HEALTH MANAGEMENT ASSOCIATES

Proposal to Provide

Technical Assistance and Program Support for Iowa Medicaid

RFP NO. MED-19-011
PRESENTED TO THE
IOWA DEPARTMENT OF HUMAN SERVICES

AUGUST 3, 2018

120 North Washington Square
Suite 705
Lansing, MI 48933
Telephone: (517) 482-9236
Fax: (517) 482-0920

WWW.HEALTHMANAGEMENT.COM

TAB 1: TRANSMITTAL LETTER AND BID PROPOSAL SECURITY

TRANSMITTAL LETTER

Please see the attached transmittal letter.

HEALTH MANAGEMENT ASSOCIATES

August 1, 2018

Mary Tavegia
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Ms. Tavegia:

Health Management Associates, Inc. (HMA) is pleased to submit our proposal to provide Technical Assistance and Program Support for the Iowa Department of Human Services (DHS) in response to MED-19-011, Technical Assistance and Program Support for Iowa Medicaid. HMA has extensive experience working with state Medicaid programs and state health transformation initiatives across the country. Our experience working in Iowa, coupled with on-the-ground experience designing, negotiating, and implementing Medicaid and the Children's Health Insurance Program (CHIP) programs across the country, makes us a unique and valuable partner for DHS.

Founded in 1985, HMA is recognized as a national thought leader in program design and best practices in Medicaid programs. Strategic planning for Medicaid agencies and their partners requires a rich knowledge of Medicaid policy decisions in the past, a strong basis of knowledge of current state and national Medicaid trends, and insight on what the future might bring. Our 33 years of experience includes working in every state and assisting more than 20 states with state plan amendments, waivers, and other demonstration projects.

Dedicated to serving vulnerable populations, we assist policymakers, providers, health plans, and communities navigate the ever-changing health care environment with a focus on making publicly funded programs like Medicaid and CHIP operate more effectively. We offer a full complement of nationally recognized subject matter experts (SME) in healthcare policy, operations, and delivery system reform who are already identifying and cataloging ways to build upon the work in Iowa. Using our project management processes, we will supplement our core team with SMEs to complete each task thoroughly, efficiently, and accurately. We will diligently manage each task to complete all projects on time and produce high quality deliverables for DHS.

HMA has direct experience supporting DHS since 2013 and is uniquely qualified to utilize this expertise to support DHS through the next several years of critical policy changes and implementation challenges. The team includes an experienced project manager who has provided similar policy and technical support to DHS since 2014, as well as additional team members who are very familiar with the Iowa Medicaid landscape, having contributed significantly to various projects since 2016. The project team has considerable experience analyzing Medicaid legislation, regulations, and sub-regulatory guidance; drafting policy documents; providing technical assistance; negotiating with the Centers for Medicare &

ONE MICHIGAN AVENUE BUILDING
120 NORTH WASHINGTON SQUARE, SUITE 705, LANSING, MICHIGAN 48933
TELEPHONE: 517.482.9236 FAX: 517.482.0920
WWW.HEALTHMANAGEMENT.COM

Medicaid Services (CMS); and implementing complex Medicaid policy changes. The project team will also be supported by HMA subject matter experts, including former state Medicaid directors, senior CMS officials, policy advisors to governors and other elected officials, and clinicians (many of whom who still practice in safety net settings today). HMA subject matter experts provide timely, critical insights when DHS needs answers about policy changes or legislation surrounding emerging issue such as substance use and opioid use disorders, long term service and supports, integrated behavioral health, payment reforms, managed care, and innovation opportunities.

We understand that, in the past few years, Iowa DHS undertook one of the biggest changes in its history as it moved from Medicaid fee for service to a capitated managed care model. The implications and repercussions of this change will continue to evolve as the state develops and amends Medicaid plan amendments and programs to account for this transition. HMA has helped many states with this transition and will leverage this experience to assist Iowa as its system evolves. This extensive experience equips us with the skills and knowledge necessary to develop comprehensive policy options and work plans which take into consideration the vast array of operational, technical, and regulatory implications often associated with Medicaid and CHIP program changes.

EXECUTIVE SUMMARY

HMA's core project team will follow HMA's established project management processes, keeping any projects on track for both timing and quality of deliverables. Our consulting model, which relies on experts with extensive skills and experience, enables HMA to provide you with top quality technical assistance and coordinated, meaningful, and accurate work products that will aid you in meeting program goals and serving Iowa Medicaid beneficiaries. HMA takes pride on responsive and clear communication with our clients to set expectations and assure strong project management. The project team will meet all performance measures described in the RFP, including the submission of accurate deliverables (e.g., reports, documents, meeting minutes) on time and responding to client emails and telephone calls within eight business hours of receipt.

Stephanie Baume, HMA senior consultant, will lead the project team. Ms. Baume has worked closely with DHS staff on similar technical assistance projects since 2014. Lori Coyner and David Rogers, HMA managing principals and former Medicaid directors, will serve on the project team. Both are supporting Iowa's SIM sustainability planning and the state's Healthcare Innovations and Visioning Roundtable. Amber Swartzell, HMA senior consultant, will also serve on the project team. Ms. Swartzell has worked with DHS since 2016, providing technical support for state plan and §1115 amendments as well as policy analysis. When needed, the project team will access HMA's subject matter experts from across the nation to provide additional support and critical insights for DHS projects, on topics ranging from long-term services and supports, to payment reform and value-based payment, to behavioral health integration. The table below summarizes the expertise of the core project team relative to the specific project elements outlined in the RFP.

1.3.1.1 TASK AREA 1 – TECHNICAL ASSISTANCE AND SUPPORT FOR FEDERAL AND STATE PROGRAM CHANGES

We understand how a changing and fluid policy environment affects strategy and program operations. Legislative processes are dynamic and, depending on the state or federal political landscape, can move very rapidly or very slowly. These processes also involve a diverse set of stakeholders, views, and factors outside of the DHS's control. HMA's project management approach will be tailored to each DHS request for technical assistance in Task Area 1. Our approach is comprehensive, yet flexible, and includes the following steps:

1. Establish routine meetings with DHS leadership to ensure full understanding of technical assistance needs, program goals, priorities, existing policy resources, gaps, functional leads, communication preferences, and any other issues or concerns
2. Based on the feedback gathered in Step 1, establish a process and timeline for policy analysis, sub-regulatory analysis and program clarifications, policy options and draft work plans, research and presentation of national best practices, and support for CMS approvals and inquiries
3. Continuously monitor, review, and distribute policy alerts and research findings to DHS staff following established timelines to inform policy options and program changes
4. Work with DHS staff to create policy and program options, understand impacts of proposed options and changes, create work plans to implement program and policy changes, and, when necessary, create communication materials for a variety of stakeholders to help manage change
5. If technical assistance is requested, support DHS staff with the creation of federal approval documents with forethought into the types of questions CMS has raised in the past on similar federal submissions
6. Provide analysis, research findings, reports, and other documents to DHS according to established timelines

Depending on the nature of DHS requests under Task Area 1, HMA may add additional steps to the process on order to assure that DHS goals and objectives are met for each request. Because HMA has considerable experience with the Iowa Medicaid and CHIP landscape and a long history of successful completion of similar projects across the nation, we understand how to adapt our processes to meet any policy analysis, policy option, work plan creation, best practice research, or CMS support request.

1.3.1.2 TASK AREA 2 – POLICY SUPPORT SERVICES TO ENSURE FEDERAL COMPLIANCE

HMA has guided states through the policy development process for a variety of innovative initiatives. We help our clients navigate the multiple decision points and milestones required to design and implement new programs that demonstrate compliance with federal regulations. In addition to our nationwide experience, our extensive work with DHS since 2013 makes us uniquely qualified to assist in ongoing policy development initiatives that comply with federal regulations. We have a keen understanding of current DHS programming, an unmatched asset in providing support for future initiatives.

Our proposed approach to any request for policy support services typically includes the key components outlined below. This comprehensive approach would be tailored to the specific policy DHS is implementing and the level of support requested.

1. Establish routine meetings with DHS leadership to ensure full understanding of policy support needs and key goals DHS hopes to achieve through the new initiative being implemented
2. Conduct a comprehensive assessment of the current policy environment. Depending on the policy at hand, our review focuses on factors such as current program eligibility criteria, financing mechanisms, federal authority vehicle, and outcomes data. This step allows us to assess gaps in current programming to address key state goals in new policy development.
3. Analyze and compare current state programming against nationwide trends, best practices, and federal requirements
4. Present policy options reflective of DHS goals, current programming and nationwide best practices. All options are developed with an understanding of state and federal regulatory requirements and an analysis of the required authority, such as state legislative changes or federal approval, required to implement.
5. Identify federal authority vehicles available to achieve DHS goals. Areas assessed include, but are not limited to, any limitations on federal approval duration, ongoing reporting requirements and opportunities to consolidate with existing state authorities to streamline and minimize administrative requirements. If multiple authority options are available, identify pros and cons of each strategy.
6. Create tailored decision-making templates which track issues such as current state practice, options, implications of each option and data on nationwide practices for each option. These tools are utilized to collaborate with DHS and facilitate state decision-making. They are continually updated to serve as the record of all policy decisions to be leveraged during the program development phases such as drafting of waivers, state plan amendments, regulations, operational and technical requirements and communication materials.
7. Facilitate state decision-making, utilizing the tools developed in the step above. We gather key stakeholders and present policy options, presenting strengths, drawbacks, and potential implications of each option.
8. Develop timelines for documentation drafting, accounting for desired implementation date, CMS approval timelines based on federal authority vehicle, state review and approval milestones, public comment and tribal notice requirements.
9. Draft required documentation utilizing CMS approved templates, where applicable. Coordinate with State's actuary or fiscal staff for all applicable budget neutrality, cost effectiveness or fiscal impact documentation.
10. Review impact of the policy change on each identified stakeholder group to identify key information which must be communicated to each group. Prepare public and tribal notice documents, as applicable; receive, inventory and summarize public comments received; update documentation based on public and tribal comments

11. Share early drafts with CMS to identify and resolve any concerns early in the process; participate in ongoing calls with DHS and CMS regarding approval; submit final documentation to CMS

1.3.1.3 TASK AREA 3 – AD HOC ANALYSIS

HMA's approach to ad hoc policy analysis is topic-dependent and begins with thorough communication with DHS to determine concerns, timeline, and any other information necessary to provide a top-quality work product. Key to this discussion is understanding whether DHS has completed an analysis and is seeking review, or if DHS would like HMA to perform the analysis. For analyses conducted by DHS and to be reviewed by HMA, we will confirm with DHS if there are specific focus areas for which review is requested, or if a full review is requested. In the event a full review is not requested, HMA takes care to undertake a high-level review, at minimum, to ensure that our team understands the full picture and is prepared to offer a top-quality, detailed work product. We will then target our review accordingly. Based on the topic matter and scope we will consider assessment of policy change impact to areas such as statutory and regulatory requirements, nationwide practices, operations, and technical systems.

For HMA-developed analyses that are within the expertise of the core project team, we will work internally to develop the analysis within the requested timeframe. Depending on the topic, analysis could include: national best practice scans, overview of federal or state requirements on the issue, and monitoring of recent trends. We will utilize our Federal Policy Monitoring and Analysis and Waiver Monitoring Analysis tools and a national subscription database to support ad hoc analyses when appropriate. In addition to analysis by the core project team, we are prepared to pull from the expertise of colleagues nationwide for topic areas in which we feel their subject matter expertise would be of the most benefit to DHS.

Jeff DeVries will be the contact for all notices regarding this proposal. His contact information follows:

Jeff DeVries, Contracts Director
Health Management Associates
120 N. Washington Square, #705
Lansing, MI 48933
Ph. 517-482-9236
contracts@healthmanagement.com

Thank you for the opportunity to bid on this very significant work. We are confident that Health Management Associates can provide exemplary services on the project and we look forward to your decision in this matter.

Sincerely,

Kelly Johnson

Kelly Johnson
Vice President

BID PROPOSAL SECURITY

A bank check is submitted with Tab 1 of the original proposal.

TAB 2: PROPOSAL TABLE OF CONTENTS

TAB 3: RFP FORMS

Please see the attached RFP forms:

- Attachment A: Release of Information Form
- Attachment B: Primary Bidder Detail & Certification Form
- Attachment E: Certification and Disclosure Regarding Lobbying

Attachment A: Release of Information

(Return this completed form behind Tab 3 of the Bid Proposal.)

Health Management Associates, Inc. (name of bidder) hereby authorizes any person or entity, public or private, having any information concerning the bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The bidder acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The bidder acknowledges that the information and opinions given by such person or entity may hurt its chances to receive contract awards from the Agency or may otherwise hurt its reputation or operations. The bidder is willing to take that risk. The bidder agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Health Management Associates, Inc.
Printed Name of Bidder Organization

Signature of Authorized Representative

7/20/18
Date

Kelly Johnson
Printed Name

Attachment B: Primary Bidder Detail & Certification Form

(Return this completed form behind Tab 3 of the Proposal. If a section does not apply, label it "not applicable".)

Primary Contact Information (individual who can address issues re: this Bid Proposal)	
Name:	Jeff DeVries
Address:	120 N. Washington Square, Suite 705, Lansing, MI 48933
Tel:	517-482-9236
Fax:	517-482-0920
E-mail:	contracts@healthmanagement.com

Primary Bidder Detail	
Business Legal Name ("Bidder"):	Health Management Associates, Inc.
"Doing Business As" names, assumed names, or other operating names:	N/A
Parent Corporation Name and Address of Headquarters, if any:	HMA Holding Corporation 120 N. Washington Square, Suite 705, Lansing, MI 48933
Form of Business Entity (i.e., corp., partnership, LLC, etc.):	Corporation
State of Incorporation/organization:	Michigan
Primary Address:	120 N. Washington Square, Suite 705, Lansing, MI 48933
Tel:	517-482-9236
Local Address (if any):	N/A
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	HMA has 22 offices across the country. Staff proposed for this project are located in Indianapolis, IN, Chicago, IL, Tallahassee, FL, Austin, TX, and Portland, OR.
Number of Employees:	267
Number of Years in Business:	32
Primary Focus of Business:	Health policy consulting
Federal Tax ID:	38-2599727
DUNS #:	174924845
Bidder's Accounting Firm:	Warmels & Comstock
If Bidder is currently registered to do business in Iowa, provide the Date of Registration:	10/3/2001
Do you plan on using subcontractors if awarded this Contract? {If "YES," submit a Subcontractor Disclosure Form for each proposed subcontractor.}	No
	(YES/NO)

Request for Confidential Treatment (See Section 3.1)		
Location in Bid (Tab/Page)	**Statutory Basis for Confidentiality**	**Description/Explanation**
N/A		

Exceptions to RFP/Contract Language (See Section 3.1)			
RFP Section and Page	**Language to Which Bidder Takes Exception**	**Explanation and Proposed Replacement Language:**	**Cost Savings to the Agency if the Proposed Replacement Language is Accepted**
N/A			

PRIMARY BIDDER CERTIFICATIONS

1. BID PROPOSAL CERTIFICATIONS. By signing below, Bidder certifies that:

1.1 Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal. The bidder accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract;

1.2 Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein;

1.3 Bidder has received any amendments to this RFP issued by the Agency;

1.4 No cost or pricing information has been included in the Bidder's Technical Proposal; and,

1.5 The person signing this Bid Proposal certifies that he/she is the person in the Bidder's organization responsible for, or authorized to make decisions regarding the prices quoted and, Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier.

2. SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Bidder certifies that:

2.1 Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;

2.2 Bidder certifies that if the Bidder is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Bidder will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract;

2.3 Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP; and,

2.4 Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a "retailer" of a "retailer maintaining a place of business in this state" as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the bid void if the above certification is false. Bidders may register with the Department of Revenue online at: http://www.state.ia.us/tax/business/business.html.

3. EXECUTION.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency's Request for Proposals (RFP) and offered in the Bidder's Proposal. I understand that by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. The Bidder has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	Kelly John
Printed Name/Title:	Kelly Johnson, Vice President
Date:	7/26/18

Attachment E: Certification and Disclosure Regarding Lobbying

(Return this executed form behind Tab 3 of the Bid Proposal.)

Instructions:
Title 45 of the Code of Federal Regulations, Part 93 requires the bidder to include a certification form, and a disclosure form, if required, as part of the bidder's proposal. Award of the federally funded contract from this RFP is a Covered Federal action.

1) The bidder shall file with the Agency this certification form, as set forth in Appendix A of 45 CFR Part 93, certifying the bidder, including any subcontractor(s) at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.
2) The bidder shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the bidder or subcontractor(s) at any tier (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action, which would be prohibited under 45 CFR § 93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the bidder and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ''Disclosure Form to Report Lobbying,'' in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ''Disclosure Form to Report Lobbying,'' in accordance with its instructions.

Submission of this statement is a pre-requisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 for each such failure.

I certify that the contents of this certification are true and accurate and that the bidder has not made any knowingly false statements in the Bid Proposal. I am checking the appropriate box below regarding disclosures required in Title 45 of the Code of Federal Regulations, Part 93.

☒ The bidder is NOT including a disclosure form as referenced in this form's instructions because the bidder is NOT required by law to do so.

☐ The bidder IS filing a disclosure form with the Agency as referenced in this form's instructions because the bidder IS required by law to do so. If the bidder is filing a disclosure form, place the form immediately behind this Attachment E in the Proposal.

Signature:	Kelly Johnson
Printed Name/Title:	Kelly Johnson, Vice President
Date:	7/26/18

TAB 4: BIDDER'S APPROACH TO MEETING DELIVERABLES

1.3.1.1 TASK AREA 1 – TECHNICAL ASSISTANCE AND SUPPORT FOR FEDERAL AND STATE PROGRAM CHANGES

A. COMPLETE ANALYSIS OF REQUIRED OR PROPOSED STATE OR FEDERAL LEGISLATIVE POLICY CHANGES IMPACTING THE IOWA MEDICAID PROGRAMS.

Health Management Associates, Inc. (HMA) is uniquely positioned to provide value-added legislative policy support to the Iowa Department of Human Services (DHS). One of the core areas of HMA's work has been to assist state governments in responding to the constantly evolving environments in which they operate. Changes in legislation driven by changes in the economy, health information technology, and public expectations regarding performance, among other things, mean that states must continually evolve to keep up with the considerable demands on their resources. Over the course of our 33-year history, we have worked clients in every state in the nation and the state Medicaid agencies in Alabama, Alaska, Arkansas, Arizona, Colorado, Connecticut, Delaware, the District of Columbia, Florida, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Mexico, Oklahoma, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Vermont, and Washington to provide a wide range of support.

HMA's proposed core team is familiar with the Iowa Medicaid policy environment and has provided technical support to DHS since 2013. Our team of consultants appreciates the uncertainties and pressures facing DHS and has in-depth experience monitoring and analyzing legislative policy changes that are relevant to administering Medicaid and CHIP programs. We have significant experience in structuring and prioritizing analyses based on urgency and level of activity taking place. We have the capacity to respond to the needs of DHS in a flexible manner given your priorities and the ebbs and flows of legislative policy cycles.

APPROACH

We understand how a changing and fluid policy environment affects strategy and operations. Legislative processes are dynamic and, depending on the state or federal political landscape, can move very rapidly or very slowly. These processes also involve a diverse set of stakeholders, views, and factors outside of the DHS's control. Our proposed approach to this deliverable is comprehensive, yet flexible, in order to accomplish the following goals:

- Analyze passed and proposed legislative policy changes at both the state and federal levels that impacts, or has the potential to impact DHS, and disseminate information necessary to assist the state in meeting its priorities and goals, administer programs efficiently, and continuously innovate the Medicaid program
- Deliver timely and accurate information to support informed decisions and expedient action
- Identify the nature and magnitude of potential impacts and opportunities for DHS and its stakeholders, as well as emerging topics in the legislative policy environment
- Communicate complex legislative policy changes and their impacts in a manner that maximizes effectiveness for the target audience

HMA's review and analysis of state and federal legislative policy changes will be both tactical and strategic, intended to reflect DHS's strategic priorities. HMA will meet the RFP's requirements related to completing analysis of required or proposed state or federal legislative policy changes impacting Iowa Medicaid as follows:

1. Meet with DHS leadership to ensure full understanding of program goals, priorities, existing policy resources, gaps, functional leads, communication preferences, and any other issues or concerns
2. Based on the feedback gathered in Step 1, establish an analysis process that fits DHS's needs. Depending on DHS's preference, this could include creating a legislative tracker, creating templates and communication tools, and developing a DHS distribution list for legislative alerts and summaries. Additionally, we will use the Step 1 feedback to identify the scope of topic areas in which DHS has the most interest or most concern, as needed.
3. Potential legislative policy topics to be tracked include:
    - Medicaid managed care
    - Medicaid reform
    - Managed long-term services and supports
    - Medicaid eligibility
    - Alternative payment models/Delivery system transformation
    - Dual eligibles
    - Pharmacy
    - Federal Marketplace/Exchange
    - 1115 demonstrations and state program design flexibility
    - Home and community-based settings
    - Behavioral health integration
    - Substance use disorder/opioid
4. Continuously monitor, review, and distribute alerts about federal legislation as preferred or identified by DHS.
5. Identify high level impacts on DHS and its stakeholders, including potential magnitude, and other questions and issues to consider, using HMA's experience and knowledge of the ways Medicaid legislation and policies have been implemented by states across the country. Along with analyzing potential impacts, we propose to facilitate discussion regarding impacts and options, if applicable.
6. As needed, we propose to render in-depth research, ongoing technical assistance, and identification of best practices upon request to support complex legislative policy changes (e.g., ACA). These tasks are further detailed throughout this proposal.

Through our experience, we have learned that the best way to establish a relationship and assess what a client needs is to establish a regular pattern of communication. The current HMA team has regular, weekly calls with DHS and proposes to add an agenda item to this meeting, either year-round or during the legislative session, at DHS's preference, during which time the group can review the legislative tracker and emerging trends.

To support the steps outlined above, HMA will leverage our proprietary Federal Policy Monitoring and Analysis Tool and a national subscription database. We use these tools to identify and track federal legislation, regulations, and guidance with potential health policy impact. We review daily email subscriptions from a variety of stakeholders, agencies, committees and congressional leadership to identify new pending legislation and regulations, guidance, reports and presentations.

To ensure comprehensive understanding, we also subscribe to a national database, which is a digital state and federal legislative tracking tool that follows legislative actions, executive orders, ballot measures, and resolutions in every state, the District of Columbia, and the federal government. With this subscription, HMA has access to the most recent actions from every state and can stratify our targeted reports based on DHS's specific needs, including detailed monitoring of any state(s) or region(s), other than Iowa legislation, that are of interest. Additional analysis in the form of legislator voting histories, side-by-side text comparison of bill versions, and policy analysis from our subject matter experts is also available.

HMA takes pride in providing timely and accurate responses to all clients. In completing the deliverables outlined in this section and all other work under this contract, we are fully prepared to respond to all emails and telephone calls within eight business hours of receipt. Additionally, HMA has an extensive peer review process, which ensures timely, high quality deliverables free from grammatical, formatting, or technical errors.

B. COMPLETE ANALYSIS OF FEDERAL SUB-REGULATORY GUIDANCE AND PROGRAM CLARIFICATIONS ISSUED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) FOR IMPACTS TO THE IOWA MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP).

Helping clients understand the state and federal Medicaid landscape is a defining part of HMA's service offerings. Our team has significant experience in all facets of Medicaid policy, including interpretation and analysis of federal sub-regulatory guidance and CMS program clarifications for the programmatic impact of the guidance and clarifications.

Specific to the State of Iowa, since 2013, HMA has kept abreast of sub-regulatory changes impacting DHS, providing both technical assistance and impact analysis. For example, we analyzed the impact of the updated managed care regulations on IA Health Link, the Dental Wellness Plan, and transportation brokerage programs operated by DHS. HMA analyzed each section of the regulations for specific impact to DHS and developed multiple project plans to serve as guides for DHS in implementing the required policy, contractual, operational, and oversight changes. Further, we continue to review federal sub-regulatory guidance related to the managed care regulations as it is released, to identify ongoing impact to DHS.

APPROACH

Our proposed approach for this deliverable is comprehensive, yet flexible, to accomplish the following goals:

- Analyze final and proposed sub-regulatory guidance, federal program guidance and clarifications that impacts, or has the potential to impact DHS and disseminate information necessary to assist the State in meeting its priorities and goals, administer programs efficiently, and continuously innovate the Medicaid program
- Deliver timely and accurate information to support informed decisions and expedient action
- Identify the nature and magnitude of potential impacts and opportunities for DHS and its stakeholders, as well as emerging topics in the legislative policy environment
- Communicate complex changes that may be necessary as a result of the sub-regulatory guidance and their impacts in a manner that maximizes effectiveness for the target audience

HMA's review and analysis of federal sub-regulatory guidance and program clarifications for Iowa Medicaid and CHIP will meet the RFP's requirements as follows:

1. HMA proposes to integrate the monitoring and analysis of sub-regulatory guidance and program clarifications issued by CMS into the process described above for monitoring and analyzing state and federal legislative policy changes. Specifically, we will: Meet with DHS leadership to ensure full understanding of program goals, priorities, existing policy resources, gaps, functional leads, communication preferences, and any other issues or concerns. In addition to seeking to understand DHS priorities, we closely monitor federal sub-regulatory guidance to promptly identify and report to DHS emergent issues arising at the federal level.
2. Based on the feedback gathered in Step 1, establish an analysis process that fits DHS's needs. Depending on DHS's preference, this could include creating a policy or sub-regulatory guidance tracker, creating templates and communication tools, and developing a DHS distribution list for particular alerts and summaries. Additionally, we will use the Step 1 feedback to identify the scope of topic areas in which DHS has the most interest or most concern, as needed.
3. Continuously monitor, review, and distribute alerts about federal sub-regulatory guidance, pending and final rules, and other developments and trends impacting Medicaid policy as preferred or identified by DHS.
4. Identify high level impacts on DHS and its stakeholders, including potential magnitude, and other questions and issues to consider. Our analysis process includes a comprehensive review of potential impact to factors such as DHS operational processes, systems (e.g., integrated eligibility and enrollment system or Medicaid management information system), vendor contracts, federal authority documents, current policy documentation, stakeholder communications, administrative rules and regulations. Along with analyzing any potential impacts, we propose to facilitate discussion regarding impacts and options, if applicable.
5. As needed, we propose to render in-depth research, ongoing technical assistance, and identification of best practices upon request to support any necessary policy changes as a result

of the sub-regulatory guidance (e.g., managed care regulations). These tasks are further detailed throughout this proposal.

Through our experience, we have learned that the best way to establish a relationship and assess what a client needs is to establish a consistent pattern of communication. The current HMA team has regular, weekly calls with DHS and proposes to add an agenda item to this meeting, at DHS's preference, during which time the group can review proposed or final guidance.

HMA will leverage our Federal Policy Monitoring and Analysis Tool and subscription services to support the steps outlined above.

C. PRESENT THE AGENCY WITH POLICY OPTIONS AND DRAFT WORK PLANS TO GUIDE THE STATE'S IMPLEMENTATION OF PROGRAM CHANGES.

HMA is experienced in assisting our clients with Medicaid policy changes, including identification of policy options and drafting detailed work plans to implement the chosen option. HMA has worked with many states in program design utilizing best practices. We offer a full complement of nationally recognized subject matter experts (SME) and other thought leaders who will support this effort. We bring experts in healthcare policy, delivery system reform, health care IT, among other areas, who are already identifying and cataloging ways to build upon the work in Iowa. By diligently managing these resources through the project manager, HMA can make them available as needed without carrying extra resources on project teams. We have processes in place for tracking SME hours on projects and can easily make real-time adjustments to use time and resources in the most efficient manner on behalf of DHS. Detailed information on this expertise can be found in Tab 5 Bidder's Background.

Our proposed project team has extensive experience in driving many large-scale Medicaid policy changes, from the initial planning stages of developing policy options, through development of project work plans and program implementation. For example, we were key leaders, in conjunction with and as directed by state Medicaid staff in the development of Indiana's Hoosier Care Connect program. Following a legislatively mandated study to analyze options for managing care of the Medicaid aged, blind and disabled (a process led by HMA staff), the State of Indiana sought to contract with managed care organizations (MCO) to deliver care to this population. HMA developed a decision-making tool to lead the state through the policy and operational decision-making process necessary to develop the MCO Scope of Work. This tool tracked current state practice, federal Medicaid managed care requirements, options for each decision-point, implications of each option and data on nationwide practices for each option. Following articulation of state policy goals and decisions, HMA drafted the Scope of Work for the MCO procurement. Our work continued past the policy decision-making phases as we led implementation efforts for the new managed care program. This included development of project plans to drive program implementation, drafting of the §1915(b) waiver, communication material development, leadership for the MCO readiness review and all other project management functions.

APPROACH

The team proposes to undertake the following steps to present policy options and create implementation work plans:

1. Our team first conducts a research and data gathering phase, during which we would meet with DHS to determine policy goals, discuss the current program landscape, and identify the programmatic issues or concerns the changes are intended to address.
2. After learning DHS's goals, HMA proposes to develop a comprehensive analysis of policy options to meet your program objectives. This analysis of all policy options will identify the potential benefits and risks of each option and include the operational efficacy of each option. This analysis allows for the identification of all systems, work processes, and operational issues that must be addressed for each potential policy option to succeed in implementation. Factors considered in the analysis include, but are not limited to:
    - Impact to stakeholders, including vendors, providers, and enrollees
    - Fiscal impact, both immediate and long-range
    - Required federal authority
    - Operational impact, including necessary technical system changes
    - Preferred timeframe for implementation
    - Analysis of state administrative regulation updates
    - Nationwide best practice research
3. After completing the policy option analysis, we propose to present the analysis findings to DHS and make recommendations, at your preference.
4. Upon DHS's decision of a preferred policy route to undertake, HMA will work closely with DHS staff to develop work plans to effectively implement the change.

HMA Policy Change Options and Implementation Work Plans Experience Highlights

Our proposed project team has analyzed multiple policy options, presented options to state clients, and developed work plans for numerous projects, including:

- Cook County (Chicago, IL) ACA expansion
- Colorado Upper Payment Limit reform and managed care expansion
- Kentucky HEALTH
- Hoosier Care Connect, Indiana's ABD managed care program
- Indiana transition from a §209(b) to a §1634 state
- Maryland All Payor Model and Progression Plan
- Missouri Medicaid 1115 SUD waiver

Our team has led the implementation of multiple Medicaid policy and programmatic changes after completion of the steps above. From our more than 30 years of experience working with multiple state Medicaid agencies, HMA understands the system-wide impacts of policy changes. As noted above, this will allow us to assist DHS in identifying stakeholders to include in the process, documentation that may need revised and federal approval required. Additionally, Medicaid program changes often impact various technical systems and vendors, and we will ensure these considerations are accounted for in any project work plans developed under this contract. We have learned that a successful work plan for a

large-scale project accounts for the following considerations. Work plans for smaller-scale projects, depending on the topic, may not necessarily include all the items below. The specific components included in the work plan will be tailored based on the policy and program change being implemented by DHS.

- Impacted entities, including, but not limited to:
  - Medicaid management information systems (MMIS)
  - Managed care organizations (MCOs)
  - Transportation brokers
  - Utilization management vendors
  - Integrated eligibility and enrollment systems (IEES)
  - Enrollees
  - Providers
- Internal process or operational impacts, including, but not limited to:
  - Enrollee and provider communication materials
  - Federal approval authorities
  - Administrative rules and regulations
  - Capitation rate setting
  - Contract changes
  - Member enrollment
  - Provider enrollment
- Identification of key project tasks
- Identification of task deadlines
- Documentation of individual(s) or entity(ies) responsible for each required task
- Development of risk mitigation strategy

HMA proposes to present any work plan and risk mitigation strategy developed as outlined above to DHS and update accordingly based on DHS feedback. The team also will monitor and update the work plan at regularly scheduled intervals, as well as hold scheduled meetings, as necessary, to ensure successful policy or program implementation.

D. RESEARCH AND IDENTIFY MEDICAID AND CHIP PROGRAM NATIONAL BEST PRACTICE STANDARDS FOR STATE LEADERSHIP CONSIDERATION.

Our team of consultants has significant experience in research and identification of national best practices standards. In recent years, HMA has provided support in this area to DHS for managed care program best practices, as well as best practice analysis for states such as Michigan, South Dakota Indiana, South Carolina, and Texas. Not only does HMA identify best practices, we help create them.

For example, HMA worked with the Washington Health Care Authority (HCA) to provide assistance in program design and financing, as well as comprehensive project planning, development, and implementation. To successfully negotiate the Medicaid Transformation 1115 Waiver with the Centers for Medicare and Medicaid Services (CMS), the HCA engaged HMA as a primary contractor to provide the following services within the innovative Accountable Communities of Health (ACH) program:

- Further development of the policy case and visual representations describing the role of Washington's Medicaid Managed Care Organization (MCO) and Behavioral Health Organization (BHO) contractors in the delivery, financing, and sustainability of transformation projects as outlined in HCA's Medicaid Transformation application. This deliverable focused on the role of the coordinating entity in the context of ACH.
- To connect Washington State's proposal for ACHs under the 1115 demonstration waiver to the current Medicaid Managed Care delivery system in the state, HMA recommended specific roles and responsibilities for the ACHs, MCOs, and BHOs under the requirements of the waiver. Further, HMA recommended development of an MCO rate structure that would provide a sustainable path for Washington's Medicaid transformation after the 1115 demonstration period.
- Development of ACH Core Requirements under the waiver as well as a process and operations plan and a Medicaid Transformation Projects Menu to serve as guidance to ACHs as they develop their project proposals. This project included deliverables important to ongoing negotiations with CMS that had short turnaround times and a tight schedule of deliverables. Having a local and regional presence allowed HMA to conduct face-to-face, focused meetings with the HCA waiver team to develop work product in an interactive, highly productive manner. The waiver was approved by CMS in January 2017 for $1.1B over five years.

In addition to direct access to colleagues across the U.S. who have worked with states, health plans, hospitals, and others to create best practices, our team has extensive technology resources available to assist us in providing guidance to DHS on nationwide best practices. This includes access to HMA Information Services. This tool gathers the latest news and information on nationwide Medicaid trends and practices. HMA Information Service is the ultimate reference tool for Medicaid information and includes:

- State-by-state overviews
- Up-to-date Medicaid managed care enrollment, market share, financial performance, and utilization data
- A comprehensive public documents database which gathers resources such as reports, RFPs, and outcomes data from Medicaid programs across the nation

APPROACH

We propose to discuss any specific concerns DHS has that are leading them to request the best practice analysis, which will allow us to tailor our research to maximize benefit to you as the client. We then will consult a variety of resources to complete our research. Depending on the topic, these sources could include:

- Nationwide scan of state plan language

- Comparison of waiver options
- Review of managed care contracts
- Review of medical policy manual language
- Comparison of state administrative regulations language
- Phone survey of multiple state Medicaid agencies

To the extent feasible, this analysis will include:

- Pros and cons of the practices identified
- Other options considered by the other states when implementing a policy or best practice
- The impact of such change for DHS
- Study findings of the practice

HMA is keenly aware that best practices in other states may not translate directly to Iowa. It is important to evaluate best practices in context of the state's priorities, concerns, and culture, as well as the feasibility of implementation across the state. Our project team is prepared to use its knowledge and understanding of the current Iowa Medicaid landscape to assist in development of analyses that are targeted to Iowa's specific priorities. We will discuss these best practice analyses with DHS during regularly scheduled meetings, as needed.

E. SERVE AS THE TECHNICAL RESOURCE TO STATE STAFF, USING CONTRACTOR'S EXPERTISE TO ANTICIPATE CMS QUESTIONS AND MINIMIZE CMS APPROVAL TIMELINES

Our project team is prepared to serve as a valued technical resource to DHS staff. We have composed a project team with vast experience in Medicaid and CHIP, including knowledge of Iowa-specific policy concerns and considerations. Additionally, project team can access HMA colleagues who were former federal officials from CMS and former state Medicaid directors who have direct experience developing, writing, and negotiating Section 1115 waivers and State Plan Amendments (SPAs). HMA has expertise in every aspect of policy change relevant to system transformation, and we bring decades of national experience developing and writing legislation and federal authorities related to health and health care.

Our 33 years of experience includes assisting more than 20 states with state plan amendments, waivers, and other demonstration projects. Throughout our participation in these groundbreaking projects, our team has garnered a unique perspective in anticipating CMS questions, negotiating with CMS, and attempting to minimize CMS approval timelines.

APPROACH

Technical assistance is tailored uniquely to each individual situation and client. Generally, we would begin a technical assistance task with discussing the issue with DHS. If technical assistance is requested on drafting documents for which federal approval is sought to implement programmatic policy changes, our team drafts these documents with forethought into the types of questions CMS has raised in the past on similar federal submissions.

In addition to the states that HMA works with, which often provides our team the opportunity to provide technical assistance with CMS concerns, we often seek input from colleagues who worked for CMS before coming to HMA if the technical assistance is in an area for which the colleague was responsible during his or her time with CMS. Additionally, we monitor the submissions and approvals of waivers nationwide, state plan amendment approvals nationwide, and CMS-issued policy guidance. By closely monitoring these documents, our team is able to glean insight into topics or elements of the submission that may result in questions arising, and we will strive to communicate these potential concerns to DHS prior to the question arising and assist with response and approval if questions do arise during the process.

1.3.1.2 TASK AREA 2 – POLICY SUPPORT SERVICES TO ENSURE FEDERAL COMPLIANCE

A. PROVIDE SUPPORT FOR POLICY DEVELOPMENT OF STATE INITIATIVES IMPACTING MEDICAID AND CHIP, AS REQUESTED.

HMA has guided states through the policy development process for a variety of innovative initiatives. In addition to our nationwide experience, our extensive work with DHS since 2013 makes us uniquely qualified to assist in ongoing policy development initiatives. We have a keen understanding of current DHS programming, an unmatched asset in providing support for future initiatives.

Our team of healthcare experts has a long history in developing, implementing, and overseeing pioneering policies across the nation. We help our clients navigate the multiple decision points and milestones required to design and implement new programs. HMA's innovative program design is demonstrated in several key state projects as outlined below. More detailed descriptions of our experience can be found in Section 3.2.5.1 Experience beginning on page 47.

- HMA was engaged by the Illinois Governor's Office of Health Innovation and Transformation to develop a comprehensive Section 1115 waiver. HMA provided subject matter expertise throughout the waiver development period on key waiver issues including, but not limited to, long-term services and supports, behavioral health, value-based payment, waiver financing and budget neutrality, and DSRIP program design. HMA drafted and finalized the waiver application and budget neutrality model. HMA advised the state during preliminary CMS negotiations.
- HMA previously worked with the Missouri Department of Mental Health and MO HealthNet to develop a Section 1115 waiver application. HMA provided ongoing strategic and technical guidance and subject matter expertise on the development of the waiver, including key provisions such as eligibility, benefits package, and disenrollment. HMA drafted the initial waiver concept paper and participated in calls with CMS.
- HMA worked with the State of Alaska to develop a strategy for alternative Medicaid expansion models and a series of Medicaid reform initiatives. The project required extensive knowledge of federal and state regulations to ensure compliance and to maximize available state and federal resources. The project resulted in significant legislation that is driving numerous reform efforts across the state.

APPROACH

Our policy development support typically includes the key components outlined below. This approach would be tailored to the specific policy DHS is implementing and the level of support requested.

1. We would begin by discussing with DHS the key goals they are hoping to achieve through the new initiative being implemented. For example, are changes driven by federal mandate, state legislation, cost containment requirements or quality improvement targets? Understanding the driving force behind a change is a critical component in crafting options for a path forward.
2. Once we understand the state's goals, we typically conduct a comprehensive assessment of the current policy environment. As we have a strong understanding of current DHS programming, the level of effort required in this step would be significantly reduced. We would review, as applicable, relevant vendor contracts, Medicaid and CHIP State Plan provisions, administrative code, statute and relevant policies and procedures. Depending on the policy at hand, our review focuses on factors such as current program eligibility criteria, financing mechanisms, federal authority vehicle and outcomes data. This step allows us to assess gaps in current programming to address key state goals in new policy development.
3. Depending upon the scope of the policy change, HMA will then typically analyze and compare current state programming against nationwide trends, best practices, and federal requirements. We continually keep abreast of issues impacting state Medicaid agencies through review of new federal regulations, industry research, and tracking of emerging nationwide trends.
4. Our review in the preceding steps informs our development of options which take into consideration DHS goals, current programming and nationwide best practices. All options are developed with an understanding of state and federal regulatory requirements and an analysis of the required authority, such as state legislative changes or federal approval, required to implement.
5. The analysis and option development phases lead to the creation of tailored decision-making templates which track issues such as current state practice, options, implications of each option and data on nationwide practices for each option. These tools are utilized to collaborate with DHS and facilitate state decision-making. They are continually updated to serve as the record of all policy decisions to be leveraged during the program development phases such as drafting of waivers, state plan amendments, regulations, operational and technical requirements and communication materials.
6. Facilitation of state decision-making, utilizing the tools developed in the step above. We gather key stakeholders and present policy options, presenting strengths, drawbacks, and potential implications of each option.
7. Providing ongoing implementation support, as described throughout this proposal, in key areas such as drafting required federal authority documents, state administrative rules, communication materials and draft work plans.

HMA takes pride in providing on-time and high-quality deliverables. HMA has an extensive peer review process, which ensures deliverables free from grammatical, formatting, or technical errors. We are also

responsive to our clients. We are fully prepared to respond to all emails and telephone calls within eight business hours of receipt.

B. PROVIDE POLICY GUIDANCE TO AGENCY STAFF TO SUPPORT ONGOING OPERATIONS OF IOWA'S CURRENT MEDICAID AND CHIP PROGRAMS

Understanding health care policy is the heart of HMA's business. Our proposed project team and subject matter experts have expertise in Medicaid and CHIP policy, with direct experience in the areas of:

- Medicaid managed care
- Federal regulatory requirements surrounding §1115, §1915(b), §1915(c), and §1915(i) authorities
- Home and community-based services and long-term services and supports
- Population health management
- Consumer-directed care in the public and private sectors
- System transformation
- Alternative payment methodologies
- Value based payment approaches
- Medicaid prescription drug coverage
- Healthcare finance
- Medicare and Medicaid dual eligibles
- Delivery system integration
- Federal health reform
- Health information technology and transparency

HMA's broad range of experience and expertise provides us the unparalleled ability to provide policy guidance to DHS staff to support ongoing operations of Iowa's Medicaid and CHIP programs. For example, HMA assisted the Michigan Department of Health and Human Services (MDHHS) with matters related to management and financing of the Medicaid, CHIP, and other related publicly funded health care programs. Work included development of policy, guidance regarding special issues, and provision of specialized consulting services. Projects required analysis of the fiscal implications to the State of Michigan and to health care providers of various financing and program options under consideration as a result of changes in state and federal policy and financing. In addition, we assisted in analysis of options for reducing the net cost of the Medicaid program through waivers and through financing options such as provider taxes, certified public expenditures, intergovernmental transfers, and other potential financing options.

For the past five years and continuing to the present, we have worked closely with various agencies of state of South Dakota to support the modernization of Medicaid operations. We have maintained an on-the-ground presence with both short-term and long-term state project teams, conducted public policy research and interpretation, provided project management and staff support, conducted stakeholder

engagement and surveys, analyzed large and complex data sets for programmatic review, and developed comprehensive reports.

APPROACH

In providing policy guidance to DHS, we will undertake the following key steps, tailored to the specific issue for which DHS is seeking guidance:

- Account for the current authority through which the relevant Medicaid or CHIP program is authorized, as this ultimately drives the parameters under which the program must operate. Consider alternative authorities available to the extent they provide additional flexibility or are better aligned with the policy or programmatic goals of DHS.
- Consider state and federal statutory and regulatory requirements associated with the policy
- Contemplate member, provider and stakeholder implications
- Assess operational and technical implications
- Review nationwide best practices

C. ASSIST IN DRAFTING REQUIRED FEDERAL AUTHORITY DOCUMENTS NECESSARY TO SECURE FEDERAL APPROVAL FOR NEW OR UPDATED MEDICAID OR CHIP POLICY CHANGES

HMA has extensive experience in drafting the required federal authority documents necessary to secure CMS approval on Medicaid and CHIP policy changes. We have assembled a project team with a proven record of drafting CMS-approved state plan amendments (SPAs), §1115, §1915(b), and §1915(c) waivers as well as §1915(i) state plans. This includes drafting all required attachments, such as applicable public notices, transmittal letters, CMS 179 forms, and responses to CMS standard funding questions.

Our experience makes HMA uniquely qualified to advise DHS on the pros and cons of the different authorities, provide lessons learned, and suggest language to mitigate potential drawbacks of suggested approaches. HMA has extensive experience working with states to identify the appropriate waiver or state plan strategy, preparing filings and negotiating and interacting with CMS. Our team, many of whom are former CMS officials, is also well versed in waiver preprints and templates, federal tribal and public notice requirements, knowledgeable of CMS expectations, and familiar with the CMS submission protocols such as the waiver management system and Medicaid Model Data Lab.

Table 1 below provides a sample of federal authority documents HMA has worked with states to develop, and specific details of our approach to each task follows the table:

TABLE 1: SAMPLE OF HMA FEDERAL AUTHORITY DOCUMENTS PROJECTS

State Agency	Project	Federal Authority Examples
Washington Health Care Authority	Program design and financing, project planning to develop and implement the §1115 waiver; guided state through approval process with CMS	§1115 Waiver
Maryland Department of Mental Health and Hygiene	Project management and advice on waiver application for moving from fee-for-service to all payer system	§1115 Waiver
Texas State Medicaid Office, Health and Human Services Commission	Strategy discussions and policy decisions for initial approval of the §1115 waiver; negotiated with CMS on approval of waiver	§1115 Waiver
Alaska Department of Health and Social Services	Development of §1915(i) and §1915 (k) SPAs to fund health and community-based services	§1915(i) SPA §1915(k) SPA
Colorado Department of Health Care Policy and Financing	Development and submission of a waiver that preserved the existing Upper Payment Limit funds to allow for the expansion of Medicaid managed care	§1115 Waiver
Iowa Department of Health & Human Services	Implementation of the Iowa Health & Wellness Plan.	§1115 Waiver
	Implementation of IA Health Link.	Two §1115 Waivers §1915(b) Waiver Seven §1915(c) Waivers Multiple SPAs
Oregon Health Authority	Rate development that allowed health-related services to be considered health care expenditures when calculating Medical Loss Ratios (MLRs) to promote long-term investments in social determinants of health through Oregon's Care Coordination Organizations	§1115 Waiver
Indiana Family & Social Services Administration	Elimination of spend-down program and transition to §1634 status.	Multiple SPAs
	Implementation of Behavioral and Primarily Healthcare Coordination Program.	§1915(i) SPA
	Implementation of Healthy Indiana Plan, a consumer directed Medicaid program for expansion adults.	§1115 Waiver Multiple SPAs
	Implementation of Hoosier Care Connect, a managed care program for the aged, blind and disabled.	§1915(b) Waiver

State Agency	Project	Federal Authority Examples
	Affordable care act changes, including modified adjusted gross income (MAGI) implementation, streamlining eligibility categories and federal match for the "newly eligible."	Multiple SPAs
South Carolina Department of Health & Human Services	Implementation of the Enhanced Prenatal & Postpartum Home Visitation Pilot Project.	§1915(b) Waiver
Kentucky Cabinet for Health & Family Services	Implementation of Kentucky HEALTH, the first community engagement program in the nation approved by CMS.	§1115 Waiver Multiple SPAs

We understand assisting clients in drafting federal authority documentation is more than a simple exercise in completing bureaucratic paperwork. Securing federal approval for complex and innovative policy changes requires a team with expertise in the different Medicaid operating authorities, how they interact, and their associated limitations and parameters. HMA has successfully navigated the statutory requirements related to CMS approval authority, allowing us to advise our clients on whether desired policy approaches may face federal approval barriers. This in-depth knowledge allows us to propose potential alternative solutions and identify strategies to mitigate risk in achieving approval.

a. State Plan Amendments (SPAs)

The Medicaid and CHIP State Plan outlines state's operation of their Medicaid and CHIP programs. SPAs are necessary when programmatic changes are being implemented or to ensure ongoing federal compliance with State Plan requirements. Further, the State Plan ensures compliance with the Social Security Act whereas waivers are used by states to request a waiver of a specific requirement or section of the Social Security Act. The work involved in creating and submitting a SPA varies depending on whether it is a Medicaid or CHIP SPA and whether a CMS-required template exists. HMA's approach assures that the Amendment meets all federal criteria for services and federal expenditure authorities. For example, HMA assisted South Carolina in developing SPAs required for ACA implementation, including creating MAGI templates, eligibility and application updates, and single state agency requirements.

APPROACH

Our approach to drafting SPAs typically includes the steps outlined below. This strategy will be tailored based on the programmatic changes desired by DHS and the associated complexities.

1. Identify state goals
2. Facilitate or participate in state policy decision-making, including developing an inventory of all required decision points
3. Confirm State Plan authority is permissible. Specifically, do the programmatic changes fully align with Social Security Act requirements? If not, a waiver concurrent with a SPA may be required.
4. If concurrent waiver and SPA is required, identification of which program elements may be authorized via each distinct authority

5. Work with state to identify strategy to initiate conversations with CMS regarding desired programmatic changes and federal authority vehicle(s)
6. Develop timelines for documentation drafting, accounting for desired implementation date, CMS approval timelines, state review and approval milestones, public comment, and tribal notice requirements
7. Draft required documentation utilizing CMS approved templates, where applicable
8. Coordinate with state's actuary or fiscal staff for fiscal impact documentation. We can assist in identifying the required documentation based on the federal authority being sought.
9. Prepare public notice and/or tribal notice documents, as applicable
10. Share early drafts with CMS to identify and resolve any concerns early in the process
11. Receive, inventory, and summarize public comments received, as applicable
12. Update documentation based on public and tribal comments, as applicable
13. Submit final documentation to CMS
14. Participate in ongoing calls with state and CMS regarding approval
15. Draft responses to CMS requests for additional information

b. Section 1115 Demonstration Waivers

Section §1115 waivers provide states the ability to waive a variety of Social Security Act §1902 state plan requirements. Additionally, they can be narrow in focus, such as requesting authority to create a special benefit for a certain Medicaid sub-population. Section §1115 waivers can also be useful for states seeking to test innovation approaches to Medicaid reform. Working with the Maryland Department of Health and Mental Hygiene, HMA provided overall project management and served as an advisor for the waiver application process to CMS to move from a fee-for-service system to a value-based, population health payment system and that leveraged the collective strength of the all-payer system to accelerate change. HMA conducted an extensive literature review of methodologies including the efficacy of ACOs, bundled payments, primary care medical homes, readmissions programs, global budgets, and physician gain sharing activities. We assembled supporting data and conducted analyses of data for the application, served as general editor for the final document for submission to CMS/CMMI, and provided ongoing support and consultation during negotiations and pre-implementation activities. HMA provided facilitation and organizational support for an advisory council over a three-month period. This culminated in a report from the council, drafted by HMA, with recommendations about implementing the new program.

APPROACH

Our approach to drafting §1115 Demonstration Waiver documents typically includes the steps outlined below. This strategy will be tailored based on the programmatic changes desired by DHS and the associated complexities. For example, technical changes or minor amendments would not require completion of all these activities.

1. Identify state goals
2. Facilitate or participate in state policy decision-making, including developing an inventory of all required decision points
3. Identify all possible federal authority vehicles available to achieve state goals. If multiple authority options are available, identify pros and cons of each strategy. Areas assessed include, but are not limited to, any limitations on federal approval duration, ongoing reporting requirements, and opportunities to consolidate with existing state authorities to streamline and minimize administrative requirements.
4. If multiple authorities are required (e.g., concurrent waivers or concurrent waiver and SPA), identification of which program elements may be authorized via each distinct authority
5. Work with state to identify strategy to initiate conversations with CMS regarding desired programmatic changes and federal authority vehicle
6. Develop timelines for documentation drafting, accounting for desired implementation date, CMS approval timelines based on federal authority vehicle, state review and approval milestones, public comment, and tribal notice requirements
7. Draft required documentation utilizing CMS approved templates, such as “fast track” renewals, where applicable
8. Coordinate with state’s actuary or fiscal staff for all applicable budget neutrality documentation. We can assist in identifying the required documentation based on the federal authority being sought.
9. Prepare public notice and tribal notice documents, as applicable
10. Share early drafts with CMS to identify and resolve any concerns early in the process
11. Receive, inventory, and summarize public and tribal comments received, as applicable
12. Update documentation based on public and tribal comments, as applicable
13. Submit final documentation to CMS
14. Provide draft special terms and conditions (STCs) to facilitate negotiation with CMS and expedite process
15. Participate in ongoing calls with state and CMS regarding approval
16. Draft responses to CMS requests for additional information
17. Review and respond to updated STC drafts
18. Draft waiver acceptance letters, identifying any technical corrections requested

In our experience, it is important to work closely with CMS during this process by submitting early drafts and seeking technical assistance, as it will better facilitate approval. Additionally, HMA advises clients on proven strategies to secure CMS approval outside of the formal negotiation process. For example, when implementing a new Medicaid initiative, CMS will scrutinize stakeholder communications, systems and operational readiness. HMA is experienced in advising clients on methods to keep CMS abreast of the

state's progress to mitigate potential delays in their approval. For example, we have led calls with CMS, advised clients on CMS reporting strategies, and helped several states prepare for CMS onsite visits.

c. Section 1915(b) Waivers

Section §1915(b) waivers allow states to request CMS to waive Social Security Act requirements such as freedom of choice, comparability, and statewide coverage for services. HMA has successfully guided several states through the §1915(b) process, including South Carolina's waiver for the creation of an enhanced prenatal and postpartum home visitation pilot project to reduce preterm births, decrease child hospitalization and emergency department usage due to injury, improve healthy spacing between births, and increase the number of first-time mothers served in the lowest-income communities. We led the South Carolina Department of Health and Human Services (SCDHHS) through the waiver development and CMS approval process. This included articulating programmatic goals and requirements, identifying the necessary federal authority, and completion of all CMS required documentation.

APPROACH

Our approach to drafting §1915(b) waivers typically includes the steps outlined below. This strategy will be tailored based on the programmatic changes desired by DHS and the associated complexities. For example, minor modifications would not require completion of all these activities.

1. Identify state goals
2. Facilitate or participate in state policy decision-making, including developing an inventory of all required decision points
3. Identify federal authority vehicles available to achieve state goals. If multiple authority options are available, identify pros and cons of each strategy. Areas assessed include, but are not limited to, any limitations on federal approval duration, ongoing reporting requirements and opportunities to consolidate with existing state authorities to streamline and minimize administrative requirements.
4. If multiple authorities are required (e.g., concurrent waivers or concurrent waiver and SPA), identification of which program elements may be authorized via each distinct authority
5. Work with state to identify strategy to initiate conversations with CMS regarding desired programmatic changes and federal authority vehicle
6. Develop timelines for documentation drafting, accounting for desired implementation date, CMS approval timelines (e.g., 90 days for §1915(b) waivers) based on federal authority vehicle, state review and approval milestones, and tribal notice requirements
7. Draft required documentation utilizing CMS approved §1915(b) templates
8. Coordinate with state's actuary or fiscal staff for all applicable cost effectiveness documentation. We can assist in identifying the required documentation based on the federal authority being sought.
9. Prepare public and tribal notice documents, as applicable
10. Share early drafts with CMS to identify and resolve any concerns early in the process

11. Receive, inventory, and summarize public and tribal comments received, as applicable.
12. Update documentation based on public and tribal comments, as applicable.
13. Submit final documentation to CMS.
14. Participate in ongoing calls with State and CMS regarding approval
15. Draft responses to CMS requests for additional information
16. Draft waiver acceptance letters, identifying any technical corrections requested

In our experience, it is important to work closely with CMS during this process by submitting early drafts and seeking technical assistance, as it will better facilitate approval. Additionally, HMA advises clients on proven strategies to secure CMS approval outside of the formal negotiation process. For example, when implementing a new Medicaid initiative, CMS will scrutinize stakeholder communications, systems, and operational readiness. HMA is experienced in advising clients on methods to keep CMS abreast of the state's progress to mitigate potential delays in their approval.

d. Section 1915(c) Waivers

Section §1915(c) waivers give states the option to provide HCBS for enrollees who prefer to receive long term services and supports in their home or community, versus an institutional setting. HMA has previously assisted Iowa and several other states in completing §1915(c) waivers. For example, we led DHS through the amendment process for all seven §1915(c) waivers when IA Health Link was implemented. In drafting language to address the new managed care program, we ensured consistency in language across all waivers to streamline CMS approval and DHS operations. Further, all language was drafted to ensure compliance with CMS §1915(c) Technical Guidance.

APPROACH

Our approach to drafting required §1915(c) documents typically includes the steps outlined below. This strategy will be tailored based on the programmatic changes desired by DHS and the associated complexities. For example, minor modifications would not require completion of all these activities.

1. Identify state goals
2. Facilitate or participate in state policy decision-making, including developing an inventory of all required decision points
3. Identify federal authority vehicles available to achieve state goals. If multiple authority options are available, identify pros and cons of each strategy. Areas assessed include, but are not limited to, any limitations on federal approval duration, ongoing reporting requirements, and opportunities to consolidate with existing state authorities to streamline and minimize administrative requirements.
4. If multiple authorities are required (e.g., concurrent waivers or concurrent waiver and SPA), identification of which program elements may be authorized via each distinct authority
5. Work with state to identify strategy to initiate conversations with CMS regarding desired programmatic changes and federal authority vehicle

6. Develop timelines for documentation drafting, accounting for desired implementation date, CMS approval timelines based on federal authority vehicle, state review and approval milestones, public comment and tribal notice requirements
7. Draft required documentation utilizing CMS approved templates, where applicable
8. Coordinate with state's actuary or fiscal staff for all applicable cost effectiveness documentation. We can assist in identifying the required documentation based on the federal authority being sought.
9. Prepare public and tribal notice documents, as applicable
10. Share early drafts with CMS to identify and resolve any concerns early in the process
11. Receive, inventory and summarize public and tribal comments received, as applicable
12. Update documentation based on public and tribal comments, as applicable
13. Submit final documentation to CMS
14. Participate in ongoing calls with state and CMS regarding approval
15. Draft responses to CMS requests for additional information

e. Section 1915(i) Waivers

Section §1915(i) waivers, also referred to as SPAs, expand HCBS services based on need, typically receiving a combination of acute care medical services and LTSS. These waivers were authorized by the Affordable Care Act and, although relatively young in comparison to other waiver vehicles, HMA already has supported several states with §1915(i) waivers applications and implementation. HMA has also worked nationally to gather information about states' experiences with the §1915(i) waiver. In 2015, HMA worked with the Urban Institute on behalf of CMS to convene a meeting of state officials who had developed §1915(i) programs in Washington, DC. In preparation for the meeting, we conducted interviews with participants to more fully understand uses, opportunities, and challenges of the waiver.

APPROACH

Section §1915(i) waivers, also referred to as SPAs, expand HCBS services based on need, typically receiving a combination of acute care medical services and LTSS. These waivers were authorized by the Affordable Care Act and, although relatively young in comparison to other waiver vehicles, HMA already has supported several states with §1915(i) waivers applications and implementation. HMA has also worked nationally to gather information about states' experiences with the §1915(i) waiver. In 2015, HMA worked with the Urban Institute on behalf of CMS to convene a meeting of state officials who had developed §1915(i) programs in Washington, DC. In preparation for the meeting, we conducted interviews with participants to more fully understand uses, opportunities, and challenges of the waiver.

Our approach to drafting §1915(i) documents typically includes the steps outlined below. This strategy will be tailored based on the programmatic changes desired by DHS and the associated complexities. For example, minor modifications would not require completion of all these activities.

1. Identify state goals
2. Facilitate or participate in state policy decision-making, including developing an inventory of all required decision points

3. Identify federal authority vehicles available to achieve state goals. If multiple authority options are available, identify pros and cons of each strategy. Areas assessed include, but are not limited to, any limitations on federal approval duration, ongoing reporting requirements and opportunities to consolidate with existing state authorities to streamline and minimize administrative requirements.
4. If multiple authorities are required (e.g., concurrent waivers or concurrent waiver and SPA), identification of which program elements may be authorized via each distinct authority
5. Work with state to identify strategy to initiate conversations with CMS regarding desired programmatic changes and federal authority vehicle
6. Develop timelines for documentation drafting, accounting for desired implementation date, CMS approval timelines based on federal authority vehicle, state review and approval milestones, public comment and tribal notice requirements
7. Draft required documentation utilizing CMS approved templates, where applicable
8. Coordinate with state's actuary or fiscal staff for all applicable fiscal impact documentation. We can assist in identifying the required documentation based on the federal authority being sought.
9. Prepare public and tribal notice documents, as applicable
10. Share early drafts with CMS to identify and resolve any concerns early in the process
11. Receive, inventory, and summarize public and tribal comments received, as applicable
12. Update documentation based on public and tribal comments, as applicable
13. Submit final documentation to CMS
14. Participate in ongoing calls with state and CMS regarding approval
15. Draft responses to CMS requests for additional information

f. Public and Tribal Notices

Some federal authority documents require public comment periods and greater transparency. For example, new and requests for extensions of §1115 demonstration waivers require that states provide at least a 30-day public notice and comment period. SPAs related to provider payment changes also must include public notice and a public input process methodology. HMA has assisted Iowa and Indiana with public and tribal notice processes, and the proposed project team has considerable experience with public and tribal notices processes from their previous experience as state Medicaid leaders.

APPROACH

Our approach to drafting required federal authority documents typically includes the steps outlined below. This strategy will be tailored based on the programmatic changes desired by DHS and the associated complexities. For example, minor modifications would not require completion of all these activities.

1. Identify public and tribal notice requirements for each project, based on the applicable statutory and regulatory requirements based on the federal authority being sought. For example, all SPAs

and waivers for Iowa require tribal notice. However, public notice is only required for certain SPAs and waivers, such as alternative benefit plans and §1115 waivers.

2. Create process and timelines for posting, receiving, and summarizing comments. Timeline and process is determined based on the applicable regulatory and statutory authority. For example, tribal notice in Iowa is typically required at least 60 days prior to CMS submission. However, circumstances that would require a shorter notification period may be communicated via a phone call and electronic notification within 10 days of notification from Iowa's executive branch.
3. Prepare public and tribal notice documents in compliance with all applicable federal requirements. For example, regulations dictate specific minimum required elements of public notices in areas such as alternative benefit plans, provider reimbursement and §1115 waivers.
4. At the request of DHS, we are available to attend in person or via teleconference any applicable public hearings to summarize comments received
5. Receive, inventory and summarize public comments received, as applicable
6. Update state plan and/or waiver documentation based on public and tribal comments, as applicable
7. Submit final documentation to CMS

D. ASSIST IN DRAFTING STATE-SPECIFIC DOCUMENTS FOR PROGRAM IMPLEMENTATION, INCLUDING, BUT NOT LIMITED TO:

a. State Administrative Rules

Our team has extensive experience in drafting administrative rules for a variety of Medicaid and CHIP programmatic changes and initiatives. Our team works early in the process to identify all federal and state administrative requirements when our clients are implementing new Medicaid or CHIP initiatives and then finds solutions to align the timing among the various efforts. This is particularly important with the rule promulgation process, which in some cases can take between six to twelve months to finalize. HMA works with our clients to analyze state rule making requirements and develop a strategy related to the optimal time to begin the rule promulgation process to ensure alignment with the overall project implementation goals. Federal approval of new state programs typically occurs immediately prior to the states' expressed implementation timeline, leaving little to no time for the state to promulgate a final rule prior to implementation. Ultimately, this could put the project timeline at risk. HMA has experience managing the complexities of pursuing a dual track rule promulgation process in which administrative rules are promulgated simultaneously with federal negotiations to ensure the necessary administrative rules are on track to be in place prior to implementation.

Examples of HMA's Experience in Drafting State Administrative Regulations

- Kentucky HEALTH
- Healthy Indiana Plan
- Indiana Behavioral & Primary Healthcare Coordination Program

APPROACH

Our approach to drafting state administrative rules typically includes the following steps:

1. Identify state specific timelines and steps for the rule promulgation process
2. Develop timelines for administrative rule drafting, accounting for desired implementation date, state promulgation procedural steps, state review and approval milestones
3. Identify state specific drafting guidelines, such as structural, citation and style requirements
4. Develop options, in consultation with state legal staff, for level of detail and specify for inclusion in the administrative regulation. Approaches are tailored based on factors such as:
    a. State requirements and precedent;
    b. Strategies to minimize required amendments when future program changes are made; and
    c. Status of federal approval to ensure alignment of final CMS approved program components with state administrative authority
5. Circulate drafts for State review and approval and incorporate edits
6. Draft required documentation or analysis required to support the rule promulgation process based on state rules such as economic impact statements and public notices

b. Communications to Medicaid Or CHIP Members, Medicaid Providers, And Other Interested Stakeholders

Implementation of new Medicaid and CHIP programs and policies typically requires development of a comprehensive communication strategy. Our proposed project team has extensive experience in developing communication materials as well as stakeholder engagement and outreach strategies related to new policy implementation. We have created targeted training materials for state staff, vendors, members, providers and stakeholders to ensure program understanding, consistent messaging, vendor and regulatory compliance, and stakeholder buy-in. We are experienced at developing materials for a variety of audiences and can adapt messaging accordingly. Our extensive knowledge of Medicaid regulatory requirements also ensures state compliance with the often-complex state and federal notice requirements.

Our proposed project team has extensive experience in developing communication strategies for implementation of Medicaid and CHIP program changes. For example, §1634 HMA assisted Indiana in implementing a comprehensive communications strategy to support Medicaid's transition to A §1634 program. We identified all impacted parties, including enrollees, providers and general stakeholders and the unique impact the transition would have for them. For example, there were varying impacts to members based on their federal poverty level, Medicare enrollment status and Medicaid eligibility group. This required detailed tracking of all unique impacts and the development of targeted messaging. Following the identification of impact by group, HMA assisted in drafting extensive communication materials, including but not limited to, presentations, frequently asked questions for members and providers, provider bulletins and member notices.

APPROACH

Our approach to developing communication materials for programmatic changes typically includes the following steps:

1. Identification of impacted stakeholders, such as state agencies, the general public, providers, the legislature, enrollees, and advocates
2. Review impact of the policy change on each identified stakeholder group to identify key information which must be communicated to each group
3. Review of any applicable federal or state requirements related to the communicated change. For example, advance notice, adverse action timeline, accessibility and readability requirements.
4. Identification of methods for communications for each identified stakeholder group. Strategies are targeted based on the audience and may include modes such as letters, frequently asked questions, provider bulletins, website materials, stakeholder forums, flyers, etc.
5. Development of messaging targeted by audience group
6. Continual updating to materials as necessary based on feedback received and implementation issues identified. For example, questions raised via call centers during program implementation activities may indicate the need for additional or revised communications.

c. Draft Work Plans for Policy Implementation

Proposed project team members have led the implementation of multiple large-scale Medicaid policy and programmatic changes. HMA colleagues have assisted states with developing work plans for large, complex, policy changes. This experience has provided us the necessary expertise to develop clear, actionable implementation plans that consider the impact of policy changes on various stakeholders and systems. For example, Medicaid policy changes often impact various state vendors and technical systems which must be accounted for in work plans for policy implementation, including:

- Integrated eligibility and enrollment systems (IEES)
- Medicaid management information systems (MMIS)
- Managed care organizations
- Pharmacy benefit managers
- Transportation brokers
- Utilization management vendors

Additionally, a variety of operational components may be impacted by Medicaid policy changes that must also be accounted for in policy implementation work plans. Common impacted processes include, but are not limited to:

- Capitation rate setting
- Member and provider enrollment functions
- Member communications
- Provider communications

- Administrative regulations
- Federal approval authorities
- Operational documentation

As an example, Table 2 below describes specific projects HMA has conducted for the State of South Dakota, illustrating how we have supported the state in program implementation.

TABLE 2: STATE OF SOUTH DAKOTA HMA PROJECT

Project & State Agency	Scope of Work	HMA Presence Onsite	Time Period/ Duration
Project Management for Medicaid Eligibility Modernization Project – South Dakota Dept. of Social Services (DSS), Division of Economic Assistance (EA)	HMA provides project management for two major scopes of work: 1) Initial Compliance - to prepare the Medicaid business processes and systems to meet the new requirements in the Patient Protection and Affordable Care Act (ACA): and 2) Phased Modernization - to assist the State in acquiring a new eligibility system that meets all federal/state program and infrastructure requirements.	HMA project team "embedded" with State EA staff onsite in Pierre at least 80 percent of the time	Project started: March 2013; Initial Compliance Phase completed March 2014; Phased Modernization Phase ongoing
Eligibility Data Analysis – DSS Division of Economic Assistance	Assistance with eligibility data review and analysis, as well as additional survey work to determine if there are other factors beyond the switch to MAGI methodology that impacted State eligibility and enrollment trends.	HMA project team provided onsite work in Pierre, and additional project support from colleagues in various HMA offices	Project started: April 2014; completed May 2014
MITA Assessment of Current Medicaid Eligibility System – DSS Division of Economic Assistance	HMA conducted a MITA (Medicaid Information Technology Architecture) Assessment of the State's existing eligibility system, a requirement for South Dakota to submit a funding request to CMS to acquire a new eligibility system.	HMA project team conducted multiple onsite sessions with DSS and Bureau of Information & Telecommunications (BIT) staff	Project started: May 2014; project completed October 2014
Comparative Analysis of South Dakota Health Home Claims Data – DSS, Division of Medical Services	HMA reviewed and analyzed claims data for recipients who were enrolled for at least nine months in the South Dakota Health Homes program to determine any cost savings achieved by the program between State Fiscal Years.	HMA project team conducted data analysis of all Health Homes claims data for specified time periods and developed a report and presentation for DSS leadership	Project started: July 2014; project completed August 2014
A Review of State Medicaid Coverage for Selected Treatments of Autism Spectrum Disorders – DSS Division of Medical Services	HMA researched state Medicaid policies and coverage related to Autism Spectrum Disorders.	This was purely a research project with no travel required	Project started: November 2014; project completed December 2014

APPROACH

Our team of Medicaid experts with deep backgrounds in both policy and operations is prepared to assist DHS in developing work plans tailored to the requested policy change which accounts for these far-reaching and wide-ranging impacts. Our approach to developing work plans for Medicaid and CHIP policy changes includes the following processes:

1. Impact analysis, including review of:
    a. Required process changes
    b. Impacted vendors and other stakeholders, such as providers and enrollees
    c. State and federal authorities required for approval and implementation
    d. Required documentation changes, such as vendor contracts, manuals and communication materials
2. Identification of key project tasks, milestones and deadlines based on impact analysis and targeted implementation date.
3. Documenting responsible parties for each associated task.
4. Presentation of draft plan to DHS staff.
5. Updates to plan in response to DHS feedback.
6. Monitoring, tracking and updating of the plan at regularly scheduled intervals and development of mitigation strategies when timeline risks are identified or encountered.

E. ASSIST STATE STAFF IN RESPONDING TO FEDERAL INQUIRIES REGARDING MEDICAID AND CHIP PROGRAMS.

Our proposed team is prepared to assist DHS in responding to federal inquiries regarding Medicaid and CHIP programs. With our extensive background as both employees and consultants to numerous state Medicaid agencies, we understand such inquiries may occur in response to a variety of scenarios. For example, federal inquiries may arise through the course of seeking approval for new initiatives, in response to stakeholder complaints elevated to CMS, or through ongoing monitoring and collaborative engagements. We have extensive experience in drafting responses to federal inquiries and understand how critical it is to ensure responses are accurate, timely, and compliant with federal requirements.

We have assisted DHS in responding to CMS questions on a variety of federal approvals. This includes formal and informal requests for information on the §1115, §1915(b) and seven §1915(c) waivers required for implementation of IA Health Link and the extension and multiple amendments to the Iowa Health and Wellness Plan §1115 waiver.

We have supported state staff in Texas, Maryland, Illinois, and Washington by advising on preliminary CMS negotiation strategies and participating in calls with CMS. For the state of Missouri, HMA developed responses to multiple CMS inquiries on the State's proposed 1115 waiver to expand behavioral health services and helped state staff prepare for calls with CMS staff. Similarly, HMA supported Cook County Health and Hospital System in Chicago, Illinois in responding to inquiries from CMS regarding their 1115 waiver application, which precipitated the establishment of a new MCO, CountyCare that now serves approximately 350,000 Medicaid members in Cook County.

APPROACH

Our approach to responding to federal inquiries typically includes the following general processes:

- Assigning response drafting to project staff with subject matter expertise aligned with the inquiry
- As required based on the inquiry, ensuring a comprehensive review of applicable federal guidance regarding the topic in question. For example, ensuring all responses provided are aligned with statutory, regulatory and sub-regulatory guidance previously issued by CMS or any other applicable federal agencies.
- Identifying topic areas which require input of State staff. This may be necessary, for example, when our team is not involved in the operations of the program or policy for which questions are being raised. When such areas are identified, we implement strategies to minimize the need for State staff to devote extensive time to develop a response. For example, we can schedule brief calls with State subject matter experts and draft formal written responses based on guidance provided.
- For any inquiries which reveal an area of State non-compliance, responses always include corrective action strategies with prompt and reasonable timelines for resolution
- Internal peer review processes to ensure technical, regulatory and grammatical accuracy and clarity.
- Update responses based on any edits or feedback received from DHS

F. PROVIDE POLICY GUIDANCE AND REQUESTED SUPPORT TO AGENCY STAFF REGARDING REQUIRED FEDERAL REPORTING.

Management of federal Medicaid and CHIP reporting requirements are often complex as state obligations vary by the authority through which a program is authorized. For example, state plan authority typically does not mandate specific reporting requirements, with some exceptions such as health homes and §1915(i), while §1115 waivers require evaluations, annual and quarterly reporting and §1915(b) waivers must monitor access and have independent assessments. Further, the new managed care regulations imposed a series of new reporting requirements for which CMS has yet to release implementation guidance. In addition to these numerous requirements, recently there has been increased scrutiny regarding gaps in federal oversight of waiver outcomes. For example, a Government Accountability Office (GAO) report, published in January 2018, indicated changes to federal policies and procedures were necessary to ensure more rigorous evaluations of §1115 waivers. Such findings may lead to increased State reporting obligations.

Our proposed project team is versed in the vast array of federal reporting requirements and is prepared to assist DHS through the provision of policy guidance and requested support to ensure continued compliance with federal obligations. We bring a wealth of experience in providing such services to state Medicaid agencies. For example, HMA has worked closely with the State of Indiana and its vendors to ensure a robust evaluation of Indiana's §1115 waiver. First, HMA conducted a detailed analysis of the waiver's Special Terms and Conditions (STCs) document from CMS and then used those requirements to develop a comprehensive evaluation plan. HMA then participated in discussions with CMS around the

draft evaluation plan, offering supplemental information and tracking all recommended changes to the document.

After the State hired an evaluation vendor, HMA worked with the evaluation vendor to understand the waiver policies and the contents of the draft evaluation plan. HMA held weekly and ad hoc meetings with the evaluation vendor to ensure they had all the information necessary to finalize the evaluation plan and begin drafting the required deliverables. Further, HMA facilitated communication between the evaluation vendor and State policy and data teams to ensure all necessary personally identifiable information was shared in a responsible and secure manner.

HMA has also provided extensive oversight of the evaluation materials and reports created by the evaluation vendor, performing multiple reviews of program participant and healthcare provider surveys, checking for accuracy, robustness, comparability across a variety of population groups, and adherence to the program STCs. HMA has also conducted several reviews of the vendor's updated evaluation plan, ensuring all CMS-recommended changes were incorporated, the STCs were met, and the aims of the waiver were accurately and appropriately represented. In addition, HMA has drafted several required reports when tight deadlines made it difficult for the state and evaluation vendor to complete them on time.

Additionally, HMA was engaged by the Texas Health and Human Services Commission (HHSC) to complete a CMS-required review of the state's Medicaid uncompensated care pool. To complete this work, HMA conducted an in-depth review of CMS's requirements for the analysis, developed a work plan to map specific data and analysis to the requirements, conducted the analysis, and prepared a report that was both compliant with all CMS requirements while also addressing additional components that the state believed were critical for understanding the structure and impact of the uncompensated care pool.

Further, while assisting the South Carolina Department of Health and Human Services (SCDHHS) in drafting a §1915(b) waiver, HMA staff identified options and recommendations for the monitoring plan required to ensure compliance with 42 §CFR 431.55. We leveraged our understanding of reporting requirements specific to each federal authority to ensure the waiver submission included all required §1915(b) waiver monitoring requirements.

APPROACH

In providing policy guidance and requested support regarding required federal reporting, we will ensure our approach contemplates the following:

- Review of relevant federal regulatory and sub-regulatory guidance regarding reporting requirements applicable to the federal authority for which DHS is seeking support
- Contemplates CMS guidance provided to other states with whom we have worked
- Leverages appropriate HMA subject matter experts based on the issue at hand
- Considers reporting and evaluation best practices

G. PARTICIPATE IN MEETINGS AND CALLS WITH STATE STAFF, CMS STAFF AND OTHER FEDERAL OR STATE PARTNERS.

Our proposed project team has extensive experience in participating in meetings and calls with staff from state agencies, CMS and other federal or state partners. Our project team participates in meetings and calls with State and Federal staff for multiple State Medicaid agencies, including for DHS since 2013. For example, while the State was seeking federal approval for IA Health Link, we supported DHS during a four-day CMS onsite readiness review. This included assisting in development of a strategy for information to be presented by DHS and its vendors during the visit, review and preparation of all collateral materials presented, participation in the onsite visit and tracking and responding to CMS inquiries arising from the visit.

APPROACH

We are prepared to take any role which DHS requests; for example, as leader, active participant, or listener. We will come prepared to discuss all meeting topics, reviewing agendas in advance of all meetings and ensuring we have project staff with appropriate subject matter expertise in attendance. Additionally, we will ensure we communicate with DHS staff in advance of all calls with external partners to ensure alignment in expectations for the call, prepare joint responses and develop questions or discussion topics. As needed, we will track action items stemming from these calls and work to promptly resolve all outstanding issues.

H. FACILITATE WEEKLY CALLS WITH STATE STAFF AND THE CONTRACTOR.

HMA will facilitate weekly calls with State staff regarding all work delivered under this contract. We view these regular calls as an essential component to reporting progress, solicitating direction, and facilitating communication between HMA and DHS. This process also allows for dialogue and prompt identification of any issues identified throughout the course of the project. Because our team often works with state government clients, we understand the type of information needed to measure progress, provide direction, and give adequate oversight. We understand the need to be concise yet detailed enough to provide meaningful information. Our goal is to conduct productive meetings and provide essential information that will successfully update leadership of the project status and provide guidance to the overall project and associated deliverables.

Our team will develop agendas for each weekly call and will send the agenda to DHS at least eight business hours prior to the call. We will track all items requiring discussion, aligning with all required project deliverables and timelines to ensure timely communications and project plans remain on track. Additionally, we will coordinate with DHS staff regarding meeting topics well in advance of the scheduled meeting when topics are identified for which State staff supplemental to the regularly scheduled participants need to be included.

Within eight business hours of the conclusion of each meeting, we will distribute meeting notes, inclusive of all identified action items, discussion summaries and key decisions. We will track all action items and follow-up with responsible parties to ensure all outstanding issues are closed timely.

In facilitating weekly calls, we will primarily leverage conference call technology; however, when meeting agendas involve presentations or review of documentation, we will utilize web or video-based conferencing, based on DHS preference.

I. SERVE AS A TECHNICAL RESOURCE TO STATE STAFF.

Our project team stands ready to serve as a technical resource to State staff. We have built a project team with vast experience in Medicaid, CHIP, and Iowa-specific policy. In providing technical assistance, we will draw upon the subject matter expertise of core team members David Rogers and Lori Coyer, both former Medicaid directors, and XX other HMA colleagues who were former state and federal Medicaid executives. This allows our project team to access HMA subject matter experts for critical insight and recommendations quickly and efficiently. In addition to our seasoned staff resources, we keep abreast of evolving state, federal and nationwide best practices and have an extensive set of technology resources available to us as we serve as a technical resource to DHS, including our Federal Policy Monitoring and Analysis Tool, Waiver Monitoring and Analysis Tool, another database, and resources which are further described in Table 3 below.

TABLE 3: HMA TOOLS

HMA Tool	Overview
Federal Policy Monitoring and Analysis Tool	HMA identifies and tracks federal legislation, regulations, and guidance with potential health policy impact. We review daily email subscriptions from a variety of stakeholders, agencies, committees, and congressional leadership, and identify new pending legislation and regulations, guidance, reports, presentations, etc. This information is tracked on our Federal Policy Monitoring and Analysis Tracker, including high-level summaries.
Waiver Monitoring and Analysis Tool	HMA systematically identifies and tracks state waiver application and extension requests, including states with current or pending waivers (i.e., Section 1115, 1332, and 1915 waivers), state and federal comment periods, and CMS review periods. Our research includes core components of the waiver design and revised waiver documents.
National Subscription Database	HMA utilizes a national subscription database, a digital state and federal legislative tracking tool, to keep our fingers on the pulse of legislative actions, executive orders, ballot measures, and resolutions in every state, as well as the District of Columbia, and the federal government. With the system, HMA has access to the most recent actions from every capitol in the nation and can stratify our targeted reports based on our clients' specific needs and the state(s) or region(s) that are of interest to them. Additional analysis is also available to clients in the form of legislator voting histories, side-by-side text comparison of bill versions, and of course policy analysis from our vast array of subject matter experts.

APPROACH

In serving as a technical resource to DHS, we will leverage these key resources and undertake the following approach:

1. Identify appropriate subject matter expert based on the DHS request for technical resource
2. Review applicable federal or state regulatory and statutory requirements
3. Identify applicable nationwide practices, considering key trends, best practices and outcomes data

1.3.1.3 TASK AREA 3 – AD HOC ANALYSIS

A. PROVIDE POLICY IMPACT ANALYSES TO SUPPORT REVIEW OF PROPOSED POLICY CHANGES. ANALYSES SHALL EITHER BE COMPLETED FULLY BY THE CONTRACTOR OR BY CONTRACTOR REVIEW AND COMMENT ON ANALYSES PERFORMED BY THE AGENCY.

In addition to legislative policy change and sub-regulatory guidance policy analyses, the project team stands ready to assist DHS with analysis of any other proposed policy changes as necessary. Our team has supported DHS on various policy issues for the past five years and is prepared to continue these efforts. HMA has expertise in policy impact analysis for delivery systems, health care financing, and health information technology.

APPROACH

Our approach to ad hoc policy analysis is topic-dependent and begins with thorough communication with DHS to determine concerns, timeline, and any other information necessary to provide a top-quality work product. Key to this discussion is understanding whether DHS has completed an analysis and is seeking review or if DHS would like HMA to perform the analysis. For analyses conducted by DHS and to be reviewed by HMA, we will confirm with DHS if there are specific focus areas for which review is requested, or if a full review is requested. In the event a full review is not requested, HMA takes care to undertake a high-level review, at minimum, to ensure that our team understands the full picture and is prepared to offer a top-quality, detailed work product. We will then target our review accordingly. Based on the topic matter and scope we will consider assessment of policy change impact to areas such as statutory and regulatory requirements, nationwide practices, operations and technical systems.

For HMA-developed analyses that are within the expertise of the core project team, we will work internally to develop the analysis within the requested timeframe, and, again depending on the topic, analysis could include: national best practice scans, overview of federal or state requirements on the issue, and monitoring of recent trends. In addition to analysis by the core project team, we are prepared to pull from the expertise of colleagues nationwide for topic areas in which we feel their subject matter expertise would be of the most benefit to DHS. We will inform DHS of our intent to include colleagues outside of the core team in the event we seek their expertise. Additionally, we will leverage our firm-wide shared database to determine if the topic has been recently analyzed by our colleagues. If so, and if it is a document that is sharable, we will incorporate this information to further assist the State. We then will provide the analysis within the requested time frame. Findings from our analysis will be provided in the desired format of DHS, such as a high-level summary, detailed summary, or discussion at the next regularly scheduled meeting with DHS.

B. PROVIDE OTHER ANALYSES AS IDENTIFIED BY THE AGENCY.

HMA strives to develop and maintain a collaborative working relationship with our clients and believes that regular communication is key to the relationship. The current project team holds weekly meetings with DHS staff, during which we discuss any additional needs DHS has for the following week. We are prepared to continue these meetings at the preference of the state, and we encourage state staff to reach out with any analysis our team can provide that may be of assistance to DHS.

APPROACH

Generally, our approach to these analyses are topic-dependent and similar to the process in subsection A. above. We begin by discussing the issue with the client which allows us to gain important information such as: the timeline by which the analysis is needed, the level of detail requested, the audience to whom the analysis should be targeted, and other additional details. For analyses that are within the expertise of the core project team, we will work internally to develop the analysis within the requested timeframe, and, again depending on the topic, analysis could include: national best practice scans, overview of federal or state requirements on the issue, and monitoring of recent trends. In addition to analysis by the core project team, we are prepared to pull from the expertise of colleagues nationwide for topic areas in which we feel their subject matter expertise would be of the most benefit to DHS. HMA has subject matter experts with decades of experience in areas such as LTSS, behavioral health, managed care operations, payment models, value-based purchasing, care management, practice transformation, and insurance market reform. We will inform DHS of our intent to include colleagues outside of the core team in the event we seek their expertise. We then will provide the analysis within the requested time frame. We are happy to provide a high-level summary, detailed summary, or answer any questions, at the preference of DHS staff, at the next regularly scheduled meeting with DHS.

HMA takes pride in providing on-time and high-quality deliverables. HMA has an extensive peer review process, which ensures deliverables free from grammatical, formatting, or technical errors. We are also responsive to our clients. We are fully prepared to respond to all emails and telephone calls within eight business hours of receipt.

TAB 5: BIDDER'S BACKGROUND

3.2.5.1 EXPERIENCE

About Health Management Associates

Health Management Associates brings the right mix of expertise, skills, and experience to assist the Iowa Department of Human Services in Technical Assistance and Program Support for Iowa Medicaid. The HMA team is over 200 colleagues strong and growing, with experience that spans the healthcare industry and stretches across the nation. Dedicated to serving vulnerable populations, we assist policymakers, providers, health plans and communities navigate the ever-changing healthcare environment with a focus on making publicly funded programs like Medicaid and Medicare operate more effectively. With knowledge drawn from the front lines of healthcare delivery and reform, we work shoulder-to-shoulder as partners with our clients to explore innovative solutions to complex challenges. Helping clients understand the state and federal policy landscape is a defining part of HMA's service offerings. At the national level, the HMA team has significant experience in all facets of state and federal Medicaid policy—including the development of policy, interpretation and analysis of policy, and implementation of new policy changes. We have uniquely varied expertise spanning all key stakeholder groups, from the perspectives of government bodies that oversee health care to the health plans that pay for it, to the providers who deliver it.

In addition to the broad experience outlined throughout this proposal, for the past five years HMA conducted an annual survey of all state Medicaid directors on trends in Medicaid budgets, enrollment, and policy directions in eligibility, benefits, cost containment, reimbursement, and other issues on behalf of the Kaiser Family Foundation. The latest survey report was released in mid-October of 2017. It was based on telephone interviews with all Medicaid directors as well as an analysis of data provided by the directors on a comprehensive survey instrument. This annual survey helps HMA stay on the pulse of state Medicaid trends, and understand how federal Medicaid policy is impacting the states. We will be able to leverage the insights and relationships we gain from this survey work to enhance our support of Iowa Medicaid.

On behalf of the Medicaid and CHIP Payment and Access Commission (MACPAC), putting together a study to identify the states that have enrolled individuals with Intellectual or Developmental Disabilities (IDD) into Managed Long-Term Services and Supports (MLTSS) programs, characterizing the variation in MLTSS program arrangements, identifying contractual provisions and protections targeting the IDD population, and describing innovations, early lessons, and best practices. The tasks for this project included writing a brief background paper describing the LTSS needs of individuals with IDD and special considerations for enrolling them in MLTSS programs, reviewing state contracts with MLTSS plans to identify provisions specific to the IDD population and develop a summary of themes across contracts, and conducting interviews with stakeholders for insights on early lessons and innovative practices.

Supporting state initiatives through the Centers for Medicare and Medicaid Innovation (CMMI) Innovator Accelerator Program (IAP) by identifying program priority areas and developing models and tools to support these areas in collaboration with state leaders and other experts. HMA team members are currently providing technical assistance to states as they develop initiatives to manage enrollees with substance use disorders and those with complex needs and high costs.

We have worked with clients in every state across the nation to drive innovation, elevate standards of care, and transform healthcare for underserved populations. We have an intimate understanding of the challenges and constraints our clients face, and we work across disciplines and geographical regions to put that knowledge to work for every client. We are confident we have the experience to not only meet the needs of this project, but to exceed expectations.

Our project team has extensive knowledge of government health programs including Medicaid, Medicaid managed care, the intersection of Medicaid and Medicare, public health, commercial health insurance, Affordable Care Act (ACA) and Health Insurance Exchange/Federal Marketplace issues. We are experienced in all aspects of Medicaid program and policy implementation from the design and drafting of waiver documents and state plan amendments, to supporting the negotiation of waiver special terms and conditions (STCs) with the Centers for Medicare & Medicaid Services (CMS), overseeing and guiding all implementation efforts, and providing ongoing program evaluation.

Founded in 1985, HMA is a private, for-profit "C" corporation, incorporated in the State of Michigan in good standing and legally doing business as Health Management Associates, Inc.

3.2.5.1.1

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

HMA provides personalized, innovative, and strategic health policy solutions. Through our health care experience and knowledge of government health programs on the local, state and federal level, we offer clients comprehensive policy research, analysis, and program development options. States across the nation seeking policy and program development or analysis have turned to HMA due to our proven track record for developing, implementing and evaluating innovative and successful Medicaid programs. We have helped multiple states develop negotiation strategies, based on their policy goals, to secure authority for first in the nation CMS approvals. Table 4 provides information on technical experience from a series of selected projects from our extensive list of current and former clients.

HMA has proven experience in writing and winning never-before-approved Medicaid waivers for states looking for innovative program solutions.

TABLE 4: SAMPLING OF HMA EXPERIENCE

	Iowa Department of Health & Human Services	Indiana Family & Social Services Administration	Kentucky Cabinet for Health & Family Services	South Carolina Department of Health & Human Services	Texas State Medicaid Office – Health and Human Services Commission	Colorado Department of Health Care Policy & Financing
Presentation of policy options and draft work plans to guide program change implementation	✓	✓	✓		✓	✓
Research and identification of national best practices	✓	✓		✓	✓	✓
Serve as technical resource to anticipate CMS questions and minimize CMS approval time	✓	✓	✓	✓	✓	✓
Support for policy development	✓	✓	✓		✓	✓
Policy guidance to support ongoing operations	✓	✓	✓	✓	✓	✓
State plan amendment drafting	✓	✓				
Section 1115 demonstration waiver drafting	✓	✓	✓	✓[1]	✓	
Section 1915(b) waiver drafting	✓	✓		✓		
Section 1915(c) waiver drafting	✓					
Section 1915(i) state plan amendment drafting	✓	✓				
Public and tribal notice drafting	✓	✓	✓			
Administrative rules drafting		✓	✓			
Drafting of communications to Medicaid or CHIP members, providers and other stakeholders		✓	✓		✓	
Assisting state staff in responding to Federal inquiries regarding Medicaid and CHIP	✓	✓	✓	✓	✓	
Policy guidance and support regarding required federal reporting	✓	✓			✓	✓
Participation in meetings and calls with state, CMS and other federal or state partners	✓	✓	✓	✓	✓	✓
Facilitation of meetings and calls with state	✓	✓	✓	✓	✓	✓
Serving as technical resource to state staff	✓	✓	✓	✓	✓	✓
Ad Hoc Policy Analysis	✓	✓	✓			

[1] As described further below, work focused on providing feedback and comments on State developed drafts based on our expertise in CMS requirements.

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.

HMA has supported state Medicaid agencies since our founding in 1985. We have provided technical assistance and support for programmatic changes and policy support services to ensure federal compliance through numerous engagements. In the past twenty-four months we have been engaged with the states and organizations described below, providing services similar in scope to those sought by DHS under this RFP.

IOWA EXPERIENCE

Iowa Department of Health and Human Services (DHS) (2013 – Present)

HMA has unparalleled experience in providing the Iowa DHS technical assistance for Medicaid program changes and policy services to ensure federal compliance. We have a longstanding history of working with DHS in securing federal waiver approval and providing supportive services in the development of new Medicaid and CHIP programming. We have been intricately involved in the drafting of initial waiver requests, extensions and amendments for a variety of initiatives for DHS through our five-year engagement. As further described below, our work has spanned development of all required waiver and SPA documentation as well as providing technical assistance to secure federal approval.

HMA has assisted DHS in securing federal approval on a variety of initiatives. We have worked on drafting initial waivers, amendments & extensions, including:

- Nine §1115 waivers
- Seven §1915(c) waivers
- §1915(b) waiver
- Multiple SPAs

HMA's work with DHS dates back to 2013, when our team led development of two §1115 demonstration waivers—the Iowa Wellness Plan and the Marketplace Choice Plan. Our work continued with DHS in development of IA Health Link, when HMA staff facilitated the policy design process for the new managed care program. We presented policy options, recommendations and best practices to State executive leadership to facilitate selection of program design elements. In doing so, HMA implemented a three-phase approach comprised of review, analysis and recommendation development. The review phase consisted of an assessment of existing State Medicaid programing, as well as nationwide best practices and federal and state law and regulations. Findings were then analyzed against State goals and federal requirements. This led to development of policy options and decision points. To facilitate this process, we used a decision-making template that covered the range of policy and operational considerations, and tracked current State practice, federal requirements, options, implications of each option, and data on nationwide best practices. Following the program decision-making phase, HMA developed the managed care organization request for proposals. Additionally, HMA developed a series of waivers necessary for federal approval of IA Health Link. HMA staff identified the waiver development and submission strategies, and drafted all CMS required documents, including development or amendment of seven §1915(c), two §1115, and one §1915(b) waivers, as well as a variety of State Plan Amendments. This also included guiding the public and tribal notice processes and summarizing public comments. HMA also assisted the State in navigating the federal approval process for these authorities, including supporting the State during a four-day CMS

onsite readiness review, responding to several informal and formal requests for additional information from CMS, and reviewing and drafting edits to waiver STCs.

Following implementation of IA Health Link, HMA staff has been involved in providing ongoing consultative services on a variety of initiatives. We have provided guidance on the required federal authorities for new and ongoing DHS initiatives, including drafting extensions for the §1115 Iowa Health and Wellness Plan as well as waiver amendments to address modifications to the Dental Wellness Plan and elimination of retroactive eligibility. Additionally, we have served as subject matter experts on a variety of policy topics at the request of DHS, provided feedback on reporting required under the §1115 waivers and have been a technical resource for DHS as CMS approval is sought on a variety of SPAs.

HMA has kept abreast of legislative and regulatory changes impacting DHS, providing technical assistance and impact analysis leadership. For example, we analyzed the impact of the updated managed care regulations on IA Health Link, Dental Wellness Plan and transportation brokerage programs operated by DHS. We analyzed each section of the regulation for DHS specific impact, trained State staff on the new requirements and developed a series of project plans to serve as a roadmap for DHS in implementing the required policy, contractual, operational and oversight changes. Further, we continue to review federal sub-regulatory guidance related to the managed care regulations as it is released, in order to identify ongoing impact to DHS.

In addition to the services historically provided by our MMS team, as described above, HMA has also been intricately involved in the Iowa State Innovation Model (SIM) initiative, further honing our knowledge of Iowa Medicaid programming. This experience will provide us the unparalleled ability to tailor our technical assistance and policy support services to the unique needs of DHS.

Iowa Department of Human Services SIM Development (2013 – 2014)

HMA was selected by DHS to provide project management to implement the SIM Model Design grant, develop the State Health Improvement Plan, and to write a SIM Model Testing grant application. Subject matter expertise that was provided during this project included data analysis; facilitation of stakeholder meetings and synthesizing recommendations; researching models and best practices that could be considered by and adopted in Iowa particularly related to value based payment reforms and engaging providers in a fee-for-service environment; exploring opportunities to move to an accountable care model of service delivery; and collecting and analyzing data to write the state health improvement plan that became part of the Model Testing application. The health improvement plan identified the key areas of health disparity and outliers in Iowa, so the Model Testing opportunity could be used to address unmet health needs by issue area and geography. Our team spent considerable time in Iowa working with state officials, advisors, key informants and stakeholders to design a model for testing that would improve the overall health of the population and help Iowa achieve the goals of the Triple Aim.

Iowa Department of Human Services SIM Sustainability Project (2017 – Present)

HMA was engaged by DHS to develop the sustainability plan for Iowa's SIM grant, including convening and facilitating the Iowa's Healthcare Innovation and Visioning Roundtable and Roundtable workgroups. Subject matter expertise provided during this project includes facilitation of stakeholder meetings and synthesizing recommendations; coordination with national experts and partners including but not limited to the National Governor's Association; guidance into the operational capacity and infrastructure required to support Iowa's long-term vision for transformation including continued stakeholder

engagement and governance. Our team is currently involved in Iowa working with state officials, advisors, key informants and stakeholders to produce a detailed plan for sustaining major SIM investments and align the sustainability plan with the intentions of the Roundtable and its workgroups.

ADDITIONAL PROJECTS OF SIMILAR SERVICES

Indiana Family and Social Services Administration (FSSA) (2001 – Present)

HMA has provided the Indiana FSSA a variety of Medicaid policy support services for nearly two decades. This has included significant work on the ground-breaking Healthy Indiana Plan (HIP), the nation's first consumer-directed program for adult Medicaid participants. HMA founder, Seema Verma, served as the architect of HIP and HIP 2.0 and our team has remained directly involved in HIP program policy and operational developments throughout the ten-year history of the program. The HMA role included not only program design and development, but also drafting the §1115 waiver and all associated public and tribal notices and supporting the negotiations of the HIP program design and waiver with CMS. In addition, HMA provided ongoing implementation support through a variety of activities such as drafting administrative regulations, participating in review and development of communication materials tailored to different stakeholder audiences, providing ongoing policy and operational support and development of policy and procedure manuals. Additionally, HMA has worked closely with FSSA and its vendors to ensure a robust evaluation of the HIP waiver in compliance with federal waiver reporting requirements.

HMA has also assisted FSSA with securing federal approval for a variety of SPAs, including work on two §1915(i) programs, as well as a managed care program authorized via §1915(b) authority. For example, HMA led efforts to develop the State's Behavioral and Primary Healthcare Coordination (BPHC) program, a §1915(i) home and community-based services program specifically designed to maintain Medicaid eligibility for a portion of Indiana's chronic mentally ill population who would have otherwise lost access to coverage for intensive community-based behavioral health services when the State transitioned from §209(b) to §1634 status. HMA's work included identification of the population at risk of losing services, development of policy options for program design, identification of assessment processes and service package design. We provided project management and technical support through implementation including developing the SPA, administrative rule draft and stakeholder communication materials.

Indiana House Enrolled Act 1328 tasked the FSSA with submission of a report regarding managing care of the aged, blind and disabled (ABD) Medicaid enrollees. FSSA convened the ABD Task Force to study managed care options. The HMA team facilitated the ABD Task Force and developed the associated report. We undertook a comprehensive review of the Indiana ABD population, expenditures, programming and nationwide trends. HMA analyzed the potential options for better managing care for the ABD population and analyzed options against components such as the potential for cost savings, ability to deliver efficient and high-quality care and impact to state and federal funding streams. Results were synthesized into a final report to the legislature. Our work informed the development of Hoosier Care Connect (HCC), a managed care program for the ABD population. HMA involvement with HCC continued past development of the report as we were responsible for leading the program's implementation, providing all project management functions, RFP Scope of Work development, managed care organization readiness review, §1915(b) waiver development, identification of required state plan amendments and stakeholder communications.

HMA has also provided FSSA with policy research and technical assistance services on a variety of projects. For example, our team researched nationwide practices and outcomes, federal requirements and the State's current landscape related to managing care of individuals dually eligible for Medicaid and Medicare. Following the research phase, HMA developed options for Indiana's consideration. Each option was accompanied with a full analysis of pros and cons and associated implementation requirements such as technical, operational and federal approval requirements. These options were synthesized into a final report to facilitate State decision-making on next steps.

Kentucky Cabinet for Health & Family Services (CHFS) (2016 – Present)

Kentucky CHFS has contracted with HMA for a variety of services related to its new §1115 waiver program, Kentucky HEALTH. After facilitating design of the Kentucky HEALTH program, HMA staff supported the Commonwealth in developing its Kentucky HEALTH §1115 demonstration waiver. Specifically, HMA staff provided guidance and support including, but not limited to, inventorying items requiring State policy decision-making, facilitating State decision-making, waiver drafting, and coordinating with the State's actuaries in development of cost effectiveness and budget neutrality components. Staff also provided technical support to CHFS through the CMS waiver negotiation process, including negotiation strategy development, drafting responses to CMS waiver questions and reviewing and responding to draft STCs.

Following initial waiver approval, HMA has continued to provide technical assistance on federal authority, including conducting an analysis of technical changes required to the State's §1915(b) waiver and SPAs for alignment with the §1115 waiver authority. We also drafted the administrative regulations outlining Kentucky HEALTH policies and have been intimately involved in review and development of communications materials, spanning member, provider and stakeholder outreach.

South Carolina Department for Health and Human Services (SCDHHS) (2012 – Present)

The SCDHHS has engaged HMA on a variety of Medicaid policy projects. These projects include:

- Providing an analysis of impact of the Affordable Care Act (ACA) on SCDHHS programming, policies and operations and training State staff on ACA requirements.
- Assisting in development of the State's §1915(b) waiver for an enhanced prenatal and postpartum home visitation pilot project and managed care program. This included development of all required waiver documentation and serving as a technical resource during the CMS review and approval process.
- Analyzing the feasibility of utilizing §1915(i) program authority to implement two different programs, including a comprehensive review and summary of nationwide §1915(i) programming.
- Evaluation §1115 waiver and concept paper drafts for compliance with CMS requirements and best practices.

Texas State Medicaid Office – Health and Human Services Commission (2011 – Present)

HMA was engaged to assist the state Medicaid office in the development of its §1115 transformation waiver. HMA has assisted the state with overarching policy decisions, strategy discussions with key state stakeholders, reporting capabilities, and negotiations with CMS on the approval of the waiver. HMA also assisted in the planning of the annual statewide learning collaborative summit with over 500

participants. HMA continued to support the State Medicaid Office in preparation for the renewal of the §1115 waiver.

Cook County (Chicago, Illinois) Health and Hospital System (CCHHS) (2007 - Present)

For more than a decade, HMA has provided project management, strategic, and operational support to CCHHS on a variety of projects to restructure the CCHHS delivery system. This work has encompassed the full CCHHS delivery system, which includes two acute care hospitals, a jail health facility, 11 community clinics, a suburban ambulatory center, and the new MCO that was established under a §1115 waiver. HMA worked with CCHHS to facilitate the development of a Medicaid §1115 waiver that resulted in the creation of health homes and hundreds of millions of dollars in support for the health system. The §1115 waiver precipitated the establishment of a new MCO, CountyCare, which now serves approximately 350,000 Medicaid members in Cook County. Our work has included support for negotiations with CMS, coordination with the State of Illinois, and transformational work at the delivery system level to meet the requirements of the waiver.

Colorado Department of Health Care Policy & Finance (HCPF) (2013-present)

Over the past five years, HCPF has contracted with HMA on several projects, including §1115 waiver strategy development for Colorado Medicaid. In this engagement HMA provided consulting and technical assistance to assist in the development of payment and program designs that complement and support the SIM/State Health Insurance Assistance Program (SHIP) and provide a framework for the state to pilot test selected Medicaid payment and delivery system reforms. Services included assisting the department in the development and submission of a waiver that preserves existing Upper Payment Limit (UPL) funds and allowed for the expansion of Medicaid managed care. HMA prepared two main deliverables: a modeling tool for estimating impacts of moving eligibles into and out of capitated arrangements allowing determination of the potential impacts on UPL; and a final set of recommendations.

Covered California Section 1332 State Innovation Waiver Development (2016 – 2017)

HMA was engaged by Covered California, the state's health insurance exchange, to assist with the development of the Section 1332 State Innovation Waiver application to the US Department of Health and Human Services. During this engagement, HMA coordinated with other entities supporting Covered California, including the UC Berkeley Center for Labor Research and Education and the University of California Los Angeles to compile and present analyses and required information in the Section 1332 waiver application. HMA developed the content included in the application and developed the presentation of analyses provided by other entities. We also provided advice and consulting services related to the presentation of information and the coordination with the federal government around the approval process. HMA also presented the state's Section 1332 waiver proposal to a Covered California Tribal Consultation and on a webinar for California Tribes.

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.

To our knowledge, no HMA owners, officers, primary partners, or staff providing services 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.

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.

In addition to the three reference letters provided as attachments and listed in Table 5, an additional reference is provided in Table 6. As procurement policies preclude the Kentucky Cabinet for Health and Human Services from providing written references for their vendors, they have expressed their willingness to provide a verbal reference.

TABLE 5: LETTERS OF REFERENCE

Reference Contact Information	
Colorado Department of Health Care Policy and Financing	
Contact Name	John Bartholomew Chief Financial Officer
Telephone	(303) 866-2854
Email Address	John.bartholomew@state.co.us
Indiana Family and Social Services Administration	
Contact Name	Michael A. Gargano Deputy Secretary and Chief of Staff
Telephone	(317) 233-4690
Email Address	Michael.gargano@fssa.IN.gov
Kentucky Hospital Association	
Contact Name	Carl G. Herde Vice President of Finance
Telephone	(502) 426-6220
Email Address	cherde@kyha.com

TABLE 6: ADDITIONAL REFERENCE

Reference Contact Information	
Kentucky Cabinet for Health & Human Services	
Contact Name	Kristi Putnam Deputy Secretary
Telephone	(502) 229-8310
Email Address	kristi.putnam@ky.gov

COLORADO
Department of Health Care Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

July 25, 2018

Iowa Medicaid Enterprise
1000 Army Post Road
Des Moines, Iowa 50315

RE: Letter of Reference for Health Management Associates

To Whom It May Concern:

This is a letter of reference for Health Management Associates (HMA) who has performed consulting work for the Colorado Department of Health Care Policy & Financing (HCPF) for the past five years.

The Colorado Department of Health Care Policy & Financing has contracted with HMA to provide a variety of policy consultative services. Services that HMA has successfully provided for HCPF over the course of their contract include the following:

- Consulting and technical assistance to assist Medicaid in the development of payment and program designs to complement and support the SIM/SHIP and provide a framework for Colorado to pilot test selected Medicaid payment and delivery system reforms.
- Assistance with the development and submission of a waiver to preserve existing Upper Payment Limit (UPL) funds and allow for the expansion of Medicaid managed care.
- Analysis of the impact of Medicaid expansion in Colorado on commercial market premium rates.

HMA's work was conducted under HCPF's competitive contracting vehicle, which awards work to vendors who are prequalified through a competitive RFQ process.

As the Chief Financial Officer, I can attest to the competence and expertise of HMA consultant staff in Medicaid and federal health policies and programs, as well as the quality of the work product produced by HMA.

The following is my contact information:

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf

Page 2

John Bartholomew

Chief Financial Officer

John.bartholomew@state.co.us

303/866-2854

Sincerely,

John Bartholomew

Chief Financial Officer

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
www.colorado.gov/hcpf

Eric J. Holcomb, Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

July 19th, 2018

Iowa Medicaid Enterprise
1000 Army Post Road
Des Moines, Iowa 50315

To Whom It May Concern:

This is a letter of reference for Health Management Associates (HMA) who has performed consulting work for the Indiana Family and Social Services Administration (FSSA) from 2001 through present.

FSSA has contracted with HMA (formerly SVC, Inc.) to provide a variety of policy consultative services. Examples include the following:

- HMA provided a broad range of support for our §1115 waiver program, the Healthy Indiana Plan (HIP). Their work included development and negotiation of the waiver, administrative regulation drafting, state plan amendment drafting, stakeholder communication support, policy and procedure drafting, waiver evaluation support and ongoing operational support.
- HMA assisted FSSA in securing federal approval for a variety of initiatives such as a §1915(b) waiver for the Hoosier Care Connect Program and a §1915(i) state plan amendment for our Behavioral and Primary Healthcare Coordination (BPHC) program. This included drafting all required documentation and assisting in responding to federal inquiries.
- HMA provided FSSA with technical assistance on a variety of policy and program changes driven by federal and state mandate. For example, they spearheaded our efforts to transition from a §209(b) to §1634 status, provided analysis and strategy development related to the Affordable Care Act implementation, supported the Governor's Task Force on Drug Enforcement, Treatment, and Prevention as well as the Aged, Blind and Disabled Task Force.

As the Deputy Secretary and Chief of Staff of the Family and Social Services Administration, I can attest to the competence and expertise of HMA consultant staff in Medicaid and federal health policies and programs, as well as the quality of the work product produced by HMA.

The following is my contact information:

Michael A. Gargano
Deputy Secretary and Chief of Staff
Indiana Family and Social Services Administration

www.IN.gov/fssa
Equal Opportunity/Affirmative Action Employer

401 W Washington Street, Rm W461 Indianapolis, Indiana 46207
Michael.Gargano@fssa.IN.gov
Phone: 317-233-4690

Sincerely,

Michael A. Gargano
Deputy Secretary and Chief of Staff

Kentucky Hospital Association
Representing Kentucky Health Care Organizations

July 24, 2018

Iowa Medicaid Enterprise
1000 Army Post Road
Des Moines, Iowa 50315

To Whom It May Concern:

This is a letter of reference for Health Management Associates (HMA) who has performed consulting services for the Kentucky Hospital Association since January 2018.

HMA has provided consulting services to the Kentucky Hospital Association (KHA) surrounding implementation of the Kentucky HEALTH 1115 waiver. This work has included policy support for our member hospitals as Kentucky works toward implementation of its Kentucky HEALTH 1115 waiver. HMA has provided education on operational considerations for our member hospitals, provided guidance on identifying members who may be subject to coverage gaps and how to support the member in preventing loss of coverage, and provided education on the value-based payment programs being operated under Medicaid in other states.

HMA also has helped guide analytical efforts related to Medicaid hospital payment improvement initiatives, including Medicaid provider financing. Lastly, HMA has been working with a collaborative of KHA members on the development of a Medicaid quality improvement program.

As the Vice President of Finance of the Kentucky Hospital Association, I can attest to the competence and expertise of HMA consultant staff in Medicaid and federal health policies and programs, as well as the quality of the work product produced by HMA.

The following is my contact information:

Carl G. Herde
cherde@kyha.com
502-426-6220
Vice President of Finance
Kentucky Hospital Association

Sincerely,

Carl G.Herde
Vice President of Finance

2501 Nelson Miller Parkway • P.O. Box 436629 • Louisville, Kentucky 40253-6629 • 502-426-6220 • FAX 502-426-6226

3.2.5.1.5

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

No subcontractors are proposed for this project.

3.2.5.2 PERSONNEL

3.2.5.2.1 TABLES OF ORGANIZATION

FIGURE 1: HMA ORG CHART – OVERALL OPERATIONS

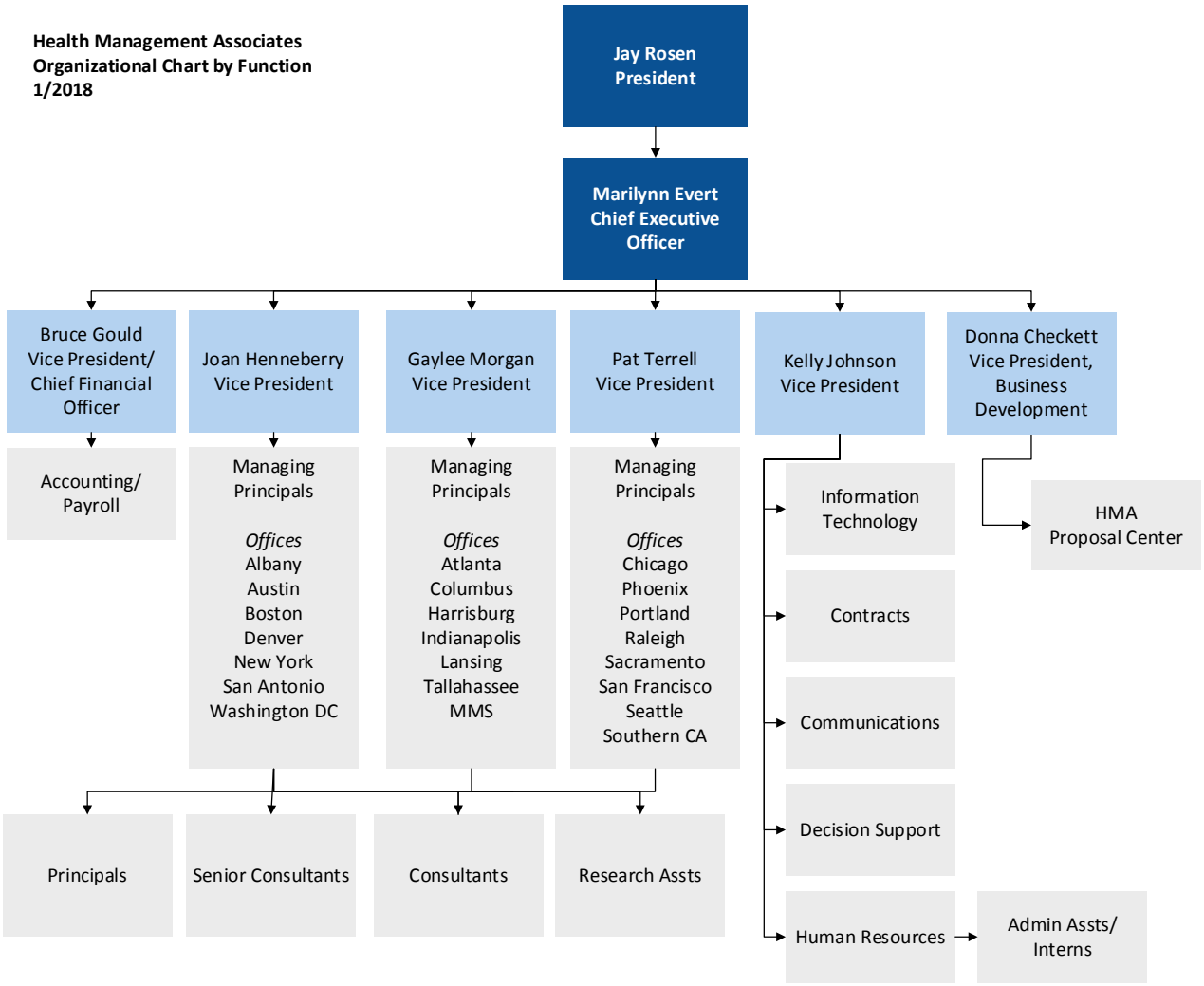
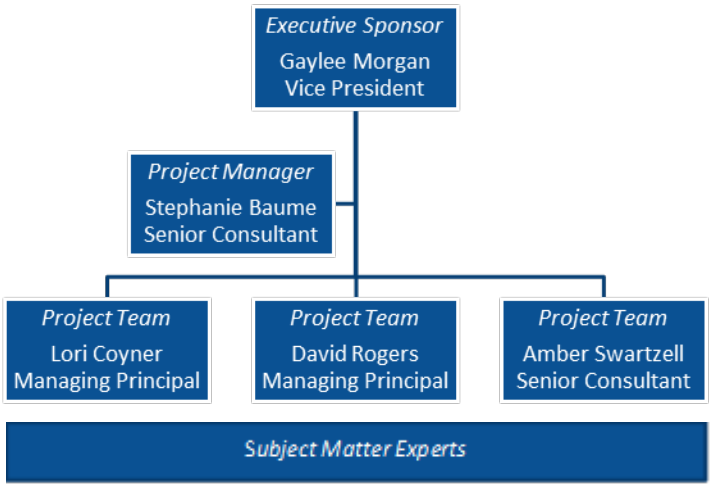


FIGURE 2: PROJECT TEAM STAFF



POTENTIAL SUBJECT MATTER EXPERTS

The experience and qualifications of the project team are outlined in the next section. We will also leverage other HMA colleagues as SMEs when DHS policy or program projects call for critical insights within certain subject matters. HMA's more than 200 SMEs have diverse experience across the publicly funded healthcare arena. The following potential subject matter experts have been selected among the many colleagues available for consultation whose experience relates closely to the policy and programmatic needs of DHS:

JIM PARKER, PRINCIPAL

Jim Parker is an experienced operations administrator with a successful track record of implementing reforms to improve health and reduce costs.

Mr. Parker served as the State of Illinois Division of Medical Programs, Department of Healthcare and Family Services deputy administrator for operations for 14 years and ended his career at the state as acting Medicaid director. In these two roles, he oversaw operations of the $20 billion Medicaid program and was responsible for all aspects of transitioning the Illinois Medicaid program from fee-for-service to managed care. That transition included development of rate structures, design of new delivery models, establishing performance incentives, contract terms, coverage policies, and enrollment processes/contract monitoring to reduce the growth trend in the Medicaid program while improving health outcomes.

In addition to his expertise in managed care, Mr. Parker helped develop the first Medicaid Pharmacy Plus waiver prior to the implementation of Medicare Part D. He led efforts that developed one of the first Medicaid Preferred Drugs List in the U.S. and negotiated supplemental rebate agreements that brought hundreds of millions of dollars of new revenue into the state. He also helped develop many unique utilization controls for prescription drugs.

DIANNE LONGLEY, PRINCIPAL

Dianne Longley is a specialist in federal health reform requirements and the potential impact on the private insurance market and Medicaid. She has extensive expertise in data collection, research and analysis, private and public grant writing, and state procurement and contracting.

Ms. Longley worked for 30 years at the Texas Department of Insurance (TDI), where she most recently served as director of health insurance initiatives for the Life, Health and Licensing Division. She oversaw the review and implementation of federal health reform; directed research projects, data collection and analysis related to health insurance, health technology and health care issues; and provided technical assistance to various legislative committees.

Ms. Longley has authored numerous reports on a wide variety of issues, including mandated benefits, network adequacy and balance billing, the uninsured and options for expanding coverage, health care technology and transparency, and the Texas health insurance market. She also directed development and implementation of the Healthy Texas Program – a $36 million public/private health insurance option for uninsured small businesses. While at TDI, Ms. Longley worked closely with the Texas Medicaid program on federal health reform and managed care regulatory issues.

JEANENE SMITH, PRINCIPAL

Jeanene Smith, MD, MPH has led the development and implementation of major health policy initiatives, including two 1115 Medicaid waivers, for three Oregon governors.

Dr. Smith served as chief medical officer for the Oregon Health Authority (OHA) and administrator of the Office for Oregon Health Policy and Research (OHPR). She provided leadership and alignment of medical policy across the OHA which includes the Medicaid program, Public Employees Benefit Board, Addictions and Mental Health Services, Public Health Division and the Transformation Center.

Dr. Smith's clinical advice and guidance played a key role in a range of OHA and statewide efforts to support Governor Kitzhaber's coordinated care model. She also served as the principal investigator for Oregon's State Innovation Model (SIM) grant. She has provided technical and policy support to the Oregon Health Plan, as well as legislative and executive branch decision-making on statewide health policy.

She has practiced family medicine in both private practice and community clinics for over 20 years and continues to see patients at a federally-qualified community health center.

BARBARA COULTER EDWARDS, PRINCIPAL

Barbara Coulter Edwards is a nationally recognized expert in Medicaid policy, including managed care, long-term care, behavioral health, and state and federal healthcare reform.

As director of the Disabled and Elderly Health Programs Group at CMS, she was responsible for a wide array of national Medicaid program policy and oversight. Previously, Ms. Coulter Edwards served as director of Ohio's Medicaid and CHIP programs where she led significant program reforms, including implementation of Ohio's comprehensive strategy to promote access to home and community-based LTSS, statewide expansion of managed care to serve Medicaid consumers, and implementation of Ohio's Children's Health Insurance Program.

While with HMA, Ms. Coulter Edwards served for six months as the interim director of the National Association of State Medicaid Directors, providing services to the nation's Medicaid programs, including analysis of federal regulations, and represented state interests before CMS and on the Hill.

3.2.5.2.2 NAMES AND CREDENTIALS OF KEY CORPORATE PERSONNEL

OWNERS AND EXECUTIVES

Officer	Title(s)	Project Role
Jay Rosen	Chairman of the Board, President and Treasurer	
Marilynn Evert	Senior Vice President and Chief Executive Officer	
Bruce Gould	Vice President, Secretary and Chief Financial Officer	
Patricia Terrell	Vice President	
Joan Henneberry	Vice President	
Kelly Johnson	Vice President	
Gaylee Morgan	Vice President	Project Executive Sponsor
Donna Checkett	Vice President	

BOARD OF DIRECTORS

Jay Rosen
Marilynn Evert
Bruce Gould
Grant Patrick
Tim Sheehan
John Kneen

KEY CORPORATE PERSONNEL

Gaylee Morgan, MPP
HMA Vice President
Project Role: Project Executive Sponsor

Gaylee Morgan's resume begins on the following page.

Gaylee L. Morgan, MPP

Position

Vice President, Health Management Associates, Inc., Chicago, Illinois

Education

MPP, University of Chicago, Chicago, Illinois

BA, Indiana University, Bloomington, Indiana

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., March 2002-present
Ms. Morgan leads client projects in the areas of Medicaid and policy and finance, delivery system and payment reform, provider reimbursement, issues related to Federally Qualified Health Centers (FQHCs), and Medicaid 1115 waivers. Current and recent projects include:

- Operational and strategic assessment of a safety net delivery system for a large California county to identify opportunities for alignment and establish a structure to support collaboration.
- Development of a comprehensive State Health Care Innovation Plan under a planning grant from the Center for Medicare and Medicaid Innovation, including stakeholder engagement, and policy and programmatic research and development.
- Development of a comprehensive Section 1115 waiver that incentivizes delivery system transformation and strengthens the state's HCBS and behavioral health infrastructure.
- An assessment of primary care capacity for a major metropolitan area, including identification of strategic partnership opportunities to expand capacity.
- An analysis of the financial strength of primary care providers (including FQHCs and non-FQHCs) for a large Northeastern state.
- An assessment of FQHC feasibility and impact – and subsequent successful application – for FQHC designation for a large public hospital system

THE UNIVERSITY OF CHICAGO HOSPITALS, Financial Policy Consultant, May 2001-February 2002.
Served as in-house consultant on hospital reimbursement issues related to public, private and individual payers.

Developed and maintained financial models to project hospital revenue, facilitate managed care contract negotiations and analyze hospital program areas.

Performed data analyses and developed recommendations for specific hospital programs and overall strategic planning.

EXECUTIVE OFFICE OF THE PRESIDENT, Office of Management and Budget, Program Examiner, July 1998-March 2001.
Medicaid policy/budget analyst with lead responsibility for Medicaid/Temporary Assistance for Needy Families (TANF) interactions, immigrant issues and Medicaid programs in the US Territories and the District of Columbia.

Reviewed state Medicaid demonstration proposals for consistency with legal requirements, budget neutrality requirements and administration policy.

Negotiated with states on budget neutrality and other terms and conditions of demonstration approval.

Evaluated policy options, developed and wrote policy recommendations, and briefed agency and White House officials on Medicaid and other health financing issues.

Developed and negotiated the president's budget for the US Health Care Financing Administration (HCFA), totaling approximately $2.3 billion annually.

Worked with legislative drafting staff and actuarial staff to develop and estimate the costs of legislative proposals.

Select Presentations and Publications

Elwell, D., Jones, A. Morgan, G., Perlin, S. "A Guide to Safety Net Provider Reimbursement" Health Management Associates, Accountable Care Institute. February 2013.

Smith, V., Morgan, G. "Medicaid in 2013 and 2014 – Aligning Payment with Outcomes: Opportunities and Barriers for FQHCs." Michigan Primary Care Association Annual Conference. August 5, 2013.

Morgan, G. "Maximizing Revenue and Third Party Reimbursement." Webinar for the California Family Health Council. October 14, 2014.

3.2.5.2.3 INFORMATION ABOUT PROJECT MANAGER AND KEY PROJECT PERSONNEL

KEY PROJECT PERSONNEL

We have developed a project team with an extensive understanding of Iowa Medicaid and CHIP programming. This team has a proven track record for providing technical assistance and support to State Medicaid agencies as well as policy support services to ensure federal compliance. HMA's project team will be led by project manager Stephanie Baume and includes the following key personnel:

Stephanie Baume, MSW
HMA Senior Consultant
Project Role: Project Team Member

Lori Coyner, MA
HMA Managing Principal
Project Role: Project Team Member

David Rogers
HMA Managing Principal
Project Role: Project Team Member

Amber Swartzell, JD
HMA Senior Consultant
Project Role: Project Team Member

As illustrated in Table 7, our project team has direct experience in providing all services requested under this RFP.

TABLE 7: PROJECT TEAM RELATED EXPERIENCE

Project Elements	Stephanie Baume	Lori Coyner	David Rogers	Amber Swartzell
Analysis of required or proposed policy changes	✓	✓	✓	✓
Analysis of federal sub-regulatory guidance and program clarifications issued by CMS	✓	✓	✓	✓
Presentation of policy options and draft work plans to guide program change implementation	✓	✓	✓	✓
Research and identification of national best practices	✓	✓	✓	
Serve as technical resource to anticipate CMS questions and minimize CMS approval time	✓	✓	✓	✓
Support for policy development	✓	✓	✓	✓
Policy guidance to support ongoing operations	✓	✓	✓	✓
State plan amendment development	✓	✓	✓	✓
Section 1115 demonstration waiver development	✓	✓	✓	✓
Section 1915(b) waiver development	✓		✓	✓
Section 1915(c) waiver development	✓		✓	✓
Section 1915(i) state plan amendment development	✓			✓
Public and tribal notice development	✓	✓		✓
Administrative rules d development	✓		✓	✓
Drafting of communications to Medicaid or CHIP members, providers and other stakeholders	✓		✓	✓

Project Elements	Stephanie Baume	Lori Coyner	David Rogers	Amber Swartzell
Assisting State staff in responding to Federal inquiries regarding Medicaid and CHIP	✓	✓	✓	✓
Policy guidance and support regarding required federal reporting	✓	✓	✓	✓
Participation in meetings and calls with State, CMS and other federal or state partners	✓	✓	✓	✓
Facilitation of meetings and calls with State	✓	✓	✓	✓
Serving as technical resource to State staff	✓	✓	✓	✓
Ad hoc policy analysis	✓	✓	✓	✓

KEY PERSONNEL RESUMES

The following pages contain the resumes of named key personnel proposed for this project.

Stephanie Baume, MSW

Allocation to This Project: 18%

Position

Senior Consultant, HMA Medicaid Market Solutions, Indianapolis, Indiana

Education

Master of Social Work – Social & Economic Development Policy, Washington University, St. Louis

Bachelor of Science – Social Policy Major - Psychology Minor, Northwestern University

Professional Experience

HMA MEDICAID MARKET SOLUTIONS (formerly SVC, Inc.), March 2011 – present

- Health policy consultation services to non-profit and governmental agencies.
- Development of Requests for Proposals (RFP) and Requests for Information (RFI) for Medicaid managed care and Section 1115 waiver programs.
- Policy research, analysis and recommendation development for Medicaid agencies on projects such as cost containment initiatives, disability processing, eligibility, 1915(i) programs and managed care program development.
- Medicaid managed care implementation support including scope of work development for procurements, presentation of policy options, development of quality metrics, waiver drafting, readiness review and policy and operational leadership.
- State Plan Amendment and Section 1915(b) and 1915(c) waiver drafting for a variety of Medicaid initiatives.
- Ongoing analysis of Affordable Care Act regulations and associated impact to Medicaid policies and operations for multiple states. Development of white papers and presentations detailing impact, state options and recommendations.
- Development of policies and procedures and training materials.

OFFICE OF MEDICAID POLICY AND PLANNING, Indianapolis, IN, Hoosier Healthwise Manager, November 2007 – August 2010

- Oversight, coordination and administration of the Hoosier Healthwise program, Indiana's Medicaid managed care program for low income families, children and pregnant women.
- Responsible for ensuring contract compliance of Medicaid Managed Care Organizations (MCOs).
- Managed program operations such as development and implementation of new policies, pay-for-performance payouts, capitation rate updates and coordination with State Fiscal Agent and Enrollment Broker.
- Responded to audits and reviews conducted by Federal and State oversight agencies including the Centers for Medicare and Medicaid Services (CMS) and the State Board of Accounts (SBOA).
- Developed and implemented standardized policies and procedures for contract monitoring and corrective action implementation.
- Management and oversight of Policy Analysts and Children's Health Insurance Program (CHIP) Manager.

- Recipient of 2008 Governor's Public Service Achievement Award for work on the Healthy Indiana Plan implementation.

Policy Analyst, September 2006 – November 2007

- Monitored performance and contract compliance of Medicaid MCO through onsite visits and review of operational and clinical data.
- Reviewed all MCO generated materials to ensure compliance with State and Federal regulations and State contract requirements.
- Evaluated access, quality and effectiveness of Medicaid managed care program.
- Assisted with quantitative and qualitative evaluation and improvement of program processes and outcomes.
- Researched and drafted written responses to program issues raised by contractors, providers, members and legislators.

CORO LEADERSHIP CENTER, St. Louis, Missouri, Women in Leadership Program Manager, November 2004 – March 2006

- Increased participant recruitment outcomes by 100% within first 6 months of employment.
- Coordinated alumnae outreach for recruiting purposes.
- Managed program budget and all logistical aspects of leadership training program.
- Executed marketing presentations at community events.

STATE REPRESENTATIVE 83RD DISTRICT, St. Louis, Missouri, Legislative Liaison, March 2004 – August 2005

- Managed all functions of district office including scheduling and community correspondence.
- Handled constituent issues and inquiries.
- Assisted in fundraising efforts.
- Developed campaign literature.

WASHINGTON UNIVERSITY, St. Louis, Missouri, Research Assistant, September 2002 – December 2003

- Drafted literature reviews and rationale for research proposals.
- Researched and updated appendixes for second edition of Social Work Career Development (NASW Press).

TURNING POINT BEHAVIORAL HEALTH CARE CENTER, Skokie, Illinois, Case Manager, August 2000 – October 2001

- Provided case management services to clients with chronic mental illness in scattered-site residential program. Responsible for home visits, assessments, treatment plan development and implementation.
- Linked clients to community resources and government funding.
- Facilitated socialization and activity groups.
- On-call emergency crisis work.
- Trained new staff and compiled training manual.

MENTAL HEALTH ASSOCIATION, Chicago, Illinois, Staff Assistant in Public Policy - Intern, September 1998 – December 1999

- Wrote position statements relating to current legislation & legislative proposals.
- Drafted testimony to be presented before the Illinois General Assembly Task Force on Mental Health Care and Patient Abuse.

- Participated in monitoring visits to state-operated mental health facilities. Written analysis of findings presented to the Office of Mental Health.
- Analyzed surveys distributed to case managers and consumers of mental health centers on quality of care.
- Managed all functions of district office including scheduling and community correspondence.
- Development of policies and procedures and training materials.

Lori Coyner (Lambert), MA

Allocation to this Project: 2%

Position

Principal, Health Management Associates, Inc., Portland, Oregon

Education

MA, Statistics (with distinction), University of New Mexico

Passed Ph.D. qualifying exam, University of New Mexico

BS Chemistry/Math, University of Puget Sound

Range of Experience

- Deep knowledge of Medicaid managed care and fee-for-service payment, capitation rate development, and alternative payment methodologies
- Extensive expertise in cost, quality and health metric development, analysis, and reporting
- Experience in Medicaid policy development including development and negotiation of Oregon's 1115 demonstration waiver and 1915 waivers.
- Adept at convening diverse stakeholders to work on common problems, strategic thinking, and planning and developing new systems.
- Over 20 years of experience in development of goals and strategies, budget development, implementation for multiple programs in health care policy, public health, and clinical research.
- Creative thinker comfortable working in a fast-paced, dynamic environment.
- Excellent management skills.
- Over 25 years of experience working with large data systems and analytics including administrative claims.

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., December 2017 - present

OREGON HEALTH AUTHORITY, Salem, OR, Medicaid Director, 2016-2017

OREGON HEALTH AUTHORITY, Salem, OR, Director of Health Analytics, 2013-2015

OREGON HEALTH CARE QUALITY CORP, Portland, OR, Director of Measurement and Reporting, 2008-2013

OREGON HEALTH & SCIENCES UNIVERSITY, Portland, OR, Lecturer, Department of Public Health and Preventive Medicine, 2000-2012

OREGON HEALTH & SCIENCES UNIVERSITY, Portland, OR, Senior Research Associate/Biostatistician, Department of Medicine, 2002-2008

UNIVERSITY OF NEW MEXICO HEALTH SCIENCE CENTER, Research Scientist III/Biostatistician, Center for Health Promotion and Disease Prevention, Department of Pediatrics, 1998-2000

UNIVERSITY OF NEW MEXICO HEALTH SCIENCE CENTER, Research Scientist III/Study Coordinator, Natural History Studies of HPV Infection, Department of Molecular Genetics and Microbiology, 1996-1998

UNIVERSITY OF NEW MEXICO, University Math Instructor, Department of Mathematics and Statistics, 1995

UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER, Programmer/Analyst, Department of Family and Community Medicine, 1990-1994

UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE, Research Assistant, Department of Anatomy, 1989-1990

ENSR CONSULTING AND ENGINEERING (FORMERLY ERT), Camarillo, CA, Air Quality Sciencist, 1984-1989

IOM COMMITTEE

Appointed to Committee on Core Metrics for Better Health at Lower Cost, Consensus Committee for IOM Report, Vital Signs: Core Metrics for Health and Health Care Progress, Institutes of Medicine, 2014 – 2015.

FELLOWSHIPS

Ladder to Leadership Fellow, Sponsored by Robert Wood Johnson Foundation and Center for Creative Leadership. Graduated July 2011.

Ladder to Leadership: Developing the Next Generation of Community Health Leaders is a collaborative initiative of the Robert Wood Johnson Foundation (RWJF) and the Center for Creative Leadership. The initiative aims to enhance the leadership capacity of community-based nonprofit health organizations serving vulnerable populations.

HONORS AND AWARDS

The Chair's Award for Excellence in Teaching, Department of Public Health and Preventive Medicine, Oregon Health Science University, 2006

SELECTED INVITED CONFERENCE PANELS AND WEBINARS

Panel presentation on incorporating quality and efficiency in rate development, Society of Actuaries Conference, Las Vegas, Oct 2016.

Presenter for Webinar, Incorporating Delivery System Reform Incentives into Medicaid Waivers: State and Federal Perspectives, NASHP, Nov 2015.

Presenter, Coordinated Care Model Summit: Incentive Metrics, Oregon Health Authority, December 2014.

Presenter for Webinar, Identifying Value in Multi-Payer Payment Reform: The Nuts and Bolts of Quality Measurement, NASHP, October 2014.

Conference panelist, State of Reform Conference, Portland OR, June 2014.

Presenter, Improving Quality – State Focus Oregon, 17th Annual Western Regional Conference, Women in Government, San Diego, CA, May 2014.

Presenter, Inequities in Rural Health, 30th Annual Oregon Rural Health Conference, Portland, OR, September 2013.

Conference panelist, On the Ground Insights into Payment Reform, The Pay for Performance Summit, Global Health Care, San Francisco, CA September 2013.

Conference panelist and speaker for the National Quality Forum National Meeting. Presented on Selecting Outcome, Quality and Efficiency Metrics: The Story of a Community Collaborative, Washington, DC, April 2012.

SELECTED PUBLICATIONS

Peer-Reviewed

Orwoll ES, Chan BK, **Lambert LC**, Marshall LM, Lewis C, Phipps KR. Sex steroids, periodontal health, and tooth loss in older men. J Dent Res. 2009 Aug;88(8):704-8.

Orwoll E, Nielson CM, Marshall LM**, Lambert L**, Holton KF, Hoffman AR, Barrett-Connor E, Shikany JM, Dam T, Cauley JA; Osteoporotic Fractures in Men (MrOS) Study Group. Vitamin D deficiency in older men. J Clin Endocrinol Metab.

2009 Apr;94(4):1214-22.

Parsons JK, Mougey J, **Lambert L**, Wilt TJ, Fink HA, Garzotto M, Barrett-Connor

E, Marshall LM. Lower urinary tract symptoms increase the risk of falls in older men. BJU Int. 2009 Jul;104(1):63-8

Mosbaek CH, Austin DF, Stark MJ**, Lambert LC**. The association between advertising and calls to a tobacco quitline. Tob Control. 2007 Dec;16 Suppl 1:i24-9.

Monographs

Davis SM, Cunningham-Sabo LCS, **Lambert LC**, Pathways to Health: A cancer prevention project for Native American schoolchildren and their families. In: Native Outreach: A report to American Indian, Alaska Native, and Native Hawaiian communities. Eds: Glover CS and Hodge FS. National Cancer Institute, NIH pub 98-4341, March 1999, 75-91.

Becker T, Robertson D, Puukka E, **Lambert L**. Improving Cancer Incidence Estimates for NW American Indians and Alaskan Natives. Presented to the U.S. President's Council on Cancer, Yakama, Washington, July 2002.

David A. Rogers

Allocation to this Project: 2%

Position

Principal, Health Management Associates, Inc., Tallahassee, Florida

Education

Graduate Certificate in Health Services Administration, Florida State University

Bachelor of Arts, Florida State University

Associate in Arts, Brevard Community College

Professional Experience

HEALTH MANAGEMENT ASSOCIATES, INC., September 2016 – Present
Consulting position with leading independent national research and consulting firm in publicly funded healthcare providing expertise and guidance to government agencies, health plans, providers, and other healthcare industry organizations.

Provide consulting services to develop healthcare strategies that deliver better outcomes for clients involved in publicly funded healthcare.

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION, Tallahassee, FL, July 2012 – September 2016, Assistant Deputy Secretary for Medicaid Operations; Assistant Deputy Secretary for Medicaid Health Systems,
Executive level appointments within Florida's state Medicaid agency. Functioned as chief operations officer for Florida Medicaid. Oversaw various Medicaid program and technology initiatives.

PUBLIC CONSULTING GROUP, INC., Boston, MA, Senior Advisor, October 2010 – June 2012
Consulting position with privately-held management consulting firm that primarily serves public sector education, health, human services, and other government clients. Provided wide array of consulting services to help state agencies implement Affordable Care Act (ACA) programs and other program initiatives.

MEDASSURANT, INC. (now Inovalon, Inc.), Bowie, MD, Director of Business Development, July 2009 – October 2010
Executive level position with then privately-held/now publicly-traded technology company providing data analytics and data-driven intervention platforms to health plans, health systems and pharma/life-sciences researchers. Led business development for company's proposed solution in Medicaid market.

APS HEALTHCARE, INC., White Plains, NY, July 2006 – May 2009,Vice President of Customer Support; Vice President of Development
Executive level business development and operations management positions with privately-held specialty healthcare company focused on public sector health and human services outsourcing. Led new product development and sales pursuits. Managed technology projects and program implementations. Served as member of Senior Leadership Team.

STATE OF IDAHO, DEPARTMENT OF HEALTH AND WELFARE, Boise, ID, Administrator, Division of Medicaid, July 2003 – June 2006

Executive level appointment in state health and human services agency. Designated as state Medicaid Director. Directed various Medicaid program and technology initiatives. Served as member of department Executive Leadership Team.

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION, Tallahassee, FL, May 1996 – April 2003, Administrator, Medicaid Physician Access System (MediPass) Section; Administrator, Long Term Care and Behavioral Health Section; Program Administrator, Home and Community-Based Waivers Unit; Medical/Health Care Program Analyst, Waivers Unit

Highly responsible professional and management positions within Florida's state Medicaid agency. Administered various Medicaid managed care, long-term care and behavioral health programs.

STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES, Tallahassee, FL, March 1995 – May 1996, Senior Human Services Program Specialists, Office of Adult Services; Senior Human Services Program Specialists, Mental Health Program Office

Responsible professional positions with state human services organization. Developed Medicaid-financed service delivery models for various special needs populations.

AREA AGENCY ON AGING FOR NORTH FLORIDA, INC., Tallahassee, FL, October 1989 – March 1995, Programs Manager; Medicaid Waiver Specialist; Director of Programs; Planner/Monitor

Professional and managerial positions with non-profit organization. Administered various federal and state-funded human services programs for the elderly and adults with disabilities.

Amber C. Swartzell, JD

Allocation to this Project: 18%

Position

Senior Consultant, HMA Medicaid Market Solutions, Indianapolis, Indiana

Education

Juris Doctor – Indiana University School of Law

Bachelor of Arts with highest honors – Communication Major, English and Organizational Leadership Minors – Purdue University

Professional Qualifications

Admitted to the bar – State of Indiana

Range of Experience

Prior to joining the SVC, Inc. team, Amber Swartzell was a staff attorney for the Indiana Family and Social Services Administration (FSSA), Indiana's health and human services agency, where she provided all divisions of the agency legal assistance in legislation analysis, administrative rule promulgation, and Medicaid State Plan and 1915(b) and 1915(c) waiver programs.

Ms. Swartzell is a licensed attorney with significant experience in the public sector and focused on various types of healthcare issues. Prior to law school, Ms. Swartzell worked for several homecare and durable medical equipment companies. She later worked for the Office of the Indiana Attorney General in both the Medicaid Fraud Control Unit and the Licensing Enforcement Unit, where she researched qui tam cases and represented the State of Indiana in administrative hearings before the Indiana Medical Licensing Board and Health Facility Administrators Board. Ms. Swartzell also has gained significant policy experience through her employment as a policy development lead and manager of state plans and waivers in the FSSA Office of Medicaid Policy and Planning.

Ms. Swartzell earned her Bachelor's Degree with highest honors from Purdue University. She later earned her juris doctorate from the Indiana University Robert H. McKinney School of Law.

Professional Experience

HMA MEDICAID MARKET SOLUTIONS (formerly SVC, Inc.), November 2016 – present

- Review, analyze and advise clients regarding new statutes and agency regulations related to healthcare reform initiatives

FAMILY AND SOCIAL SERVICES ADMINISTRATION, Indianapolis, IN, Staff Attorney, January 2016 – November 2016

- Served as privacy officer for the Office of General Counsel, including providing legal advice on confidentiality laws
- Drafted administrative rules and related documents
- Counseled clients regarding policy and program reform initiatives

FAMILY AND SOCIAL SERVICES ADMINISTRATION, Office of Medicaid Policy and Planning, Indianapolis, IN, April 2015 – January 2016

Manager of State Plans and Waivers

- Oversaw the staff responsible for the Indiana Medicaid State Plan and 1915(c) waivers, ensuring compliance with federal regulations
- Served as point of contact for all communications with CMS for all state plan amendment and waiver submissions and inquiries
- Collaborated with FSSA staff, CMS staff, and contractors to draft state plan and waiver amendments necessary due to policy reform initiatives

Government Relations Administrator, November 2013 – March 2015

- Collaborated with Medicaid acute care and long-term care reimbursement staff members to ensure upper payment limit (UPL) demonstrations were submitted to CMS timely
- Participated in various project teams to ensure state plan amendments were appropriately completed within project timeline

Policy Development Lead, September 2012 – November 2013

- Researched policy requirements in state and federal regulations, commercial insurance, and other state Medicaid programs
- Drafted policy documents and administrative rule amendments
- Interpreted Medicaid medical policy to assist with internal and external inquiries

OFFICE OF THE INDIANA ATTORNEY GENERAL, Indianapolis, IN, Deputy Attorney General, Licensing Enforcement, May 2011 – August 2012

- Reviewed and analyzed consumer complaints to determine if investigations should be opened concerning potential violations of statutes regulating various licensed professions
- Represented the State in administrative proceedings before the Indiana Auctioneer
- Commission, the Medical Licensing Board of Indiana, the State Board of Health Facility Administrators, the Manufactured Home Installers Licensing Board, and the State Board of Funeral & Cemetery Service
- Conducted settlement conferences and successfully negotiated settlements for twice the number of health facility administrator cases as were filed in the previous year
- Managed law clerk and case analysts' workloads

Law Clerk, Medicaid Fraud Control Unit, May 2009 – August 2009; August 2010 – May 2011

- Performed legal research on Medicaid fraud issues including excluded persons, restricted card claims, and off-label marketing

INDIANA UNIVERSITY HEALTH HOME CARE, Indianapolis, IN, Central Intake Representative, February 2006 – May 2011

- Coordinated home infusion, nursing, therapy, and medical equipment for patients discharging from all Indiana University Health hospitals
- Maintained knowledge of insurance qualification guidelines for various home medical services

INDIANA SECRETARY OF STATE, Securities Division, Indianapolis, IN, Legal Extern (through Indiana University – McKinney School of Law), January 2010 – April 2010

- Conducted legal research on a variety of securities violations, focusing on Indiana Loan Broker Act issues

- Drafted administrative pleadings

INDIANA LEGAL SERVICES, Senior Law Project, Indianapolis, IN, Legal Intern, May 2008 – August 2008

- Conducted legal research concerning various elder law topics and issues
- Prepared correspondence and interviewed potential clients
- Drafted state court pleadings

SUBCONTRACTORS

HMA is not proposing the use of subcontractors on this bid.

PERCENTAGE OF STAFF ALLOCATION

Table 8 illustrates the percentage of time each member of our project team proposes to be devoted, on average, to this project on a monthly basis.

TABLE 8: STAFF ALLOCATION

Team Member	Primary Work Assignment	% of Time Allocated
Stephanie Baume	Project Manager	18%
Lori Coyner	Subject Matter Expert	2%
David Rogers	Subject Matter Expert	2%
Amber Swartzell	Subject Matter Expert	18%

In addition to the key project personnel, we will leverage supplemental staff as needed to ensure we have the appropriate subject matter expertise to address evolving DHS policy goals and priorities. For example, we can call upon HMA staff experts with decades of experience in areas such as LTSS, behavioral health, managed care operations, payment models, value-based purchasing, care management, practice transformation, and insurance market reform to the extent future policy initiatives under the scope of this contract would benefit from such expertise.

3.2.5.3 RESERVED (FINANCIAL STATEMENTS)

HMA will provide financial statements if requested.