The Menges Group
Strategic Health Policy & Care Coordination Consulting

July 6, 2015

Ross Alexander, Procurement Specialist
State of Alaska
Division of Legislative Audit
P.O. Box 113300
Juneau, AK 99811-3300

Dear Mr. Alexander:

Thank you for inviting The Menges Group to prepare a proposal to assist in evaluating the State of Alaska's Medicaid redesign options. Our Technical Proposal is enclosed and our Cost Proposal is provided in a separate document.

As The Menges Group's Chief Executive Officer, I have the authority (including fiscal authority) to bind our organization to the contents of this proposal. I hereby certify the accuracy of all information in the proposal. Our proposal will remain valid for at least 90 days beginning with the July 6, 2015 submission deadline. Our organization meets all minimum requirements of the RFP and will comply with all of the RFP's provisions.

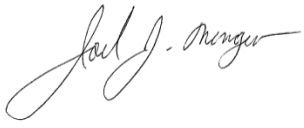
Our organization's full legal name is The Menges Group, LLC. Our Federal Tax ID Number is 46-2487738. We are a Virginia-based health care consulting firm specializing in Medicaid coordinated care programs. We are not an Alaska-based organization and therefore do not qualify as an "Alaska Bidder."

Our address and contact information is:

Address:	4001 9th Street N., Suite 227 Arlington, VA 22203	Phone: Fax:	571-312-2360 571-312-2331

I will serve as the point of contact for the Committee with regard to this proposal. My contact information is the same as indicated above, with the addition of my cell phone number (202-738-2274) and my email address (jmenges@themengesgroup.com). We appreciate the opportunity to bid and our team very much looks forward to working with you and your colleagues if we are selected.

Sincerely,



Joel J. Menges
Chief Executive Officer

The Menges Group

Strategic Health Policy & Care Coordination Consulting

RESPONSE TO:

STATE OF ALASKA MEDICAID REFORM AND EXPANSION CONSULTATION SERVICES
RFP No. 15-33-10

- **DEVELOPMENT AND IMPLEMENTATION OF MEDICAID COST CONTAINMENT AND REFORM INITIATIVES; AND**

- **EVALUATION OF MEDICAID EXPANSION PROPOSALS UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT**

July 6, 2015

TABLE OF CONTENTS

Note: Cost Proposal Provided Separately

Section 1. Understanding of the Project

Through our review of various articles and analyses about Alaska's Medicaid program, the severity of Alaska's current budget circumstances is clear. Program changes that might normally be highly attractive (e.g., obtaining an influx of roughly 9-10 Federal dollars for every additional dollar Alaska directly invests in Medicaid expansion, or investing in the design and development of a coordinated care program that will not yield immediate savings but will yield ongoing longer-range savings) are not necessarily viable due to the following dynamics:

- While Alaska is ill-positioned to engage in any new spending, paying for Medicaid services predominantly through the traditional fee-for-service (FFS) payment model runs counter to the program's longer-term cost-effectiveness and also fails to optimally address the poverty population's clinical needs. The FFS setting essentially pays for "whatever happens to happen" and does not create accountability for achieving access to needed services, improving quality, or delivering taxpayer cost savings.

- The primary cost containment tool available in FFS is reducing provider fees. However, this can jeopardize the very access to services that Medicaid coverage strives to deliver.

- With regard to Medicaid expansion, finding a way to participate will secure coverage for more than 30,000 uninsured adults in Alaska, with these individuals' costs paid predominantly via federal funds. Participation in the expansion will also remedy the current situation whereby Alaska's residents are paying approximately $90 billion annually for other states' Medicaid expansions, but getting nothing in return (according to our estimates summarized in our October 2014 5 Slide Series presentation).

A policymaking stalemate with regard to health reform does not address any of the above issues. We desire to help the State objectively craft a solution that includes the following components:

a) **Identify short-term net savings opportunities in the current program, 50% of which will accrue to the State.** Our prior assessments of Alaska's Medicaid costs suggest that many savings opportunities exist. Exhibit A indicates that Alaska's per capita Medicaid costs, when adjusted for the mix of persons covered, have consistently been the highest in the nation and are more than twice the national average. Exhibit B indicates that Alaska's Medicaid costs per prescription, after taking into account rebates, are 9th highest in the nation and 21% above the US average. Contributing to those statistics, Alaska's generic percentage of Medicaid prescriptions was 9th lowest in the nation during 2014 based on our tabulations. We are confident that we will identify opportunities to reduce spending in pharmacy and in several other areas that will yield large-scale State Fund Medicaid savings.

Exhibit A. Medicaid Per Capita Cost Rankings, 2003-2010

State	Standardized Aggregate PMPM		Average Annual PMPM Trend, 2003-2010	Rank by 2003 PMPM	Rank by 2010 PMPM	Rank by Annual PMPM Trend, 2003-2010
	2003	2010				
Alaska	$664	$812	2.9%	1	1	40
USA Total	$270	$377	4.9%			
Alaska as % of USA	**246%**	**215%**				

Source: Menges Group tabulations using CMS MSIS data. Standardized Aggregate PMPM cost was derived by separately calculating each state's PMPM costs for non-disabled children, non-disabled adults, and non-dual disabled beneficiaries – and averaging these three PMPM costs together using a nationally uniform population mix.

Exhibit B. Medicaid Costs Per Prescription, 2014

State	Pre-Rebate Cost Per Prescription, 2014	Rebates Per Prescription, 2014	Post Rebate Cost Per Prescription, 2014	Rank, Post Rebate Cost Per Prescription, 2014
Alaska	$79.94	$34.76	$45.19	9
USA TOTAL	$72.40	$35.09	$37.32	
Alaska as % of USA	110%	99%	121%	

Source: Menges Group tabulations using CMS Medicaid Drug Utilization and CMS 64 Reports.

b) **Deploy these savings to fully pay for the State share of the Medicaid expansion coverage (which according to our initial estimates will be more than $20 million per year).** This will likely draw into Alaska more than $200 million annually in Federal funds, support that will be of significant clinical and financial value to the persons receiving the coverage -- as well as to Alaska's provider community and to the State's broader economy.

c) **Incorporate coordinated care techniques into Alaska's Medicaid program,** We will strive to reform and modernize the program away from a traditional FFS coverage model, and move towards an accountable system that effectively measures and yields improvements through proactive facilitation of access to care, improvements in clinical and administrative quality, and achievement of net cost savings.

Section 2. Project Management

***Project Management* – Identify who will be the individuals assigned to the project. Offerors must identify how much of the total project time (percentage) each key individual will contribute.**

Exhibit C introduces the core project team The Menges Group is making available to Alaska's Legislative Budget and Audit Committee. Detailed information about each individual's experience is presented in the response to Section 4 (Qualifications). Exhibit D presents the estimated labor hours each team member will contribute to this engagement.

Exhibit C. Proposed Project Team

Consultant	Title & Key Prior Affiliations	Role
Joel Menges	CEO of The Menges Group, former Lewin Group Vice President	Project Lead Expert
John Folkemer	Independent Consultant, former Maryland Medicaid Director	Executive Consultant
Sherry Knowlton	Independent Consultant, former Pennsylvania Medicaid Director, former Medicaid health plan CEO	Executive Consultant
Poornima Singh	Director, Government Contracting and Correctional Health Services at The Menges Group	Project Manager
Amira Mouna	Director, Pharmacy Services and Provider Network Services at The Menges Group	Senior Analyst
Nicholas Pantaleo	Research Analyst, The Menges Group	Research Analyst

Exhibit D. Projected Distribution of Labor Hours by Team Member

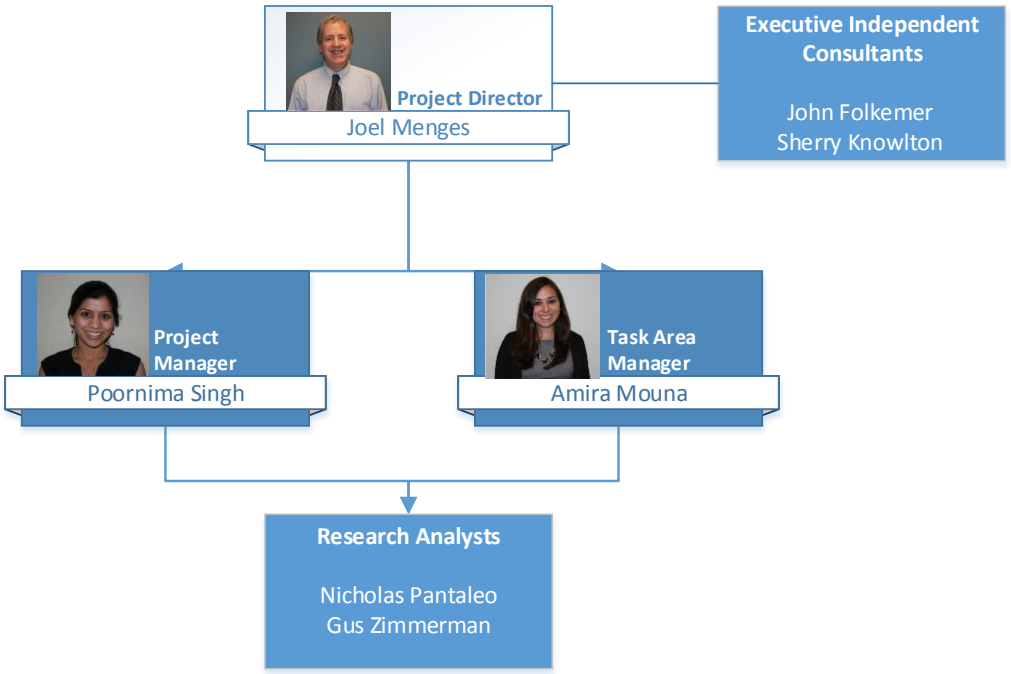
Consultant	Estimated Hours, Discrete Tasks in RFP	Percent Distribution	Estimated % Distribution of Hours, Additional Work Requested by Client
Joel Menges	220	20.3%	20.0%
Amira Mouna	232	21.4%	15.0%
Poornima Singh	296	27.4%	15.0%
Research Analysts	224	20.7%	20.0%
John Folkemer	52	4.8%	15.0%
Sherry Knowlton	58	5.4%	15.0%
Total	**1,082**	**100.0%**	**100.0%**

Offerors must provide an organizational chart specific to the personnel assigned to accomplish the work called for in this RFP, illustrate the lines of authority, and designate the individual(s) responsible and accountable for the completion of each component and deliverable of the RFP.

The project will be led by Joel Menges, who will be responsible and accountable for the successful and timely completion of each task and of each deliverable under this engagement. Poornima Singh will assist Joel by serving as Project Manager for this engagement. Mr. Folkemer and Mrs. Knowlton will serve as senior advisers for the project and will play a key role in many components of the engagement. Amira Mouna will provide mid-level support to the project, and Nicholas Pantaleo and perhaps additional Menges Group research analysts will provide junior support to the engagement.

A chart depicting the project team's organizational structure is shown in Exhibit E.

Exhibit E. Project Team Organizational Chart



Deliverables

Within 15 days of contract approval, we will submit an updated timeline for the project. We will seek to schedule a standard weekly conference call with our project director to discuss the prior week's accomplishments and developments, the upcoming week's work, and any issues that warrant discussion and require guidance/decisions. Poornima Singh will submit monthly status reports to assure that all tasks and deliverables are as scheduled and any issues are resolved in a timely manner.

We will also submit our analysis of the Medicaid reform and expansion legislation and other proposals within 45 to 60 days of contract approval.

All work products will be submitted electronically, in a Microsoft Word, PowerPoint, Project, or Excel format. Adobe PDF files of each document can also be made available and submitted electronically.

Section 3. Project Approach/Methodology

Our approach to the engagement is conveyed below for each task area identified in the RFP. The RFP text is bolded and shaded, followed by our proposed approach.

A. The contractor will offer technical assistance in the analysis and evaluation of Medicaid proposals and assist the legislature in understanding and acting upon these proposals. For each Medicaid proposal identified by the project director for the contractor's review, the contractor will provide a comprehensive analysis that
1. identifies and discusses the efficacy, efficiency and timelines of all proposed reform and expansion elements;
2. identifies potential benefits and risks involved;
3. evaluates and analyzes both immediate and long-range fiscal consequences;
4. evaluates the likelihood of realizing projected enrollments and utilizations;
5. assesses the provider network capacity, including Medicare "provider crowdout" potentials;
6. evaluates tribal health care and Native health services utilization and collaboration opportunities, limitations, and consequences;
7. evaluates and recommends strategies for health plan management of, first, any expansion populations, and second, the general Medicaid population;
8. if applicable, assesses the maximization of Medicaid funding for prison populations; and
9. provides in the review a summary of the above elements in a SWOT (strengths, weaknesses, opportunities and threats) analysis format.

We will prepare a comprehensive analysis of each identified Medicaid reform proposal. These reform proposals will include at minimum the proposed legislation conveyed in Attachments A-D of the RFP. Our analyses will include the following components.

- We will provide our own experience and input to each proposed reform approach, but we also need to understand the perspectives of the Alaskan stakeholders who have been heavily involved in the overall Medicaid reform debates and/or will be significantly affected.

- Our team will conduct phone conversations with the project director and with up to ten Alaska stakeholder organizations or individuals to obtain their perspectives on the impacts of the proposed reform approach. We will seek the Committee project director's input on which individuals and stakeholders are appropriate to contact, and our interviews will include at a minimum some persons who support the given approach, some persons opposed, and some persons from organizations that will be significantly affected.

- Given the uniquely large proportion of Alaska's Medicaid population who are Native Americans/Alaska Natives (40% in 2011 according to our MSIS tabulations), we will separately conduct phone conversations with at least ten additional stakeholders suggested by the Committee project director who are Native health representatives in Alaska and/or are experts in the State's tribal health/Native health dynamics.

- Our evaluations will include both a qualitative and quantitative assessment of the nine components described above in the RFP.

- We will also prepare a comparison chart conveying the similarities and differences between each option.

B. The contractor will provide information and analyses with regard to other states' experiences with Medicaid reform and expansion initiatives, including assessing the outcomes to date of the six states that have been awarded State Innovation Model (SIM) grants to reform Medicaid and identifying the reforms that would work well in urban Alaska or rural Alaska.

We will obtain publicly available information on several states' reform initiatives (design documents, waiver documents, public descriptions and analyses available via internet searches, etc.). These will include the following groups of states:

- Medicaid reform through SIM grant (most-advanced states with a CMS award to test their model): Arkansas, Maine, Massachusetts, Minnesota, Oregon, and Vermont.
- Selected small states recently altering their fundamental approach to delivering Medicaid coverage (e.g., Connecticut's use of administrative services only contractor, New Hampshire's MCO capitation-based model).
- States currently considering major redesign of their Medicaid program (e.g., North Carolina and Oklahoma).
- Selected largely rural states that have recently participated in Medicaid expansion (e.g., Iowa and North Dakota). North Dakota's Medicaid has the nation's third largest percentage of Native Americans enrolled (Alaska being by far the highest), and our inquiries in this state will also assess any initiatives they are implementing to effectively include/serve this large subgroup.
- Selected largely rural states that have not participated in Medicaid expansion (e.g., Idaho, Montana, South Dakota, and Wyoming). South Dakota ranks second and Montana fourth in the proportion of Medicaid beneficiaries who are Native Americans.

We will also provide a longer range assessment of states that have adopted Medicaid reform, e.g., cataloguing the degree to which states implementing the capitated MCO model have maintained, expanded, or reduced/curtailed this approach.

We will prepare a report summarizing the above states' program design, with approximately a two-page write-up of each state.

C. The contractor will evaluate Best Practices models for other states and identify components of successful reform and expansion initiatives, and the portability of those measures to Alaska.

Our work in this area will include an additional 1-2 page narrative for each state assessed in Task Area "B" above, describing the relevance and "portability" of each state's approach to Alaska.

D. The contractor will provide recommendations for a tailored limited benefit package for any expansion population, with an option for existing population opt-in.

We will assess this alternative on multiple dimensions, including what types or amount of benefits differentiation for the expansion population will qualify for the 90% federal match, the level of State fund cost savings that a given benefits limitation is expected to achieve (on the expansion population at a 10% state contribution as well as for the current Medicaid population at a 50% state contribution), the degree to which a benefits limitation may increase costs elsewhere in the benefits package, and the degree to which a benefits limitation could have adverse clinical or financial consequences. Joel Menges directed a 2009 Arizona engagement several years ago assessing various Medicaid benefits reduction options, which included most of the above components and can be recreated for Alaska.

E. The contractor will develop recommendations for measuring quality, financial, and health outcome performance, and for reporting to the legislature and the public, including the time periods for reporting.

Medicaid programs in most states have evolved substantially towards creating and strengthening mechanisms to facilitate access, improve quality, and achieve cost savings. All of these broad objectives involve a complex array of detailed components and require strong measurement processes to create a valid baseline and accurately measure the degree of improvement that occurs. Our project team is highly knowledgeable about the access, quality measurement, and cost effectiveness techniques deployed in the capitated MCO model as well as in managed fee-for-service Medicaid coordinated care models.

We will draw upon this experience to provide achievable recommendations for Alaska. A key issue in our recommendations will involve identifying specific cost savings opportunities, which when implemented can serve as a means of financing other desired Medicaid reform features.

F. The contractor will respond on a timely basis to committee and legislator questions.

Our team looks forward to the opportunity to help Alaska make informed decisions about specific Medicaid issues that arise, and to providing "go to" support upon request to committee and legislator questions. We will be continually available to provide phone consultation, prepare written memos, etc. to assist legislators in their efforts to improve Alaska's Medicaid program.

G. The contractor will provide committee testimony, as requested by the project director.

We will prepare and deliver testimony as requested by the project director. Our team has extensive experience testifying at state legislative hearings about Medicaid redesign. Joel Menges has testified at state legislative hearings in Connecticut, Illinois, and Texas, for example. John Folkemer and Sherry Knowlton have presented testimony on numerous occasions during their roles as Medicaid Director (in Maryland and Pennsylvania, respectively).

H. As requested by the project director, the contractor will respond to other related requests for information and services.

Our core project team has a wide array of experience and knowledge. We also have ready access to numerous additional industry consultants and subject matter experts. Across this network, we are readily able to assist Alaska in responding capably to requests for assistance.

Deliverables

We agree to provide all the deliverables described in section 5.02 of the RFP.

Section 4. Project Schedule

The RFP indicates an expectation that the project will extend from August 2015 through December 2016. Our anticipated timeframe for completing the engagement is shown in Exhibit F. We will conduct all the discrete tasks identified in the RFP (all except Task Area's F, G, and H) across the timeframe August 2015 through November 2015. We will be continuously available throughout our contract term (August 2015 through December 2016) to provide additional services requested by the Commission.

Exhibit F. Projected Timeframe for Completion of Each Task

TASK AREA AND DESCRIPTION	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
A. ASSESSMENT OF EXISTING HEALTH REFORM PROPOSALS																	
1. Identify/discuss the efficacy, efficiency and timelines of all proposed reform and expansion elements																	
2. Identify potential benefits and risks involved																	
3. Evaluate/analyze immediate and long-range fiscal consequences																	
4.Evaluate likelihood of realizing projected enrollment and utilization impacts																	
5. Assess provider network capacity, including potential Medicare provider "crowd-out"																	
6. Evaluate tribal health care and Native health services utilization and collaboration opportunities, limitations and consequences																	
7. Evaluate and recommend strategies for health plan management of first, Medicaid expansion population, and second, the general Medicaid population																	
8. If applicable, assess the maximization of Medicaid funding for prison populations																	
9. Provide a summary of above elements in SWOT format																	
Subtotal, Task Area A (Assessment of Existing Alaska Health Reform Proposals)																	
B. PROVIDE INFORMATION AND ANALYSES OF OTHER STATES' INITIATIVES																	
Obtain information on 16 states' initiatives																	
Two page summary of each initiative																	
Arrange and conduct learning network calls with 8 selected states																	
Subtotal, Task Area B (Analyses of Other States)																	
C. IDENTIFY BEST PRACTICES FROM OTHER STATES' INITIATIVES AND ASSESS PORTABILITY TO ALASKA																	
D. ASSESS LIMITED BENEFITS PACKAGE OPTIONS FOR EXPANSION POPULATION																	
E. DEVELOP RECOMMENDATIONS FOR MEASURING AND REPORTING QUALITY OUTCOMES, FINANCIAL OUTCOMES, AND HEALTH OUTCOMES																	
F. RESPOND ON TIMELY BASIS TO QUESTIONS FROM COMMITTEE AND LEGISLATORS																	
G. PREPARE AND DELIVER TESTIMONY UPON REQUEST																	
H. PROVIDE OTHER REQUESTED INFORMATION																	

Section 5. Risk Assessment

Include an assessment identifying risks that may impact the project and the level of threat (low, medium, high) they pose to the project's success. For each identified risk, describe how the risk will be mitigated to facilitate project success.

We do not envision any *technical* risk or threat that will inhibit our ability to assess Alaska's viable Medicaid reform options and offer recommendations that, if adopted/implemented, will strengthen the Medicaid program's access and quality performance – as well as reduce the financial burden the program will place on Alaska's taxpayers in the absence of effective reform. We are confident in our experience and ability to conduct the work being requested and to help Alaska design a program that will achieve these objectives.

We are wary, however, of what we believe to be a high *political* risk that many policymakers and stakeholders are strongly aligned with certain types of Medicaid reform efforts – and against others. Many stakeholders already have formed strong (and often divergent) opinions regarding Medicaid expansion as well as the introduction of managed care into a largely FFS coverage structure. While we believe significant opportunities exist to strengthen Alaska's Medicaid program, we cannot ensure the political outcome of any given reform proposal or design feature.

We will seek to mitigate the risks of a political stalemate -- or a significant watering down of what we believe the most effective reform approaches will be -- through the following actions.

- We will work with the Committee (and with a wide spectrum of Alaska stakeholders) to ensure that we understand their positions and their rationale.

- In turn, we will seek to educate the Committee and other stakeholders regarding the pros and cons of various design options – including conveying corresponding evidence and our rationale.

- We will analyze each reform option objectively, with a focus on what approaches best serve Alaskans' overall interests. We will not make any recommendation for reform that we do not feel has compelling technical/programmatic merit – regardless of the level of political support it may have.

Section 6. Qualifications

***Organizational Background* – Offerors must explain why their firm and project team is particularly suited to meet the requirements of the RFP. Identify the firm's primary business, years of operation, number of employees, and years of providing services similar to those required under the RFP. For any proposed subcontractors, the offeror shall identify the subcontractor's primary business, years of operation, number of employees, and years of providing services similar to those required under the RFP.**

The Menges Group's primary business involves providing Medicaid consulting services to increase and improve the use of coordinated care approaches. Our business model involves maintaining a small staff (currently six individuals) and subcontracting with approximately two dozen independent executive consultants with specialized expertise such that we can accommodate a large volume of projects simultaneously as well as capably address a wide spectrum of clients and content areas.

During the first half of 2015, for example, we have provided Medicaid coordinated care consulting services to a state Medicaid agency, to seven Medicaid health plans (ranging from two Fortune 100 organizations to a local organization with fewer than 10,000 Medicaid enrollees), and to five national associations. These projects have ranged from focusing on specific benefits package components (e.g., optimal management of the Medicaid pharmacy benefit or long-term care services), to assisting in the design and implementation of efforts to optimally deliver comprehensive, individually tailored, "whole person focused" care coordination. Some of our projects involve all Medicaid eligibility groups, and many focus on a specific subgroup (e.g., dual eligibles, foster care children, persons with serious mental illnesses, etc.).

While The Menges Group was formed just over two years ago (in April of 2013), several members of our proposed consulting team – Joel Menges, John Folkemer, and Sherry Knowlton – have worked predominantly in the Medicaid arena throughout the past three decades. John and Sherry are independent Medicaid-focused consultants who will support Alaska as subcontractors to The Menges Group.

The key reasons we believe our team is ideally suited to support Alaska's Medicaid reform efforts are described briefly below.

Experience. As described in detail in this proposal, Joel Menges, John Folkemer and Sherry Knowlton – supported by our mid-level and junior team members – offer exceptional experience and knowledge to assist Alaska in achieving optimal Medicaid reform. Through our vast involvement in Medicaid, our small team also has ready access to a wide array of subject matter experts around the country.

Coordinated Care Acumen. We focus in the area in which Alaska's needs are greatest – transitioning Medicaid from traditional FFS coverage to optimal care coordination where access,

quality, and cost savings are incentivized, measured and achieved. Our team has exceptional skills in the design, development and improvement of Medicaid coordinated care programs.

Impact Estimates. Medicaid reform options need to have a financial/numerical underpinning. We are highly experienced at costing out the merits of each option, and in clearly and transparently demonstrating how we arrived at these estimates. This allows our clients to knowledgeably provide input on the data and assumptions yielding our estimates, which in turn allows us to develop optimal final impact estimates to support policymakers' decision-making.

Learning Network. We will take advantage of what has been learned from the many states that have implemented Medicaid coordinated care program models, for example, by inviting Alaska stakeholders to participate in "learning network" calls with leaders of other states' initiatives. These external experiences will be considered in context with the many Medicaid and broader health care delivery dynamics that are unique to Alaska.

Objectivity. We are very open to learning from Alaska stakeholders all reasonable arguments for and against any type of Medicaid program design feature. After ascertaining these positions our recommendations will objectively convey what we believe is programmatically most beneficial for Alaska. Our recommendations may or may not be aligned with what any certain stakeholder or political party wishes to see conveyed. We well understand that any Alaska Medicaid reform plan enacted must reflect a political outcome, but we foresee our role in this process will be apolitical. We feel that it is advantageous that we have *not* conducted prior Medicaid work in Alaska and thus enter this project without any biases or allegiances.

***Relevant Experience* – Offerors must describe previous engagements that the firm/project team members have performed that demonstrate the offeror's capability to perform the services required by the RFP. Contact information including name and telephone number must be listed for each engagement identified. Experience will include expertise with other states' Medicaid programs, and experiences with reform and expansion initiatives.**

Five project examples are provided below. In addition to the engagements listed below, John Folkemer and Sherry Knowlton have served as Medicaid Directors for several years (in Maryland and Pennsylvania, respectively), and Joel Menges has led Medicaid consulting engagements through contracts with more than 20 state agencies.

1) **Medicaid Reform Assistance to North Carolina (Menges Group work conducted by Joel Menges, Amira Mouna, Poornima Singh and independent executive consultants John Folkemer, Sherry Knowlton and Pamela Parker)**

Client: North Carolina Department of Health and Humana Services (State Medicaid Agency)

Contact Person: Trish Farnham, Project Director, 855-761-9030

Project Summary: During 2013-2014, The Menges Group provided extensive support to North Carolina as the State explored Medicaid reform options and a transition to a more accountable coordinated care model. We obtained and analyzed Medicaid claims and eligibility data,

prepared cost estimates of the savings of the agency's desired model (which involved using provider-sponsored organizations), organized a Medicaid managed long-term care learning network (with several advanced states' executives sharing their program experience), developed detailed analyses of long-term care savings opportunities, and served as a "go to" consultant to assess specific policy issues that arose during the reform design efforts.

2) **Identification of Medicaid Cost Savings Opportunities in Connecticut (Menges Group work conducted by Joel Menges, Amira Mouna, Poornima Singh and independent executive consultants Bruce Carpenter and Eric Yoder, M.D.)**

Client: Community Health Network of CT

Contact Person: Sylvia Kelly, CEO, 203-949-9041

Project Summary: During 2013-2014, The Menges Group team conducted data analyses to identify medical cost savings opportunities in Connecticut's Medicaid program and designed tailored care coordination interventions to address each opportunity area. One key focal point was beneficiaries with multiple hospitalizations over a two-year period.

3) **Assessment of Medicaid Managed Care Options in Illinois (project led by Joel Menges)**

Client: Illinois Commission on Government Forecasting and Accountability

Contact Person: Dan Long, Executive Director, 217-782-5322

Project Summary: During 2005 while at The Lewin Group, Joel Menges directed an engagement on behalf of a major Illinois legislative commission to identify and evaluate the State's most viable Medicaid managed care options. Several different care coordination models were assessed, qualitatively and quantitatively, for each major eligibility group and for various geographic regions of the state. Special financing dynamics were also factored into the analyses. The analyses conducted during this project, while conducted ten years ago, have many similarities to Alaska's current needs to support sound decision-making around Medicaid reform. The final deliverable is available at:
http://www.lewin.com/~/media/Lewin/Site_Sections/Publications/3176.pdf

4) **Assessment of Medicaid Expansion Options in Pennsylvania (project conducted by Sherry Knowlton)**

Client: Pennsylvania Coalition of Managed Care Organizations

Contact Person: John Lovelace, President, UPMC For You, 412-454-5269

Project Summary: Sherry assisted Pennsylvania's MCOs in assessing various options and developing an MCO consensus position on how Pennsylvania should approach the expansion. She developed several policy papers outlining the MCO recommendation and engaged in

ongoing discussion with the Pennsylvania Department of Public Welfare on the MCO recommendations. She led the MCO response to the Corbett Administration's hybrid expansion plan, working with the Department to tailor the final waiver to become more operationally practical. She also was closely involved with the incoming Wolf Administration in their redesign of the program to a pure Medicaid expansion model.

5) **Cost Impacts of Medicaid Innovations (project conducted by Joel Menges and Kellie Doucette)**

Client: Amida Care (New York Medicaid Managed Care Organization)

Contact Person: Doug Wirth, President and CEO, 646-757-7000

Project Summary: During 2014-2015, The Menges Group assisted Amida Care in developing several initiatives to address social determinants of health and estimating the cost impacts of each initiative. An example of these innovations involves temporary housing for persons who are homeless in lieu of hospitalization. These initiatives were all structured to secure participation in New York's Delivery System Reform Incentive Payment (DSRIP) programs.

***Personnel* –Offerors must also provide, for each person listed on the project team or personnel roster, a current resume reflecting expertise and previous experience for similar work to be performed by the RFP.**

Current resumes are provided in Appendix A for each core project team member at the executive level and mid-level. A narrative summary of each individual's experience is provided immediately below.

Joel Menges. Joel has worked in the Medicaid coordinated care arena throughout the past 25 years, largely as a consultant. He serves as The Menges Group's Chief Executive Officer and has led hundreds of consulting engagements that involve the design, development, improvement or evaluation of coordinated care programs, including Medicaid initiatives in more than 30 states. Joel has led Medicaid project work for state agencies in more than 20 states, and has also led Medicaid work for private clients (most often health plans) in more than 20 states. He has played a significant role in the design of many states' coordinated care programs and has assisted many health plans in entering new states and maintaining their presence in existing markets. Joel has also served as lead author of a wide array of policy papers that have shaped and expanded the role of coordinated care for Medicaid populations.

Joel has strong expertise in the design, evaluation, and improvement of care coordination models for high-need Medicaid subgroups where most Medicaid spending occurs. As his career has evolved, an increasing proportion of his project work involves persons with SSI coverage and those dually eligible for Medicaid and Medicare.

Joel is often enlisted to develop cost impact estimates for alternative Medicaid program design features and to quantify Medicaid cost savings opportunities through data analyses of claims and eligibility data. He has overseen projects involving Medicaid managed care capitation rate-

setting in ten states, and has recently worked with Connecticut's and North Carolina's Medicaid data files to model cost savings opportunities, for example.

John Folkemer. John is an independent consultant who works extensively with The Menges Group on Medicaid-related engagements. Mr. Folkemer has over 30 years of progressively responsible experience in a "laboratory of health reform" (Maryland's Medicaid Program), developing home and community-based waiver programs, primary care case management programs, managed care programs, risk-adjusted rate-setting methodologies, and other innovative value-driven payment and policy initiatives. John began his career as a caseworker and provided counseling to the elderly and their families about nursing home placements. He then took on various roles in Maryland's social service agencies and Department of Health and Mental Hygiene, where he directed many of the state's Medicaid program initiatives and served in executive leadership roles during two terms as Maryland's Medicaid Director.

John served as Maryland's Deputy Secretary for Health Care Financing and State Medicaid Director from 2003-2005 and then again from 2007-2011. In this role, Mr. Folkemer oversaw policy development, developed and managed a $4 billion Medicaid provider reimbursement and administrative budget, and provided technical analysis of Medicaid data to support policy development, program evaluation and rate-setting.

John also served as Vice President to The Lewin Group during 2006-2007, and as Director of the Division of Benefits at the Center for Medicaid and State Operations at the Centers for Medicare and Medicaid Services during 2005-2006. In this role, he reviewed and approved states' Medicaid Section 1915(b) freedom of choice waivers and Section 1932 managed care state plan amendments and reviewed and approved states' Medicaid State Plan Amendments for coverage of services and benefits and eligibility for children and adults.

Sherry Knowlton. Sherry has served as Pennsylvania's Medicaid Director as well as CEO of an AmeriHealth Mercy Medicaid MCO in Pennsylvania. As Medicaid Director, she played an instrumental role in the State's transition to a largely capitation-based coverage model. Sherry has worked as an independent consultant during the past few years, providing extensive support to The Menges Group and to other clients.

Sherry also has extensive Medicaid expansion policy experience in Pennsylvania. Pennsylvania has been a "fence state" throughout the past few years developing, assessing, and debating a wide range of options. Sherry assisted Pennsylvania's MCOs in assessing various options and developing an MCO consensus position on how Pennsylvania should approach the expansion. She developed several policy papers outlining the MCO recommendation and engaged in ongoing discussion with the Pennsylvania Department of Public Welfare on the MCO recommendations. She led the MCO response to the Corbett Administration's hybrid expansion plan, working with the Department to tailor the final waiver to become more operationally practical. She also was closely involved with the incoming Wolf Administration in their redesign of the program to a pure Medicaid expansion model.

Poornima Singh. Poornima is the Director of Government Contracting at The Menges Group. Mrs. Singh's career has focused on supporting Medicaid programs, as well as Medicaid health plans and hospital and private payer systems. She excels at project management, pulling together "Medicaid learning networks" of experienced subject matter experts to help a client assess/address a given challenge or opportunity, and preparing objective client deliverables to support effective decision-making.

Since 2011, Poornima has worked with a team of Medicaid-focused consultants who then formed The Menges Group, where she is a founding partner. She has strong experience in the design of managed long-term care programs and coordinated care programs that serve dual eligibles. She also has experience in Medicaid MCO operations, quality improvement initiatives and correctional healthcare. Mrs. Singh supported North Carolina's Secretary of Health and Human Services in analyzing the Medicaid program for its LTSS population and conducted data modeling and developed policy analysis. She is currently assisting a client in strengthening their correctional health care coordination model.

Prior to her role as a consultant, Poornima was a Project Analyst at the National Quality Forum where she provided technical assistance on electronic measure implementation. She supported the development of tools in response to HIT provisions in the 2010 healthcare law, and has educated private and government industries on the use and purpose of these products.

Between March 2010 and April 2011, Poornima was a Research Assistant at the National Association of State Medicaid Directors (NASMD). Poornima participated in the Tribal Technical Advisory Group to gather State Medicaid officials and Federal partners and discuss policies and strategies to increase AI/AN access to Medicaid programs. She also engaged with state Medicaid officials on a routine basis, and led behavioral health and fraud, waste, and abuse technical advisory groups between state Medicaid officials and Federal agencies. She provided technical assistance to State Medicaid Directors, researching and conducting policy analysis on relevant issues including emergency room diversions, waiver mechanisms, and health reform. Poornima has served in additional roles at the National Council for Community Behavioral Healthcare, the Association of State and Territorial Health Officials, and Grantmakers for Children, Youth and Families. Through her career, Poornima has developed expertise in quality improvement, MCO procurement support, behavioral health, health information technology, correctional health, and maternal and child health programs.

Amira Mouna. Amira is also a founding partner of The Menges Group and serves as our organization's Director of Pharmacy Services and Provider Network Services. Amira has worked for variety of Medicaid clients including the State of North Carolina and numerous Medicaid MCOs and associations conducting policy and data analyses, providing operational support, and assisting clients in procurement efforts. She also supported the State of North Carolina in identifying and assessing Medicaid reform options.

Prior to joining The Menges Group, Amira served as a Public Health Fellow in the White House Office of National Drug Control Policy and as a health policy intern in the Office of Georgia Governor Nathan Deal. Amira received her MPH in Health Policy from the George Washington University, and her undergraduate degree from Georgia Institute of Technology.

Additional Subject Matter Experts. Where needed, The Menges Group can also enlist the support of other consultants with whom we frequently partner to serve our clients. Some of the individuals under contract with our firm are listed below.

Pamela Parker – has overseen one of the nation's longest-standing Medicaid managed long term care programs in Minnesota and is a national leader in care coordination design for dual eligible.

Ann Rasenburger, J.D. – former assistant attorney general at Maryland's Medicaid agency and currently an independent consultant, provides regulatory guidance and Medicaid subject matter expertise to her clients; serves on Maryland's Medicaid Advisory Committee

Eric Yoder, M.D. – decades of Medicaid coordinated care experience including Chief Medical Officer of United HealthCare's Medicaid line of business.

Kellie Doucette – actuarial consultant who has worked with The Menges Group to design and produce cost estimates for new Medicaid innovation proposals

Nancy Beronja – a versatile executive consultant with vast Medicaid and Medicaid coordinated care experience; led consulting engagements for several State Medicaid agencies during her long tenure as a Lewin Group Vice President

Deborah Enos – former CEO of Neighborhood Health Plan, a Mediciad MCO consistently ranked as one of the nation's ten highest-quality health plans.

***References* – Offerors must provide two written references for similar work performed.**

References are provided in Appendix B for two recent projects. The first is from Sylvia Kelly, President and CEO of Community Health Network of Connecticut, regarding project work we conducted to identify cost savings opportunities across Connecticut's entire Medicaid program and covered population. The second is from Doug Wirth, President and CEO of a New York special needs health plan, describing our cost modeling capabilities related to innovative Medicaid care coordination initiatives.

APPENDIX A.

PROJECT TEAM RESUMES

Resumes are provided for the following team members:

- Joel Menges
- John Folkemer
- Sherry Knowlton
- Amira Mouna
- Poornima Singh

J O E L M E N G E S

OVERVIEW

Mr. Menges' career focus is on coordinated care programs for high-need populations. He has led hundreds of consulting engagements that involve the design, development, improvement or evaluation of coordinated care programs, including Medicaid initiatives in more than 30 states. Mr. Menges has worked extensively for Medicaid agencies and other state clients, for health plans, and for several trade associations. He has played a significant role in the design of many states' coordinated care programs and has assisted many health plans in entering new states and maintaining their presence in existing markets. Mr. Menges has also served as lead author of a wide array of policy papers that have shaped and expanded the role of coordinated care for high-need populations.

Mr. Menges has a strong and compassionate commitment to improving health status and quality of life for high-need populations, to using taxpayer funds as efficiently as possible, and to replacing traditional fee-for-service coverage models as well as ineffective coordinated care programs with highly effective coordinated care approaches.

EDUCATION

SYRACUSE UNIVERSITY

Master of Public Administration, Concentration in Health Policy *1982*

KALAMAZOO COLLEGE

Bachelor of Science, Double Major in Economics and Political Science *1980*

EXPERIENCE

The Menges Group **McLean, VA**

Chief Executive Officer *May 2013-Present*

- Assisted North Carolina's Medicaid agency in identifying options for creating a managed long term care program. Tasks under this engagement also involved data analytics, policy options papers, and strategic discussions regarding redesigning the state's Medicaid program to improve the cost-effectiveness of the coverage and to better promote and reward achievement of quality metrics. Analytic work focused on identifying volume of frequently hospitalized persons by eligibility group and geographic region, modelling cost savings opportunities, and comparing existing quality measures in the state with national benchmarks.

- Conducted extensive data analyses and designed individually tailored care team model to reduce the degree to which Connecticut Medicaid beneficiaries are repeatedly hospitalized.
- Regularly assists association clients in preparation of a variety of reports focused on improving the cost-effectiveness of the Medicaid program. Project work has included prescription drug lock-in programs, medication adherence, preferred drug list policies, capitation rate setting practices, and estimating the savings that optimal care coordination can create.
- Has assisted several Medicaid MCOs in preparing their proposals for competitively awarded state contracts. More than 80% of our clients have received a contract award through the competitive procurements. These procurement engagements have involved dual eligibles demonstration programs, specialty populations (e.g., children in foster care and children with disabilities), as well as procurements encompassing nearly all Medicaid beneficiaries and eligibility categories..
- Conducted due diligence in the acquisition of a Medicaid MCO and supported subsequent efforts to help the acquiring firm strengthen the health plan's operational performance.
- Assisted a large Medicaid health plan in identifying opportunities to achieve medical cost savings.
- Responsible for overseeing all aspects of the consulting firm's business, shaping the culture, ensuring successful completion of all project work, securing new business, and addressing all administrative requirements.
- Assisted a children's hospital in its transformational efforts to become involved in population health.

Special Needs Consulting Services **Washington, D.C.**

Executive Vice President *2011 - May 2013*

- Assisted several MCOs in developing a new line of business to serve dual eligibles.
- Assisted several MCOs in preparing successful proposals to their state Medicaid agency in response to competitive RFPs.
- Assisted the Ohio Association of Health plan by preparing a "white paper" on optimal design features for implementing the state's coordinated care program for dual eligibles. The paper also derives savings estimates.
- Assisted Medicaid MCOs in Rhode Island, Kentucky, and the District of Columbia in estimating/demonstrating the savings they are achieving for their respective Medicaid programs.
- Assisted local health system in identifying opportunities to strengthen its involvement in behavioral health care

The Lewin Group **Falls Church, VA**

Vice President *1993-2011*

- Led consulting engagements on behalf of many state Medicaid agencies with the design, implementation, operation, and evaluation of their Medicaid coordinated care programs. Oversaw project work of this nature for Medicaid agencies in Connecticut, Delaware, the District of Columbia, Florida, Illinois, Massachusetts, Minnesota, New York, Oregon, and Texas.
- Provided extensive consulting support to Medicaid managed care organizations and other organizations seeking to develop a Medicaid line of business.
- Assisted a variety of associations in conducting policy analyses related to Medicaid managed care, and in educating their members about various aspects of managed care.
- Assisted the State of Missouri in a comprehensive assessment of its Medicaid program. Led a specific assessment of the pharmacy benefit, and directed much of the analytical work geared to identifying and prioritizing short-term and longer-term cost savings opportunities.
- Worked with the Arizona Health Care Cost Containment System (AHCCCS) to identify components of the Medicaid benefits package that could be limited or eliminated in a manner that would cause the least beneficiary harm. Tasks included on-site participation on a Task Force discussion the benefits reduction options, and overseeing a modelling effort to estimate the net cost savings various benefits reductions would achieve – taking into account that elimination of a certain covered service could result in increased use of other covered services.
- Assisted the California Healthcare Foundation in preparing a detailed report on high-cost Medi-Cal beneficiaries. The work included creation of a beneficiary-specific data file that supported a wide range of cost, usage, and condition-related assessments.
- Assisted several state Medicaid agencies (CT, DC, DE, MD, NY, OR, TX, WA) in conducting Medicaid managed care procurements. Work has included drafting RFPs, developing scoring criteria, training reviewers, facilitating (and in some cases, conducting) proposal team scoring reviews, preparing actuarial data books, assisting in the preparation for and conducting of bidders conferences, drafting answers to bidders' written questions, and conducting site visit "readiness reviews" of selected vendors.
- Serves as project director for a multi-year engagement preparing an annual report on the Medicare SNP Alliance health plans. The report conveys quantitative statistics involving enrollment composition (including average risk scores and HCCs), and various utilization rates compared to fee-for-service. The report also shares qualitative information on the models of care coordination the SNP Alliance plans have implemented.
- Directed a decade-long engagement for a Medicaid managed care program, New York's HIV Special Needs Plan (SNP) initiative. The focal point of this work was annual capitation rate-setting. However, Mr. Menges and his colleagues at Lewin played a broader and instrumental role in the creation and preservation of this fragile program, with additional tasks including evaluations to assess/demonstrate the program's impacts on inpatient hospital, outpatient hospital and pharmacy utilization, assisting in health plan monitoring efforts, and generally serving as the "go to" consultants for whatever special challenges arise.
- Directed a comprehensive assessment of Connecticut's HUSKY program, a capitated Medicaid managed care initiative, preparing a written report that was submitted to the State Legislature and testifying at two key hearings about the program's future. (2006-2007). Mr Menges also assisted in a comprehensive assessment of Pennsylvania's HealthChoices program, a capitated Medicaid managed care initiative. During 2005 he led the investigation of the program's financial impacts and he presented testimony at a State Legislative hearing during 2007.

Managed Healthcare Systems **Arlington, VA**
Director of Analytical Services 1991-1993

- Assisted this organization in creating a Medicaid health plan in New York State and exploring additional state market entry opportunities.

Jurgovan and Blair **Potomac, MD**
Consultant, Manager, Practice Director 1985-1991

- Provided array of consulting services, largely to HMO clients assisting with development of new lines of business, provider payment negotiations, financial rate filings, etc.

American Enterprise Institute **Washington, DC**
Research Associate 1983-1985

- Conducted research project work, primarily involving Medicaid managed care and Medicare DRGs

U.S. Department of Health and Human Services **Washington, DC**
Office of the Assistant Secretary for Planning and Evaluation
Research Associate 1981-1983

- Conducted research on various Medicare policy issues; helped staff the White House Conference on Aging

SELECTED PAPERS AND PRESENTATIONS

"Comparison of Medicaid Pharmacy Costs and Usage in Carve-In Versus Carve-Out States," April 2015, prepared for America's Health Insurance Plans

"Positively Impacting Social Determinants of Health How Safety Net Health Plans Lead the Way," June 2014, prepared for Association for Community Affiliated Plans

"Medicaid Health Plans: Ensuring Appropriate Rates in an Era of Rapid Expansion," October 2013, prepared for America's Health Insurance Plans

"Medicaid Pharmacy Savings Opportunities: National and State-Specific Estimates," May 2013, prepared for the Pharmaceutical Care Management Association

"Usage of Controlled Substance Pain Medications in Medicaid," January 2013

"Savings Generated by New York's Medicaid Pharmacy Reform," October 2012, prepared for the Pharmaceutical Care Management Association (PCMA)

"Achieving Optimal Care Coordination for Medicaid/Medicare Dual Eligibles," August 2011

“Ramping Up Care Coordination for Medicaid Beneficiaries with Disabilities” May, 2011

“Increasing the Use of the Capitated Model for Dual Eligible’s: Cost Savings Estimates and Public Policy Opportunities,” prepared for Association for Community Affiliated Plans and Medicaid Health Plans of America, November 2008.

“Analysis of Drug Rebate Equalization Act’s Savings to the Medicaid Program,” prepared for Association for Community Affiliated Plans, September 2008.

“Medicaid Upper Payment Limit Policies,” Overcoming a Barrier to Managed Care Expansion,” prepared for Medicaid Health Plans of America, November 2006.

“Medicaid Capitation Expansion’s Potential Savings,” presented to Vice President Cheney’s staff, February 2006.

“Medicaid Capitation Expansion’s Potential Savings,” 2006 http://www.lewin.com

Comparative Evaluation of Pennsylvania’s HealthChoices Program, 2005, (authored cost-effectiveness section), http://www.lewin.com/Lewin_Publications/Medicaid_and_S-CHIP/ComparativeEvalPAHealthChoices.htm

Assessment of Medicaid Managed Care Expansion Options In Illinois, 2005, (project director and co-author), http://www.lewin.com/Lewin_Publications/Medicaid_and_S-CHIP/MedicaidMCExpansionOptionsIllinois.htm

“Trends in Medicaid Managed Care,” presented with Nancy Beronja at Medicaid Health Plans of America’s inaugural conference, October 2005.

“Testimony on STAR+PLUS Expansion,” presented to Texas House Appropriations Committee, March 2005.

“Managed Care Is Health Reform,” a presentation at American Academy of Orthopedic Surgery Annual Meeting, February 1995.

"Mandatory versus Voluntary Medicaid Managed Care—A Financial Comparison From Both the Government's and the HMO's Perspective," presentation at AMCRA's mid-year conference, March 1993.

"Bringing Managed Care to the Poor and Elderly on a Large Scale During the 1990s", presentation at National Managed Health Care Congress, 1991.

Was lead author of an award winning, five-volume monograph series prepared on behalf of the American College of Cardiology (1994). Organized and conducted a seminar series for cardiovascular specialists on similar topic areas (1995). Authored additional managed care monographs for the American College of Physical Medicine and Rehabilitation (1994), the American Academy of Neurology (1995), and the American Academy of Orthopaedic Surgeons (1995). Developed capitation rate derivation diskette products for the American College of Cardiology (1994), the American Academy of Neurology (1995), the American Academy of Orthopaedic Surgeons (1995), and the American Gastroenterological Association (1997).

JOHN G. FOLKEMER

EDUCATION

M.P.A., Pi Alpha Alpha, University of Baltimore

M.S.W., University of Maryland School of Social Work and Community Planning

Lutheran Theological Seminary at Gettysburg

A.B., cum laude, Phi Beta Kappa, Gettysburg College

SUMMARY OF EXPERIENCE

Over 30 years of progressively responsible experience in a "laboratory of health reform" (State Medicaid Program), developing home and community-based waiver programs, primary care case management program, managed care programs, risk-adjusted rate-setting methodologies, and other innovative policy initiatives. Broad experience in management, planning, budgeting, and program and policy design and development. Numerous presentations to State and national audiences on Medicaid-related topics.

PAST EXPERIENCE

4/2011- present **Independent Health Care Consultant**

- Health care consulting with various organizations, including the Medicaid and CHIP Payment and Access Commission, Special Needs Consulting Services, Burton Policy Consulting, and The Menges Group.

4/2007 – 2/2011 **Maryland State Department of Health and Mental Hygiene**

Deputy Secretary for Health Care Financing and State Medicaid Director

- Manage and direct Maryland's Medicaid and State Children's Health Insurance Programs.
- Advise Secretary, Governor and General Assembly on Medicaid and related health care financing policies, programs and initiatives.

3/2006 – 4/2007 **The Lewin Group**

Vice President

- Develop proposals for and manage contracts related to Medicaid and State health programs, policies and administration, with a primary focus on managed care, health care reform, and the Deficit Reduction Act of 2005.
- Project Director/Co-director for Texas Star+Plus and Perinatal Program Managed Care Readiness Reviews, Neighborhood Health Plan of Rhode Island review for preparedness for SSI managed

care population, New Mexico Medical Review Association independent evaluation of State's 1915(b) freedom of choice waiver, and analysis of impact of Deficit Reduction Act of 2005 on State safety net providers for the Health Resources and Services Administration.

4/2005 – 3/2006 **Center for Medicaid and State Operations, Centers for Medicare and Medicaid Services, Department of Health and Human Services**

Director, Division of Benefits, Eligibility and Managed Care, Family and Children's Health Programs Group

- Review and approve states' Medicaid Section 1915(b) freedom of choice waivers and Section 1932 managed care state plan amendments.
- Develop and interpret managed care policies.
- Review and approve states' Medicaid State Plan Amendments for coverage of services and benefits and eligibility for children and adults.
- Develop and interpret eligibility and coverage policies.

1977 – 4/2005 **Maryland State Department of Health and Mental Hygiene**

Deputy Secretary for Health Care Financing (10/2004 – 4/2005)
State Medicaid Director (3/2003 – 4/2005)

- Manage and direct Maryland's Medicaid and State Children's Health Insurance Programs.
- Advise Secretary, Governor and General Assembly on Medicaid and related health care financing policies, programs and initiatives.

Executive Director, Office of Planning and Finance (1999 – 9/2004)

- Develop and manage $4 billion Medicaid provider reimbursement and administrative budgets.
- Oversee policy development for Medicaid program.
- Provide technical analysis of Medicaid data, and health program and policy analysis to support policy development, program evaluation and rate-setting.
- Liaison with State legislature.

Director, Health Services Analysis and Evaluation Administration (1997 – 1999)

- Provide research, statistical and analytical support for the Department, particularly for Medicaid policy development and program evaluation.
- Participate in Medicaid policy development; analyzing Medicaid policy and program options.
- Analyze and report Medicaid data.
- Perform program and policy evaluation of Medicaid and related health programs and policies.

Deputy Director, Medical Care Policy Administration (1990 – 1997)

- Assist the Director in managing the Administration responsible for setting policies for the State's Medicaid program and related programs.
- Provide direction in areas of policy and fiscal analysis, and policy and program design and development.
- Provide oral and written presentations to key policy-makers at the State and federal level, in the administrative and executive branches of government.

Director, Office of Program and Administrative Support Services, Medical Care Policy Administration (1987 – 1990)

- Coordinate and manage the activities of the Divisions of Administrative Services, Aging Services, Eligibility Services, and Program Services.
- Provide administrative and program support services, including policy analysis and program development, for the State's Medicaid Program.

Director, Office of Planning and Analysis, Medical Care Programs (1981 – 1987)

- Provide program and policy analysis and research, program planning, legislative coordination with the State legislature, program evaluation, program development, and staff development support to Assistant Secretary for Medical Care Programs.

Project Coordinator, Division of Program Review and Planning, Medical Care Programs (1978 – 1981)

- Prepare the Five-Year Plan and Annual Report of the Medical Assistance Program.
- Analyze Medicaid and health-related programs and policies, and prepare special reports and studies.

Administrative Officer, Office of Education and Training for Addiction Services (1977 – 1978)

- Perform general administrative functions of the office (budgeting and fiscal management, designing a new contracts system, monitoring contracts and grants, developing and managing financial and statistical systems, and preparing reports and analyses).

1974 – 1977 **BALTIMORE CITY DEPARTMENT OF SOCIAL SERVICES, GOVANS-WAVERLY DISTRICT OFFICE**

Neighborhood Coordinator

- Establish two client advisory groups and two emergency food centers.
- Chair the Human Services subcommittee for a neighborhood Charrette, develop client surveys, and help community groups prepare proposals for social programs and services.

1970 – 1972 **LUTHERAN SOCIAL SERVICES – SOUTH REGION, Gettysburg, PA**

Caseworker

- Provide casework counseling to the elderly and their families about nursing home placements.
- Represent agency on various boards and committees, plan and develop community and agency programs, plan and implement conferences and meetings.

SHERRY KNOWLTON

OVERVIEW

Over 40 years of experience in private health insurance and public administration, including human services management and program administration, program development, financial management, and extensive interaction with the public, providers, and government at local, state, and national levels.

EXPERIENCE

KNOWLTON HEALTH CARE CONSULTING - Newville, PA
November 2009 to present
Launched independent Health Care Consulting practice. Clients have included national and regional managed care companies, large insurers, firms that specialize in Government health and human service programs, and law firms. Expertise includes:

- Medicaid and other Government Programs
- Health Care Reform and related policy issues
- Managed Care plan operations
- RFP development at the State level; preparation responses to RFPs
- Business development and new program implementation in various human service, Medicaid, and health care arenas

AMERIHEALTH MERCY HEALTH PLAN - Harrisburg, PA
January 2001 to November 2009
Senior Vice President and General Manager
Responsible for managing the operations of a Medicaid-only managed care plan in Central and Northeastern Pennsylvania, covering over 108,000 lives. Led the expansion of the plan from a small, three-county business to a regionally based operation serving 15 counties, accredited by NCQA as Excellent, and ranked in top 25 Medicaid Managed Care Plans nationally by *US News and World Report*. Also directed Government Affairs activities for both AmeriHealth Mercy and Keystone Mercy Health Plans.

- Profit and loss responsibility for plan including strategic planning, plan operations, and managing the delivery of service to members.
- Directed marketing and outreach for both mandatory Medicaid and voluntary Medicaid marketing
- Oversight of regional medical and quality management activities, including utilization, case and disease management functions.
- Directed provider network strategy, provider contracting and provider services.
- Responsible for the development of contract proposals for AmeriHealth Mercy Health Plan and its affiliate, Keystone Mercy Health Plan of Philadelphia.
- Acted as the Company's liaison with the PA Department of Public Welfare Responsible for ensuring compliance with DPW contract requirements and state/federal regulations.
- Interacted with Federal and State legislators, national organizations, providers, and others involved in Medicaid Managed Care

INDEPENDENCE BLUE CROSS/KEYSTONE HEALTH PLAN EAST/AMERIHEALTH **- Philadelphia, PA**

August 1998* to *January 2001
Senior Director, Government Programs
Responsible for strategic planning and analysis for Medicaid and Medicare managed care programs. Responsible for development of new markets and products as well as implementation and start-up operations for Medicaid and Medicare. Directed various ongoing Medicaid & Medicare program operations.

- Directed strategic planning for Medicare and Medicaid programs, including cost, quality, and regulatory analysis.
- Directed Medicaid and Medicare expansion, including development of six successful Medicaid proposals to State governments and a Medicare Risk application for Houston.
- Interacted extensively with state officials, HCFA, enrollment brokers, and other parties involved or affected by Medicaid and Medicare managed care
- Responsible for regional Medicaid operations in Delaware, Texas, and Vermont covering 98,000 lives.
- Responsible for QISMC Implementation
- Responsible for Medicare Appeals & Grievances
- Responsible for specialty claims processing for family planning services.

March 1995 to August 1998
Director of Medicaid Program Development
Responsible for development of new markets for AmeriHealth, with particular emphasis on Medicaid and other government programs. Coordinated market research activities and market analysis, including on-site assessments. Acted as team leader for Medicaid procurement activities in new markets and led implementation efforts in those markets.

- Directed successful procurement and implementation activities for Delaware's Diamond State Health Plan, the Vermont Health Access Plan, and the Houston STAR program.
- Responsible for Medicaid program operations in Delaware and Texas.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF PUBLIC WELFARE - Harrisburg, PA
April 1992 to February 1995

Deputy of Secretary for Medical Assistance Programs
Directed program planning, policy development, and operations of the Commonwealth of Pennsylvania's Medical Assistance program. This system provided health care coverage to over 1.7 million low-income persons through a network of 40,000 providers. Services provided through both a fee-for-service arrangement and through managed care contracts. Responsible for administration of Inpatient, Outpatient, Long Term Care, Managed Care, Quality Assurance, and Claims Processing. Supervised staff of 420 professional and clerical employees, including Registered Nurses, Physicians, and Pharmacists. Additional staff consisted of contracted consultants and front-end claims processing.

- Responsible for annual budget of $6 billion.
- Processed and paid 45 million provider invoices per year.
- Expanded enrollment in managed care from 130,000 to over 390,000 enrollees.
- Developed HealthChoices program to enroll additional 260,000 clients.
- Implemented primary care case management program for 400,000 children.

- Implemented new plastic benefits card with automated eligibility verification.
- Improved claims processing and program technology through on-line billing for pharmacies, prospective and retrospective drug utilization review, adoption of common hospital and outpatient claim forms, and automation of utilization review processes.
- Interacted extensively with Legislators, Federal officials, County Commissioners, other state officials, providers and provider organizations.

February 1988 to April 1992
Special Assistant to the Secretary of Public Welfare
As executive staff assistant, advised Secretary of Public Welfare and participated in setting program and policy direction for the Department. Focused on issues that related to Medical Assistance, Income Maintenance, Fraud and Abuse, coordinated human services, and national child welfare. Analyzed state and national issues; prepared issue briefs; represented Secretary on national Child Welfare task groups.

March 1981 to February 1988
Director, Bureau of Social Services
Held a series of positions in the Office of Social Services/Policy, Planning and Evaluation, administering ten statewide human services programs with a budget of $93 million, including Human Services Development Fund, Medical Assistance Transportation Program, Legal Services, Family Planning, Domestic Violence, Rape Crisis, Refugee Assistance, Homeless Assistance and Emergency Shelter, and Immigration Reform. Directed licensing for over 1,400 personal care homes and child day care program. Directed planning for $145 million Federal Social Services Block Grant Program and the federal Title XX program. Administered statewide system of contracted social services for adults and licensing for Adult Day Care facilities. Designed and implemented Commonwealth's first Rape Crisis and Domestic Violence programs.

EDUCATION

Dickinson College, Carlisle, Pennsylvania, Bachelor of Arts (cum laude) 1972; English and Psychology.
Governor's Management Seminar at Penn State University
Independence Blue Cross Executive Development Program at The Wharton School, University of Pennsylvania
Professional, Academy for Healthcare Management
Various management training courses, workshops, and seminars

OTHER ACTIVITIES

- Association for Community Affiliated Plans, Past Board Member
- National Association of State Medicaid Directors, Alumni Member
- Women Business Leaders of the U. S. Health Care Industry Foundation, Member
- Academy for Internal Health Studies, Participant in Trade/Study Missions on German and Chilean Health Care systems
- PA Coalition of Managed Care Organizations, Past Member
- State Medicaid Directors Association Executive Committee, Past NE Region Representative
- Health Care Financing Administration Advisory Committee on Health Care Reform Implementation, Past Member

A M I R A M O U N A

OVERVIEW

Ms. Mouna is a versatile consultant who manages many of The Menges Group's client engagements. She has particular expertise in pharmacy data analysis and benefits management, in provider network development and provider information validation, in supporting Medicaid MCOs with their proposals during procurements, and in MCO operational and implementation support to serve dual eligibles.

EXPERIENCE

The Menges Group Arlington, VA

Director of Pharmacy Services, Director of Provider Network Services; Managing Consultant; Founding Partner

May 2013 – Present

- Oversaw a large state Medicaid procurement process for a health plan
- Managed a team of several individuals in a large-scale engagement in New York to ensure FIDA provider network is disability compliant according CMS and state regulations
- Managed New York dual eligible demonstration readiness review for a managed care organization
- Identified and evaluated policy options for a state seeking to implement Medicaid managed care reform in physical, behavioral, and long term care services.
- Co-managed project to survey states and managed care organizations regarding the efficacy of Medicaid lock-in programs in deterring prescription drug abuse and the applicability of these lock-ins in other public programs
- Performed data analytics to determine valuable care coordination techniques for high-need populations for various Medicaid health plans
- Assisted multiple health care organization in outlining and drafting proposals for CMS innovation grant proposals
- Supported health plans in composing responses to proposals for Medicaid and dual eligible programs in Tennessee, Virginia, and Kentucky
- Prepared multiple white papers for various organizations (listed below in *Papers and Presentations)*

Special Needs Consulting Services Washington, D.C.

Consultant

May 2012 – May 2013

- Assisted health plans in developing business plans and establishing Medicaid lines of business
- Drafted responses to Medicaid managed care proposals for various clients in Kentucky, Illinois, and Florida
- Conducted quantitative analyses of prescription volume growth and cost trends in an expanded Medicaid population
- Supported health plans in implementing best practice models of care for high risk, high-need populations
- Assessed and evaluated policy options for Medicaid pharmacy spending
- Managed dual eligible and long term care readiness reviews in Florida and Illinois for a health plan

The White House Office of National Drug Control Policy Washington, D.C.

Public Health Fellow

February 2012 – May 2012

- Drafted talking points and memorandums for the director and deputy director on prescription drug abuse
- Researched and composed summaries on prescription drug abuse prevention methods from various states
- Developed a database of research on drug abuse treatment options
- Attended legislative hearings and prepared summaries for the deputy director

Pharmaceutical Research and Manufacturers of America Washington, D.C.

Policy and Research Intern

June 2011 – January 2012

- Assisted in the accumulation and analysis of data for PhRMA's "Biopharmaceuticals in Perspective" Chart Pack
- Drafted article summaries distributed to member companies on current events and policy initiatives
- Prepared drafts of lobbying materials relaying data on drug developments and company pipelines
- Tracked monthly changes in the consumer and producer prices of pharmaceutical products and medical care

- Researched and produced summaries on innovative developments within the industry

The Office of Governor Nathan Deal Atlanta, GA

Governor's Internship Program-Office of Policy Intern

January 2011 – May 2011

- Researched and evaluated health policy legislation for Georgia
- Analyzed pending legislation and developed comprehensive summaries on bills
- Examined and presented possible ways to implement national health legislation within the scope of Georgia state policies
- Attended legislative committee meetings and assembled briefings for the Governor's policy and government affairs team
- Served as a liaison between the Governor's executive staff and members of the Georgia General Assembly

American Medical Student Association Washington, D.C.

Health Policy Research and Legislation Intern

January 2010 – March 2010

- Developed policy briefs on health care reform and global health policy for organization members
- Organized lobby days with congressional staff for medical students
- Participated in finalizing a comprehensive global health strategy initiative bill to be introduced to Congress
- Responsible for disseminating information about health care reform to members
- Contacted and scheduled meetings with Congress members and staff to review health care legislation

Georgia Institute of Technology Atlanta, GA

Iran Nanotechnology Research Assistant/ Sam Nunn School of International Affairs

May 2009 – December 2009

- Explored the international security connections of Iran's biotechnology and research programs
- Assessed the prospective implications of the bionanotechnology revolution for international conflict and cooperation
- Analyzed the role of possible bioterrorism development in Iran
- Compared and contrasted the neoliberal and realist perceptions of Iran's bionanotechnology

program
- Developed policy recommendations for the international community and Iran based on research of Iranian technology development intentions
- Evaluated the difference between Islamic ethical concerns and political ethical concerns of nanotechnology development within the scope of an Islamic government

EDUCATION

GEORGE WASHINGTON UNIVERSITY Washington, D.C.

Master of Public Health in Health Policy

August 2011- May 2013

Health Policy Scholars Program

GEORGIA INSTITUTE OF TECHNOLOGY Atlanta, Georgia

Bachelor of Science in International Affairs, Sam Nunn School of International Affairs

August 2006- December 2009

Dean's List for eight semesters, High Honors

PAPERS AND PRESENTATIONS

- Co-author of "Prescription Drug Adherence in Medicaid Managed Care." The Menges Group. October 2014.
- Co-author of "Positively Impacting Social Determinants of Health: Safety Net Health Plans Lead the Way." The Menges Group. June 2014.
- Co-author of "Medicaid Health Plans: Ensuring Appropriate Rates in an Era of Rapid Expansion" The Menges Group. October 2013.
- Co-author of "Medicaid Pharmacy Savings Opportunities: National and State-Specific Estimates." The Menges Group. May 2013.
- Co-author of "Usage of Controlled Substance Pain Medications in Medicaid." Special Needs Consulting Services. January 2013.
- Co-author of "Savings Generated by New York's Medicaid Pharmacy Reform." Special Needs Consulting Services. October 2012.
- Undergraduate finalist in the 2009 Georgia Tech Science Applications International Cooperation (SAIC) Paper Competition for research paper entitled "Analysis of Neoliberal and Realist

Perspectives of Bionanotechnology in Iran and Policy Recommendations"

- Co-author of "Bionanotechnology and Iran" presented at the Atlanta Conference on Science, Technology, and Innovation Policy on October 3, 2009 in Atlanta, GA
- Co-author of "Strategic Significance of Nanotechnology in Iran" presented at the International Studies Annual Meeting on February 17, 2010 in New Orleans
- Co-author of "A Pilot Study to Investigate the Efficacy of a Novel Interactive Web-Based Virtual Clinical Scenario System (Virtual People Factory) in Medical Education" presented at the 9th Annual International Meeting on Simulation in Healthcare. January 2009.

P O O R N I M A S I N G H

OVERVIEW

Mrs. Singh's career has focused on supporting Medicaid programs and Medicaid MCOs, as well as hospital and private payer systems. Mrs. Singh has expertise in MCO quality improvement, MCO procurement support, behavioral health, health information technology, correctional health, and maternal and child health programs. She has extensive experience supporting the development of tools in response to HIT provisions in the 2010 healthcare law, and has educated private and government industries on the use and purpose of these products.

EXPERIENCE

The Menges Group Arlington, VA

Director of Government Services, Managing Consultant; Founding Partner

2013 – Present

Manages many of the company's client projects, including assisting two Fortune 100 firms during 2015 in preparing for large state procurements. Additional recent client engagements include:

- Organizing a multi-state learning network to assist a state Medicaid agency in obtaining information about eight other states' Medicaid managed long-term care initiatives.
- Extensive on-site work at a New York Medicaid MCO with poor quality scores, to design and implement an array of quality improvement initiatives.
- Conducting data analyses using a state Medicaid agency's claims and eligibility data to identify opportunities for improvement through targeted care coordination initiatives.
- Preparing a compilation initiatives implemented by ACAP member Medicaid MCOs to favorably impact social determinants.
- Managing a health plan's proposal response effort in a large state to serve foster care children.

Special Needs Consulting Services Washington, DC

Senior Consultant

2011 – 2013

- Provided operational support to an ACAP member MCO in developing an enhanced health risk assessment form, and in conducting data analyses to identify enrollees' gaps in behavioral health care.

- Assisted an ACAP member plan in preparing a public report that demonstrated its accomplishments. Subsequently assisted this health plan in preparing a successful proposal for statewide expansion as a Medicaid MCO in a competitive procurement situation.
- Assisted a Maryland health plan in successfully expanding into the District of Columbia in a competitive procurement situation.
- Assisted a regional health plan with no Medicaid presence in successfully entering the Medicaid market in Maryland.
- Assisted a state Blue Cross health plan in identifying its needs to succeed in serving dual eligibles under the CMS demonstration initiative.

National Quality Forum Washington, DC

June 2011 – February 2012 (9 months)

Project Analyst, Health Information Technology

- Wrote and maintained the Measure Authoring Tool (MAT) user guide
- Provided daily summary to upper management on MAT requirements discussions
- Managed and implemented virtual forums (webinars) from suggesting speakers to evaluating results
- Maintained Health IT division's internal SharePoint site and external facing knowledge base
- Provided technical assistance on eMeasure implementation and the Quality Data Model (QDM)

American Public Human Services Association Washington, DC

March 2010 – April 2011 (1 year 2 months)

Research Assistant

- Implemented conferences of 700 + in attendance
- Supported tasks on projects subcontracted from SAMHSA
- Administered and analyzed member surveys
- Lead behavioral health and fraud and abuse technical assistance group between state Medicaid officials and Federal agencies

EDUCATION

Master's Degree in Public Health (Maternal and Child Health), George Washington University, 2010

Bachelors of Arts, Oakland University, 2008

APPENDIX B.

REFERENCE LETTERS

Letters of reference are provided from the following recent Menges Group clients:

- Community Health Network of Connecticut (Sylvia Kelly, President and CEO)
- Amida Care (Doug Wirth, President and CEO)

Community Health Network
of Connecticut, Inc.℠

June 26, 2015

To Whom It May Concern:

Community Health Network of CT serves as the medical Administrative Services Organization for the State of Connecticut. Under this contract, we manage the medical services for the entire Medicaid population (with the exception of certain duals). We are responsible for utilization management, intensive care management and care coordination, predictive modeling and risk assessment, quality management/health measures as well as many of the traditional health plan functions. During 2013 and 2014 we enlisted The Menges Group to identify opportunities to achieve further Medicaid savings.

The Menges Group conducted extensive data analyses, interviewed our medical management team, and developed a set of recommendations. They conducted detailed analyses of the population with multiple hospitalizations, designed tailored care teams to best address specific subgroups, and modeled expected net savings. We implemented several of the recommendations which enabled us to achieve better outcomes for the targeted populations.

The Menges Group engagement met our expectations and produced exactly what we needed. I have also worked with their CEO, Joel Menges, on a variety of projects during the past decade and have always found his and colleagues' work to be of excellent value. I am confident their team will provide effective support to Alaska's Medicaid reform design efforts.

If you would like additional information, please email me at skelly@chnct.org or call me at 203-949-4091.

Sincerely,

Sylvia B. Kelly
President and CEO

June 26, 2015

To Whom It May Concern:

I serve as President and CEO of a specialty health plan in New York State that primarily serves Medicaid-covered persons infected with HIV. In this capacity, I have known Joel Menges for well over a decade. For several years he served as the State of New York's lead consultant (while at The Lewin Group) establishing capitation rates for our program. During this timeframe, he demonstrated his commitment to the viability of our program and the beneficiaries we serve, as well as to the New York taxpayers who deserved to share in the efficiencies and savings created by our model.

In more recent years, our firm has hired The Menges Group directly to assist in costing out new initiatives we are seeking to implement in partnership with the State of New York. Their team excels at modeling the costs and savings of implementing different programmatic options. They also possess a strong qualitative appreciation of the complex needs of providers, beneficiaries, and other stakeholders in relation to Medicaid reform and care coordination initiatives.

I anticipate that The Menges Group will effectively and objectively identify and assess Alaska's most viable Medicaid reform options. If you desire additional information, please feel free to reach me at dwirth@amidacareny.org (email) or by phone at 646-757-7000.

Sincerely,

Doug Wirth

Doug Wirth
President/CEO