

HEALTH MANAGEMENT ASSOCIATES

Response to Request for Quotes (RFQ)
On Puerto Rico Medicaid Program New Congress Requirements

PRESENTED TO:
The Puerto Rico Department of Health – Medicaid Program

March 6, 2020

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

WWW.HEALTHMANAGEMENT.COM

HEALTH MANAGEMENT ASSOCIATES

March 6, 2020

Luz E. Cruz-Romero
Executive Director
Puerto Rico Medicaid Program
Department of Health
PO Box 70184
San Juan, PR 00936-8184

Dear Ms. Cruz-Romero,

Health Management Associates (HMA) is pleased to respond to your request for quotes (RFQ), dated February 24, 2020 and amended February 26, 2020, to provide professional services in support of the Puerto Rico Medicaid Program (PRMP). We acknowledge the PRMP is seeking a firm with extensive experience working with Medicaid programs, the United States Congress, and the Centers for Medicare & Medicaid Services (CMS) on a wide range of matters related to ensuring that Puerto Rico's Medicaid program complies with federal laws and regulations including the provisions included in the budget compromise signed into law in December 2019.

We are confident that HMA has the required experience, knowledge, bandwidth and relationships that will enable us to deliver exceptional professional services to the PRMP, as well as the ability to immediately begin providing the requested supports:

- HMA has more than 35 years of experience supporting state Medicaid agencies (SMAs) and health departments throughout the United States, including Puerto Rico.
- HMA has extensive government health care program expertise; we count many former Medicaid directors, secretaries of health, and federal agency leaders among our consultants.
- HMA conducts extensive health policy and research work. We provide ongoing consulting services to the Commonwealth Fund, the Kaiser Family Foundation (including completing annual Medicaid program updates located on the Foundation's website) and the National Governors Association as well as to Medicaid programs across the country.
- HMA has unique Puerto Rico experience gained through our work with the Department of Health (DOH), the Puerto Rico Health Insurance Administration (ASES), and the Insurance Commissioner's Office on the **Health Benefits Exchange Feasibility and ACA Impact Assessment** and **National Governors Association Super-Utilizer Policy Academy** projects. Additionally, prior to joining HMA several colleagues provided project management, RFP and contract writing, and proposal evaluation resources for the **2010 procurement of Government Health Plan managed care and behavioral health organizations**.
- HMA is highly knowledgeable of and experienced with CMS processes and perspectives. Our consultants have worked directly with CMS leadership on the Medicaid EHR Incentive Program and the Innovation Accelerator Program. Through this work, we have gained detailed knowledge of the tools and processes CMS uses to evaluate Medicaid innovations and reforms. We also support state clients in their negotiations with CMS on program changes, waivers, state plan amendments and implementation plans. From Indiana's Medicaid expansion waivers to delivery system reforms in Delaware to program monitoring and evaluation in Kentucky, HMA colleagues have worked with state clients and CMS staff to respond to federal requirements.

- HMA has built relationships with key government officials in Puerto Rico—relationships built on respect, an appreciation of the special challenges U.S. territories face, and extensive knowledge of Puerto Rico’s Medicaid program, political and government structures. Additionally, HMA has at least seven colleagues who are fluent in Spanish, our firm is continuously monitoring political and economic developments in Puerto Rico, and having worked with several provider groups on the island we have a special appreciation of Puerto Rico’s unique health care culture, environment, and needs.
- HMA has established strong working relationships with key officials from the U.S. Department of Health and Human Services (HHS), CMS and the Center for Medicaid and CHIP Services (CMCS) within CMS. Our relationships include:
 - HHS Region 2 officials including Ms. Marina Diaz, Director of the Puerto Rico Field Office, and Mr. Fred Miller
 - Senior HHS officials based in Washington, DC and Baltimore including:
 - Ms. Seema Verma, CMS Administrator
 - Ms. Julie Boughn and Mr. Edward Dolly, Director and Deputy Director of the Data Systems Group within CMCS
 - Mr. Ricardo Holligan, Branch Manager, CMCS Financial Management Group
- HMA’s Washington, DC office, our proposed base of operations for this engagement, has both bilingual resources—including our proposed engagement director **Juan M. Montañez** (born and raised in Puerto Rico, fully bilingual, and the lead of HMA’s Puerto Rico projects)—and superior connections to both Congressional and CMS officials.
- HMA operates on the principles of **client empowerment** and **knowledge transfer**—we help our clients with short-term needs, but the ultimate measure of our success is when clients attain and internalize the expertise necessary to perform work without our ongoing assistance.

To further strengthen our team, HMA has established a relationship with **Myers and Stauffer**, a nationally recognized accounting and consulting services firm that specializes in government-sponsored health care programs:

- For more than 40 years, Myers and Stauffer has worked with 49 state Medicaid programs to address their unique reimbursement, compliance, and operational challenges.
- In addition, for more than a decade Myers and Stauffer has provided Medicare and Medicaid audit, investigative, and consulting services to federal health care agencies including CMS, the U.S. Department of Health and Human Services Office of the Inspector General, the U.S. Department of Justice, and the Federal Bureau of Investigation.
- Finally, Myers and Stauffer has exceptional experience working with SMAs on reimbursement and rate setting, program audits, payment error rate measurement, Medicaid eligibility quality control, program integrity processes and systems, and legislation and regulation initiatives.

HMA also has strong working relationships with several consulting firms based in Puerto Rico; to the extent required we can leverage those relationships to ensure our team has the necessary level of local resources.

We look forward to supporting the PRMP in its mission to improve health care in Puerto Rico. We have the resources to deliver, the drive to provide high-quality services, and the commitment to transfer our knowledge and work product to Puerto Rico officials upon completion of tasks. **Publicly financed health care is more than our focus—it is what we do.**

Luz E. Cruz-Romero

3/6/2020

Page 3

Please contact Mr. Montañez by email at jmontanez@healthmanagement.com or by phone at 202-601-7746 if you have any questions regarding this RFQ response. For contracting matters, please contact our contracts director, Jeff DeVries, at contracts@healthmanagement.com or 517-482-9236.

As vice president, I am authorized to bind HMA contractually with this response. Thank you for the opportunity to bid on this very important work. We look forward to your decision.

Sincerely,

A handwritten signature in blue ink that reads "Kelly Johnson". The signature is written in a cursive, flowing style.

Kelly Johnson
Vice President

Table of Contents

Engagement Plan	1
References	6
Staffing Plan	10
Rate Schedule and Budget	11
Attachment 1: Select Staff Biographies	12

ENGAGEMENT PLAN

We propose providing project management, advisory, and support services in relation to the **tasks** outlined in the RFQ; refer to Table 1. In response to the RFQ, we include in Table 1 preliminary **estimates** of HMA resource-hours per task and the scoping assumptions supporting these estimates. Before initiating work on any task, we propose engaging with PRMP leadership to agree on detailed scopes of work, deliverable expectations, work plans, and more precise hours estimates by task. Note that each of the tasks as detailed below will incorporate the following activities:

- Deliverable design
- Due diligence including, as needed, documentation of current processes and systems
- Best-practices research
- Deliverable development and internal quality review
- Dialogue with PRMP and, as needed, other Puerto Rico government officials to review, discuss, and obtain approval of task deliverables
- Engagement with federal government officials to discuss and present task deliverables, as directed by PRMP
- Meetings with PRMP staff and vendors and, as needed, officials from other Puerto Rico government agencies to implement recommended processes and systems
- PRMP staff training

TABLE 1: ESTIMATED HMA RESOURCE HOURS BY TASK

#	Task Title/ Description	Assumptions for Preliminary Estimates of HMA Resource Hours	Estimated Resource Hours
1	Program integrity (PI) office recommendations	We will formulate recommendations designed to optimize the PI office based on state Medicaid agency (SMA) best practices, tempered to Puerto Rico’s unique circumstances including the longstanding Medicaid managed care delivery system.	450
2	Payment Error Rate Measurement (PERM) plan	We will develop a PERM plan based on SMA best practices tempered to Puerto Rico’s unique circumstances, including the longstanding managed care delivery system and the recent implementation of the DXC MMIS platform.	400
3	Contract reform plan	We will develop a contract reform plan based on SMA best practices that directly addresses concerns about recent contracting activities and the capacity of both Puerto Rico DOH and ASES to regulate/oversee managed care organization, provider, and agency personnel activities.	500
4	Medicaid Eligibility Quality Control (MEQC) plan	We will develop an MEQC plan based on SMA best practices that addresses concerns stemming from recent irregularities flagged by federal authorities and is tempered to Puerto Rico’s unique circumstances, including legacy systems (MEDITI and others) and the future IBM Curam-based eligibility system.	400

#	Task Title/ Description	Assumptions for Preliminary Estimates of HMA Resource Hours	Estimated Resource Hours
5	Special Needs Plan for Dual Eligibles (“Medicare Platino”) program evaluation and recommendations	We will: <ol style="list-style-type: none"> 1) Conduct a comprehensive, multi-dimensional, longitudinal evaluation of the program, and 2) Formulate and evaluate proposals for ensuring the program is both financially sustainable and delivering incremental improvements in outcomes. 	500
6	Annual Report	We will: <ol style="list-style-type: none"> 1) Develop an annual report generation system; includes designing the report template and the methodology for building and testing the accuracy of the report, 2) Support reporting system construction and testing (may involve working with PRMP staff and vendors), 3) Generate the annual reports (two report cycles), and 4) Present the report to at least three different governance bodies (local and federal) per cycle. 	500
7	Supports regarding responses to: Comptroller General Report on Contracting Oversight and Approval	HMA resources will work with PRMP staff to triage and respond effectively to findings and requests for information resulting from Comptroller General reports. <i>Note: we recommend incorporating the following activities outlined in the RFQ into Task 3 Contract Reform Plan -</i> <ul style="list-style-type: none"> • Evaluate current process used by Puerto Rico to evaluate bids and award contracts under State Plan • Recommend which contracts are not subject to competitive bidding or requests for proposals under current State Plan 	300
8	Supports regarding responses to: Inspector General Audits of Managed Care Payments	HMA resources will work with PRMP staff to triage and respond effectively to findings and requests for information resulting from Inspector General audits. <i>Note: we recommend incorporating the following activities outlined in the RFQ into Task 3 Contract Reform Plan -</i> <ul style="list-style-type: none"> • Evaluate current process used by Puerto Rico to make payments to the managed care organizations • Recommend if current process represent risks of fraud, waste, or abuse 	300

#	Task Title/ Description	Assumptions for Preliminary Estimates of HMA Resource Hours	Estimated Resource Hours
9	System for Tracking Federal Medicaid and CHIP Funding Provided to Puerto Rico	<p>We will:</p> <ol style="list-style-type: none"> 1) Develop a tracking system; includes designing tracking system outputs (scorecards, dashboards, reports) and the methodology for building and testing the accuracy of information in the tracking system; 2) Support tracking system construction and testing (may involve working with PRMP staff and vendors); and 3) Work with PRMP staff to implement the tracking system. <p>We will align the tracking system design with the design of the annual report and ensure interoperability between the tracking system and annual report.</p>	500
10	Assistance with CMS-37 and CMS-64 submissions	<p>We propose assisting with the generation of CMS-37 funding requests and CMS-64 expenditure reports through five quarterly cycles (April-June 2020 through April-June 2021); this assistance includes but will not be limited to generating executive summaries/fact sheets that would be attached to CMS-37 and CMS-64 submissions.</p> <p>Additionally, to ensure these requests/reports are both accurate and generated in a more efficient manner, we propose:</p> <ol style="list-style-type: none"> 1) Conducting an end-to-end review and, as needed, generating updated documentation of how the CMS-64 reports and CMS-37 requests are generated, 2) Recommending potential process and data management improvements to how CMS-64 reports are generated; these improvements will be based in part on our experience working with SMAs to optimize these report generation processes, 3) Working with PRMP staff and vendors to implement recommendations that are accepted by the PRMP, and 4) Creating executive summary/fact sheet templates that would be attached to CMS-37 and CMS-64 submissions. 	450

#	Task Title/ Description	Assumptions for Preliminary Estimates of HMA Resource Hours	Estimated Resource Hours
11	Supports regarding requests to: contract award information/ documentation	<p>HMA resources will work with PRMP staff to triage and respond effectively to requests for information/ documentation.</p> <p><i>Note: we recommend incorporating the following activities outlined in the RFQ into Task 3 Contract Reform Plan -</i></p> <ul style="list-style-type: none"> • <i>Evaluate all documentation that is required in current contracts</i> • <i>Recommend a process on how to report PRMP’s current contracts to CMS</i> 	300
12	Medicaid and CHIP Measures Scorecard Report (2)	<p>The hours estimate for this task is specifically related to assisting PRMP with the generation of the scorecard reports (two cycles).</p> <p><i>Note: we recommend incorporating the following activities outlined in the RFQ into Task 9 System for Tracking Federal Medicaid and CHIP Funding Provided to Puerto Rico -</i></p> <ul style="list-style-type: none"> • <i>Evaluate Congress requirements</i> • <i>Design a plan to be presented to CMS to determine what information should be included in the Scorecard Measures report</i> 	400
13	Supports re: Assuring Compliance with Conditions Associated with Enhanced Federal Medicaid Allotment	<p>To meet the broad requirements and implications of this task, we propose developing a Master Compliance Plan (MCP), inclusive of policies and procedures that—as needed—tie the deliverables of other tasks (e.g., Contract Reform Plan, Program Integrity Office) to the MCP. In addition to, and in support of, the MCP, we will:</p> <ol style="list-style-type: none"> 1) Develop policies and procedures identified in the MCP not otherwise produced as part of the deliverables in other tasks, and 2) Conduct progress monitoring and provide monthly reporting specific to the activities outlined in the MCP. 	500

#	Task Title/ Description	Assumptions for Preliminary Estimates of HMA Resource Hours	Estimated Resource Hours
Additional task #1	Develop PRMP Budget	<p>We propose assisting with the generation of PRMP budgets, in conjunction with the development and generation of CMS-37 funding requests (refer to Task 10), through two budgeting cycles.</p> <p>Additionally, to ensure more effective and efficient budgeting processes, we propose:</p> <ol style="list-style-type: none"> 1) Conducting an end-to-end review and, as needed, generating updated documentation of how PRMP budgets are generated, 2) Recommending potential process and data management improvements to how PRMP budgets are generated; these improvements will be based in part on our experience working with SMAs to optimize these budgeting processes, and 3) Working with PRMP staff and vendors and, as needed, government health plan actuaries and other resources to implement recommendations that are accepted by the PRMP. 	400
Additional task #2	Drafting of Puerto Rico Medicaid and CHIP State Plan Amendments	HMA resources will work with PRMP staff on the development of state plan amendments and will work with PRMP staff and CMS officials to obtain timely approval of these amendments.	500
Additional task #3	PRMP organizational/ personnel recommendations	We will make recommendations for a sustainable “to-be” PRMP organizational model based on SMA best practices adapted as needed to account for Puerto Rico’s unique circumstances. We will also identify capability and capacity gaps associated with the proposed organization model, develop job descriptions and propose a plan for implementing our recommendations.	400
*	Engagement management	We assume an average of nine hours per week (including internal coordination) over the life of the engagement for essential project management activities, including weekly reporting on the status of the various engagement tasks, discussion and resolution of issues, and deliverable quality control. This time also includes participation in periodic project management meetings with Puerto Rico government and CMS officials.	700
TOTAL HOURS			7,500

REFERENCES

We are pleased to submit for your consideration the following references from HMA projects which we believe demonstrate our ability to fulfill the responsibilities outlined in the RFQ.

Ref. #	Client	Duration of Engagement	Summary of Engagement Scope	Contact Information
1	Delaware Department of Health and Social Services (DHSS)	March 2019–February 2020	<p>HMA worked with DHSS to develop a strategic plan that provides a roadmap for coordinated service delivery and reflects the Department’s mission to improve the quality of life for all Delawareans.</p> <p>The project was carried out over five phases: start up, establishing the strategic planning process, environmental analysis, communities and outreach, and finalizing the strategic and implementation plans.</p> <p>DHSS has released the draft strategic plan for public comment, and we are assisting with gathering comments through a variety of methods including town halls. The plan will be finalized based on this input and will be supported by the creation of key performance indicators and an implementation plan.</p>	<p>Lisa Bond Director, Delaware DHSS Division of Management Services Herman M. Holloway Sr. Health and Social Services Campus 1901 N. DuPont Highway New Castle, DE 19720 PH: 302-255-9088 lisa.bond@state.de.us</p>
2	Hawaii Department of Human Services (DHS)	July 2018–June 2020	<p>HMA developed a model for the state’s Medicaid program (Med-QUEST) to better serve high-needs, high-cost members; this included an approach for Medicaid members with severe mental illness. The model included the use of community care teams, community paramedicine, palliative care, and improved integration with the managed care plans’ care coordination and with long-term services and supports. HMA also assisted the state with new managed care contract language to support the model.</p> <p>HMA continues to work with Med-QUEST to implement the model by developing a Medicaid Health Home state plan amendment application.</p>	<p>Joy Soares Program Specialist V Policy and Program Development Office Med-QUEST Division Department of Human Services PH: 808-216-2127 jsoares@dhs.hawaii.gov</p>

Ref. #	Client	Duration of Engagement	Summary of Engagement Scope	Contact Information
3	Indiana Family and Social Services Administration (FSSA)	2017 and ongoing	HMA consultants have worked with the last three Indiana governors and FSSA leadership on the design, approval, and implementation of the Healthy Indiana Plan (HIP), Indiana’s Medicaid expansion program. HMA also supported implementation of a managed care program designed to meet the needs of aged, blind and disabled Medicaid members. HMA also assisted FSSA with a Medicaid waiver request for covering substance use disorder services. Finally, at present HMA is working on a home and community-based services waiver redesign.	Michael Gargano Deputy Secretary and Chief of Staff 402 W. Washington St. Room W461 Indianapolis, IN 46204 PH: 317-233-8798 michael.gargano@fssa.in.gov
4	Oklahoma Health Care Authority (OHCA)	November 2019–November 2020	OHCA administers the state’s Medicaid program known as SoonerCare. OHCA engaged HMA to provide consultation and advise the governor on various Medicaid issues including Medicaid expansion alternatives. Currently, HMA is drafting a Medicaid transformation plan that includes Medicaid expansion, delivery system and payment reform, rural health redesign, and public health improvement initiatives.	Robert Goad Office of Management and Enterprise Services Oklahoma State Department of Health 1000 NE 10th St. Oklahoma City, OK 73117 PH: 405-522-5103 Robert.goad@omes.ok.gov
5	Georgia Department of Community Health	2007–2020	Myers and Stauffer was engaged to assist the state with its Georgia care management organization (CMO) analysis project. This project assesses the policies and procedures of the program, oversight, and monitoring of the Georgia CMOs which includes contract compliance; subcontractor oversight; encounter reconciliation and validation; performance testing; on-site audits; recommendations for process and contractual improvements; financial reconciliations; review of internal controls; medical loss ratio audits; and claim repricing.	Lynette Rhodes Chief of the Medicaid Division 2 Peachtree Street 36th Floor Atlanta, GA 30303 Lrhodes@dch.ga.gov PH: 404-656-7513

Ref. #	Client	Duration of Engagement	Summary of Engagement Scope	Contact Information
6	Georgia Department of Community Health	2009–2020	Myers and Stauffer is assisting the state with its participation in the federal fiscal year (FFY) 2016 PERM reviews for Medicaid and CHIP. In prior cycles, this included an eligibility and a universe component. For the FFY 2016 cycle, the eligibility testing is in a national pilot program. The firm had previously assisted the state with its participation in the FFY 2010 and FFY 2013 PERM eligibility reviews for the Medicaid program.	Brian Dowd Deputy Executive Director 2 Peachtree Street NW Policy Compliance and Operations Office Atlanta, GA 30303 Bdowd@dch.ga.gov PH: 404-657-5467
7	Georgia Department of Community Health	2013–2014	Myers and Stauffer assisted the state with developing a comprehensive solution that evaluated the accuracy of the Medicaid and CHIP MAP and ADM expenditures on previously filed CMS-64 and CMS-21 reports and develop a series of formal work plans to ensure accuracy on future federal reports so the Department receives all federal funds they are entitled to receive.	Lisa Walker Chief Financial Officer 2 Peachtree Street NW 34th Floor Atlanta, GA 30303 Lisa.walker@dch.ga.gov PH: 404-656-4429
8	Virginia Department of Medical Assistance Services	2007–2020	Myers and Stauffer was engaged to provide general program integrity auditing services, including post-payment claims audits of providers of various services. Providers include home health, hospice, laboratory, physician, private duty nursing, residential treatment, inpatient and outpatient rehabilitation, durable medical equipment, renal disease, dental, optometry, personal care, respite care, adult day healthcare, skilled nursing, residential services, supported employment, day support, early and periodic screening, diagnosis and treatment, and service facilitation. This project includes services paid under various waiver authorities. Myers and Stauffer provides assistance with the development of a provider risk assessment tool and provider review program to streamline and unify the review process. They performed an efficiency study of the unit and reviewed claims of the aforementioned provider types.	Louis Elie Director, Program Integrity Division 600 East Broad Street Suite 1300 Richmond, VA 23219 Louis.elie@dmas.virginia.gov PH: 804-786-5590

Ref. #	Client	Duration of Engagement	Summary of Engagement Scope	Contact Information
9	Virginia Department of Medical Assistance Services	2012–2020	Myers and Stauffer has been engaged to perform 400 recipient audit reviews for Phase II of Virginia’s PERM-like activities. Myers and Stauffer performed 1,764 Medicaid and 711 CHIP eligibility case reviews for the FFY 2012 PERM cycle. After the completion of the 2012 PERM cycle, Myers and Stauffer designed and executed an eligibility quality assurance program with the main objective of reducing the Commonwealth’s eligibility error rate. From 2005 to 2011, Myers and Stauffer performed the eligibility PERM-like review for the FFY 2007 (Phase I) and 2008.	Louis Elie Director, Program Integrity Division 600 East Broad Street Suite 1300 Richmond, VA 23219 Louis.elie@dmas.virginia.gov PH: 804-786-5590

STAFFING PLAN

We strongly believe that no U.S.-based health care consulting firm can offer the depth and extent of Medicaid program management, data management, and project implementation and oversight expertise and experience that we offer. Our engagement team will include former Medicaid directors, senior Medicaid officials from various complementary disciplines (budget and finance, program operations, analytics, program integrity, and information technology), nationally recognized experts in the fields of health care policy and health care information technology, experienced business and information analysts, and former CMS and Office of Management and Budget officials.

Our engagement team will be led by **Juan M. Montañez**, who is **based in HMA's Washington, DC office**. As noted previously in our proposal, Mr. Montañez has extensive experience working with the Government of Puerto Rico, has worked closely with HHS Region 2 on both Puerto Rico and U.S. Virgin Islands projects, and as an HMA principal has a comprehensive understanding of HMA's capabilities across all of its offices and practice areas. Mr. Montañez will be HMA's single point of contact to his PRMP counterpart and will ensure HMA responds rapidly and effectively to all PRMP requests. Mr. Montañez will also perform quality assurance oversight of all task deliverables.

Mr. Montañez will be supported by an experienced project administrator based in our Washington, DC office. The project administrator will help coordinate engagement activities across all tasks, support project status and issue reporting and management, and work with Mr. Montañez to ensure HMA deliverables are completed in a timely manner.

HMA and Myers and Stauffer staff working on engagement tasks will be concentrated in offices in Washington, DC, Boston, Philadelphia, and Atlanta and may include:

- Jonathan Blum, Washington, DC (HMA)—former Medicare administrator at CMS
- Tom Dehner, Boston (HMA)—former Massachusetts Medicaid director and a participant in the Puerto Rico Health Benefits Exchange Feasibility and ACA Impact Assessment project
- Wade Miller, Atlanta (HMA)—former Georgia Medicaid chief information officer and a participant in the Puerto Rico Health Benefits Exchange Feasibility and ACA Impact Assessment project
- Jerry Dubberly, Atlanta (Myers and Stauffer)—former Georgia Medicaid director
- Toni Prine, Atlanta (Myers and Stauffer)—former Georgia Medicaid deputy inspector general

Brief biographies of select engagement team members are provided in Attachment 1.

RATE SCHEDULE AND BUDGET

We propose to provide the services described above on a time-and-materials basis. Professional hourly rates for services rendered in calendar year 2020 would be billed as noted below:

Ref #	Job Class	Hourly Rate
1	Principal	\$375
2	Senior Consultant	\$325
3	Consultant	\$265
4	Analyst/Research Assistant	\$185

We propose that out-of-pocket expenses including travel and incidentals be reimbursed to the extent allowed by and in accordance with Puerto Rico laws and regulations. Additionally, it is customary for HMA to increase its rates annually on January 1. We anticipate a three percent rate increase in 2021; this rate increase is built into the calculated preliminary budget.

Based on the resource estimates in our engagement plan and the above rates, we have calculated a preliminary engagement budget of \$2.58 million. We propose further refining this budget with PRMP input once detailed scopes of work are developed and agreed-to for each engagement task.

We propose to submit invoices monthly for services provided in the previous month. These invoices will differentiate work done on specific tasks and between work performed in Puerto Rico versus work performed in the continental United States.

ATTACHMENT 1: SELECT STAFF BIOGRAPHIES

Following are biographies of select members of our proposed engagement team.

Juan M. Montañez, MBA, Principal

Juan M. Montañez has more than 20 years of experience and an extensive knowledge base that encompasses information technology, financial planning, business process optimization, strategic planning, cost-benefit analysis, government procurement, and project management.

Mr. Montañez led the multi-disciplinary team of consultants that worked with the Puerto Rico Department of Health on the feasibility assessment and planning of a Health Insurance Marketplace for the Territory. During his time at HMA Mr. Montañez has led several Medicaid Management Information System (MMIS), eligibility and enrollment system, and IT planning and procurement projects with government and private sector clients.

Before joining HMA, Mr. Montañez was a senior consultant at a firm subsequently acquired by Mercer. There, he led MMIS, encounter data management system, and health information technology initiatives in Florida, Georgia, Hawaii, New Mexico, Tennessee, and the U.S. Virgin Islands. Mr. Montañez provided project management and readiness assessment leadership to numerous managed care system implementations, including implementations in the aforementioned states. He was a key player in the design and implementation of Puerto Rico's Government Health Insurance Plan; his roles on that project included project plan development, procurement strategy, and facilitation of proposal evaluation teams.

Mr. Montañez is also a recognized expert in cost-benefit analysis and return-on-investment analysis in the public sector. While at the firm subsequently acquired by Mercer, he led the cost-benefit/return-on-investment analysis phase of the Minnesota Health Care Connect project which led to reengineered eligibility and enrollment processes for Minnesota's healthcare programs.

Prior to his work as a consultant, Mr. Montañez served as senior advisor to Georgia's chief information officer (CIO), director of strategic research and analysis for Georgia's Department of Community Health, and budget director and IT manager with a 13-hospital system in the Atlanta metropolitan area.

Mr. Montañez earned his master's degree in business administration from the Georgia Institute of Technology. He earned his bachelor's degree in engineering from the Massachusetts Institute of Technology.

Jonathan (Jon) Blum, MPP, Managing Principal

Jonathan (Jon) Blum has more than 20 years of senior-level experience working in public and private healthcare financing organizations, including CMS.

From 2009 to 2014, Mr. Blum had direct responsibility for administration of the Medicare program, leading the development and implementation of many of the cost-reduction and delivery system improvements that remain in place today and have been adopted by an array of public and private healthcare organizations. These reforms include fundamental changes to the Medicare Advantage program that accelerated its rapid growth, the accountable care organization program, bundled-payment initiatives, value-based purchasing, new competitive bid pricing systems, and improvements to the Medicare Part D prescription drug program.

Under Mr. Blum's leadership, the Medicare program experienced its lowest sustained period of overall spending and premium growth. He also directed the release of unprecedented levels of Medicare data to make the program more transparent and accountable to the public.

Most recently, Mr. Blum was an executive vice president at CareFirst BlueCross BlueShield, overseeing its medical policies, pharmacy benefit, provider networks, and care coordination programs. Earlier in his career, he was a Congressional healthcare staffer to the Senate Finance Committee, a Medicare budget analyst at the White House Office of Management and Budget, and an executive at Avalere Health.

Mr. Blum is active on many non-profit boards and health policy advisory councils. He is a graduate of the John F. Kennedy School of Government at Harvard University, where he earned a master's degree in public policy, and the University of Pennsylvania.

Tom Dehner, JD, Managing Principal

Tom Dehner is a managing principal at HMA, aiding states, health plans, providers, and foundations in the areas of Medicaid policy and operations, health reform implementation, and strategic planning.

From January 2007 until joining HMA, Mr. Dehner was the director of the Commonwealth of Massachusetts Medicaid program, known as MassHealth, overseeing a health insurance program that covered 1.1 million members, with a \$9 billion budget and a workforce of over 800. In this role, he led implementation and federal approval of the Medicaid-related components of the Massachusetts healthcare reform law. In addition to his duties as Medicaid director, he served as a member of the board of the Commonwealth Health Insurance Connector, the public entity charged with facilitating implementation of the commonwealth's healthcare reform effort to make available affordable health insurance to all residents of Massachusetts. Mr. Dehner was also a member of the council of the Massachusetts e-Health Institute, a public corporation created to advance the dissemination of health information technology across the commonwealth. During his tenure, he served as a member of the executive committee of the National Association of State Medicaid Directors.

Prior to being appointed Medicaid director, Mr. Dehner was a deputy Medicaid director and chief of staff for MassHealth. He also served as counsel to the Massachusetts Senate Ways and Means Committee, where he supervised legislative policy on healthcare and insurance matters.

Mr. Dehner earned his juris doctorate from Northeastern University School of Law in Boston, Massachusetts. He is a member of the Massachusetts Bar Association. He earned his bachelor's degree in political science from DePauw University. Mr. Dehner is a member of the board of directors of the Boston Health Care for the Homeless Program and of the advisory committee of the Massachusetts Medicaid Policy Institute.

Wade Miller, Principal

Wade Miller has more than 25 years of experience in the health and human services industry with extensive experience in health information technology, Medicaid policy, Medicaid systems testing and implementation, managed care, and healthcare claims processing. Having worked for two state Medicaid programs (Arizona and Georgia), he brings direct experience from a Medicaid operations perspective and combines that with his private sector consulting experience to provide customers with information to allow them to make informed decisions and pursue solutions that meet their needs.

He is a strong, disciplined leader with experience leading large system development projects, performing quality assurance activities, project management, technical writing assistance, MITA assessments, systems analysis, system testing, and independent verification and validation (IV&V) services.

Among his HMA projects, Mr. Miller worked with the Puerto Rico Department of Health to assess the feasibility of establishing a health benefit exchange in the context of Puerto Rico's limited exchange funding and its status as a U.S. territory (numerous provisions of the ACA, including the individual

mandate, do not apply to territories) with a distinct internal revenue code and unique medical assistance program.

Prior to joining HMA, Mr. Miller was an executive consultant with FourThought Group Inc. for seven years where he served in various consulting roles including client executive, project manager, IV&V lead, systems analyst, MITA assessment specialist, and CMS certification specialist.

Additionally, Mr. Miller served over five years as the Georgia Department of Community Health (DCH) chief information officer. As DCH CIO, he led the department's Information Technology Division which is responsible for providing network and infrastructure support to the entire department. Mr. Miller was responsible for the department's information technology strategic planning; was a member of the state's technology, standards, and protocol committee; and was responsible for the fiscal agent systems development and maintenance efforts. He served as the DCH IT liaison with the CMS Atlanta regional office and wrote all advance planning documents to secure federal funding for DCH initiatives.

Mr. Miller earned his bachelor's degree from Arizona State University.

MYERS AND STAUFFER

Jerry Dubberly, Principal

Jerry Dubberly leads the consulting services practice area within Myers and Stauffer. Dr. Dubberly has focused on providing executive support and strategic planning assistance to our Medicaid clients. He has assisted clients with delivery system and payment transformation initiatives which include State Innovation Model; Delivery System Reform Incentive Program; Certified Community Behavioral Health Clinics programs; managed care design, implementation and monitoring; directed payments, quality programs, policy analysis, and other consulting activities.

Prior to joining Myers and Stauffer, Dr. Dubberly served as Georgia's Medicaid director for more than six years, where he was responsible for health care coverage for 1.9 million Georgians and an annual benefits budget of \$10 billion. Dr. Dubberly brings a wide range of experience with Medicaid policy and financing; pharmacy services, nonemergency transportation services, clinical practice, and health information technology; and experience with a variety of other state and federal health care programs.

Dr. Dubberly earned his bachelor's degree in pharmacy from the University of Georgia, his master's degree in health services management from the University of Tennessee, and his doctorate degree in pharmacy from the University of Arkansas Medical Sciences.

Toni Prine, Principal

Toni Prine serves as a subject matter expert utilizing her extensive background in the State of Georgia Medicaid program. Myers and Stauffer leverages her knowledge of policy development, enforcement, and governance to provide clients with thought leadership and cutting edge fraud, waste, and abuse detection methods. Her background with Georgia Medicaid also makes her well versed in the oversight of managed care organizations. Additionally, Ms. Prine draws from her background as a pharmacist to support clients in payment integrity related to their respective Medicaid pharmacy programs. Her unique ability to know and understand issues from the government perspective allows her to assist clients in navigating the ever-changing state Medicaid and CMS landscapes.

Ms. Prine has nine years of previous experience with the Georgia DCH. In her most recent role as deputy inspector general, she provided oversight of the program integrity unit, served as member of the OIG Leadership Team, served as business owner of the Georgia Medical Care Foundation ASO contract and

the Georgia Medicaid Recovery Audit Contractor. She implemented the CMS Medi-Medi Program in Georgia and provided oversight of the pharmacy audit vendor contract.

Ms. Prine was responsible for internal and external oversight and monitoring of the \$11 billion state agency. She has knowledge and familiarity with analyzing state and federal policy related to government agencies and the proper development/implementation of accepted business procedures. She has extensive experience in working with multiple local, state, and federal agencies to investigate and prosecute incidents of waste, fraud, and abuse.

Her experience includes examining and analyzing pharmacy providers for aberrant/wasteful billing, developing algorithms and performing analysis of pharmacy and medical claims, utilizing Medicaid policies and procedures to identify alleged violations by providers, performing drug utilization reviews and complex data extracts, and reviews for special projects. She also reviewed patient profiles and made necessary recommendations for the Pharmacy Lock-In Program. Prior to joining the Georgia DCH, Ms. Prine served as clinical program analyst for ACS, Inc., where she performed drug utilization analysis for various state Medicaid programs and provided ad hoc reporting and data extracts.

Ms. Price received her bachelor's degree in pharmacy from Auburn University.