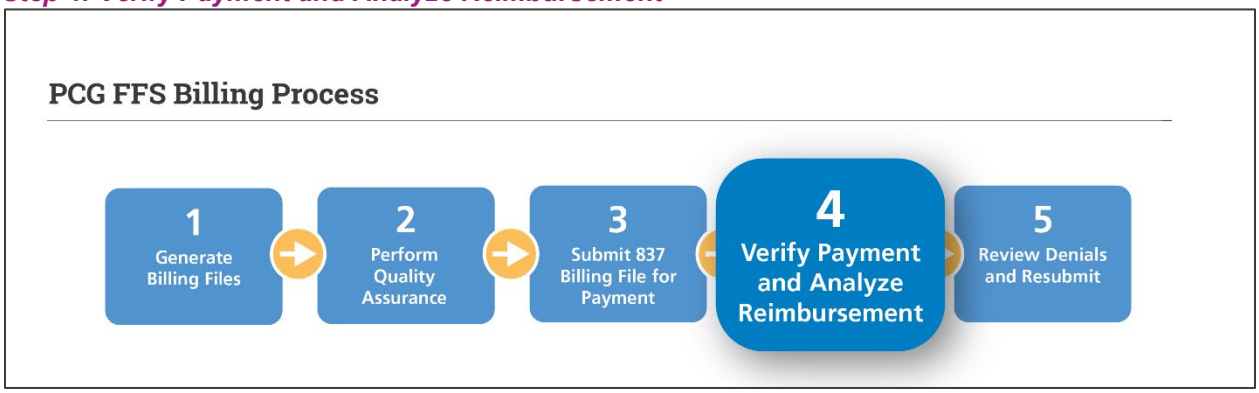


Figure 99: Step 4 of PCG's FFS Billing Process

During this step of PCG's Medicaid billing process, the following actions will be performed by PCG on behalf of LEAs:

- Process 835 Remittance Advice
- Provide reimbursement data and reporting

Once claims have been processed, PCG receives the electronic receipt for the transactions in an 835 file. Upon receipt of the electronic 835 file, PCG performs analysis to confirm that every claim was properly adjudicated. PCG can perform a wide scope of analyses with claiming and payment data to assist LEAs with optimizing their reimbursement and understanding reimbursement trends. PCG has dedicated staff who monitor paid versus denial rates, reconcile number of claims submitted versus number of claims returned in the 835s, and identify inconsistencies in remittance advices and follow up as needed.

Step 5: Review Denials and Resubmit

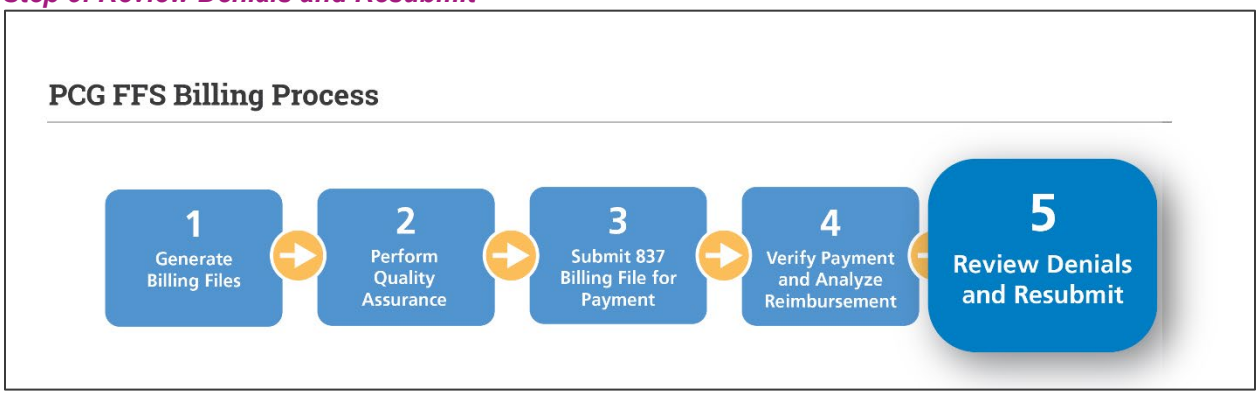


Figure 100: Step 5 of PCG's FFS Billing Process

PCG performs analysis during the adjudication process to determine if denied claims should be resubmitted for additional reimbursement. PCG has assisted LEAs with troubleshooting the below issues, among others:

- Taxonomy errors
- Inactive EFT status
- NCCI (National Correct Coding Initiative) edits
- Errors in the state Medicaid Management Information System incorrectly resulting in denials

Data Management and System Administration

PCG's EasyTrac platform provides a comprehensive data management framework designed to ensure the accuracy, accessibility, security, and timeliness of student, provider, and claims data. The system supports real-time data validation, secure data exchange, regulatory compliance monitoring, and robust administrative controls to meet the operational needs of West Virginia Department of Human Services (DoHS), Local Education Agencies (LEAs), and service providers.

4.1.8.10 Provide the ability to allow LEA(s) to both add individual provider(s), student(s) and school(s) information if needed and perform file uploads to update records.

EasyTrac provides authorized LEA administrators with the ability to add, update, and maintain student, provider, and school records directly within the application. The platform also supports secure bulk file uploads for efficient updates to demographic, enrollment, provider, and school data. Validation rules are applied during import processes to identify errors, duplicate records, or missing required fields before updates are accepted, helping maintain data integrity and reducing administrative burden.

4.1.8.11 Provide the ability for the service provider to have access to those students assigned to them and the students' individualized recommended services.

The system employs role-based security to ensure service providers have access only to students assigned to their caseloads. Providers can view student demographic information, service eligibility information, individualized recommended services, and related documentation necessary to support service delivery and Medicaid claiming. Access permissions are configurable and managed in accordance with LEA policies and applicable privacy regulations.

4.1.8.12 Since there are "private contracted" IEP systems utilized in WV LEAs, provide a claims processing system capable of coordinating with the private contracted vendor(s) to provide standardized and accurate data that is uploaded in the claims processing system within five (5) business days.

Recognizing that West Virginia LEAs may utilize multiple IEP and special education management systems, EasyTrac supports secure data exchange with third-party vendors through standardized import processes and data extracts. PCG will work collaboratively with LEAs and contracted vendors to establish data import procedures that ensure standardized and accurate data is uploaded into the claims processing system within five (5) business days of receipt. This data can also be imported through daily West Virginia Educational Information System (WVEIS) extracts.

4.1.8.13 Provide the ability to inform LEAs and providers if the required supporting documents for students or service providers are not received, or current, in accordance with applicable regulations, as determined by the State Program Manager.

EasyTrac continuously monitors required student and provider documentation, including Medicaid eligibility information, provider credentials, certifications, plans of care, physician authorization, and other supporting records required for reimbursement. Automated alerts and exception reporting notify LEA administrators and providers when required documentation is missing, expired, or nearing expiration. These notifications help ensure compliance with State and federal requirements and reduce the risk of denied claims or audit findings.

4.1.8.14 Provide the ability to regularly maintain the system in compliance with State and federal regulations on a real-time basis. Protect any Personally Identifiable Information.

PCG continuously monitors changes to federal and state Medicaid requirements and updates EasyTrac accordingly to maintain compliance. System enhancements, compliance edits, and validation rules are implemented as regulatory requirements change. EasyTrac utilizes industry-standard security controls to protect Personally Identifiable Information (PII), including encrypted data transmission, encryption at rest, role-based access controls, multifactor authentication capabilities, audit logging, user activity monitoring, and secure hosting environments.

4.1.8.15 Provide the ability to communicate all modifications and changes to coding the system to the State Program Manager, with an explanation of why such changes are applicable to the processing, before the modifications or changes take effect.

PCG follows a formal change management process for all system modifications affecting data collection, coding logic, claims processing, or reporting functionality. Prior to implementation, PCG will communicate all relevant modifications to the State Program Manager, including a description of the proposed change, its purpose, the operational or regulatory reason for the update, anticipated impacts, testing results, and the planned implementation timeline.

4.1.8.16 Provide the ability to retain student data (including supporting documents) and make it available when requested. Host the data in a private cloud, which is secure and hosted in the United

States. Transmit the data securely and in a file format that has been approved by the State Program Manager.

EasyTrac retains student records, supporting documentation, service logs, claims data, audit history, and related program records in accordance with State and federal retention requirements. All data is hosted within secure, U.S.-based private cloud environments utilizing redundant infrastructure, disaster recovery protections, and continuous system monitoring. Upon request, PCG can provide data extracts in approved formats specified by the State Program Manager and transmit data through secure, encrypted file transfer methods.

4.1.8.17 Provide the ability for the information to be up to date before claims are submitted.

During PCG's monthly claiming process, all service logs within timely filing that have not been previously claimed undergo compliance checks to confirm whether new data is available to support a claim for the service. These checks are based on the most current documentation and data available in the system.

4.1.9 Remittance Advice

4.1.9 The Vendor shall accept and process a Remittance Advice (RA) file on a monthly basis. The RA file is an electronic HIP AA-compliant ASC X12N 835 file and contains all SEMI claims submitted for the reported month and their dispositions. The Vendor shall address the pending and denied claims identified on the RA file, research the error(s), and re-submit the corrected claims as required by the Do HS. The Vendor shall provide a copy of the applicable RA section to each service provider on a quarterly basis.

PCG will accept and process the monthly Remittance Advice (RA) file provided by the State. Our claims management team has extensive experience working with HIPAA-compliant ASC X12N 835 remittance files and incorporates RA processing as a standard component of our Medicaid billing workflow. The 835 file serves as the authoritative record of claim adjudication and is used to reconcile submitted claims, verify payments, and identify denied, rejected, and pending claims for corrective action.

Upon receipt of the monthly RA file, PCG imports and analyzes the adjudication results to identify claim dispositions, payment activity, denials, and pending claims. Our team researches each denied or pending claim to determine the root cause of the issue, which may include missing documentation, data entry errors, eligibility discrepancies, provider credentialing issues, coding concerns, or other compliance-related factors. Based on the findings, PCG works collaboratively with the LEA and the West Virginia Department of Human Services (DoHS), as appropriate, to resolve deficiencies and resubmit corrected claims in accordance with State requirements and established timelines.

As part of our quality assurance and revenue optimization process, PCG reviews all adjudicated claims to verify proper processing and identify opportunities to maximize reimbursement while minimizing audit risk. Detailed reporting is available to track claim status, denial trends, payment activity, and corrective actions, enabling both LEAs and the State Program Manager to monitor program performance and reimbursement outcomes.

PCG will also provide LEAs with monthly remittance information relevant to their services. LEA-specific RA summaries or applicable sections of the Remittance Advice will be securely distributed on a monthly basis, enabling administrators to review claim outcomes, understand denial reasons when applicable, and support any required follow-up activities. Distribution methods may include secure electronic reports, system-generated provider reports, or other State-approved methods that protect confidential information and comply with HIPAA requirements.

This comprehensive RA management process ensures timely reconciliation of claims, prompt resolution of denied and pending claims, accurate resubmissions, and transparent communication among DoHS, LEAs, and service providers while maintaining compliance with all federal and State Medicaid requirements.

4.1.10 System Requirements

4.1.10 The system and the data shall be hosted by the Vendor for the term of the contract. As part of the contract, the Vendor shall provide on-going maintenance (data back-up, disaster recovery, system debugging, etc.) and software upgrades as needed to remain in compliance with federal and State regulations is available at

https://www.medicaid.gov/Medicaid/spa/down1oads/WV- 21-000l.pdf and https://bms.wv.gov/chapter-538-school-based-health-services . The Vendor shall ensure that the system is available twenty-four (24) hours, seven (7) days each week, except during the State Program Manager-approved and published scheduled maintenance period. The Vendor shall perform the maintenance on the system during weekends and non-submission periods, when the impact on business operations is minimal. The Vendor shall provide a minimum of forty-eight (48) hours' notice communicated to stakeholders, as determined by the State Program Manager, prior to beginning systems maintenance work. In addition, any maintenance notices shall be distributed to users and displayed on the web portal. The Vendor shall provide an infrastructure that once implemented by the Vendor handles large user volume without data interruption or slowness.

PCG places significant importance on ensuring our system is available to our system users and commits to have the application up and available at least 99.5% of the time in any given month during the term of this Contract, excluding scheduled maintenance or excusable downtime as outlined in our standard Service Level Agreement.

Maintenance Activities

PCG has regularly scheduled downtimes quarterly on the 3rd Saturday of the month. PCG will typically take 1 to 6 hours following the close of maintenance to verify the system's availability. During the post-maintenance window, the system will be up and available to clients. PCG recommends that clients allow PCG to perform verification and validation to assure better customer experience; however, systems are fully available to users.

This information will be communicated via email ahead of planned maintenance, and a message will be placed on the main menu of EasyTrac providing two (2) weeks or more of advanced notice prior to a planned maintenance window. This notification is visible for all users of the system. Maintenance is conducted during identified low-activity windows of time.

Communication of Maintenance Events

For any maintenance activities which are not part of routine, planned maintenance cycles, PCG will provide advance communication of any expected system outages. Communication will be via email or phone by the PCG client success representative for CCPS.

In the event of an outage of any type with a product that we are hosting for our clients, we respond in a timely manner reflecting the urgency of the matter, dedicating the resources and teams to work until the issue is resolved. PCG understands the importance of a system that is reliable, accessible, and available to every school and LEA.

System Backup

PCG employs a comprehensive backup methodology to protect all our systems from failure or disaster and provides fast recovery in the event of data loss. This process is centrally managed and covers all our North American locations. A copy of the backup data exists in each of our two geographically dispersed data centers located in the Boston, Massachusetts and Austin, Texas areas. Systems in Boston are backed up and that backup data is replicated to Austin where it is available for recovery purposes if needed. The same approach is used in Austin: systems are backed-up and that back-up data is replicated to Boston and is available for recovery purposes, if needed.

PCG's back-up architecture provides two (2) terabytes/hour of throughput. There are five (5) dedicated servers, four (4) media agents and a management console server. De-duplication services are provided in the back-up operation. Agents are installed on virtual machines, databases and application servers that streamline backup operations and management. PCG provides a multiple back-up service (incremental, daily, weekly, full offsite, grandfather-father-son media rotation) with a Recovery Time Objective of ≤ 72 hours and Recovery Point Objective (RPO) ≤ 24 hours. In many cases, PCG can provide an RPO of 60 minutes.

To accommodate these needs, PCG conducts regular and periodic backup processes as follows:

EasyTrac Data and Systems	Backup Strategy
• **Hourly**	Incremental Log File backups for: • **DB Servers** • **Master Application Server** Retained until next daily backup • **23 generations**
• **Daily**	Full backups for: • **DB Servers** • **Master Application Server** • **Web and Application Servers** Retained until next weekly backup • **7 generations**
• **Weekly**	Full backups for: • **DB Servers** • **Master Application Server** • **Web and Application Servers** Retained until next monthly backup • **4-5 generations**
• **Monthly**	Full backups for: • **DB Servers** • **Master Application Server** • **Web and Application Servers** Retained until next quarterly backup • **3 generations**
• **Quarterly**	Full backups for:

EasyTrac Data and Systems	Backup Strategy
	• **DB Servers** • **Master Application Server** • **Web and Application Servers** Retained until next semi-annual backup • **2 generations**
• **Semi Annual**	Full backups for: • **DB Servers** • **Master Application Server** • **Web and Application Servers** Retained until next annual backup • **2 generations**
• **Annual**	Full backups for: • **DB Servers** • **Master Application Server** • **Web and Application Servers** Retained for 7 years • **7 generations**

Figure 101: PCG System Backup Summary

4.1.11 Training

4.1.11 The Vendor shall be responsible for training LEAs on all aspects of the SBHS Program, as described in this solicitation, at no additional cost. Telephone training and web-based training shall be compatible with the most recent State of WV updates (e.g., Internet Explorer, Google Chrome, or equal) and comply with any applicable policies of the WVDoHS Management Information System (MIS) or WV Office of Technology, which can be found at https://technology.wv.gov/policy-governance/ot-policies.

Overview

Comprehensive Administrative Claiming and Direct Service Program and Cost Report trainings will continue to be held each year. Training will consist of live-virtual and recorded sessions unless otherwise determined and agreed to by Public Consulting Group LLC (PCG) and the Department of Human Services, Bureau for Medical Services (the Agency). These live-virtual trainings incorporate a presentation, comprised of reinforcing visuals and examples, as well as references to other helpful materials online such as step-by-step user guides at-a-glance documents to complete operational tasks, memos, and handouts. Appropriate participatory activities or surveys may also be incorporated in the trainings to address different learning styles of LEA staff.

PCG will continue to utilize our in-depth knowledge of the School Based Health Services (SBHS) program to develop comprehensive training programs that focus on all aspects of School-Based Medicaid. PCG has found that training is a critical component both for help with program compliance and for building relationships with LEAs. Upon award, PCG is committed to partnering with the Agency for continuously improving training efforts to enhance program comprehension and strengthen program integrity.

PCG will draft training presentations and instruction manuals as resources for state and LEA staff in order to assist them through the required processes. We know that training of Local Education Agencies (LEAs) is essential to the success of this project. PCG will identify the appropriate staff by title and obtain contact information within each LEA to participate in training. For example, it is essential that school business officers participate in the quarterly financial and annual Medicaid cost report training sessions.

By participating in our detailed training program, LEA staff will clearly understand the goals and structure of PCG's solution, their responsibilities, and the importance of complete and accurate data and documentation. PCG's training program not only covers the specific Random Moment Time Study (RMTS) and financial requirements of staff but also reviews the complete process of generating claims and completing the annual Medicaid cost report. We will provide ongoing support for LEA staff involved in cost settlement and reconciliation processes through a toll-free hotline.

PCG will continue to provide training and technical assistance to West Virginia staff and LEA coordinators on both the RMTS and cost reporting components of our comprehensive web-based site. PCG will coordinate training dates and topics with the Agency. We typically utilize training via Microsoft Teams training sessions. Teams is an online training tool that allows staff to view the training presentation locally from their office as if they were in a live training. While Teams has audio and visual functionality there is also a toll-free dial-in number available for training. Both methods allow users to participate actively in training through the ability to ask questions by speaking or typing in chat windows or for the trainer to solicit feedback from the participants. In addition, PCG records training sessions and will make these accessible via the web for LEA staff to review on their own time. Virtual training has been favorably received by West Virginia counties and save time and travel expenses for LEA staff.

The PCG project team is comprised of staff with the specific Medicaid claiming experience needed to perform all required training. The following components are essential in providing successful training:

- ***West Virginia–Specific Terminology:*** PCG takes special care to use West Virginia–specific examples in the training process. By working directly with County staff, we will leverage

understanding and examples from one division that may be directly applicable to how another division does business.

- ***Consistency of Message:*** PCG maintains a database of frequently asked questions and uses it to enhance training in an effort to address questions before they are asked. These questions and answers are posted to our web-based tools for future access. PCG staff also meets regularly, so a consistent message is being communicated during training and unique examples are vetted throughout the team for a consistent message.
- ***Adult Learning Techniques:*** PCG staff understand best practice techniques for adult education and learning, and we apply them in our training environments. We also know that not all school level participants will respond to training in the same way.
- ***Subject Matter Expertise:*** You can be assured our team will understand the broader scope of RMTS, Administrative Claiming, and Medicaid cost settlement and use that understanding as it relates to training LEA personnel.
- ***Active Participation:*** We have found that active participation leads to better program results. One example is post-training tools, or other check for understanding methods can increase the level of training involvement, understanding, and ultimately the accuracy of the data that is used in claim development.
- ***Questions and Answers:*** Staff often have fundamental questions regarding the RMTS process, PCG's Claiming System, or the Medicaid cost settlement process. We may send follow-up e-mails to trainees outlining key points that need further emphasis based on these questions. In addition, all training materials will be posted on our websites for staff to access as resources.

Direct Service Documentation System and Medicaid Billing Training

While the RFP does not have a specific training requirement for the Direct Service Documentation System and Medicaid Billing training, PCG understands the complexity of implementing a system statewide and the support that is necessary to make that successful. While there are a number of best practices that we have discussed throughout the response, training is also a critical element to the success of this type of implementation, so we wanted to outline our approach to training in this area.

As outlined below in section 4.1.11.5, PCG will provide the Agency a comprehensive training plan with 10 days of contract award. That training plan will expand on our approach to training on the Direct Service Documentation System and Medicaid Billing components of this program that we will highlight below as well as the other components of the program.

Training Approach

PCG will utilize the same training tools for the Direct Service Documentation System and Medicaid Billing as we have utilized for the other areas of the program including live-virtual and live training sessions. We will break training sessions down to focus on the various users of the system and the role they play within the LEA. This will allow the training to be focused on the specific needs for each user type.

LEA Coordinator Training

The LEA coordinator training will focus on the overall system and their role in the process. We will train staff on how to access the system, create users, review students, create caseloads as well as how to monitor documentation within the system, identify claims that have been billed, paid or are awaiting additional information for billing as well as pulling various reports throughout the system. While the primary role of the LEA coordinator is not documenting services, we understand that they may be the first point of contact for a service provider with questions on documenting services in the system so we will provide them with an overview on that aspect of the system as well so they can assist their staff directly in that area. Training for coordinators will also be longer than the service provider since they will need a wider overview of the system and its functionality. We will coordinate training sessions for LEA coordinators and then supplement those with focused refresher training throughout the implementation process and year on single area items within the system. These will be shorted 45-minute to 1-hour sessions that will focus on a single area of the system. It will allow for additional demonstration as well as

additional time for LEA specific questions. All training will be recorded and available for coordinators to view as needed in the system as well.

Provider Training

The LEA providers (OTs, PTs, Speech, Nurses) will need to be trained on how to document services in the system. Our training will walk them through how to establish their caseload, create groups to match the groups they serve, create their service calendar (if desired), but ultimately, how to document the services they provide to any student in the district. While it is not possible to train every provider directly, PCG incorporates a train-the-trainer model in which each LEA can identify key staff to participate directly in the training who can assist in the training of other staff within the district. Training will be recorded and available for all staff to view at any point in time. We also understand new questions may arise after initial implementation, so in addition to our hotline support, PCG will provide additional focused training on topics throughout the year. These virtual sessions, similar to the LEA coordinator trainings, will be 45 minutes to an hour in length, open to all statewide, and will focus on a specific area of the system such as documenting services in a group setting, updating my caseload, developing a calendar for mt caseload, or other topics. Again, these sessions will be recorded and available for staff to view at any time as well.

We know that training is key and while this is a quick overview of our approach, PCG has always worked with the Agency and WVDE to accommodate the need for additional trainings over the years to address specific needs, concerns or program changes and PCG is committed to continue to work with the Agency to meet the needs of the program.

4.1.11.1 Training for RMTS: The Vendor will create, distribute, and present a complete RMTS training program to LEA's, which must be prior approved by the Agency. This training is necessary for the initial and ongoing implementation of the statewide RMTS. In addition, telephone training, as requested, and web-based training modules shall be developed and provided by the Vendor. Any aspects of the RMTS that are not covered in the Vendor's training programs, and which are requested by the Lea or the Agency, shall also be made available to the LEA staff. The initial training must be provided at mutually agreed-upon state-on-wide sites, in person, selected by the agency or when a significant change in procedure or process is identified.

Upon receiving content approval from the Agency, the comprehensive training curriculum will cover all facets of the RMTS program and include, at a minimum, the following components: RMTS Staff Pool List preparation and RMTS process. Details for each component of the training are described below. This level of organization ensures LEAs understand not only the process but also the purpose of the SBHS program.

- ***RMTS Staff Pool List Preparation:*** The Staff Pool List (SPL) is the foundation of both programs, updated three times per year with each LEA's "list" of staff employees and contractors eligible to undergo the RMTS survey. PCG trains LEAs how to both update and closely review the SPL, as the quality of such directly correlates to LEA's Medicaid reimbursement. LEAs are educated to analyze each potential individual listed, not only on their job title but also on their involvement in completing time study moments with their activities. They are also taught which staff should be included in which cost pool. LEAs should leave the training with an in depth understanding of completing the SPL.
- ***RMTS Process:*** The RMTS is the survey process used to identify the amount of time spent performing reimbursable activities under the Medicaid program, both from a Medicaid administrative claiming and direct medical services standpoint. Based on statistically valid and approved methods, the results of RMTS are used to apportion costs reported by LEAs. In training, PCG emphasizes the purpose of the RMTS and its web-based process. The RMTS LEA Coordinators are of particular interest in this section of the training. LEA coordinators are presented with instructions and tips on how to educate their own providers and staff listed on the SPL on the

requirements for proper participation. These tips and examples include providing adequate detail when answering Random Moments and maintaining LEA-specific and state-wide compliance.

PCG recognizes that RMTS questions may arise during the course of the year that may not have been covered during these trainings. PCG will continue to provide our toll-free hotline, upon request ad hoc telephone training support, as well as providing web-based training manuals on the dashboard of our Claiming System site. In the event the RMTS program undergoes a procedural or process change, PCG understands that additional training may be needed.

4.1.11.2 Training for Administrative Claim: The Vendor will create, distribute, and present a complete Administrative Claim training program, which must be prior approved by the Agency. This training is necessary for the initial and ongoing implementation of Administrative Claiming based on results of the statewide RMTS. In addition, telephone training, as requested, and web-based training modules shall be developed and provided by the Vendor. Additional training, as requested by the LEA or the Agency, shall also be made available to the LEA staff. The initial training must be provided at mutually agreed-upon state-wide sites, in person, selected by the Agency or when a significant change in procedure or process is identified.

Upon receiving content approval from the Agency, the comprehensive training curriculum will cover all facets of the Administrative Claiming program and include, at a minimum, the following components: Staff Pool List preparation, utilizing our Claiming System cost edit checking process, and the completion/certification of financials. Specific details for the completion of the financials segment of the training is below. This level of organization ensures LEAs understand not only the process, but also the purpose of the Administrative Claiming program.

PCG provides the background, purpose, and technical instructions for completing the quarterly Administrative Claiming financials. PCG presents the details behind approved methodologies for reporting payroll information (allowable salaried and contractor costs), costs for eligible staff travel and training, professional dues and fees, etc. Additionally, LEAs are provided instructions on how to take the financial information and report it using the web-based system. This will also include completing the quarterly Certified Public Expenditure (CPE) form. PCG links concepts behind RMTS results and reported costs, teaching LEAs that the results of the survey process directly affect the Medicaid claim.

PCG understands that Administrative Claiming questions may arise during the course of the year that may not have been covered during these trainings. PCG will continue to provide upon request ad hoc telephone training support, telephone hotline support, as well as continue to provide web-based training manuals on the dashboard of our Claiming System site.

4.1.11.3 Training for Direct Service Program and Cost Reporting: The Vendor shall provide training and technical assistance to the LEAs on the Agency program policies and regulations relative to Cost Reporting requirements. The training shall include, at a minimum, covered services, cost reporting submission and certification procedures, and must be approved prior by the Agency. After the initial training, the Vendor shall provide on-going training either via telephone and/or through a web-based training program no less than on an annual basis, as developed by the Vendor and prior approved by the Agency. The initial training must be provided at schedule established by the Agency or when a significant change in procedure or process is identified.

Comprehensive Direct Service Program and Cost Reporting training will continue to be held each year. PCG will continue to conduct these comprehensive, direct service program and cost reporting trainings both in person and through web-based training programs. PCG will also continue to present a

comprehensive direct service program and cost reporting training on-site, typically during the Fall/Winter WVDE ASBO conference. PCG will work with the Agency to schedule this training on an annual basis as well as provide on-going training through the telephone and/or through web-based training programs.

PCG has conducted Direct Service Program and Cost Reporting training for thousands of school-based personnel and has a finely-honed approach to training. This approach is comprised of five components: Materials, Attendees, Schedule, Content, and Delivery. PCG will utilize our in-depth knowledge of Medicaid cost settlement and reconciliation processes to develop a comprehensive training program that encompasses all aspects of the cost reporting and settlement process in a format that is easy to understand and implement.

- ***Materials:*** PCG will draft training presentations and instruction manuals that will be shared with the Agency for review and approval prior to conducting training sessions. These documents will be made available as resources for state and LEA staff in order to assist them through the required processes.
- ***Content:*** PCG's training program not only covers the specific financial requirements of staff, but also reviews the Medicaid covered services and the entire process of generating claims and completing the annual Medicaid cost report. PCG will provide training on our Web-based Claiming System. We will provide ongoing support for LEA staff involved in cost settlement and reconciliation processes through a toll-free hotline and email address. By participating in our detailed training program, staff will clearly understand the goals and structure of PCG's solution, their responsibilities, and the importance of complete and accurate data and documentation. This detailed training approach will lead to fewer errors.
- ***Attendees:*** The training of LEA coordinators is essential to the success of this project, as is participation by school business officials. PCG will identify the appropriate staff by title, obtain contact information for identified personnel within each LEA and solicit the Agency approval of the recommended list of staff that should be trained.
- ***Schedule:*** PCG will coordinate training dates with LEAs and identify opportunities to consolidate travel to the greatest extent possible. PCG understands and will provide at minimum the required four statewide initial trainings. PCG will hold the initial training at schedule established by the Agency and additional training to be offered when a significant change in procedure or process is identified.
- ***Delivery:*** In order to reach the greatest audience, PCG intends to offer training both in-person and via Microsoft Teams, an online training tool that allows staff to view the training presentation locally as if they were at a live training session. A toll-free dial-in number allows interactive participation (users can ask questions and trainers can solicit feedback). In addition, PCG records each training session and will make these accessible via the web for staff to review on their own time. Microsoft Teams trainings are increasingly common as a means of saving time and ensuring all LEA staff are able to attend trainings based on their own individual schedules.

Once all training sessions have been completed, PCG will provide the Agency with a report of the LEAs and staff that participated. PCG will also conduct outreach activities to arrange additional training opportunities for those LEAs that did not participate in the scheduled training sessions to promote compliance with requirements of the revised reimbursement methodology.

Throughout the training and cost reporting process, PCG will operate the cost report help desk to receive and respond to communications from LEA providers regarding cost reports, via telephone and e-mail. PCG shall have voicemail capability to receive calls when the help desk is not staffed.

The cost report help desk will be staffed to receive and respond to calls, at a minimum, between 8:30 AM and 5:00 PM Eastern Time, every business day.

PCG will track call volume per hour during all times that the cost report help desk is available to receive and respond to calls. For each call received, PCG will document all of the following:

- The name of the provider;
- The LEA in which the provider practices;
- The general nature of the call; and
- The resolution to the call.

PCG understands that questions may arise during the course of the year, that may not have been covered during these trainings. PCG will continue to provide upon request ad-hoc telephone training, as well as continue to provide web-based training manuals on the dashboard of our Claiming System site. PCG is able to give the initial training at a schedule established by the Agency as well as when significant changes in procedure or process is identified.

4.1.11.4 The Vendor shall provide training to the Agency regarding all components of the SBHS and rate setting services provided under the scope of this solicitation and will assist in development of policy and procedure manuals regarding such tasks.

PCG is not only an expert in school-based health services, but also in terms of rate setting. Once cost settlement is implemented throughout the State, PCG will be able to assist the State with rate setting services. Our team has expertise with Medicaid and Medicare rate-setting. The PCG team's rate setting and reimbursement consulting knowledge and experience is grounded in a core set of principles, including:

- Knowledge and understanding of all costs, utilization, productivity standards, and/or efficiency factors, which affect specific rate calculations;
- Experience assisting county and state agencies to defend rate setting methodologies to legislative bodies, the provider community, media, and other relevant stakeholders;
- Experience helping public-sector agencies to reform payment methodologies to change provider behavior and promote higher quality of care;
- Knowledge of reimbursement best practices; and
- A comprehensive understanding of the Medicaid principles of reimbursement established in Provider Reimbursement Manual (PRM).

PCG will train the Agency staff on the SBHS program and demonstrate how the program relates to establishing rates for services throughout the State. PCG will also provide thorough trainings to the Agency on our rate setting methodologies and document the process of rate setting for each service so that rates can be updated on an as-needed basis. Documentation will include developing policy and procedures manuals with a clear set of tasks outlining the rate setting process.

4.1.10 The Vendor shall provide the Agency a training plan within ten (10) business days of contract award that fully describes the training approach for each of the above referenced tasks in 4.1.4 and all sub-components therein.

As stated above, PCG will continue to conduct comprehensive virtual training. PCG will make sure that the trainings are offered on various days and times, so LEAs will have multiple opportunities to attend. Even though multiple days and times may be offered, these training times may not always work with the contacts at every LEA. PCG will offer recorded training posted on our Claiming System website for future play back. This is done to ensure that every LEA in West Virginia has options to receive the training. We want to be as flexible as possible because we realize this is only one of the many job responsibilities the LEA contacts have each day. The more we can reduce the administrative burden on a LEA, the more willing the LEA is to participate fully in the other aspects of the program.

PCG has placed particular emphasis on comprehensive training, so LEA staff members are fully informed about the entire school-based Medicaid program throughout West Virginia. Training is a critical program

component to program compliance. It is a process that PCG takes seriously, and we work with our clients and other stakeholders to continuously improve our training efforts to enhance program comprehension. PCG has developed a comprehensive and detailed training program that includes the development and distribution of in-depth training materials, facilitation of informative training sessions, and provides a toll-free support line for questions following training. Our training program includes a variety of online webinar sessions throughout the fiscal year. Furthermore, all trainings are also recorded and posted to the dashboard of our web-based application in order to allow LEAs to access and review the training materials at their convenience prospectively on an as needed basis.

In each training, PCG takes special care to use school-based terminology and relevant examples, so staff members are trained appropriately. Through best practices for adult education and learning techniques, PCG engages LEA staff to understand the broader scope of the school-based program. PCG trainers are experts in school-based Medicaid and are well-equipped in promoting the most current industry practices in training, supporting active participation and enhanced learning. Once training is completed, PCG may follow up with post-training tasks. These post-training tasks wrap up the event and are an additional attempt to resolve any outstanding questions or needed clarification. The post-training process includes the:

- Development and distribution of a Frequently Asked Questions document;
- Recording and posting training sessions so LEAs can easily access them at their convenience, multiple times if needed; and
- Publishing of training materials on the Dashboard of PCG's Claiming System website for ease of use for existing and new program participants.

PCG has proven to be an established industry leader in the comprehensive training of LEAs in West Virginia on the school-based Medicaid program. West Virginia specific knowledge and experience has allowed our team of experts, over the last several years, to properly train schools' LEAs on Medicaid school-based services. There is no other firm that has this type of experience working cooperatively with LEAs in West Virginia. PCG is able to provide a training plan within ten (10) business days of contract award that fully describes the training approach for each of the above referenced tasks in *4.1.4* and all subcomponents therein.

4.1.12 Other Administrative Functions

4.1.12.1. Toll-Free Telephone Line: The Vendor must maintain a toll-free telephone number to provide customer service and technical assistance as needed for both Administrative and Direct Service Claiming. The Vendor shall ensure that a statewide, toll-free telephone system is installed with an automated answering system. The call volume on a daily basis shall be handled so that any calls not answered at the time of the call and for which a message is left shall be returned within one (1) business day. The toll-free number shall be answered by Vendor staff between the hours of 8:30 a.m. to 5:00 p.m. Eastern Standard Time (EST), Monday through Friday, except for Federal and State Holidays.

Current state holidays recognized are:

New Year's Day
Martin Luther King Day
Presidents Day
Election Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Veteran's Day
½ Day before Thanksgiving
Thanksgiving Day
½ Day before Christmas Day
Christmas Day

- PCG support staff are accessible by e-mail or phone and can be reached during all regular business hours, from Monday-Friday, 8:30 AM to 5:00 PM eastern standard time, except for Federally observed holidays (New Year's Day; Birthday of Martin Luther King, Jr.; Memorial Day; Veterans Day; Thanksgiving Holiday; and Christmas Holiday).

- Statewide Toll-Free Customer Support Line: PCG's toll-free phone line provides convenient, easily accessible customer service and technical assistance for all program areas, including Administrative and Direct Service Claiming assistance. The toll-free phone line is supported by the same experienced PCG staff that conduct the training sessions. All support staff members are available to answer incoming calls. When all staff members are assisting customers during regular business hours, any incoming calls automatically go to voicemail, where customers can leave a detailed message for the support team. Also, outside of regular business hours, incoming customer calls are immediately directed to voicemail. PCG aims to respond to all voicemails as soon as possible, but no later than one business day from receipt.

- PCG staff are also accessible via the email customer support email box. Customers may submit emails to this email address, 24 hours per day, 365 days per year. This email box is constantly monitored, and responses to customer emails are provided within 48 hours (two business days).

- Regional and LEA level support: PCG staff will provide on-site, customized assistance to all participating LEAs as needed.

4.1.12.2. The Vendor must maintain an automated answering system that will allow the caller to leave a message after 5:00 p.m., Monday through Friday, state and federal holidays, and on

weekends. The Vendor's staff must contact the LEAs leaving messages within one (1) business day of the Vendor's receipt of the message.

PCG's Statewide Toll-Free Customer Support Line provides an automated answering system that allows customers to leave a detailed message. When all staff members are assisting customers during regular business hours, any incoming calls automatically go to voicemail, where customers can leave a detailed message for the support team. Also, outside of regular business hours, incoming customer calls are immediately directed to voicemail.

The Customer Support Line voicemail box is checked regularly during standard business hours. Return calls are typically made to customers on the same day the call was received, but in all cases, customers receive return calls within one (1) business day.

4.1.12.3. The Vendor shall be responsible to communicate with all individuals on its toll-free lines, which must be able to accommodate such issues as hearing impairment, or other communication barriers, or physical or mental disabilities.

PCG also provides a communications channel on its toll-free hotlines for customers with auditory challenges through PCG's teletypewriter (TTY) and telecommunications device for the deaf (TTD). All project staff are trained in cultural diversity and can communicate effectively by voice and by TTY/TTD technology with callers who have disabilities, including deaf and the hard of hearing.

4.1.12.4. Website: The Vendor shall be responsible for the development and maintenance of a Website. All materials on the Website must be prior approved by the Agency before appearing on Website. The Website must be kept current. The Website shall be compliant with readability requirements as set forth in the Americans with Disabilities Act standards, which can be found at: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm.

PCG will continue to utilize and maintain a website, the PCG Claiming System, to provide all the necessary and critical information for the statewide school-based health services program. PCG's Claiming System site includes important documents and resources for LEAs such as upcoming due dates, user guides, recorded Teams trainings, and PowerPoint presentations of the training material. Any additional Agency approved resources (including user guides, manuals, or state plans) can be added upon request. These documents are updated regularly to provide the LEAs with the most current information. LEAs in West Virginia have found the Claiming System site to be a helpful SBHS resource. Furthermore, PCG's Claiming Site is compliant with readability requirements as set forth in the Americans with Disabilities Act (ADA) standards.

4.1.12.5. The website shall include all training modules related to RMTS, Administrative and Direct Service Claiming, training manuals, frequently asked questions, important dates or approaching deadlines, and links to relevant Website materials as requested by the Agency.

As mentioned above, PCG will continue to maintain a website specifically to provide information for the statewide school-based health services program. Program information will include: links to all training modules related to Random Moment Time Study (RMTS), Administrative and Direct Service Claiming, training manuals, frequently asked questions, important program dates and deadlines, as well as links to

relevant websites such as CMS, BMS, or other state programs. In all states where PCG has provided Medicaid claims services, the program website has included training schedules and registration links (if appropriate), selected state agency-created memoranda and information sheets, presentation slides, and handouts from statewide training events, video links to statewide training events, and a document library.

4.1.12.6. Data Systems: The Vendor shall have a reporting system in place to facilitate access to and receipt of all information necessary for RMTS, and Administrative and Direct Service Cost Reporting.

As cited throughout the proposal, PCG will continue to provide a web-based comprehensive reporting system to facilitate access to and receipt of all information necessary for RMTS, Administrative and Direct Service Cost Reporting.

4.1.12.7. The Vendor shall assist the Agency in development of State Plan Amendments regarding SBHS program or any reimbursement methodologies. This requirement also includes drafting responses to any CMS inquiry whether designated as informal or formal request for additional information.

As noted in the PCG School-Based Medicaid Experience, section SPA expansion and CMS Grant Support, PCG will continue supporting the agency in the SPA creation and approval process. PCG is proud of the collaboration with the agency over the past several years regarding the SPA. PCG has leveraged its experience working with multiple states throughout this process and looks forward to continuing this in West Virginia.

4.1.12.8. Within three (3) days the Vendor shall submit a Project Implementation Plan with their bid for Agency approval that demonstrates overall understanding of SBHS requirements and establishes key requirements and time frames for implementing RMTS, Administrative and Direct Service Claiming and Cost Reporting activities.

PCG will continue to create, update, and implement a Project Implementation Plan. In fact, as the current West Virgina SBHS vendor, PCG already utilizes a Project Implementation Plan as shown in the table below This plan demonstrates PCG's understanding of the SBHS requirements and timeframes for ensuring a compliant and successful program implementation.

Task Number	Section	Period	Task Name	Start Date	End Date
1	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	Prepare PCG Claiming System for Staff Pool List, Calendar, and Shift collection	4/20/2026	5/1/2026
2	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	Launch Staff Pool List, Calendar, and Shift collection window	5/4/2026	5/4/2026
3	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	2-week deadline reminder email	5/8/2026	5/8/2026
4	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	1-week deadline reminder email	5/15/2026	5/15/2026

Task Number	Section	Period	Task Name	Start Date	End Date
5	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	2-day deadline reminder email	5/20/2026	5/20/2026
6	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	1-day deadline reminder email	5/21/2026	5/21/2026
7	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	LEAs' Staff Pool List, Calendar, and Shift collection period	5/4/2026	5/22/2026
8	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	Due date reminder email	5/22/2026	5/22/2026
9	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	Send late notice emails to late LEAs	5/26/2026	5/26/2026
10	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	Send list of late LEAs to State	5/26/2026	5/26/2026
11	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	Review Staff Pool Lists, Calendars, and Shifts	5/27/2026	6/17/2026
12	Staff Pool List Calendar Shift Collection	Aug-Dec 2026	Finalize and approve Staff Pool Lists, Calendars, and Shifts	6/17/2026	6/19/2026
13	RMTS	Aug-Dec 2026	Generate RMTS Master Sample	6/22/2026	6/24/2026
14	RMTS	Aug-Dec 2026	Perform Quality Control review of RMTS Master Sample	6/25/2026	6/26/2026
15	RMTS	Aug-Dec 2026	Provide bi-weekly RMTS Updates to AHS (return rate, statistical validity, and reimbursement percentages)	8/5/2026	12/28/2026
16	RMTS	Aug-Dec 2026	Coding and Quality Control of RMTS Survey Responses	8/5/2026	12/31/2026
17	RMTS	Aug-Dec 2026	Calculate statewide response rate, determine if 85% met	1/19/2027	1/20/2027
18	RMTS	Aug-Dec 2026	QC statewide response rate	1/20/2027	1/20/2027
19	RMTS	Aug-Dec 2026	Finalize RMTS Coding and Quality Control	1/4/2027	1/29/2027
20	RMTS	Aug-Dec 2026	Prepare Time Study Coding Subsample (5% of moments) for State review	2/1/2027	2/5/2027
21	RMTS	Aug-Dec 2026	Submit Time Study Coding Subsample (5% of moments) for State review	2/8/2027	2/8/2027
22	RMTS	Aug-Dec 2026	State reviews Time Study Sample/Results and approves/rejects moment coding	2/8/2027	2/26/2027
23	RMTS	Aug-Dec 2026	Time Study Sample/Results review call with State (if needed)	2/8/2027	2/26/2027
24	RMTS	Aug-Dec 2026	Finalize Time Study Results, Verify Validity, and Approve	3/1/2027	3/1/2027

Task Number	Section	Period	Task Name	Start Date	End Date
25	MAC Financial Collection	Aug-Dec 2026	Prepare PCG Claiming System for MAC financial collection	12/21/2026	12/30/2026
26	MAC Financial Collection	Aug-Dec 2026	Launch MAC Financial collection window	1/4/2027	1/4/2027
27	MAC Financial Collection	Aug-Dec 2026	2-week deadline reminder email	1/15/2027	1/15/2027
28	MAC Financial Collection	Aug-Dec 2026	1-week deadline reminder email	1/22/2027	1/22/2027
29	MAC Financial Collection	Aug-Dec 2026	2-day deadline reminder email	1/27/2027	1/27/2027
30	MAC Financial Collection	Aug-Dec 2026	1-day deadline reminder email	1/28/2027	1/28/2027
31	MAC Financial Collection	Aug-Dec 2026	LEAs' Financial collection period	1/4/2027	1/29/2027
32	MAC Financial Collection	Aug-Dec 2026	Due date reminder email	1/29/2027	1/29/2027
33	MAC Financial Collection	Aug-Dec 2026	Send late notice emails to late LEAs	2/1/2027	2/1/2027
34	MAC Financial Collection	Aug-Dec 2026	Send list of late LEAs to State	2/1/2027	2/1/2027
35	MAC Financial Collection	Aug-Dec 2026	Review MAC financial submissions for reasonableness	2/1/2027	2/26/2027
36	MAC Financial Collection	Aug-Dec 2026	Finalize MAC financial collection	3/1/2027	3/5/2027
37	MAC Claim	Aug-Dec 2026	Calculate MAC Claim using TS Results, LEA Expenditures, MERs and UICRs	3/29/2027	4/2/2027
38	MAC Claim	Aug-Dec 2026	QC MAC Claim Calculation (TS Results, LEA Expenditures, MERs and UICRs)	4/5/2027	4/9/2027
39	MAC Claim	Aug-Dec 2026	Finalize and approve MAC Claim and accompanying QC Documentation	4/12/2027	4/14/2027
40	MAC Claim	Aug-Dec 2026	LEA CPE Form collection	4/19/2027	4/30/2027
41	MAC Claim	Aug-Dec 2026	Submit MAC Claim to State	5/10/2027	5/10/2027
42	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	Prepare PCG Claiming System for Staff Pool List, Calendar, and Shift collection	10/19/2026	10/30/2026
43	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	Launch Staff Pool List, Calendar, and Shift collection window	11/2/2026	11/2/2026
44	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	2-week deadline reminder email	11/6/2026	11/6/2026

Task Number	Section	Period	Task Name	Start Date	End Date
45	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	1-week deadline reminder email	11/13/2026	11/13/2026
46	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	2-day deadline reminder email	11/18/2026	11/18/2026
47	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	1-day deadline reminder email	11/19/2026	11/19/2026
48	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	LEAs' Staff Pool List, Calendar, and Shift collection period	11/2/2026	11/20/2026
49	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	Due date reminder email	11/20/2026	11/20/2026
50	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	Send late notice emails to late LEAs	11/23/2026	11/23/2026
51	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	Send list of late LEAs to State	11/23/2026	11/23/2026
52	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	Review Staff Pool Lists, Calendars, and Shifts	11/23/2026	12/4/2026
53	Staff Pool List Calendar Shift Collection	Jan-Jun 2027	Finalize and approve Staff Pool Lists, Calendars, and Shifts	12/7/2026	12/11/2026
54	RMTS	Jan-Jun 2027	Generate RMTS Master Sample	12/14/2026	12/16/2026
55	RMTS	Jan-Jun 2027	Perform Quality Control review of RMTS Master Sample	12/17/2026	12/18/2026
56	RMTS	Jan-Jun 2027	Coding and Quality Control of RMTS Survey Responses	1/4/2027	6/30/2027
57	RMTS	Jan-Jun 2027	Provide bi-weekly RMTS Updates to State (return rate, statistical validity, and reimbursement percentages)	1/4/2027	6/28/2027
58	RMTS	Jan-Jun 2027	Calculate statewide response rate, determine if 85% met	7/13/2027	7/14/2027
59	RMTS	Jan-Jun 2027	QC statewide response rate	7/14/2027	7/14/2027
60	RMTS	Jan-Jun 2027	Finalize RMTS Coding and Quality Control	7/1/2027	7/30/2027
61	RMTS	Jan-Jun 2027	Prepare Time Study Coding Subsample (5% of moments) for State review	8/2/2027	8/6/2027
62	RMTS	Jan-Jun 2027	Submit Time Study Coding Subsample (5% of moments) for State review	8/9/2027	8/9/2027
63	RMTS	Jan-Jun 2027	State reviews Time Study Sample/Results and approves/rejects moment coding	8/9/2027	8/27/2027
64	RMTS	Jan-Jun 2027	Time Study Sample/Results review call with State (if needed)	8/9/2027	8/27/2027

Task Number	Section	Period	Task Name	Start Date	End Date
65	RMTS	Jan-Jun 2027	Finalize Time Study Results, Verify Validity, and Approve	8/30/2027	8/30/2027
66	MAC Financial Collection	Jan-Jun 2027	Prepare PCG Claiming System for MAC financial collection	6/21/2027	6/30/2027
67	MAC Financial Collection	Jan-Jun 2027	Launch MAC Financial collection window	7/1/2027	7/1/2027
68	MAC Financial Collection	Jan-Jun 2027	2-week deadline reminder email	7/16/2027	7/16/2027
69	MAC Financial Collection	Jan-Jun 2027	1-week deadline reminder email	7/23/2027	7/23/2027
70	MAC Financial Collection	Jan-Jun 2027	2-day deadline reminder email	7/28/2027	7/28/2027
71	MAC Financial Collection	Jan-Jun 2027	1-day deadline reminder email	7/29/2027	7/29/2027
72	MAC Financial Collection	Jan-Jun 2027	LEAs' Financial collection period	7/1/2027	7/30/2027
73	MAC Financial Collection	Jan-Jun 2027	Due date reminder email	7/30/2027	7/30/2027
74	MAC Financial Collection	Jan-Jun 2027	Send late notice emails to late LEAs	8/2/2027	8/2/2027
75	MAC Financial Collection	Jan-Jun 2027	Send list of late LEAs to State	8/2/2027	8/2/2027
76	MAC Financial Collection	Jan-Jun 2027	Review MAC financial submissions for reasonableness	8/2/2027	8/27/2027
77	MAC Financial Collection	Jan-Jun 2027	Finalize MAC financial collection	8/30/2027	9/3/2027
78	MAC Claim	Jan-Jun 2027	Calculate MAC Claim using TS Results, LEA Expenditures, MERs and UICRs	9/27/2027	10/1/2027
79	MAC Claim	Jan-Jun 2027	QC MAC Claim Calculation (TS Results, LEA Expenditures, MERs and UICRs)	10/4/2027	10/8/2027
80	MAC Claim	Jan-Jun 2027	Finalize and approve MAC Claim and accompanying QC Documentation	10/11/2027	10/13/2027
81	MAC Claim	Jan-Jun 2027	LEA CPE Form collection	10/18/2027	10/29/2027
82	MAC Claim	Jan-Jun 2027	Submit MAC Claim to State	11/8/2027	11/8/2027
83	Annual Cost Report	FY26	Prepare PCG Claiming System for Annual Cost Report collection	10/5/2026	10/16/2026
84	Annual Cost Report	FY26	Launch Annual Cost Report collection window	10/19/2026	10/19/2026
85	Annual Cost Report	FY26	2-week deadline reminder email	12/4/2026	12/4/2026

Task Number	Section	Period	Task Name	Start Date	End Date
86	Annual Cost Report	FY26	1-week deadline reminder email	12/11/2026	12/11/2026
87	Annual Cost Report	FY26	2-day deadline reminder email	12/16/2026	12/16/2026
88	Annual Cost Report	FY26	1-day deadline reminder email	12/17/2026	12/17/2026
89	Annual Cost Report	FY26	LEAs' Financial collection period	10/19/2026	12/18/2026
90	Annual Cost Report	FY26	Due date reminder email	12/18/2026	12/18/2026
91	Annual Cost Report	FY26	Send late notice emails to late LEAs	12/21/2026	12/21/2026
92	Annual Cost Report	FY26	Send list of late LEAs to State	12/21/2026	12/21/2026
93	Annual Cost Report	FY26	Conduct Annual Cost Report Desk Reviews	1/11/2027	2/26/2027
94	Annual Cost Report	FY26	Finalize Annual Cost Reports and Desk Reviews	3/1/2027	3/19/2027
95	Annual Cost Settlement	FY26	Calculate Annual Cost Settlement	4/5/2027	4/16/2027
96	Annual Cost Settlement	FY26	QC Annual Cost Settlement	4/19/2027	4/30/2027
97	Annual Cost Settlement	FY26	Finalize and approve Annual Cost Settlement and accompanying QC Documentation	5/3/2027	5/14/2027
98	Annual Cost Settlement	FY26	Submit Annual Cost Settlement to State	5/21/2027	5/21/2027
99	Annual Cost Settlement	FY26	Receive State approval to collect Annual CPE Forms	5/24/2027	5/24/2027
100	Annual Cost Settlement	FY26	LEA CPE Form collection	5/24/2027	6/4/2027
101	Annual Cost Settlement	FY26	Submit final Annual Cost Settlement deliverable to State	6/7/2027	6/11/2027
102	First Working Day for Staff for the Regular School Year	FY28	Launch "First Working Day for Staff for the Regular School Year" collection	3/1/2027	3/1/2027
103	First Working Day for Staff for the Regular School Year	FY28	2-week deadline reminder email	3/5/2027	3/5/2027
104	First Working Day for Staff for the Regular School Year	FY28	1-week deadline reminder email	3/12/2027	3/12/2027
105	First Working Day for Staff for the Regular School Year	FY28	2-day deadline reminder email	3/17/2027	3/17/2027
106	First Working Day for Staff for the Regular School Year	FY28	1-day deadline reminder email	3/18/2027	3/18/2027
107	First Working Day for Staff for the Regular School Year	FY28	LEAs' "First Working Day for Staff for the Regular School Year" collection period	3/1/2027	3/19/2027
108	First Working Day for Staff for the Regular School Year	FY28	Send late notice emails to late LEAs	3/22/2027	3/22/2027

Task Number	Section	Period	Task Name	Start Date	End Date
109	First Working Day for Staff for the Regular School Year	FY28	Send list of late LEAs to State	3/22/2027	3/22/2027
110	First Working Day for Staff for the Regular School Year	FY28	Review First Working Day responses, determine earliest date and verify with State	3/1/2027	3/26/2027
111	First Working Day for Staff for the Regular School Year	FY28	Finalize First Working Day and period structure for new fiscal year	3/26/2027	3/26/2027
112	Staff Pool List Calendar Shift Collection	Jul-Aug 2027	Copy Jan-Jun 2027 SPL to new fiscal year	4/12/2027	4/12/2027
113	MAC Financial Collection	Jul-Aug 2027	Prepare PCG Claiming System for MAC financial collection	9/20/2027	9/29/2027
114	MAC Financial Collection	Jul-Aug 2027	Launch MAC Financial collection window	10/1/2027	9/30/2027
115	MAC Financial Collection	Jul-Aug 2027	2-week deadline reminder email	10/15/2027	10/15/2027
116	MAC Financial Collection	Jul-Aug 2027	1-week deadline reminder email	10/22/2027	10/22/2027
117	MAC Financial Collection	Jul-Aug 2027	2-day deadline reminder email	10/27/2027	10/27/2027
118	MAC Financial Collection	Jul-Aug 2027	1-day deadline reminder email	10/28/2027	10/28/2027
119	MAC Financial Collection	Jul-Aug 2027	LEAs' Financial collection period	10/1/2027	10/29/2027
120	MAC Financial Collection	Jul-Aug 2027	Due date reminder email	10/29/2027	10/29/2027
121	MAC Financial Collection	Jul-Aug 2027	Send late notice emails to late LEAs	11/1/2027	11/1/2027
122	MAC Financial Collection	Jul-Aug 2027	Send list of late LEAs to State	11/1/2027	11/1/2027
123	MAC Financial Collection	Jul-Aug 2027	Review MAC financial submissions for reasonableness	11/1/2027	11/26/2027
124	MAC Financial Collection	Jul-Aug 2027	Finalize MAC financial collection	11/29/2027	12/3/2027
125	MAC Claim	Jul-Aug 2027	Calculate MAC Claim using TS Results, LEA Expenditures, MERs and UICRs	12/27/2027	12/31/2027
126	MAC Claim	Jul-Aug 2027	QC MAC Claim Calculation (TS Results, LEA Expenditures, MERs and UICRs)	1/3/2028	1/7/2028
127	MAC Claim	Jul-Aug 2027	Finalize and approve MAC Claim and accompanying QC Documentation	1/10/2028	1/12/2028

Task Number	Section	Period	Task Name	Start Date	End Date
128	MAC Claim	Jul-Aug 2027	LEA CPE Form collection	1/17/2028	1/28/2028
129	MAC Claim	Jul-Aug 2027	Submit MAC Claim to State	2/7/2028	2/7/2028
130	Annual Cost Settlement: 2-Year Reconciliation	FY24	Update Annual Cost Settlement with new Interim Payment data	9/14/2026	9/25/2026
131	Annual Cost Settlement: 2-Year Reconciliation	FY24	QC updated Annual Cost Settlement	9/28/2026	10/9/2026
132	Annual Cost Settlement: 2-Year Reconciliation	FY24	Finalize and approve Updated Annual Cost Settlement and accompanying QC Documentation	10/12/2026	10/23/2026
133	Annual Cost Settlement: 2-Year Reconciliation	FY24	Submit Updated Annual Cost Settlement to State	10/30/2026	10/30/2026
134	Annual Cost Settlement: 2-Year Reconciliation	FY24	Receive State approval to collect Updated Annual CPE Forms	11/2/2026	11/2/2026
135	Annual Cost Settlement: 2-Year Reconciliation	FY24	LEA CPE Form collection (Updated Annual Cost Settlement)	11/2/2026	11/13/2026
136	Annual Cost Settlement: 2-Year Reconciliation	FY24	Submit final Updated Annual Cost Settlement deliverable to State	11/16/2026	11/20/2026

Figure 102: Current Implementation Plan

4.1.12.9. The Vendor must provide all services within the scope of this contract per the approved Medicaid State Plan.

PCG will continue to provide all services within the scope of this contract per the approved Medicaid State Plan and that meet all CMS requirements. Details of PCG's approach on all services for this engagement are described throughout the proposal.

PCG outperforms other vendors to match the number of implementations, revenues generated, and number of qualified staff brought to this engagement.

PCG is the largest provider of Medicaid services to states and LEAs in the nation. No other vendor matches the number of implementations, revenue generated, or number of qualified staff that PCG brings to this engagement. As such, it would make intuitive sense that we also have the broadest experience with Medicaid audits. In continuing with PCG, West Virginia would have full access to this unparalleled audit support.

4.1.12.10. The Vendor must participate in all levels of provider appeals or audits initiated by State or Federal entities. Participation includes, but is not limited to, providing all supporting

documentation, preparation of written responses and providing subject matter experts, as needed, to testify in person during appeal or audit at no additional cost to the Agency.

PCG and the Agency will meet regularly throughout the duration of the Contract, and at least monthly for the first year of the Contract. Regular status meetings are a key component of PCG's overall project management approach. PCG will adhere to the specified requirements for meeting frequency but will offer flexibility in scheduling regular status meetings held daily, weekly, bi-weekly, or monthly, depending on the needs of the project. PCG can conduct meetings with the Agency either in-person, by teleconference, or videoconference. Prior to each status meeting, PCG will provide the Agency with a detailed status report outlining project status, recent accomplishments, current activities, project issues, and next action steps. PCG has the capabilities and resources to conduct meetings at the discretion of the Agency. PCG agrees to meet with the Agency for the initial contract kickoff meeting at a mutually agreed upon date and time.

4.1.12.11 The Vendor and the Agency shall meet regularly throughout the term of the Contract. Such meetings shall be held at least monthly for the first year of the Contract and not less often than quarterly thereafter at the discretion of the Agency. Meetings may be conducted in person, by teleconference or by videoconference as directed by the Agency. The initial contract kickoff meeting shall occur at a mutually agreed upon date and time.

PCG and the Agency will continue to meet regularly throughout the duration of the Contract, and at least monthly for the first year of the Contract. Regular status meetings are a key component of PCG's overall project management approach. PCG will adhere to the specified requirements for meeting frequency but will offer flexibility in scheduling regular status meetings held daily, weekly, bi-weekly, or monthly, depending on the needs of the project. PCG can conduct meetings with the Agency either in-person, by teleconference, or videoconference. Prior to each status meeting, PCG will provide the Agency with a detailed status report outlining project status, recent accomplishments, current activities, project issues, and next action steps. PCG has the capabilities and resources to conduct meetings at the discretion of the Agency. PCG agrees to meet with the Agency for the initial contract kickoff meeting at a mutually agreed upon date and time.

4.1.13 Reports

4.1.13.1 Administrative Claim Reports: The Vendor shall design and provide reported related to the quarterly SBHS Administrative claims for each LEA that contain detailed data that the Vendor utilized to calculate the administrative claim by LEA. The Vendor shall detail the design of the report and data to be included; the format and final data elements included shall be approved by the Agency. These reports are due to the Agency by the 15th of the month following the quarter end.

As the current vendor, PCG produces quarterly reports related to the Administrative Claiming process that are in an agreed upon format with the Department of Human Services, Bureau for Medical Services (the Agency). Quarterly reports are submitted to the Agency no later than the 15th of the month following the quarter end or by a mutually agreed alternative date when requested. Due to the quarterly nature of the School Based Health Services (SBHS) program, LEA coordinators see only pieces of the program at a time. The program contact updates the staff pool list at the beginning of the quarter, monitors compliance of the random moment time studies during the middle of the quarter, and the business officer submits financial information at the end of the quarter. The report includes the total expenditures by the Local Education Agency (LEA), as well as a breakdown of costs from each of the four staff pools:

Cost Pool 1 (Admin)	Cost Pool 2 (Direct Service)	Cost Pool 3 (Personal Care)	Cost Pool 4 (Targeted Case Management)

4.1.13.2 The Vendor shall produce quarterly claim reports that summarize the information required for the Agency to receive Federal Financial Participation (FFP) from CMS. The Vendor shall detail the design of the report and data to be included; the format and final data elements included shall be approved by the Agency. These reports are due to the Agency by the 15th of the month following the quarter end.

As the incumbent, PCG produces quarterly claim reports that summarize the information required for the Agency to receive Federal Financial Participation (FFP) from the Centers for Medicare & Medicaid Services (CMS). Specifically, PCG has developed detailed reports that summarize the required data according to the Agency specifications. The quarterly Claim Summary reports are provided by the 15th of the month following the quarter end or by a mutually agreed alternative date when requested. PCG submits to the Agency comprehensive reports with details of each LEA's quarterly claim and a breakdown of the Total Gross Claim Amount, Unrestricted Indirect Cost Rate (UICR), FFP (50 percent and 75 percent when appropriate based on Random Moment Time Study (RMTS) responses) and Net Claim Amount.

Gross Claim Amount + UICR	50% FFP Net Claim	75% FFP Net Claim	Net Claim Amount

4.1.13.3 The Vendor shall produce annual reports related to the cost calculation process, including LEA-specific information submitted. Annual reports are due no later than the 15th of the month, following year end.

PCG will produce annual reports related to the cost calculation process, including LEA-specific information submitted. Annual reports will be submitted no later than the 15th of the month following year end. Upon the completion of cost settlement results for all LEAs, PCG submits to our clients an approved comprehensive cost settlement file detailing the settlement and recoupment amounts for each LEA, breaking down both the state and federal shares. PCG will work with the Agency to understand the specific reporting needs and Medicaid cost settlement analysis necessary in West Virginia. Frequently, Medicaid agencies we work with will want to use Medicaid cost reporting results to update interim Medicaid rates, particularly if rates are too low or too high. Medicaid cost report data provides Medicaid programs with the necessary information to make informed decisions on whether interim rate adjustments are necessary.

Other common reporting requested of PCG is a listing of cost settlement amount by LEA and cost settlement amount by LEA and service type (e.g. speech therapy, PT, OT). This type of information provides our clients with the appropriate information to make informed program decisions. Finally, PCG will work with the Agency to ensure Medicaid cost settlements are calculated and processed in a timely fashion. We will work with the Agency to make sure all West Virginia timelines are met according to programmatic requirements.

4.1.13.4 Additional Reports: The Agency may require additional reports from the Vendor. Such report formats shall be developed by the Vendor and must be approved by the Agency prior to implementation of the report. Such required reports may include, but not be limited to, the following: Quality Assurance and Improvement Measures such as quarterly data collected from the Vendor's phone system and monitoring activities; Annual Report of Website Improvements, including updates to the Vendor's Website training materials; Annual Summary Log of Training Activities, including the name of LEAs trained; technical assistance provided; Log of outstanding questions with responses provided by the Vendor; Issues Log of Outstanding Issues and Resolution and Plan of Action, including areas of concern expressed by LEAs or identified by the Vendor; Ad hoc reporting as requested by the Agency, which would be limited to data already contained in the system. Each report identified must be available within thirty (30) calendar days of request or other schedule requested by the Agency.

PCG will develop draft reports for approval by the Agency before creating and implementing the final requested reports.

PCG will be able to produce the following required reports as indicated by the Agency in this RFQ within thirty (30) calendar days of request:

- Quality Assurance and Improvement Measures such as quarterly data collected from the Vendor's phone system and monitoring activities;
- Annual Report of Web Site Improvements, including updates to the Vendor's Web site training materials;
- Annual Summary Log of Training Activities, including the name of LEAs training technical assistance provided and log of outstanding questions with responses provided by the Vendors;
- Issues Log if Outstanding Issues and Resolution and Plan of Action, including areas of concern expressed by LEAs or identified by the Vendor; and
- Ad hoc reporting as requested by the agency.

If requested by the Agency, PCG will be able to produce supplementary reports based on data contained in our PCG Claiming System. With our experience as the largest national Medicaid vendor for school-based services, we understand the need to provide the information requested in a timely fashion while recognizing that flexibility and innovation regarding the information being provided is just as important. PCG will submit all reports and deliverables within thirty (30) calendar days of the initial report request in an electronic format

that is widely used such as Microsoft Excel, Word, PowerPoint, and PDF which is also deemed acceptable by the Agency.

4.1.14 Key Staff Requirements

4.1.14.1. The Vendor shall employ a full-time Project Manager who shall have day-to-day authority to manage all aspects of administering the SBHS program. The Project Manager shall be available Monday- Friday, 8:30 am - 5:00 p.m. EST.

Patrick Cassidy, a Client Success Partner in the Education division at Public Consulting Group LLC (PCG), will serve as the **Project Manager** for this engagement. As the Project Manager, Mr. Cassidy will be responsible for overseeing the day-to-day operations of the project and communicating project status or issues to the Department of Human Services, Bureau for Medical Services (the Agency).

Mr. Cassidy has over 10 years of experience working on the WV School Based Health Services (SBHS) demonstrating the necessary skill sets and experience to serve this important role into the future. Mr. Cassidy has assisted with all facets pertaining to school-based service programs, from managing Random Moment Time Study (RMTS) processes, calculation of Medicaid Administrative Claiming (MAC) claims, and facilitating Medicaid cost settlement and reconciliation calculations. Mr. Cassidy has also presented in several Association of School Business Official (ASBO) conferences in West Virginia. He has worked closely with the Department of Education to develop training concepts focusing on a wholistic program understanding, emphasizing the relationship between the RMTS and cost reporting. Mr. Cassidy currently manages the WV SBHS Monthly Status Meetings.

In addition to West Virginia, Mr. Cassidy works with the states of Delaware, Georgia, Michigan, and North Dakota with the managment of school-based health service programs. Mr. Cassidy understands the extensive amount of details and work steps required to successfully manage SBHS projects. In leading these efforts, Mr. Cassidy leverages and applies best practices surrounding project management to ensure project goals and milestones are successfully completed and more importantly in a timely manner. He will be available Monday through Friday, 8:30 AM to 5:00 PM EST, excluding any State or Federal holidays as identified by the Agency.

4.1.14.2. The Vendor shall employ staff with documented experience (and provide the necessary staff training) to perform the following services required in this solicitation: Software development, policy and program planning and execution, LEA relations and training, data systems support and data entry staff to enter the information necessary to support the development and creation of Administrative Claim records for all participating LEAs. The Vendor shall employ and assign to this project sufficient staff to ensure that timeframes approved in the Project Implementation Plan are achieved.

PCG's team leverages exceptional experience in the fields of school-based services, RMTS services, MAC, and Medicaid cost settlement. PCG is confident that our experienced team possesses the necessary qualifications and has the proven track record to perform the scope of services required by the Agency. Furthermore, our respective teams have unparalleled familiarity with the specific operations of these programs, as demonstrated through our prior success in performing these services on behalf of the Agency.

The professionals assembled within this project team understand all facets and best practices in operating successful Medicaid school-based services programs. This includes developing and implementing software to support SBHS programs, policy and program planning and execution, RMTS processes, LEA training, and the necessary expertise to develop and calculate Medicaid administrative claims and process Medicaid cost settlements. Our team's expertise and experience include the following:

- A comprehensive understanding of Medicaid reimbursement programs, established for school-based service providers;

- Knowledge of the Medicaid State Plan amendment development and approval processes;
- National experience of operating RMTS systems, including coding processes;
- Knowledge of Medicaid Administrative Claiming, as well as established best practices to accurately calculate and document MAC claims;
- Knowledge of Annual Medicaid Cost Settlement and Reconciliation calculations;
- Knowledge of school-based Medicaid fee-for-service MMIS Claims Data;
- Experience in implementing comprehensive training programs for school-based service providers;
- Experience in providing in depth customer service to school-based service providers through the usage of a toll-free hotline and comprehensive e-mail support; and
- Experience assisting States in implementing and operating SBS initiatives.

PCG's staff members have demonstrated experience performing the specific services required in this RFP, as shown in the chart below:

Staff Member	Software Development Experience	RMTS Experience	Policy and Program Planning & Execution Experience	LEA Relations and Training Experience	MAC Claims & Medicaid Cost Settlement Calculation Experience
Peter Gilles	✓	✓	✓	✓	✓
Melinda Hollinshead		✓	✓	✓	✓
Arathi Prasad	✓				
Patrick Cassidy		✓	✓	✓	✓
Bill Wagner	✓	✓	✓	✓	✓
Nate Erickson	✓	✓	✓	✓	✓
Joe Weber	✓	✓	✓	✓	✓

Figure 103: PCG Staff Expertise

As a leading national vendor of SBHS programs and more importantly, as the incumbent, our staffing levels reflect what our prior experience has taught us—administrative claiming and cost settlement projects can require intense staffing needs for the initial development and operation of a successful school-based health services program. Our existing team is sufficiently staffed to perform the necessary services required by this RFP.

4.1.14.3. The Vendor shall provide a staffing or organizational chart within three (3) business days of request indicating the Vendor's key staff assignment and their role for each of the following: RMTS, Cost Reporting, Administrative Claiming, Training and Reporting, in addition to key staff in leadership roles on the project, as well as those with subject matter expertise that are considered essential to

the successful achievement of the project in this solicitation.

Following is an organizational chart indicating PCG's key staff for this engagement. Each key staff member's role is identified. PCG also included the names of the support staff team members who will provide support to the key staff members throughout this project.

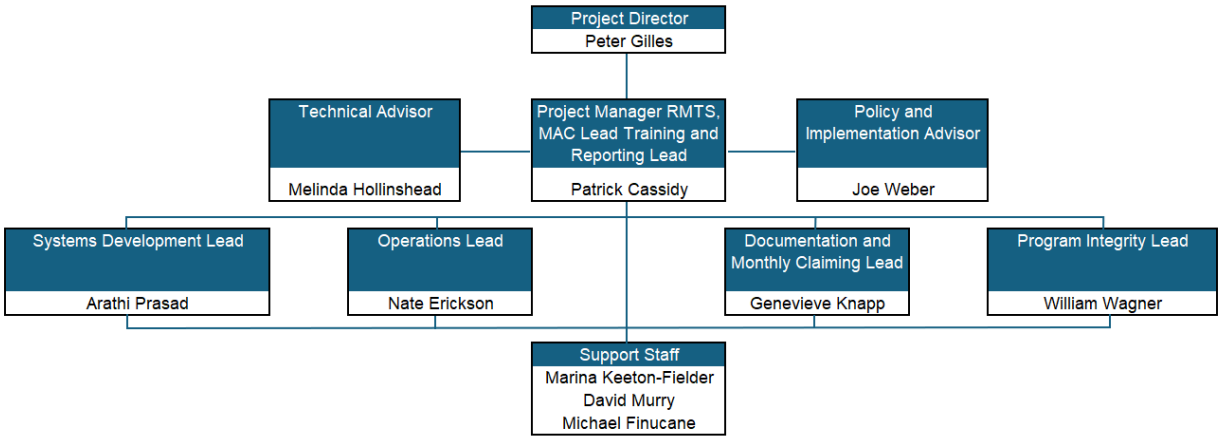


Figure 104: PCG Organizational Chart

Below are biographies for proposed key staff members. Resumes for all key staff members can also be submitted to the Agency within three days of the request.

Project Director

Peter Gilles is a Manager located in Public Consulting Group's Chicago office. Mr. Gilles has over twenty-five years of experience in public sector work, with his focus being large scale project management, special education and school-based Medicaid reimbursement experience. He is the manager for the Illinois School-Based Project with the Illinois Department of Healthcare and Family Services. Mr. Gilles has managed several large scale and statewide projects. He has negotiated programs in the states of Arizona, Colorado, Nebraska, Illinois, Indiana, Michigan, Pennsylvania, Texas, and Wisconsin in the administrative claiming and fee for service billing programs. He has also coordinated work and reviewed procedures for school-based projects in the states of California, Delaware, Florida, North Carolina, Ohio, Tennessee and West Virginia. In addition to his work with Medicaid Reimbursement, Mr. Gilles has led the project teams for the implementation of Public Consulting Group's EasyIEP (Web based Individual Education Plan software) for over 160 LEAs in Illinois, St. Paul and Minneapolis Public Schools as well as the Indiana Department of Education statewide implementation.. Alongside Dr. Hollinshead as a technical advisor, Mr. Gilles' experience and understanding of SBHS programs will allow him to play a key role in this project.

Project Manager
RMTS and Administrative Claiming Lead, Cost Reporting Lead, Training and Reporting Lead

Patrick Cassidy, a Client Success Partner in the Education practice area at PCG, provides management consulting, technology solutions, IDEA subject matter expertise and operational implementation services to help public-sector education clients achieve performance goals. Mr. Cassidy has managed several statewide SBS projects in his 13 years at PCG. He manages staff, contractors, clients, resources, and timelines to track and improve program results while helping states recover costs for providing health-related services to students. He will continue to lead the RMTS, MAC, Cost Reporting, Training, and Reporting work for the WV SBHS program.

Operations Lead

Nate Erickson, Senior Operations Manager, leads the operational delivery of Medicaid Administrative Claiming (MAC), Annual Cost Settlement, and Random Moment Time Study (RMTS) programs. He oversees key program functions, including time study administration, expenditure reporting, claims calculation, and cost settlement activities. Nate provides leadership to teams supporting LEAs, helping ensure compliance with federal and state requirements while maintaining the accuracy, consistency, and timeliness of program outcomes. His expertise supports successful claim development and cost settlement efforts across participating entities.

Documentation and Monthly Claiming Lead

Genevieve Knapp, a Senior Consultant with more than 10 years experience in School Based Medicaid, has advised state and local agencies and directed the claiming program for the largest LEA in the US. She has a proven track record for public policy, compliance, data analytics, training, and change management. Ms. Knapp directs School Based Services work in the Mid Atlantic Region, leading engagements with a portfolio of more than fifty Local Education Agencies. She works with clients to holistically optimize Medicaid reimbursements, particularly new opportunities introduced by program expansion; provides support with implementing new Medicaid programs and expanding existing programs to include new systems, policies, services, and provider types. Ms. Knapp serves as National Subject Matter Expert for School Based Medicaid Expansion, including policy advisement, process enhancement and system implementation. She presented at the National Alliance for Medicaid in Education (NAME) Annual Conference in 2023.

Program Integrity Lead

William Wagner, a Senior Consultant located in Chicago, and has over 20 years of experience building and improving the financial, operational, and compliance performance for public sector clients. Mr. Wagner currently serves as the Director of Internal Program Integrity and responsible for developing the strategy and executing plans to improve the effectiveness of risk management, compliance, and governance activities for the School Based Services practice area. In a prior role at PCG, Mr. Wagner coordinated operational and compliance best practices to statewide and district school-based Medicaid programs across 20 plus states and provided project management, transition management, and national perspective during new statewide program start-up in the states of Illinois, Kentucky, and Utah. Before joining PCG, Mr. Wagner spent 12 years providing management consulting services to public sector clients in the areas of federal claiming optimization, organizational redesign, system development and implementation, and audit preparation and defense.

Technical Advisors

Melinda Hollinshead is a Director with PCG Education and serves as a subject matter expert for health policy, Medicaid and managed care. She holds a PhD in Public Administration and has more than 30 years of health policy and program experience. Before joining PCG Dr. Hollinshead spent 12 years directing the administration of the Medicaid School Based Claiming program for the Arizona state Medicaid agency. Since joining PCG in 2015, Dr. Hollinshead has worked closely with PCG project management teams around the country providing analysis and leadership on Medicaid policies and regulations. Dr. Hollinshead's breadth of experience at the national, state and local levels, both in direct program administration as well as in research and program analysis, makes her uniquely qualified to address the needs of states and school districts in maintaining successful and compliant school-based health programs.

Joe Weber is an Associate Manager located in the Troy, New York office. Mr. Weber has over 20 years of public sector consulting experience with a focus on Medicaid reimbursement and financing, with over 15 years of Medicaid school-based services experience. Mr. Weber is currently leading PCG's Medicaid school-based services business line responsible for all RMTS, MAC, and direct services cost settlement efforts. In addition to his overall responsibility for the Medicaid school-based services business line, Mr. Weber is also working directly with statewide clients in Montana, New Jersey, New York, Utah, and West Virginia. As part of these efforts, Mr. Weber has led the development of all State Plan Amendment (SPA) and cost reporting materials needed to secure CMS approval of the cost-based reimbursement methodology. Mr. Weber has also overseen the implementation and ongoing operations of all facets of the

cost settlement methodology across seven states. Mr. Weber previously supported the District of Columbia, Georgia, New Jersey, Pennsylvania, and West Virginia in similar efforts.

Systems Development

Arathi Prasad, is our Software Development Manager for EasyIEP®, EdPlan, EasyTrac, Behavior Plus products at PCG. Ms. Prasad provides leadership and direction for the software team in developing quality software for the Company's Education product Line. Ms. Prasad is responsible for managing the design, implementation, testing, and documentation of software for multiple products and improving an automated web-based system Easy IEP. Ms. Prasad was responsible for implementing the Process Wizard which allows customers to specify a process-driven interface that matched the customer's IEP creation process. She designed and developed the Flexible Interface that allows customers to have custom, specific interfaces where the user interface matched the customer's IEP document. She implemented the Gifted Education Program feature to keep track of Education Plan events for gifted children in EasyIEP. She has designed and implemented the EDplan/RTI, a solution for early intervention services. Ms. Prasad implemented compliance tracking for schools and users over time. She setup several Service Level Management Processes for the software development and hosting support of EasyIEP. She has experience rolling out for large customers like Tennessee; New Jersey; Miami, Florida; and the District of Columbia.

Ms. Prasad will serve as the lead of systems development. She will be responsible for managing all aspects of the web-based systems for Administrative Claiming and Cost Reporting and leading the development, implementation, and operational functionality of the systems.

Support Staff

In addition, PCG will provide a team of staff members to support the key staff and project leads, many of which already have experience working on various aspects of the WV SBHS program. This group has demonstrated experience working on PCG's past school-based services projects and will be able to provide support to the project leads and successfully perform and complete the required services for this project.

Michael Finucane is a Consultant in the Education practice area of PCG. He currently supports Fee-for-Service Medicaid documentation and claiming initiatives for LEAs in the Mid-Atlantic region. His previous school-based Medicaid experience at PCG includes a key role on the Random Moment Time Study (RMTS), Quarterly Administrative Claiming, and Annual Cost Settlement team in five states, including West Virginia. Before joining PCG, Mr. Finucane was a teacher.

Marina Keeton Fielder, MSN, RN, CPN is the PCG Product Lead/Subject Matter Expert for EDPlan Health Nursing and Mental Behavioral Health modules. She has spent the most recent 10 years of her 21-year nursing practice in the specialty of school health prior to joining PCG. During her tenure as a school nurse she spent time caring for students at both elementary and intermediate school prior to serving as a district administrator over the Health Services Department in League City, Texas. Marina Keeton Fielder's previous work history includes the pediatric intensive care unit, pediatric trauma/surgical unit, general pediatrics and pediatric travel nursing and medical missions. Marina is certified as a Pediatric Nurse by the Pediatric Nursing Certification Board. Currently Marina Keeton Fielder is responsible for the product health, implementation and strategic growth. She has led PCG's successful implementations across the country and oversees the current EDPlan Health implementation and client success team across the nation.

David Murry serves as a Senior Operations Analyst at Public Consulting Group, supporting school-based administrative claiming and cost settlement initiatives. David works closely with districts to enhance program effectiveness and reduce administrative burden through technical assistance, program support, and training. His responsibilities include preparing and reviewing program deliverables, providing quality control for claims and cost settlements, supporting the submission and review of Staff Pool Lists and calendar certifications, and assisting with Random Moment Time Study (RMTS) activities. Currently, David oversees daily operations for the West Virginia RMTS, MAC, and Cost Settlement program, managing key deliverables while serving as a primary resource for participating districts and state stakeholders.

4.1.14.4. The Vendor shall provide resumes within three (3) business days of request for each key staff member included on the organizational chart which includes prior work experience for similar projects.

PCG agrees to provide resumes within three (3) business days of request for each key staff included on the organizational chart which includes prior work experience for similar projects.

4.1.14.5. The Vendor shall agree that the Agency has right of refusal for any key staff.

PCG agrees that the Agency has the right of refusal for any key staff proposed.

4.1.14.6. The Vendor shall provide the Agency written notification within seven (7) calendar days of any proposed changes to key staff as identified in the organizational chart throughout the term of the Contract.

PCG agrees to provide written notification to the Agency within seven (7) calendar days of any proposed changes to key staff as identified in the organizational chart throughout the term of the Contract.

4.1.15 Deliverables

4.1.15.1. The Vendor shall submit a finalized staffing plan for Agency approval, and the Vendor must obtain Agency approval of this plan within thirty (30) calendar days of the contract award date.

Our team of school-based cost reporting, cost settlement, and Random Moment Time Study (RMTS) professionals have the right balance of experience and expertise necessary to perform the scope of services required and detailed within the RFQ. As the incumbent, Public Consulting Group LLC (PCG) commits to updating our staffing plan with the Agencies approval within thirty (30) calendar days of the contract award. PCG will work with the Department of Human Services, Bureau for Medical Services (the Agency) to determine the level of detail and content that should be captured in the staffing plan to ensure it meets and exceeds the Agency's expectations. At a minimum, the staffing plan will formally document the roles and responsibilities of each team member, confirm key staff and include contact information for all PCG staff. PCG will maintain the staffing plan throughout the life of the project and make updates as necessary each contract year or period.

4.1.15.2. The Vendor shall submit the Operations and Procedure Manual within thirty (30) calendar days of the contract award, including staff training materials. The Vendor is required to submit all updates to such manual within seven (7) calendar days of a change occurring. The Manual shall include, but not be limited to, the policy and procedures of the Agency and the Vendor relative to the SBHS Program. The Operations and Procedures Manual shall be given to all Vendor staff assigned to this program and incorporated in the training of all new employees assigned to this program. The Operations and Procedures Manual shall include, but not be limited to, the following: Vendor policies and procedures regarding customer service; call center protocols/standards; RMTS process; collection and verification of financial data; web-based software and training modules; regional, face-to-face, virtual, and telephone training (for both Administrative Claiming and Direct Service Claiming); and follow-up reporting to the LEAs.

PCG will submit a comprehensive Operations and Procedure Manual within thirty (30) calendar days of the contract award, including staff training materials. PCG understands the importance of having formal documented policies and procedures. Our procedures represent a continuation all aspects of our program operations, as well as internal training processes. This rigorous documentation process is necessary to ensure PCG staff are performing operational tasks in a consistent manner that adheres to the Medicaid State Plan, Medicaid administrative claiming Implementation Plan, and any other formal policies established by the Agency and approved by Centers for Medicare & Medicaid Services (CMS). Furthermore, the Operations and Procedure Manual will ensure there is clear guidance given to Local Education Agencies (LEAs), particularly through the completion of in person and online training processes. PCG will develop the content of the manual in collaboration with the Agency; however, at a minimum, the Operations and Procedures Manual will include but not be limited to the following:

- ***PCG's customer service policies and procedures*** – PCG strives to provide excellent and informative customer service to LEAs, as we understand that a program's success is founded on the LEAs overall comprehension of SBHS program requirements. We will establish and outline standardized documentation processes to ensure all calls from LEAs are formally documented and consistently addressed. This will allow our staff to be successful in providing excellent customer service, as well as position our employees to identify issues and trends that need to be raised to the Project Manager and program leads.

- ***PCG's all center protocols/standards –*** PCG will outline standard protocols on how calls are handled upon intake, as well as standards for responsiveness for other methods of outreach such as email. PCG staff assigned to this project will undergo a training program before being assigned to this important project. PCG will define our protocols and standards and review these in depth with the Agency to ensure our processes meet or exceed expectations.

  Furthermore, PCG will develop standards in terms of call center availability, reports on call center statistics, as well responsiveness to emails consistent with the contract requirements.

- ***PCG's RMTS processes –*** As the market leader in providing RMTS processes, PCG has established best practices in all aspects of RMTS processes, including: training coders on how to accurately code moments, establishing quality assurance and peer review processes on coding processes, and defining state come behind review processes. Furthermore, PCG has established best practices in standardized sampling process, moment generation and follow up procedures. PCG will work with the Agency to determine the processes that must be established to ensure compliance with the CMS-approved RMTS processes outlined in the implementation plan.

- ***PCG's process for the collection and verification of financial data –*** PCG will establish validation edits within our cost collection software, as well as develop standards on our financial desk review processes for both Medicaid administrative claims and Medicaid cost reports. The edits within our web-based financial collection system can be customized to meet West Virginia specific thresholds and updated throughout the life of the project. Furthermore, when our team is completing reviews of financial data, we will establish comprehensive desk review processes go beyond system edit capabilities. This includes processes for reviewing explanations provided by LEAs for records flagged, as well as requesting supporting documentation for expenditures and statistical information.

- ***PCG's web-based software and training modules, both regional face-to-face and telephone trainings –*** A comprehensive training program is critical to the success of any SBHS program. PCG will develop web-based training modules within our software tools, as well as hold regular in-person trainings each contract year. We will develop a training curriculum that encompasses all components of the SBHS program, from RMTS processes, to the submission of financial data to support Medicaid Administrative Claiming (MAC) claims and Medicaid cost settlements. We have developed numerous training modules and processes and we will work to determine the best and most appropriate model for the Agency and West Virginia LEAs.

These are just some of the elements of the Operations and Procedures Manual. We will collaborate with the Agency to outline all of the components to ensure the manual is appropriately comprehensive and addresses all of the intricacies of the operational components of the SBHS program.

4.1.15.3.The Vendor shall submit a finalized Training Plan for Agency review and approval, and must obtain Agency approval of this plan within thirty (30) calendar days of the contract award.

PCG commits to finalizing our Training Plan with the Agency within thirty (30) calendar days of the contract award. PCG's training plan is a compilation of best practices that PCG has developed and finely honed over its extensive history of providing school-based cost reporting, cost settlement, and RMTS management services. As outlined previously, we will continue to provide a comprehensive training program that includes web-based training programs, development of supplemental training materials, such as frequently asked questions (FAQs) and detailed policy briefs on issues requiring clarification, performing annual in-person trainings, and execution of online trainings in particular focus areas. PCG will work with the Agency to ensure this training module meets and exceeds the needs of the agency. PCG is a firm believer that training

is a critical to the success of the SBHS program and, as a result, we will ensure our training efforts are sufficient to promote compliance and informed participation by the LEAs.

4.1.15.4. The Vendor shall provide a turn-over plan for Agency review and approval that provides for transfer of process and/or contract to the Agency or subsequently awarded Vendor to ensure continuity of program within thirty (30) calendar days upon request by the Agency. Any revisions requested by the Agency shall be addressed and returned to the Agency within five (5) business days. The final approval of the Turn-Over plan shall be approved by the Agency no later than six (6) months prior to the expiration of the contract.

PCG will provide the Agency an approved Turn-Over Plan within thirty (30) calendar days upon request by the Agency. The organization and content of this Plan will be discussed and finalized with the Agency at the necessary time. If there are any revisions, PCG will return them to the Agency within five (5) business days. PCG understands the importance of working with our clients to transition processes both to our clients, as well as new partners.

4.1.15.5. The Vendor shall provide access to a fully operational Website, with capacity to accept LEA inquiries, and shall post its training schedule within sixty (60) calendar days of contract award.

PCG will be able to demonstrate its fully operational West Virginia school-based services website with the capacity to accept LEA inquiries and post the training schedule within sixty (60) calendar days of contract award. As the incumbent vendor, PCG will be able to deploy our RMTS and financial reporting web tool immediately upon contract execution. PCG recognizes that it is critical that LEAs have access and understand when upcoming trainings will occur to ensure active participation. Therefore, our web-based application will include all upcoming trainings, and the specific schedule in which trainings will occur, as well as the location of the training if conducted in-person.

4.1.15.6. The Vendor shall provide a fully operational, user friendly, web-based training system with a training manual available for download by each LEA, within sixty (60) calendar days of contract award.

PCG commits to developing all-encompassing training manuals and making these materials available to LEAs within sixty (60) days of contract award. The training materials will include all facets of the SBHS program, such as RMTS, MAC, and Medicaid cost reporting requirements and will be accessible on our web-based tool. As the incumbent vendor, PCG has already developed comprehensive materials and will update these training documents based upon the latest CMS guidance and approval.

4.1.15.7. The Vendor shall ensure that all LEAs have received training, including RMTS, Administrative Claiming, and Cost Reporting prior to the implementation of each task.

Comprehensive RMTS, Administrative Claiming, and Cost Report trainings will continue to be held each year. Trainings will consist of both live ASBO conferences, virtual, and recorded sessions unless otherwise determined and agreed to by Public Consulting Group LLC (PCG) and the Department of Human Services, Bureau for Medical Services (the Agency). These trainings incorporate a presentation, comprised of reinforcing visuals and examples, as well as references to other helpful

materials online such as step-by-step user guides at-a-glance documents to complete operational tasks, memos, and handouts. Appropriate participatory activities or surveys may also be incorporated in the trainings to address different learning styles of LEA staff.
PCG's partnership with West Virginia is exemplified.

PCG will continue to utilize our in-depth knowledge of the School Based Health Services (SBHS) program to develop comprehensive training programs that focus on all aspects of School-Based Medicaid. PCG has found that training is a critical component both for help with program compliance and for building relationships with LEAs. Upon award, PCG is committed to partnering with the Agency for continuously improving training efforts to enhance program comprehension and strengthen program integrity.
PCG will draft training presentations and instruction manuals as resources for state and LEA staff in order to assist them through the required processes. We know that the training of Local Education Agencies (LEAs) is essential to the success of this project. PCG will identify the appropriate staff by title and obtain contact information within each LEA to participate in training. For example, it is essential that school business officers participate in the quarterly financial and annual Medicaid cost report training sessions.

By participating in our detailed training program, LEA staff will clearly understand the goals and structure of PCG's solution, their responsibilities, and the importance of complete and accurate data and documentation. PCG's training program not only covers the specific Random Moment Time Study (RMTS) and financial requirements of staff, but also reviews the complete process of generating claims and completing the annual Medicaid cost report. We will provide ongoing support for LEA staff involved in cost settlement and reconciliation processes through a toll-free hotline.

PCG will continue to provide training and technical assistance to West Virginia staff and LEA coordinators on both the RMTS and cost reporting components of our comprehensive web-based site. PCG will coordinate training dates and topics with the Agency. We typically utilize trainings via Microsoft Teams training sessions. Teams is an online training tool that allows staff to view the training presentation locally from their office as if they were in a live training. While Teams has audio and visual functionality there is also a toll-free dial-in number available for training. Both methods allow users to participate actively in training through the ability to ask questions by speaking or typing in chat windows or for the trainer to solicit feedback from the participants. In addition, PCG records training sessions and will make these accessible via the web for LEA staff to review on their own time. Virtual trainings have been favorably received by West Virginia counties and save time and travel expenses for LEA staff.
The PCG project team is comprised of staff with the specific Medicaid claiming experience needed to perform all required trainings. The following components are essential in providing successful training:

- West Virginia–Specific Terminology: PCG takes special care to use West Virginia–specific examples in the training process. By working directly with County staff, we will leverage understanding and examples from one division that may be directly applicable to how another division does business.
- Consistency of Message: PCG maintains a database of frequently asked questions and uses it to enhance trainings in an effort to address questions before they are asked. These questions and answers are posted to our web-based tools for future access. PCG staff also meets regularly so a consistent message is being communicated during trainings and unique examples are vetted throughout the team for a consistent message.
- Adult Learning Techniques: PCG staff understands best practices techniques for adult education and learning and applies them in our training environments. We also know that not all school level participants will respond to training in the same way.
- Subject Matter Expertise: You can be assured our team will understand the broader scope of RMTS, Administrative Claiming, and Medicaid cost settlement and use that understanding as it relates to training LEA personnel.
- Active Participation: We have found that active participation leads to better program results. One example is post-training tools or other check for understanding methods can increase the level oftraining involvement, understanding, and ultimately the accuracy of the data that is used in claim

development.

- Questions and Answers: Staff often have fundamental questions regarding the RMTS process, PCG's Claiming System, or the Medicaid cost settlement process. We may send follow-up e-mails to trainees outlining key points that need further emphasis based on these questions. In addition, all training materials will be posted on our websites for staff to access as resources.
- Continued Collaboration: Training stategy and content developed specifically for WV LEAs is developed in partnership with the WV Department of Education. This collaboration identifies specific areas of need and emphasis based on real time circumstances. PCG designs training content speccifically to meet these needs.

4.1.15.8. The Vendor shall have and maintain a statewide toll-free telephone system capable of handling and addressing LEA calls thirty (30) calendar days prior to the operational go-live of the resultant contract, at no additional cost.

PCG will continue to maintain a statewide toll-free telephone system capable of handling and addressing LEA calls thirty (30) calendar days prior to the operational go-live of the resultant contract, at no additional cost. PCG has established call centers for each of the SBS programs we operate on behalf of Medicaid agencies across the country, including the Agency. We will continue to ensure our call center is available in accordance with the timeframes and workdays established by the Agency.

4.1.15.9. The vendor must agree to complete all implementation activities within three (3) months.

PCG agrees to complete all implementation activities within three (3) months. As the current vendor, PCG will not require implementation time as current processes and systems are in place and operational. A seamless transition right into the next quarter for participating LEAs will eliminate any transition risk across systems. LEAs will not experience any disruptions or be required to learn new procedures or processes. The PCG Claiming System is ready to continue serving West Virginia LEAs on day one.

4.1.15.10. The Vendor should submit with bid but must submit within three (3) business days of request, a draft implementation plan establishing key requirements and time frames for implementing RMTS, Administrative and Direct Service Claiming and Cost Reporting activities. The Vendor must agree to submit any revisions to its implementation plan for review and approval by the Agency within fifteen (15) calendar days from the date of contract award. In addition, the vendor must agree to complete implementation activities within the timeframe allotted in the implementation plan.

As the incumbent, PCG is prepared to be fully operational to provide the Agency RMTS, Administrative and Direct Service Claiming, and Cost Reporting activities upon contract execution. PCG has prepared a Project Implementation Plan, included below, identifying key tasks and detailing personnel for each activity. Because PCG is already doing all of the items included in the implementation plan, there is no implementation risk for the Agency or potential for missed targets that could result in regulatory and funding complications.

	Task or Event	Assigned Personnel
Development and Start Up Requirements		
1.0	The contractor shall be fully operational (which shall include providing the required personnel and full implementation of all required services pursuant to the requirements of this document	PCG
1.1	Assign a liaison staff person to coordinate communication, deliverables, and progression between the state agency and the contractor. The liaison shall be a key position that must have advanced communication (oral and written), organizational and time management skills	PCG
1.2	Provide the state agency with a draft of all required correspondence templates, training material, and reporting templates for review and approval by the state agency	PCG / the Agency
1.3	Incorporate and implement any revisions identified by the state agency to correspondence templates, training material and reporting templates within the time frame specified	PCG / the Agency
1.4	Submit any modifications, alterations, or changes to the correspondence templates, training material, and reporting templates to the state agency for review and approval	PCG / the Agency
Random Moment Time Study Administration		
1.5	Train LEAs on all elements of the Administrative Claiming program	PCG / the Agency
1.6	Administer a statistically valid Random Moment Sample process	PCG
1.7	Implement a centralized coding process	PCG
1.8	Implement required Administrative Claiming performance monitoring activities and report all activities to the state agency	PCG
Administrative Claiming Training		
1.9	Train all participating LEA cost pool staff on the LEA Administrative Claiming program requirements including: a) Cost pool criteria; b) RMTS process and form completion; c) Total expenditure certification; d) Invoicing process; and e) Appropriate documentation requirements	PCG
2.0	Assure all participating LEA cost pool staff are trained in accordance with the time frames listed below: a. Initially when the LEA Administrative Claiming Program begins in the LEA; b. At least annually (at least one hour each year); c. Prior to the time a new staff is to be sampled; and d. When the results of the time study indicate that one or more LEA cost pool staff in the sample pool may not be responding correctly.	PCG
Administrative Claiming RMTS Development & Administration		
2.1	Develop and submit to the state agency for approval a statistically valid process for all of the LEAs participating in LEA Administrative Claiming	PCG
2.2	Administer the quarterly RMTS process using PCG's Web-based Claiming System	PCG

	Task or Event	Assigned Personnel
2.3	Implement a process to ensure that the appropriate school staff are assigned to the cost pool	PCG
Administrative Claiming RMTS Coding Requirements		
2.4	Develop and submit to the state agency for approval a RMTS centralized coding process	PCG
2.5	Administer the approved RMTS centralized coding process simultaneously with the approved RMTS process as approved by the state agency	PCG
Administrative Claiming Monitoring and Reporting Requirements		
2.6	Open web-based cost reporting system for use by LEAs	PCG
2.7	Review and conduct edits checks on reported costs by LEAs to ensure compliance	PCG
2.8	Provide performance monitoring activities to assure that the participating LEAs are appropriately claiming for services provided	PCG
2.9	Calculate Administrative Claims based on reported allowable costs and results of the Random Moment Time Study	PCG
3.0	Provide LEAs with Certification of Public Expenditure (CPE) for signature, along with required summary report detailing elements used to calculate the claim	PCG
3.1	Randomly select one percent of LEAs participating in the April-June quarter and October-December quarter and verify the provider participation rate was calculated accurately and appropriately	PCG
3.2	Select a sample of participating LEAs to verify the appropriate staff costs are being included and that all federal funding sources are removed	PCG
3.3	Verify accuracy and maintenance of the LEA Administrative Claiming program documentation by conducting desk audits, interviews and periodic site visits with LEAs	PCG
3.4	Maintain documentation of all LEA Administrative Claiming requirements contained in this section and provide the information quarterly to the state agency in the format specified	PCG
3.5	Provide the state agency with a quarterly report including, but not limited to, the information outlined in this section of the RFP	PCG
School Based Direct Service Functions (Cost Settlement)		
3.6	Train the appropriate state agency and LEA staff on the approved School-Based Direct Services Medicaid Cost Settlement Process	PCG
3.7	Develop and implement LEA cost reporting procedures including but not limited to collection of expenditure data, calculation of costs, and submission of certifications of expenditures by LEAs	PCG
3.8	Report quarterly all audit activities to the state agency; reports shall include those elements outlined in this section of the RFP	PCG

	Task or Event	Assigned Personnel
3.9	Develop, implement and administer a Compliance Review program, in accordance with the requirements outlined in this RFP, to ensure that the participating LEAs are appropriately claiming School-Based Direct Services.	PCG
4.0	On a quarterly basis, provide the state agency with a report including, but not limited to, the information outlined in this section of the RFP	PCG
School Based Direct Service Functions (Service Documentation)		
4.1	Develop, operate and maintain a web-based service documentation system for participating LEAs to document Medicaid-covered services in accordance with state and federal requirements.	PCG
4.2	Provide participating LEAs with separate and secure system environments including user account administration, password management, and multi-factor authentication capabilities.	PCG
4.3	Train participating LEA staff on service documentation requirements, provider qualifications, compliance standards, and use of the web-based service documentation system.	PCG
4.4	Provide ongoing technical assistance, system maintenance, help desk services, and user support related to service documentation activities for participating LEAs.	PCG
4.5	Review service documentation and conduct edits and validation checks to verify student eligibility, provider qualifications, documentation completeness, and compliance with Medicaid requirements.	PCG
4.6	Maintain documentation supporting all user activities and provide required reports to participating LEAs and the state agency in the format specified.	PCG
School Based Direct Service Functions (Billing)		
4.7	Develop, operate and maintain an electronic billing process that meets state agency requirements for submission of Medicaid claims for reimbursable school-based services.	PCG
4.8	Review, validate and submit Medicaid claims on behalf of participating LEAs and monitor claim adjudication, denials, adjustments, and reimbursement activity.	PCG
4.9	Accept and process Remittance Advice files and reconcile payment information, claim activity, and reimbursement records for participating LEAs.	PCG
5.0	Provide participating LEAs with billing reports, reimbursement summaries, claim status reports, and other information necessary to support Medicaid claiming activities.	PCG
5.1	Implement monitoring activities to ensure participating LEAs are appropriately documenting and billing for Medicaid-covered services and report findings to the state agency.	PCG

	Task or Event	Assigned Personnel
5.2	Maintain documentation of all billing requirements contained in this section and provide the information to the state agency in the format specified.	PCG
5.3	Develop, implement and administer quality assurance and compliance review activities to ensure that participating LEAs are appropriately claiming reimbursement for Medicaid-covered services.	PCG

Figure 105: Project Implementation Plan

4.1.16 Additional Services

4.1.16.1. Upon request from the Agency, the Vendor shall submit a Statement of Work (SOW) including a cost estimate to provide assistance in development of requested reimbursement strategies. The Statement of Work shall include at minimum: Scope of Work, Project Assumptions/Constraints/Risks, Deliverables, Schedule, Cost, and signature area to indicate acceptance by Vendor and Agency.

PCG is eager to assist West Virginia with reimbursement strategies throughout the term of this engagement. We will be proactive in discussing reimbursement strategy opportunities with the Department of Human Services, Bureau for Medical Services (the Agency) and will follow the statement of work protocol outlined in this RFP.

PCG provides Medicaid rate setting and reimbursement services for a wide array of healthcare services and provider types. It is core competency borne of 36 years of experience. PCG is nationally known for evaluating and assessing historical payment methodologies and working with states to identify and recommend alternative payment methodologies to more appropriately align reimbursement to services provided and/or outcomes as Medicaid moves towards value-based purchasing. We compare predictive models to outcomes, communicate complex reimbursement issues to the provider community, conduct peer state analyses, and implement pay-for-performance measures to improve quality of care and ensure Medicaid programs receive value for services rendered and reimbursed.

We take a great deal of pride in the fact that PCG has unmatched expertise assessing payment options and developing rate structures across such a broad range of health and human services programs. PCG has assisted agencies with thinking through the various internal and external factors that impact the successful implementation of new reimbursement methodologies. This includes the obstacles and barriers that may impede or prohibit certain strategies for particular services.

Reimbursement strategy is much more than just developing a rate for a service. PCG also takes into account the following:

- **Payment Types** – PCG's team has experience in developing and updating a variety of payment types including grants, Fee-For-Service, Per Diems, Bundled Payments, Episodes of Care, Condition Specific Capitation (commonly referred to as "Global"), and capitation rates.

- **Costs of Care** – PCG is a leading expert on cost reporting. We have a deep understanding of federal guidance surrounding allowable costs versus non-allowable costs and understand how to identify all expenditures at both the institutional and community-based provider levels.

- **Adjustments** – PCG understands the various adjustments that need to be accounted for during the rate-setting process, including metrics associated with case mix, provider geography, level of staff effort required for a service, etc.

- **Reimbursement and Risk** – The health care system's shift to paying for outcomes means that risk is being shifted from the payers to the providers. PCG's experience provides us with in-depth knowledge of how best to analyze and discuss risk with provider and states.

This is by no means an exhaustive list but is meant to highlight PCGs relative expertise in a wide range of rate-setting strategies. PCG knows there is no one "right" answer to which approach is "best." Each rate setting project is unique. Not only does each population, program, and provider community have variation in cost, utilization, and other statistics, but the exact structure and interactions of these systems will always vary from location to location. These differences require a customized approach to rate setting and that is what PCG brings to our clients.

Reimbursement strategy is not just about setting rates. This is not an exercise performed in a vacuum. During any reimbursement strategy discussion, PCG will be sure to discuss the following topics:

- **Budget Constraints:** PCG understands the financial constraints that states encounter when administering their health and human service programs. Our consulting services will evaluate the availability of funding when developing the pros and cons of the various rate setting methodologies. The PCG team understands that rates need to provide equity to the provider community, but we also recognize that each program must live within the funding levels approved by the legislature.

- **Quality:** PCG will examine each methodology to determine if the reimbursement method considers quality measurements and benchmarks. Quality can be evaluated through the review of established criteria for credentialing staff, through outcome measures, incident reporting, and through program audits. While quality benchmarks may be difficult to establish initially, the overall impact of this issue cannot be ignored and should be at least a long-term goal for public sector payers to build measures of quality into reimbursement rates.

- **Simplicity:** The PCG team will assess the administrative burden and process requirements of each viable rate setting method it proposes. Simplicity will be considered with regard to the required changes to the claims processing system and any additional tasks that state staff will have to undertake to calculate rates under the methodology outlined in our recommendations. We will also consider how potential changes may impact the requirements of providers. It is important that providers do not realize an interruption in reimbursement as a result of any changes that will be required of the claims processing systems when adjudicating claims under a new rate setting methodology.

- **Access:** West Virginia needs to ensure that any changes to the rate setting methodology do not reduce or hinder access to services for recipients. The PCG team will evaluate the potential effects on access associated with each rate setting methodology in order to determine whether it is viable.

- **Build upon Existing Processes:** PCG understands the importance of building upon the foundation of rate setting processes already established. The unique network of providers and distinct needs of the clients West Virginia serves must be seriously considered in our recommendations as we evaluate the impacts of our proposed rate structure.

The rate methodology recommendations that the PCG team will produce will be consistent with the requirements of this procurement. The PCG team can assist in the development of brand-new rate setting methodologies or build upon the current rate structure and the intended service delivery system, updating the rates based upon available data and if needed, supplemental data resources.

We can apply the lessons learned and best practices from our hospital, behavioral health, school-based health centers, and other area rate setting and cost report collection. We have worked with rehabilitation service agencies to collect costs, analyze fees, and make payment recommendations. the Agency will benefit from our qualified staff as well as a breadth of related project work throughout the health and human services sector.

4.1.16.2. The Vendor shall also assist the Agency with any State Plan or waiver requirements including submissions of any CMS required demonstrations regarding reimbursement services provided under the scope of an approved SOW.

PCG's team is comprised of individuals who have extensive experience writing state plans and waivers, both as consultants and as Medicaid state employees. With our deep understanding of Medicaid, PCG will be able to assist the Agency with any Medicaid State Plan or waiver requirements, including submissions

of any CMS-required demonstrations about the reimbursement services provided under the approved SOW. We have a proven track record applying this expertise, as demonstrated by successfully assisting the Agency to obtain approval of the SBHS Medicaid cost settlement and reconciliation SPA. PCG will assist with all facets of SPA and waiver requirements, from state plan development and preparing responses for CMS Requests for Additional Information (RAIs), to performing budget neutrality analyses and evaluating waiver program components. PCG is prepared to leverage this expertise to assist the Agency and ensure the success of the program.

4.1.17 Prior Year Settlement

4.1.17.1. Upon Request by the Agency, the Vendor will be required to assist the Agency in performing prior year cost settlements of all SBHS services beginning with SFY2026 through current period.

PCG will work with the Agency and the WV Department of Education to compile the necessary Random Moment Time Study and financial data to complete the calculated retroactive settlements in a streamlined manner. PCG will complete all prior settlements in accordance with the cost settlement and reconciliation processes established in partnership with the Agency.

4.1.18 Service Level Agreements

4.1.18.1. The vendor must agree to be bound by service level agreements included in Exhibit B

PCG agrees to be bound by the service level agreements included in Exhibit B.

BUSINESS ASSOCIATE AGREEMENT

The following pages contain a completed *WV State Government HIPAA Business Associated Addendum.*

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

    a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: http://www.state.wv.us/admin/purchase/vrc/agencyli.html.

    b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).

    c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.

    d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.

    e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

f. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.

g. **Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.

h. **Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.

i. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.

j. **Subcontractor** means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. **Permitted Uses and Disclosures.**

a. **PHI Described.** This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.

b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.

c. **Further Uses and Disclosures**. Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

3. **Obligations of Associate.**

a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.

b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.

c. **Safeguards.** The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:

i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;

ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;

iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;

iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.

d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.

e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

f. Support of Individual Rights.

i. **Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.

ii. **Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.

iii. **Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:

- the date of disclosure;
- the name of the entity or person who received the PHI, and if known, the address of the entity or person;
- a brief description of the PHI disclosed; and
- a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.

iv. **Request for Restriction**. Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."

v. **Immediate Discontinuance of Use or Disclosure.** The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

g. **Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.

h. **Agent's, Subcontractor's Compliance.** The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.

j. **Federal and Agency Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.

k. **Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.

l. **Notification of Breach.** During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incident@wv.gov or https://apps.wv.gov/ot/ir/Default.aspx.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

m. **Assistance in Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. **Addendum Administration.**

a. **Term.** This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.

b. **Duties at Termination.** Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.

d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.

e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. **General Provisions/Ownership of PHI.**

a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.

b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.

c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.

d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.

e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.

g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.

h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

AGREED:

Name of Agency:_____

Signature:_____

Title:_____

Date:_____

Name of Associate: Joe Weber

Signature: Joe Weber

Title: Associate Manager

Date: July 16, 2026

Form - WVBAA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF July 20 25
Patrick Morrisey
Attorney General
BY _____

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: _____

Name of Agency: WV DoHS/BMS

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

Member and Claim Profiles

FEDERAL FUNDS ADDENDUM

The following pages contain a completed *Federal Funds Addendum*.

Attachment 1

FEDERAL FUNDS ADDENDUM

2 C.F.R. §§ 200.317 – 200.327

Purpose: This addendum is intended to modify the solicitation in an attempt to make the contract compliant with the requirements of 2 C.F.R. §§ 200.317 through 200.327 relating to the expenditure of certain federal funds. This solicitation will allow the State to obtain one or more contracts that satisfy standard state procurement, state federal funds procurement, and county/local federal funds procurement requirements.

Instructions: Vendors who are willing to extend their contract to procurements with federal funds and the requirements that go along with doing so, should sign the attached document identified as: "REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317)"

Should the awarded vendor be unwilling to extend the contract to federal funds procurement, the State reserves the right to award additional contracts to vendors that can and are willing to meet federal funds procurement requirements.

Changes to Specifications: Vendors should consider this solicitation as containing two separate solicitations, one for state level procurement and one for county/local procurement.

State Level: In the first solicitation, bid responses will be evaluated with applicable preferences identified in sections 15, 15A, and 16 of the "Instructions to Vendors Submitting Bids" to establish a contract for both standard state procurements and state federal funds procurements.

County Level: In the second solicitation, bid responses will be evaluated with applicable preferences identified in Sections 15, 15A, and 16 of the "Instructions to Vendors Submitting Bids" omitted to establish a contract for County/Local federal funds procurement.

Award: If the two evaluations result in the same vendor being identified as the winning bidder, the two solicitations will be combined into a single contract award. If the evaluations result in a different bidder being identified as the winning bidder, multiple contracts may be awarded. The State reserves the right to award to multiple different entities should it be required to satisfy standard state procurement, state federal funds procurement, and county/local federal funds procurement requirements.

State Government Use Caution: State agencies planning to utilize this contract for procurements subject to the above identified federal regulations should first consult with the federal agency providing the applicable funding to ensure the contract is complaint.

County/Local Government Use Caution: County and Local government entities planning to utilize this contract for procurements subject to the above identified federal regulation should first consult with the federal agency providing the applicable funding to ensure the contract is complaint. For purposes of County/Local government use, the solicitation resulting in this contract was conducted in accordance with the procurement laws, rules, and procedures governing the West Virginia Department of Administration, Purchasing Division, except that vendor preference has been omitted for County/Local use purposes and the contract terms contained in the document entitled "REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317)" have been added.

FEDERAL FUNDS ADDENDUM

REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS (2 C.F.R. § 200.317):

The State of West Virginia Department of Administration, Purchasing Division, and the Vendor awarded this Contract intend that this Contract be compliant with the requirements of the Procurement Standards contained in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements found in 2 C.F.R. § 200.317, et seq. for procurements conducted by a Non-Federal Entity. Accordingly, the Parties agree that the following provisions are included in the Contract.

1. **MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS:** (2 C.F.R. § 200.321)

    a. The State confirms that it has taken all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Those affirmative steps include:

        (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
        (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
        (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
        (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
        (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce; and
        (6) Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (1) through (5) above.

    b. Vendor confirms that if it utilizes subcontractors, it will take the same affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.

2. **DOMESTIC PREFERENCES:** (2 C.F.R. § 200.322)

    a. The State confirms that as appropriate and to the extent consistent with law, it has, to the greatest extent practicable under a Federal award, provided a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United

States (including but not limited to iron, aluminum, steel, cement, and other manufactured products).

b. Vendor confirms that will include the requirements of this Section 2. Domestic Preference in all subawards including all contracts and purchase orders for work or products under this award.

c. Definitions: For purposes of this section:

(1) "Produced in the United States" means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States.
(2) "Manufactured products" means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

3. **BREACH OF CONTRACT REMEDIES AND PENALTIES:**
(2 C.F.R. § 200.327 and Appendix II)

(a) The provisions of West Virginia Code of State Rules § 148-1-5 provide for breach of contract remedies, and penalties. A copy of that rule is attached hereto as Exhibit A and expressly incorporated herein by reference.

4. **TERMINATION FOR CAUSE AND CONVENIENCE:**
(2 C.F.R. § 200.327 and Appendix II)

(a) The provisions of West Virginia Code of State Rules § 148-1-5 govern Contract termination. A copy of that rule is attached hereto as Exhibit A and expressly incorporated herein by reference.

5. **EQUAL EMPLOYMENT OPPORTUNITY:**
(2 C.F.R. § 200.327 and Appendix II)

Except as otherwise provided under 41 CFR Part 60, and if this contract meets the definition of "federally assisted construction contract" in 41 CFR Part 60–1.3, this contract includes the equal opportunity clause provided under 41 CFR 60–1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964–1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

6. **DAVIS-BACON WAGE RATES:**
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that if this Contract includes construction, all construction work in excess of $2,000 will be completed and paid for in compliance with the Davis–Bacon Act (40 U.S.C. 3141–3144, and 3146–3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must:

(a) pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor.
(b) pay wages not less than once a week.

A copy of the current prevailing wage determination issued by the Department of Labor is attached hereto as Exhibit B. The decision to award a contract or subcontract is conditioned upon the acceptance of the wage determination. The State will report all suspected or reported violations to the Federal awarding agency.

7. **ANTI-KICKBACK ACT:**
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that it will comply with the Copeland Anti-KickBack Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). Accordingly, Vendor, Subcontractors, and anyone performing under this contract are prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The State must report all suspected or reported violations to the Federal awarding agency.

8. **CONTRACT WORK HOURS AND SAFETY STANDARDS ACT**
(2 C.F.R. § 200.327 and Appendix II)

Where applicable, and only for contracts awarded by the State in excess of $100,000 that involve the employment of mechanics or laborers, Vendor agrees to comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, Vendor is required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

9. **RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT.**
(2 C.F.R. § 200.327 and Appendix II)

If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

10. **CLEAN AIR ACT**
(2 C.F.R. § 200.327 and Appendix II)

Vendor agrees that if this contract exceeds $150,000, Vendor is to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

11. **DEBARMENT AND SUSPENSION**
(2 C.F.R. § 200.327 and Appendix II)

The State will not award to any vendor that is listed on the governmentwide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

12. **BYRD ANTI–LOBBYING AMENDMENT**
(2 C.F.R. § 200.327 and Appendix II)

Vendors that apply or bid for an award exceeding $100,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non–Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non–Federal award.

13. **PROCUREMENT OF RECOVERED MATERIALS**
(2 C.F.R. § 200.327 and Appendix II; 2 C.F.R. § 200.323)

Vendor agrees that it and the State must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the

Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired during the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

14. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT.
(2 C.F.R. § 200.327 and Appendix II; 2 CFR § 200.216)

Vendor and State agree that both are prohibited from obligating or expending funds under this Contract to:

(1) Procure or obtain;
(2) Extend or renew a contract to procure or obtain; or
(3) Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Public Law 115–232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

(i) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
(ii) Telecommunications or video surveillance services provided by such entities or using such equipment.
(iii) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

In implementing the prohibition under Public Law 115–232, section 889, subsection (f), paragraph (1), heads of executive agencies administering loan, grant, or subsidy programs shall prioritize available funding and technical support to assist affected businesses, institutions and organizations as is reasonably necessary for those affected entities to transition from covered communications equipment and services, to procure replacement equipment and services, and to ensure that communications service to users and customers is sustained.

State of West Virginia	Vendor Name:
By: _____	By: Joe Weber
Printed Name: _____	Printed Name: Joe Weber
Title: _____	Title: Associate Manager
Date: _____	Date: July 16, 2026