

#### 5.0 TAB 5: BIDDER'S BACKGROUND

We increase project efficiency, effectiveness, and reduce risk, using proven people, processes, technology, used on 18 similar Medicaid QIO projects.

### 5.1 **EXPERIENCE** (3.2.5.1)

3.2.5.1 Experience.

The bidder shall provide the following information regarding the organization's experience:

The Iowa Medicaid Enterprise (IME) seeks a vendor to provide comprehensive medical, LTSS, and HCBS support to its efficient operating model. The successful organization must integrate its staff seamlessly within the IME to deliver:

- Expert advice on clinical and policy issues;
- 2. Independent review of care planning, service utilization, and quality of care;
- Onsite and Desk Reviews of providers for compliance and quality.
- 4. Support to existing and new MCOs.
- Reliable data for CMS HCBS Quality Assurance reporting.

The information IME needs to manage FFS, MCO, and waiver programs effectively



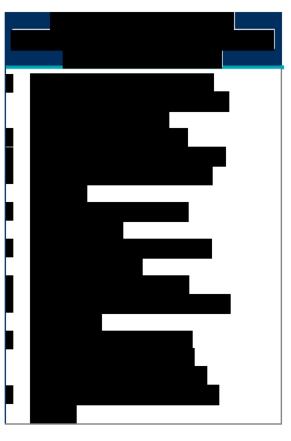
3.2.5.1.1 Level of technical experience in providing the types of services sought by the RFP.

KEPRO represents the low-risk, high-quality solution as a leading contractor for Medicaid and other public programs. Today, 14 state agencies rely on us to ensure that services are necessary for their 23 million Medicaid enrollees under 24 contracts. Through our Medicare contract, KEPRO conducts medical necessity, quality review, and quality improvement activities for over 42 million Medicare beneficiaries. We also serve as the Tricare Quality Monitoring Contractor (TQMC) for the Department of Defense, collecting and analyzing quality measures and assuring quality of care for *every active duty service member and their families at home and abroad*.

A private for-profit corporation, KEPRO, Inc. is a Medicare Quality Improvement Organization (QIO), and the Beneficiary and Family-centered QIO (BFCC-QIO). As the National Coordinating Center for the BFCC-QIO program, we are responsible to monitor and assess services in all states and territories.

Our experience as a QIO-like entity extends back over 20 years, authorized by the Centers for Medicare and Medicaid Services (CMS) to conduct utilization and quality review in all states. This designation provides additional confirmation of our:

- National standard policies and procedures with URAC accreditation.
- National panel of experts in medical, behavioral health, and IDD specialties.



National quality assurance program that meets the standards of Medicaid, Medicare, and DoD.

With over 20 years of Medicaid experience in medical care and behavioral health, our record of achievement includes an average 12:1 Return on Investment (ROI) across all programs from approving medically necessary care and care plans in the least restrictive setting. The scope of these programs includes medical eligibility and necessity review of FFS and waiver services; onsite and desk reviews of providers for compliance and quality; and comprehensive, flexible support for our clients.

KEPRO's background and current portfolio include programs with a "whole person" focus and responsibility for service planning and coordination. Incorporated in Pennsylvania, KEPRO has corporate offices in Harrisburg and 15 Local Offices that serve state, federal, and other contracts. With a legacy program that provided care management for Iowa FFS members as a subcontractor to Maximus and responsibility as the BFCC-QIO for Iowa, we bring knowledge and successful relationships with Iowa members and providers.

#### **EXCEPTIONAL QUALIFICATIONS**

KEPRO is the Beneficiary and Family-centered QIO for 34 states, including Iowa. We include our Contract Signature Letter in **Exhibit 2** to document this status. In addition, the Centers for Medicare and Medicaid Services (CMS) designate KEPRO as a QIO-like Entity, approved to conduct medical review and quality services in all states. We include the letter from CMS to document this status in **Exhibit 2**.

Our operations have accreditation from URAC for Health Utilization Management, Case Management, and Disease Management. This qualification means that our policies and procedures meet national

standards for rigor and completeness. It also means that, since our Nurses are all Certified Case Managers (CCM), we understand how to perform objective assessments and develop person-centered service plans. This background informs our ability to provide accurate, unbiased, and experienced review of lowa's providers.

Our most recent URAC audit indicated 100 percent compliance with the standards established by this prestigious organization.

We received certification from the Department of Defense's accounting (DCAA) and IT security agencies (DIACAP) that substantiate the quality and integrity of our financial and IT management. Table 5.1-1 summarizes these qualifications and their benefit to IME and its stakeholders.

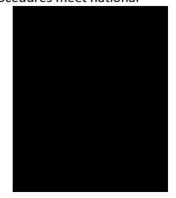
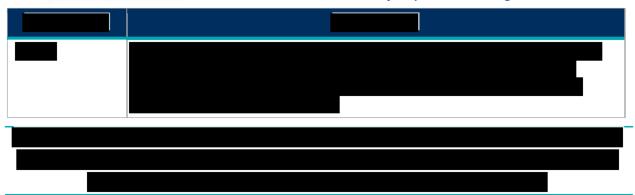


Table 5.1-1. Relevant Qualifications.

Independent national organizations document our unequalled qualifications for the scope of work.



## **UNIQUE FEATURES AND BENEFITS**

As an organization, KEPRO stands out for our:

#### **Exceptional customer service**

- ✓ Compliant with today's requirements, innovating to meet tomorrow's challenges
- ✓ Record of timely and accurate services
- Person-centered culture committed to the independence of individuals.

## **Independent and Objective**

- ✓ No relationships with Iowa providers or payers
- ✓ Direct experience with Scope of Work
- Over 10 years of experience with collocated operations.



### 5.1.2 DESCRIPTION OF SIMILAR SERVICES (3.2.5.1.2)

3.2.5.1.2 Description of all services similar to those sought by this RFP that the bidder has provided to other businesses or governmental entities within the last twenty-four (24) months.

For each similar service, provide a matrix detailing:

- A. Project title;
- B. Project role (primary contractor or subcontractor);
- C. Name of client agency or business;
- D. General description of the scope of work;
- E. Start and end dates of contract for services as originally entered into between the parties;
- F. If the contract was terminated for any reason before completion of all obligations under the contract provisions, detail the reason(s) for the termination;
- G. Contract value;
- H. Whether the services were provided timely and within budget;
- I. Any damages, penalties, disincentives assessed, or payments withheld, or anything of value traded or given up by the bidder that were valued at or above \$500,000. Include the estimated cost assessed against the bidder for the incident with the details of the occurrence;
- J. List administrative or regulatory proceedings or adjudicated matters related to this service to which the bidder has been a party; and

K. Contact information for the client's Project Director including address, telephone number, and electronic mail address.

We include details on 24 relevant contracts in this section to illustrate the range and extent our experience. Our successful record of performance includes contracts that encompass all components of lowa's Medicaid QIO scope of work. Table 5.1-2 provides highlights of our relevant experience, which includes contracts starting in 2000 as well as contracts beginning January 1, 2018.

Our consistent growth assures the Agency that states and the federal government view our methods and models as the "best of breed" components the Agency envisioned when it formed the Iowa Medicaid Enterprise. The fact that we continue to serve our first federal customer and one of our first state customers assures the Agency that we deliver long-term value.

Table 5.1-2. Summary of Technical Experience.

Previous Performance is the best indicator of Future Success.





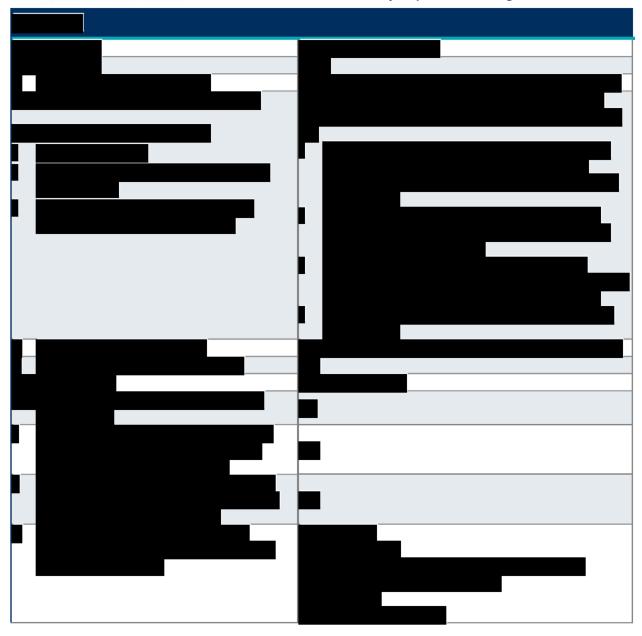






















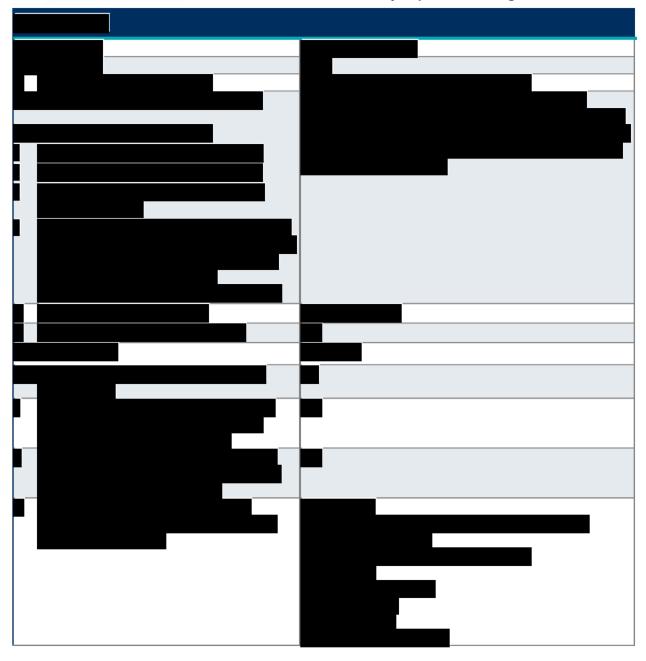
















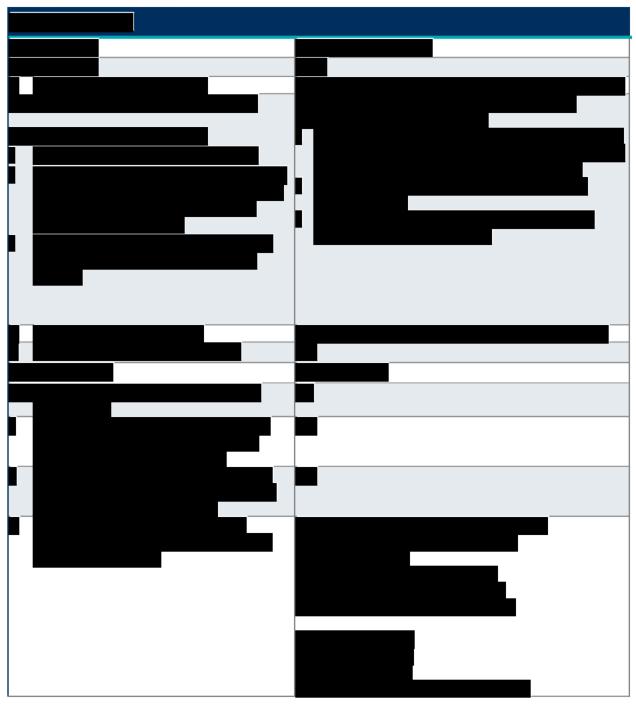












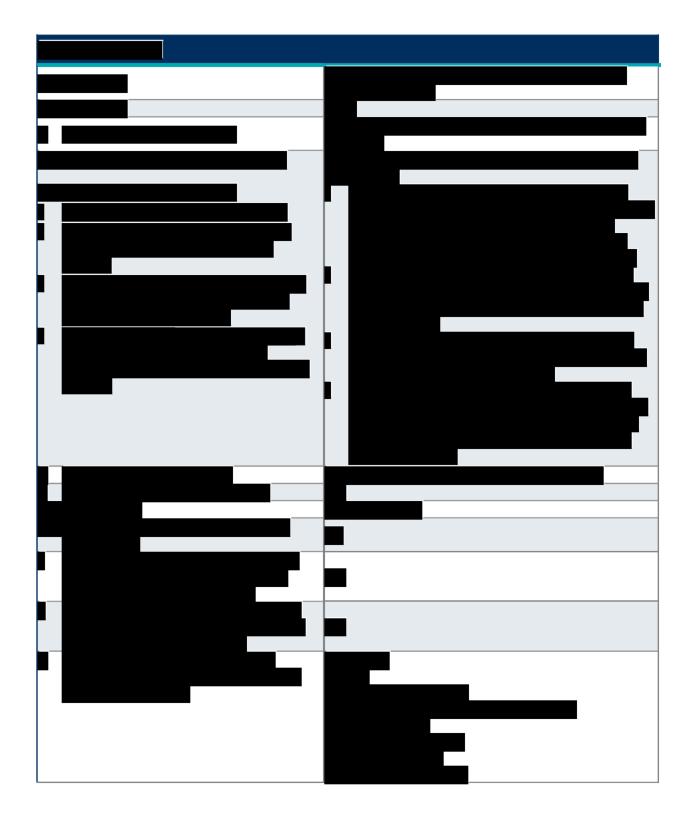


# **STATE PASRR CONTRACTS**







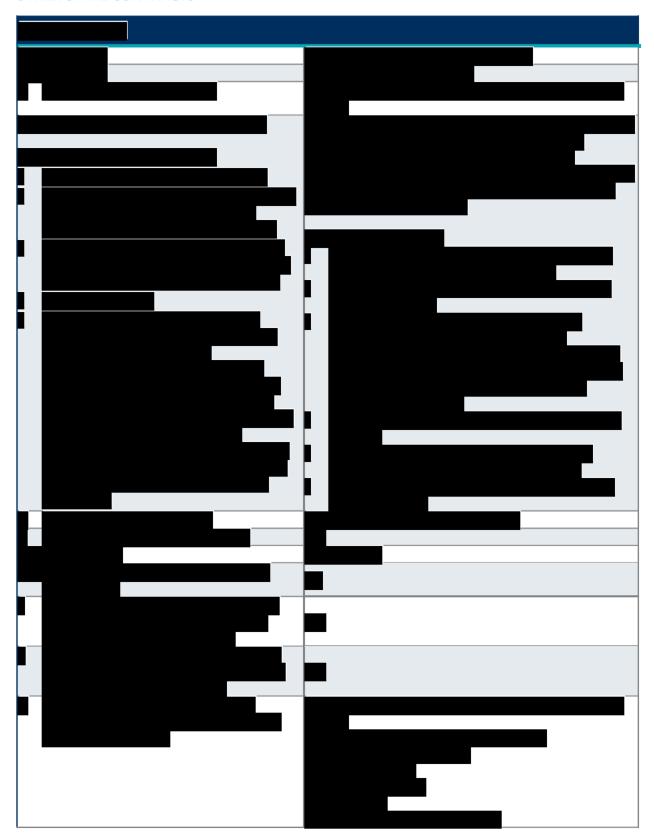








# **OTHER STATE CONTRACTS**



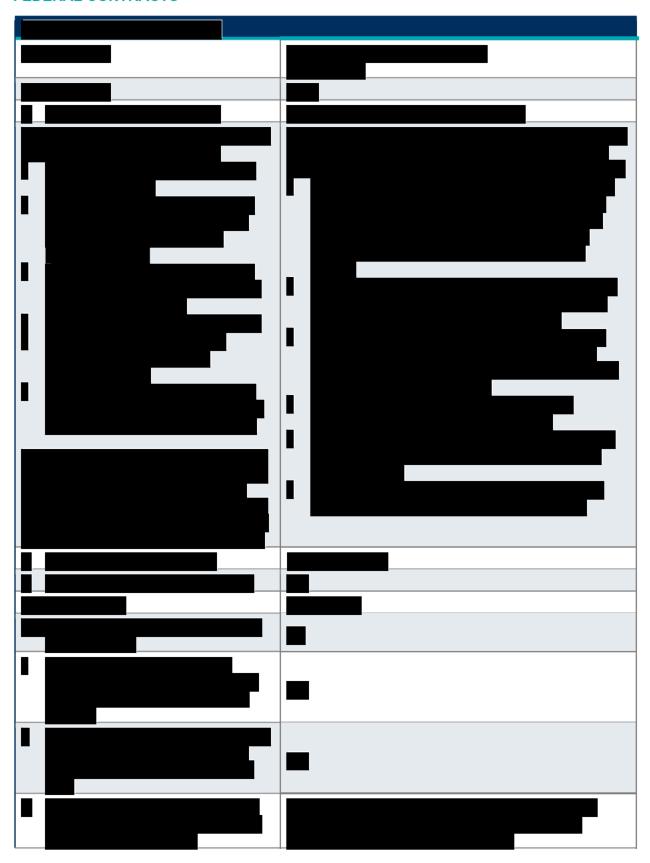




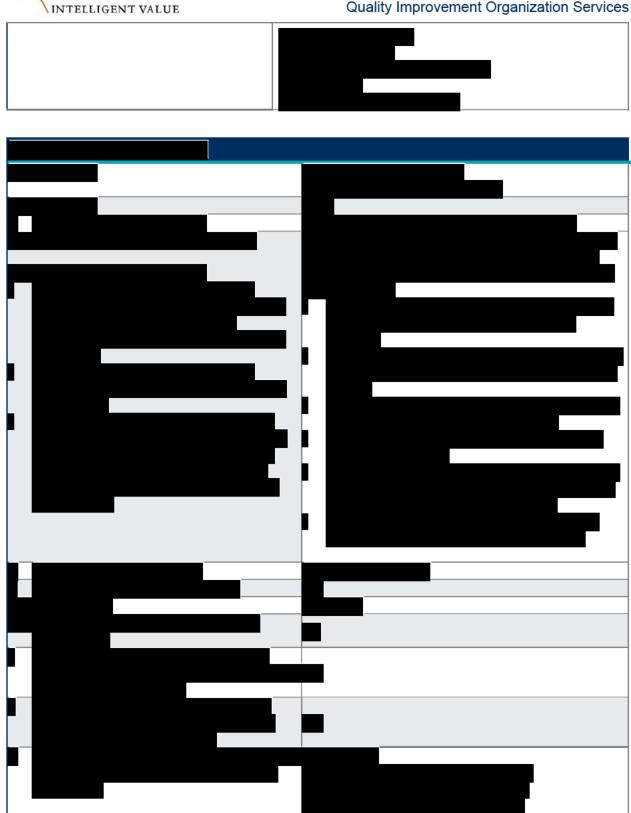




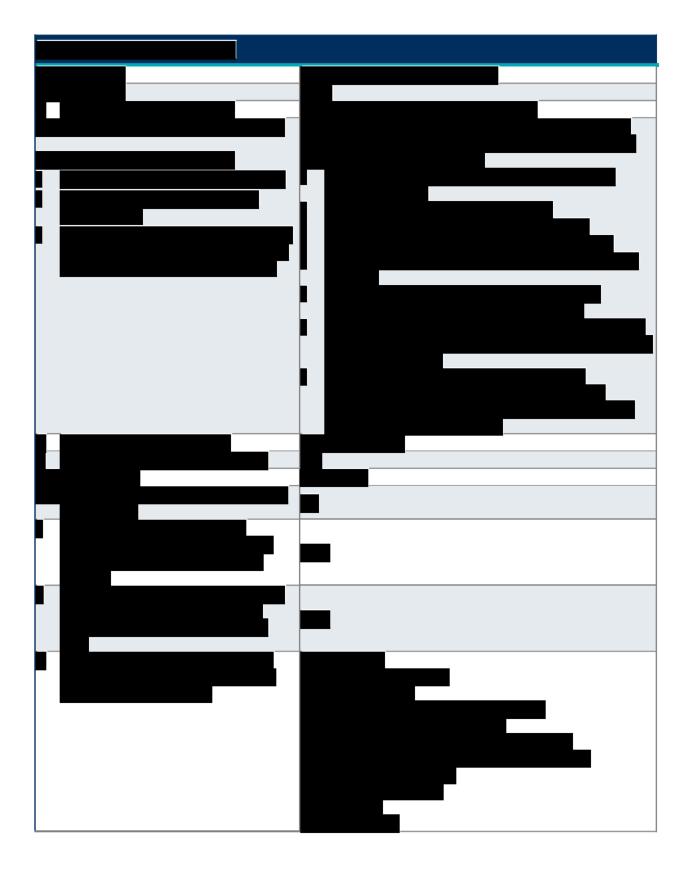
# **FEDERAL CONTRACTS**

















# 5.1.3 ABUSE REPORT OF FELONY CONVICTION (3.2.5.1.3)

3.2.5.1.3 List any details of whether the bidder or any owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff providing services of any subcontractor who may be involved with providing the services sought in this RFP, have ever had a founded child or dependent adult abuse report, or been convicted of a felony.

No owners, officers, primary partners, staff providing services or any owners, officers, primary partners, or staff/subcontracts have every had a founded child or dependent adult abuse report, or been convicted of a felony.

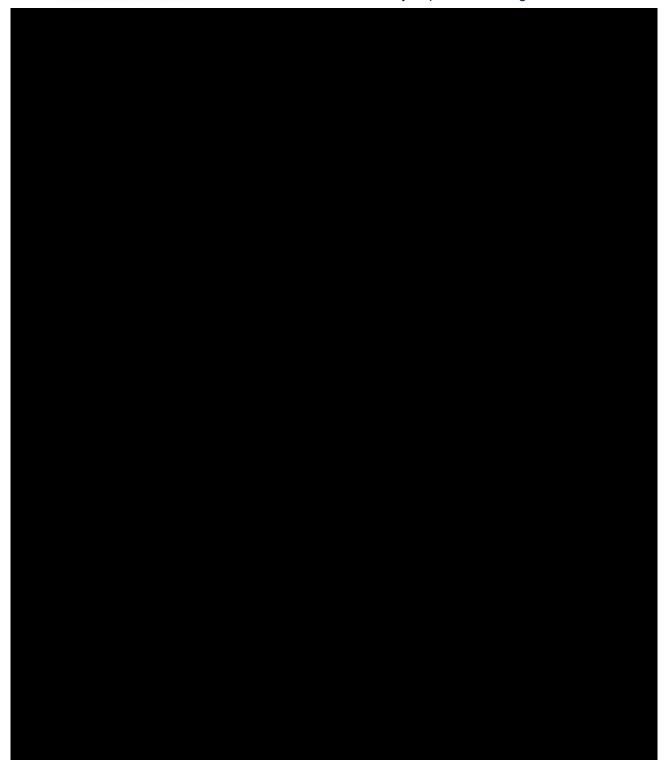
### **5.1.4 LETTERS OF REFERENCE (3.2.5.1.4)**

3.2.5.1.4 Letters of reference from three (3) of the bidder's previous clients knowledgeable of the bidder's performance in providing services similar to those sought in this RFP, including a contact person, telephone number, and electronic mail address for each reference. It is preferred that letters of reference are provided for services that were procured in a competitive environment. Persons who are currently employed by the Agency are not eligible to be references.

List of Reference Letters that follow on the next page.

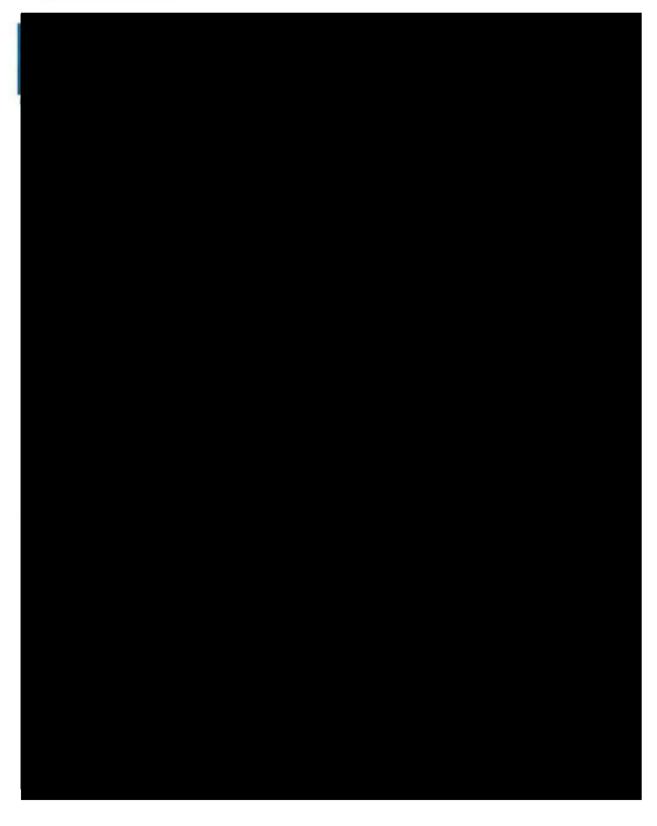
- 1. West Virginia
- 2. Office of MaineCare Services
- 3. MassHealth
- 4. Health Resources & Service Administration (HRSA)







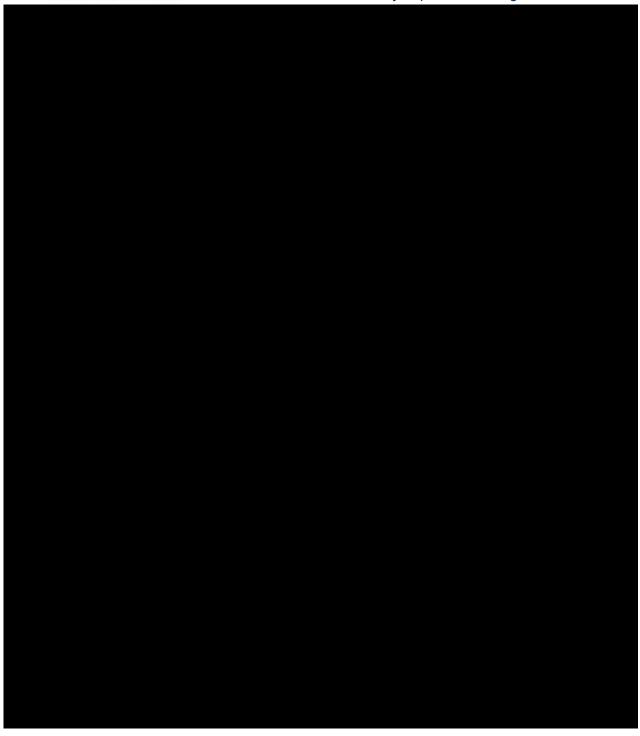


























### 5.1.5 EXPERIENCE MANAGING SUBCONTRACTORS (3.2.5.1.5)

3.2.5.1.5 Description of experience managing subcontractors, if the bidder proposes to use subcontractors.

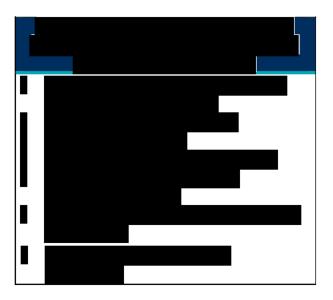
KEPRO does not propose to use subcontractors on this project.

#### 5.2 PERSONNEL (3.2.5.2)

We increase project effectiveness and reduce delivery risk with highly experienced key personnel, and proven plans and processes for staffing, and related policies and procedures.

The Scope of Work requires the integration of clinical, information, and management skills into a cohesive operational solution. IME expects a level of effort that delivers high quality services, seamless collocation, and achievement of Agency goals. Our solution goes beyond meeting requirements to deliver on our

promise: exceptional customer service and costeffective, real-world solutions. Our experience and qualifications encompass the Scope of Work:



**Clinical:** Accurate and reliable reviews for the Iowa program require clinical expertise in medical care, long-term services and supports, HCBS, and waivers. Our 20 years of experience with behavioral health and/or IDD programs enhances our 30 years of experience evaluating and improving medical care and LTSS for seniors and people with disabilities.

Beyond our clinical expertise is our exceptional person-centered approach. Our staff members know how to work with providers and members, to improve process, documentation, and outcomes. This ability improves the reliability of our work products and the accuracy of data collection and measurement system. Our teams know the area, the people, and the providers – all of which make our plans of care person-centered, practical, and effective.

**Flexibility:** is an essential characteristic of our clinical staff. They quickly learn new forms, requirements, and program features to ensure we provide correct information to members. They also have the flexibility to adjust to scheduling, rescheduling, and scheduling again to accommodate the needs and concerns of members and their families and providers. With support from the Call Center CSRs, they make logistic adjustments in the field to manage workloads and maintain timeliness.

#### **5.2.1 TABLES OF ORGANIZATION (3.2.5.2.1)**

3.2.5.2.1 Tables of Organization.

Illustrate the lines of authority in two tables:

One showing overall operations

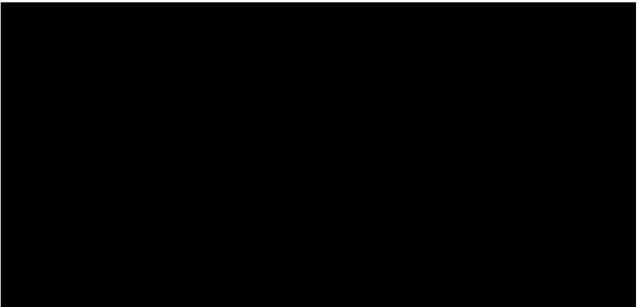
Figure 5.2.40. Includes the names and roles for each of the key operational positions we propose, the lines of authority, and the primary responsibilities for each.

#### 5.2.1.1 TABLES OF ORGANIZATION (3.2.5.2.1)

3.2.5.2.1 Tables of Organization.

Figure 5.2-1. Quality Improvement Organization Services Program Key Personnel Organizational Chart

**Transition Organizational Chart** 



Illustrate the lines of authority in two tables:

• One showing overall operations

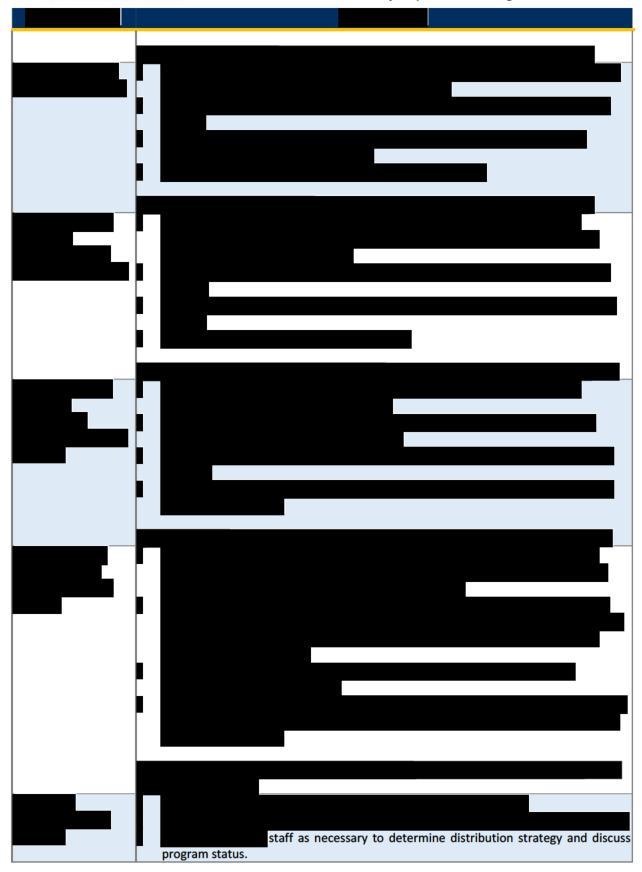
Table 5.2-2 includes the names and roles for each of the key operational positions we propose, the lines of authority, and the primary responsibilities for each.

Table 5.2-3. Operational Lines of Authority and Responsibility.

As the table below indicates, our staffing model meets the RFP requirements to assure IME of our comprehensive coverage of all oversight and responsibilities required of this project. We also provide the total number of proposed staff in the following section.













Given the dynamic nature of the contract and the need for highly specialized types of staff, KEPRO dedicates contract resources to meet lowa staffing needs. We have solely dedicated an HR specialist to be on site in the lowa office to ensure plentiful staffing in all areas of our operation. In addition, our Corporate HR team, Operations Managers, Medical Director, Transition Manager, and Project Director, will continuously recruit for reviewers and other positions. This includes on-demand recruitment and hiring: KEPRO's Medical Director and training team can temporarily credential and train a specific professional needed within 24 hours of identification.

KEPRO assures IME of credentialed, trained, licensed professional clinicians and all other professional staff through thorough recruiting/credentialing, re-credentialing every two years to align with most licensures; and initial and ongoing training and monitoring.

<u>Table 5.2-3</u>includes the number of personnel by type (key personnel, other supervisors, and field staff) for each service type specified in the RFP.



**Table 5.2-4. Operations Organizational Chart** 



**KEPRO** January 26, 2018 P a g e | **240** 



Table 5.2-5: Staffing Summary by Service Type.



### 5.2.2 PROJECT DIRECTOR AND KEY PERSONNEL (3.2.5.2.3)

3.2.5.2.3 Information About Project Director and Key Project Personnel.

- Include names and credentials for the Project Director and any additional key project personnel who will be involved in providing services sought by this RFP. Include resumes for these personnel. The resumes shall include: name, education, and years of experience and employment history, particularly as it relates to the scope of services specified herein. Resumes shall also include the percentage of time the person would be specifically dedicated to this project, if the bidder is selected as the successful bidder. Resumes should not include social security numbers.
- Include the Project Director's experience managing subcontractor staff if the bidder proposes to use subcontractors.
- Include the percentage of time the Project Director and key project personnel will devote to this project on a monthly basis.

Resumes for the account manager and key personnel are included in the following subsections.

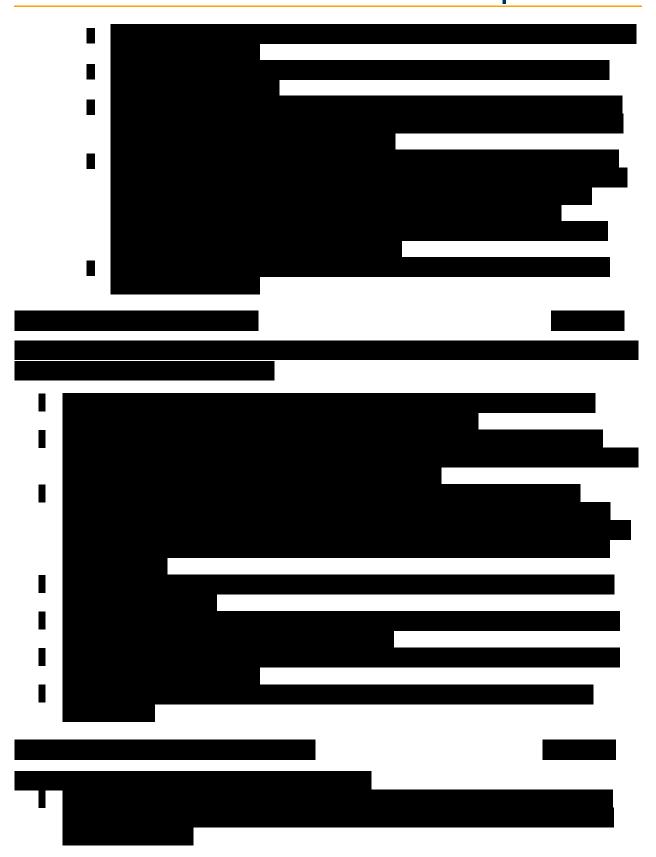
#### 5.2.2.1 VICE PRESIDENT OF OPERATIONS RESUME



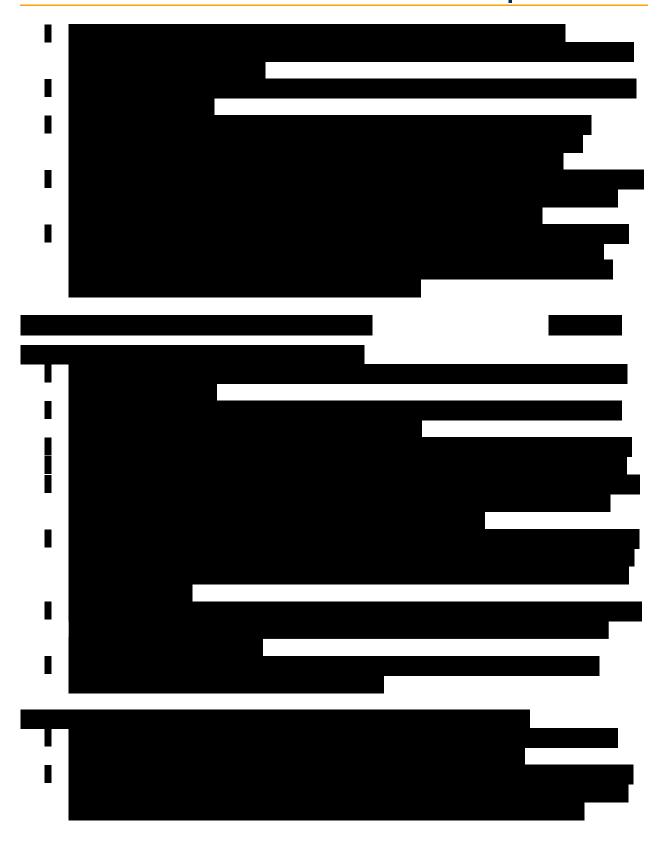




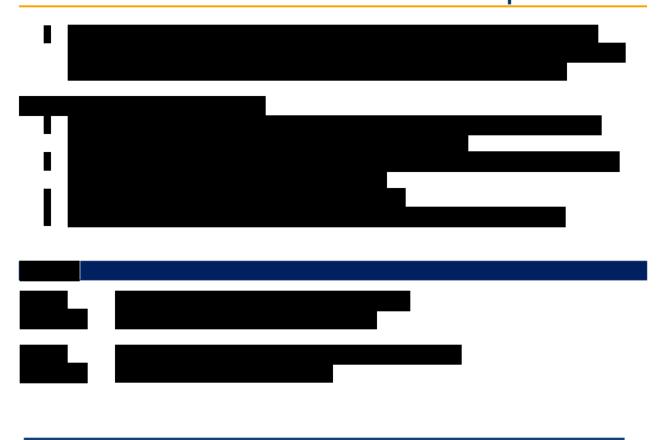














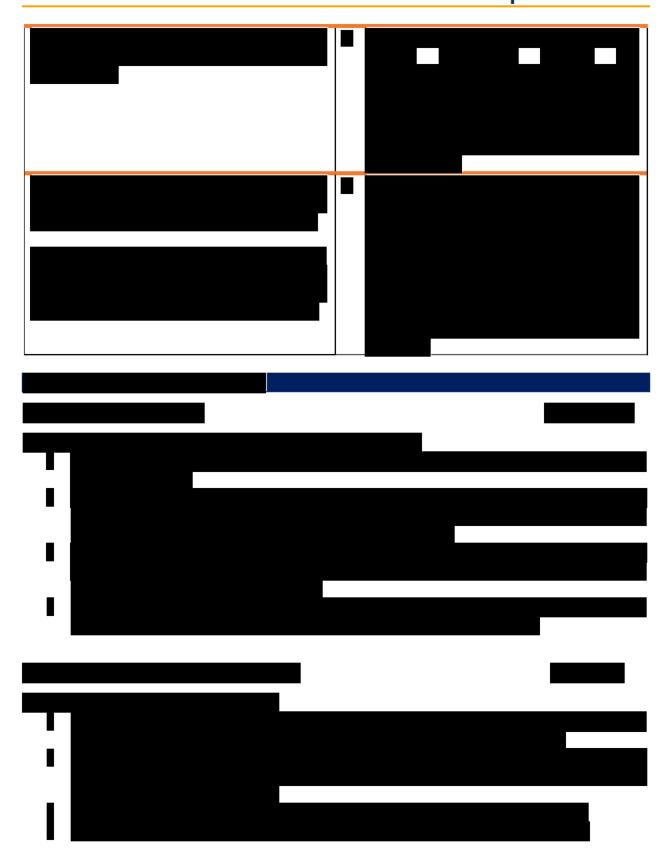
#### 5.2.2.2 PROJECT/ACCOUNT MANAGER RESUME

- a. Account Manager. Responsible for the overall service delivery of the team, complying with contractual requirements and meeting the Agency's expectations. The Account Manager shall be responsible for Contract compliance and general project oversight. The Account Manager must adopt an exemplary behavior; also he or she must collaborate, and cultivate and promote the spirit of trust and professionalism with the Agency, other IME Units, and stakeholders. The Account Manager shall represent the Contractor and be the primary liaison with the Agency. Minimum qualifications include:
  - i. Three years of experience in account management or major supervisory role for government or in the private sector as a healthcare payer or provider.
  - ii. Bachelor's Degree or at least 4 years relevant experience to the position.
  - iii. Previous management experience with Medicaid, specifically Medicaid managed care, LTSS, medical services, behavioral health, utilization management, coding and billing, and knowledge of HIPAA rules and requirements, is desired.

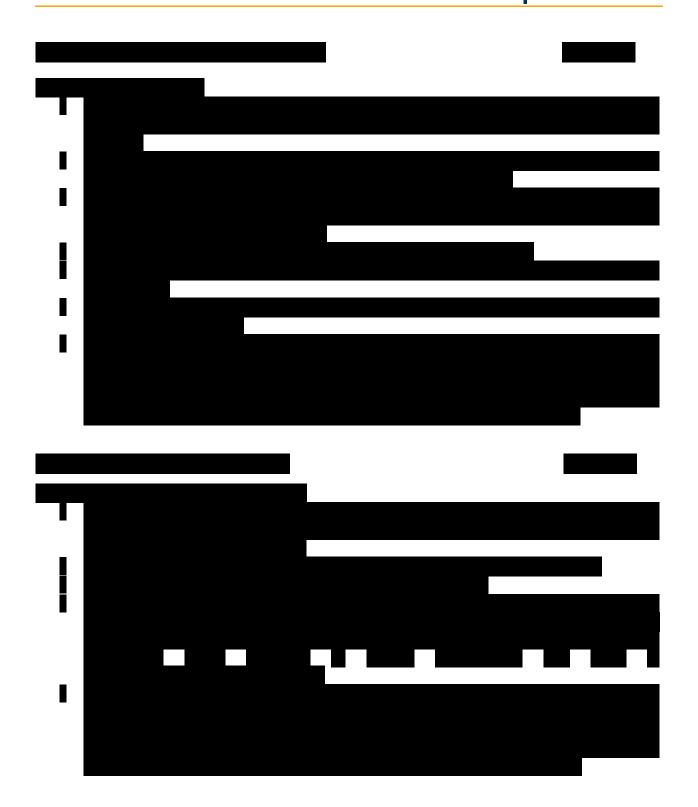




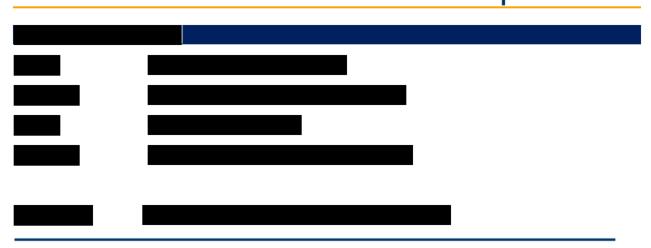










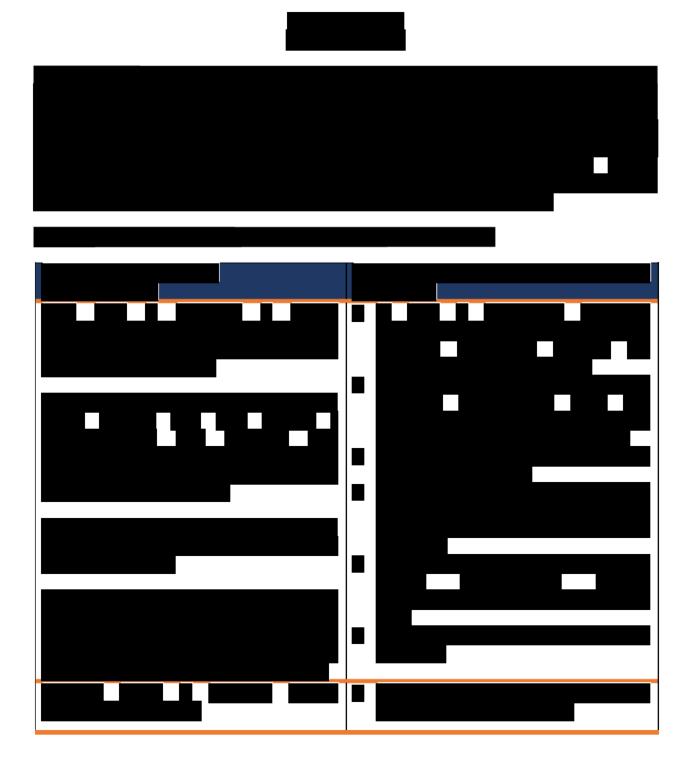




#### 4.2.1.1 TRANSITION MANAGER RESUME

- b. Transition Manager. Responsible for facilitating all planning and operational readiness activities necessary to ensure a successful transition. This position will no longer be required once the Contractor has successfully transitioned to operations. The Transition Manager may also serve as the Account or Operations Manager. Minimum qualifications include:
  - i. Three years of experience in account management or major supervisory role for government or in the private sector as a healthcare payer or provider.
  - ii. Bachelor's Degree or equivalent relevant experience to the position.















#### 5.2.2.3 MEDICAL AND LTSS OPERATIONS MANAGER RESUME

- c. Medical and LTSS Operations Manager. Responsible for day to day project management and supervision. Minimum qualifications include:
  - i. Four years of experience managing a major component of a healthcare operation in an environment similar in scope and volume to the Iowa Medicaid Program. The experience shall include LTSS, utilization management, behavioral health, Medicaid managed care, and quality management.
  - ii. Bachelor's Degree or equivalent relevant experience to the position.

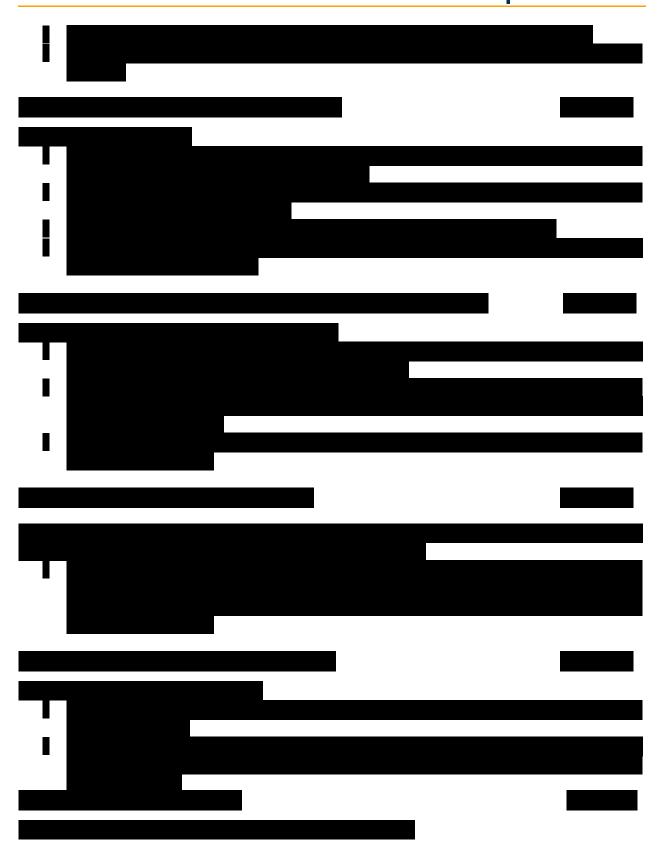














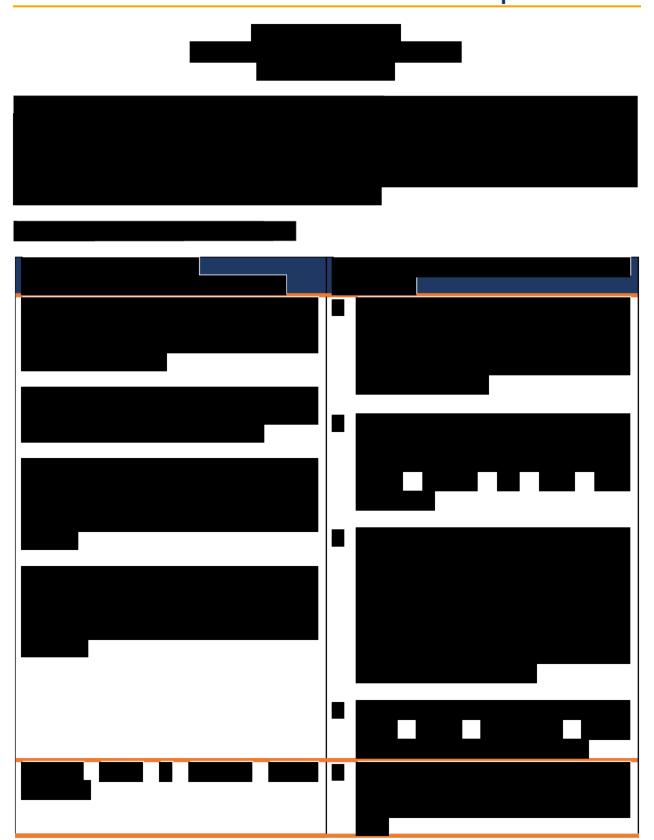




### 5.2.2.4 HCBS QUALITY OVERSIGHT OPERATIONS MANAGER RESUME

- d. HCBS Quality Oversight Operations Manager. Responsible for day to day project management and supervision. Minimum qualifications include:
  - i. Four years of experience managing a major component of a healthcare operation in an environment similar in scope and volume to the lowa Medicaid Program. The experience shall include HCBS quality control and outcomes, federal requirements for HCBS waiver programs, and provider relations.
  - ii. Bachelor's Degree or equivalent relevant experience to the position.



















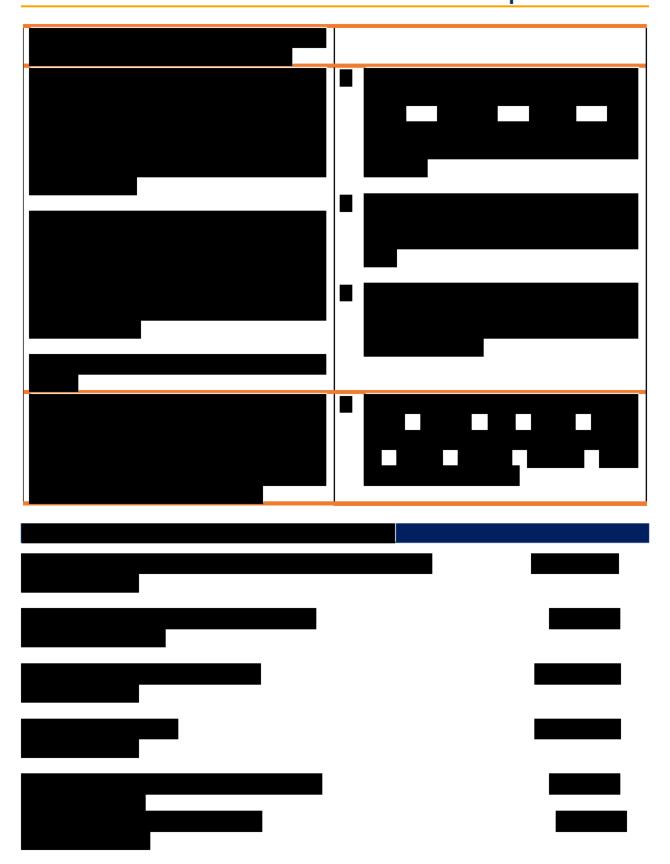
#### 5.2.2.5 MEDICAID MEDICAL DIRECTOR (MMD) RESUME

- e. Medicaid Medical Director (MMD). Responsible for ensuring medical oversight of QIO professional staff, overall leadership related to all medical facets that may affect the Medicaid Program, and helping the Iowa Medicaid program deliver value-driven, high-quality, cost-effective health care in an efficient manner. The MMD shall participate in the Medicaid Medical Directors Learning Network (MMDLN), the IME quality committee, the Pharmacy and Therapeutics (P&T) and Drug Utilization Review (DUR) committees, and other State and national committees as requested by the Agency, chair the Clinical Advisory Committees, and provide input in the review of Medicaid policies and procedures. The Medical Director plays an important role in continuous quality improvement and the implementation of policy for an efficient Medicaid Program. The MMD shall collaborate with the Medicaid Director, MCO chief medical officers, and policy staff to ensure clinical policies and procedures are implemented consistently throughout the entire delivery system. Minimum qualifications include:
  - i. Four years of experience as a managing physician in a managed care environment as either an MD or DO.



















### 5.2.2.6 POPULATION HEALTH IMPROVEMENT SPECIAL PROJECT RESUMES

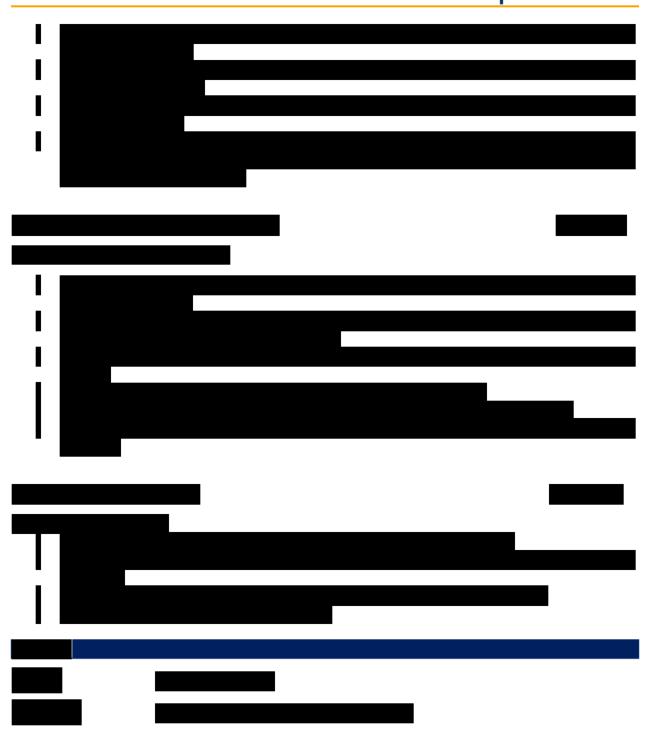
f. Key Project Personnel for Population Health Improvement Special Projects, as identified within Contract Section 1.3.1.5.

We propose the following 6 population health improvement special projects key personnel in addition to the specific positions specified by the Agency.









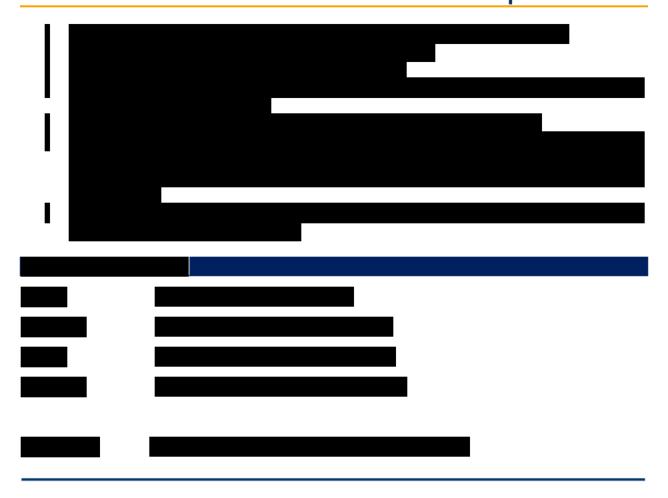




























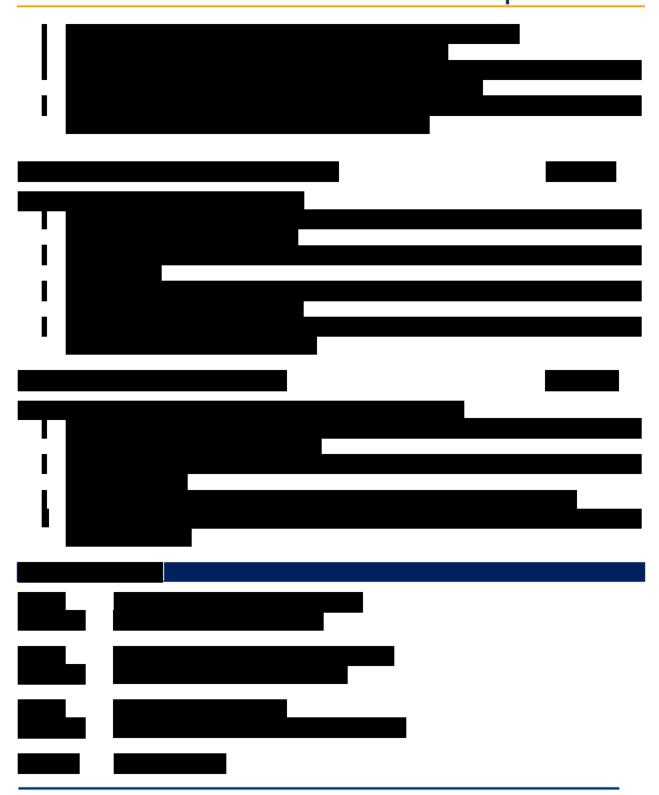








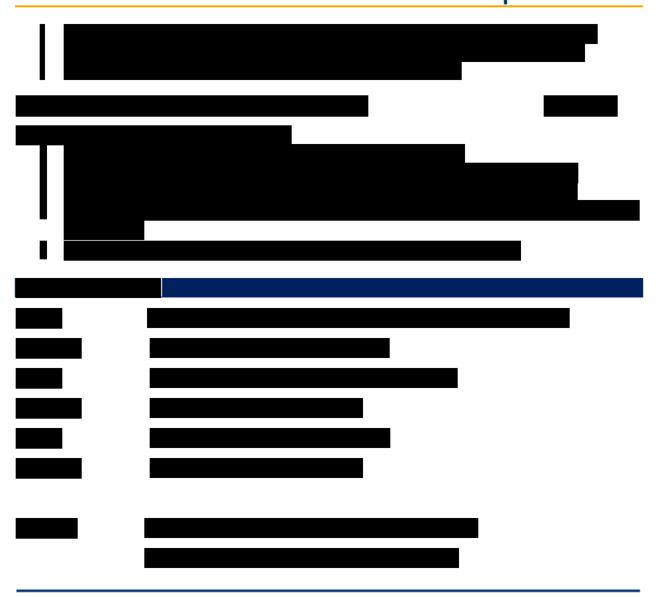








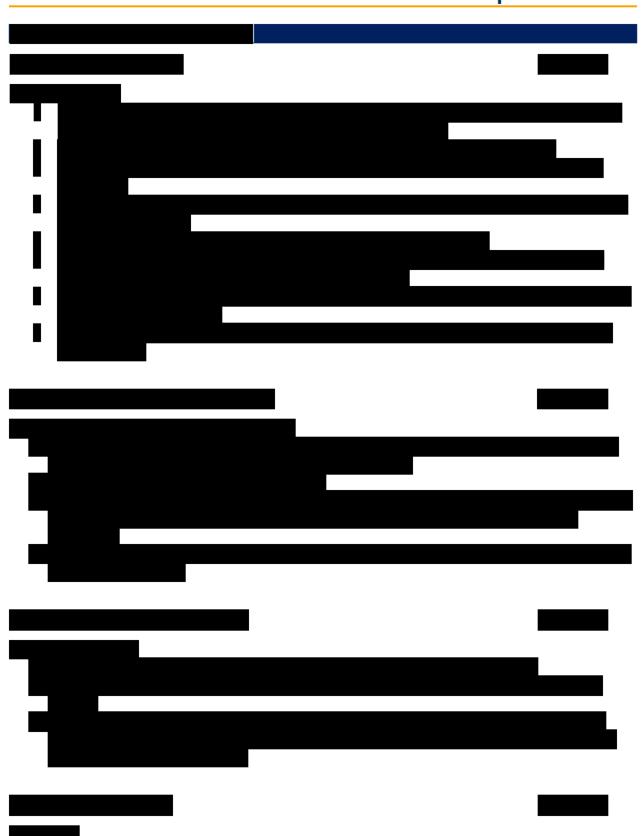




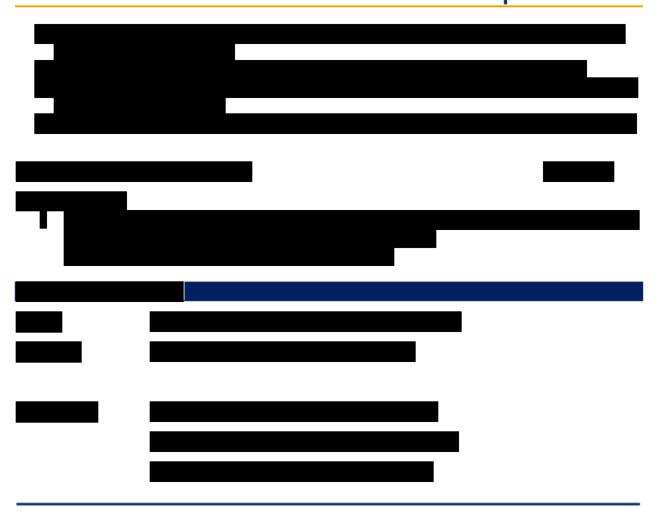














Iowa Department of Human Services Request for Proposal Quality Improvement Organization Services

#### **5.2.3.1 OTHER KEY PERSONNEL RESUMES**

We propose the following 8 other key personnel in addition to the specific positions specified by the Agency.







