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Technical Assistance and Program Support for Iowa Medicaid (RFP MED-19-011)

Iowa Department of Human
Services

TECHNICAL PROPOSAL

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TAB 1 – TRANSMITTAL LETTER & BID PROPOSAL SECURITY

TRANSMITTAL LETTER

August 1, 2018

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

Dear Ms. Tavegia,

Sellers Dorsey is a national consulting firm with broad expertise in Medicaid policy, financing, and operations. Since our inception in 2000, we have assisted clients with innovative strategies to fund and strengthen their Medicaid and health care programs. We are excited about the possibility of serving the Iowa Department of Human Services (DHS) by providing technical assistance, support, and analysis on an array of issues.

Our reputation is one of innovation and accomplishment. We are known for being a nimble firm that can quickly assess the needs of clients, help them identify realistic, yet creative strategies, and work with them to overcome challenges and create better health care programs and services. Our firm – and the staff roster we offer to you in this proposal – includes former state Medicaid and human services officials, former Centers for Medicare & Medicaid Services (CMS) staff, and other health care industry executives and policy experts with robust skills in the development and implementation of delivery system reform, Medicaid financing, program administration, and quality improvement strategies. As we help clients navigate the ever-changing health care landscape, we help them realize opportunities that ultimately improve the lives and health of the individuals they serve.

Sellers Dorsey possesses technical skills, capability, capacity, and knowledge in all areas required to help Iowa DHS as described in the RFP. We understand DHS's overarching goal to help Iowans achieve healthy, safe, stable and self-sufficient lives through the programs and services it provides. Sellers Dorsey has worked in 39 states and territories, including Iowa, assisting Medicaid departments and providers with program design, stakeholder engagement, value-based payment models, managed care implementation and expansion, and policy development. We have also helped clients with analysis of federal regulations, development of state plan amendments (SPAs) and waivers, CMS negotiations, contractor oversight and monitoring, project management, and assessment of programs. Our work in each state has added new skills to our toolkit, and our experience in Iowa and our understanding of the State's Medicaid program and overall human services landscape make us uniquely qualified to serve you.

Sellers Dorsey's approach to this engagement will involve a collaborative team that includes Gary Jessee – one of our firm's senior practice leaders and a successful former Texas Medicaid official in his own right – who will be involved in every project and supported by subject matter experts, project managers, strategic advisors, and support staff. Sellers Dorsey guarantees quality, timely deliverables, and senior strategic guidance. The key personnel described in the proposal includes seasoned consultants and former Medicaid and deputy Medicaid directors, industry executives, and CMS staff, creating a multi-

faceted team with decades of combined experience advising clients, designing and operating Medicaid programs, and working successfully with diverse stakeholders.

Key Features of Sellers Dorsey's Approach

Working with Sellers Dorsey would offer DHS a wealth of benefits given our team's key strengths rooted in decades of successful experience operating Medicaid programs and working through many of the same challenges encountered by DHS staff. Our insights, informed by recent and relevant first-hand experience, will enable us to:

- Be proactive in becoming familiar with the unique contours of Iowa's human services agencies, business partners, and key stakeholders
- Anticipate your need for information and provide timely research and intelligence in response to new state and federal laws and guidance, as well as emerging health care industry trends
- Offer a diversity of research-based, objectively vetted policy and operational options that fit your needs
- Leverage our highly capable complement of staff to execute on tasks and enable you to achieve your critical policy and program objectives
- Assist the State to successfully design, obtain CMS approval for, and implement critical programs, contracts, SPAs, and waivers

The Sellers Dorsey team looks forward to the opportunity to work with DHS as the State tackles various goals and challenges in the future, focusing on meaningful work that will improve the health and well-being of the people of Iowa.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Jessee". The signature is fluid and cursive, with a large initial "G" and "J".

Gary Jessee
Managing Director

BID PROPOSAL SECURITY

Following this page please find the required bid proposal security in the form of a cashier's check.

Number of pages inserted: **One (1)**

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TAB 3 – RFP FORMS

RELEASE OF INFORMATION FORM

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Number of pages inserted: **One (1)**

PRIMARY BIDDER DETAIL & CERTIFICATION FORM

The signed original document can be found on the next page.

Number of pages inserted: **Seven (7)**

SUBCONTRACTOR DISCLOSURE FORM (NOT APPLICABLE)

Sellers Dorsey does not intend to utilize any subcontractor; this form is not included.

CERTIFICATION AND DISCLOSURE REGARDING LOBBYING

The signed original document can be found on the next page.

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TAB 4 – BIDDER’S APPROACH TO MEETING DELIVERABLES

As an overarching approach to client engagements, Sellers Dorsey believes in establishing and maintaining open, productive communication with each client in order to truly understand the client’s needs and how best to meet them. This approach to client servicing means taking time up front to understand the client’s political and social context, and also taking time on the back end to ensure quality control. This general philosophy underlies our approach to each of the specific deliverables described in this Scope of Work.

In line with this philosophy, each of our client engagements begins with a kick-off meeting during which our team and the client’s team are able to start developing a collaborative relationship and set expectations for our work together. This meeting also provides an opportunity to initiate any necessary knowledge transfer from the client so our team can gain a general understanding of the client’s structure, short and long-term goals and priorities, policies and procedures, and the political and social context surrounding the client’s day-to-day work. We would propose initiating the engagement with DHS.

We understand that successfully managing an engagement with DHS will require coordinating people and resources across multiple projects, communicating effectively with DHS staff and stakeholders, and integrating and performing project activities in accordance with Iowa’s overall program goals.

Specific project circumstances will influence the appropriate project management processes we employ. Our approach is adaptable; however, it always includes a focus on clear expectations and regular communication in order to build relationships that are geared toward achievement.

Some initiatives may have short timeframes with overlapping activities that require careful planning, extensive coordination, and timely execution to ensure the tasks are completed efficiently and on time. In developing each project plan, we carefully evaluate the level of effort and time required for each component task to target the appropriate resources. We will work with DHS staff to establish timelines and sequence tasks so research and analysis is completed as early as possible due to the interdependence of key decisions. The project plan may be either summary level or detailed, depending on the nature of the project. Using our team’s collective implementation experience, we will work to define the level of structure necessary to efficiently meet the desired project outcome.

Once a project plan is finalized, we will use internal tracking tools and project updates to continuously track, review, and regulate the progress and performance of the project, report on progress against

Our Approach to Quality Control

We know quality outcomes can only be achieved through high-quality processes. As such, our approach to successful project management and quality control typically requires:

- Identifying and documenting desired outcomes and requirements
- Addressing client concerns and expectations
- Establishing and maintaining timely and effective communication with the client’s team and other stakeholders
- Balancing competing project constraints, including scope, quality, schedule, budget, resources, and risks

specified milestones, identify any areas which may result in changes to the plan or our processes or activities, and initiate corresponding changes. We will communicate regular updates, as well as any challenges or concerns, to Iowa via regular phone calls and email updates. As required by the request for proposals (RFP), Sellers Dorsey will respond to all emails and telephone calls from DHS staff within eight business hours. When the Sellers Dorsey team is engaged to facilitate meetings, we will provide agendas for such meetings eight business hours prior to the meeting, and written notes within eight business hours of the meeting's conclusion, as required by the RFP.

Our executive sponsors, who are members of the Sellers Dorsey senior management team, carefully monitor progress on client engagements, regularly meeting and communicating with members of their project teams. Executive Sponsors also regularly meet with other senior leadership in the firm to communicate milestone achievements and potential project concerns and share ideas and solutions learned from various engagements.

As with most client engagements, Sellers Dorsey expects to produce written deliverables for submission to DHS. Written materials, such as reports, policies, waiver documents, and contract language will be reviewed internally by members of the project team and approved by the Executive Sponsor before they are submitted to DHS. When applicable, the Sellers Dorsey team will also draw on the expertise of other advisors within the firm, including several former state Medicaid directors and other health policy experts. Ultimate decision-making authority about a work product rests with the Executive Sponsor. Once materials are completed and submitted to DHS, we expect to use an open back and forth dialogue to discuss any edits or desired changes before finalization. As required by the RFP, Sellers Dorsey will ensure written deliverables are 100 percent free from grammatical, formatting, and technical errors.

The Executive Sponsor of the project reviews time allocation reports on a monthly basis to ensure resources are being utilized effectively. We track and review the progress and performance of the projects throughout their lifecycle. We measure and analyze project performance at regular intervals to provide insight into the health of the project and identify areas requiring additional attention. Our performance monitoring approach includes collecting, measuring, and communicating project performance information so clients can understand the current state of the project, the steps taken, and budget, schedule, and scope forecasts. To meet project-specific needs, we may adapt a range of monitoring techniques and reporting structures such as dashboards and project status meetings (e.g., face-to-face, virtual, formal, or informal) to keep clients informed.

In addition to the strategies described above, Sellers Dorsey will implement other processes that best meet the needs of DHS.

Task Area 1: Technical Assistance and Support for Federal and State Program Changes (1.3.1.1)

A. Complete analysis of required or proposed state or federal legislative policy changes impacting the Iowa Medicaid programs.

We will work to proactively monitor common sources of guidance that impact programs.

Sellers Dorsey will work with DHS staff to analyze and provide written feedback on any proposed policy changes that impact Medicaid or the Children’s Health Insurance Program (CHIP). We will work to proactively monitor common sources of guidance that impact programs, such as federal legislation, regulations, and executive actions, as well as Iowa state legislation during the annual legislative session. Sellers Dorsey will work with DHS staff to provide official or unofficial comments or feedback on proposed legislation, as necessary. When federal or state legislation that has potential to impact Medicaid or CHIP program operations becomes law, or in anticipation of significant legislation becoming law, Sellers Dorsey will complete an analysis and submit to DHS a briefing document summarizing the change and providing options for the State’s consideration related to any necessary program, operational, or system changes. See the sidebar for more details on our approach to briefing documents.

Following analysis, Sellers Dorsey will work with DHS staff, as needed, to identify policy options and to initiate an implementation plan or project to ensure compliance.

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).

Sellers Dorsey will proactively monitor CMS publications, such as State Medicaid Director Letters and State Health Official Letters, to identify guidance impacting Medicaid and CHIP. When CMS issues guidance that has the potential to impact Medicaid or CHIP program operations, Sellers Dorsey will analyze the guidance document and submit to the State a briefing document. See the sidebar for more details on our approach to briefing documents.

Briefing Document

Sellers Dorsey will complete an analysis and submit to DHS a briefing document summarizing the change and providing options for DHS consideration related to any necessary program, operational, or system changes. The briefing document will include:

- A summary of the guidance or proposed change
- History or context of the guidance
- Program or operational considerations for DHS, such as
 - SPA or waiver amendments
 - MCO contract changes
 - Administrative rule changes
 - System changes
 - Internal policy or manual changes
- A high-level timeline of required DHS actions

Following its analysis of the CMS guidance, Sellers Dorsey will work with DHS staff, as needed, to identify policy options and to initiate an implementation project to ensure compliance.

C. Present the Agency with policy options and draft work plans to guide the State’s implementation of program changes.

As described above, following the passage of new legislation or publication of new policy guidance impacting Medicaid or CHIP, Sellers Dorsey will fully analyze the change and summarize its potential impact on Iowa programs. Included in our analysis will be a summary of required and optional changes, with recommendations and options on how to implement the new requirements to ensure compliance and to best achieve program goals. After working with DHS staff to vet implementation options, engage in any necessary fiscal analysis, and make and clearly document any key decisions, Sellers Dorsey will develop a draft work plan for DHS approval outlining roles and responsibilities for staff involved in the project and a timeline for implementation. Specific areas of consideration that will be included in each work plan may include: policy, financial, program operations, program eligibility, systems, contract oversight, and other categories, as appropriate. If desired, Sellers Dorsey will also work with DHS staff to facilitate a kick-off meeting for the implementation project to brief key staff on the project, identify key implementation leads, finalize the work plan, and schedule future meetings to ensure continued and consistent progress on implementation.

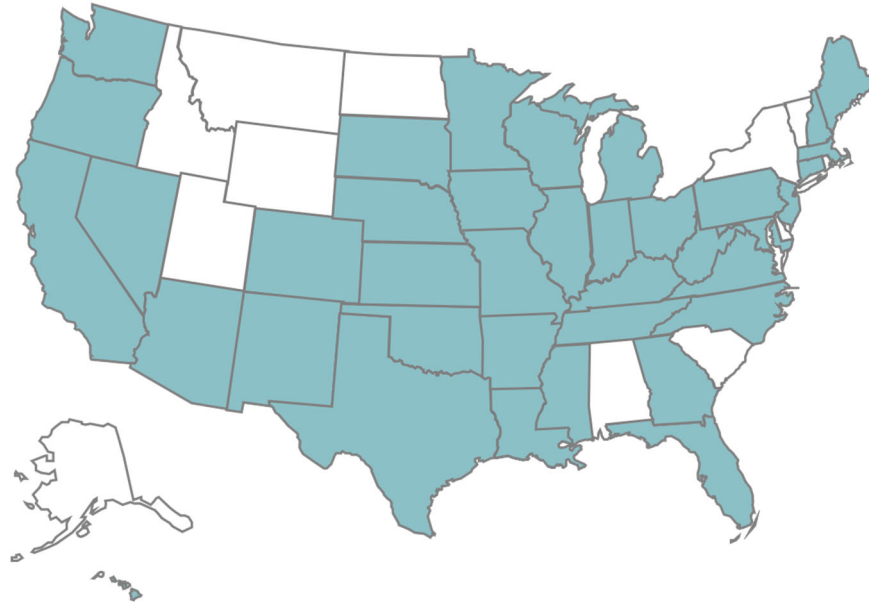
D. Research and identify Medicaid and CHIP program national best practice standards for State leadership consideration.

After initiating our engagement, Sellers Dorsey will meet with DHS staff to identify and better understand the State’s short and long-term goals and priorities for its Medicaid and CHIP programs. This will help the Sellers

Sellers Dorsey will rely on its team of strategic advisors to help identify, document, and recommend best practices to DHS staff.

Dorsey team better focus its research efforts. After establishing a prioritized list of desired research topics (e.g., value-based purchasing, managed long-term services and supports, opioids), our team will complete an environmental scan of key states (e.g., states whose Medicaid programs are similar to Iowa, states known to operate innovative programs, etc.) to identify and document best practice standards related to each research topic. Sellers Dorsey will also rely on its team of strategic advisors, which includes former state Medicaid directors from several states, as well as the expertise of other Sellers Dorsey experts from across the firm, to help identify, document, and recommend best practices to DHS staff. Collectively, the firm currently works with clients in more than 30 states and is positioned to quickly research best practices in those states and others for this engagement. Following this research, Sellers Dorsey will summarize key findings in a written report and present Iowa state leadership with options, as appropriate, for implementing identified best practices in Iowa.

Figure 1: States in which Sellers Dorsey Has Worked



E. Serve as the technical resource to State staff, using Contractor’s expertise to anticipate CMS questions and minimize CMS approval timelines.

Our approach will be proactive. For major projects that require CMS approval, we believe it is best to engage CMS early in the implementation plan.

As we describe below, the Sellers Dorsey team for this engagement has extensive experience working with states to negotiate with CMS. Members of the team also have experience from their previous roles in state government working directly with CMS to submit SPA and waiver applications, negotiate issues around rate and managed care contract reviews, respond to questions, and ensure timely approvals. Our approach will be proactive. For major projects that require CMS approval, we believe it is best to engage CMS early in the implementation plan. This may involve drafting and submitting to CMS a concept paper describing the proposed project and then setting up recurring conference calls with key CMS and DHS staff to talk through the project. We also find it highly effective to work iteratively with CMS and continue to engage them throughout implementation by submitting drafts of required program documents, such as SPAs or waivers, for CMS’ informal review and comments. This ensures CMS is familiar with the project once a formal submission is made, major questions or sticking points have already been addressed, and approvals can be expedited.

Task Area 2: Policy Support Services to Ensure Federal Compliance (1.3.1.2)

A. Provide support for policy development of State initiatives impacting Medicaid and CHIP, as requested.

Sellers Dorsey will work collaboratively and in partnership with DHS staff to support ongoing policy development related to Medicaid and CHIP. As described above, our project team will complete an analysis and make recommendations to DHS staff on any new initiatives or projects resulting from new legislation or federal policy guidance. Sellers Dorsey’s proposed team for this engagement, which includes several former state Medicaid officials and policy advisors, understands that policy development is a complex and ongoing process. We recognize policy does not merely live in a SPA or waiver. Complex program implementations have downstream impacts on state administrative rules, policy manuals, beneficiary materials, provider manuals, and many other policy documents. Effectively developing and implementing new policy requires understanding the impacts of a new policy internally

An important key to effective policy development is fully understanding potential impacts across the health system and minimizing unintended consequences.

(e.g., systems changes, operational changes, policy document changes, training) and externally (e.g., MMIS vendor, enrollment broker, managed care organizations (MCOs), providers, beneficiaries). An important key to

effective policy development is fully understanding potential impacts across the health system and minimizing unintended consequences. Too often, state Medicaid agency staff can become siloed – which can be inevitable given the highly specialized nature of their work and expertise – and do not always recognize the broader impact a new policy may have on their area, or what downstream impacts a change to their piece of the Medicaid system might have on others.

Sellers Dorsey, with its extensive experience as a firm working with other state Medicaid programs, as well as the state Medicaid agency experience of its individual consultants, will be uniquely positioned as a neutral third party to help Iowa state agency staff see beyond their siloes and understand the big picture when new policies are being implemented. The Sellers Dorsey team will work with DHS staff to identify these multilayered policy impacts and ensure a holistic approach to policy development.

B. Provide policy guidance to Agency staff to support ongoing operations of Iowa’s current Medicaid and CHIP programs.

In addition to providing technical assistance to Iowa on new project implementations, the Sellers Dorsey team will work collaboratively and in partnership with DHS staff to support the regular, ongoing operations of Iowa’s current Medicaid and CHIP programs. Our proposed project team, which includes many former state staff, understands and appreciates the inherent challenges of the ongoing operations of a state Medicaid program. Agencies are often forced to dedicate the majority of their human and financial resources toward program implementations and responding to the demands of executive and legislative leadership, leaving less space and time to be thoughtful about how best to actually operate programs.

Sellers Dorsey will work with DHS staff not only to support their ongoing operational activities, but to brainstorm

Sellers Dorsey will work with Iowa staff to brainstorm ways to improve and streamline ongoing operational activities to make the best use of existing resources.

ways to improve and streamline those activities to make the best use of existing resources.

Another pain point we have identified in state Medicaid programs is an apparent disconnect between a program implementation and that program's transition to the ongoing operational phase. During this transition, institutional knowledge is not always transferred appropriately, which can prevent operational staff from anticipating potential pitfalls related to the new policy or program. Our team will work with DHS staff to ensure successful transitions from implementation to operations, ensuring knowledge is documented and transferred effectively and appropriately, and that operational staff have a full and complete understanding of the program changes they are being asked to operationalize.

C. Assist in drafting required federal authority documents necessary to secure federal approval for new or updated Medicaid or CHIP policy changes, including, but not limited to:

- a. State Plan Amendments (SPAs)**
- b. Section 1115 Demonstration Waivers**
- c. Section 1915(b) Waivers**
- d. Section 1915(c) Waivers**
- e. Section 1915(i) Waivers**
- f. Public and Tribal Notices**

One of the most important considerations in developing and submitting a SPA or waiver document to CMS is the timeline. Creating and adhering to a project timeline helps ensure the State can secure its desired effective date and minimize the risk that a program implementation will be delayed for lack of CMS approval, which can be costly to the State. Development of an effective timeline begins with a kick-off meeting for the SPA or waiver project, which includes key program, operations, system, and financial staff, as appropriate. Sellers Dorsey will work with DHS to schedule a kick-off meeting for each SPA or waiver project. The objective of the kick-off meeting will be to understand the project objectives, identify key project staff, outline roles and responsibilities of DHS and Sellers Dorsey staff, and understand project milestones and target submission dates. Following the kick-off meeting, Sellers Dorsey will work with DHS staff to develop and distribute to the project team a comprehensive project timeline.

Sellers Dorsey has extensive experience developing SPAs and waivers related to program eligibility, program benefits, reimbursement, and other administrative topics.

Throughout each project, Sellers Dorsey will work with DHS staff to develop the required SPA and waiver documents, including any required supporting documentation. Sellers Dorsey has extensive experience developing SPAs and waivers related to program eligibility, program benefits, reimbursement, and other administrative topics. Our team has also participated in the development of waiver applications, waiver amendments, and waiver renewals related to Section 1115 waivers, 1915(b) waivers, and 1915(c) waivers, as well as applications and amendments for 1915(j), 1915(k), and 1915(i) SPAs. While the needs of each state and each project vary widely, our team has extensive experience drafting and working with CMS to secure approval for these types of applications and can bring its lessons learned to bear to assist Iowa with these complex projects. For example, Sellers Dorsey staff assigned to the proposed Iowa engagement have worked to develop and secure approval for a SPA implementing the Community First

Choice (CFC) option under Section 1915(k) of the Social Security Act in the State of Texas, a particularly complex SPA project.

Ideally, CMS will approve a SPA or waiver project timely and without the need for additional questions. However, we understand that no matter how well-written the SPA or waiver proposal, additional questions from CMS are likely, especially on complex projects. Sellers Dorsey staff have extensive experience negotiating with CMS to secure approval for SPAs and waivers. Our general approach is to establish an open and respectful relationship between the State and the federal officials at CMS. For highly complex projects, such as an 1115 waiver, this may involve setting up regular conference calls with CMS to talk through issues and gradually move toward approval. Another best practice we recommend for complex projects is proactively engaging CMS prior to formally submitting a SPA or waiver application. By establishing a dialog with CMS during the planning stage – often by submitting a concept paper – the review and approval process can be streamlined and CMS questions can be obviated by developing a better application packet up front.

D. Assist in drafting state-specific documents for program implementation, including, but not limited to:

- a. State administrative rules**
- b. Communications to Medicaid or CHIP Members, Medicaid providers, and other interested stakeholders**
- c. Draft work plans for policy implementation**

As part of a policy or program implementation, the Sellers Dorsey team will assist DHS staff to assess the need for new or amended administrative rules, and if appropriate, will work with DHS staff to draft and obtain approval to publish new or amended administrative rules. Sellers Dorsey recognizes crafting administrative rules requires a difficult balance – too much specificity can make state agencies less nimble and able to respond to changing requirements, while a lack of specificity can result in stakeholder confusion. Our team will work with DHS staff to find the right balance to design rules that are useful and effective without being overly prescriptive.

Effective communication between a state agency and its stakeholders makes the entire system run smoothly and efficiently by reducing the friction that naturally occurs between these parties.

Effective communication between a state agency and its stakeholders makes the entire system run smoothly and efficiently by reducing the friction that naturally occurs between these parties. Clear, concise provider and member materials ensure everyone is on the same page. They reduce confusion and frustration, and thus, have the potential to reduce complaints that arise from confusion and frustration. Sellers Dorsey’s proactive and hands-on approach to stakeholder engagement is grounded in successful client engagements that have helped improve stakeholder relations, and also in the previous state agency experience of members of the proposed team for this engagement. Establishing productive relationships with stakeholders can begin with well-written manuals, forms, and other collateral, but it also extends to how effectively the agency is able to engage with stakeholder groups. In assisting state Medicaid programs, Sellers Dorsey strongly recommends a proactive stakeholder engagement approach that establishes open lines of communications – through public hearings, listening sessions, and small

group meetings – to ensure stakeholders always feel heard. Making stakeholders feel they are part of the team, rather than adversaries, not only reduces provider and member abrasion, but provides a valuable opportunity for state staff to benefit from the experience and ideas of key stakeholders.

As noted above, as part of any major implementation, Sellers Dorsey will work with DHS staff to develop a work plan for the State’s approval outlining roles and responsibilities and a timeline for implementation. If desired, Sellers Dorsey will also work with DHS staff to facilitate a kick-off meeting for the implementation project to brief key staff on the project, identify key implementation leads, finalize the work plan, and schedule future meetings to ensure continued and consistent progress on implementation. In most major projects, part of the work plan is an external communications plan. Sellers Dorsey is committed to ensuring any implementation work plan addresses not only the internal needs of the state agency, but also includes a well-conceived plan for communicating changes and soliciting feedback from key stakeholders, as appropriate. By taking a proactive approach to stakeholder communication as part of the implementation work plan, DHS staff can help ensure greater buy-in from its stakeholders, reduce confusion, and foster partnerships that will improve the likelihood of operational success.

E. Assist State staff in responding to Federal inquiries regarding Medicaid and CHIP programs.

As discussed above, Sellers Dorsey contends that effectively handling CMS questions begins with establishing and maintaining a productive, collaborative, and open relationship with CMS. Leveraging existing standing meetings (such as ongoing calls related to SPA or waiver approvals) to build rapport can pay dividends when CMS comes to the State with questions or issues. Sellers Dorsey can assist DHS staff to build and maintain a trusting relationship with CMS and create a state-federal partnership that will ultimately make it easier to respond to federal inquiries. When such inquiries do inevitably arise, the Sellers Dorsey team is well positioned to assist DHS staff to research any identified issues, vet answers, and provide clear, concise responses to CMS. The goal in any such engagement is to provide clear enough answers the first time so as to eliminate the need for lengthy back and forth.

Effectively handling CMS questions begins with establishing and maintaining a productive, collaborative, and open relationship with CMS.

We recognize federal inquiries sometimes extend beyond the ongoing relationship with CMS staff and may include audits from the federal Office of Inspector General or the Government Accountability Office. These types of federal audits can be extraordinarily time consuming for state staff, as federal auditors may lack the historical, political, and programmatic context to fully understand the data they are requesting without significant assistance from seasoned state staff. Members of the proposed Sellers Dorsey team have considerable previous experience at state agencies navigating federal audits. Our team can help DHS staff absorb the unexpected workload that can come from audits, educate federal auditors, and provide clear, concise responses.

F. Provide policy guidance and requested support to Agency staff regarding required federal reporting.

Complying with federal reporting requirements for Medicaid and CHIP involves not only great attention to detail, but also active research and monitoring to identify changes in reporting requirements over time and their implications for states. Required

Sellers Dorsey will support state staff to ensure factually accurate reporting and help the State stay up-to-date on reporting requirements if and when they change.

reporting for 1115 waivers, for instance, requires accurately compiling data that often must be collected from disparate sources, making the reporting particularly complex. While other federal reporting, such as 372 reports for 1915(c) waivers, may not be as complex, ensuring data accuracy and a quality work product is hugely important, and helps reduce abrasion in the relationship between a state and its federal partners. The Sellers Dorsey team stands ready to assist Iowa with both aspects of federal reporting, supporting DHS staff to ensure factually accurate reporting, as well as helping the State stay continually up-to-date on reporting requirements if and when they change. By supporting Iowa to maximize the accuracy and efficiency of its federal reporting, Sellers Dorsey can potentially help the State realize savings in time and, by correcting errors before they are submitted, money.

G. Participate in meetings and calls with State staff, CMS staff, and other federal or state partners.

As noted above, the proposed Sellers Dorsey team includes individuals with years of experience working at state agencies and participating in meetings with CMS, other state agencies, and legislators. The Sellers Dorsey team can

As a neutral third party, Sellers Dorsey can help negotiate competing interests and keep meetings on track, ensuring effective use of staff time.

assist DHS staff by helping to plan and streamline meetings, ensuring timely distribution of both meeting agendas and meeting minutes, as appropriate. We recognize that competing interests between state agencies, within state agencies, and between a state and its federal partners can sometimes make effective meetings difficult. The team can work with DHS staff to plan an effective strategy for calls and meetings. As a neutral third party, the Sellers Dorsey team can also help negotiate these competing interests and keep meetings on track, ensuring effective use of staff time. We can also help DHS staff educate their state and federal partners (such as legislative staff) to improve relationships and make for better informed decision making.

H. Facilitate weekly calls with State staff and the Contractor.

Sellers Dorsey staff will work with DHS staff to schedule weekly conference calls, as well other ad hoc conference calls, as needed.

Sellers Dorsey staff will work with DHS staff to schedule weekly conference calls, as well as other ad hoc conference calls, as needed. We will work with DHS staff to develop agendas and distribute agendas ahead of each call. As required by Section 1.3.1.2 of the Scope of Work, Sellers Dorsey agrees to distribute meeting agendas no later than 8 business hours prior to each weekly or ad hoc conference call. Sellers Dorsey will also record and disseminate minutes for each call. Meeting minutes will include a

list of current open action items along with the assigned staff person, as well as an ongoing tracking log that will include a record of historical issues from previous calls. As required by Section 1.3.1.2 of the Scope of Work, Sellers Dorsey agrees to distribute meeting minutes no later than 8 business hours after the conclusion of each weekly or ad hoc conference call.

I. Serve as a technical resource to State staff.

Sellers Dorsey brings decades of experience, as well as a genuine passion for helping our clients better serve Medicaid beneficiaries, to bear as a technical resource for Iowa.

As part of this engagement, Sellers Dorsey’s goal is to form an effective and fruitful partnership with DHS staff that will help staff do their jobs more efficiently, run programs more effectively, and work relentlessly toward achieving their goals for their agency and

programs. Our proposed team is composed largely of former state Medicaid agency staff. As described in more detail below, these are seasoned Medicaid policy and program experts with decades’ combined experience running Medicaid programs, negotiating with CMS, liaising with legislative staff, forming relationships with stakeholders, and developing sound, evidence-based policy. It is our firm’s intention as part of this engagement to bring that experience, as well as our team’s passion for helping our clients better serve Medicaid beneficiaries, to bear as a technical resource for Iowa. We recognize that achieving the goals of policy development and other tasks described in the Scope of Work are not an end in themselves, but a means toward the end of better serving Medicaid beneficiaries and ensuring they receive quality, timely, cost-effective care while being a responsible steward of taxpayer funds. Sellers Dorsey looks forward to the opportunity to leverage its considerable knowledge and experience in the Medicaid space as a resource to help Iowa achieve this goal.

Task Area 3: Ad Hoc Analysis (1.3.1.3)

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.

The proposed Sellers Dorsey team for this engagement has extensive policy research and analysis experience, both through their current work with the firm, as well as through their previous work at state agencies. We recognize

Sellers Dorsey recognizes that operating effective programs begins with well-conceived, evidence-based, thoughtful policies.

that operating effective programs begins with well-conceived, evidence-based, thoughtful policies. Sellers Dorsey will work with DHS staff to vet policy options, providing the State a thorough review of alternatives and unintended consequences, as well potential impacts to the budget, staffing, systems, operations, and stakeholder relations. In completing such analyses, Sellers Dorsey will rely on its decades of combined experience both running and consulting for Medicaid programs, as well as its ongoing research into trends and best practices from other state Medicaid programs. The Sellers Dorsey team will provide such analyses either fully completed or provide DHS staff review and comment on analyses completed by DHS staff, as appropriate.

B. Provide other analyses as identified by the Agency.

The Sellers Dorsey team will provide additional analytical assistance to DHS staff, as requested.

TAB 5 – BIDDER’S BACKGROUND

EXPERIENCE (3.2.5.1)

Level of Technical Experience in Providing Services Sought (3.2.5.1.1)

Our Services

Sellers Dorsey has significant experience in a variety of domains relevant to the work of the Iowa DHS and included in the Scope of Work in the RFP. These areas of expertise and services offered include:

- Developing and implementing programs to drive health care system transformation
- 1115, 1915(b), and 1915(c) waiver design and implementation
- SPA development, including development of 1915(i) 1915(k), and 1915(j) SPAs
- Policy analysis, alignment, and implementation
- Management of complex projects
- Assessment of programs, financing models, and systems
- Stakeholder engagement and management

As a national health care consulting firm with extensive background in Medicaid policy, financing, and operations, Sellers Dorsey possesses technical, policy, and strategic expertise and experience in all areas required to help support Iowa in its efforts around ongoing policy development and operations of its Medicaid and CHIP programs. We understand the Iowa DHS’ overall mission to “help Iowans achieve healthy, safe, stable, and self-sufficient lives through the programs and services we provide,” articulated in its most recent Strategic Plan, and stand ready to assist the State to carry out that mission. Our history of success in Medicaid innovation, our experienced and knowledgeable consultants, and our focus on innovative program design and viable solutions will enable the firm to deliver high value results for DHS and assist in achieving its program objectives.

With nearly 20 years of experience in publicly-funded health care programs, Sellers Dorsey has worked in 39 states on a wide range of Medicaid finance, program, policy, and operations projects. By partnering with and providing critical strategic guidance to a variety of clients including state Medicaid programs, hospitals, physician groups, MCOs, long-term services and supports (LTSS) providers, and others, Sellers Dorsey has addressed health care challenges from all angles and has advanced the goals of its clients. Instrumental to this work is the firm’s diverse and well-rounded team of consultants, based in Pennsylvania, California, Texas, Ohio, Michigan, Washington, New Mexico, and other states, tracking

Medicaid program innovations and learning from state solutions.

Our team includes consultants and senior advisors who have not only managed complex programs and projects for clients at Sellers Dorsey, but who have previously served as Medicaid directors, deputy Medicaid directors, and senior policy analysts for state Medicaid programs in Texas, Pennsylvania, Ohio,

Tennessee, and California. These staff have first-hand experience running the day-to-day operations of a Medicaid program and responding to pressure from state and federal leadership, all while implementing new programs to better serve Medicaid beneficiaries. In short, Sellers Dorsey staff are respected thought leaders in the health care industry in diverse states who are well-positioned to serve as a partner with DHS to successfully operate its Medicaid and CHIP programs.

In the following section, we describe recent projects working with state Medicaid and other government programs across the country. In order to demonstrate our ability to perform the services described in the RFP, we have divided the section by domains listed in the Scope of Work, and have included information about key services utilized to meet the project goals.

SPA/waiver development and process support

Sellers Dorsey has robust experience helping states develop SPAs and waivers. Our work has included helping draft and ensure the successful approval of more than 20 SPAs collectively, including those for initiatives in Wisconsin, Texas, New Mexico, Louisiana, Nevada, Pennsylvania, New Jersey, Ohio, Iowa, Indiana, Mississippi, and California. Each required approval from CMS, and Sellers Dorsey played key roles in associated negotiations. Sellers Dorsey has extensive experience drafting and negotiating waivers for Medicaid eligibility expansion, delivery system reform incentive payment programs, and home and community-based services (HCBS) programs. In this capacity, we have also performed budget neutrality calculations. Sellers Dorsey supported the State of Wisconsin and the Commonwealth of Pennsylvania with 1115 coverage expansion waiver applications.

Members of the Sellers Dorsey team for the DHS engagement also bring to the table extensive experience from their previous state Medicaid agency work in drafting, submitting, and negotiating the successful CMS approval of SPAs and waivers. The team's specific experience includes successful work on:

- Routine program, eligibility, administrative, and reimbursement SPAs
- 1915(j) (self-direction), 1915(k) (Community First Choice), and 1915(i) (home and community-based services) SPAs
- 1915(b), 1915(c), and combination 1915(b)/(c) waivers
- Managed care models authorized under 1915(a)
- 1115 waivers, including women's health and system transformation waivers involving supplemental payments
- State administrative rules
- Public notices, hearing notices, and tribal notices

Our Services, Continued

- Procurement and contracting
- LTSS, including managed LTSS (MLTSS)
- Payment reform, including value-based purchasing
- Strategic planning for government programs and providers
- Performance measurement and evaluation
- Medicaid finance
- Performance-based contracting, including contracting with MCOs
- Negotiating with CMS and familiarity with federal rules and guidance

Policy development and operations oversight

Sellers Dorsey has experience providing technical assistance to Medicaid programs striving to assess, develop, and evaluate new models and programs to serve Medicaid beneficiaries. Sellers Dorsey also has significant experience assessing benefit packages, eligibility and enrollment, and coverage, as demonstrated through an engagement with the Texas Health and Human Services Commission (HHSC). Sellers Dorsey, as a subcontractor of Leavitt Partners, assisted HHSC with the development of a procurement strategy for a managed care pilot program for individuals receiving 1915(c) home and community-based waiver services for individuals with intellectual and developmental disabilities (IDD). In helping to design the program, Sellers Dorsey:

- Reviewed and analyzed Request for Information (RFI) responses and recommended policy and program strategies to address concerns raised by stakeholders
- Designed and developed a model for the pilot structure
- Wrote an RFP in collaboration with state staff
- Managed and obtained stakeholder input including facilitating stakeholder forums to gather input on the IDD managed care pilot
- Recommended policy, program, and reimbursement strategies to the State, with stakeholder input
- Designed and developed a procurement evaluation process
- Developed readiness review criteria, timelines, and work plans for the pilot

Texas made RFP awards, but due to operational challenges and competing priorities, the State opted not to move forward with the pilot. However, some of the IDD program requirements developed for the pilot were incorporated into a recent Texas Medicaid managed care procurement. State staff were able to take what they had learned from working with Sellers Dorsey and Leavitt Partners on the pilot program structure and translate concepts and strategies to future program changes.

In addition to policy work, Sellers Dorsey has considerable experience assisting program operations, and in 2015, our team provided these crucial skills to the Commonwealth of Pennsylvania to assist with the Community HealthChoices (CHC) program, the State's Medicaid managed long-term services and supports (MLTSS) program. The initiative is currently in its first phase of implementation. A detailed outline of our collaboration with this client is provided later in the proposal.

Sellers Dorsey's experience, coupled with the work our team members completed as administrators and high-level staff in various state Medicaid programs with mature managed care systems, uniquely positions the firm to partner with DHS to enhance its monitoring processes for state contractors. Monitoring the operational and financial performance of MCOs and other state contractors is a cornerstone of a successful Medicaid program in Iowa and provides another tool for your staff to guarantee better care and access for the vulnerable populations it serves.

Policy and legislative analysis

Sellers Dorsey has served as a consultant to multiple state Medicaid programs including Pennsylvania, Wisconsin, Tennessee, Ohio, Colorado, and Nevada, where interpreting and providing guidance and analysis on federal rules and regulations was a key piece of our engagement. Our considerable

experience has taught us every state environment is different and requires innovative solutions to meet federal, state, and regional needs.

In addition, we have used our analysis and understanding of federal regulations to advise states on payment models that comply with the recent federal Medicaid managed care rule regarding directed payments. We have helped states receive CMS approval for programs that are aligned with this federal guidance. Our knowledge of federal payment rules enables us to inform our clients about risk models and quality and savings drivers so they can participate in value-based programs in a meaningful way. Sellers Dorsey has developed a “roadmap” for clients interested in value-based purchasing and other innovative payment arrangements. Our value-based roadmap walks clients through key considerations for value-based programs, including:

- Identification of the client’s overall program goals
- Eligibility criteria
- Performance metrics, including baseline and benchmark measures
- Data collection and analysis
- Payment structures
- Implementation logistics
- Program evaluations

Using this roadmap, we have facilitated our clients’ ability to navigate the shift from volume to value and embrace the focus on value to drive impact while complying with federal guidelines.

Currently in Ohio, we are consulting with the Ohio Department of Medicaid (ODM) physician leadership and MCOs in the State regarding how their value-based strategy aligns with the Medicaid managed care final rule. We are also working with the client to offer recommendations on how to design and align ODM’s upper payment limit program to meet the regulatory requirements. This effort includes development of the program specifications, alignment with ODM’s Quality Strategy, and development of measures and payment methodologies that reward value-based solutions. We will negotiate on behalf of our client until CMS approval is obtained.

In Tennessee and Hawai’i, we are working with several physician practice plans affiliated with academic medical centers in designing their value-based payment model. Our role is to advise our clients on the design and development of value-based solutions that align with the CMS guidance on directed payments.

Much of Sellers Dorsey’s recent Medicaid financing work stems from its efforts to assist clients in identifying new opportunities related to and complying with CMS’ recent Medicaid managed care regulations. In May 2016, CMS released final updates to the rules governing Medicaid managed care programs. These updates were extensive and covered a vast array of topics, including pass-through payments. The final rule provided additional clarity around supplemental payment programs in managed care. Thus, any new supplemental payment program will require compliance with the new CMS rules that allow directed payments as long as they are tied to value-based purchasing, delivery reform, or a minimum or maximum fee schedule. Sellers Dorsey has done considerable work to analyze the recent managed care regulations, as well as guidance from CMS, and has worked to successfully guide several clients toward compliance.

Project management

Effective project management includes identifying barriers and helping clients address challenges by improving operational and business processes. Most, if not all, of Sellers Dorsey's engagements include some degree of project management, and we have built a team for this engagement with extensive and varied experience managing projects ranging from waiver submissions to RFPs to implementation of new legislation. We understand that project management is more than simply maintaining tracking sheets and timelines. Rather, it requires a deep understanding of the subject matter, open and respectful communication between project stakeholders, and commitment to a clearly defined project goal. In short, we believe project management begins with ensuring the project team's understanding of and commitment to a common goal. With our decades of combined experience managing projects for states and private clients, Sellers Dorsey stands ready to assist DHS staff to take their project management to the next level and reduce the burden of project management for over-burdened state staff. The successes of our past work with clients demonstrate our ability.

Sellers Dorsey's engagement with the University of California, for example, showcases our effective approach to and experience with project management. Our firm is currently identifying opportunities for our client to partner with MCOs in a more robust way to reduce costs and improve care management while creating an opportunity for enhanced federal revenue. A detailed outline of our collaboration with this client is provided later in the proposal.

Sellers Dorsey is also currently providing extensive project management work to Colorado Medicaid related to their Hospital Transformation Program (HTP). Our approach to project management for the HTP project exemplifies Sellers Dorsey's project management approach to other engagements with state agencies. Specific examples of project management work involved with the HTP include:

- Development of a plan that provided guidelines, processes, and procedures for the stakeholder engagement process both for HTP development and for stakeholder engagement requirements with respect to a Section 1115 Medicaid waiver
- Heavy involvement in the actual stakeholder engagement process including participating in monthly subject matter expert workgroup meetings with Health Care Policy and Financing (HCPF) staff and facilitating and managing monthly external stakeholder meetings (including drafting all meeting materials and agendas)
- Creation of a program framework document, which included all key dates and benchmarks for HTP development and implementation and captured a comprehensive framework for the implementation of the program and its operation
- Project management support for relevant SPAs for the HTP including assistance with preparing for and participating in conference calls with CMS officials

A detailed outline of our collaboration with this client is provided later in the proposal.

Experience in Iowa

Sellers Dorsey believes it is critical for any consultant to have a foundational understanding of the client's context to provide effective strategic advice and other assistance. Our firm has considerable experience in the State of Iowa, working with both state agencies and other governmental entities.

The firm is currently contracted by the Iowa Department of Aging to help facilitate improved relationships between Iowa’s Area Agencies on Aging (AAAs) and the Department. The eventual goal of this engagement is to improve business processes, ensure effective collaboration between the Department and its stakeholders to reduce duplication of efforts around service offerings, and help the State obtain federal financial participation (FFP) for certain eligible administrative activities already undertaken by the AAAs. Although this engagement only began in June 2018, the Sellers Dorsey team has already had a successful onsite visit with Department of Aging staff, DHS staff, and representatives from the AAAs.

In addition to this engagement, Sellers Dorsey has worked with Iowa clients on initiatives related to revenue maximization. A detailed outline of our collaboration with one such client, University of Iowa Health Care, is provided later in the proposal.

Description of Similar Services from Last 24 Months (3.2.5.1.2)

Services for State and County Clients in Last 24 Months

The following summary descriptions convey examples of Sellers Dorsey’s work with government programs, serving as a strategic partner with states and counties to deliver similar services to those outlined in DHS’s RFP. As illustrated below, Sellers Dorsey has diverse, relevant, and ongoing experience in state health care systems providing health care purchasing support, strategic planning, development and evaluation and assessment of programs, project management, development of management techniques and monitoring tools for state contractors, and interpretation and application of federal guidance and regulations. Sellers Dorsey also performs Medicaid financing and revenue enhancement services to many of these same clients. In the following section we have included examples of all types of initiatives with our government clients from the last 24 months.

Commonwealth of Pennsylvania

For 15 years, Sellers Dorsey’s team of Medicaid experts have provided consulting services for the Commonwealth of Pennsylvania. In this time, our firm has played a central role in developing and implementing several Medicaid financing initiatives. Because of our team’s expertise and the importance of the revenue generated by the initiatives referenced below, the Commonwealth has contracted with Sellers Dorsey to continue supporting these initiatives. We have also provided assistance with development and implementation of the Healthy Pennsylvania Initiative 1115 waiver. Beginning in 2015, the Commonwealth contracted with Sellers Dorsey for extensive technical assistance in connection with Community HealthChoices (CHC), Pennsylvania’s Medicaid MLTSS program, summarized below.

Sellers Dorsey Project Experience	
<i>Client</i>	Commonwealth of Pennsylvania
<i>Title of Initiative</i>	Community HealthChoices
<i>Dates</i>	2015 – Ongoing
<i>Scope of Work</i>	Beginning in 2015, the Commonwealth of Pennsylvania contracted with Sellers Dorsey for extensive technical assistance in connection with the Community HealthChoices (CHC) Medicaid MLTSS program. CHC covers individuals enrolled in both Medicare and Medicaid, individuals enrolled in Medicaid waivers for older adults and those with physical

Sellers Dorsey Project Experience	
	<p>disabilities, and Medicaid-eligible individuals who live in a nursing home. Currently, CHC is in the first phase of implementation, with statewide implementation scheduled to be completed by January 2020. Our ongoing engagement has involved various aspects of planning, development, and implementation of the program. The activities conducted by the project team have included:</p> <ul style="list-style-type: none"> • Extensive planning, development, and implementation of the CHC program • Working with the State’s Long Term Care Commission prior to CHC implementation to facilitate discussions and engage stakeholders in strategic planning about the future of the Medicaid LTSS system • Engaging stakeholders in discussions to incorporate their input into the planning surrounding the future of the Medicaid LTSS system • Staff development and transition consultation for the Office of Long-Term Living (OLTL) • Project management, procurement support, and development of management and monitoring structures for contractors • Drafting multiple RFPs and supporting procurement documents for the CHC MCO procurement • Drafting multiple RFPs and supporting procurement documents for the independent enrollment broker procurement
<i>Results</i>	<ul style="list-style-type: none"> • OLTL successfully implemented the CHC program in Southwest PA on January 1, 2018 • The rollout to the rest of the State is currently underway • Sellers Dorsey continues to draft operational policy memorandums, including ones related to federal guidance for state Medicaid programs • Sellers Dorsey is currently supporting the revision of existing and creation of new MLTSS monitoring reports and standard operating procedures to guide State staff in the review of monitoring reports, allowing a comprehensive overview of the performance of contracted MCOs • The team has also worked with the Commonwealth in transitioning the nursing facility assessment and county nursing facility safety net programs from fee-for-service to CHC, a transition that was an important financial and political goal for the Commonwealth in light of the critical funding these programs provide to the Commonwealth and providers

Featured Medicaid Financing Initiative for Commonwealth of Pennsylvania

Sellers Dorsey maintains an ongoing partnership with the Commonwealth of Pennsylvania involving several Medicaid financing initiatives. For the sake of brevity we have provided a detailed summary of one of those projects followed by a listing of other ongoing Medicaid financing initiatives.

Sellers Dorsey Project Experience	
<i>Client</i>	Commonwealth of Pennsylvania
<i>Title of Initiative</i>	Statewide Hospital Assessment
<i>Contracting Entity Name</i>	Department of Human Services
<i>Dates</i>	<i>Initiation Date:</i> October 2009 <i>Implementation Effective Date:</i> July 2010

Sellers Dorsey Project Experience	
	<i>Approval Date:</i> January 2011
<i>Scope of Work</i>	<p>Sellers Dorsey assisted the Commonwealth of Pennsylvania to develop and obtain state and federal approval for and implement a statewide hospital assessment. The activities conducted by the project team include:</p> <ul style="list-style-type: none"> • Modeled the assessment to maximize the benefit to the providers and the Commonwealth • Participated in discussions with hospital association to reach agreement on assessment model • Assisted in drafting the state-enabling legislation, public notices, SPAs, waiver request, briefing documents and answers to CMS questions • Assisted with transition to All Patient Refined Diagnosis Related Grouping (APR-DRG) • Participated in discussions with CMS to secure approval including addressing payments to hospitals • Worked with the Commonwealth and the hospital association to implement the initiative • Assisted with establishing a process to monitor expenditures and ensure the program operated within budgetary limits • Sellers Dorsey continues to assist the Commonwealth to ensure the continued viability of the assessment program through the implementation of the CHC MLTSS program beginning January 2018 and through the next reauthorization of the assessment in 2019
<i>Results</i>	<ul style="list-style-type: none"> • Identified source of state share for additional federal Medicaid funds • CMS approved assessment waiver request, state plan amendments and managed care contracts • Assessment generates over \$1 billion in new federal Medicaid funds annually; \$7 billion to date • Seller Dorsey is currently engaged in additional work in connection with this initiative

Other Medicaid Financing Initiatives for Commonwealth of Pennsylvania

Sellers Dorsey performs ongoing work related to a variety of Medicaid financing initiatives for this client including the following initiatives, which have involved efforts by our team within the last 24 months.

- Physician Practice Plan Managed Care Supplemental Payment Program
- City and County of Philadelphia Hospital Assessment
- Statewide Nursing Home Assessment
- County Nursing Facility IGT Program
- Academic Medical Center Supplemental Payment Program
- Statewide Managed Care Organization Provider Assessment

State of Colorado

Sellers Dorsey Project Experience	
<i>Client</i>	State of Colorado
<i>Title of Initiative</i>	Hospital Transformation Program (HTP)
<i>Dates</i>	June 2016 -- Ongoing
<i>Scope of Work</i>	<p>Sellers Dorsey is currently contracted with the Colorado Department of Health Care Policy and Financing (HCPF) to develop and attain CMS approval for a Section 1115 Medicaid waiver to implement a delivery system transformation program. The delivery system transformation initiative, called the Hospital Transformation Program (HTP), is a 5-year transformation project that builds on an existing hospital supplemental payment program. The program, which is anticipated to implement in October 2019, does not require new funding, but instead ties existing supplemental payments to the hospitals' value-based programs (VBPs), which will include demonstrations of community engagement and improvement in health outcomes. To achieve this goal, the activities conducted by the project team have included:</p> <ul style="list-style-type: none"> • Designing methods of tying existing supplemental payments to the hospitals' VBPs, including demonstrations for community engagement and improvement in health outcomes • Extensive project management with a large variety of key players • Facilitating a robust community engagement process • Fostering collaboration between the State, its hospitals, and other providers • Developing quality measures based on input from stakeholder engagement • Analysis of Colorado's other Medicaid programs, including the Accountable Care Collaborative, to offer program design recommendations that will ensure coordination and integration with the HTP • Development of the waiver concept paper and required SPAs for CMS approval • Participating in discussions with CMS throughout the process • Participating in weekly meetings with state Medicaid staff • Providing strategic advice on current national Medicaid and health care industry trends <p>Through conferring with key stakeholders, the team concluded that the program should focus on care coordination and transitions, complex care management, perinatal care and improved birth outcomes, behavioral health and substance use disorder coordination, addressing social determinants of health, and reducing total cost of care. The key goals for this multi-phased project include:</p> <ul style="list-style-type: none"> • Developing detailed implementation plans with a focus on Medicaid beneficiaries throughout the first three years of the program • Linking an existing supplemental payment program to a new hospital VBP program • Beginning to implement the program in October 2019

Sellers Dorsey Project Experience	
<i>Client</i>	State of Colorado
<i>Title of Initiative</i>	Strategic Planning for Organizational Development
<i>Dates</i>	April 2018 -- Ongoing

Sellers Dorsey Project Experience	
<i>Scope of Work</i>	<p>Sellers Dorsey is also currently contracted with HCPF to analyze, develop, and implement a number of new program initiatives which focus on innovations in payment and service delivery models in the areas of primary care, pharmacy, Federally Qualified Health Centers (FQHCs), hospitals, and local public health departments. The scope of work for this project covers multiple phases, much of which involves in-depth analysis. The tasks for these phases include:</p> <ul style="list-style-type: none"> • Identifying HCPF’s program and policy goals • Identifying state priorities and critical milestones and timelines • Discussing internal coordination activities and identifying HCPF divisions impacted by the new innovations • Discussing key considerations for the State Agency • Engaging CMS to ensure initiatives meet federal approval • Facilitating stakeholder engagement processes • Evaluating change management and system-transformation considerations • Analyzing executive oversight committees used in program implementation • Examining advance payment models <p>Sellers Dorsey will produce a presentation of key best practices and considerations for organizational strategy, project planning, stakeholder engagement, operational and resource planning, and federal negotiations, and the feasibility of applying the best practices in the Colorado context. Through this analysis, Sellers Dorsey will compare state-based findings to Colorado’s program goals to articulate techniques and opportunities that can be implemented by Colorado to:</p> <ul style="list-style-type: none"> • Successfully manage the analyses, development, and implementation of these initiatives • Ensure effective internal and external communication • Thoughtfully engage federal partners for successful negotiations • Ensure effective resource planning • Identify and plan for operational, policy, program, and system changes needed to support these initiatives • Ensure operational readiness and testing • Thoughtfully consider the speed and timing of implementation • Identify potential areas of complication and mitigation strategies • Establish crisis management protocols to address urgent issues

Alameda County

Sellers Dorsey Project Experience	
<i>Client</i>	Alameda County
<i>Title of Initiative</i>	Contract Program & Payment Redesign Initiative
<i>Dates</i>	May 2011 - Ongoing
<i>Scope of Work</i>	Since May 2011, Alameda Health Care Services Agency (HCSA), including its Behavior Health Care Services (BHCS) Department, has contracted with Sellers Dorsey to identify

Sellers Dorsey Project Experience	
	<p>revenue maximization strategies to increase federal revenues for the County and its safety net providers. Sellers Dorsey has performed this work in phases, which has included:</p> <ul style="list-style-type: none"> • Identifying potential opportunities • Submitting and reviewing initiatives with the County • Engaging and initiating identified projects • Conducting risks assessments and identifying mitigation strategies for all options • Proposing viable recommendations and timelines for transition activities
<i>Results</i>	<p>A primary initiative in this partnership has been to redesign ACBHS’s reimbursement methodology for the Full-Service Partnership (FSP) providers, to a quasi-fee-for-service (FFS) utilization-based payment model. FSP programs are mental health service programs that provide comprehensive mental health services for those experiencing significant emotional and psychological challenges. The transition to a quasi-FFS rate payment model is the first step towards the client’s long-term goal to fully transition to VBP. In order to align purchasing practices with state and federal requirements, Sellers Dorsey has been preparing the BHCS Department’s nine providers, eight of which are contracted Mental Health Services Act (MHSA) FSP providers, for this transition. Achieving the goals of this initiative has included:</p> <ul style="list-style-type: none"> • Engaging internal and external stakeholders • Transitioning programs, systems, finance, and operations • Ensuring alignment with state and federal regulations • Negotiating provider contracts and rates • Training and educating staff and providers • Fully testing the program to ensure operational readiness

State of New Jersey

Sellers Dorsey Project Experience	
<i>Client</i>	State of New Jersey
<i>Title of Initiative</i>	New Jersey Medicaid Access to Physician Services (NJ MAPS) Program, a Medicaid Managed Care Physician Supplemental Payment Program
<i>Dates</i>	<p><i>Initiation Date:</i> August 2014 <i>Implementation Effective Date:</i> January 1, 2017 <i>CMS Approval Date:</i> April 25, 2017</p>
<i>Scope of Work</i>	<p>Sellers Dorsey is working with the State of New Jersey to develop, seek federal approval for, and implement a program that will provide Medicaid MCOs with additional funding to pay physician practice plans affiliated with public medical and dental schools at a level consistent with their average commercial rate (ACR). This initiative is designed to expand access to medical services for Medicaid clients, particularly in light of the expansion of the state’s Medicaid program which occurred in January of 2014. The NJ MAPS Program became effective on January 1, 2017 and received final CMS approval on April 25, 2017.</p> <p>The Sellers Dorsey team produced the following deliverables:</p> <ul style="list-style-type: none"> • Identified eligible providers through work with the medical schools and the faculty practice plans

Sellers Dorsey Project Experience	
	<ul style="list-style-type: none"> • Calculated the ACR for several different faculty practice plans • Reviewed the data pulled from the state’s database of MCO encounters, claims, and payments so as to make it usable • Created the new Minimum Fee Schedule that the state is embedding into the state’s contracts with the MCOs • Worked with the state and their Medicaid actuaries to design the payments going to the MCOs • Created the overall financial model including diagrams showing flow of funds for the state • Assisted in drafting language for the state’s contract with the MCOs to create the program; • Assisted in drafting the Memorandum of Understanding between the medical schools and the state Medicaid program • Drafted the detailed operations manual for implementation, which will be handed out to state agency and legislative staff, the medical schools, the practice plans, and the MCOs • Drafted a letter to CMS outlining the program including the policy rationale and an explanation of the mechanics • Drafted additional materials requested by CMS including extended narrative description of payment methodology • Assisted in drafting the quarterly report the MCOs will have to file, as well as the quarterly reports the medical schools will file • Drafted attestation letters participating hospitals will be required to submit • Drafted and managed the issues log of outstanding decision points prior to implementation • Managed stakeholder outreach over the course of the project
<i>Results</i>	<ul style="list-style-type: none"> • CMS final approval granted April 25, 2017 • Increased funding began January 1, 2017

State of Iowa

Sellers Dorsey Project Experience	
<i>Client</i>	Iowa Department of Aging
<i>Title of Initiative</i>	Maximize Federal Financial Participation
<i>Dates</i>	June 2018 - Ongoing
<i>Scope of Work</i>	Sellers Dorsey was recently contracted by the Iowa Department of Aging to help facilitate improved relationships between Iowa’s AAAs and the Department. The eventual goal of this engagement is to improve business processes, ensure effective collaboration between the Department and its stakeholders to reduce duplication of efforts around service offerings, and help the State obtain FFP for certain eligible administrative activities already undertaken by the AAAs.

Sellers Dorsey Project Experience	
<i>Results</i>	Although this engagement only began in June 2018, the Sellers Dorsey team has already had a successful onsite visit with Department of Aging staff, DHS staff, and representatives from the AAAs.

Medicaid Advisory Services for Non-Government Clients

Sellers Dorsey Project Experience	
<i>Client</i>	National Managed Care Specialty Plan
<i>Title of Initiative</i>	Relationship Support and Strategic Advice for a Specialty Plan
<i>Dates</i>	September 2017 – Ongoing
<i>Scope of Work</i>	<p>A national managed care specialty plan contracted with Sellers Dorsey for relationship support to improve its partnerships with MCOs and strategic advice to develop innovations to better serve Medicaid members.</p> <p>Sellers Dorsey has secured meetings on behalf of the client with MCOs, and attended these meetings, to help the specialty plan build and improve its working relationships with these partners. Sellers Dorsey has also provided strategic advice to identify new innovations to better serve Medicaid members. Finally, Sellers Dorsey has provided ongoing research and updates on federal and state Medicaid legislation and policies of interest to the client.</p>
<i>Results</i>	Our work has led to improved working relationships for this specialty plan with Medicaid MCO partners and the development of a new service delivery model to improve access to care for nursing facility residents.

Sellers Dorsey Project Experience	
<i>Client</i>	National Health Care Services Company
<i>Title of Initiative</i>	Business Development Support
<i>Dates</i>	October 2017 – June 2018
<i>Scope of Work</i>	<p>The client is the parent company of a Medicaid health plan operating in a large state and sought Sellers Dorsey’s assistance in finalizing a bid for the Medicaid program in the state and exploring new opportunities in integrated care and long-term services and supports programs in other states.</p> <p>Providing strategic advice and technical assistance, Sellers Dorsey helped the company, functioning also as a care management provider for older adults, those with disabilities, and other special populations, finalize its bid and explore opportunities in other state Medicaid programs. This comprehensive work included:</p> <ul style="list-style-type: none"> • Reviewing and editing the client’s proposal for a state Medicaid program RFP • Developing ways to highlight the strength of the client’s mission and experience in the proposal • Ensuring the client’s response incorporated policy and program requirements of the state’s Medicaid program and contained information reflecting applicable federal requirements

Sellers Dorsey Project Experience	
	<ul style="list-style-type: none"> Reviewing and analyzing state Medicaid program requirements and policies in other states and writing briefs for the client highlighting this information and how it relates to their work with vulnerable populations
<i>Results</i>	With the help of Sellers Dorsey, the client submitted a strong and timely response to the state and successfully won the bid. Sellers Dorsey continued to assist the client in Medicaid managed care markets across other states.

Medicaid Financing Services for Non-State Agency Clients

Sellers Dorsey has deep expertise in the area of Medicaid financing and revenue enhancement, and our clients include state Medicaid programs as well as hospitals and physician groups. Whether our client is a state Medicaid program or a hospital or physician group, as part of these Medicaid financing and revenue enhancement engagements, Sellers Dorsey performs tasks normally handled by state Medicaid staff. By augmenting the work of state staff, Sellers Dorsey is able to further the mission of the program and positively impact the lives of Medicaid beneficiaries while providing additional support for state staff.

The process of implementing a Medicaid financing initiative may require the drafting of documents such as SPAs, public notices, legislation, changes to Medicaid managed care contracts, briefing documents and memoranda of understanding (MOUs) between state and local governments or between state agencies. Sellers Dorsey is experienced in drafting these documents and coordinating their review between multiple parties. Much of Sellers Dorsey’s recent Medicaid financing work, as described in the project summaries below, stems from our firm’s efforts to assist clients identify new opportunities related to and comply with CMS’ recent Medicaid managed care regulations

In addition to the Medicaid financing initiatives included among the projects for government client summarized above, we are pleased to provide the following information about additional client financing initiatives that achieved CMS approval in the last 24 months. Sellers Dorsey also performs ongoing implementation, maintenance and troubleshooting on many Medicaid financing initiatives that received approval in the past.

Sellers Dorsey Project Experience	
<i>Clients</i>	University of Iowa Health Care (UIHC)
<i>Title of Initiative</i>	Medicaid Graduate Medical Education (GME) Supplemental Payment Program
<i>Dates</i>	<i>Initiation Date:</i> September 2017 <i>SPA Submission Date:</i> April 2018 <i>CMS Approval Date:</i> July 2018 <i>Effective Date:</i> April 2018
<i>Scope of Work</i>	Sellers Dorsey is working with the client to develop, seek State and CMS approval for, and implement a GME supplemental payment program that will result in Medicaid hospital payments up to the client’s hospital specific disproportionate share limit (HSL). The supplemental payment is unique as the payment is based on Medicaid managed care inpatient volume and direct and indirect GME costs but the payment is

Sellers Dorsey Project Experience	
	<p>made directly to the hospital from the State. The GME supplemental payment methodology does not disrupt current GME payments and uses the Medicare GME formula while lifting the Medicare caps.</p> <p>The Sellers Dorsey team:</p> <ul style="list-style-type: none"> • Investigated the existing GME Medicaid FFS program and similar programs in other states • Calculated GME costs using available cost reports • Proposed GME methodology options to optimize reimbursement and likelihood of CMS approval • Developed the policy rationale to support the program • Estimated the potential gain in federal funds from the methodology • Drafted briefing materials, public notices, and SPA • Developed outreach materials for discussions with state Medicaid officials • Assisted the UIHC in presenting the proposal to state officials and answering their questions
<i>Results</i>	<ul style="list-style-type: none"> • CMS approval granted July 12, 2018 • Monthly interim payments made to the hospital, with an annual reconciliation

Sellers Dorsey Project Experience	
<i>Clients</i>	<p>University of Missouri (MU Health Care) Truman Medical Centers University Physician Associates (University of Missouri-Kansas City School of Medicine)</p>
<i>Title of Initiative</i>	<p>Missouri Medicaid Access to Physician Services (MO MAPS), a Medicaid Managed Care Physician Supplemental Payment Initiative</p>
<i>Dates</i>	<p><i>Initiation Date:</i> April 2017 <i>Effective Date:</i> July 2018 <i>CMS Approval Date:</i> June 2018</p>
<i>Scope of Work</i>	<p>Phase One: Investigatory work, preparation, and design</p> <ul style="list-style-type: none"> • Investigated the existing Medicaid FFS physician payment system, including the existing Medicaid FFS physician upper payment limit (UPL) program • Identified the specific physicians and non-physician professionals (whether directly employed or contracted) at MU Health Care who could participate in the Medicaid managed care physician supplemental payment program and whether they already do so in the FFS component • Worked with MU Health Care to pull commercial payer data • Worked with MU Health Care to pull all of the needed MCO claims and payment data for physicians and other health professionals participating in the UPL program • Reviewed existing MO HealthNet Division Medicaid managed care reimbursement rates and rate setting to understand timing and general methodology • Developed the policy rationale to support the program • Investigate the methodology used to certify the actuarially sound rate for the MCOs

Sellers Dorsey Project Experience	
	<ul style="list-style-type: none"> Estimated the potential gain in federal funds from the Medicaid managed care physician supplemental payment program Worked with MU Health Care to identify the source of financing of the non-federal share of the increased Medicaid reimbursement through managed care Investigate whether legislative authority is needed, including seeking appropriations authority to spend additional federal Medicaid funds Outlined the steps needed to undertake and implement this initiative including the responsibilities of MU Health Care and state officials Developed outreach materials for discussions with MO HealthNet Division and other state officials Assisted MU Health Care in explaining the project to state officials and answering their questions <p>Phase Two: CMS approval process and implementation</p> <ul style="list-style-type: none"> Developed outreach materials for discussions with the MCOs and, as needed, with other stakeholders Worked with MO HealthNet Division to pull MCO encounter data, whether directly from the state or from the Medicaid managed care plans Worked with the MO HealthNet Division’s actuaries to recognize physician supplemental payments in capitation rates Worked with MO HealthNet Division to amend contracts with managed care plans to create physician access payments Worked with MCO plans to ensure new access payments are made to MU Health Care for physicians and other professionals Identified the source of the state share of the new funds and put in place all needed financial transactions Assisted University of Missouri and MO HealthNet Division in the execution of an IGT agreement or other financing arrangement Sellers Dorsey will assist MU Health Care with implementation through the end of the contract with Sellers Dorsey, including anticipating and troubleshooting potential hurdles
<i>Results</i>	<ul style="list-style-type: none"> CMS approval granted June 28, 2018 Currently implementing

Sellers Dorsey Project Experience	
<i>Clients</i>	OSU Physicians, Inc. (The Ohio State University) University of Toledo Physicians (UTP) The MetroHealth System University of Cincinnati Physicians (UCP)
<i>Title of Initiative</i>	The Care Innovation and Community Improvement Program (CICIP), a Value-Based Medicaid Managed Care Physician Supplemental Payment Initiative
<i>Dates</i>	<i>Initiation Date:</i> Spring 2017 <i>Effective Date:</i> July 1, 2018 <i>CMS Approval Date:</i> June 2018
<i>Scope of Work</i>	Sellers Dorsey is working with a coalition of hospitals and employed or affiliated physician groups to develop, seek federal approval for and implement a program that

Sellers Dorsey Project Experience	
	<p>will direct supplemental payments through the Ohio Medicaid Managed Care Plans (MCPs) for physician and other professional services delivered to Medicaid beneficiaries. As a condition of the supplemental payments, the participating hospitals will align their quality improvement strategies with the MCPs and the State. The quality improvement strategies will focus initially on patients at risk of or with an opioid use or other substance abuse disorder. The providers will also overtime implement a population health strategy to drive health system transformation. Directed payments will consist of two different payment streams: 1) monthly quality infrastructure payments; and 2) annual quality incentive payment if threshold performance is met on key measures. The Sellers Dorsey team:</p> <ul style="list-style-type: none"> • Built the coalition of providers and led weekly meetings to design the program elements • Calculated the average commercial rate (ACR) and the statewide ACR for the entire coalition • Developed briefing material to secure State support • Developed program options to meet multiple changes in federal rules • Worked with Medicaid officials and their actuaries to design the payment methodologies, program schedule and payment dates • Created financing models to describe the different payment methodologies and their impact on the coalition members • Worked with Medicaid officials and their actuaries to ensure actuarially sound and certified MCP rates • Worked with Medicaid officials to draft MCP provider agreement language • Developed an overall quality strategy that includes an evaluation plan and common performance measures • Drafted the SPA for CMS approval on behalf of Medicaid officials • Assisted Medicaid officials with responses to CMS questions • Assisted Medicaid officials with MCP outreach and MCP operational efficiencies
<i>Results</i>	<ul style="list-style-type: none"> • CMS approval granted June 27, 2018 • The first monthly payment is scheduled to be made to the providers by August 7, 2018 • Currently working on implementing quality strategy, including seeking multi-year program approval from CMS

Sellers Dorsey Project Experience	
<i>Clients</i>	<p>The MetroHealth System University of Cincinnati Physicians (UCP), LLC University of Toledo Physicians (UTP), LLC</p>
<i>Title of Initiative</i>	<p>The Care Innovation and Community Improvement Program (CICIP), a Fee-for-Service Physician UPL Initiative</p>
<i>Dates</i>	<p><i>Initiated:</i> Spring 2017 <i>Effective Date:</i> October 2017 <i>Program Approval Date:</i> June 2018</p>
<i>Scope of Work</i>	<p>Sellers Dorsey worked with a coalition of clients to develop, seek state involvement in and federal approval for, and implement a UPL program for physicians employed by or affiliated with their respective hospitals and health systems. This initiative is</p>

Sellers Dorsey Project Experience	
	<p>designed to capture federal Medicaid matching funds for physician services to Medicaid eligible patients that are being subsidized with local levy dollars. The activities completed by the project team include:</p> <ul style="list-style-type: none"> • Examination of claims data to determine the room available for supplemental payments • Completion of average commercial rate demonstration for submission to the state • Participation in discussions with state Medicaid officials to explain the initiative • Drafting public notices, SPAs, and answers to CMS questions and Requests for Additional Information
<i>Results to date</i>	<ul style="list-style-type: none"> • Received legislative authorization and budget appropriations • Public notice published for October 20, 2017 effective date • SPA packet submitted December 22, 2017 • CMS approved June 5, 2018 • First supplemental payment July 23, 2018

Sellers Dorsey Project Experience	
<i>Client</i>	California Public Hospital
<i>Title of Initiative</i>	Enhanced Payment Program (EPP)
<i>Dates</i>	<p><i>Initiation Date:</i> Sept 2016 <i>Effective Date:</i> July 1, 2017-June 30, 2018 <i>Approval Date:</i> April 2, 2018</p>
<i>Scope of Work</i>	<p>Starting in 2016, Sellers Dorsey worked with University of California Health to develop and seek federal approval for and implement a supplemental payment program to be delivered through MCOs. The project team accomplished the following:</p> <ul style="list-style-type: none"> • Worked with UC Health and the Department of Health Care Service (DHCS) to develop an enhanced directed payment arrangement for managed care through the establishment of a uniform increase over contracted rates that was consistent with the requirements of the final CMS Managed Care Rule • Helped UC Health explore an enhanced payment model with the California Association of Public Hospitals and Health Systems (CAPH) to increase payments for contracted managed care services • Worked with UC Health to define the strategy and approach including, analysis of stakeholder input • Provided recommendations on communications with state and federal officials including the policy rationale and explanation of the mechanics • Incorporated insights from recent relevant conversations with CMS along with the final CMS Managed Care Rule to comprehensively update regulations governing the Medi-Cal managed care delivery system
<i>Results</i>	<ul style="list-style-type: none"> • Submitted proposal for delivery system and provider payment initiatives under Medicaid managed care plan contracts for a uniform increase for contracted services to CMS on January 19, 2018 • CMS approval granted April 2, 2018 • FY 17-18 payments estimated to be distributed summer/fall 2019

Sellers Dorsey Project Experience	
<i>Client</i>	California Public Hospital
<i>Title of Initiative</i>	Quality Incentive Pool (QIP)
<i>Dates</i>	<i>Initiation Date:</i> September 2016 <i>Effective Date:</i> July 1, 2017-June 30, 2018 <i>Approval Date:</i> March 6, 2018
<i>Scope of Work</i>	<p>Starting in 2016, Sellers Dorsey worked with University of California (UC) Health to develop and seek federal approval for and implement a supplemental payment program in managed care based on a value-based payment model for California Designated Public Hospitals (DPH). The project team accomplished the following:</p> <ul style="list-style-type: none"> • Worked with UC Health and the DHCS to develop a value-based payment model that is agreeable with CMS, consistent with the requirements of the final CMS Managed Care Rule • Helped UC Health in the exploration of an alternative payment model with the California Association of Public Hospitals and Health Systems (CAPH) to reward quality and efficient care and align payments to the achievement of performance objectives of the program • Worked with UC Health to define the strategy and approach including, analysis of stakeholder input, and determination of metrics, deliverables, and incentive structures • Provided recommendations on communications with state and federal officials including the policy rationale and explanation of the mechanics • Incorporated insights from recent relevant conversations with CMS along with the final CMS Managed Care Rule to comprehensively update regulations governing the Medi-Cal managed care delivery system
<i>Results</i>	<ul style="list-style-type: none"> • Submitted proposal for delivery system and provider payment initiatives under MCO contracts for a quality incentive pool to CMS on June 30, 2017 • CMS approval granted March 6, 2018 • FY 17-18 payments estimated to be distributed summer/fall 2019

Sellers Dorsey Project Experience	
<i>Client</i>	University of Minnesota Physicians
<i>Title of Initiative</i>	Fee-for-Service Physician UPL Program
<i>Contracting Entity Name</i>	University of Minnesota Physicians (UMP)
<i>Dates</i>	<i>Initiation Date:</i> November 2016 <i>Implementation Effective Date:</i> July 1, 2017 <i>Approval Date:</i> January 2018
<i>Scope of Work</i>	University of Minnesota Physicians engaged Sellers Dorsey to attain approval for and implement their inclusion in an existing Medicaid FFS physician UPL program that did not benefit them. This initiative not only added UMP to the existing FFS program, but also added eligible, non-physician practitioners to the program, including University of Minnesota dentists.

Sellers Dorsey Project Experience	
<i>Results</i>	<ul style="list-style-type: none"> Developed a successful revision to an existing SPA in order to authorize the inclusion of UMP in the UPL program CMS approval granted January 2018 Currently working with the provider and the state to implement new payments to UMP as well as additional provider types.

Sellers Dorsey Project Experience	
<i>Clients</i>	Banner Health Tucson Medical Center
<i>Title of Initiative</i>	Access to Professional Services Initiative (APSI), a Medicaid Managed Care Physician Supplemental Payment Program
<i>Dates</i>	<p><i>Initiation Date:</i> August 2015 <i>Effective Date:</i> October 1, 2017 <i>CMS Approval Date:</i> October 6, 2017</p>
<i>Scope of Work</i>	<p>Sellers Dorsey is working with a coalition of hospitals in Arizona to develop, seek federal approval for and implement a program that will provide Medicaid MCOs with additional funding to pay physicians and other professionals affiliated with designated hospitals a uniform percentage rate increase of 40% over their contracted rates. This initiative is designed to reduce fragmentation in care by supporting workforce development in specialties and subspecialties that Arizona has identified as high need for Medicaid members. APSI became effective on October 1, 2017 and received final CMS approval on October 6, 2017.</p> <p>The Sellers Dorsey team:</p> <ul style="list-style-type: none"> Built the coalition of providers and led biweekly meetings to design the program elements Identified eligible professionals Calculated the average commercial rate (ACR) for our clients Calculated the statewide ACR for the entire coalition Developed briefing materials to secure State support Developed program options to meet multiple changes in federal rules Worked with the state and their Medicaid actuaries to design the payments going to the MCOs and embed the program into the actuarially sound and certified MCO rates Created the overall financial model including diagrams showing flow of funds for the state Assisted in drafting language for the state’s contract with the MCOs to create the program Developed a white paper describing coalition efforts to develop and/or expand residency and fellowship programs Identified evaluation plans and metrics to evaluate the impact of the program on State’s quality goals Drafted the SPA for CMS approval on behalf of the State Drafted responses to CMS questions on behalf of the State Managed stakeholder outreach over the course of the project
<i>Results</i>	<ul style="list-style-type: none"> CMS approval granted October 6, 2017

Sellers Dorsey Project Experience	
	<ul style="list-style-type: none"> • Currently implementing

Sellers Dorsey Project Experience	
<i>Client</i>	University of Colorado Medicine
<i>Title of Initiative</i>	Medicaid Fee-for-Service Physician UPL Program
<i>Dates</i>	<i>Initiation Date:</i> September 2015 <i>Effective Date:</i> July 2016 <i>Approval Date:</i> July 2017
<i>Scope of Work</i>	<p>Starting in 2015, Sellers Dorsey worked with University of Colorado's University Physicians, Inc. (UPI) which serves as the business agent of the University of Colorado School of Medicine (SOM) within the Anschutz Medical Campus, to develop, seek federal approval for and implement a FFS UPL program for physicians and other professionals providing services to Medicaid beneficiaries. The project team accomplished the following:</p> <ul style="list-style-type: none"> • Worked with UPI to develop an estimate of the federal gain • Developed and presented the idea to state Medicaid officials with client • Provided average commercial rate demonstration to client and the State • Provided drafts of public notice, SPA and responses to CMS Request for Additional Information • Identified source of non-federal share for the supplemental payment (redirected appropriations from the SOM to the Medicaid agency), with any unused appropriations for the supplemental payment program reverting to the SOM at the end of any fiscal year • Worked with client to develop an MOU with State regarding the use of funds • Worked with client to provide expert advice to answer Joint Budget Committee questions related to the program • Worked with state to finalize their calculation of the first four quarters of payments
<i>Results</i>	<ul style="list-style-type: none"> • Public notice issued effective July 1, 2016 • SPA submitted to CMS on September 30, 2016 • CMS approval granted July 13, 2017 • Supplemental payments made starting September 2017; over \$62 Million in the first year

Sellers Dorsey Project Experience	
<i>Client</i>	Indiana University Health (IU Health) Physicians
<i>Title of Initiative</i>	Fee-for-Service Physician UPL Program
<i>Dates</i>	<i>Initiation Date:</i> May 2014 <i>Implementation Effective Date:</i> April 2015 <i>Approval Date:</i> March 2017
<i>Scope of Work</i>	<p>IU Health engaged Sellers Dorsey to develop, attain approval for and implement a revised Medicaid FFS physician UPL program after their existing program had been deemed by CMS to be out of compliance with the agency's current guidance and</p>

Sellers Dorsey Project Experience	
	<p>regulations. The new UPL initiative is designed to comply with all CMS requirements while minimizing losses in revenue to IU Health. The design of the new program achieved these goals in part by including classifications of professionals that had not been included in the original UPL program. The Sellers Dorsey team accomplished the following:</p> <ul style="list-style-type: none"> • Provided drafts of the public notice and state plan amendment. • Drafted briefing materials for state officials and CMS officials • At the request of the State of Indiana, participated in and led portions of conference calls with CMS • Led the development of the average commercial rate (ACR) demonstration approved by CMS. • Worked with CMS directly to build a policy case for another provider whose commercial rates were not reflective of the average commercial rate in the Indianapolis market
<i>Results</i>	<ul style="list-style-type: none"> • CMS approval granted March 2017 • Currently working with the provider and the state to implement new payments to additional provider types using a new payment methodology

Required Disclosure – (3.2.5.1.3)

Updated in response to 8/6/18 request for clarification from Mary Tavegia:

There are no incidents of 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, ever having a founded child or dependent adult abuse report, or having been convicted of a felony.

Original response submitted on 8/1/18:

Required Disclosure – Not Applicable (3.2.5.1.3)

We do not have information to disclose regarding a child or dependent adult abuse report or a felony conviction involving owners, officers, partners, staff

Letters of Reference (3.2.5.1.4)

Please find the requested letters of recommendation from three Sellers Dorsey clients beginning on the next page.



July 30, 2018

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

Dear Ms. Tavegia,

Having taken part in the long and successful relationship between the Commonwealth of Pennsylvania and Sellers Dorsey, I'd like to formally recommend this firm to Iowa's Department of Human Services.

For 15 years, Sellers Dorsey's team of Medicaid experts has served as consultants to the Commonwealth of Pennsylvania. In this role, Sellers Dorsey has aided with development and implementation of a nursing facility assessment, a physician practice plan supplemental payment program, a statewide hospital assessment, a managed care assessment, and a county nursing facility safety-net program. Sellers Dorsey has also provided assistance with the development and implementation of the Healthy Pennsylvania Initiative 1115 waiver and the Community HealthChoices (CHC) Medicaid Managed Long Term Services and Supports (MLTSS) program.

Sellers Dorsey originally began working with the Commonwealth in 2003. Because of the firm's expertise and the importance of the revenue and other results generated by key projects, the Commonwealth has contracted with Sellers Dorsey to continue supporting various initiatives. Sellers Dorsey's current contract with the Commonwealth runs through January 2021.

In 2015, the Commonwealth contracted with Sellers Dorsey for extensive technical assistance in connection with CHC. Our ongoing engagement has involved various aspects of planning, development, and implementation of the program. In the lead up to implementation, Sellers Dorsey worked with the State's Long-Term Care Commission, facilitating discussions and engaging stakeholders in strategic planning about the future of the Medicaid LTSS system. The scope of work for the CHC project includes project management, procurement support, and development of management and monitoring structures for contractors. CHC required multiple procurements, for which the Sellers Dorsey team aided the state Medicaid staff in drafting requests for proposals and supporting procurement documents for the CHC Managed Care Organization (MCO) procurement and the independent enrollment broker procurement.

Sellers Dorsey continues to partner with the Commonwealth in drafting operational policy memorandums, including those related to federal guidance for state Medicaid programs on topics such as ordering, referring, and prescribing provider enrollment requirements.

Additionally, the Commonwealth is leveraging the Sellers Dorsey team's operational expertise to support the revision of existing and creation of new MLTSS monitoring reports and standard operating procedures to guide Commonwealth staff in the review of monitoring reports. These tools enable the state staff to monitor the quality, financial, and operational performance of the contracted MCOs.

As I said, our partnership with Sellers Dorsey has proved highly fruitful and successful. Throughout our years of collaboration, their team continues to build on what they've helped us grow already, and I could not give you a stronger recommendation for their talents and services. Should you have any questions, please feel free to contact me at (717) 772-1108 or via email at ronburkhar@pa.gov.

Sincerely,



Ronni Burkhart
Assistant Fiscal Management Director
Shared Services for Health and Human Services

July 30, 2018

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

Dear Ms. Tavegia,

Sellers Dorsey has been contracted to work with the Colorado Department of Health Care Policy and Financing (HCPF) since July 2015. Throughout this time, their team members have helped us initiate effective projects to enhance our Medicaid operations and financial performance with long-term goals in mind, and to ensure we accomplish these goals, Sellers Dorsey continues to provide a rounded approach throughout each project.

One initiative that has required a vast amount of collaboration between the State and Sellers Dorsey is the Hospital Transformation Program (HTP). The HTP is a five-year reform initiative that builds upon an existing hospital supplemental payment program to incorporate value-based purchasing strategies into existing hospital quality and payment improvement initiatives. In addition to assisting Colorado to draft and seek CMS approval for a Section 1115 Medicaid waiver to implement the program, Sellers Dorsey is assisting with a robust community engagement process intended to foster productive collaboration between the State, hospitals, and other providers.

The team from Sellers Dorsey is also assisting HCPF in the development of a strategic plan to address key issues that are pivotal in the Department's effort to realize its vision of implementing several multi-faceted key initiatives to advance alternative payment models, enhance service delivery to Medicaid enrollees and increase access to care, maximize quality and workforce capacity, increase provider accountability, and contain cost. The firm is leveraging its national experience and team of experts to help HCPF identify areas of need, opportunities for growth, and key program considerations. This analysis will help HCPF understand best practices and lessons learned in other states, potential risks and pitfalls, and the feasibility of programs being considered in Colorado.

Previously, Sellers Dorsey has collaborated with HCPF on other projects, as well, to further the State's long-term goals, including assisting with business process redesign related to implementation of the State's new Medicaid Management Information System (MMIS). The capabilities of the new MMIS accelerate HCPF's ability to test and implement system options that generate cost savings and control trends from improved claim payment techniques. Effective options, as a result, can then be built into next year's budget.

These past few years of working with Sellers Dorsey have proven a strong success. I'd like to extend my strongest recommendation to you for their services, and should you like to follow up with what I've outlined here, please feel free to contact me.

Sincerely,



Matt Haynes
Special Finance Projects Manager
Colorado Department of Health Care Policy and Financing
303.866.6305
Matt.Haynes@state.co.us

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

COLLEEN CHAWLA, Director

OFFICE OF THE AGENCY DIRECTOR

1000 San Leandro Boulevard, Suite 300

San Leandro, CA 94577

TEL (510) 618-3452

FAX (510) 351-1367

July 27, 2018

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

Dear Ms. Tavegia,

I'm writing to recommend the services of Sellers Dorsey to you and your associates in the Iowa Department of Human Services. Since 2011, Sellers Dorsey has collaborated with Alameda County to provide cost-saving and revenue-maximization services to our Health Care Services Agency (HCSA) and Behavioral Health Care Services (BHCS) department. Sellers Dorsey has worked with the agency and BHCS department for several years to design and implement innovative program initiatives that support our behavioral health systems of care, our County hospital and health systems, while at the same time working diligently to ensure compliance with applicable federal and state regulations.

Sellers Dorsey serves a vital role as a strategic partner, technical expert, and policy advisor in shaping Alameda County's efforts to improve activities and services offered by BHCS and its contracted providers, seeking to enhance outcomes for clients through quality improvement initiatives, greater efficacy in the use of treatment resources, cost savings and maximizing revenue. Sellers Dorsey also collaborated with the County HCSA to engage initiatives under the approved California 1115 Medicaid waiver. These included the Whole Person Care Pilot, a program focused on coordinating physical health, behavioral health, and social supports for high utilizers of multiple health care systems, and the Drug Medi-Cal Waiver Program, which provides a continuum of care for substance use disorder services.

Another long-standing key initiative led by Sellers Dorsey in partnership with BHCS is the Contract Payment Redesign Initiative whereby the department is transitioning their Full-Service Partnership (FSP) providers from being paid at cost to a fee-for-service (FFS) utilization-based payment with the long-term goal of implementing a value-based purchasing payment model. FSP programs are mental health service programs that provide comprehensive mental health services for those experiencing significant emotional and psychological challenges. This program effort aligns with the County's goals to increase access and quality of care to beneficiaries served while also supporting provider systems and the County in decreasing costs incurred.

These endeavors are just a few examples of what our long relationship with Sellers Dorsey has achieved. The creative and collaborative nature of their work comes with my highest recommendation, and if you have any further questions, please don't hesitate to contact me.

Sincerely,



Rebecca Gebhart

Finance Director, Alameda County Health Care Services Agency

Rebecca.gebhart@acgov.org

(510) 667-3024

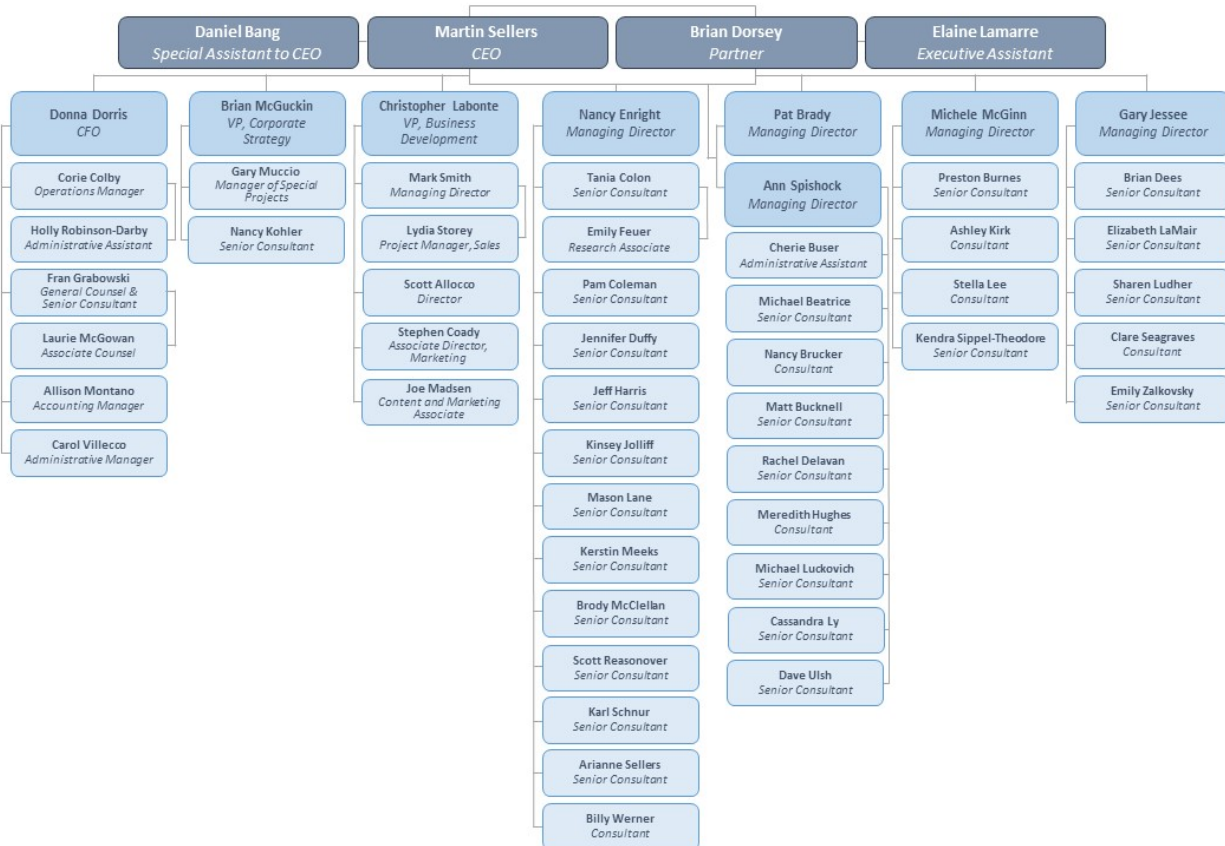
Experience with Subcontractors – Not Applicable (3.2.5.1.5)

Sellers Dorsey does not intend to utilize any subcontractor for work resulting from this RFP.

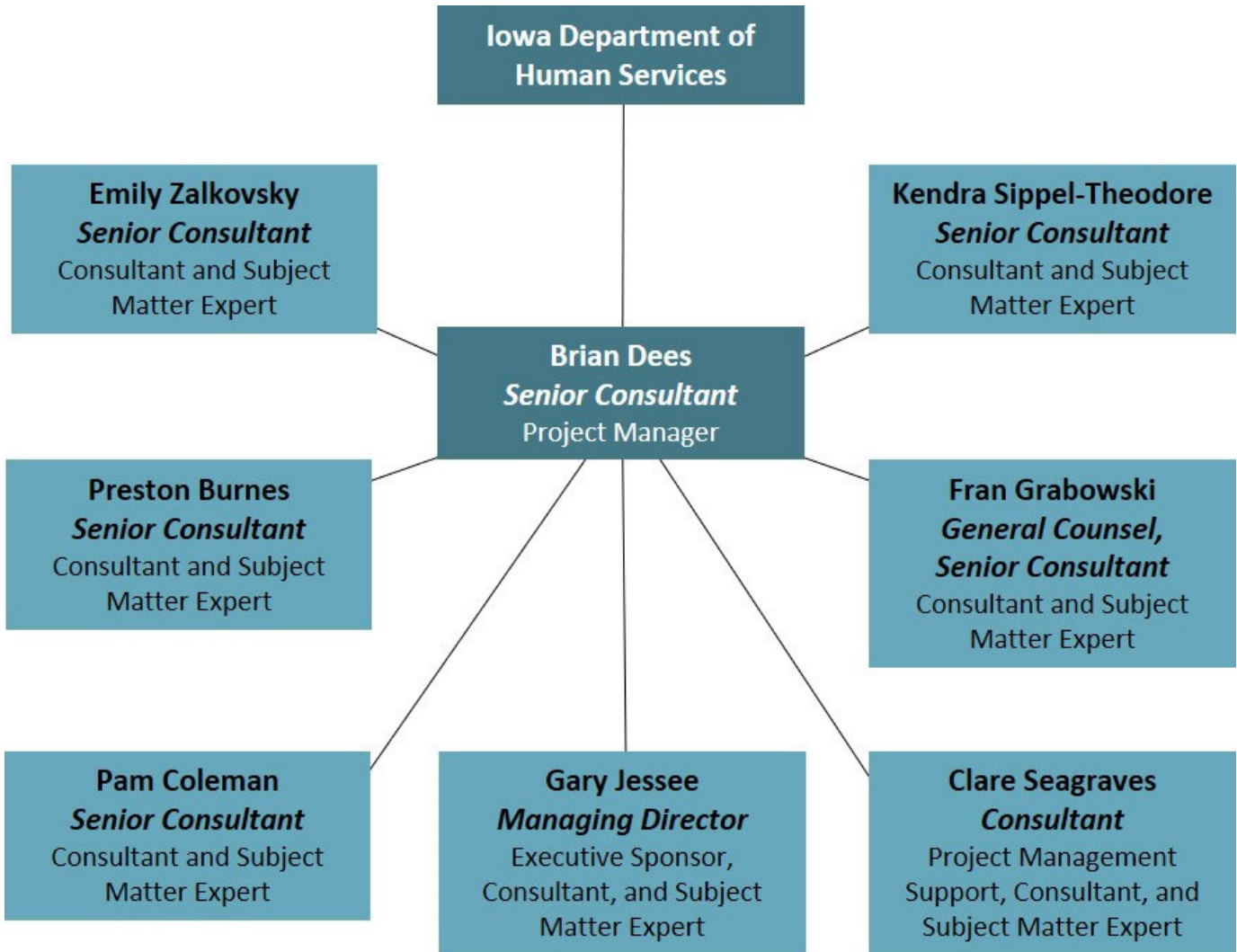
PERSONNEL (3.2.5.2)

Tables of Organization (3.2.5.2.1)

Overall Operations



Proposed Staff



Names and Credentials of Key Corporate Personnel (3.2.5.2.2):

- Martin D. Sellers, Founder and CEO
- Brian Dorsey, Partner
- Chris Labonte, Vice President of Business Development
- Brian McGuckin, Vice President of Corporate Strategy
- Donna Dorris, Chief Financial Officer

Names of current board of directors and partners:

- Martin D. Sellers, Founder and CEO
- Brian Dorsey, Partner

Resumes for corporate, administrative and supervisory personnel involved in providing services in RFP:

Please find the resume of our Managing Director, **Gary Jessee**, included in the following section. Gary will serve as an executive sponsor, consultant, and subject matter expert for this engagement.

Information about Project Manager and Key Project Personnel (3.2.5.2.3)

Sellers Dorsey has identified a core team of expert consultants who will be assigned to the engagement with the Iowa DHS. **Gary Jessee**, a Sellers Dorsey Managing Director, will serve as an executive sponsor and will be the primary escalation point for the team, as well as a consultant and subject matter expert for the engagement. **Brian Dees** will serve as the project manager, primary point of contact for DHS staff, and as a consultant and subject matter expert. **Emily Zalkovsky, Kendra Sippel-Theodore, Fran Grabowski, Pam Coleman, and Preston Burnes** will also serve as consultants and subject matter expert for the engagement. In addition, **Clare Seagraves** will provide project management support, as well as consulting services and subject matter expertise, to supplement the team, as appropriate to the project.

Sellers Dorsey is committed to providing sufficient staff time and resources to make its engagement with DHS successful. As there is not yet an estimate from the State regarding the average number of consulting hours needed, Sellers Dorsey will commit, in aggregate, a minimum of two FTEs to this project when DHS requests assistance pursuant to the Scope of Work. The project manager for this engagement, or a designated backup, will be available to the State during normal business hours when DHS's project needs arise. Moving forward, Sellers Dorsey will work closely with DHS staff to ensure projects are fully staffed and the State's ongoing resource needs for this engagement are met or exceeded.

As a national health care consulting firm with clients throughout the country, Sellers Dorsey acknowledges that we have a discrete number of clients, including other state agencies, that may have contractual relationships with the State of Iowa and the Iowa Medicaid Enterprise. We acknowledge that in Section 2.14.5 of the General Terms for Services Contracts, the contract states *"The Contractor shall establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by the desire for private gain for themselves or others with whom they have family, business, or other ties."* If Sellers Dorsey is awarded this contract, we commit to instituting appropriate safeguards to protect against any conflict of interests, whether real or perceived.

Gary Jessee

Managing Director

Project Role

Gary Jessee, Managing Director at Sellers Dorsey, will serve as a consultant and subject matter expert on the Sellers Dorsey team. He will also serve as the executive sponsor for this engagement and will have general oversight over the assigned project manager and other key project personnel for the purposes of the engagement with Iowa.

Qualifications

Gary is the recent former Deputy Executive Commissioner for Medical and Social Services in Texas, the largest division in the Health and Human Services System. In that position Gary oversaw four departments composed of over 13,000 staff and an operating budget of over \$50 billion, bringing together client services, including eligibility services, Medicaid/CHIP services and functions (fee-for-service and managed care), and community programs under one coordinated division. Prior to this, Gary served as the State Medicaid Director, where he was responsible for overseeing services and supports for more than four million Texans across the state. He also previously served as the Chief Deputy Director for Program Operations in the Medicaid/CHIP Division. Before joining the Texas Health and Human Services Commission, Gary served as the Assistant Commissioner for the Access and Intake Division at the Texas Department of Aging and Disability Services.

Expertise

- Medicaid program management and operations
- Strategic planning
- CMS negotiations
- Stakeholder engagement
- MLTSS
- Aging services
- Services for individuals with IDD
- 1915(c) waivers, including waiver program operations
- 1115 waivers

Relevant Experience

Sellers Dorsey

Managing Director

Gary leads the firm's efforts to build a sustainable and growing practice in managed care and long-term services and supports (LTSS). Working with states, providers and administrative support organizations both in Texas and across the nation, Gary provides strategic advice and technical assistance and relationship management to forward goals both within the fee-for-service and managed care service delivery systems.

Texas Health and Human Services Commission

Deputy Executive Commissioner, Medical and Social Services

Following consolidation of health and human service agencies in Texas, a division was established to oversee the functions of four departments which brought together client services, including eligibility services, Medicaid/CHIP services and functions, and community programs under one coordinated

division. Beginning in 2016, Gary oversaw the division of over 13,000 staff and an operating budget of over \$50 billion. In this role, Gary provided leadership in program design, financing across multiple sources, planning and implementation of managed care programs, mental health services, LTSS, and other programs and services across the health and human services continuum. In this role, Gary also directed the state's efforts working with providers and stakeholders to identify opportunities to streamline processes and reduce administrative burdens and create efficiencies. This effort resulted in a comprehensive initiative and numerous improvements across the system. Specific functions of the division included:

- Eligibility services including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Disability Determination, and Medicaid
- Community services funded by state general revenue, Title XX, and Title III (e.g., home delivered meals, emergency response services, family care, in-home family support)
- State and federal-funded programs for individuals with behavioral health needs and individuals with IDD
- Services for individuals with autism
- Services for individuals with traumatic brain injuries
- Early childhood intervention services
- Women's health services
- Medicaid-funded services and supports within the fee-for-service and managed care programs, including all programs and administrative support services (e.g., Medicaid Management Information System (MMIS), enrollment broker, and external quality review organization)

Medicaid Director

As the Medicaid Director for one of the nation's largest programs, Gary, beginning in 2015, oversaw a division of over 500 staff responsible for operating the Medicaid program and the Children's Health Insurance Program. In this role Gary lead the state's efforts to expand managed care and drive delivery system reform and improvement at the MCO and provider level. Specific examples include the design and implementation of pay-for-quality, performance improvement plans, network adequacy improvement and contract targets for alternative payment models. In addition to extensive legislative activity, public speaking and work with diverse stakeholders and advocates, responsibilities included:

- Contracting and complete oversight of the state's Medicaid/CHIP managed care system, composed of 19 MCOs who deliver acute and long-term services and supports and 2 dental maintenance organizations
- Oversight of the Medicaid fee-for-service program and the MMIS that supported it
- Overall planning, implementation, coordination, and evaluation of programs and policies to promote effective program administration and service delivery
- Management of functional areas including communications, contracts (e.g., MCOs, MMIS, etc.), vendor drug program, health plan management, health information technology, medical services, program policy development and support, data analytics, program support and utilization management, quality oversight and reporting, medical benefits design, finance, audit coordination, management and oversight of the Transformation Waiver (1115 waiver and DSRIP) and supplemental payment programs, development of federal authority including state plans, waivers, negotiation with regional and central CMS staff, and negotiating terms and conditions

Chief Deputy Director for Program Operations

Beginning in 2012, Gary assumed a role overseeing Medicaid program operations. In this role, he was responsible for the management and oversight of over 250 staff. In this position, Gary led the state's efforts in expansion of managed care and implementation of programs within the managed care system. This included leadership in program design, financing, planning development, extensive provider and stakeholder coordination, implementation and readiness. Examples include statewide expansion of the STAR+PLUS program for adults with disabilities, carve in of acute care for individuals with IDD, implementation of the Dual Demonstration, carve in of mental health targeted case management and rehabilitative services into managed care, carve in of nursing homes into managed care, and design and implementation of the Community First Choice program. As a result of these efforts, the state aligned financial incentives and integrated Medicaid and Medicare, and created a comprehensive program integrating primary, acute, behavioral health, and LTSS for Medicaid and dual eligible individuals. Managed care programs serve over 4 million individuals in Texas and include STAR, serving pregnant women and low-income children; STAR Health, serving children and youth in state conservatorship; STAR Kids, providing acute and LTSS to medically fragile children and youth; and STAR+PLUS, providing acute and LTSS to adults with disabilities and older individuals. In addition to extensive legislative activity, public speaking, and work with diverse stakeholders and advocates, Gary's responsibilities included:

- Managing the program and operational policy aspects of the Medicaid and CHIP managed care programs, including development of federal authority (e.g., state plans, waivers) and negotiation with regional and central CMS staff
- Managed care quality initiatives, managed care monitoring and reporting, and the Texas Medicaid Wellness Program
- Financial oversight of all contracts with the Medicaid and CHIP MCOs including monitoring financial performance of MCOs, reviewing and validating MCO self-reported financial deliverables, and administering the recovery of excess profits through the experience rebate process
- Development and management of contracts including the managed care contract and related policies adopted by reference in the contract
- Regular review of managed care contract reporting deliverables, network adequacy, marketing and outreach materials, and MCO metrics including hotlines, complaints, out-of-network utilization, encounters, and other reporting elements
- Conducting MCO on-site reviews and readiness activities
- Imposing penalties and sanctions on MCOs for failure to meet contractual obligations

Texas Department of Aging and Disability Services**Assistant Commissioner, Access and Intake Division**

Beginning in 2006, Gary oversaw a division of over 1,600 staff with a \$5 billion-dollar operating budget. Areas of oversight within the division included the Area Agencies on Aging; Local Intellectual and Developmental Disability Authorities; regional and local services staff responsible for determining functional eligibility for Title XIX and functional and financial eligibility for Title XX and state funded LTSS programs; and Guardianship services. In this role and during his tenure in the agency, Gary led the state's efforts around strategic planning and development of the State Plan on Aging. This culminated from coordination and development of the 28 AAA Plans on Aging, including community assessments

and capacity planning to meet the needs of older adults and their caregivers. Oversight activities in this position included:

- Development and execution of performance contracts; training and technical assistance; programmatic, fiscal, performance, and contract accountability and oversight; policy development; and state and federal reporting
- Ensuring all individuals who receive community services receive quality services appropriate to their needs and preferences
- Management of statewide 1915(c) waiver interest lists

Education

- BS, Applied Sociology, Southwest Texas State University, San Marcos, TX
- MS Graduate Coursework, Interdisciplinary Studies, Texas State University, San Marcos, TX

Preston Burnes, MBA

Senior Consultant

Project Role

Preston will serve as a consultant and subject matter expert on the Sellers Dorsey team.

Qualifications

Preston recently joined Sellers Dorsey as a Senior Consultant after seven years of experience working at the Health Plan of San Mateo (HPSM), a Medicaid managed care plan, where he was responsible for managing the Whole Person Care Statewide 1115 Waiver pilot program as well as MLTSS and value-based purchasing initiatives. He also oversaw a pilot program aimed at returning residents of long-term care facilities to community living, a project that was recognized with the California Department of Healthcare Services Innovation Award in 2016. Previously Preston worked in the office of San Mateo County Supervisor Richard Gordon, providing staff leadership on healthcare, environmental and business issues. He earned a bachelor's degree in political science from Colgate University and an MBA from Santa Clara University.

Expertise

- Managed care
- MLTSS
- Value-based purchasing
- 1115 Waivers
- Medicaid finance

Relevant Experience

Sellers Dorsey

Senior Consultant

As a Sellers Dorsey consultant, Preston handles client initiatives and operational delivery. He has significant expertise in a wide array of issues, from Medicaid financing, long-term care reform, and managed care to business development. Preston also specializes in provider policy and reimbursement, including value-based payments and quality improvement programs.

Health Plan of San Mateo

Whole Person Care Program Manager, Special Projects Lead, and Project Specialist

- Community Care Settings Pilot:
 - Developed and led a program which provides coordinated housing, healthcare and case management supports to HPSM's most complex members
 - The program has an \$8mm annual budget, has de-institutionalized 190 individuals, delivered cost savings of 50%, was featured by the Center for Healthcare Strategies, and won the 2016 California Department of Healthcare Services Innovation Award
- Whole Person Care Pilot:
 - Led the operational, financial and strategic focus areas of this program, which aimed to drive improvement and create cost savings across the system of care in partnership with the County of San Mateo

- Medicare Risk Adjustment:
 - Rebuilt all aspects of the HPSM risk adjustment program, generating \$3.5 million in incremental annual Medicare funding

Office of Supervisor Richard S. Gordon

Legislative Aide

- Provided subject matter leadership on healthcare, business and environmental issues
- Graduate of the Management Development Program and the San Mateo County Chamber of Commerce's Leadership program

Georgia State Senate

Chief Legislative Aide

- Led the legislative, political, and communications operations for Governor's Floor Leader

Professional History

- Senior Consultant, Sellers Dorsey, San Francisco, CA, March 2018 – Present
- Health Plan of San Mateo, South San Francisco, CA, February 2011 – December 2017
- Whole Person Care Program Manager, January 2017 – December 2017
- Special Projects Lead, July 2015 – December 2016
- Project Specialist, February 2011 – June 2015
- Legislative Aide, Office of Supervisor Richard S. Gordon, Redwood City, CA, June 2007 – January 2011
- Chief Legislative Aide, Georgia State Senate, Atlanta GA, December 2006 – May 2007
- Political Director, Kathy Cox for State School Superintendent, Fayetteville, GA, May 2006 – December 2006
- Founding Partner, Chilly Willy's LLC, Hamilton, NY, March 2004 – May 2006
- Healthcare Investment Banking Intern, Morgan Stanley, New York, NY, May 2005 – August 2005

Education

- Santa Clara University, Santa Clara, CA, Master of Business Administration, 2012
- Colgate University, Hamilton, NY, Bachelor of Arts in Political Science, 2006

Pamela Coleman, MBA

Senior Consultant

Project Role

Pam will serve as a consultant and subject matter expert on the Sellers Dorsey team.

Qualifications

Pam Coleman is a health and human services executive with extensive experience creating solutions for funding, managing and improving Medicare and Medicaid services. For 26 years, Pam held various senior level administrator positions in the Texas Medicaid Program, including Deputy Medicaid Director. As a consultant, Pam has worked with several states including Pennsylvania, Rhode Island, Virginia, Florida, Ohio, California and Texas on design and implementation of Medicaid managed care programs. Pam also led the development and implementation of integrated primary, acute, and LTSS managed care for the Texas Medicaid program. She later directed the entire Texas Medicaid managed care program including 19 health plans with over 3.5 million members. Pam also knows the business and operational side of Medicaid health plans through her position as a Senior V.P. at Optum and through consulting engagements with over a dozen health plans.

Expertise

- Development of state integrated acute and LTSS managed care programs
- Complex care populations and integrated delivery systems
- Medicaid program evaluation, policy development and program integrity
- Managed care contract development
- RFP design and procurement
- Alternative payment methodologies

Relevant Experience

Sellers Dorsey

Project: Pennsylvania MLTSS

Role: Program Advisor

Pam has been working with the Commonwealth of Pennsylvania for the last 18 months on the implementation of their MLTSS program, Community Health Choices. She supported development of the program design, implementation plan, RFP, quality performance measures, and readiness review protocols. She has brought in experts and materials from other MLTSS states including Tennessee and Texas to assist the Commonwealth with essential contract requirements and compliance monitoring tools and strategy. She is currently assisting with the internal organizational structure and critical positions for ongoing program management and improvement.

Project: Texas Medicaid/CHIP Managed Care Report**Role: Project Director**

Pam led the preparation of a comprehensive report of the status of Medicaid/CHIP managed care in Texas for the Texas Association of Health Plans (TAHP). Utilizing her relationships in the state, Pam coordinated efforts with local actuaries and assistance from the Texas Health and Human Services Commission. The report included history of the expansion of managed care in Texas, explaining the key differences between fee-for-service, primary care case management and managed care, as well as the four Medicaid managed care programs Texas currently operates. As health care reform is continuous, the report also reviewed anticipated federal and state changes and areas for innovation.

Project: Development of Program Design and Pilot Implementation Planning for Texas Intellectual and Developmental Disabilities Managed Care Pilot Program**Role: Project Director**

As Project Director, Pam led the effort to assist the state with the design and procurement of a managed care pilot program to serve persons with intellectual and developmental disabilities.

Project: Gap Analysis and Proposal Development for Texas Based Community Health Plan**Role: Project Director**

Pam led the Sellers Dorsey team in assisting a Texas-based community health plan prepare to serve long-term services and supports to children receiving SSI. The team performed a comprehensive gap analysis and drafted the RFP response to the state.

Optum Health**Project: Complex care services for Super-utilizers and Dual Eligibles****Role: SVP Government Programs**

Pam provided expert consultation on the design and implementation of service delivery models for Medicaid recipients with chronic and complex conditions. This included discussions with CMS and states regarding designs for dual eligible integrated programs.

Project: Washington Health Home**Role: Advisor**

Pam assisted with the implementation of Optum's health home model for Washington as part of their Medicare/Medicaid Integration Program.

Texas Health and Human Service Commission**Project: Value-based Contracting****Role: Deputy Medicaid Director**

As Deputy Medicaid Director Pam Coleman was responsible for overseeing the initial change in the Texas managed care contracts to value based contracts beginning in 2009. The contract agreements were rewritten to focus on MCO accountability for performance with a mixture of incentives and

disincentives to drive performance improvement. Texas was one of the first states to receive CMS approval for a quality incentive withhold and a quality performance pool for the highest performing MCOs. Pam has assisted other states with their contracts for VBP including most recently with the Commonwealth of Pennsylvania.

Project: STAR+PLUS Managed Care Implementation**Role: Division Administrator**

Pam led the implementation of integrated acute and long-term services and supports (LTSS) managed care services for seniors and persons with disabilities. The program began as pilot in Harris County and is now statewide serving close to half a million Medicaid beneficiaries. Pam established statewide and local advisory and stakeholder groups to provide program input and design. She negotiated with CMS the first combination 1915 (b)/(c) waiver and later worked on the Texas 1115 Transformation Waiver. She implemented some of the first Medicaid managed care value-based contracts in the country and assisted numerous other states with their managed care contracts. She led the development of dual eligible initiatives in Texas and was a member of the national Technical Advisory Group (TAG) on Dual Eligibles.

Project: Nursing Facility Case Mix Reimbursement Implementation**Role: Executive Director**

Pam directed the implementation of the case mix payment model for Medicaid reimbursement to Texas nursing homes as well as research methods to investigate the cost of nursing services. She designed patient assessment instruments and executed time studies. Ms. Coleman also convened stakeholder groups to review model design and recommendation for payment options.

Professional History

- Senior Consultant, Sellers Dorsey, Austin, TX, March 2014 - Present
- Senior Vice President of Government Programs, Optum, Minneapolis, MN, 2010 – 2014
- Texas Health and Human Services Commission, Austin, TX
 - Deputy Medicaid Director, 2006 - 2010
 - Director, Health Plans Operations, 2003 – 2006
- Texas Department of Human Services, Austin, TX
 - Director of Integrated Care Programs, 1997 – 2003
 - Division Administrator, Utilization & Assessment Review, 1988 – 1996
 - Project Director, Economic Analysis Division, 1985 – 1988
 - Research Specialist, Policy & Program Division, 1983 – 1985
- Management Consultant, Federal Reserve Bank of Chicago, Chicago, IL, 1983
- Area Project Manager, H.R. Research Center, Amherst, MA, 1982 – 1983
- Research Analyst, Massachusetts General Hospital, Boston, MA, 1979 – 1981

Education

- MBA, University of Massachusetts, Amherst, MA,
- BA, Psychology, University of Massachusetts, Amherst, MA

Brian C. Dees, MTh

Senior Consultant

Project Role

Brian Dees will serve as a consultant and subject matter expert on the Sellers Dorsey team. He will also serve as the project manager for the engagement between Sellers Dorsey and Iowa and will be the primary point of contact for the Iowa DHS.

Qualifications

Brian Dees is a Senior Consultant with significant expertise in health care policy, Medicaid managed care program implementations, home and community-based services, MLTSS, and stakeholder relations. Drawing on years of experience in state government, Brian provides strategic advisory and research services for managed care organizations, Medicaid support vendors, providers, and governmental entities.

As a former Senior Advisor to the Deputy Associate Commissioner for Medicaid and CHIP Policy and Program for the Texas Health and Human Services Commission (HHSC), Brian led high profile MLTSS program implementations, interacted with a variety of stakeholders, developed Medicaid policy, and provided legislative analysis and ongoing management of provider and client-related issues to the Medicaid program in Texas. Prior to becoming a Senior Advisor, Brian worked as a Senior Policy Analyst conducting policy analysis related to acute care and long-term services and supports in the Medicaid and CHIP programs. Major projects included: developing the request for proposals for a major MLTSS procurement; leading implementation of the STAR Kids managed care program for children and young adults with disabilities; managing a project to develop a pediatric assessment tool; developing administrative rules, contract requirements, and sub-regulatory policy guidance; implementing the Community First Choice (CFC) benefit for children in traditional Medicaid; designing a pediatric assessment tool for CFC; writing the grant proposal for and serving as project manager for a State Innovation Models (SIM) initiative through the Center for Medicare and Medicaid Innovation (CMMI); implementing program reforms to improve delivery of personal care services and comply with state audit findings; serving as an internal resource for numerous state and federal audits; and implementing administrative rules for private duty nursing to fulfill the settlement agreement of a major lawsuit.

Relevant Experience

Sellers Dorsey

Role: Senior Consultant

Project: Managed care request for proposals technical assistance

Brian recently utilized his deep knowledge of public healthcare programs in Texas and elsewhere to provide strategic assistance to a major national managed care organization to respond to an RFP for a

Expertise

- RFP design and evaluation
- SPA and waiver submissions
- Administrative rule development
- Home and community-based services
- MLTSS program design
- Analysis of federal and state legislation
- Medicaid policy development

Medicaid MLTSS program. Brian worked closely with senior health plan leadership to develop a compelling overall narrative strategy for the proposal and provided key insights and technical assistance to assist plan staff in writing its proposal.

Texas Health and Human Service Commission (HHSC)**Project: Implementation of STAR Kids Medicaid managed care program****Role: Senior Advisor**

Over a three-year period, Brian helped lead the design and implementation of a new Medicaid managed care program for children and young adults with disabilities. Known as STAR Kids, the program provides acute care and long-term services and supports for over 160,000 young Texans. Following passage of enabling legislation, Brian helped draft procurement materials, including the RFP and evaluation tool. After managing the evaluation process and obtaining senior leadership direction on contract awards to 10 MCOs, Brian helped lead the readiness process, working with the contracted MCOs to provide education and technical assistance on key program elements, ultimately ensuring a successful and on-schedule statewide implementation on November 1, 2016. Prior to implementation, Brian worked with staff to develop a concept paper and eventual 1115 and 1915(c) waiver amendments to provide authority for the program, and successfully obtained approval of these amendments from the Centers for CMS. Brian also worked extensively with the state's technology vendors to oversee necessary system changes and with operational staff to provide policy guidance. He worked extensively with external stakeholder groups, facilitating educational events, roundtable discussions, and listening sessions involving Medicaid beneficiaries, parents, providers, and patient advocates.

To support the program's success, Brian worked with staff from across the agency to identify and document potential barriers and implementation issues, formulate workable recommendations to effectively address these issues, and report these items to senior agency leadership during regularly scheduled update meetings to obtain final direction. He also regularly reported project progress both to internal senior leadership and to the Policy Council for Children and Families and STAR Kids Managed Care Advisory Committee, which were legislatively mandated to provide input on the STAR Kids implementation.

Project: Designing a new pediatric assessment tool**Role: Senior Advisor**

In conjunction with the implementation of STAR Kids, HHSC was mandated to develop a new person-centered, comprehensive assessment tool to assist MCO service coordinators in developing individual service plans for their members. Brian oversaw a contract with researchers from the Texas A&M Health Science Center to conduct formative research, design the assessment tool and component questions, vet the tool with experts, test it in the field, and develop training materials for end users. As part of this process, Brian worked extensively with internal and external stakeholder groups and managed an aggressive timeline to ensure the development timeline for the tool aligned with the STAR Kids program implementation timeline. Ultimately, the state implemented the new tool on time.

Project: Ongoing management of Medicaid state plan**Role: State Plan Coordinator**

Brian served as the designated State Plan Coordinator for HHSC. In this capacity, he was responsible for coordinating with program, eligibility, and financial staff to develop, submit, and ensure approval of

state plan amendments to CMS. He also served as the primary point of contact between HHSC and CMS and facilitated regular calls between the State and CMS to talk through questions and issues related to state plan amendment submissions.

Professional History

- Sellers Dorsey, Austin, Texas
 - Senior Consultant/Project Manager, Sept 2017 – present
- Texas Health and Human Services Commission, Austin, Texas
 - Senior Advisor to Deputy Associate Commissioner for Medicaid and CHIP, Feb 2016-Aug 2017
 - Policy Analyst / Senior Policy Analyst / Policy Advisor, Feb 2013-Jan 2016
 - Medicaid/CHIP State Plan Coordinator, Oct 2011-Feb 2013
 - Legal Assistant, Nov 2009-Oct 2011

Education

- University of Edinburgh, Scotland – Master of Theology, 2009
- Austin College, Sherman, Texas, Bachelor of Arts in Philosophy and Sociology, 2005

Mary Frances (Fran) Grabowski, JD
General Counsel and Senior Consultant

Project Role

Fran will serve as a consultant and subject matter expert on the Sellers Dorsey team.

Qualifications

Fran Grabowski has over 35 years of experience providing advice and counsel related to Medicaid and Medical Assistance in the Commonwealth of Pennsylvania. She has extensive knowledge of federal and state Medicaid statutes, regulations and policies and has been providing Affordable Care Act (ACA) guidance to a variety of stakeholders in the region.

Expertise

- LTSS
- Medicaid provider reimbursement
- Medicaid fraud and abuse
- Medicaid provider assessment requirements
- Enrollment and participation requirements

Relevant Experience

Sellers Dorsey

Fran is providing strategic guidance and facilitation to the Commonwealth of Pennsylvania’s Long Term Care Commission, tasked to review existing long term care systems and provide recommendations for improvement. The Commission consists of legislators, providers, trade associations, AAAs, centers for independent living (CILs), advocates and business professionals.

Post & Schell, P.C

Prior to joining Sellers Dorsey, Ms. Grabowski was a Principal with Post & Schell’s Health Care Practice Group. Her practice focused on Medicaid legislative and regulatory matters, including the requirements of the ACA, provider health care related taxes, federal funding initiatives, hospital and long term living services, provider participation, reimbursement and compliance, program integrity, and provider fraud and abuse.

Pennsylvania Governor’s Office of General Counsel, Department of Public Welfare

Before entering private practice, Fran spent 35 years as an attorney with the Pennsylvania Governor’s Office of General Counsel, Department of Public Welfare, where she served as Deputy Chief Counsel for approximately five years. As Deputy Chief Counsel, Fran advised and represented the Department of Public Welfare on matters involving the Pennsylvania Medical Assistance Program. Her responsibilities included advising senior management staff on a wide variety of issues relating to federal and state Medicaid statutes, regulations and policies, federal health care reform, Medicaid fraud and abuse, Medicaid provider tax requirements, Medicaid provider reimbursement, program enrollment and participation requirements, and administrative law. Fran also represented the Department in federal and state courts and administrative tribunals in litigation involving the Medical Assistance Program.

Prior to becoming Deputy Chief Counsel, Ms. Grabowski held the roles of Senior Counsel and Assistant Counsel to the Department of Public Welfare. In these roles, she advised and represented the Department in matters involving long term living services, Medical Assistance Program integrity and provider fraud and abuse, public assistance eligibility, child abuse, foster care, child day care, and residential facility licensing issues.

Professional History

- Sellers Dorsey, West Pittston, PA, March 2014 - Present
- Post & Schell, P.C, Principal, Health Care Practice Group, Harrisburg, PA, 2013 – 2014
- Pennsylvania Governor’s Office of General Counsel, Department of Public Welfare, Harrisburg, PA
 - Deputy Chief Counsel, 2008 – 2013
 - Senior Assistant Counsel, 1999 – 2008
 - Assistant Counsel, 1981 – 1999
- Office of Attorney General, Commonwealth of Pennsylvania, Assistant Attorney General, Harrisburg, PA 1978 – 1980

Education

- JD, Dickinson School of Law, Pennsylvania State University, University Park, PA, 1978
- BA, Marywood College, Scranton, PA, 1975

Clare Seagraves, M.P.Aff. Consultant

Project Role

Clare will serve as a consultant and subject matter expert on the Sellers Dorsey team and will also provide project management support.

Qualifications

Clare Seagraves joined Sellers Dorsey from the Texas Medicaid program. Clare spent over ten years working on a combination of LTSS, public health, and Medicaid programs and policies while at HHSC.

Relevant Experience

Sellers Dorsey

Consultant

A seasoned health policy expert, Clare provides strategic and business planning assistance to clients using her in-depth knowledge of Medicaid policy and programs. Clare utilizes her significant background working in state government, drawing upon her experience with federal and state Medicaid policy analysis, stakeholder relations, LTSS, and waiver negotiations.

Texas Health and Human Services Commission

Senior Policy Advisor to Office of Medicaid Policy Director

As the Senior Policy Advisor, Clare coordinated Medicaid projects across the Texas HHS agencies and divisions. Clare served as the lead on implementing the mosquito repellent Medicaid benefit for Zika prevention. Clare was also involved in facilitating and coordinating a workgroup with the Children's Hospital Association of Texas focused on STAR Health (the Texas Medicaid program serving the foster care population). This effort included the development of a pilot program to ensure that children were seen for a medical visit within 72 hours of removal from their homes. During the 2017 Texas legislative session, Clare served as the bill team lead for all behavioral health legislation having a Medicaid impact. In addition, this role required the review and analysis of federal and state health care policy issues, regulations, and legislation that impacted Texas Medicaid programs. Clare routinely briefed agency leadership on policy recommendations, which included presenting policy and cost impacts for executive decision-making purposes. She was also responsible for providing program and policy updates to external stakeholder groups.

Expertise

- Development of 1915(c), 1115, and 1915(b) waiver amendments, renewals, and required reports
- Correspondence and negotiation with CMS on LTSS related initiatives
- Review, analysis, and synthesis of complex state and federal health care legislation, rules, and regulations.
- Medicaid benefit development and implementation
- Briefing state leadership on Medicaid initiatives and presenting options for consideration

Medicaid Waiver Team Lead

On the Medicaid Waiver Team, Clare responded to requests and facilitated negotiations between the federal government and the state of Texas on the 1115, 1915(c), and 1915(b) Medicaid waivers. Clare served as the team lead over six state agency waiver liaison staff to the Centers for Medicare & Medicare Services (CMS). During this time, Clare also served as the lead on the implementation of the Home and Community-Based Settings (HCBS) federal regulations. This involved coordinating across agencies to update the state transition plan which serves as the road map for states to meet the requirements of the regulations. This role also required extensive stakeholder outreach for feedback gathering purposes.

Senior Policy Advisor to Texas Department of State Health Services

Clare served as the health policy liaison between HHSC and the Department of State Health Services (DSHS). Clare coordinated projects that involved both agencies and worked within policy areas such as public health, behavioral health, and health care regulatory. During the 83rd Texas State Legislative Session, Clare was heavily involved in the bill analysis process for all bills impacting both agencies.

Government Relations Specialist

During the 82nd Texas Legislative Session, Clare provided support to the HHSC External Relations Division. This division is responsible for all interaction between the agency and the Texas legislators and their staff. Clare specifically served as the HHSC staff liaison to the Texas House Committee on Public Health and served as the lead government relations specialist on all Medicaid related legislation for the agency. Clare coordinated agency staff for legislative hearings for resource witness purposes and met with legislators and legislative staff on bills impacting HHSC.

ACA Implementation Policy Specialist

In this position, Clare served on the Healthcare Redesign Team within the Medicaid/CHIP Division at HHSC. This team was charged with reviewing, analyzing, and implementing provisions of the ACA that impacted Medicaid. In particular, Clare worked on the long term care and provider integrity related ACA provisions. Clare led multiple work groups that were assigned these provisions for implementation.

LTSS Policy Advisor to Deputy Executive Commissioner of Health Services

Clare served as the long term care policy analyst under the Senior Policy Advisor in the Office of Health Services. She assisted coordination of policy and legislative implementation between HHSC and the Texas Department of Aging and Disability Services. During this time, Clare served as the lead on implementation of state legislation which required HHSC to develop model standards for board and care homes in Texas.

Professional History

- Sellers Dorsey, Austin, Texas
 - Consultant, 2017-present
- Texas Health and Human Services Commission, Austin, Texas
 - Senior Policy Advisor to Office of Medicaid Policy Director, April 2016-October 2017
 - Medicaid Waiver Team Lead, April 2015-April 2016
 - Senior Policy Advisor to Department of State Health Services, January 2013-April 2015

- Government Relations Specialist, January 2011-June 2011
- ACA Implementation Policy Specialist, September 2010-December 2012
- LTSS Policy Advisor to Deputy Executive Commissioner of Health Services, October 2007-September 2010

- McCombs School of Business, Full time MBA Program Admissions Office, University of Texas at Austin, Austin, Texas
 - Assistant Director of Admissions, August 2003-August 2005

- Office of Admissions, Salem College, Winston-Salem, North Carolina
 - Admissions Counselor, February 2001-June 2003

- AmeriCorps National Civilian Community Corps (NCCC), San Diego, California
 - Corpsmember, October 1999-July 2000

Education

- The University of Texas, LBJ School of Public Affairs, Austin, Texas, Master of Public Affairs, 2007
- Salem College, Winston-Salem, North Carolina, Bachelor of Arts in History, 1999

Kendra Sippel-Theodore, MPAff, MA

Senior Consultant

Project Role

Kendra will serve as a consultant and subject matter expert on the Sellers Dorsey team.

Qualifications

Kendra offers clients deep expertise based on many years of work within public health care organizations, including the CMS. Having demonstrated success overseeing state programs from within CMS, with a special focus on long-term care, Kendra is adept at building relationships with high-level officials and identifying opportunities to enhance quality and promote value. Kendra also worked with MCOs, state Medicaid agencies, and consumers to resolve discrepancies related to ACA health insurance enrollment and coverage. Kendra's background includes roles focusing on policy analysis and external relations for state agencies. In addition to other consulting and non-profit experiences, Kendra worked in a county-based Medicaid Enrollment Unit located in Portland, OR.

Expertise

- Monitoring and evaluation of acute care and long-term supports and services programs
- Development and implementation of a nurse home visitation program
- Review and approval of SPAs and waivers
- Relationship building with providers, legislative officials and other external stakeholders

Relevant Experience

Sellers Dorsey

Senior Consultant

Kendra Sippel-Theodore provides expertise and support to a variety of Sellers Dorsey clients in the areas of Medicaid managed care, health policy, Medicaid finance, stakeholder relations, and program operations. A recent addition to Sellers Dorsey, Kendra has long-standing relationships with other staff at Sellers Dorsey, as well as with clients of the firm. Kendra is based on the West Coast and is deployed to client engagements nationally.

Centers for Medicare & Medicaid Services (CMS)

U.S. Department of Health and Human Services, Seattle, WA

Health Insurance Analyst

- Served as the federal policy liaison between CMS and the Washington State Medicaid Agency, establishing and managing collaborative working relationships with state officials.
- Oversaw states' Medicaid LTSS programs to ensure compliance with federal requirements, including preparing reports that evaluate the quality of care provided to home and community-based services program participants, and monitoring cost neutrality.

- Reviewed policy initiatives and program changes proposed by states and provided technical assistance to state counterparts regarding federal rules and regulations governing Medicaid programs, including 1115(a), 1915(c), 1915(k), and 1915(i) authorities.
- Responded to external stakeholder requests for information on federal Medicaid policies and details on state Medicaid programs, including coverage, eligibility, and service delivery systems.
- Participated in and contributed to division and agency-wide workgroups related to workforce training and process improvement initiatives.
- Assisted consumers with resolving discrepancies related to their ACA health insurance coverage, including making changes to their health insurance application, reconciling complex Medicaid and CHIP eligibility issues, and providing technical assistance to Qualified Health Plans and state Medicaid agencies.

External Relations Division, Texas Health and Human Services Commission**External Relations Specialist**

- Served as a liaison between the Commission and the Texas Legislature, other elected officials, and external stakeholders.
- Prepared presentations, briefing documents, and specialized research material for executive agency staff, legislative offices and committees, and public audiences.
- Prepared detailed analyses of state legislation impacting Texas health and human services budgets and programs and monitored implementation of the legislation to ensure that the agency satisfied statutory requirements and legislative intent.
- Coordinated communications with peer agency staff on issues impacting the Commission and other health and human services agencies.

Medicaid/CHIP Division, Texas Health and Human Services Commission**Senior Policy Analyst**

- Managed the state Medicaid family planning 1115 waiver program, including benefits, services, outreach, and other program policy.
- Analyzed and provided recommendations to legislative and agency leadership on proposed legislation regarding Medicaid eligibility, benefits, and financing.
- Developed state policy regarding Medicaid programs and coordinated program implementation with other state and federal agencies.
- Prepared reports, presentations, and memorandum for legislative and agency leadership, federal partners, and the public.
- Implemented a state grant program to improve maternal-child health outcomes through nurse home visitation.
- Developed and managed CHIP state plan amendments, policies, and procedures.

Texas Association of Community Development Corporations**Policy Specialist**

- Evaluated the impact of the state funded Capacity Building Grant Program on nonprofit affordable housing developers.

- Designed and administered a survey to collect data on grant recipients' finances, community services, and housing production.
- Researched and compiled a resource compendium on current issues affecting community economic development for an annual policy summit.

Nybeck Consulting, LLC**Research Assistant**

- Compiled a literature review to provide a contextual framework on the access to and utilization of Community and Migrant Health Clinics (C/MHCs) by Hispanic women along the U.S.-Mexico Border for the U.S. Department of Health and Human Services (DHHS).
- Participated in a DHHS steering committee to plan clinic site visits and the development of data collection instrument.
- Assisted with the development of a survey to identify reasons for the low utilization rate of C/MHC services along the Border.

Medicaid Enrollment Unit, Multnomah County Health Department**Medicaid Eligibility Specialist**

- Assisted low-income Oregonians with the application for the state Medicaid program.
- Identified clients' unmet health and social service needs and advocated for clients to managed care organizations and state agencies to ensure medical needs of clients were met.
- Prepared monthly reports on the number of Medicaid screenings performed by Multnomah County Health Department staff.

Professional History

- Senior Consultant, Sellers Dorsey, Seattle, WA, 2018 – Present
- Health Insurance Analyst, Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services, Seattle, WA, February 2013 – February 2018
- Texas Health and Human Services Commission, Austin, Texas
 - External Relations Specialist, September 2010 – February 2013
 - Senior Policy Analyst, May 2006 – August 2010
- Policy Specialist, Texas Association of Community Development Corporations, Austin, TX, May 2005 – April 2006
- Research Assistant, Nybeck Consulting, LLC, Austin, TX, September 2003 – December 2003
- Medicaid Eligibility Specialist, Multnomah County Health Department, Portland, OR, June 2001 – June 2003

Education

- The University of Texas, LBJ School of Public Affairs, Austin, Texas, Master of Public Affairs, 2006
- The University of Texas, Institute of Latin American Studies, Austin, Texas, Master of Latin American Studies, 2006
- Lewis & Clark College, Portland, OR, Bachelor of Arts in English, 2001

Emily Zalkovsky, MPAff Senior Consultant

Project Role

Emily will serve as a consultant and subject matter expert on the Sellers Dorsey team.

Qualifications

Emily is an experienced health care leader specializing in Medicaid policy and management of government programs. She is a senior consultant who provides technical assistance and guidance to clients, helping them better understand Medicaid so they can make effective decisions and provide quality services. As a recent Deputy Medicaid Director in Texas, Emily oversaw a team of more than 120 staff focused on policy development and program management for all Texas Medicaid programs and CHIP. Prior to this role, Emily served as a director in the Medicaid Program Operations area, helping oversee managed care expansions impacting people with disabilities, individuals in nursing facilities, those receiving behavioral health services, and dual eligibles. In her more than ten years working at the HHSC, Emily served in a variety of staff and director roles, with a focus on managed care, LTSS, waiver and state plan negotiations, and implementation of major federal regulations. Emily is skilled in policy research and analysis, presentation, meeting facilitation, and program development and administration.

Relevant Experience

Sellers Dorsey

Senior Consultant

As a Senior Consultant, Emily contributes to or leads client engagements in the areas of managed LTSS, Medicaid managed care, business development, and health care policy. Emily draws on her unique blend of both policy and operational experience, having worked on and supervised numerous managed care expansions from design through implementation and operation. She recently assisted a provider-owned managed care entity with a successful bid to provide Medicaid MLTSS in a large state, completed analysis on claims management for a behavioral health care provider, and wrote an 1115 waiver concept paper for a client. Using knowledge of federal regulations and her understanding of new state Medicaid

Expertise

- Design, implementation, and ongoing management of Medicaid and CHIP programs and benefits, including managed care programs and long-term services and supports benefits
- Development and negotiation of Medicaid and CHIP SPAs, waiver amendments, requests for additional information (RAIs) and other deliverables required by CMS
- Interpretation, analysis, and implementation of federal regulations and guidelines
- Writing Medicaid and CHIP program contract requirements, policy guidance, reports, and memoranda

initiatives in various states, Emily advises clients on an ongoing basis about Medicaid market developments across the country.

Texas Health and Human Services Commission

Deputy Associate Commissioner for Policy and Program

Beginning in 2016, Emily served as a Deputy Medicaid Director, leading a unit of over 120 staff responsible for acute and LTSS policy development, medical and dental benefit design, managed care programs, pediatric provider training, legislative analysis, advisory committee support, state plan and waiver management, and CMS negotiations, among other responsibilities. She also supervised staff responsible for Medicaid health information technology programs and data analytics. In this position, she collaborated with senior leadership to create strategic, data-driven objectives for the Medicaid and CHIP programs. Emily supervised successful analysis and implementation of new federal regulations and requirements including the Medicaid and CHIP Managed Care Final Rule, the Home and Community Based Services Settings Final Rule, and the mental health parity regulations. She ensured timely program implementation of the following: STAR Kids, an integrated managed care program for medically fragile children; a managed care carve in of the Medicaid for Breast and Cervical Cancer Program; a managed care carve in of the Adoption Assistance and Permanency Care Assistance programs; person-centered planning requirements for LTSS services; and a pilot program for children in foster care that required a child to be seen by a physician within 72 hours of removal from their home. She guided staff in managed care network adequacy requirement updates, therapy policy redesign, and all state plan amendments and waiver amendments for the state's 1115 waiver and six 1915(c) waivers. Emily presented on agency initiatives and programs at public meetings, conferences, and legislative hearings and worked with providers, managed care organizations, advocates, and legislative staff to address concerns and develop solutions.

Director for Program Management

As a director in the Medicaid Program Operations section, Emily supervised a team responsible for the program policy and quality assurance aspects of the seven Texas Medicaid and CHIP managed care programs. This work included communicating regulatory guidance and program requirements, as well as providing technical assistance, to 20 MCOs and 2 dental maintenance organizations via contracts, policy memoranda, policy handbooks, and regular meetings. Emily guided subject matter experts and project managers responsible for simultaneously implementing multiple Medicaid managed care expansion initiatives, including: an expansion of the STAR+PLUS program for older adults and adults with disabilities; a carve in of services for those in nursing facilities; a carve in of acute cares services for individuals with intellectual and developmental disabilities; a carve in of behavioral health targeted case management and rehabilitation services; and a Dual Demonstration. Emily also oversaw a procurement of STAR Health, the managed care program for children in foster care, as well as the managed care program implementation of the Community First Choice benefit. In this position, Emily's team also directed managed care quality activities, working with the state's external quality review organization to manage MCO performance related to quality metrics, with a focus on potentially preventable events and HEDIS measures. The team also redesigned the Pay-for-Quality program which

places a portion of MCO capitation rates at risk for meeting certain quality measures. Under her guidance, the team also created an MCO quality report card.

Director of Policy Development Support

For three years, Emily was the Director of Policy Development Support, managing a team responsible for maintaining the Medicaid and CHIP state plans and working with all areas in the Health and Human Services Commission system to write and process SPAs and negotiate state plan changes with CMS. The Policy Development Support team was also responsible for tracking all federal deferrals and disallowances and working with legal and financial staff to resolve deferrals and disallowances with CMS. Emily supervised staff responsible for coordinating and processing all Medicaid administrative rules, providing technical guidance to others across the agency on Texas Administrative Code changes. In this role, Emily served as a liaison to the federally recognized Native American tribal entities in Texas, working with them to negotiate an ongoing SPA review process as required by CMS. While in this position, Emily collaborated with multiple stakeholder groups and advisory committees managed by her team, including the federally-mandated Medical Care Advisory Committee.

Program Specialist

Reporting to the Deputy Executive Commissioner of Health Services, Emily evaluated Medicaid and CHIP policy, program, and reimbursement administrative rules before publication and advised the Medicaid and Rate Analysis divisions on rulemaking. Emily reviewed and advised staff on memoranda for the Deputy Executive Commissioner and the Executive Commissioner on a variety of Medicaid topics including medical benefits, managed care, and pharmacy services. She worked with Medicaid and legislative staff on legislation related to health information technology and diabetes self-management training. In this position, Emily led interagency workgroups and provided guidance on topics such as Medicare eligibility data and research on the Comprehensive Rehabilitation Services program for individuals with traumatic brain and spinal cord injuries. As an advisor to the Deputy Executive Commissioner, Emily participated in cross-agency workgroups for programs such as Texas Health Steps (Texas' early and periodic screening, diagnosis, and treatment program) and STAR Health.

Program Specialist

As a program specialist for Medicaid and CHIP, Emily managed the beginning stages of a grant program for regional and local health care premium assistance initiatives. She collaborated with the Department of State Health Services, the state's public health agency, on operation of the state's Medicaid family planning program and on a legislatively-directed initiative to expand the Medicaid for Breast and Cervical Cancer Program. In this position, Emily analyzed state and federal policy and legislation impacting Medicaid and CHIP.

Shelter Partnership

Project Manager

At Shelter Partnership, Emily provided technical assistance to community and government agencies regarding homelessness and housing funding and policy issues. She conducted research, analyzed data, and prepared reports on homelessness and housing programs throughout Los Angeles County. Emily also participated in workgroups such as the Domestic Violence Task Force and LA's HOPE, a supportive

housing/employment program. In this role, Emily reviewed and analyzed housing and homelessness legislation, notices of funding availability, and federal program regulations.

Professional History

- Senior Consultant, Sellers Dorsey, Austin, TX, 2017 - Present
- Texas Health and Human Services Commission, Austin, TX
- Deputy Medicaid Director for Policy and Program, 2016-2017
- Director for Program Management, 2013-2016
- Director of Policy Development Support, 2010-2013
- Program Specialist, Office of Health Services, 2008-2009
- Program Specialist, Medicaid/CHIP Division, 2007-2008
- Project Manager, Shelter Partnership, Los Angeles, CA, 2005-2006

Education

- The University of Texas, LBJ School of Public Affairs, Austin, Texas, Master of Public Affairs, 2005
- The University of Texas, Austin, Texas, Bachelor of Arts in Government and English, 2003