

# **TASK ORDER # YH18-0031 ANALYSIS OF PROP 206 IMPACT ON PROVIDER NETWORK ADEQUACY**

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

SEPTEMBER 28, 2017

Submitted by:  
Mercer Health & Benefits LLC

Contract No. Medical Management Consultant Services (ADSP013-058527)



**Branch McNeal**  
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September 28, 2017

**Subject:** Mercer Response to Task Order # YH18-0031 Analysis of Prop 206 Impact on Provider Network Adequacy

Dear Mr. Kowren,

Mercer Health & Benefits LLC (Mercer) is pleased to respond to the Arizona Health Care Cost Containment System (AHCCCS) Task Order # YH18-0031 Analysis of Prop 206 Impact on Provider Network Adequacy.

We believe Mercer offers qualifications unmatched by our competitors. In addition to an extremely strong team of knowledgeable consultants offered for this task order, our local presence and AHCCCS and DES specific experience and knowledge will make an important difference in performance.

- Mercer has worked on many projects with AHCCCS and DES over the past few years, which has provided us valuable knowledge of AHCCCS and DES programs.
- We understand how AHCCCS likes to work with its contracted consultants. You want (and need) results and we are prepared to provide them.
- Mercer has established a strong working relationship with AHCCCS staff.
- We have assisted multiple states to come into compliance with the CMS HCBS rule.
- Our breadth and depth of staff that includes LTC/HCBS specialists, federal policy experts, actuaries, CPAs, clinicians, and data specialists, is unmatched by our competitors.
- With over 280 consultants, of whom 170 are located in our Phoenix office, we can provide local expertise to help support the project.

Mercer will be bidding on this Task Order through Contract # Medical Management Consultant Services (ADSPO13-058527).



Michael Kowren  
Procurement Specialist  
AHCCCS Procurement Office  
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As a Senior Partner with Mercer, I am an authorized company representative with the authority to bind Mercer into contract. Should you have any questions regarding our response, please do not hesitate to contact me by telephone at +1 602 522 6599 or by email at [branch.mcneal@mercer.com](mailto:branch.mcneal@mercer.com).

Sincerely,

Branch McNeal, CPA  
Senior Partner

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# 1

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## Required Elements

**1. Company name and contract number.**

Mercer Health & Benefits LLC (Mercer) is responding to this Task Order under our Medical Management Consultant Services (Contact #ADSP013-058527)

**2. Cover letter with signature of authorized company representative, including the contract #, name, and contact info.**

Mercer's cover letter and required information is provided immediately following the title page.

**3. Name and contact information of person responsible for response to this task order.**

Name: Branch McNeal, CPA  
Title: Senior Partner  
Phone: +1 602 522 6599  
Email: [branch.mcneal@mercerc.com](mailto:branch.mcneal@mercerc.com)

# 2

## Experience and Capacity

### 4. Experience and Capacity

- a) Experience of the firm working on projects same or similar to this scope of work
- b) Experience of the proposed staff and list of names and classification personnel expected to perform specific activities, including use of subcontractors
- c) Capacity/Availability of the firm to initiate services within specified project timelines
- d) **Note: Resumes may be separate attachments at Offeror's discretion – Resumes are not in place of section**

Mercer's team has experience as executives and leaders within state agency administration and national managed care organizations (MCOs). We assist states in designing, evaluating, and conducting effective monitoring and oversight activities. Our locally-based project team includes several staff members with direct employment experience with the Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD), the Arizona Health Care Cost Containment System (AHCCCS), and the Department of Health/Division of Behavioral Health Services (ADHS/DBHS) before DBHS moved to AHCCCS. This previous work with Arizona agencies gives us a strong understanding of the provider network for individuals in the Arizona Long Term Care System (ALTCS). This program perspective and knowledge leads to unparalleled insight that Mercer's team can leverage to ensure highly efficient and relevant support for AHCCCS throughout this engagement.

Our Arizona specific experience is described below.

Mercer is currently actively involved with DES/DDD in the following three projects which will considerably support successful execution and outcomes for this project:

- Mercer is assisting DES/DDD to finalize an Integrated Request for Proposal (RFP), including the development of the evaluation process and criteria. We are bringing together a cross functional team of clinical, policy, financial and claims/systems specialists to finalize the RFP's scope of work (SOW). Simultaneously, Mercer is working with DDD and AHCCCS to develop solicitation documents (e.g., instructions to offerors, attestations, submission requirements, weighting and scoring methodology) to be released with the SOW. Mercer is evaluating and making recommendations regarding DES/DDD's readiness and capacity to assume oversight of the requirements set forth in the AHCCCS statewide Children's Rehabilitative Services (CRS) contract for approximately 6,300 DES/DDD members eligible for the CRS program on October 1, 2018. DES/DDD enrollees who are CRS members receive physical health (PH) services through one of several DES/DDD acute care contractors and receive behavioral health (BH) and CRS-related services through the statewide CRS Contractor. While DES/DDD contracts with and monitors the DES/DDD acute care contractors, AHCCCS currently contracts directly with the statewide CRS contractor to administer benefits and services to all CRS-eligible members, including the DES/DDD enrollees who are CRS members.

- Mercer is currently serving as a consultant contractor for DES/DDD to perform an assessment of the ALTCS Program Contractor's readiness and capacity to manage an Integrated Services Model. The project work includes completing an assessment of the organizational readiness and capacity of the Division to provide effective oversight and monitoring of the Integrated Model Service Delivery System. Project tasks that have direct relevance to this Task Order include conducting an assessment of the current service array and determining if it supports the integrated model for behavioral health services, acute care services, CRS services and long-term care services. As part of the project, Mercer will be assessing network sufficiency for services that are currently delegated and determining compliance with new Medicaid Managed Care requirements for provider network adequacy and service availability.

Additionally, in 2013-2014, Mercer conducted a comprehensive review and analysis of the efficiency and effectiveness of the DDD-employed support coordination program focusing on (a) information systems, (b) management and operations, (c) support coordinator roles and responsibilities, (d) supervision and training, (e) caseload size and (f) compensation. The goal was to identify opportunities to strengthen operations and delivery of support coordination services that supported contractual expectations of AHCCCS; a streamlined, efficient, and effective program consistent with national standards; and an environment that attracts and retains a statewide, stable workforce that enjoys high job satisfaction. Mercer synthesized findings in to an actionable report highlighting both strengths and opportunities for enhancements.

Previously, Mercer was retained by ADHS/DBHS to provide technical assistance pertaining to contract monitoring and oversight of contracted Regional Behavioral Health Authorities (RBHAs). Key components of the project included (a) identification of key operational areas to assess related to contract performance, (b) proposed recommendations for improvement to existing contracts, (c) identification of appropriate state personnel and data sources (e.g., dashboards) to support efficient monitoring of contract compliance and (d) proposed alternative provider payment methodologies, including limits on existing block funding approaches. Finally, Mercer has been retained by AHCCCS to complete several projects in recent years which will directly support the success of completion of this Task Order. These include:

- Mercer is currently in the process of completing evaluations for the CRS and the Seriously Mentally Ill (SMI) populations that the State recently transitioned into integrated care service delivery systems. Mercer is evaluating the hypotheses on which the integration projects were initiated:
  - Did this care model provide the same or an improved level of physical health/ behavioral health (PH/BH) care quality as the non-integrated care model?
  - Did this care model improve how PH/BH is integrated for the target population in a way that is different than the care they would have received if they had remained in the traditional care model?
  - Did the care model result in improved health outcomes?

The evaluation includes an assessment of health care quality, including improved access, service utilization trends, health care outcomes, and patient experience to test the hypotheses that the integration of care model provided an improved level of quality as the non-integrated care model.

- Mercer is completing a network adequacy study for behavioral health (BH) service providers that provide covered services to children enrolled in the Comprehensive Medical and Dental Program (CDMP), the capitated health plan designated for foster care children.
- Mercer designed and implemented a network sufficiency evaluation of four prioritized BH services available to individuals with SMI. The most recent evaluation represents the fourth in a series of annual service capacity assessments performed by Mercer. The service capacity assessment included an evaluation of the availability, assessed need, and provision of supported housing, supported employment, consumer operated services (i.e., peer support services and family support services), and Assertive Community Treatment (ACT).
- For the last two years, Mercer has implemented the annual quality service review for persons determined as SMI, as required by the recently exited Arnold vs. Sarn class action lawsuit. The purpose of the review is to identify strengths, service capacity gaps, and areas for improvement at the system-wide level for SMI members receiving services via the public BH delivery system in Maricopa County as assessed by peer support specialists. The quality service review included an evaluation of nine targeted BH services. Mercer utilized an evaluation approach that included member interviews and a review of the interviewees' medical records conducted by Mercer-trained peer support specialists. Mercer compared data from the interviews with the medical record review. These results were then compared with service utilization data and other member demographics queried from the State's Client Information System.

In addition to the Arizona specific experience mentioned above, Mercer has worked with CA, CT, DE, MO and NM in implementing the Home and Community-Based Services (HCBS) final rule. Our work dates back to 2014. With the exception of CA (still in process), all have received initial approval from the Centers for Medicare & Medicaid Services (CMS). DE was the 4<sup>th</sup> state in the country to obtain this status. Our technical assistance has included developing assessment strategies and tools to determine the status of HCBS providers' compliance with all federal requirements. HCBS providers found to be non-compliant are at risk of losing federal funding if identified issues cannot be addressed within state-approved timeframes.

Our involvement in these projects positions Mercer perfectly to assist with supporting AHCCCS in a comprehensive analysis that reviews the impact to the provider network, specifically providers that may have been disproportionately impacted by the minimum wage increase and any impacts on the availability of services for Arizona Long Term Care System (ALTCS) members. We will be able to leverage our strong working relationship with AHCCCS' in order to maximize efficiency.

With more than 280 staff, all dedicated to consulting to our state government clients, Mercer is fully prepared to devote whatever resources are needed to support this Arizona task order. The staff in the table on the following page represents the core group of key personnel assigned to this project. The job classifications correlate to the staffing classifications provided in our Medical Management Consultant Contract (#ADSP013-058527). "Role" denotes the person's role on this project. We commit the resources identified on the following page to meet the leadership requirements of the Task Order.



Staff Person	Role	Classification
Michael R. Smith, MPA	Project Leader	Subject Matter Specialist
Maija Welton	Project Manger	Project Manager
Alec Zuber, MPA	Data Analytics	Analyst
Jorge Hasbun	Survey Sampling and Analysis	Associate
Dan Wendt, LMSW	Subject Matter Expert	Subject Matter Specialist
Michal Anne Pepper, PhD	Provider Network and Regulatory Analysis	Senior Consultant
Wendy Woske, RN, MHA	Regulatory Analysis	Subject Matter Specialist
Lorene Reagan, MS, RN	Clinical Support	Registered Nurse

**Michael R. Smith, MPA, Project Leader:** Mike has worked his entire career in the area of Medicaid home and community-based services (HCBS). He has developed, reviewed and implemented policy guidance as well as designed and executed project management plans that enhanced, expanded or created new Autism, self-direction, adult day health, and community based habilitation programs. Mike has implemented programs for people with developmental, intellectual and physical disabilities as well as seniors with long-term care needs. He has amended and developed HCBS waiver applications and implemented numerous information technology based initiatives such as establishing agency-wide networks and case management systems at the local, state and provider level. His operational experience has provided numerous opportunities for rate, staffing, budget and expenditure analysis at all levels of government and as a provider of HCBS services.

**Maija Welton, Project Manager:** Maija has worked on a wide range of projects for clients including the Arizona, Delaware, Idaho, Kansas, Missouri, New Mexico, Ohio, Oklahoma, Pennsylvania, and the U.S. Virgin Islands. She has also worked on many ad-hoc projects including those for Connecticut, New York, New Jersey, North Carolina, and the North Carolina Hospital Association. The wide range of client work at Mercer in many ways parallels her experience working as a policy advisor for a member of Congress, which required thorough and timely analysis on a multitude of health policy issues. During her eight years working on Capitol Hill, six of which were dedicated to health policy, she was charged with responsibilities ranging from conceiving legislation to building support for that legislation among other members of Congress and relevant stakeholders.

**Alec Zuber, MPA, Data Analytics:** Alec works on varying projects related to actuarial rate setting for state Medicaid agencies. His experience includes participation in comprehensive review and analysis of the State of New Jersey participating health plan-submitted financial statements. This entailed review of appropriate medical expenditures and administrative costs reviews. Participation in efforts to improve the coordination of State and health plan financial monitoring. Alec also led the development, monitoring, and projection of the State of New Jersey's Medicaid member enrollment. This spanned several distinct populations with varying acuity dynamics across multiple programs.

**Jorge Hasbun, Survey Sampling and Analysis:** Jorge's SAS programming and statistical knowledge are combined to assist with clients' data management, summarization, visualization, and analysis needs. Jorge is a team member for the client states of Missouri, Mississippi, Minnesota, Pennsylvania, and Wisconsin. In addition, Jorge supports the department's work on HEDIS quality performance measures.

**Dan Wendt, LMSW, Subject Matter Expert:** Dan performs clinical and behavioral health (BH) consulting for Mercer Government Human Services Consulting, a specialty practice devoted to publicly-funded health care programs. Dan is a licensed masters level social worker and a certified professional in healthcare quality with 30 years of experience in the field of behavioral health. Dan's unique background includes leadership roles within national behavioral health managed care organizations, a state health department and a Medicaid agency as well as direct provider experience within acute psychiatric inpatient facilities. Dan's competencies include expertise in quality management, performance and outcome measurement tool design and implementation, provider network adequacy assessments, performance metric design and selection, and Medicaid managed care contract monitoring and oversight.

**Michal Anne Pepper, PhD, Provider Network and Regulatory Analysis:** Michal Anne joined Mercer's Clinical and Behavioral Health Solutions group in June 2013. She brings wide-ranging experience in mental health and substance abuse, including five years working in a national managed care company for commercial and public sector behavioral health plans and twenty years as a service provider across all age groups and treatment modalities. Prior to her managed care experience, she owned and managed an independent psychology practice for 13 years, provided clinical supervision and administrative oversight in a variety of treatment settings, and taught as both Instructor and Visiting Adjunct Professor. Michal Anne has worked on Mercer teams for California, Arizona, New Mexico, Pennsylvania and North Carolina contracts.

**Wendy Woske, RN, MHA, Regulatory Analysis:** Wendy specializes in government-sponsored health. She has extensive experience working with various health care delivery models and waiver programs building sustainable health care delivery systems for vulnerable populations. She is adept at bridging both the technical and clinical world to develop solutions to transform care delivery. Wendy's true passion is focused in the long term care arena where she has worked with various states including: Connecticut, Delaware, Massachusetts, New Jersey, New York, Ohio and Pennsylvania. Her project work has encompassed implementation of managed long term services and supports programs, development of managed care contract terms, readiness reviews, creation of a single Level of Care assessment system, design of Quality Improvement/Management Strategies, technical support of 1915(c) waiver consolidation, quality metric and performance measure development, provision of clinical support in the development of a risk adjusted rate model for managed long term care actuarial rate setting and state administrative operations assessment for efficiency and effectiveness in overseeing various waiver programs.

**Lorene Reagan, MS, RN, Clinical Support,** The newest member of the Mercer team, Lorene brings extensive State and Federal regulatory compliance, Medicaid, Medicaid waiver and Medicaid managed care strategy and operations background to Mercer. She was recently the Medicaid Senior Health Systems Administrator for the New Hampshire Department of Health and Human Services. She is also a registered nurse that has worked for a health plan and understands the impact of operational changes that impact productivity and personnel management.

Additional experience for each of the staff members listed above is located in their resumes provided in Appendix A. Resumes are provided in the same order as in the table above.

Staff will be available to initiate services within the specified project timelines of the Task Order. As indicated previously, Mercer has more than 280 staff dedicated to government health care consulting, with 170 of those staff working out of the Phoenix office. We have listed key staff above, but do have dozens of other staff available to put on this project if necessary to complete all services within the specified timelines.

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## Methodology and Approach

### 5. Methodology and Approach

**Propose methodology and approach that details the processes utilized to complete the analysis requirements described in section 4.0 RESPONSIBILITIES/TASKS: above. Your response must include the following:**

- a) Detailed description of the methodologies that will be used for each component.
- b) Timeline for completion of each component.
- c) Description of recommended deliverables.
- d) Other information as needed.

### Introduction

The analysis under this project is targeted to determine the true impact of Proposition 206 on services both in the community and on institutional supports. Understanding the implications of increased wages on the workforce and implementation of the sick leave requirements associated with this labor force was not contemplated in the Arizona Joint Legislative Budget Committee (JBLC) report. After healthcare benefits, staff access to sick leave is one of the most critical benefits for LTSS providers.<sup>1</sup> However, the use of this benefit by direct service professionals can create gaps in the availability of these critical services to the most vulnerable populations.

The analysis will also include a review of access to and availability of direct service providers and a review of policies and procedures that guide network management and development. We understand that the workforce efforts of the managed care organizations (MCOs) and AHCCCS policies support workforce development and may help to ameliorate some of the impacts of this proposition. Finally the report will highlight recommendations about how deficiencies and challenges can possibly be addressed.

#### ***a) Detailed description of the methodologies that will be used for each component.***

To complete this project, Mercer staff will address project description components identified in Responsibilities/Task Section 4.0 and requirements outlined in Projects and Deliverables Section 6.0. This will include designing and implementing requests for information, conducting interviews, surveying providers and collecting data necessary to analyze. This section breaks these tasks into four discrete components of activity:

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<sup>1</sup> A synthesis of direct service workforce demographics and challenges across intellectual/ developmental disabilities, aging, physical disabilities, and behavioral health, November, 2008,  
<https://www.medicaid.gov/medicaid/ltss/downloads/workforce/a-synthesis-of-dsw.pdf>

- Provider Survey of Workforce Capacity
- Network Adequacy
- ALTCS MCOs and AHCCCS Specific Analysis
- Additional Data Analysis

### *Provider Survey of Workforce Capacity*

A web-based provider survey will be developed and vetted with AHCCCS. The survey will not only contain the information listed in section 4.1(i-vi), but also attempt to capture information on wages, sick leave administration, the total number of available full-time and part-time staff and geographic service area (GSA). The survey will also seek to obtain information on skills training received by direct support professionals and supervisors as this is a critical determinant of staff retention.<sup>2</sup> To the extent necessary, additional questions can and will be asked regarding service reductions/terminations and non-service provision. Mercer will work with at least three providers, as identified by AHCCCS, from each of the GSAs to field test the survey and provide feedback on ease of use and raise concerns.

Mercer will administer the web-based provider survey, summarize, perform analyses and provide preliminary results to AHCCCS. If necessary based on the results, Mercer is prepared to conduct structured interviews in order to gather additional GSA-specific information. The GSA-specific interviews identified in the timeline would be administered to a sample of providers (with no less than 90% confidence level) from each of the following provider groupings: Group 1: Individualized Services — Personal Care, Attendant Care, Respite, Homemaker, Habilitation; Group 2 — Residential Services: Nursing facility, assisted living and Department of Developmental Disabilities (DDD) group homes; Group 3 — Group Services: Day Treatment and training, Adult Day Health, and Center base/group supported employment. The sample will include all provider types proportional to their representation in that group.

### *Network Adequacy*

Mercer will assess network adequacy through analysis of non-service provision and reduction/termination reports provided by AHCCCS and DDD. This analysis will be combined with focus group and provider survey findings designed to understand the full impact to services arising from the enactment of Proposition 206.

Non-provision of service reports will be trended in a year over year approach, using the most recent available electronic data, assuming the data is available in such a format. If available on a monthly basis, this information will be collected, trended and reported in that manner. Reporting periods with lagging data will be excluded from the analysis. Using the GSA designations for this project, data will be trended by provider types and GSA. The report will look at the reason for non-provision of service, resolution outcome and timeline for services met, hours not replaced and if an unpaid caregiver was used to cover.

Reductions and termination of service providers will be determined by reviewing changes to the provider networks from both ALTCS MCOs and DDD over the past eight years or across the most recent years available electronically. Changes by MCO and DDD will be aggregated year over year by provider type and GSA (if available). The report will look at the total number of service providers, units provided, unit rates and total expenditures. The analysis will leverage

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<sup>2</sup> Coverage of Direct Service Workforce Continuing Training within Medicaid Policy and Rate Setting: A Toolkit, August 2013, <https://www.medicaid.gov/medicaid/ltss/downloads/workforce/dsw-training-rates-toolkit.pdf>

some of the approaches highlighted in the DDD annual rates report and look to identify shifts in service availability by service and area.

In order to understand the quality of service and the challenges associated with access to and availability of services, Mercer will conduct focus group webinars with MCOs, DDD and provider representatives. The webinars will be designed to capture real time information on member choice, satisfaction (experience of care) and the average time from service need to service provision. Using a web-based or on-line interactive survey, Mercer will collect this information in a standardized survey form. Self-reported service reductions and terminations information will be collected in an effort to validate the analysis of the data collected from the focus groups. Similarly, non-service provision questions will be incorporated. Providers participating in the targeted focus group will be asked to answer questions regarding their GSA and the types of services they provide, the time it takes them to fill service authorizations, how they measure the consumer experience of care, and how Proposition 206 has impacted their organizations.

Mercer recommends that a fourth focus group meeting is held in person with individuals that receive and provide each of the services. The purpose of the focus group will be to provide a member and direct support professional perspective to the service delivery questions posed and get their perspective on the impacts of Proposition 206. The purpose of the focus group is to evaluate the alignment of actual practice with perception and understanding of the participants and direct support professionals affected.

### *ALTCS MCOs and AHCCCS Specific Analysis*

One of the stated objectives of the 1115 demonstration waiver approved in January 2017 is to promote the objectives of title XIX by “stabilizing, and strengthening the availability of provider and provider networks to serve Medicaid and low-income individuals in the state.”<sup>3</sup> An analysis of the alignment of policies, contracts, implementation, monitoring tools, audits, and corrective action plans will be conducted. The review of provider contracting will be targeted to identify items specifically in the Provider Survey and Network Adequacy portion of the proposal as deficiencies or issues. For example, the most recent Arizona Contract Amendment effective October 2017 states that “ensuring that this critical workforce remains sustainable requires a state, region and network wide approach to workforce analysis and planning.”<sup>4</sup> The contract amendment also requires a designated MCO position responsible for monitoring and overseeing workforce development (WFD). Mercer’s analysis will include interviews with key personnel, such as the designated “staff member to oversee and coordinate contractually required WFD activities as they apply to the unlicensed, paraprofessional workforce.”<sup>5</sup> The purpose is to determine if these WFD activities are targeted to the issues identified through Mercer’s earlier analysis. If the findings of the analysis are not deficiencies, but the success of the programmatic efforts, this will be shared in the final report along with how recommendations and successes can be broadly shared.

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<sup>3</sup> Demonstration Approval Letter from CMS, <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/az/az-hccc-ca.pdf>, January 2017

<sup>4</sup> DHCM – EPD, Contract Amendment, YH18-0001, [https://www.azahcccs.gov/Resources/Downloads/ContractAmendments/ALTCS/ALTCSYE2016/ALTCS\\_EP\\_D\\_Contract\\_Amendment\\_Number1\\_YH18-0001.pdf](https://www.azahcccs.gov/Resources/Downloads/ContractAmendments/ALTCS/ALTCSYE2016/ALTCS_EP_D_Contract_Amendment_Number1_YH18-0001.pdf) Effective October 1, 2017

<sup>5</sup> Ibid.

## *Additional Data Analysis*

Mercer's first deliverable under this project will be to develop a comprehensive request for information which will include a request for data to support the network adequacy analysis above. The ability to obtain data in a timely manner will significantly impact Mercer's ability to meet the target dates for completion of the report. In order to complete the analysis within the proposed budget, Mercer will not perform data validation of claims or encounter data.

The additional data request is for encounter data and claims associated with the long-term services and supports (LTSS) system. This data will be cross referenced with information associated with provider service reductions, terminations, and non-service provision data. This will be done in an effort to identify correlations between service types within specific GSAs that are impacted by providers that have curtailed the volume of service provided or withdrawn from the market, as well as identify issues with the fill-rates for authorized service, i.e., the non-service provision report trended data and individual support plan authorization versus claim and encounter data (if available). In addition to the request for claims and encounter data related to the specific LTSS identified for this project, Mercer will be requesting claims and encounter data for the emergency department, hospitalization and nursing facility utilization by GSA to determine if increased utilization of these services can be correlated to service fluctuations in HCBS services associated with access and availability of service. Mercer will be requesting to have available claims and encounter data be made available for date ranges consistent with information identified in the Network Adequacy section relating to the non-service provision, reduction, and termination of services.

## *Report*

The work of direct care professionals is difficult and Arizona recognizes these staff as a valued and important resource to the success of the LTSS system. While the implementation of Proposition 206 will improve the wages and add benefits for this critical workforce, it also improves the economic circumstance of the State at large creating pressures on the labor pool at large. While the report will not examine these larger pressures, the influence may become apparent in the information collected.

The report will employ the information provided through the tasks above as a means to illustrate the cascading effects of Proposition 206 on provider network access and adequacy. The analysis will also include broader workforce development and management efforts undertaken by AHCCCS and MCOs to stabilize and strengthen this workforce. The report will:

- Offer insight into the current provider workforce landscape by collecting information on staff turnover, vacancy rates, wages, benefits, training, and overtime, as well as issues confronting providers of service in meeting the service demands of the future such as the impact of Proposition 206.
- Provide an understanding of the efforts made by LTSS providers to address challenges associated with recruitment and retention of quality direct support professionals.
- Analyze network access and adequacy by determining the change in the penetration of services by GSA and will include analysis of changes in the provision of service associated with reduced capacity, termination or inability to meet the demands of the system.
- Member experience will be compiled to understand the quality of services and potential gaps between the implementation of the program and policy.
- Attempt to identify linkages between system capacity and quality to broader health care outcomes associated with the use of emergency department, hospital, and/or institutional services.

- Document and identify consistency between policy, procedures, and practices related to workforce development, as well as access to care.
- Present nationally recognized strategies for addressing the deficiencies identified and recommend ways to strengthen current network standards.

**b) Timeline for completion of each component.**

Component	Timeline for Completion
Provider Survey	November 28, 2017
Network Adequacy	December 4, 2017
ALTCS MCO and AHCCCS Specific Analysis	December 4, 2017
Additional Data Analysis	December 10, 2017
Report	January 2, 2018

**c) Description of recommended deliverables**

Deliverable	Timeline for Submission
Mercer develops an information request for ALTCS MCOs and DDD related to rates, service utilization, quality surveys, policies and other critical data for analysis.	October 10, 2017
Provider survey tool in electronic format completed.	October 17, 2017
Focus group invitations and PowerPoint access and availability discussion.	October 20, 2017
Provider survey sampling methodology finalized.	October 23, 2017
Distribute web-based provider survey	October 23, 2017 — November 20, 2017
Summary of experience of care tools, outcomes and follow-up activities by ALTCS plans and DDD.	October 30, 2017
Four webinars associated with service access and availability related to the implementation of Prop 206 (MCOs/DDD/Providers/ Beneficiaries).	November 5, 2017 — November 15, 2017
Tables necessary for report and analysis geo mapping of claims and encounter data.	November 15, 2017
Initial analysis of service level reports for non-service provision	November 15, 2017
Table of providers and summary comparison of practices to policy.	November 20, 2017
Overview of provider survey results to AHCCCS	November 28, 2017
Administer structured interviews by the three service groupings in three geographic service areas (as necessary).	November 28, 2017 — December 15, 2017
Key findings of provider survey presented	December 4, 2017
Recommendation of strategies for the establishment of new/additional network standards (6.1(b.)).	December 4, 2017
Tables and summary findings shared with the state: Look at GSA areas and report by service type penetration (unit amounts) and unit service loss and provider loss and increases.	December 10, 2017



Deliverable	Timeline for Submission
Mercer provides a framework of Federal promulgated workforce research as a means to make recommendations regarding strategies for addressing workforce challenges.	December 10, 2017
Submit a preliminary draft report for review and feedback.	December 20, 2017 — December 27, 2017
Final report.	January 2, 2018

***d) Other information as needed***

The development of this analysis includes some additional steps and data requests that may not have been contemplated in the original project announcement. The quality of services discussion is one that will require the collection and analysis of both healthcare utilization data for institutional services and experience of care data. The experience of care data from the plans and potentially providers (if not aggregated at the plan level) would be helpful in understanding the quality of services being provided. This adds to the costs of the proposal, but ultimately improves the understanding of the impact of Proposition 206.

# 4

## Pricing Proposal

### 6. Pricing proposal

**Provide an all-inclusive overall project price for performance of the services listed. Pricing shall be broken down by job category and hourly rate as described in the contract. Pricing shall be inclusive of travel and any other expense necessary to perform the service.**

The pricing proposal reflects Mercer's best estimate of the assistance needed by AHCCCS to complete the work under this task order.

Mercer expects to be able to complete the project over the three month period. The estimated hours and estimated cost by staff level for the project are presented in the proceeding table. Mercer will make every effort to limit the hours (and cost) necessary to fulfill the tasks included within the scope of work. The pricing below includes hours for structured interviews that may be necessary in order to obtain additional feedback from geographic service area providers. It also anticipates that non-provision of service and reductions/termination of services analysis can be performed using existing electronic files. If these files are not available, the pricing proposal will have to be modified in anticipation of more labor intensive analysis requirements.

Category	Estimated Hours	Rate	Estimated Totals
Subject Matter Specialist	281	\$350	\$98,350
Project Manager	209	\$250	\$52,250
Senior Consultant	56	\$325	\$18,200
Associate	70	\$250	\$17,500
Registered Nurse	16	\$325	\$5,200
Analyst	114	\$185	\$21,090
<b>Total</b>	<b>746</b>		<b>\$212,590</b>

# APPENDIX A

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## Resumes

## Michael R. Smith, MPA

### **QUALIFICATIONS**

Mike has worked his entire career in the area of home and community-based services (HCBS). He has developed, reviewed and implemented policy guidance as well as designed and executed project management plans that enhanced, expanded or created new programs such as Autism spectrum services, self-direction, day program, and community based habilitation. Quality and program management designs have been incorporated into any strategy or plan to create new or improve existing services. Mike has designed programs for people with developmental, intellectual and physical disabilities as well as seniors with long-term care needs. He has amended and developed HCBS waiver applications and implemented numerous information technology based initiatives such as establishing agency-wide networks and case management systems at the local, state and provider level. His operational experience has provided numerous opportunities for rate, budget and expenditure analysis over the years at all levels of government and as a provider of HCBS services.

### **EXPERIENCE**

Mike joined Mercer April 3, 2017. He is the former Director of the Division of Community Systems Transformation in the Disabled and Elderly Health Programs Group at the Centers for Medicare & Medicaid Services (CMS). He was responsible for directing the division's grant programs and the efforts to diffuse learning from demonstrations into Medicaid programs. Prior to employment with CMS, Mike served in leadership capacities within county, state, and non-profit organizations as a deputy administrator, chief of staff, and executive director, respectively. In addition to his leadership roles, Mike has 4 years of HCBS management consulting experience and 6 years of case management experience in the Aging and Children services. Integrating community-based, Medicaid-funded programs and services into the fabric of everyday life for people with disabilities is the focus of his career.

Examples of Mike's experience and accomplishments prior to joining CMS include:

- Overseeing the Medicaid Workforce Initiative that committed substantial resources to improving the recruitment and retention of direct service workers (DSW) by providing CMS guidance of critical documents and demonstrations developed and tested by the National Direct Service Workforce Resource Center.
- Analyzing HCBS program, grant, provider and organizational level budgets and expenditures to determine the impact of program design, policy, operational cost and service utilization changes project future budgets and cost trends.
- Reviewing the 1115 applications that contain Managed Long-Term Services and Supports (MLTSS) programs design that were approved in New York, New Jersey, California and Texas. Ensuring that community integration and demonstration grant activities were addressed in the program design for

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### **Michael R. Smith, MPA**

*Principal*

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### **EDUCATION**

*Master's degree, Public Administration  
Kutztown University of Pennsylvania*

*Bachelor's degree, Psychology  
California University of Pennsylvania*

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### **EXPERIENCE**

*30+ years Home and Community-Based  
Services (HCBS) experience  
(Federal, State, Local, Provider Levels)*

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### **CORE COMPETENCIES**

*Policy development*

*Program design*

*Quality management*

the New York 1115 transformation for people with intellectual and developmental disabilities Assisting with the system redesign, consumer protections, independent assessment and hearings/appeal negotiations with the state.

- Designing a pilot Medicare and Medicaid dual eligible consumers over the age of 60 in southwestern Pennsylvania. Responsibilities included the development of the information technology infrastructure; oversight of project consultants; creation of preliminary budget projections and discussions with stakeholders;

### **PUBLICATIONS AND PUBLIC FORUM PRESENTATIONS**

- *Advancing the Quality Strategy -Developing and Adopting HCBS Principles and Systems across CMS*, Presentation on the HCBS Affinity Group activities around person-centered approaches to supports and care, CMS Quality Conference, December 2016.
- *National Home and Community Based Services Conference*, Multiple presentations on grant programs with Federal and state partners, National Association of State Units on Aging and Disability Conference, 2013, 2014, 2015 and 2016.
- *Medicaid Payment for Housing-Related Services: Building on Early Experiences*, Forum session considered CMS's policy guidance to facilitate Medicaid payment for housing support, and it featured how three states have used Medicaid to pay for housing-related services, National Health Policy Forum, February 2016.
- *Communication and Coordination in Home and Community-Based Services: Quality Matters*, Training on HCBS Quality measures; standardize data and uniformity across settings; and the promotion of health information technology in the HCBS system, CMS Quality Conference, December 2015.
- *Long Term Services and Supports Expenditures: HBCS were the Majority of LTSS Spending*, Review of national expenditures trends in LTSS, Centers for Medicare & Medicaid Services, July 2015

## Maija Welton

### **QUALIFICATIONS**

Maija has worked on a wide range of projects for clients including the Arizona, Delaware, Idaho, Kansas, Missouri, New Mexico, Ohio, Oklahoma, Pennsylvania, and the U.S. Virgin Islands.

She has also worked on many ad-hoc projects including those for Connecticut, New York, New Jersey, North Carolina, and the North Carolina Hospital Association. The wide range of client work at Mercer in many ways parallels her experience working as a policy advisor for a member of Congress, which required thorough and timely analysis on a multitude of health policy issues. During her eight years working on Capitol Hill, six of which were dedicated to health policy, she was charged with responsibilities ranging from conceiving legislation to building support for that legislation among other members of Congress and relevant stakeholders.

### **EXPERIENCE**

At Mercer, Maija has contributed to a number of projects including Medicaid expansion, compliance with new federal requirements on home and community based services, emergency department diversion programs, and development of health homes. Examples of client deliverables that she has worked on include the following:

- Major components of two Medicaid-related policy manuals;
- A policy paper on Medicaid organ transplant coverage;
- A policy paper on emergency department diversion programs;
- Statewide Health Innovation Plan (SHIP) communication plan and communication material;
- Stakeholder engagement plan and materials;
- A 1915(b)(4) waiver;
- A state self-assessment redraft of the federal Home and Community Based Services (HCBS) rule;
- Research on Medicare enrollment of Medicaid beneficiaries, Managed Long-Term Services and Supports (MLTSS) contracts, and dual-eligible special needs plan (D-SNP) contracts;
- Various regulatory compliance activities related to the new Medicaid Managed Care Rule, including contract and state operations gap analyses, updates to managed care contracts, and education efforts with state staff.
- Summary of federal sanctions for managed care contract violations; and
- Summary of state regulations on accountable care organizations (ACOs).

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### **Maija Welton**

*Associate*

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### **EDUCATION**

*Bachelor's degree, Economics*

*Smith College*

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### **EXPERIENCE**

*11 years*

*Professional experience*

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### **CORE COMPETENCIES**

*Stakeholder Engagement*

*Policy Implementation Analysis*

*Contract and Regulation Review*

Prior to joining Mercer, Maija she was the health care advisor to Congressman Joe Courtney (CT-02), a House member with committee jurisdiction over the Affordable Care Act. In that role, she was the lead author and face for all health policy related communications for the Congressman, including in-person meetings with local and national advocacy groups, updates to the Congressman's website and Facebook pages, newsletters, press releases, letters to House and Senate leadership, letters to the Administration, opinion editorials, constituent mail, and updates to local and national stakeholders on the Congressman's accomplishments. Additionally, she worked as the primary constituent mail program manager for Congressman Jim Kolbe (AZ-02).

Maija's accomplishments include the following:

- Advisor to Congressman Joe Courtney during the health care reform debate, including management of Congressman's committee work on the House version of the Affordable Care Act. Committee work on health reform included submission and management of two adopted amendments, preparing amendment background papers for committee members and staff, as well as drafting press statements and updates on amendment progress for relevant stakeholder groups.
- Drafted letter that generated support from over 200 Members of Congress in opposition to a proposed Senate health care excise tax which helped facilitate a scaled-back version of the tax in a final compromise.
- Drafted opinion pieces in Congressman's name for publication in such news outlets as the *Huffington Post*, *Roll Call*, *Politico*, *The Hill*, and *USA Today*.
- Initiated and ensured proper execution of Congressman's legislation, including three health policy-related bills: 1.) insurance restrictions on pre-existing condition exclusions; 2.) skilled nursing facility coverage access; 3.) loan repayment for pediatric mental health providers and subspecialists.
- Recruited broad support for legislation sponsored by Congressman among other Members of Congress, as well as industry and advocacy groups. Recruitment of support among Members of Congress included drafting and disseminating background papers on legislation and targeted letters on how the legislation would benefit different constituencies. Recruitment of support among industry and advocacy groups included initiating discussions on why the legislation was relevant, drafting and disseminating background papers on the legislation, and maintaining support through regular email updates and in-person meetings.

## Alec Zuber, MPA

### **QUALIFICATIONS**

Alec works on varying projects related to actuarial rate setting for state Medicaid agencies.

### **EXPERIENCE**

Prior to joining Mercer, Alec was a support coordinator for the State of Utah's Division of Services for People with Disabilities – Utah's 1915(c) Medicaid waiver authority.

During his time as a Qualified Intellectual Disabilities Professional support coordinator, Alec gained experience in the following:

- Individualized care plan development and monitoring to support successful community living.
- Health and Safety considerations for individuals living with developmental or intellectual disabilities.
- Project management of 40+ client care plans and corresponding teams.
- Monitored licensed Medicaid provider compliance to state and federal contract standards – initiating program improvements and corrective actions when needed.
- Oversaw allocation and expenditure of long-term care services budgets totaling over \$2.5 million.
- Evaluation of program effectiveness— made regular recommendations to state agency and contractors.

His experience at Mercer includes:

- Project Management of multi-disciplinary teams with scopes of work including:
  - Development of Low Acuity Non-emergent (LANE) and Potentially Preventable Admissions efficiency adjustments for both the State of New Jersey and the State of New York's Medicaid managed care programs. Led the effort to incorporate methodology improvements to cost offset logic for laboratory and radiology components.
  - Continuous management and production of the State of New York's quarterly pharmacy encounter data dashboards across multiple participating Medicaid plans and programs. Led the development and implementation of several new data dashboards including: Fee-for-service (FFS) environment vs. managed care pharmacy benchmarking, Hepatitis C pharmacy drug utilization, HIV Antiretroviral Therapy drugs utilization and special needs program membership.
  - Development and monitoring of the State of New Jersey's Medicaid Managed Long-Term Care Case Management rate component. Led the efforts to improve and monitor plan reporting of administrative expenses related to the provision of member care management.

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### **Alec Zuber, MPA**

*Consulting Analyst*

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### **EDUCATION**

*Master's degree, Public Administration*

*Brigham Young University*

*Bachelor's degree, Political Science,*

*Brigham Young University*

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### **EXPERIENCE**

*10 years*

*Professional experience*

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### **CORE COMPETENCIES**

*Project management*

*1915(c) waiver populations*

*DD/ID population considerations*

*HCBS services administration*

*Vulnerable populations*

*Care management*



- Participated in comprehensive review and analysis of the State of New Jersey participating health plan-submitted financial statements. This entailed review of appropriate medical expenditures and administrative costs reviews. Participated in efforts to improve the coordination of State and health plan financial monitoring.
- Led development, monitoring, and projection of the State of New Jersey's Medicaid member enrollment. This spanned several distinct populations with varying acuity dynamics across multiple programs.
- Led development of pharmacy industry trend metrics to inform the State of New York's Medicaid Managed Care rate setting.
- Modeling and project management of various newly implemented State Medicaid member benefits.

## Jorge Hasbun

### **QUALIFICATIONS**

Jorge's SAS programming and statistical knowledge are combined to assist with clients' data management, summarization, visualization, and analysis needs. Jorge is a team member for the client states of Missouri, Mississippi, Minnesota, Pennsylvania, and Wisconsin. In addition, Jorge supports the department's work on HEDIS quality performance measures.

### **EXPERIENCE**

Prior to joining Mercer, Jorge was an analyst with Health Services Advisory Group focusing on external quality review and quality improvement projects for Medicaid and Medicare beneficiaries.

Examples of Jorge's experience and accomplishments include:

- Developing statistical methodology to summarize and compare the quality of care that patients receive from various providers.
- Designing statistically valid studies.
- Analyzing complex surveys using advanced statistical tools.
- Coding, summarizing, and interpreting HEDIS and non-HEDIS performance measures.
- Creating dashboards and other visual representations for the assessment and comparison of managed care plan performance.
- Creating and automating comprehensive summary reports for individual providers and plans.
- Managing and validating encounter and fee-for-service data.
- Analyzing data for capitation rate setting.
- Managing and performing mandatory EQR performance measure validation activities.
- Validating and reviewing NCQA IDSS files and patient-level detail (PLD) files for the Medicaid, Medicare, Commercial, and Marketplace product lines.
- Performing medical record review (MRR) sampling, validation, and chase logic.
- Analyzing and interpreting CAHPS and non-standard CAHPS surveys.

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### **Jorge Hasbun**

*Associate*

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### **EDUCATION**

*Master's degree, Statistics*

*Texas A&M University*

*Bachelor's degree, Mathematics*

*Portland State University*

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### **EXPERIENCE**

*3 years*

*Professional experience*

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### **CORE COMPETENCIES**

*Data acquisition*

*Data validation*

*Analyzing and interpreting health care data using descriptive and inferential statistics*

## Dan Wendt, LMSW

### **QUALIFICATIONS**

Dan is a Principal with Mercer Health & Benefits LLC (Mercer) and performs clinical and behavioral health (BH) consulting for Mercer Government Human Services Consulting, a specialty practice devoted to publicly-funded health care programs. Dan is a licensed masters level social worker and a certified professional in healthcare quality with 30 years of experience in the field of behavioral health. Dan's unique background includes leadership roles within national behavioral health managed care organizations, a state health department and a Medicaid agency as well as direct provider experience within acute psychiatric inpatient facilities. Dan's competencies include expertise in quality management, performance and outcome measurement tool design and implementation, provider network adequacy assessments, performance metric design and selection, and Medicaid managed care contract monitoring and oversight.

### **EXPERIENCE**

Dan possesses extensive experience with Medicaid physical health and behavioral health managed care programs and clinical service delivery systems. Prior to joining Mercer, Dan served as the Chief Quality Officer for four years at a national capitated behavioral health managed care organization (BH-MCO) that held the largest public sector behavioral health managed care contract in the United States. Prior to that role, Dan held the position of vice president of quality for another national BH-MCO and was responsible for all aspects of managing and overseeing the quality management department. Dan's quality management expertise includes grievance and appeals, complaint resolution, quality of care reviews, risk management, clinical oversight, implementation and ongoing evaluation of outcome tools, performance measure design, data sharing, data analytics and the development and maintenance of regional and statewide BH-MCO key indicator reporting formats.

Prior to leadership positions within BH-MCOs, Dan served in government positions at the Arizona Department of Health Services (AZDHS) and the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency. While at AZDHS, Dan ensured programmatic compliance with federal and state requirements and provided leadership and oversight of the following functions: quality management, quality measurement design and specifications development, contract compliance, request for proposal (RFP) development/evaluation and policy development. While at AHCCCS, Dan participated

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### **Dan Wendt, LMSW**

*Principal*

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### **EDUCATION**

*Master's degree, Social Work  
Arizona State University*

*Bachelor's degree, Science  
Ball State University*

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### **EXPERIENCE**

*30 years  
Professional experience*

*Years with Mercer 5*

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### **CORE COMPETENCIES**

*Performance measure development*

*Program evaluation*

*Behavioral health systems and  
organizations*

*Evaluation, plan development and  
implementation*

*Assessment of provider network adequacy  
and service availability*

*Study, design, survey development, data  
collection and statistical analysis*

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### **AFFILIATIONS**

*Certified Professional in  
Health Care Quality*

*Licensed Masters of Social Work*

*Lean Six Sigma Green Belt*

in operational and financial reviews of Medicaid capitated acute care physical health plans, BH-MCOs and long-term-care managed care contractors. Dan has a clinical background and is highly experienced in quality performance improvement concepts and approaches.

Dan joined Mercer in 2011, and has been engaged with projects in multiple states including:

- Supporting the design and implementation of public BH care delivery systems and the redesign and performance improvement of existing managed care programs.
- Conducting operational and clinical assessments of MCOs, – identifying opportunities for operational efficiencies and promoting the use of clinical best practices.
- Participating in RFP development and evaluation.
- Leading readiness reviews and clinical performance reviews of BH-MCOs on behalf of government clients.
- Leading a cost driver analysis of designated behavioral health services and providing technical assistance with the design and implementation of quality improvement activities to reduce avoidable cost and/or over utilization.
- Designing and implementing a comprehensive service capacity assessment and network sufficiency evaluation of evidence-based practices available to persons determined to have a serious mental illness within an integrated care service delivery system (physical health and behavioral health integration). The evidence-based practices included supported housing, supported employment, peer support and assertive community treatment teams.
- Performing a behavioral health network assessment for children in foster care.
- Consulting with state agencies to design and implement monitoring and oversight models for contracted MCOs, including the identification of relevant and aligned performance measures and outcome tools to support the continual assessment of delivery system goals.
- Assisted with the design and implementation of a quality bonus payment model under the Certified Community Behavioral Health Clinic demonstration program.
- Assisted Medicaid agencies by researching and presenting options to support performance-based contracting arrangements with contracted managed care organizations.
- Conducted a special onsite analysis of adult care homes and provided technical assistance to a state Medicaid agency to determine if the facilities met criteria for an institution for mental disease (IMD).
- Led and implemented a comprehensive analysis to determine compliance with the Mental Health Parity and Addiction Equity Act.
- Provided technical assistance by completing an analysis of MCO contracts and recommending revisions to ensure compliance with the Medicaid Managed Care Rule.
- Providing ongoing consultation and technical assistance to state agencies and their contracted BH-MCOs and key system stakeholders.

## Michal Anne Pepper, PhD

### **QUALIFICATIONS**

Michal Anne joined Mercer's Clinical and Behavioral Health Solutions group in June 2013. She brings wide-ranging experience in mental health and substance abuse, including five years working in a national managed care company for commercial and public sector behavioral health plans and twenty years as a service provider across all age groups and treatment modalities. Prior to her managed care experience, she owned and managed an independent psychology practice for 13 years, provided clinical supervision and administrative oversight in a variety of treatment settings, and taught as both Instructor and Visiting Adjunct Professor. Michal Anne has worked on Mercer teams for California, Arizona, New Mexico, Pennsylvania and North Carolina contracts.

### **EXPERIENCE**

Michal Anne's experience with Mercer includes:

- Technical assistance and development of grant application, implementation and outcome evaluation design, and readiness tool to assist in state's winning application for Stage Two Certified Community Behavioral Health Clinic (CCBHC) application. Led cross-system team that designed ongoing implementation evaluation using continuous quality improvement principles, and outcomes study of the state-wide initiative.
- Participation New York City procurement process, including standards development, readiness tool development and desk reviews for utilization management and medical management.
- Health plan reviews and BH MCO audits on behalf of government clients to ensure compliance with clinical and performance standards.
- Support to North Carolina's Local Management Entities (LME's) clinical operations as they transitioned from quasi-governmental BH clinics to managed care entities through annual reviews and recommendations.
- Development of quality improvement approaches and tools for multiple states, including the development of a self assessment tool for BH MCOs to use in the assessment of their own quality initiatives as part of a state-wide cost driver project.
- Clinical support to physical health and behavioral health rate setting teams in the development of rates for new services/initiatives.

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**Michal Anne Pepper, PhD**

*Senior Associate*

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### **EDUCATION**

*Doctoral degree in psychology  
Texas Women's University*

*Master's degree in psychology  
Texas Women's University*

*Bachelor's degree in  
psychology/philosophy  
Baylor University*

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### **EXPERIENCE**

*36 years*

*Professional experience*

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### **CORE COMPETENCIES**

*Research design and program  
evaluation*

*Readiness/audit tool development  
and training*

*Child, adolescent and adult mental  
health, substance use disorder, and  
intellectual/developmental disabilities*

*Behavioral Health (BH) and  
Integrated MCO audits*

*Managed Care BH Quality Initiatives*

*Data reports*

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### **AFFILIATIONS**

*Member American  
Psychological Association*

- State-wide system evaluation of the role of support coordinators for individuals receiving services associated with developmental/neurological disabilities.

Prior to joining Mercer, Michal Anne worked in managed care, analyzing utilization management operations with the development of operational processes and utilization data reports, supporting the implementation of new/expanded Chip and Medicaid plans in Texas and Hawaii, conducting clinical and compliance reviews as well as providing leadership in organizational redevelopment. Michal Anne has also worked as a service provider, supervisor, treatment center administrator, and adjunct professor.

Past experience and accomplishments include:

- Redesign of clinical operations to support National Committee for Quality Assurance requirements for a managed care organization covering 6.5 M lives that resulted in 100% compliance and Plan accreditation for the maximum allowable number of years.
- Development and leadership of a new MCO's clinical initiative to implement a statewide pain management protocol for Medicaid beneficiaries that incorporated a cross disciplinary team of clinicians from physical health, behavioral health and pharmacy.
- Led a cross-disciplinary team for a year-long post-launch review of two Medicaid expansion and CHIP managed care contract implementations including a redesign of workflows, knowledge management and organizational development to support deliverables.
- Clinical supervision of a 14 member clinical team functioning as "front door" for all Dallas county children and adolescents seeking community BH services.
- Successful author of multiple publications, including books, a book chapter and articles on clinical issues, including recovery/resiliency and the intersection of spirituality and psychology.
- Visiting Professor for the APA approved psychology department at Texas Woman's University as well as ongoing part time instructor positions.

## Wendy S. Woske, RN, MHA

### QUALIFICATIONS

Wendy specializes in government-sponsored health. She has extensive experience working with various health care delivery models and waiver programs building sustainable health care delivery systems for vulnerable populations. She is adept at bridging both the technical and clinical world to develop solutions to transform care delivery.

Wendy's true passion is focused in the long term care arena where she has worked with various states including: Connecticut, Delaware, Massachusetts, New Jersey, New York, Ohio and Pennsylvania. Her project work has encompassed implementation of managed long term services and supports programs, development of managed care contract terms, readiness reviews, creation of a single Level of Care assessment system, design of Quality Improvement/Management Strategies, technical support of 1915(c) waiver consolidation, quality metric and performance measure development, provision of clinical support in the development of a risk adjusted rate model for managed long term care actuarial rate setting and state administrative operations assessment for efficiency and effectiveness in overseeing various waiver programs.

### EXPERIENCE

Prior to joining Mercer, Wendy, worked as a computer programmer for close to a decade before obtaining her nursing license. Since then, Wendy has held senior-level positions within both managed care and large physician-led organizations focusing on clinical and quality program development, implementation and evaluation. The focus of Wendy's experience has been targeted at utilizing health information technology and process re-engineering to build clinical and quality environments that are sustainable.

Since joining Mercer, Wendy's experience has included:

- Acting as the Engagement Leader for the Delaware External Quality Review (EQR) contract responsible for leading Mercer's team in evaluating the State's Medicaid Managed Care program compliance with Balanced Budget Act requirements for quality, access and timeliness of service delivery, providing technical assistance to health plans on performance measure (PM) development and performance improvement projects (PIPs), performing validation of PMs and PIPs and conducting focused studies.

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### Wendy S. Woske, RN, MHA

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*Principal*

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### EDUCATION

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*Master's degree, Health Care  
Administration  
Seton Hall University*

*Bachelor's degree, International  
Relations  
Mount Holyoke College*

*Associate's degree, Applied  
Science – Nursing  
Morris County Community College*

*Certified in Computer Programming  
Chubb Institute of Technology*

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### EXPERIENCE

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*24 years  
Professional experience*

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### CORE COMPETENCIES

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*Managed care operations  
External quality review*

*Performance measurement to  
support continuous quality  
improvement*

*Long term services and supports for  
aging and disabled populations*

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### AFFILIATION

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*Registered Nurse (AZ and NJ – license  
number available upon request)*

*Member of the American Medical  
Informatics Association*

*Member of the Patient Centered  
Primary Care Collaborative*

- Performing audits, readiness reviews, operational analyses and efficiency reviews of Medicaid Managed Care contractors assessing compliance in areas such as: the Center for Medicare & Medicaid Services guidance, federal regulations for Medicaid and Managed Care and State rules and contractual requirements. Most recently this experience was brought to bear for MassHealth as Mercer completed a review of Massachusetts Senior Care Options (SCO) and Aging Services Access Point contractors.
- Developing and maintaining the underlying clinical methodology and coding of Mercer's suite of clinical efficiency analyses used during actuarial rate setting, development of pay-for-performance programs or to assist states with monitoring program efficiency and effectiveness through dashboard reporting. Applied these tools to quantify areas of known inefficiency within the delivery system in areas such as low acuity non-emergent (LANE) Emergency Department utilization, Potentially Preventable Admissions (PPA), various Ambulatory Care Sensitive (ACS) conditions as well as, high cost radiology and durable medical equipment.
- Conducting focused studies and clinical audits to determine the fidelity of practice guidelines and compliance with state and federal regulations. Examples of study topics include: Childhood Overweight and Obesity, DME/DMS/Laboratory and Radiology claims analysis and assessment of gaps in care for managed long term care supports and services. Most recently developed a series of reports to assist the New Jersey Division of Aging Services in linking functional assessment data to LTSS service utilization.

#### ***PUBLICATIONS AND PUBLIC FORUM PRESENTATIONS***

- Medicaid and CHIP Final Rule: Quality, Access and MLTSS, Co-presenter, Mercer National Webinar, August, 2016.
- Building an Overarching Quality Enterprise, Presenter with Lowell Arye, Deputy Commissioner, New Jersey Department of Human Services, National Association on States United for Aging and Disability (NASUAD) National Home and Community Based Services (HCBS) Conference; August, 2015; Washington, DC.
- Readiness Considerations for Integrated LTSS Managed Care Programs: Implementing MLTSS, Ready or Not?, Presenter with Lisa Zimmerman, Deputy Director, Delaware Division of Medicaid and Medical Assistance, NASUAD, National HCBS Conference September, 2013.
- Long Term Services and Supports Care Management Transition Planning moving from Fee-for-Service to Managed Care, Presented with New Jersey Division of Aging Services, State MLTSS Stakeholder Meeting, March 2013.



## Lorene Reagan MS, RN

loreneereagan@gmail.com • 36 Back Canaan Road, Strafford, NH, 03884 • 603-998-2762

### Profile

Accomplished high energy leader with extensive experience in Care Management, State and Federal Regulatory compliance, Medicaid, Medicaid Waiver and Medicaid Managed Care strategy, policy and operations.

Demonstrated ability to deliver outstanding supervisory, management, leadership and project management outcomes. Excellent written and oral communication skills, positive attitude, effective in conflict management, extremely organized and willing to work hard to meet organizational goals.

Extensive experience with state and federal regulatory compliance, grant management, project management and human resource management. Public speaking and presentation experience including briefings to former NH Governor Margaret Wood Hassan, the NH State Legislature and multiple state level Commissions and Special Interest Groups.

### Experience

#### **New Hampshire Department of Health and Human Services Concord, NH**

##### **Medicaid Senior Health Systems Administrator**

June 2016 - Present

Responsible for ensuring that the Medicaid Program meets Department goals and objectives while maintaining compliance with state/federal regulations and Waiver requirements and assuring the integration and coordination of multiple health systems of care across the Medicaid program and throughout DHHS. Program areas include the Fee for For-Service program, Medicaid Care Management, NH Health Protection Premium Assistance Program and the Medicaid 1115 DSRIP Waiver. Serve as the Medicaid subject matter expert on home and community based-waivers and oversee the development of waiver plans, amendments and renewals.

### Significant Accomplishments:

- Primary author of NH's four 1915c Waiver renewals
- Led the development of materials and processes to ensure compliance with the Mental Health Parity and Addiction Equity Act of 2008 as it applies to coverage offered by Medicaid Managed Care Organizations, CHIP and Alternative Benefit Plans
- Primary administrative lead for NH's recently approved Statewide Transition Plan for HCBS services
- Currently enrolled in *Mastering Project Management* and plan to sit for the Project Management Professional certification exam in December of 2017

Lorene Reagan MS, RN



**New Hampshire Department of Health and Human Services  
Concord, NH**

**Bureau Chief, Developmental Services**

February 2014 – June 2016

Responsible for leadership, oversight and administration of all aspects of NH's Home and Community Based Care Services [HCBS] for individuals with disabilities, Early Intervention Services for children birth through three years of age, Special Medical Services for children with Special Health Care Needs, PASRR, Forensic Services and the Medicaid to Schools Programs.

Administration of Bureau operations including budget development and management, personnel management, contracting, state statues and administrative rules, quality improvement activities, health and safety standards and service provision by New Hampshire's ten regional Area Agencies. Executive Lead for DHHS for integration of complex populations into NH's Medicaid Care Management program.

**Significant Accomplishments:**

- Led the initiative to demonstrate readiness for the integration of complex populations into the Medicaid Care Management program for their medical care
- Implemented streamlined Area Agency Designation/Approval process
- Spearheaded submission and acceptance of CMS Quality Reviews for all four NH HCBS Waivers
- Implemented more comprehensive contract standards for Area Agency financial reporting and quality management
- Oversaw the successful transition of 20+ individuals with highly complex needs from institutional to home and community based services during the closure of Lakeview Neuro Rehabilitation Center
- Implemented Statewide integration of the web based Health Risk Screening Tool [HRST]

**Boston Medical Center Health Net Plan/Well Sense Health Plan**

**Boston, MA & Manchester, NH**

**Manager of Care Management**

October 2012 – February 2014

Responsible for directing and managing operational and management activities of the Care Management Program including the development and implementation of effective metrics to monitor productivity, development of workflows and job aides and personnel management of clinical and non-clinical staff.

**Significant Accomplishments:**

- Successfully co-managed care management teams in Boston, MA and Manchester, NH
- Provided leadership and project management for the Care Management department resulting in successful state/federal Readiness Review for the 12/1/13 Well Sense Health Plan product launch within the NH Medicaid Care Management Program.
- Implemented Care Management program start-up for NH/Well Sense product
- Developed Model of Care for Social Care Management
- Developed and implemented standards of documentation for NCQA Quality Indicator #8

Lorene Reagan MS, RN

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**New Hampshire Department of Health and Human Services [DHHS]  
Concord, NH**

**Administrator, Child and Adult Supports and Services**

February 2006- October 2012

Provided statewide leadership and administration of Medicaid Home and Community Based Care Waiver Services for adults and children with developmental disabilities. Responsible for assisting with the administration of the statewide budget and for the administration of contracts, policies, procedures, administrative rule writing/revision and operational activities of the ten regional developmental services Area Agencies. Provided administrative, fiscal, regulatory and quality oversight of the state/federal Part C/Early Intervention program.

**Significant Accomplishments:**

- Reorganized administration of the In Home Supports [I.H.S.] Waiver, including decentralizing the approval process for initiation of services, automation of the I.H.S. waiting list, reduced average waiver cost per person, managed \$1.2M funding cut without reducing services to current waiver recipients
- Leadership role in the implementation of the Supports Intensity Scale [SIS] assessment process
- Leadership role in achieving and maintaining high level Part C /Early Intervention Program compliance with the federal Office of Special Education Programs [OSEP]
- Successfully managed a \$2.3M Part C ARRA Stimulus Fund grant in 2010 and 2011 resulting in formal recognition by OSEP for innovative use of Stimulus Funds
- Reorganized and stabilized funding/payment processes for Intensive Autism Supports for children receiving Early Intervention Services

**State of New Hampshire, Board of Nursing  
Concord, NH**

**Program Specialist IV**

September 2003-February 2006

Provided statewide oversight of Licensed Nursing Assistant Education Programs, Medication Nursing Assistant Programs and the Nurse Aide Registry. Extensive collaboration with hospitals, nursing facilities, educational programs, licensed nurses and nursing assistants regarding scope of practice, nursing delegation and other licensing issues. Provided consultation to the NH Department of Health and Human Services regarding issues specific to unlicensed assistive personnel.

Professional Experience Prior to 2006 Available Upon Request

**Education**

Excelsior College: Master of Science, Nursing, Clinical Systems Management: June 2012

**Professional Licensure:**

Registered Nurse, licensed to practice in New Hampshire and all states participating in the Nurse Licensure Compact.



Mercer Health & Benefits LLC  
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