Delmarva Foundation

February 20, 2018

State of Nevada
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Attn: Ronda Miller, Procurement Officer II

Subject: Delmarva Foundation's Response to RFP 3491, "External Quality Review Organization (EQRO)"

Dear Ms. Miller:

Delmarva Foundation is excited to submit our proposal in response to the above referenced Request for Proposal. Our current External Quality Review (EQR) contracts across states have been effective in assisting managed care programs improve performance and achieve better health outcomes for their populations. Additionally, because we work with a variety of state clients, we can offer insights from lessons learned in quality improvement in managed care and performance measurement. We would enjoy the opportunity to partner with you and share our experiences and knowledge to benefit Nevadans.

A partnership with Nevada for this scope of work provides the opportunity to expand our EQR work in your state and provide a fresh perspective and new recommendations to assist Nevada in achieving improved quality, timeliness, and access to health care for the State's managed care beneficiaries. Delmarva Foundation's Disability Team is currently working in Nevada to evaluate and monitor a regional center and bring it into compliance with Federal regulations. Acquiring the EQR contract would expand our footprint and allow us to share our expertise across multiple healthcare venues. Through our partnership with our state clients, we build high levels of trust and achieve meaningful quality improvement in managed care. We look forward to doing this with Nevada as well!

Thank you for the opportunity to present our response to you and your colleagues. We look forward to working with you. If you have any questions, please contact me directly at 410-770-8332 or via email at forsyther@qhs-inc.org.

Sincerely,

Ronald G. Forsythe, Jr., PhD
Interim President

Delmarva Foundation

External Quality Review Organization (EQRO)

Request for Proposal # 3491

Part IA - Technical Proposal

Issued by: State of Nevada
Purchasing Division
515 E. Musser St., Suite 300
Carson City, NV 89701

Submitted by:
Delmarva Foundation
28464 Marlboro Avenue
Easton, MD 21601-2732

Part IA – Technical Proposal	
RFP Title:	EQRO
RFP:	3491
Vendor Name:	Delmarva Foundation for Medical Care
Address:	28464 Marlboro Ave., Easton, MD 21601
Opening Date:	2/22/18
Opening Time:	2:00 PM

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Section II - Table of Contents

Section III Vendor Information Sheet III-1

Section IV State Documents IV-1

Section V Scope of Work V-1
2.1.1.1 Performance Improvement Project Validation V-1
2.1.1.2 Performance Measurement Validation V-2
2.1.1.3 A review, conducted within the previous 3-year period, to determine plans compliance with the standards set forth in subpart D of 42 CFR 438 relating to access; care coordination; amount, duration, and scope of covered services and other plan standards V-3
2.1.1.4 Network Adequacy Validation V-4
2.1.2.1 Validation of encounter data V-5
2.1.2.2 Administration or validation of consumer or provider surveys of quality of care V-5
2.1.2.3 Calculation of performance measures in addition to those reported by health plans V-5
2.1.2.4 Conduct of PIPs in addition to those conducted by health plans V-6
2.1.2.5 Conduct studies on quality that focus on a particular aspect of clinical or non-clinical services at a point in time V-6
2.1.2.6 Assistance with the Quality Rating System V-7
2.1.3.1 Performance measures are calculated and submitted annually to the DHCFP by the contracted MCOs; the DBA/PAHP; and the CMO. The Contractor will evaluate the accuracy and the extent to which Medicaid-specific performance measures followed Health Effectiveness Data and Information Set (HEDIS) Specifications for the calculation of performance measures using one of two methods: 1) A HEDIS Compliance Audit™ Standards, Policies and Procedures or 2) the Center for Medicare and Medicaid (CMS) Validating Performance Measures Protocol. V-7
2.1.3.2.A Validation of HEDIS and performance measures reported (as required by the State) during the preceding 12 months. V-12
2.1.3.2.B Audited HEDIS Data using Interactive Data Submission System (IDSS). Submit information to NCQA, if applicable V-13
2.1.3.2.C HEDIS™ Comparative Analysis for SFY 2019 and each subsequent EQR contract renewal year V-13
2.1.3.2.D The awarded vendor is required to submit a comparative analysis and production of a HEDIS report using HEDIS performance measures data submitted by each MCO and DBA/PAHP ... V-13
2.1.3.3 Validation of Performance Improvement Projects (PIPs). The awarded vendor will be required to annually evaluate and validate two clinical PIPs and three non-clinical PIPs for the MCO; and one clinical PIP and one non-clinical PIP for the DBA/PAHP V-13
2.1.3.4 Validation of MCO and DBA/PAHP network adequacy during the preceding 12 months V-17
2.1.3.5.A The awarded vendor will evaluate the completeness of the state quality assessment and performance improvement strategy, examining strengths, limitations, and recommending improvements in the description or implementation of the strategy V-18
2.1.3.5.B The awarded vendor will provide technical assistance to the Division as needed to incorporate changes and recommendations for the development of the Quality Strategy and performance tracking tool for the MCOs, DBA/PAHP, and CMO V-19
2.1.3.5.C The evaluation in each year should include information about the State's progress and status of goals; trends in clinical or service quality performance improvement programs; corrective actions and sanctions; progress and status of value based purchasing; and an assessment of

the overall structure and process of the State Quality Assessment and Performance Improvement Strategy. Findings from this assessment will be incorporated as a chapter in the EQR Technical Report described below, entitled "External Quality Review Technical Report" V-21
2.1.3.5.D DHCFP requires an electronic copy of the final report in PDF and Word Format annually and three (3) hard copies of the final report for distribution V-21
2.1.3.6.A Objectives; technical methods of data collection and analysis; description of data obtained, including validated performance measure data for each activity; and conclusions drawn from the data....V-22
2.1.3.6.B An assessment of each MCO's and DBA/PAHP's strengths and weaknesses for the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries V-22
2.1.3.6.C Recommendations for improving the quality of health care services furnished by each MCO and DBA/PAHP including how the State can target goals and objectives in the quality strategy, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid recipients....V-22
2.1.3.6.D Methodologically appropriate, comparative information about all MCOs and DBA/PAHP, consistent with guidance included in the EQR protocols issued in accordance with §438.352(e)....V-23
2.1.3.6.E An assessment of the degree to which each MCO and PAHP, has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR2.1.3.6. ....V-23
2.1.3.6.F Revision. States may not substantively revise the content of the final EQR technical report without evidence of error or omission....V-23
2.1.3.6.G Availability of information. (1) The State must contract with a qualified EQRO to produce and submit to the State an annual EQR technical report in accordance with paragraph (a) of this section. The State must finalize the annual technical report by April 30th of each year V-24
2.1.3.6.H Each year the Vendor will include a Chapter in the EQR Technical Report summarizing the findings from the assessment of the DHCFP's implementation of the State Quality Assessment, Performance Improvement Strategy and Performance Tracking Tool. DHCFP requires an electronic copy of the final report in PDF and Word Format annually and three (3) hard copies of the final report for distribution. V-24
2.1.4 Conduct a compliance review evaluating the effectiveness of the quality strategy within the previous 3 years. This review will be broken out in sections to be reviewed annually. V-24
2.1.5.1.A Clinical focused studies....V-28
2.1.5.1.B Healthcare Effectiveness Data and Information Set (HEDIS) or HEDIS like calculations and audits V-29
2.1.5.1.C Encounter data validation and omission studies....V-30
2.1.5.1 D Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys V-31
2.1.5.2.A A comprehensive on-site contract compliance audit of DHCFP's Care Coordination Vendor V-32
2.1.5.2.B Validation of up to 5 Performance Measures for DHCFP's CMO Vendor. The EQRO will conduct the Validation of Performance Measures review in compliance with the CMS Protocol, Validating Performance Measures V-33
2.1.5.3. Adopting the Quality Rating System developed by CMS, in consultation with States and other stakeholders and after providing public notice and opportunity to comment, will identify performance measures and a methodology for a Medicaid managed care quality rating system

that aligns with the summary indicators of the qualified health plan quality rating system V-34
2.1.5.3.B Adopting an alternative Medicaid managed care rating system approved by CMS that utilizes different performance measures or applies a different methodology as long as the ratings generated by the alternative rating system yield information regarding the MCOs, and PAHP performance is substantially comparable to that yielded by the system developed by CMS V-35
2.1.5.4.A Provide consulting to DHCFP for ABD performance measures. The EQRO will identify/recommend new or revised performance measures applicable to the ABD population V-37
2.1.5.4.B Conduct an Information Systems (IS) Readiness Review on selected ABD MCO Vendors....V-38
2.1.5.4.C Evaluate implementation of performance measures....V-39
2.1.5.5.A Provide consulting for expansion performance measures applicable to the TANF/CHAP and CHIP populations V-39
2.1.5.5.B Conduct an Information Systems (IS) Readiness Review on selected expansion MCO Vendor(s) V-39
2.1.5.5.C Provide technical assistance to the MCOs on the development of performance measures ..V-40
2.1.5.5.D Conduct a HEDIS Compliance Audit or validate the measures using the CMS Validating Performance Measures protocol on the contracted MCOs V-40
2.1.5.6.A A description of the major functions, tasks, and activities required....V-41
2.1.5.6.B The timeline/due date for any reports or identified deliverables....V-41
2.1.5.6.C Specifications as to the medium and/or format of the desired deliverable V-41
2.1.5.6.D A listing of the EQRO's project requirements....V-41
2.1.5.6.E Any other instructions, definitions, specifications, requirements, outcomes, tangible items, or projects expected V-42
2.2 Qualifications of External Quality Review Organizations V-42
2.2.1.1.A Medicaid recipients, policies, data systems, and processes V-42
2.2.1.1.B Managed care delivery systems, organizations, and financing V-43
2.2.1.2 Quality assessment and improvement methods....V-43
2.2.1.3 Research design and methodology, including statistical analysis V-44
2.2.2 Sufficient physical, technological, and financial resources to conduct EQR or EQR-related activities....V-45
2.2.3 Other clinical and nonclinical skills necessary to carry out EQR or EQR-related activities and to oversee the work of any subcontractors....V-47
2.2.4.1 A State agency, department, university, or other State entity V-49
2.2.4.2 May not have Medicaid purchasing or managed care licensing authority V-49
2.2.4.3 Must be governed by a Board or similar body the majority of whose members are not government employees....V-49
2.2.5.1.A Stock ownership V-49
2.2.5.1.B Stock options and convertible debentures....V-49
2.2.5.1.C Voting trusts V-50
2.2.5.1.D Common management, including interlocking management....V-50
2.2.5.1.E Contractual Relationships....V-50
2.2.5.2 Deliver any health care services to Medicaid beneficiaries V-50
2.2.5.3 Conduct, on the State's behalf, ongoing Medicaid managed care program operations related to oversight of the quality of MCO, PAHP, or CMO entity services, except for the related activities specified in §438.358....V-50

2.2.5.4 Review any MCO, PAHP or CMO entity for which it is conducting or has conducted an accreditation review within the previous 3 years V-50
2.2.5.5 Have a present, or known future, direct or indirect financial relationship with an MCO, PAHP, or CMO entity that it will review as an EQRO....V-50
2.2.6 The vendor must designate a contract manager to work with the assigned DHCFP program specialist or contract monitor(s) V-50
2.2.7 The awarded vendor is, or will subcontract with, a National Committee for Quality Assurance (NCQA) certified Consumer Assessment of Health Plans Survey (CAHPS) vendor, if this optional activity is assigned V-51
2.2.8 The awarded vendor is or has on staff, or will subcontract with, an NCQA- Certified Health Employer Data Information Set (HEDIS) Compliance Auditor V-51
2.3 Vendor Operating Staff and Structure V-51
2.3.1.1 Provide DHCFP with an updated organizational chart whenever a significant change in the organization occurs. The organizational chart must depict each functional unit of the organization, numbers and types of staff for each function identified, lines of authority governing the interaction of staff, and relationships with all subcontractors. The organizational chart must also identify key personnel and senior-level management staff and clearly delineate lines of authority over all functions of the Contract. The names of key personnel must be shown on the organizational chart....V-51
2.3.1.2 The vendor must have in place the organizational, management, and administrative systems capable of fulfilling all contract requirements V-52
2.3.1.3 The vendor is accountable for and must oversee all subcontractor functions V-55
2.4 Implementation V-56
2.4.1 The vendor shall develop and submit to DHCFP for approval, no later than one month after notification that the vendor has been awarded the Contract, a detailed work plan and timeline for performing the obligations set forth in the Contract for the first contract year....V-56
2.4.2 Provide DHCFP with updates to the initial work plan and timeline, identifying adjustments that have been made to either and describing the vendor's current state of readiness to perform all Contract obligations. All such updates shall be reviewed and approved by the DHCFP ...V-56
2.4.3 Unless otherwise agreed to by the DHCFP, submit to the DHCFP, within a minimum of ten (10) working days of the service start date, all deliverables to permit any DHCFP identified modifications. The DHCFP will have a maximum of twenty (20) working days upon receipt in which to respond with modifications to the vendor. If the DHCFP does not respond by the twentieth work day after receipt of the deliverable, the DHCFP's approval of the submission will be assumed to be granted V-56
2.5 Presentation of Findings V-56
2.6 HIPAA Compliance Requirements V-57
2.6.1.1 It will conform to all applicable Health Insurance Portability and Accountability Act (HIPAA) requirements and regulations no later than the compliance date of each of those requirements or regulations....V-57
2.6.1.2 It will ensure compliance with all HIPAA standards for themselves and any Business Associate(s), including transaction, code sets, identifier, privacy, confidentiality, and security standards, by the effective date of those rules....V-58
2.6.1.3 As a Business Associate, the Vendor and all subcontractors will comply with the Business Associate Addendum, ("BAA") found in Attachment J that is made a part of the contract ...V-58

Section VI Company Background and References VI-1
3.1 Vendor Information VI-1
3.1.1 Vendors shall provide a company profile in the table format below VI-1
3.1.2 A Nevada-based business may apply for a five percent (5%) preference on its proposal. This preference may apply if a business has its principal place of business within Nevada. This preference cannot be combined with any other preference, granted for the award of a contract using federal funds, or granted for the award of a contract procured on a multi-state basis. To claim this preference a business must submit a letter with its proposal showing that it qualifies for the preference VI-1
3.1.3 Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state shall register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015. ..... VI-2
3.1.4 The selected vendor, prior to doing business in the State of Nevada, shall be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://nvsos.gov. VI-2
3.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency? VI-2
3.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions? VI-2
3.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP shall also be disclosed VI-3
3.1.8 Vendors shall review and provide if awarded a contract the insurance requirements as specified in Attachment D, Insurance Schedule for RFP 3491. ..... VI-3
3.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages. VI-4
3.1.10 Provide a brief description of the length of time vendor has been providing services described in this RFP to the public and/or private sector. VI-8
3.1.11 Financial information and documentation to be included in accordance with Section 8.5, Part III – Confidential Financial Information VI-9
3.2 Subcontractor Information VI-9

Section VII Proposed Staff Resumes VII-1

Section VIII Other Informational Material VIII-1

List of Tables

5-1 PIP Validation Process V-15
5-2 Exceeding National Benchmarks V-16
5-3 Systems Performance Review V-25
5-4 CR Scoring System V-26

6-1 Task-Based Experience VI-8

List of Figures

5-1 CR Tool Screen Shot V-27
5-2 Report Card Performance Areas V-37
5-3 DHFCP Medicaid EQR Team Certifications and Credentials V-49
5-4 Project Organization Chart V-52
5-5 QMS Process Flow V-54

6-1 Corporate Organization Chart VI-4
6-2 Delmarva Foundation Experience VI-6
6-3 Delmarva Foundation Goals VI-7

VENDOR INFORMATION SHEET FOR RFP 3491

Vendor Shall:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 shall be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Section III of the Technical Proposal.

V1	Company Name	Delmarva Foundation for Medical Care

V2	Street Address	28464 Marlboro Avenue

V3	City, State, ZIP	Easton, MD 21601

V4	Telephone Number		
	Area Code: 410	Number: 822-0697	Extension:

V5	Facsimile Number		
	Area Code: 410	Number: 822-1997	Extension:

V6	Toll Free Number		
	Area Code: 800	Number: 999-3362	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Ron Forsythe, Jr., PhD
	Title: Interim President
	Address: 28464 Marlboro Avenue, Easton, MD 21601
	Email Address: forsyther@qhs-inc.org

V8	Telephone Number for Contact Person		
	Area Code: 410	Number: 770-8332	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: 410	Number: 822-1997	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Ron Forsythe, Jr., PhD	Title: Interim President

V11	Signature ***(Individual shall be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date: 2/20/2018

Section IV – State Documents

All required State Documents are attached immediately following this section.

State Documents Requested	Attachment No.
Amendment Signature Pages	4-1
Attachment A – Confidentiality and Certification of Indemnification	4-2
Attachment B – Vendor Certifications	4-3
Attachment H – Certification Regarding Lobbying	4-4
Copies of Vendor Licensing Agreements	n/a
Copies of Applicable Certifications and/or Licenses	n/a

Attention: Purchasing Division
Email: rfpdocs@admin.nv.gov
Fax: 775-684-0188

Please confirm the correct e-mail address for the return of the Reference Questionnaire.

The correct e-mail is rlmiller@admin.nv.gov

118. ATTACHMENT F– PROPOSED STAFF RESUME-Attachment F-40-Please clarify what is expected in the field entitled, "# of Years in Classification". Is this the number of years the staff member has been in their current position?

This is the number of years doing this type of service.

119. ATTACHMENT G – COST SCHEDULE-Attachment G-41-The entries in the Cost Schedule column labeled "RFP Citation" do not align with the RFP citations for the activities listed in Section 2. Will the DHCFP consider issuing a revised Cost Schedule to help ensure vendors address the correct RFP requirements for each price proposed?

Refer to beginning of this amendment for RFP submittal change.

120. ATTACHMENT G – COST SCHEDULE-Attachment G-41-Please confirm that not all cells on the Cost Schedule require that a price be entered. For example, on the Optional Activities schedule, the row for Technical Assistance – Onsite contract compliance audit of the contracted CMO vendor will only have a price under the CMO-FFS column.

The Cost Schedule has been revised. Please review revised Attachment G at the beginning of this amendment.

ALL ELSE REMAINS THE SAME FOR RFP 3491

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: Delmarva Foundation for Medical Care

Authorized Signature: _____

Title: Interim President Date: 2/20/2018

This document must be submitted in the "State Documents" section of vendors' technical proposal.

No. Cells that are not applicable shall be marked N/A.

b. New Attachment G - Cost Proposal Form: If PIPs are not currently conducted by the CMO-FFS entity, is the Vendor allowed to list a $0 price in the validation of performance improvement project cost cells? If not allowed, in what year does the State expect this Activity to be applicable to the CMO-FFS entity/program?

The state has no expectation of PIP activities for the current CMO-FFS vendor, and the state does not have a projected date of activity for future CMO-FFS vendors/projects. Please indicate N/A in cells that a cost is not applicable.

c. New Attachment G - Cost Proposal Form: If an Activity can be conducted under one entity/program, but cover multiple entities/programs, does the State want one price in the appropriate column (e.g., MCO Title XIX) and other columns/entities/programs listed with $0 (e.g., MCO Title XXI) or does the State want costs to be allocated across all columns/entities/programs?

The state expects a cost per activity by population (MCO Title XIX, MCO Title XXI, CMO FFS, etc). If the population is not applicable to the activity, then N/A can be indicated within the cell. The state would interpret $0 as an indication the activity would be completed for no charge.

2. Can the State please reconcile responses to Questions 36 and 38 regarding whether suggested modifications/exceptions to the contract are permitted or not?

No.

ALL ELSE REMAINS THE SAME FOR RFP 3491

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: Delmarva Foundation for Medical Care

Authorized Signature: _____

Title: Interim President Date: 2/20/2018

This document must be submitted in the "State Documents" section of vendors' technical proposal.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **shall not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the submittal instructions of this RFP, vendors are requested to submit confidential information in separate files marked "**Part IB Confidential Technical**" and "**Part III Confidential Financial**".

The State shall not be responsible for any information contained within the proposal. If vendors do not comply with the labeling and packing requirements, proposals shall be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that shall be in an open meeting format, the proposals shall remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act shall constitute a complete waiver and all submitted information shall become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information.

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part IB – Confidential Technical Information			
YES	X	NO	
Justification for Confidential Status			
Part IA, Section V-1, 2.1.1.2: Proprietary Information, Name of Business Partner			
Part IA, Section V-1, 2.1.1.3: Tradesecret, method to conduct work			
Part IA, Section V-1, 2.1.2.1 and 2.1.2.3: Tradesecret, method to conduct work 2.1.2.2: Proprietary Information, Name of Business Partner			
Part IA, Section V-1, 2.1.2.3: Tradesecret; method to conduct work			
Part IA, Section V-8, 2.1.3.1: Proprietary Information, Name of Business Partner			
Part IA, Section V-9, 2.1.3.1: Proprietary Information, Name of Business Partner			
Part IA, Section V-10, 2.1.3.1: Proprietary Information, Name of Business Partner			
Part IA, Section V-12. 2.1.3.2: Proprietary Information, Name of Business Partner			
Part IA, Section V-13, 2.1.3.2: Proprietary Information, Name of Business Partner			
Part IA, Section V-15, 2.1.3.3: Tradesecret, method to conduct work			
Part IA, Section V-16, 2.1.3.3: Tradesecret, method to conduct work			
Part IA, Section V-17, 2.1.3.4: Tradesecret, method to conduct work			
Part IA, Section V-18, 2.1.3.4: Tradesecret, method to conduct work 2.1.3.5: Tradesecret, method to conduct work			
Part IA, Section V-19, 2.1.3.5: Tradesecret, method to conduct work			

Part IA, Section V-20, 2.1.3.5 : Tradesecret, method to conduct work
Part IA, Section V-21, 2.1.3.5: Tradesecret, method to conduct work
Part IA, Section V-23, 2.1.3.6: Tradesecret, method to conduct work
Part IA, Section V-24, 2.1.3.6: Tradesecret, method to conduct work
Part IA, Section V-25, 2.1.4: Tradesecret, method to conduct work (Table 5-3)
Part IA, Section V-26, 2.1.4: Tradesecret, method to conduct work (including Table 5-3 and 5-4)
Part IA, Section V-27, 2.1.4: Tradesecret, method to conduct work (including Figure 5-1)
Part IA, Section V-29, 2.1.5.1: Proprietary Information, Name of Business Partner
Part IA, Section V-30, 2.1.5.1: Proprietary Information, Name of Business Partner
Part IA, Section V-31, 2.1.5.1: Tradesecret, method to conduct work Proprietary Information, Name of Business Partner
Part IA, Section V-32, 2.1.5.1: Proprietary Information, Name of Business Partner
Part IA, Section V-33, 2.1.5.2: Tradesecret, method to conduct work
Part IA, Section V-35, 2.1.5.3: Tradesecret, method to conduct work
Part IA, Section V-36, 2.1.5.3: Tradesecret, method to conduct work
Part IA, Section V-37, 2.1.5.3: Tradesecret, method to conduct work (Figure 5-2)
Part IA, Section V-40, 2.1.5.5: Tradesecret, method to conduct work Proprietary Information, Name of Business Partner
Part IA, Section V-41, 2.1.5.6: Tradesecret, method to conduct work
Part IA, Section V-42, 2.1.5.6: Tradesecret, method to conduct work
Part IA, Section V-42, 2.2.1.1: Tradesecret, method to conduct work
Part IA, Section V-43, 2.2.1.1: Tradesecret, method to conduct work
Part IA, Section V-45, 2.2.2: Proprietary Business Information, related to security
Part IA, Section V-46, 2.2.2: Proprietary Business Information, related to security
Part IA, Section V-50, 2.2.6: Proprietary Business Information, related to staffing
Part IA, Section V-51, 2.2.8: Proprietary Business Information, Name of Business Partner
Part IA, Section V-52, 2.3.1.1: Proprietary Business Information, Organizational Chart realted to staffing
Part IA, Section V-56, 2.4.1: Tradesecret, method to conduct work
Part IA, Section V-56, 2.4.2: Tradesecret, method to conduct work
Part IA, Section VI-1, 3.1.1: Proprietary Business Information, related to staffing
Part IA, Section VI-2, 3.1.2: Proprietary Information, Name of Business Partner
Part IA, Section VI-10, 3.2.1.1: Proprietary Information, Name of Business Partner
Part IA, Section VI-11, 3.2.1.2.B: Proprietary Information, Name of Business Partner
Part IA, Section VI-11, 3.2.1.3: Proprietary Information, Name of Business Partner
Part IA, Section VI-11, 3.1.1: Proprietary Information, Name of Business Partner
Part IA, Section VI-12, 3.1.1: Proprietary Information, Name of Business Partner

Part IA, Section VI-12, 3.1.2:	Proprietary Information, Name of Business Partner
Part IA, Section VI-12, 3.1.3:	Proprietary Information, Name of Business Partner
Part IA, Section VI-12, 3.1.4:	Proprietary Information, Name of Business Partner
Part IA, Section VI-13, 3.1.6:	Proprietary Information, Name of Business Partner
Part IA, Section VI-14, 3.1.8:	Proprietary Information, Name of Business Partner
Part IA, Section VI-14, 3.1.9:	Proprietary Information, Name, Identifying Information of Business Partner
Part IA, Section VI-15, 3.1.9:	Proprietary Information, Name of Business Partner
Part IA, Section VI-16, 3.1.9:	Proprietary Information, Name of Business Partner
Part IA, Section VI-17, 3.1.9:	Proprietary Information, Name of Business Partner
Part IA, Section VI-18, 3.1.9:	Proprietary Information, Name of Business Partner
Part IA, Section VI-18, 3.1.10:	Proprietary Information, Name of Business Partner
Part IA, Section VI-19, 3.1.1:	Proprietary Information, Name, Identifying Information of Business Partner
Part IA, Section VI-20, 3.1.2:	Proprietary Information, Name, Identifying Information of Business Partner
Part IA, Section VI-20, 3.1.3:	Proprietary Information, Name of Business Partner
Part IA, Section VI-20, 3.1.4:	Proprietary Information, Name, Identifying Information of Business Partner
Part IA, Section VI-21, 3.1.6:	Proprietary Information, Name of Business Partner
Part IA, Section VI-21, 3.1.8:	Proprietary Information, Name of Business Partner
Part IA, Section VI-21, 3.1.9:	Proprietary Information, Name of Business Partner
Part IA, Section VI-21, 3.1.10:	Proprietary Information, Name of Business Partner
Attachment Sec 07	Proprietary Business Information, Resumes, Names of proposed staff

Part III – Confidential Financial Information			
YES	X	NO	
Justification for Confidential Status			
Part III, Section II-1, 3.1.11.1:	Proprietary Information, Name, Identifying Information of Business Partner		
Part III, Section II-1, 3.1.11.2:	Proprietary Information, Name, Identifying Information of Business Partner		
Part III, Section II-1, 3.1.11.3:	Proprietary Information, Name of Business Partner		
Part III, Attachment 3-1_DFMC_ConfFinancials:	Proprietary Information, Confidential Financial Information		
Part III, Attachment 3-2_WBA_ConfFinancials:	Proprietary Information, Confidential Financial Information		
Part III, Attachment 3-3_HP_ConfFinancials:	Proprietary Information, Confidential Financial Information		
Part III, Attachment 3-4_CF_ConfFinancials:	Proprietary Information, Confidential Financial Information		

Delmarva Foundation for Medical Care

Company Name

Signature

Ron Forsythe, Jr., PhD

Print Name

2/20/2018

Date

This document shall be submitted in Section IV of vendor's technical proposal

ATTACHMENT B – VENDOR CERTIFICATIONS

Vendor agrees and shall comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and shall not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, shall remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, shall remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals shall be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion shall be in writing and included in the proposal at the time of submission.

(7) Each vendor shall disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict shall be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest shall automatically result in the disqualification of a vendor's proposal. An award shall not be made where a conflict of interest exists. The State shall determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and shall be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor shall certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal shall be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Delmarva Foundation for Medical Care

Vendor Company Name

Vendor Signature

Ron Forsythe, Jr., PhD — 2/20/18

Print Name — Date

This document shall be submitted in Section IV of vendor's technical proposal

ATTACHMENT H – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

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

By: _____ 2/20/18

Signature of Official Authorized to Sign Application — Date

For: Delmarva Foundation for Medical Care

Vendor Name

External Quality Review Organization (EQRO), RFP 3491

Project Title

This document shall be submitted in Section IV of vendor's technical proposal

Section V – Scope of Work

The services to be provided under the resulting contract include multiple tasks and deliverables that are consistent with applicable federal EQR regulations and protocols for MCOs, DBA/PAHP, and the CMO. The contract will allow the DHCFP to be compliant with federal EQR regulations and rules. The specifications for deliverables required under this RFP may evolve from year to year in response to program changes.

2.1.1 The selected vendor will be required under the contract to perform tasks and functions identified in the contract and to perform them according to specified levels of quality and comprehensiveness as determined by DHCFP. These mandatory activities are as follows:

2.1.1.1 Performance Improvement Project Validation;

Delmarva Foundation Response: ***Delmarva Foundation agrees to perform PIP validations annually, per the levels of quality and comprehensiveness as specified in the contract. Nevada's Division of Health Care Financing and Policy (DHCFP) currently contracts and evaluates Performance Improvement Project (PIP) Validations across three (3) Managed Care Organizations (MCOs) and one (1) Prepaid Ambulatory Health Plan (PAHP). Our multi-disciplinary team of quality improvement, analytic, and clinical professionals have more than 15 years of experience reviewing and validating PIPs that will support emphasizing, ensuring, and enhancing quality and continuity of care for Nevada's DHCFP.***

Delmarva Foundation's External Quality Review (EQR) experience across current contracts enables us to share best practices identified in our EQR contract work. Among the credentials of the EQRO team, are staff trained in the Institute for Healthcare Improvement's (IHI's) Triple Aim initiative. Consistent with the Triple Aim framework, we believe our health care system needs to:

- ***Improve the patient care experience (including quality and satisfaction);***
- ***Improve the health of populations; and***
- ***Reduce per capita cost of health care.***

IHI and Delmarva Foundation share the belief that these improvements are worthy goals, as does DHCFP. Your mission statement emphasizes maximized program efficiency, effectiveness, and continuity of care. Delmarva Foundation can assist DHCFP in yielding results, as we do for our current clients. Our team enhances the ability to provide effective PIP quality strategies by implementing a rapid cycle PIP approach while providing a customized technical service approach which engages with the MCOs and PAHP on improving PIP performance. This method has resulted in increasing performance rates in a Well Child Visit PIP by 18 percentage points. We recommended implementing interventions which focused on making

direct contact with noncompliant members to assist in scheduling appointments and providing education and encouragement to seek a well-child appointment. Our rapid cycle PIP process and customized personalized approach can assist DHCFP in obtaining the desired results as well.

Our experienced review team of quality improvement and analytical professionals review approximately 50 PIPs annually.

2.1.1.2 Performance Measurement Validation;

Delmarva Foundation Response: ***Delmarva Foundation agrees to provide annual performance measure validation (PMV) in pursuit of accuracy, improvement, and verification of collection methods as specified in the contract. We are partnering with a Nevada-based HEDIS® certified audit firm, Healthy People, to conduct the PMV audits. DHCFP's approach to validating performance measures across MCOs, PAHPs, and CMOs utilizes HEDIS and HEDIS-like performance measures. Our experience lies heavily in HEDIS specifications and a collaborative approach to improving the quality, access, and timeliness of care in performance measures that are meaningful to DHCFP. We want to help you reach your goals. The experience we bring to the partnership allows us to collect and share best practices among MCOs/PAHP/CMO regarding data and medical record collection to gather the most meaningful information for performance measures.***

Our approach to conducting Performance Measure Validation (PMV) includes providing technical assistance as we conduct the audits to facilitate process improvement. Our certified professional coders and analytic team contribute their subject matter expertise to enhance our value. We want to help DHCFP improve on the strengths of your programs by assisting the MCOs/PAHP/CMO in their efforts to improve performance and outcomes. Our experience includes auditing HEDIS, CMS Core, and other homegrown performance measures.

Our PMV Manager has over 14 years of PMV experience and will manage the PMV/HEDIS audits conducted by our Nevada-based licensed organization.

Delmarva Foundation acknowledges that the DHCFP's RFP emphasizes "identification of healthcare trends or 'best practices' in performance measures or quality improvement activities." Additionally, two specific goals identified in the DHCFP Quality Assessment and Performance Improvement Strategy (Quality Strategy) relate to increasing the use of evidence-based practices for members with chronic conditions and improving the health and wellness of new mothers and infants. We have assisted the District of Columbia with facilitation of collaborative PIPs that focus on improving the outcomes of pediatric members with asthma and reducing adverse perinatal events. The PIPs include both HEDIS-like and homegrown performance measures; each are audited during the annual PMV. Delmarva Foundation actively engages in the collaboratives and makes recommendations for improvement from both a performance improvement and performance measurement perspective. The MCOs are implementing collaborative interventions that are currently yielding improvements. The MCO average for emergency department visits for pediatric

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asthma declined by more than five percentage points in one year. The MCO average infant death rate has declined each year since PIP implementation.

CUSTOMER SATISFACTION

*"Delmarva **continues to deliver exceptional technical assistance** to DHCF and its MCOs."*

—District of Columbia EQRO Contract Administrator

2.1.1.3 A review, conducted within the previous 3-year period, to determine plans compliance with the standards set forth in subpart D of 42 CFR 438 relating to access; care coordination; amount, duration, and scope of covered services and other plan standards; and

Delmarva Foundation Response: ***Delmarva Foundation agrees to conduct a compliance review within the previous 3 year period to determine plans compliance with standards relating to access; care coordination; amount, duration, and scope of covered services and other plan standards set forth in subpart D of 42 CFR 438 as specified in the contract. We will use our more than 20 years of experience with the compliance review task that has sharpened our capacity to address the issues that matter most to states. DHCFP's contract and Quality Strategy requires compliance review activities for both Nevada Medicaid and Nevada Check Up members. Consistent emphasis that DHCFP's compliance review standards are as stringent as federal Medicaid standards exists in the Quality Strategy. Focus on enhancing care for members with special health care needs and communication across language diversity with the Cultural Competency Plan provides further emphasis on care and stresses DHCFP's perceived need to expand the multicultural landscape across services in locations such as Clark and Washoe counties.***

*"[Delmarva Foundation's] **technical assistance has been amazing**. They have really helped the MCOs [which includes a dental PAHP] **grow and come into compliance** with all federal regulations."*

—ND CHIP Contract Administrator

Delmarva foundation developed a unique secure web-based review tool used across multiple state EQR contracts for collecting and reporting information gathered during the compliance review process. This tool allows reviewers to record determinations, comment on findings, identify strengths and weaknesses, document recommendations, and cite documents reviewed at the press of a button. As part of Delmarva Foundation's approach, this tool enhances efficiency during review and reporting processes.

Our added value extends to the technical assistance and actionable recommendations we provide. Delmarva Foundation assisted improved performance in North Dakota Children's Health Insurance Program (CHIP) MCO's Grievance and Appeal Standard by 63% after two years. Baseline performance for this MCO demonstrated 60% compliance in this standard, and

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two years later, compliance improved to 98%. Other MCOs across contract states have received compliance improvement as well. A new MCO entering the Maryland's HealthChoice market received a compliance score of 88% its first year of the compliance review. Through customized technical assistance and actionable recommendations provided by Delmarva Foundation, the MCO increased it score to 97%; an increase of 9 percentage points in the following year's compliance review. Delmarva Foundation's actionable recommendations and technical assistance can also aid DHCFP's MCOs, PAHP, and CMO in compliance review standards. We can customize our approach to fit DHCFP's needs. Our experience across contracts affords us the ability to approach a compliance review with a third (1/3rd) of the standards each year. This approach also ensures compliance with federal EQR regulations which requires a comprehensive review within a three year period.

Delmarva Foundation has conducted over 400 CRs and assists MCOs/PAHPs in strategies that promote improvement in the quality, access, and timeliness of services to Medicaid beneficiaries.

2.1.1.4 Network Adequacy Validation.

Delmarva Foundation Response: ***Delmarva Foundation agrees to complete a network adequacy validation as specified in the contract. Nevada DHCFP requires validation of MCO and PAHP network adequacy. The mission is to ensure each recipient can access comprehensive and high quality healthcare services within their service area. Accessibility of care is the embodiment of the network adequacy validation (NAV) mandatory task. Delmarva Foundation has multi-state experience completing this task. Prior to the 2018 scheduled release of the CMS EQR NAV Protocol, we have implemented this task and provided states with confidence that their Medicaid and CHIP beneficiaries are receiving appropriate and adequate access to providers, services, and care.***

Delmarva Foundation is well versed in the Utilization Review Accreditation Commission (URAC) and the National Committee for Quality Assurance (NCQA) recommendations for reviewing health plan network adequacy and accessibility policies and procedures both written and implemented to assure provider accessibility and availability, assessment of complaints and grievances, timely transition of enrollee upon provider termination, and maintenance of accurate and searchable provider directories. Our experience across state contracts has provided methodology familiarity and lessons-learned opportunities that will benefit DHCFP.

Delmarva Foundation can offer a variety of solutions that will provide DHCFP with a customized Network Adequacy Assessment.

2.1.2 During the length of the contract, work requests may be made of the Vendor at the sole discretion of the DHCFP for optional activities described in 42 CFR 438.358(c) or comparable activities that assess the quality of care or provide for the control of utilization of the DHCFP fee-for-service program. Optional activities may include:

2.1.2.1 Validation of encounter data;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to conduct the Encounter Data Validation (EDV) task for the fee-for-service (FFS) program as specified in the contract. In pursuit of enhanced confidence in the validity and reliability of encounter data, DHCFP may optionally require the validation of encounter data. Our experience affords us the capabilities to agree to this optional task. When conducting hybrid studies requiring medical records, such as encounter data validations, Delmarva Foundation has consistently demonstrated high percentages of submission rates for medical record retrieval. This success rate is associated with our approach to requesting medical records, electronic matching of data, and communication with state clients, MCOs, and their providers. The Quality Strategy faces multiple challenges such as seeking further accuracy and completeness in reporting and enhancements, file formats, and coding approaches in an outdated system. Our experience and lessons learned, guided by our quality improvement, analytic, and certified coding professionals, provide potential direction and approach to benefit DHCFP.***

Delmarva Foundation has extensive experience handling large data sets and has a proven track record for meeting and exceeding customer requirements.

2.1.2.2 Administration or validation of consumer or provider surveys of quality of care;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to administration or validation of consumer or provider surveys of quality of care as specified in the contract. Delmarva Foundation will subcontract with an NCQA certified Consumer Assessment of Healthcare Providers and Systems (CAHPS®) vendor, WBA Research, to conduct this activity. In pursuit of measuring and improving the quality of health care services, the consumer or provider survey is an appropriate tool designed to capture accurate and reliable information from consumers about their experiences with health care. WBA Research has over 16 years of experience providing CAHPS surveys. Their reports will have results compared to benchmarks, identify areas where the performance meets or exceeds those benchmarks, and identify opportunities for improvement. Additionally, WBA Research's experience will contribute to analyzing the results and identifying quality improvement activities to incorporate into the quality program.***

Our CAHPS vendor, WBA Research, has 16 years of experience conducting CAHPS Medicaid surveys.

2.1.2.3 Calculation of performance measures in addition to those reported by health plans;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to calculate performance measures in addition to those reported by health plans as specified in the contract. DHCFP's consideration of calculating additional performance measures could assist in furthering to identify opportunities for improvement, topics for PIPs, or directions for focus studies. Based on experience, Delmarva Foundation's analytic and PMV teams are prepared to calculate additional PMs at the direction of DHCFP. Collected demographics,***

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prospective areas of expansion, rural physician shortages, and geographic evaluation of services, in combination with additional targeted performance measures, could better inform creative endeavors for enhanced areas-of-concern results. Currently, we calculate the Use of Imaging Studies for Low Back Pain measure for our North Dakota Medicaid Expansion EQR contract. Low back pain is the most frequent diagnosis and provider compliance with practice guidelines is under review. Our reporting includes actionable recommendations for performance improvement.

Our team has experience developing and calculating measures to address state-specific goals and priorities.

2.1.2.4 Conduct of PIPs in addition to those conducted by health plans;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to conduct PIPs in addition to those conducted by the health plans as specified in the contract. The inclusion of optionally additional PIPs, reinforces Nevada DHCFP's mission and goals for enhancing, encouraging, and emphasizing the high quality, early intervention, and continuity of care. Delmarva Foundation agrees to pursue additional PIPs to further aid Medicaid and Check Up programs in ensuring improved care for Nevadans. Currently planned Medicaid and Check Up PIPs for 2016-2017 include Reducing Behavioral Health-Related Hospital Readmissions within 30 Days of Discharge, and Improving Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents. Adding, for example, a PIP involving Chronic Diseases, might aid in further improving the prevention of Chronic Diseases in Nevada.***

"My sincere thanks for your efforts. When my research techniques reached an impasse, you kindly invested your time and knowledge to provide a path forward. It speaks volumes about you and Delmarva."

—Maryland MCO/Provider Consultant

2.1.2.5 Conduct studies on quality that focus on a particular aspect of clinical or non-clinical services at a point in time; and

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to conduct quality studies that focus on clinical or non-clinical services as specified in the contract. DHCFP's consideration of the optional task to further emphasize quality enhancement through focused studies stresses recognition of areas in need of improvement. Leveraging our experience in focused studies will provide assistance in discovering creative initiatives to direct additional attention to concerns such as furthering provider and member education initiatives regarding the Reducing Avoidable Emergency Room Visits Work Group, establishing a new aged, blind, and disabled managed care expansion program, or preventing further physician and nurse shortages. Our experienced scientist, clinical quality professionals, and analytic team are prepared to assist DHCFP in making positive impacts on beneficiary lives.***

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Delmarva Foundation has conducted Focused Studies on the following topics: prenatal care, birth outcomes, adult immunizations, asthma, obesity, follow up after mental health admission, special needs populations, diabetes care, and women's preventive services.

2.1.2.6 Assistance with the Quality Rating System.

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to assist with the development of a quality rating system as specified in the contract. Per the Code of Federal Regulations (CFR), the Quality Rating System optional task encompasses the identification of performance measures and methodologies to produce information regarding performance of the DHCFP managed care system. An alternate system may be developed, given the intent of comparing medical care providers' quality of care. Delmarva Foundation will utilize our 14 years of experience in developing Consumer Report Cards (CRCs) across state contracts to assist DHCFP in developing an information reporting strategy which includes the relevant performance measures to produce a quality rating system.***

Delmarva Foundation has 14 years of experience developing and maintaining Consumer Report Cards.

2.1.3 Validation of MCO, DBA/PAHP and CMO Performance Indicators

2.1.3.1 Performance measures are calculated and submitted annually to the DHCFP by the contracted MCOs; the DBA/PAHP; and the CMO. The Contractor will evaluate the accuracy and the extent to which Medicaid-specific performance measures followed Health Effectiveness Data and Information Set (HEDIS) Specifications for the calculation of performance measures using one of two methods: 1) A HEDIS Compliance Audit™ Standards, Policies and Procedures or 2) the Center for Medicare and Medicaid (CMS) Validating Performance Measures Protocol.

Delmarva Foundation Response: ***Delmarva Foundation agrees to validate performance measures that are calculated and submitted to DHCFP by the MCOs, PAHP, and CMO as specified in the contract. Delmarva Foundation understands the complexities of the Performance Measure (PM) process, including selection of the right indicators to capture meaningful results and outcomes. We also understand the personalization factor, from performance measure recommendations, setting of goals, adjustments of national measures, and sharing of best practices to fit a State's Medicaid/CHIP population. Examples of home-grown and modified measures are found in our work with the District of Columbia and West Virginia EQRO contracts.***

"Thank you for recommending performance measures that are meaningful to our Medicaid population"

-ND Medicaid Contract Monitor

Delmarva Foundation has partnered with an NCQA HEDIS licensed organization, Healthy People, to conduct the PMV task. Healthy People follows HEDIS Compliance Audit Standards, Policies, and Procedures and is prepared to validate performance measures reported to the DHCFP annually by the MCOs, PAHP, and CMO.

Our Nevada-based partner, Healthy People, maintains exceptional client satisfaction as evidenced by:

- ***100% of Healthy People's 2017 clients would recommend them to their peers.***
- ***100% of Healthy People's 2017 clients said they had a good experience with the firm.***

The purpose of conducting the PMV activity is to evaluate the accuracy and reliability of the performance measures produced and reported by the MCO, PAHP, and CMO and to determine the extent to which each entity followed HEDIS specifications for calculating and reporting the performance measures. The accuracy and reliability of the reported rates is essential to ascertaining whether each entity's quality improvement efforts have resulted in improved health outcomes. Further, the validation process allows DHCFP to have confidence in MCO/PAHP/CMO performance measure results and allows for accurate comparisons.
The HEDIS Compliance Audit is widely used throughout the industry and is an accepted methodology for the CMS Validating Performance Measures Protocol. This method of audit is best suited for the MCOs as their HEDIS results are reported to NCQA, in addition to the State.

Healthy People will provide an NCQA Certified HEDIS Compliance Auditor (CHCA) to lead the audit and technical staff to conduct off-site source code review and medical record review. The Healthy People Team will include the Audit Practice Lead, Lead Auditor, source code reviewers, and nurse reviewers.

The HEDIS Compliance Audit is conducted by a Certified HEDIS Compliance Auditor (CHCA) who determines how well each MCO complies with Information Systems (IS) and HEDIS Determination (HD) Standards. The CHCA will review and record their findings for the systems and processes for each appropriate standard.

The audit team will conduct all audit and validation activities as prescribed by NCQA's HEDIS Compliance Audit: Standards, Policies and Procedures. The audit process is divided into three phases: audit preparation or pre-site phase, on-site visit, and post-site and reporting activities.

During the three audit phases, auditors focus on a number of performance areas—including information practices and control procedures, sampling methods, data integrity, and analytic file production, algorithmic compliance with measurement specifications, reporting, and documentation.

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Healthy People has conducted over 80 Medicaid NCQA HEDIS Compliance Audits.

The pre-site activities are critical to ensure that all participants in the process are informed of their roles and responsibilities during the process. The critical activities include:

- ***Determine and confirm measures and specifications to be audited with DHCFP***
- ***Provide an orientation to the MCOs/PAHP/CMO to review task, expectations, and audit dates***
- ***Review any prior audit data as provided and discuss any key area(s) of concern identified by the auditors or MCO/PAHP/CMO staff***
- ***Assign a lead auditor***
- ***Provide the MCO/PAHP/CMO a HEDIS Roadmap for completion***
- ***Review completed HEDIS Roadmap***
- ***Finalize composition of audit team***
- ***Request source code for measures outside of any NCQA-Certified Software***
- ***Review MCO/PAHP/CMO vendor operations and processes***
- ***Conduct pre-site visit conference call with MCO/PAHP/CMO to discuss on-site agenda and outstanding issues***

Synthesizing Pre-Site Information

Communication with the MCOs/PAHP/CMO during the pre-site period is essential. Ongoing dialogue between the auditors and the entity staff to review documentation provided in the HEDIS Roadmap prepares the audit team for the on-site visit, and helps the organization prepare for both medical record review and measure production.

HEDIS Roadmap

A key audit activity is completion of the HEDIS Roadmap by the MCO/PAHP/CMO staff. The HEDIS Roadmap is a standardized, comprehensive instrument designed by NCQA to collect information from the entity on its structure, information collection, and processing (e.g., claims/encounter processing, medical record review processes, membership data processes, provider data processes) and HEDIS reporting procedures (e.g., measure programming, determinations, reporting functions). Accurate and timely completion of this document will help the auditors focus their questions and document review during the on-site audit. Completion and submission of the HEDIS Roadmap to Delmarva Foundation and Healthy People by each MCO/PAHP/CMO will be required four to six weeks prior to the on-site visit, allowing the audit team ample time to review and formulate questions for the on-site review.

Key activities of the Roadmap review include:

- ***Review provider mapping into the certified software product***
- ***Examine chase logic for medical record review and offer suggestions***
- ***Examine receipt of data from vendors (e.g., lab data) and impact on measures***

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- ***Review and mapping supplemental databases***
- ***Review mapping of benefit designations to members***
- ***Review and approve supplemental databases for use in producing measures***
- ***Prepare questions for on-site review based on review of all information provided by MCO***

The final pre-site activity occurs approximately two weeks prior to the on-site visit. The audit team will conduct a conference call with the MCO/PAHP/CMO to review the on-site agenda, resolve any outstanding issues, ensure the availability of staff and requested documentation, and answer any questions the entity, Healthy People, or Delmarva Foundation may have prior to the on-site audit.

On-Site Activities

On-site activities focus on collecting additional information to assess each MCO's compliance with NCQA's IS and HD standards. The IS standards are used to assess how the MCO/PAHP/CMO collects, stores, analyzes, and reports its data, while the HD standards are used to assess their adherence to the HEDIS technical specifications. These standards are the foundation upon which the CHCAs will base the MCO/PAHP/CMO's ability to report HEDIS data accurately and reliably.

IS Standards Capabilities Assessment

The IS assessment determines what effects the IS practices have on the HEDIS reporting process. The audit evaluates the overall effectiveness of the organization's management of IS and also focuses on the impact the organization's IS has on accurately reporting HEDIS results. The auditor determines whether the organization's automated systems, information management practices, and data control procedures ensure that all information required for HEDIS reporting is adequately captured, translated, stored, analyzed, and reported. The IS standards that are evaluated include: medical services data, enrollment data, practitioner data, medical record review process, supplemental data, and data integration.

The methodology for assessing IS compliance consists of the following:

- ***Interviews with key organization representatives responsible for operations or departments supplying data used in HEDIS reporting.***
- ***Review of documentation relevant to the IS domains and, as needed, view a demonstration of specific procedures.***
- ***Analysis of documentation describing the operation of computer systems and computerized files via text, code, and flow charts.***
- ***Observation of operations which include those areas that use the IS resources while preparing data for the HEDIS report.***
- ***Verification that file contents are accurate.***
- ***Review oversight actions by the organization for all data received and transmitted.***

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- ***Confirmation of data integration from the medical record review data abstraction process.***

HD Standards

The purpose of the HEDIS measure determination audit component is to assess whether the processes used to produce each HEDIS measure are compliant with individual HEDIS measure specifications and the measures are "reportable." The five standards include: denominator identification, sampling, numerator identification, algorithmic compliance, and outsourced or delegated HEDIS reporting function.

To assess these areas, the auditors may:

- ***Review the computer programs, identify numerators, and calculate rates***
- ***Run programs against test data where the outcome is predetermined***
- ***Examine files pertaining to specific measures***
- ***Evaluate medical record review tools, training, and processes***
- ***Determine accuracy of continuous enrollment criteria by measure***

Closing Conference

At the conclusion of the on-site visit, the audit team will conduct a closing conference, providing the MCO with an issue log of items that need to be addressed prior to reporting the final rates. (e.g., areas requiring follow-up action, potential problems noted, measures in jeopardy of being non-reportable based on findings).

Post-Site PMV Activities to Validate HEDIS Performance Measures

The post-site activities commence with the audit team collating its findings. Within 10 business days of the on-site visit, the team prepares an initial report for the MCO/PAHP/CMO that:

- ***Details any outstanding issues***
- ***Lists any materials/documentation not yet received***
- ***Assesses whether specific data requirements are met for each measure tested***
- ***Lists all problem areas that require follow-up action before the Final Audit Report (FAR) is issued***
- ***Identifies potential problems with measure rate integrity***
- ***Notes any measures which, based on current findings to that point, would not be reportable should no further action be taken to correct identified deficiencies***

The audit team works closely with each MCO/PAHP/CMO during this process, providing technical assistance as needed. It will coordinate and document corrective actions and reporting according to the HEDIS Compliance Audit methodology and may include additional questions about an organization's software, programming, manual processing, data input and output, and the effect of significant events (e.g., system conversion).

Validation of Source Code

Source code validation is the manual or automated process of examining original programming to verify that source code programming is accurate, complete, and complies with measure specifications. For MCOs which use certified HEDIS software, the auditor will evaluate the vendor's Certification Report and determine the need for further manual source code review. The auditor may review source code on-site or off-site.

Validation of Medical Record Data

An additional off-site audit component is validating medical records. This Medical Record Review (MRR) validation is performed if the hybrid methodology is used by the MCO/PAHP/CMO for any of the applicable HEDIS measures. Records will be reviewed in which a numerator positive event was found in order to verify the accuracy of the entity's findings. If possible, the auditors may conduct the MRR during the on-site visit.

Final Validation of Measures and Reporting

Auditors will review and validate the performance measures in the entity's Interactive Data Submission System (IDSS) file and submit HEDIS results to NCQA and Delmarva Foundation on behalf of DHCFP, if applicable. The audit team prepares the Final Audit Report (FAR) or validation report as required for each entity. In addition to the FAR, a statewide MCO aggregate report will also be created that includes the following components:

- ***MCO specific rates for each measure***
- ***Statewide aggregate rates for each measure***
- ***HEDIS or other benchmarking data when available***
- ***Trending data and analysis***
- ***Comparative analysis***
- ***Strengths***
- ***Conclusions and recommendations***

All individual and statewide MCO reports will be reviewed and approved by DHCFP prior to releasing the final reports.

2.1.3.2 Verification of methods used to collect HEDIS performance measures. The validation process will be accomplished through methods described in the most recent version of the National Committee for Quality Assurance (NCQA) HEDIS Compliance Audit™ Specifications or the CMS Validating Performance Measures protocol. The audit will be conducted for SFY contract years 2019 and each subsequent EQRO contract renewal years.

A. Validation of HEDIS and performance measures reported (as required by the State) during the preceding 12 months.

Delmarva Foundation Response: ***Delmarva Foundation and our subcontracted NCQA HEDIS licensed organization, Healthy People, agree to validate the State-required HEDIS and other***

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performance measures reported by the MCO/PAHP/CMO during the preceding 12 months. Methods used will be in compliance with the most recent NCQA HEDIS Compliance Audit Specifications or the CMS Validating Performance Measures protocol. The first audit will be conducted in SFY contract year 2019, and the annual audits will occur each subsequent EQR contract year.

B. Audited HEDIS Data using Interactive Data Submission System (IDSS). Submit information to NCQA, if applicable.

Delmarva Foundation Response: ***As part of the HEDIS audit process, Delmarva Foundation, and our subcontractor, Healthy People, agree to audit HEDIS data using the Interactive Data Submission System (IDSS). The audited IDSS files will be submitted to NCQA and DHCFP. For non-HEDIS measures, an Excel Workbook will be used to submit results to DHCFP.***

C. HEDIS™ Comparative Analysis for SFY 2019 and each subsequent EQR contract renewal year.

Delmarva Foundation Response: ***Delmarva Foundation agrees to report a HEDIS Comparative Analysis for SFY 2019 and subsequent years as specified in the contract. Comparative analyses aid in understanding and improving care delivered to members of DHCFP's programs. Delmarva Foundation and Healthy People's reporting include MCO/PAHP/CMO individual and aggregate analyses, as appropriate. When historical information is available, a three year trend comparison is provided. The analyses will include a comparison to state-wide weighted averages and/or benchmarks as requested by DHCFP.***

D. The awarded vendor is required to submit a comparative analysis and production of a HEDIS report using HEDIS performance measures data submitted by each MCO and DBA/PAHP.

Delmarva Foundation Response: ***Delmarva Foundation, and our subcontractor, Healthy People, agree to complete a comparative analysis and HEDIS report based on the measures reported by each MCO/PAHP as specified in the contract. In the report, each MCO/PAHP is compared to national benchmarks and state aggregate performance. The state aggregate is also analyzed in comparison of national benchmarks. MCO/PAHP and the state aggregate rates are trended when three years of measure rates are available. The report also provides recommendations based on MCO/PAHP strengths and weaknesses.***

2.1.3.3 Validation of Performance Improvement Projects (PIPs). The awarded vendor will be required to annually evaluate and validate two clinical PIPs and three non-clinical PIPs for the MCO; and one clinical PIP and one non-clinical PIP for the DBA/PAHP.

Delmarva Foundation Response: ***Delmarva Foundation agrees to validate PIPs as specified in the contract. We have been evaluating PIPs for more than 18 years. Our staff is knowledgeable and skilled with the model of improvement integrated with Nevada PIP methodology from the Associates in Process and IHI, and can easily provide continued technical assistance in this area to each MCO/PAHP. We are prepared to validate 17 PIPs annually including two clinical and three non-clinical PIPs for each of the three MCOs and one clinical and one non-clinical PIP for the PAHP. We are also prepared to assist DHCFP to***

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conduct additional PIPs for other quality, access, and availability concerns when gaps are identified. Additionally, we are prepared to validate additional PIPs conducted by the CMO related to Pay for Performance Measures as requested.

Our multi-disciplinary team of quality improvement, analytic, and clinical professionals have extensive experience reviewing and validating PIPs; reviewing over 50 PIPs annually.

Delmarva Foundation has conducted over 650 PIP assessments on a variety of clinical, behavioral health, and administrative topics. Examples include:

- ***Improving Early and Periodic Screening, Diagnostic and Treatment (EPSDT) participation rates***
- ***Follow-Up for Mental Health***
- ***Improving the Use of Appropriate Medications for Children with Asthma***
- ***Improving the Rate of Body Mass Index Screening in the Pediatric Population to Manage Obesity***
- ***Improving Perinatal and Postpartum Visit Rates***
- ***Improving Preventive Dental Services***
- ***Improving Care Coordination for Behavioral Conditions***
- ***Improving Adolescent and Well Childhood Immunization Rates***
- ***Improving Well Child Visit Rates***
- ***Improving the Appropriate Use of Emergency Department Utilization***
- ***Decreasing the Rate of Emergency Department Visits and Acute Hospitalizations for Members with Chronic Conditions***
- ***Improving Initiation and Engagement of Substance Abuse Treatment***

PIPs are designed to use a systematic approach to quality improvement and can be effective tools to assist the MCOs and PAHP in identifying issues and implementing targeted interventions to achieve and sustain improvement in clinical or administrative processes. These improvements enhance quality, access, or timeliness of services provided to Medicaid and CHIP beneficiaries, leading to improved health outcomes. DHCFP has incorporated the evaluation of Medicaid Managed Care PIPs into the Medicaid Quality Strategy as a method to develop and maintain collaborative strategies by state agencies and external partners. Performance measurement through the structure of PIP can promote effective health education and better health outcomes, manage vulnerable and at risk members, and improve access and availability of care/services for all Nevada Medicaid and Nevada Check Up recipients. Delmarva Foundation's PIP review team uses the CMS protocol, Validating Performance Improvement Projects—A Mandatory Protocol for External Quality Reviews, Protocol 3, Version 2.0, September 2012, as a guide in PIP review activities. The validation evaluates whether or not the PIPs were designed, conducted, and reported in a sound manner and the degree of confidence DHCFP can have in the reported results.

While following the CMS protocol, Delmarva Foundation implements a Rapid Cycle PIP Process to provide MCO/PAHPs with a quality improvement method that identifies, implements, and measures changes over short periods. This approach is continuous and allows the PIPs to monitor their improvement efforts over short time periods (quarterly). The ultimate goal is for plans to improve performance and sustain improvement resulting in a positive impact on member health outcomes. Implementing a quarterly schedule to guide MCO/PAHP's activities facilitates a meaningful Rapid Cycle PIP process, particularly in the first year of deployment.

Table 5-1 describes Delmarva Foundation's PIP validation steps and summarizes the requirements for the project.

Table 5-1. PIP Validation Process

10-Step PIP Validation Process
*1. **Study Topic.** The study topic should be appropriate and relevant to the MCO's population.*
*2. **Study Question.** The study question(s) should be clear, simple, and answerable.*
*3. **Study Indicator(s).** The study indicator(s) should be meaningful, clearly defined, and measurable.*
*4. **Study Population.** The study population should reflect all individuals to whom the study questions and indicators are relevant.*
*5. **Sampling Methodology.** The sampling method should be valid and protect against bias.*
*6. **Data Collection Procedures.** The data collection procedures should use a systematic method of collecting valid and reliable data that represents the entire study population.*
*7. **Improvement Strategies.** The improvement strategies, or interventions, should be reasonable and address barriers on a system-level.*
*8. **Data Analysis/Interpretation.** The study findings, or results, should be accurately and clearly stated. A comprehensive quantitative and qualitative analysis should be provided.*
*9. **Real Improvement.** Project results should be assessed as real improvement.*
*10. **Sustained Improvement.** Sustained improvement should be demonstrated through repeated measurements.*

Our PIP validation tool contains a series of questions corresponding to each step referenced above. Each question and step, are assessed as "Met," "Partially Met," or "Unmet." This scale allows for partial credit when a requirement is not fully met. Assessments include comments and, where appropriate, reasonable and actionable recommendations.

At the conclusion of a PIP review, the project is scored as either:

- ***PIP meets requirements,***
- ***PIP meets requirements with recommendations,***
- ***PIP requires revisions—resubmission required, or***
- ***PIP does not meet requirements.***

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Alternatively, Delmarva Foundation can numerically score the project submissions. A sample of validation scoring follows: 90–100% yields high confidence; 75–89% yields confidence; 60–74% yields low confidence; and 0–59% yields results that are not credible.

The MCOs we assist have come to depend on our guidance and technical assistance in the PIP development and reporting process. We are the only EQRO that develops a customized PIP technical guide for MCOs that includes systematic instructions on how to appropriately report and analyze PIP performance.

Delmarva Foundation will develop this customized technical guide for MCO/PAHP use as an added value.

Table 5-2 provides evidence of where our technical assistance helped current state clients and MCOs to meet goals and exceed national benchmarks.

Table 5-2. Exceeding National Benchmarks

PIP Topic	Length of PIP	Goal/Benchmark	Improvement (Aggregate)
Cervical Cancer Screening	3 years (2014-2017)	HEDIS 90th Percentile	The MCO average improved 9.93 percentage points
Diabetes Collaborative - Comprehensive Diabetes Care- Hemoglobin A1c (HbA1c) Control (<8%)	3 years (2013-2016)	Exceed National Average by 2016	All 3 MCOs exceeded the HEDIS 90th percentile
Comprehensive Diabetes Care– HbA1c Testing	3 years (2013-2016)	Exceed HEDIS National Average by 2016	All 3 MCOs exceeded the HEDIS 90th percentile
Follow-Up After Hospitalization for Mental Illness (FUH) 30 days	Current (2014-current)	Exceed HEDIS 2016 National Average plus 5 percentage points	The MCO exceeded the 90Th HEDIS percentile

In addition to providing technical assistance to the MCOs during the reporting process, we also provide recommendations as we conduct our validation and review activities. We advise the MCOs on how to improve their barrier analyses, identify and implement system level interventions, and assess the effectiveness of their interventions.

Delmarva Foundation will develop a final PIP Report for each MCO and PAHP consistent with CMS requirements. Reports will include PIP objectives; methodology; interventions and barriers; results/outcomes, including the reliability and validity of study results; and recommendations for improvement.

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2.1.3.4 Validation of MCO and DBA/PAHP network adequacy during the preceding 12 months.

Delmarva Foundation Response: ***Delmarva Foundation agrees to validate the network adequacy of the each MCO and PAHP during the preceding 12 months as specified in the contract. We will conduct the network adequacy validation (NAV) task in a manner that assures DHCFP confidence in MCO/PAHP provider network results. We will comply with the CMS EQR NAV protocol, upon release.***

Based on our NAV experience in the District of Columbia, Maryland, and North Dakota, Delmarva Foundation will use our lessons learned to develop and recommend a tailored methodology for DHCFP in assessing the accuracy of the MCO and PAHP provider directories, adequacy of provider networks, and compliance with access and availability standards.

Delmarva Foundation has experience customizing Network Adequacy Validation methodologies for the District of Columbia, Maryland, and North Dakota.

It is essential that the MCOs and PAHP develop and maintain an adequate provider network. The MCOs and PAHP are expected to meet contractual requirements relating to geographic access, providers accepting new patients, and provider availability. Additionally, provider directory information must be accurate to ensure enrollees have access to correct contact information. Provider networks that satisfactorily meet requirements facilitate member access and opportunity to obtain preventive and diagnostic medical care and treatment. An adequate network may enhance appropriate utilization of care and services.

Studies for validating acceptance of new patients, accuracy of online provider directories, and timely access and availability of service appointments will be conducted via secret shopper surveys. Delmarva Foundation is well versed in conducting this task. We develop scripts and the secret shopper surveyors follow them as they make calls. Scenarios are developed for the different types of assessments. For example, in an attempt to obtain a timely urgent care appointment with a pediatrician, the caller will contact the practitioner's office and provide the following scenario: "I would like to schedule an appointment for my daughter. She has had a sore throat for three days, has swollen glands, and has a temperature of 103." Results of the telephone surveys will determine compliance.

The capacity to serve enrollees with diverse cultures and languages will be evaluated as part of the annual compliance review. During the review, we will interview MCO and PAHP staff and review reports and other documented evidence of compliance including cultural competence trainings. We will conduct appropriate validation as necessary, such as making secret shopper calls to providers who speak non-English languages (as identified in the provider directory). We will also conduct secret shopper calls to the MCOs and PAHP to determine access to providers who speak non-English languages, interpreter services, enrollee materials printed in non-English languages, etc.

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During the annual compliance review, we will conduct interview sessions with MCO and PAHP staff and discuss their procedures for evaluating provider office physical access and reasonable accommodations for individuals with disabilities. We will request evidence of compliance.

We are prepared to make recommendations and have collaborative discussions with DHCFP to develop a final methodology. We will ensure meaningful information is produced from our validation activities. Results may indicate that providers are challenged in meeting acceptable timeframes for next available appointments. Recommendations may include staffing additional nurse practitioners or physician assistants to assist providers in meeting demand.

Delmarva Foundation will develop a final NAV Report for each MCO and PAHP. Comprehensive reporting will be completed and include: NAV objectives, audit methodologies, results, and trended results (as they are available). Additionally, conclusions, strengths, and recommendations for improvement will be reported.

2.1.3.5 Validation of the Nevada DHCFP State Quality Assessment and Performance Improvement Strategy (QAPIS) in SFY 2019 and each subsequent EQR contract renewal year. The comprehensive quality assessment and performance improvement program must include PIPs; collection and submission of performance measurement data; mechanisms to detect both underutilization and overutilization of services; and mechanisms to assess the quality and appropriateness of care furnished to recipients with special health care needs as defined by the State in the quality strategy under 438.340.

A. The awarded vendor will evaluate the completeness of the state quality assessment and performance improvement strategy, examining strengths, limitations, and recommending improvements in the description or implementation of the strategy.

Delmarva Foundation Response: ***Delmarva Foundation agrees to annually evaluate the completeness of Nevada's QAPIS and approach as stipulated in CMS' §438.340 Managed Care State Quality Strategy beginning in SFY 2019, providing DHCFP with a summary of strengths, limitations, and recommendations for improvement in the description or implementation of the strategy. Nevada's QAPIS is a vital step in assisting continual improvement and providing a framework designing and implementing a coordinated and comprehensive system. The four Quality Strategy goals seek to improve the health and wellness of Nevada Medicaid and Nevada Check Up members. DHCFP has defined specific metrics and thresholds for each objective. As part of upholding the intention of continually improving the delivery of quality health care to Nevadans in DHCFP's programs, Delmarva Foundation will evaluate the methods or what DHCFP and other divisions completed to meet their objectives. Specifically, analyzing how the State used collaborative strategies, monitoring MCO/PAHP/CMO contractual obligations, completing additional performance improvement activities, and identifying emerging practices, improving use of health information technology and data, and ensuring member rights and satisfaction are evaluated. Delmarva Foundation will assess the***

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inputs, outputs and outcomes as outlined in DHCFP's Logic Model for Improving Health Outcomes from the 2016-2017 Quality Assessment and Performance Improvement Strategy.

Delmarva Foundation will use an iterative process for the evaluation that proactively places the Quality Strategy on the forefront of agendas for Medicaid Managed Care meetings. During the meetings, each objective will be on a high-level dashboard using results from the Quality Strategy's performance tracking tool with a roll up of the metrics to determine if the goals for each objective are trending upward or downwards. Discussion items on the agenda can include trends that are moving below the expected threshold with focus on performance improvement. We will update the Quality Strategy annually with an evaluation of each MCO/PAHP/CMO performance, stakeholder input, or feedback from meetings, achievement of goals, changes resulting from federal, state and other regulatory authorities, and significant changes to the programmatic or operational processes in the Nevada Medicaid Program. We will document changes or modifications to the Medicaid Quality Strategy Annual Report in a Quality Strategy Change Document that tracks all change requests and approvals.

By the end of the annual cycle for EQR, the State should have a clear picture of where each Quality Strategy goal is trending: the measure results, specific limitations, and targeted interventions/changes approved to address risks and barriers. We also include evidence we receive from the MCOs to respond to specific recommendations provided during any technical assistance provided by Delmarva Foundation's team.

B. The awarded vendor will provide technical assistance to the Division as needed to incorporate changes and recommendations for the development of the Quality Strategy and performance tracking tool for the MCOs, DBA/PAHP, and CMO.

Delmarva Foundation Response: ***Delmarva Foundation agrees to provide technical assistance to incorporate changes and recommendations to the QAPIS and performance tracking tool for the MCOs/PAHP/CMO. Delmarva Foundation will provide technical assistance in all aspects of the EQR activities; both mandatory and optional. Our process for technical assistance is customizable based on the request, but at minimum, we incorporate a process that includes an agenda, purpose, and expected outcome. Based on the request, we review the literature for best practices and supporting evidence available in order to foster a productive discussion between the state and external partners so that informed decisions can be made to improve quality. Our technical assistance for decision-making can include a "decision template" with the request/problem/issue identified, a list of options to consider, and our recommendations for a decision based on best practice, subject matter expertise, and federal/state and other agency regulations.***

The opportunity to collaborate with DHCFP and provide technical assistance to support future strategic goals, especially with the increase in the NCCW Medicaid population, is full of potential. We have assisted other plans to evaluate provider networks and will readily utilize this experience. The State seeks to establish an efficient program that effectively delivers

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quality of care and services in a timely manner. An analysis of the recent Nevada Medicaid NCCW report shows there may be some opportunities to align standards of care and set minimum targets for the Medicaid population overall, as there may be overlap among many of the NCCW recipient conditions across the MCO/PAHP population.

Delmarva Foundation utilizes a secure portal for state clients and MCOs/PAHPs/CMOs. The portal serves as a secure repository of information, data, and reporting. Delmarva Foundation is poised to support stakeholder input and feedback via existing online links on DHCFP's client portal.

We provide technical assistance in a customized manner–we never use the standardized "cookie cutter approach" used by other EQROs. We are open to using a variety of methods and will utilize what best suits the needs of DHCFP, including interactive programs, webinars, secure web-based resource portals, and telephone or email correspondence. Upon verification, we will respond to all ad hoc technical assistance requests for advice to assist DHCFP.

"We appreciate your ***guidance and collaborative approach*** *in helping us become* ***fully compliant****.*

-North Dakota MCO

"Delmarva continues to deliver ***exceptional technical assistance*** *to DHCF and its managed care organizations."*

—DC EQRO Contract Monitor

Examples of technical assistance provided in the area of quality and performance improvements are listed below:

- ***Customized PIP training on the development of measures and qualitative and quantitative analysis***
- ***Measure development for special populations including Supplemental Security Income, Behavioral Health, and Child Health***
- ***Development of Behavioral Health focused clinical study on improving care coordination***
- ***Delegation and deeming standards for compliance review activities***
- ***Review and revision of State Quality Strategies***
- ***Review and recommendations for reorganization of MCO governance committee structures***
- ***Review of value-based purchasing program's progress and effectiveness***

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C. The evaluation in each year should include information about the State's progress and status of goals; trends in clinical or service quality performance improvement programs; corrective actions and sanctions; progress and status of value based purchasing; and an assessment of the overall structure and process of the State Quality Assessment and Performance Improvement Strategy. Findings from this assessment will be incorporated as a chapter in the EQR Technical Report described below, entitled "External Quality Review Technical Report".

Delmarva Foundation Response: ***Delmarva Foundation agrees to include information in the annual QAPIS evaluation report that includes the results of the State's progress in meeting their Quality Strategy goals, an explanation of trends in clinical and operational service quality performance, and a description of the inputs and output activities that supported the results. Additionally, the annual evaluation report will include a summary of corrective action reports and sanctions, progress and status of the value based purchasing activity, and strengths, limitations, and recommendations for Nevada's QAPIS. Overall findings from the annual QAPIS evaluation will be incorporated as a separate section in the EQRO Technical Report.***

Delmarva Foundation's QAPIS evaluation will also provide insight into the effectiveness of the strategy to address health care disparities through the implementation of the culturally competent plans each MCO/PAHP submitted so that health equality goals are reached. With available data crucial to understanding the distribution of health outcomes and social determinants of health across Medicaid enrollees, Delmarva Foundation will provide an overall rating (as collaborated with DHCFP) on each goal as well as recommendations for future activities based on our knowledge of the market and health care trends.

D. DHCFP requires an electronic copy of the final report in PDF and Word Format annually and three (3) hard copies of the final report for distribution.

Delmarva Foundation Response: ***Delmarva Foundation agrees to annually provide an electronic copy of the final QAPIS evaluation in PDF and Word Format along with three hard copies for final distribution to DHCFP. We have extensive experience with the development and production of final reports, including the annual Quality Strategy Report. We have repeatedly demonstrated our ability to grasp customer requirements and successfully provide informative and meaningful reports that meet and exceed client expectations. In addition to meeting CMS requirements, we also aim to continuously improve the value of our reports to our existing and future clients.***

*"The **overall quality** of Delmarva's work product is **first rate**."*

—DHCF Contract Administrator

Delmarva Foundation will work with the DHCFP to finalize the draft versions to develop an approved final version annually and will provide the report as requested. The final report will be formatted in compliance with §438.340 (3) (i) (ii) of CMS's Managed Care State's Quality

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Strategy and can easily be formatted to meet compliance with Section 508 of the Rehabilitation Act, so it is readable and understandable for all stakeholders including program and policy makers.

2.1.3.6 Annual External Quality Review Technical Report – The vendor will be required to produce a detailed technical report that must include:

A. Objectives; technical methods of data collection and analysis; description of data obtained, including validated performance measure data for each activity; and conclusions drawn from the data.

Delmarva Foundation Response: ***Delmarva Foundation agrees to produce an Annual Technical Report (ATR) based on requirements identified in 42 CFR §438.364, and DHCFP's specific requirements. We will use the CMS protocol, An Introduction to the External Quality Review (EQR) Protocol, September 2012, and the External Quality Review Toolkit for States, November 2012, as guides in the development of the report. The ATR will consist of an analysis and evaluation of aggregated information on quality, timeliness, and access to health care services that are provided by the Nevada managed care entities. The ATR will present data from all mandatory and optional activities that are specifically detailed in 42 CFR 438.204(d). Specifically, it will include objectives; technical methods of data collection and analysis; descriptions of data obtained, including validated performance measure data for each activity; and conclusions drawn from the data.***

*"Thank you so much for **working closely with us** on our first ATR. We appreciated your **professional guidance** and patience for an excellent final report. You **successfully satisfied our contract amendment** on time, and within budget."*

—MD DHMH Contract Monitor

B. An assessment of each MCO's and DBA/PAHP's strengths and weaknesses for the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.

Delmarva Foundation Response: ***Delmarva Foundation agrees to include in the ATR an assessment of each MCO's/PAHP's strengths and weaknesses for the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries. The purpose of the EQRO activities and the resulting ATR is to provide DHCFP with an impartial assessment of MCO/PAHP performance as it relates to the quality, access, and timeliness of services provided to the Medicaid enrollees. The comprehensive assessment allows DHCFP to monitor overall performance of the Medicaid managed care program, and gauge performance against Nevada's Quality Assessment and Performance Improvement Strategy.***

C. Recommendations for improving the quality of health care services furnished by each MCO and DBA/PAHP including how the State can target goals and objectives in the quality strategy, to better support improvement in the quality, timeliness, and access to health care services furnished to Medicaid recipients.

Delmarva Foundation Response: ***Delmarva Foundation agrees to provide recommendations for improving the quality of health care services furnished by each MCO/PAHP in the ATR including how DHCFP can target goals and objectives in the Quality Strategy to support quality improvement relating to quality, timeliness, and access to health care services for Nevada's managed care program. The ATR will present MCO/PAHP results (numeric and technical detail) in comparison to national benchmarks and regional or state averages, as appropriate. Delmarva Foundation will analyze results and provide appropriate and actionable recommendations to both DHCFP and the managed care entities to target program goals and improve the quality of health care services furnished to Medicaid/CHIP recipients.***

D. Methodologically appropriate, comparative information about all MCOs and DBA/PAHP, consistent with guidance included in the EQR protocols issued in accordance with §438.352(e).

Delmarva Foundation Response: ***Delmarva Foundation agrees to include in the ATR the methodology for each task completed including references to EQR protocols and a description of Delmarva Foundation's review procedures, data collection descriptions and methodologies, and procedures for analysis and validation. We will ensure that all information included in the ATR will be consistent with EQR protocols issued in accordance with §438.352(e). The ATR will include MCO and PAHP results, in numeric and technical detail. Comparisons between entities, to national benchmarks, and regional or state averages will be provided, as appropriate. Comparative results to previous annual reporting (trended results up to three years, when available) will assist in identifying performance issues. Delmarva Foundation will provide appropriate and actionable recommendations to both DHCFP and the managed care entities to address identified performance issues.***

E. An assessment of the degree to which each MCO and PAHP, has addressed effectively the recommendations for quality improvement made by the EQRO during the previous year's EQR.

Delmarva Foundation Response: ***Delmarva Foundation agrees to include in the ATR an assessment of the degree to which each MCO/PAHP has addressed the recommendations for quality improvement made in the prior year's ATR, including required corrective action plans. The ATR will also include specific, actionable recommendations for improving compliance, utilization, and/or performance measure results.***

F. Revision. States may not substantively revise the content of the final EQR technical report without evidence of error or omission.

Delmarva Foundation Response: ***Delmarva Foundation agrees and understands that States may not substantively revise the content of the final EQR ATR without evidence of error or omission. Our EQR team has policies and procedures and validation tools in place to ensure accurate and complete submissions. Our practices of providing complete and accurate reports prevent significant revisions. Further, we collaborate with our clients to develop a report template that meets their needs. This eliminates revisions of final reports and assists Delmarva Foundation and the State in meeting this federal requirement.***

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G. Availability of information. (1) The State must contract with a qualified EQRO to produce and submit to the State an annual EQR technical report in accordance with paragraph (a) of this section. The State must finalize the annual technical report by April 30th of each year.

Delmarva Foundation Response: ***Delmarva Foundation, a qualified EQR Vendor, agrees to produce and submit an ATR in accordance with 42 CFR §438.364. Delmarva Foundation will submit a final technical report to DHCFP by October 2018. The final ATR, formatted in compliance with Section 508 of the Rehabilitation Act, will be readable and understandable for all stakeholders including program and policy makers. The State will have confidence in our reporting for their April 30th submission to CMS.***

H. Each year the Vendor will include a Chapter in the EQR Technical Report summarizing the findings from the assessment of the DHCFP's implementation of the State Quality Assessment, Performance Improvement Strategy and Performance Tracking Tool. DHCFP requires an electronic copy of the final report in PDF and Word Format annually and three (3) hard copies of the final report for distribution.

Delmarva Foundation Response: ***Delmarva Foundation agrees to include a chapter in the ATR that summarizes the findings from the annual QAPIS evaluation. Additionally, Delmarva Foundation will annually provide DHCFP with an electronic copy of the final ATR in PDF and Word formats along with three hard copies of the ATR. Delmarva Foundation will validate MCOs' HEDIS information for each of the required performance measures using the Performance Tracking Tool to measure the MCOs' success in improving access to care and quality and timeliness of services provided. Delmarva Foundation will use the information collected from the Tracking Tool to recommend what additional quality improvement efforts MCOs should make to improve quality of care and health outcomes for the population.***

2.1.4 Conduct a compliance review evaluating the effectiveness of the quality strategy within the previous 3 years. This review will be broken out in sections to be reviewed annually.

Delmarva Foundation Response: ***Delmarva Foundation agrees to conduct a compliance review evaluating the effectiveness of the quality strategy within the previous 3 years. The review will be broken into sections that are reviewed annually. Delmarva Foundation has developed and implemented a succinct process and has created the tools necessary to conduct Compliance Reviews (CRs). Our EQR staff has conducted more than 400 CRs over the last 18 years in multiple states. We are prepared to complete CRs to evaluate each MCO/PAHP plan in accordance with the most current CMS protocol, Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review, Protocol 1, Version 2.0, September 2012. Delmarva Foundation is also prepared to complete a CR of the CMO, if necessary.***

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*"Just wanted to thank you for the **excellent work** you have done with the **comprehensive OSR (compliance review)** management, process and implementation. It has gone very smoothly and with **high quality!**"*

—VA DMAS Contract Monitor

CRs are designed to assess MCO/PAHP compliance with structural and operational standards, which may impact the quality, timeliness, or accessibility of healthcare services provided to Medicaid/CHIP enrollees. CMS requires a comprehensive administrative review at least once every three years to determine compliance with federal and state program requirements. The review provides the DHCFP with an impartial assessment of MCO/PAHP capabilities which can be used to promote accountability and improve quality related processes and monitoring.

CR Process

Our approach to conducting CRs is in accordance with 42 CFR §438.358(b)(iii) and follows the most current CMS EQR protocol. Our reviews are based on federal requirements outlined in the Code of Federal Regulations (CFR). We will work with DHCFP to identify any additional requirements which may be obtained from MCO/PAHP contracts or the DHCFP's Quality Strategy.

As requested, Delmarva Foundation will review a third of the standards each year resulting in a complete evaluation of the effectiveness of the quality strategy within the previous 3 years. This type of review reduces the burden on the MCO/PAHPs and allows for a more detailed review of the standards. In addition to a third of the standards being reviewed each year, any new or baseline standards would be reviewed along with any standard that was found to be not fully met by an MCO/PAHP in the previous year.

CR Methodology

Delmarva Foundation's methodological approach to CRs is comprised of three phases consistent with the CMS EQRO protocol: pre-site review, on-site review, and post-site review. Each phase is designed to ensure the CR process is comprehensive and efficient. Our efforts seek to minimize the burden on MCOs whenever possible, while ensuring we receive all necessary information to conduct a thorough and accurate analysis of MCO/PAHP performance. Delmarva Foundation's CR phases are described in Table 5-3.

Table 5-3. Systems Performance Review

CR Activities	Delmarva Foundation Process
Pre-Site Review Review of primary documentation submitted by the MCO	Delmarva Foundation confirms the CR standards with the DHCFP and includes them in the annual MCO/PAHP EQR orientation materials. In preparation for the review, the MCO/PAHP completes A pre-site survey that provides organizational insight. The MCO/PAHP posts (uploads) its electronic documents (written plans, polices, and procedures) to Delmarva Foundation's secure web-based portal approximately 60 days

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CR Activities	Delmarva Foundation Process
	prior to the on-site assessment. After this information is posted, Delmarva Foundation auditors begin the document review. Completing a large portion of the document review during the pre-site phase optimizes on-site review time by allowing the reviewers an opportunity to focus on questions or areas of concern.
On-Site Review Review of documentation not previously available and staff interviews to determine compliance	Delmarva Foundation begins the on-site review with an opening conference and reviews the purpose and objectives of the CR. On-site review time is spent reviewing documentation, files, and records that were not available during the pre-site review. The review team also conducts staff interviews, observes processes, and follows up on Corrective Action Plans (CAPs), if necessary. The MCO must not only demonstrate that it has policies in place to support requirements, but it must also demonstrate compliance with those policies and procedures. A closing conference is held where reviewers describe general findings, identify issues warranting follow up, discuss post-site review activities, and provide opportunity for the MCO/PAHP to respond to preliminary findings.
Post-Site Review Draft and submit exit letter and integrate findings into assessment	Delmarva Foundation develops and provides the MCO/PAHP with an Exit Letter that officially notifies the MCO/PAHP staff of items that were not fully met during the review. The MCO/PAHP then has 10 business days to provide additional information to support compliance with identified standards. The information that is received is reviewed and integrated into the findings and final determinations are made.

Scoring System

After completing the CR, Delmarva Foundation's review team documents its findings for each standard by element and by component. We use the three-point scoring system for analysis and aggregation of MCO/PAHP CR results described in Table 5-4.

Table 5-4. CR Scoring System

Finding	Score
Met	100%
Partially Met	50%
Unmet	0%

This scoring system allows for credit when a requirement is partially met and each element or component of a standard receives equal weight. Corrective action is required when an MCO does not meet the required compliance rate, which is established with the DHCFP.

Reporting and Corrective Action

After the final scoring is determined, preliminary reports are drafted and submitted to the DHCFP for review and approval. Upon approval from the DHCFP, the reports are distributed to the MCO/PAHPs. At this time, MCO/PAHPs are also presented with any corrective action requests. Then MCO/PAHPs develop and submit their CAPs. Delmarva Foundation is available

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to provide technical assistance in the development of CAPs as needed. We review and approve CAPs within two weeks of submission and finalize the CR reports. The CAPs are included in the MCO/PAHP final reports.

Web-Based Review Tool

Delmarva Foundation developed a unique secure web-based review tool that is used across multiple state EQRO contracts for collecting and reporting information gathered during the review process.

This tool adds value by allowing the reviewers to record determinations, comment on findings, identify strengths and opportunities, document recommendations, and cite documents reviewed at the press of a button. Reports are linked to the database and are generated directly from the review tool. This enhancement has created efficiencies during the review and reporting process and proven to be valid and reliable. Additionally, we have the capability to easily adjust the tool to accommodate new standards, modifications in the review process, or changes in reporting.

A screen shot of the CR tool is displayed in Figure 5-1.

Figure 5-1. CR Tool Screen Shot

2.1.5 Technical Assistance and Optional Activities

The vendor may be required to provide technical assistance and/or optional activities described in 42 CFR **438.358**(c) or comparable activities that assess the quality or utilization of services in

the fee-for-service program to DHCFP and the participating MCOs, PAHP, and CMO during the contract period. The specific nature of the technical assistance will be defined on a case-by-case basis, but at a minimum, may include educational sessions to enhance the use of EQR results, identification of healthcare trends or "best practices" in performance measures or quality improvement activities; providing clinical consultation and/or expertise; and conducting evaluations of health care initiatives. Optional activities described in 42 CFR 438.358(c) may include:

2.1.5.1 Nevada Medicaid FFS population activities such as:

A. Clinical focused studies;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to complete clinical focused studies. Delmarva Foundation's portfolio of Focused Clinical Studies spans over 20 years and across multiple states. Study topics include prenatal care, birth outcomes, child and adult immunizations, asthma, obesity, follow up after mental health admission, EPSDT/well-child visits, special needs populations, diabetes care, and women's preventive services. We have extensive experience working with states to develop performance measures and ensure that data collection tools capture data needed to analyze and report on these measures.***

This experience allows Delmarva Foundation to address the complex technical requirements of data collection, analysis, and reporting to efficiently provide essential information to enhance continuous quality improvement in MCO/PAHP/CMO services. In addition, as a result of our years of collaboration with state Medicaid agencies, we have in-depth knowledge of the managed care systems, FFS population, stakeholder groups, policy and key personnel needed to ensure valid and accurate data that informs relevant recommendations to the state and regions. Delmarva Foundation will leverage extensive staff knowledge of the FFS, Medicaid, and CHIP populations and registry data to apply cost-effective and efficient approaches to accomplishing DCHFP goals.

Our Scientist/Statistician has extensive experience in developing and writing quality improvement studies using various statistical/analytical methods including quantitative (predictive modeling) and qualitative (focus groups) techniques.

At the option of DHCFP, Delmarva Foundation will design and complete focused studies. We will research and develop study topics based upon study questions or opportunities for improvement identified by DHCFP. We will design and conduct studies that focus on a particular aspect of clinical or non-clinical quality of care services. We will work with DHCFP to agree upon the requirements for the studies. Our team will complete a focused study in a manner consistent with the most current CMS EQR protocol, Conducting Focused Studies of Health Care Quality: A Voluntary Protocol for External Quality Review, Protocol 8, Version 2.0, September 2012.

We will work with DHCFP and the MCO/PAHP/CMOs to obtain data for use in the studies. Our data collection tools capture data needed to analyze and report on the measures related to the study topics. Our extensive experience allows us to address the complex technical requirements of data collection, analysis, and reporting to provide essential information in our focused studies to enhance continuous quality improvements with the goal of improving health outcomes.

Our reporting will include, as applicable, the quality study objectives, methods of data collection and analysis, description of data contained, the study results and analysis, conclusions that can be drawn from the data, and recommendations for improvement.

B. Healthcare Effectiveness Data and Information Set (HEDIS) or HEDIS like calculations and audits;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation will subcontract with an NCQA licensed organization, Healthy People, to calculate and audit both HEDIS and HEDIS-like measures. Delmarva Foundation has worked with multiple states to use HEDIS or HEDIS-like measures to gauge quality provided to fee-for-service populations. Delmarva Foundation will work with DHCFP to identify HEDIS performance measures or adjust the specifications as needed to fit the population. For example, it may be recommended that continuous enrollment used in many HEDIS measures be lifted. Delmarva Foundation will provide clear measure specifications for the fee-for-service vendor that is calculating the measures.***

Delmarva Foundation's subcontractor, Healthy People, uses the HEDIS Compliance Audit to validate performance measures calculated for the FFS programs. The HEDIS Compliance Audit is an accepted methodology for the EQO Protocol 2 Validation of Performance Measures. The audit is led by a Certified HEDIS Compliance Auditor (CHCA) and is conducted in three phases: Off-site, On-Site, and Post-onsite.

During the Off-site, Delmarva Foundation verifies the measures to be collected with DHCFP and Healthy People sends the HEDIS Roadmap for the FFS vendor to be completed and returned. The FFS vendor uses the HEDIS Roadmap to self-report information about its systems and processes used to collect data to report HEDIS measures. The FFS vendor submits the Roadmap and other documentation to Healthy People for review by the CHCA. The CHCA uses the documentation to log items and questions for follow-up and plan for the on-site visit. A pre-site phone call is conducted with the vendor to set a date for the On-site, review the agenda, and to go over outstanding items. Primary rates may also be reviewed.

The one day site visit is the next phase and begins with an opening conference where the CHCA outlines the objectives for the day. The CHCA holds different sessions to interview key personal and observe processes used to collect, transform, and store data used to report HEDIS and HEDIS like measures. The CHCA also meets with the analytic team who either operates HEDIS certified software or runs in-house source code to calculate the measures. The

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on-site ends with a closing conference and a log of follow-up items and discussion of next steps.

During the Post-onsite phase, Healthy People provides follow-up items as requested. The CHCA will review measure certification if HEDIS certified software is used to calculate measures. If in-house source code is used to program measures, the CHCA reviews the program and test cases. Medical Record Review Validation (MRRV) is also conducted according to HEDIS guidelines. Once MRRV is completed, follow-up items are closed; the vendor submits their final rates in an IDSS format to the CHCA for final review. If rates are accurate and correct, the CHCA approves the rates and both the CHCA and vendor applies their locks to the IDSS. The IDSS is then submitted to NCQA and Delmarva Foundation on behalf of the DHCFP.

Healthy People provides a final audit report for the FFS vendor that contains findings of the FFS vendor's compliance to the IS and HD standards, strengths and weaknesses, recommendations, and the final audit designation for each measure.

C. Encounter data validation and omission studies; and

Delmarva Foundation Response: At the request of DHCFP, Delmarva Foundation agrees to conduct Encounter Data Validation (EDV) and omission studies. Delmarva Foundation has over five years of experience across three contracts conducting encounter data validation and omission studies and will leverage this experience in conducting this optional activity should DHCFP request this task for the Nevada Medicaid FFS population.

Delmarva Foundation's EDV team has over 10 years of experience working with state MMIS data and managing large data sets with a proven track record for meeting and exceeding customer requirements conducting the EDV task.

CMS strongly encourages states to contract with EQROs to conduct the EDV task due to the need for overall valid and reliable encounter data. Accurate and complete encounter data can provide valuable information about distinct services provided to enrollees that can be used to assess and improve quality, monitor program integrity, and determine capitation rates. EDV assesses the quality and completeness of the encounter data submitted by an entity.

Three variables determine encounter data quality: completeness, timely submission, and accuracy. Delmarva Foundation has found in capitated environments such as managed care, timely data submission can be a challenge when providers receive a guaranteed monthly payment per member regardless of services provided. This can create concerns with data accuracy and completeness. Under-reporting may be frequent, particularly when enrollees receive multiple services from different providers. Conversely, in entities where providers are paid on a FFS basis, over-reporting and up-coding may be concerns.

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Using a team of quality improvement, data management, analytic, and clinical professionals, we will conduct the EDV task according to the most current CMS protocol, Validation of Encounter Data Reported by the MCO, Protocol 4, Version 2.0, September 2012.

Delmarva Foundation's EDV process follows CMS' protocol and consists of five sequential activities to assess the validity of reported data:

1. ***Review DHCFP requirements for collection and submission of encounter data;***
2. ***Review each entity's capacity to produce accurate and complete encounter data;***
3. ***Analyze each entity's electronic encounter data for accuracy and completeness;***
4. ***Review medical records for confirmation of findings of analysis of encounter data; and***
5. ***Submit findings.***

DHCFP can have confidence in our EDV and omission study results. Delmarva Foundation has certified coding professionals to ensure accurate and quality validation results.

Delmarva Foundation will examine the encounter data for accuracy and completeness, valid diagnosis, revenue and procedure codes (including modifiers), matching diagnosis and procedure codes, matching procedures to provider specialty, examining edits for duplicates, procedures by age/gender, dates of service, units of service and correct provider identifiers, specialists values, enrollee identifiers. We will calculate error thresholds for all edits. We recommend that if the entity falls below the performance threshold, a CAP or other improvement activity be initiated. We will analyze utilization patterns to assess data completeness, omissions, validity, or accuracy concerns.

Upon completion of the initial data collection and medical record review for accuracy and completeness of encounter data, our analytic staff will analyze all data. We will prepare a report for DHCFP that includes the purpose, methodology, description of data, results and analysis, strengths, and recommendations.

D. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to administer CAHPS surveys for the Nevada Medicaid FFS population. Delmarva Foundation will subcontract with WBA Research, an experienced NCQA-certified CAHPS vendor, to administer the survey. WBA Research has administered CAHPS surveys to adult and child Medicaid enrollees since 2001.***

WBA Research has 17 years of experience conducting CAHPS surveys

Consumer Surveys, are designed to capture accurate and reliable information from consumers about their experiences with health care. Reported results, compared to benchmarks, will

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identify areas where the performance meets or exceeds benchmarks and will additionally identify opportunities for improvement.

Delmarva Foundation's subcontracted NCQA-certified CAHPS vendor, WBA Research, will administer the Adult and Child surveys to the FFS Medicaid population in accordance with the HEDIS Volume 3: Specifications for Survey Measures. The CAHPS 5.0H survey instruments or the most recent release of the CAHPS survey will be used to assess member's experience of care.

Upon completion of the surveys, we will prepare a report for DHCFP that includes the purpose, methodology, description of data, results and analysis, strengths, and recommendations.

2.1.5.2 Nevada Medicaid Care Coordination program activities such as:

A. A comprehensive on-site contract compliance audit of DHCFP's Care Coordination Vendor.

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to complete a comprehensive on-site contract compliance audit of DHCFP's Care Coordination Vendor/CMO. Delmarva Foundation has experience conducting focused care management reviews and evaluations. We are prepared to conduct a formal, comprehensive on-site contract compliance audit of the overall effectiveness of the Care Coordination Vendor/CMO delivering case management programs to enrollees and providers participating in the Nevada Comprehensive Care Waiver (NCCW) Program. The overall goal of the on-site audit is to evaluate how effective the CMO is providing access to care, timeliness of service, and quality of care and services to enrollees who meet CMO program requirements, and whether they have the capacity to continually assess and achieve expected requirements set forth in the contract. We will work with DHCFP to customize the on-site compliance audit, aligning it with the NCCW Quality Strategy goals and Medicaid Managed Care Manual (MTL 19/17) requirements in order to:***

1. ***Provide care management to high-cost, high-need Medicaid beneficiaries who receive services on a fee-for-service (FFS) basis***
2. ***Improve the quality of care that high-cost, high-need Nevada Medicaid beneficiaries in FFS receive through care management and financial incentives such as pay for performance (quality and outcomes)***
3. ***Establish long-lasting reforms that sustain the improvements in the quality of health and wellness for Nevada Medicaid beneficiaries and provide care in a more cost efficient manner***
4. ***Improve NCCW enrollees' satisfaction with care received***

Delmarva Foundation will meet with DHCFP to review past compliance audit reports and revise/develop specific operational and quality compliance criteria for 2018 using the Nevada Medicaid Manual's 3800 Care Management Organization (MTL 19/17), NCCW Quality

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Strategy, and federal requirements. Delmarva Foundation can merge applicable criteria into our secure web-based compliance review tool to provide a more reliable review and scoring process.

Delmarva Foundation will collaborate with DHCFP and the CMO on an agreeable timeline and plan for pre-site, on-site, and post site activities. The comprehensive on-site compliance audit will be conducted in accordance with the CMS EQRO Protocol, Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review, Protocol 1, Version 2.0, September 2012.

Specifically related to care coordination and continuity activities as referenced in the Nevada Medicaid Manual (MTL 17/19), Delmarva Foundation will evaluate areas including but not limited to the CMO's processes associated with:

- ***Identifying, receiving, and handling enrollee referrals***
- ***Timeliness of screening new referrals***
- ***Developing and modifying care plans***
- ***Identification and assignment of a primary care provider and/or specialist***
- ***Communication with providers***
- ***Coordination of care***
- ***Promotion of better health outcomes***
- ***Evaluation of disease management and high cost***
- ***Program Integrity***
- ***Goals and metrics for program improvement***

Reporting will include a summary of the purpose, methodology, results and analysis, strengths, and recommendations for improvement. At the option of DHCFP, we will work with the CMO on corrective actions that may be required.

B. Validation of up to 5 Performance Measures for DHCFP's CMO Vendor. The EQRO will conduct the Validation of Performance Measures review in compliance with the CMS Protocol, Validating Performance Measures.

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to validate up to 5 performance measures (PMs) reported by the CMO. We will validate the PMs following the CMS EQR PMV Protocol, Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review, Protocol 2, Version 2.0, September 2012. Consistent with the protocol, our performance measure validation (PMV) process is divided into three phases: 1) pre-site phase/audit preparation, 2) on-site visit, and 3) post-site phase/reporting activities.***

The purpose of conducting the PMV activity is to evaluate the accuracy and reliability of the measures produced and reported by the CMO and to determine the extent to which the CMO followed specifications established by DHCFP for calculating and reporting the measures. The accuracy and reliability of the reported rates are essential to ascertaining whether CMO

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quality improvement efforts have resulted in improved health outcomes. Further, the validation process allows DHCFP to have confidence in CMO PM results and allows for accurate benchmarking comparisons.

Annually, we assess the CMO's information systems (IS) characteristics, capabilities, and compliance with specifications for individual measures. Our audits evaluate how the CMO produces the required PM results. Information from this assessment forms the foundation of the audit process and ensures that the CMO can accurately and completely capture encounter data and can integrate data from multiple sources to construct PMs.

We are also prepared to make recommendations on new PMs. Typically recommendations are based on opportunities for improvement and meaningful initiatives for the population being served. We understand DHCFP's desire to meet PM goals and improve member health care outcomes.

Delmarva Foundation will develop a final PMV Report for the CMO. Comprehensive reporting will be completed and include: PMV objectives, audit methodologies, results of the IS assessment, PM results, and trended results. Additionally, conclusions, the CMO strengths and recommendations for improvement will be reported.

2.1.5.3 The awarded vendor may be asked to assist with the development and/or implementation of the Medicaid managed care quality rating system within 3 years of the date of the final notice in the FEDERAL REGISTER by:

A. Adopting the Quality Rating System developed by CMS, in consultation with States and other stakeholders and after providing public notice and opportunity to comment, will identify performance measures and a methodology for a Medicaid managed care quality rating system that aligns with the summary indicators of the qualified health plan quality rating system; or

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to assist with adopting a Quality Rating System developed by CMS. Delmarva Foundation will build on our more than 15 years of experience developing quality performance rating systems for Medicaid plans. Specifically, we have been producing a Consumer Report Card (CRC) in Maryland for years and we are currently assisting the District of Columbia with the development of a CRC.***

A Quality Rating System provides methodologically sound, accurate information about each of the MCOs so Medicaid beneficiaries may select the organization of their choice. CMS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare services more easily. We will work with DHCFP to identify the appropriate performance measures, a methodology and information reporting strategy, and a format that clearly compares plans and services. Additionally, we will work with DHCFP to obtain input from stakeholders and enrollees and incorporate those comments into the overall design of the rating system.

B. Adopting an alternative Medicaid managed care rating system approved by CMS that utilizes different performance measures or applies a different methodology as long as the ratings generated by the alternative rating system yield information regarding the MCOs, and PAHP performance is substantially comparable to that yielded by the system developed by CMS.

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to assist with adopting an alternative Medicaid managed care rating system approved by CMS. Delmarva Foundation will utilize our extensive experience with producing CRCs to assist DHCFP in developing an alternative Medicaid managed care rating system. The benefits of using an alternative rating system such as the CRC to Nevadans are best emphasized through DHCFP's goal for ensuring each recipient has access to high quality, comprehensive healthcare services, due to the personalization factor. Delmarva Foundation will collaborate with DHCFP in the selection of the measures and reporting categories to include in the CRC. We will ensure through our proven methodology that selected measures provide meaningful information in each reporting category.***

The CRC assists Medicaid beneficiaries in selecting a participating MCO/PAHP. Information contained in the CRC, such as reports on key health care quality priority areas or patient satisfaction, helps new members make valid comparisons between available plans. Ultimately, the CRC will provide a mechanism to stimulate quality improvement, data transparency, and accountability among the MCOs/PAHP.

Delmarva Foundation and our knowledgeable analytic staff, including our experienced Statistician, PMV Manager, and Lead Analyst will develop a methodology and information reporting strategy (IRS) to produce an annual CRC for DHCFP. The report card will provide enrollees with comparable quality information in common plain language for selecting an MCO/PAHP. The methodology and information reporting strategy will be comparable to that yielded by CMS' quality rating system and approved by CMS.

Delmarva Foundation will consider the following within the IRS:

- ***Selection of available measures to report***
- ***Reporting categories to use and how to map available measures to reporting categories***
- ***Analysis plan and methodology***
- ***Statistical weighting of measures within reporting categories***
- ***Risk adjustment of CAHPS data***
- ***Handling of missing values***
- ***Identification of best methods to compare plans***
- ***Identification of methods to display performance and differences***
- ***Design***

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Design and Content

The CRC process will incorporate the MCO/PAHP annual quality activities and meet the challenge facing all consumer information projects, which is, how to communicate a large amount of complex information in an understandable and meaningful manner while fairly and accurately representing the data.

To enhance comprehension and interpretation of quality measurement information provided for a Medicaid/CHIP audience, it is recommended that a small number of reporting/topic categories are selected with one level of summary scores (or measures) rolling up and totaling the score for the reporting category per MCO/PAHP. Research has shown people have difficulty comparing MCO/PAHP performance when information is presented in too many topic areas. A comprehensive set of performance measures should be chosen that roll up into in a limited number of reporting/top categories that are meaningful to the target audience, creating an effective consumer information product.

Additionally, the formatting principles are important when designing report cards. Based on our experience, the recommended score card design should be a single-page presentation of performance measures and formatted with English on one side and a second language, such as Spanish, on the other. Measure explanations should be integrated on the same page as the performance results, helping the Medicaid enrollee to match the explanation with the performance data. Explanations of performance ratings, measure descriptions, and how to use the report card should be straightforward.

It is important that the CRC be consistent with and complement the other material that the enrollment broker sends to enrollees in order to increase both its acceptance and use. Annual modifications to the report card template will be minor in nature as to allow for annual versions to be visually distinguishable from one year to the next. Concurrent with data collection, the CRC graphics design and text will be evaluated annually.

An example of the Maryland CRC that Delmarva Foundation developed and updates annually is provided as Figure 5-2 and illustrates six report card performance areas. This allows for a single-page presentation of performance measures—formatted with English on one side and Spanish on the other. Measure explanations are integrated on the same page as the performance results, helping the Medicaid enrollee to match the explanation with the performance data. Performance stars indicate performance that is "above," "the same as," or "below" the Maryland HealthChoice plan average.

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Figure 5-2. Report Card Performance Areas

PERFORMANCE AREAS

HEALTH PLANS

HealthChoice (Maryland's Medicaid Health Plan Program)	Access to Care	Doctor Communication and Service	Keeping Kids Healthy	Care for Kids with Chronic Illness	Taking Care of Women	Care for Adults with Chronic Illness
AMERIGROUP COMMUNITY CARE	★★	★★	★★★	★	★★★	★★
JAI MEDICAL SYSTEMS	★★★	★★	★★★	★★	★★★	★★★
KAISER PERMANENTE*	N/A	N/A	N/A	N/A	N/A	N/A
MARYLAND PHYSICIANS CARE	★★★	★★	★★	★★	★★	★★
MEDSTAR FAMILY CHOICE	★	★★★	★★★	★★	★★	★★
PRIORITY PARTNERS	★★★	★★	★★★	★★	★★★	★★
RIVERSIDE HEALTH OF MARYLAND	★	★★	★	N/A	★	★
UNITEDHEALTHCARE	★★★	★★	★	★★	★	★

Key
★★★ Above HealthChoice Average
★★ HealthChoice Average
★ Below HealthChoice Average

ÁREAS DEL FUNCIONAMIENTO

PLANES DE SALUD

HealthChoice (Programa del Plan de Salud Medicaid de Maryland)	Acceso a la Atención	Comunicación con el Médico y sus Servicios	Mantenimiento de la Salud de los Niños	Atención de Niños con Enfermedades Crónicas	Atención de la Mujer	Atención de Adultos con Enfermedades Crónicas
AMERIGROUP COMMUNITY CARE	★★	★★	★★★	★	★★★	★★
JAI MEDICAL SYSTEMS	★★★	★★	★★★	★★	★★★	★★★
KAISER PERMANENTE*	N/A	N/A	N/A	N/A	N/A	N/A
MARYLAND PHYSICIANS CARE	★★★	★★	★★	★★	★★	★★
MEDSTAR FAMILY CHOICE	★	★★★	★★★	★★	★★	★★
PRIORITY PARTNERS	★★★	★★	★★★	★★	★★★	★★
RIVERSIDE HEALTH OF MARYLAND	★	★★	★	N/A	★	★
UNITEDHEALTHCARE	★★★	★★	★	★★	★	★

Clave
★★★ Por encima del promedio de HealthChoice
★★ Promedio de HealthChoice
★ Por debajo del promedio de HealthChoice

Delmarva Foundation will collaborate with DHCFP on all aspects of the design, development, and annual maintenance of the CRC to best meet the needs of DHCFP.

2.1.5.4 The awarded vendor may be asked to perform the following quality activities for a new Nevada Medicaid Aged Blind and Disabled (ABD) managed care expansion program. Tasks may include:

A. Provide consulting to DHCFP for ABD performance measures. The EQRO will identify/recommend new or revised performance measures applicable to the ABD population;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to provide consulting for Aged Blind and Disabled (ABD) performance measures (PMs). Delmarva Foundation can benefit DHCFP through consultation of PMs for a new Medicaid***

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ABD managed care expansion program. Much work has occurred and continues regarding reviewing appropriate PMs for those supported under ABD services for long term services and supports (LTSS) and acute and primary care. Individuals in Medicaid managed care desire to live in their own homes and be meaningfully engaged in their communities. While there are many measures looking at acute and primary care, there are few reflecting the social determinants of health and well-being important to beneficiaries of LTSS.

CMS has recently developed several PMs looking at these specific outcomes. These include some just recently reviewed by several technical expert panels including measuring the individual's satisfaction with care coordination efforts in helping to access employment opportunities (especially for non-aged individuals with disabilities, but also for seniors). Nevada could be among the first states to measure employment by looking at the proportion of individuals who do not have an integrated job in the community, but would like one in addition to the proportion of individuals who have an integrated job in the community (working alongside individuals with and without disabilities).

Another option is the National Core Indicators for Aging and Disabilities (NCI-AD) which is used to gather direct input from service users through in-person surveys. The NCI-AD helps states measure and compare satisfaction with their LTSS delivery systems and service recipients' quality of life and outcomes in domains such as Community Participation and Relationships; Everyday Living, Work, and Affordability; Choice and Decision Making, Self-Direction, and Control; Rights and Respect and Safety; Service Coordination, Care Coordination, and Access; and Health Care, Wellness, and Medications. The resulting data can be tracked and compared to performance at the program level (including various Medicaid HCBS programs, Older Americans Act programs, state-funded programs, nursing facilities), by accountable entity (managed care organizations, for example) and on the system level. Results can also be tracked and compared to the performance of other states' service systems and to the average across participating states. Delmarva Foundation administers the NCI-AD in Georgia. Nevada is already using this tool administered through the Aging and Disability Services Division (ADSD), Nevada Department of Health and Human Services.

B. Conduct an Information Systems (IS) Readiness Review on selected ABD MCO Vendors; and

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to conduct an information systems (IS) readiness review of the selected ABD MCO Vendors to collect and store accurate data. Delmarva Foundation has experience conducting IS readiness reviews for new MCOs/PAHPs, and can leverage this familiarity to the ABD populations. Each MCO information system will be assessed by its capability to collect, analyze, integrate, and report data for areas such as utilization and reporting performance measures. Specifically, the assessment will verify that the MCO system is able to do the following:***

- ***Collect enrollee and provider characteristics and information on services provided to enrollees through encounter data;***
- ***Ensure data collected from providers is accurate and complete;***

- ***Ensure collected data is available upon request by the State or CMS.***

The process begins with each MCO completing an Information System Capabilities Assessment (ISCA) tool. The ISCA is a comprehensive instrument for collecting information including the MCO's structure, information collection and processing, and measure reporting procedures. Our auditors will evaluate adequacy of each MCO's policies and procedures through the ISCA and other submitted documents. The auditors will log a list of items to further investigate and schedule an on-site visit with each MCO. During the on-site, the auditors will interview key staff and observe systems and processes used in data capture and reporting of performance measures. The review concludes after the on-site and the auditors provide a final statement of findings and readiness of each MCO information system.

The final statement of findings will allow DHCFP to be confident in each MCO's preparedness to submit complete and accurate encounter data to the State, calculate accurate and valid performance measures, conduct quality assessments and initiatives, and manage the delivery of health care to enrollees.

C. Evaluate implementation of performance measures.

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to develop the most appropriate method to evaluate the implementation of selected performance measures selected for the ABD population. Delmarva Foundation tracks and monitors non-HEDIS performance measures. Delmarva Foundation is prepared to monitor, report, and trend performance measure results as appropriate.***

2.1.5.5 The awarded vendor may be asked to perform the following quality activities for expansion of Managed Care for the TANF/CHAP and CHIP populations into the rural counties. The awarded vendor may be asked to provide consulting to DHCFP's MCOs. Tasks may include:

A. Provide consulting for expansion performance measures applicable to the TANF/CHAP and CHIP populations;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to provide consulting for expansion performance measures applicable to the TANF/CHAP and CHIP populations. Using nationally recognized measure data sets, Delmarva Foundation is prepared to recommend measures that are appropriate for the expansion of TANF/CHAP and CHIP populations. Delmarva Foundation has worked with other state clients to identify measures from HEDIS and the CMS Adult and Child Quality Core Sets that would fit their programs. In some cases, measures specifications may need to be adjusted to account for unique needs for certain populations. Delmarva Foundation is experienced in creating HEDIS-like measures for different states. For example, in the District of Columbia, HEDIS asthma measures have been adjusted for a collaborative PIP to proactively manage pediatric asthma.***

B. Conduct an Information Systems (IS) Readiness Review on selected expansion MCO Vendor(s);

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to conduct an information systems (IS) readiness review of the selected expansion MCO Vendors to collect and store accurate data. Delmarva Foundation has experience conducting IS readiness reviews for new MCOs/PAHPs, and can leverage this familiarity to the expansion of managed care populations. We will conduct an information assessment of the selected MCO(s) to collect and store accurate data. The MCO information system is assessed by its capability to collect, analyze, integrate, and report data for areas such as utilization and reporting performance measures. Specifically, the assessment will verify that the MCO system is able to do the following:***

- ***Collect enrollee and provider characteristics and information on services provided to enrollees through encounter data;***
- ***Ensure data collected from providers is accurate and complete;***
- ***Ensure all collected data is available upon request by the State or CMS.***

The review begins with the MCO completing an ISCA tool. The ISCA is a comprehensive instrument for collecting information including the MCO's structure, information collection and processing, and measure reporting procedures. Our auditors will evaluate each ISCA and other submitted documents to assess the adequacy of MCO information system policies and procedures. The auditors will log items to further investigate and set up an on-site visit with each MCO. During the on-site visit, the auditors will interview key staff and observe system processes used in data capture, transfer, storage, and integration for reporting. The review concludes after the on-site visit and the auditors provide a final statement of findings and readiness of the MCO information system.

The final statement of findings will allow DHCFP to be confident in each MCO's preparedness to submit complete and accurate encounter data to the State, calculate accurate and valid performance measures, conduct quality assessments and initiatives, and manage the delivery of health care to enrollees.

C. Provide technical assistance to the MCOs on the development of performance measures; and

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to provide the MCOs technical assistance on the development of appropriate performance measures for the expansion of Managed Care for the TANF/CHAP and CHIP populations. Delmarva Foundation will draw on experience conducting this activity for other contracts including our District of Columbia EQR contract in which we developed homegrown performance measures.***

D. Conduct a HEDIS Compliance Audit or validate the measures using the CMS Validating Performance Measures protocol on the contracted MCOs.

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation's subcontractor, a Nevada-based NCQA licensed audit firm, Healthy People, will conduct a***

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HEDIS Compliance Audit to validate performance measures for the expansion of Managed Care for the TANF/CHAP and CHIP population.

2.1.5.6 At the discretion of the DHCFP, the EQRO may be asked to provide additional technical assistance or consultative services related to EQR activities. All requests for technical assistance or consultative services shall be transmitted in writing from the DHCFP to the EQRO. Each request, at a minimum, will include the following:

A. A description of the major functions, tasks, and activities required;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to provide additional technical assistance or consultative services related to EQR activities. Upon request, we will provide a description of the major function, tasks, and activities required per specifications. Delmarva Foundation's intention is to assist the state in reaching its goals related to EQR and the State's Quality Strategy. Additional technical assistance may be required to assist DHCFP and its contracted entities to implement, maintain, and improve programs that aim to improve the health care outcomes of Nevadans.***

Our goal is to provide exceptional service that exceeds DHCFP's EQR contract requirements and improves the final deliverables to the state, MCO/PAHP/CMOs, and ultimately CMS. To that end, we will provide additional technical assistance or consultative services to DHCFP related to EQR activities at their discretion. We are available via telephone, email, and webinar to provide special trainings and technical assistance. We will await the description of major functions, tasks, and activities from DHCFP and respond as required.

"Delmarva continues to deliver exceptional technical assistance to DHCF and its managed care organizations."

—DC EQRO Contract Administrator

B. The timeline/due date for any reports or identified deliverables;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to collaborate with DHCFP on a timeline and due date for any deliverable reports or identified deliverables as specified. We will modify our work plan and timeline to reflect additional tasks and deliverables.***

C. Specifications as to the medium and/or format of the desired deliverable;

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to collaborate with DHCFP on the desired medium or format of each deliverable. The agreed upon specifications will be documented and used to guide the production of the deliverable.***

D. A listing of the EQRO's project requirements; and

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to meet with DHCFP to discuss the definition of the additional technical assistance or consulting***

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services to ensure a mutual understanding of project requirements. Our process is to receive and discuss a list of all of the requirements related to the request. Delmarva Foundation will meet internally to discuss the project requirements and follow up with DHCFP with any questions or concerns. All final project requirements will be documented and approved by DHCFP.

E. Any other instructions, definitions, specifications, requirements, outcomes, tangible items, or projects expected.

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to collaborate on other instructions, definitions, specifications, requirements, outcomes, tangible items, or projects expected. Similar to project requirements, we will maintain approved documentation to guide methodologies and ensure compliant deliverables.***

The EQRO will submit to the DHCFP, for approval, its cost proposal for completing the technical assistance or consultative project according to the scope of work detailed in the DHCFP's request.

Delmarva Foundation Response: ***At the request of DHCFP, Delmarva Foundation agrees to submit to DHCFP a cost proposal for completing the technical assistance or consultative project according to the scope of work detailed in the request. We are aware of budget limitations and constraints and will be cost conscience with our proposals.***

2.2 QUALIFICATIONS OF EXTERNAL QUALITY REVIEW ORGANIZATIONS

The following are mandatory requirements needed to successfully meet the minimum standards of this RFP. These items are not negotiable.

2.2.1 The vendor and all subcontractors must meet all requirements of 42 CFR 438.354 and the mandatory DHCFP contract requirements as follows:

2.2.1.1 The vendor must have staff with demonstrated experience, knowledge and skills of:

A. Medicaid recipients, policies, data systems, and processes;

Delmarva Foundation Response: ***Delmarva Foundation's experience with Medicaid members, policies, data systems, and processes spans decades. Our utilization, quality assurance/quality improvement, and EQR work all provide evidence of this requested experience. Our EQR team reviews Medicaid recipient information through a variety of means such as grievance and appeal file reviews, MCO/PAHP reporting, performance improvement projects, and aggregate reporting. We also review member materials to ensure they are in an appropriate format and that they communicate member rights and procedures on how to access health care services. We evaluate MCO/PAHP policies and procedures and determine compliance with state and federal requirements during readiness reviews and systems performance reviews.***

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Our EQR team, analysts, and IT professionals are adept at managing large member and provider databases. Our data management team routinely receives large datasets for quality studies using administrative data. They are equally adept at merging hybrid and administrative data for calculation of performance measures. Our data team is flexible in working with a variety of stakeholders for direct acquisition or exchange of data. Delmarva Foundation has developed data management and exchange plans directly with state MMIS contractors and MCOs for large encounter data files.

B. Managed care delivery systems, organizations, and financing;

Delmarva Foundation Response: ***Delmarva Foundation has been conducting reviews of managed care delivery systems since 1997—prior to the release of the EQR Protocols by CMS. Our experience includes working with states, a variety of managed care entities, and each state's tailored managed care programs. We have worked with states as they transition from fee-for-services and primary care case management programs to managed care delivery systems. Our approach in working with these organizations is to develop collaborative relationships that facilitate open communication. This allows us to better understand program initiatives and progress with meeting goals and targets, as well as the challenges faced by the organizations. This positions us to most effectively make recommendations for improvement as we understand gaps in care and areas of noncompliance. We are mindful and cost conscious when we make our realistic and targeted recommendations.***

We understand financial constraints that face states as well as their MCOs. We are sensitive to budgets and offer financial experience related to:

- ***Value based purchasing and incentive programs to promote accountability, improved outcomes, and cost efficient services***
- ***Encounter data validations to ensure complete, timely, and accurate encounter data which can be used to monitor program integrity and assist in determining capitation rates***
- ***Fraud, waste, and abuse and program integrity monitoring that may identify under or overutilization and/or other abusive practices***

2.2.1.2 Quality assessment and improvement methods; and

Delmarva Foundation Response: ***Delmarva Foundation is a CMS Federally designated QIO-like organization and our EQR staff is well versed in quality assessment and quality improvement methods. We have several staff members who are certified in health care quality. Our Senior EQR Director has been trained by the Institute for Health Care Improvement in strategies that improve health outcomes and reduce health care costs. Our corporate Quality Management System (QMS) is ISO 9001:2015 certified and it ensures that we always follow the Plan, Do, Check, Act (PDCA) model of quality improvement. We execute this model internally with our work procedures, as well as externally when we work with MCOs/PAHPs and make recommendations for improvement. Delmarva Foundation is also URAC certified for health utilization management. We apply our ISO and URAC principles in our PDCA continuous improvement approach.***

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DELMARVA FOUNDATION
Easton, Maryland

QSR 1005 for the ISO 9001:2015
Quality Management System Standards

We have extensive experience providing quality improvement technical assistance on a national, state, and MCO level. Our methods provide recommendations and prescribe best practices that will have a measureable impact on the health outcomes of Medicaid/CHIP members. Many of our quality improvement recommendations are based on our extensive experience reviewing and validating a variety of PIP topics and are based on lessons learned. Performance improvement is generally attributed to changing a process rather than through passive interventions. For example, if a PIP focuses on improving postpartum visit rates, improvement is much more likely to occur if postpartum visits are scheduled by hospital discharge planners, rather than waiting for mothers to schedule the appointments themselves after being reminded via an educational mailing about postpartum care.

2.2.1.3 Research design and methodology, including statistical analysis.

Delmarva Foundation Response: ***Delmarva Foundation's skilled EQR and analytic team applies our extensive experience in research methodology, various statistical analytic techniques, and reporting capabilities from many types of data/databases to all aspects of the EQRO work. We routinely work with managed care encounter data, hybrid data, Medicaid and Medicare claims data, national survey data, and data collected by Delmarva Foundation through quality assurance and quality improvement program initiatives to provide a thorough evaluation and analysis of each MCO/PAHP, and comparative analysis among organization peers. Our Scientist/Statistician has over 20 years of experience in statistics and research methodologies and our Director of Data Management has 24 years of related experience. They are both well versed in conducting focused studies. We have conducted a variety of studies using various statistical techniques including:***

- ***Birth outcomes***
- ***Behavioral health***
- ***EPSDT***
- ***Asthma emergency room utilization***
- ***Well child study***
- ***Psychotropic drug use***

2.2.2 Sufficient physical, technological, and financial resources to conduct EQR or EQR-related activities

Delmarva Foundation Response: ***Delmarva Foundation possesses the following physical, technological, and financial resources to continue delivering EQR services effectively and efficiently for DHCFP.***

Physical Resources

Delmarva Foundation's parent organization, QHS, operates a business unit dedicated specifically to managing office space and resources and physical security and storage of hardcopy Personal Health Information (PHI). Our corporate Facility/Administration Operations Leader ensures we have the resources and facilities to meet DHCFP's requirements. In addition to our corporate office, Delmarva Foundation currently supports eleven regional offices across the nation. All of our facilities are equipped with the required office and technological equipment, physical security, and resources to support the proposed services and all other business activities in a quick and efficient manner. Our Easton, Maryland corporate office will serve as the primary location for services related to this contract.

Technological Resources

Delmarva Foundation's IT team works as easily with our customer's legacy centralized data systems as they do with our custom-designed secure web-based systems which demonstrates our flexibility to meet DHCFP's IT needs. Delmarva Foundation's information systems are primarily based in the Easton, Maryland datacenter. Local and wide area networks for over 450 associates are served by more than 225 servers running Microsoft Windows 2012 for file and application services, and Active Directory for directory services. Web services are provided on Internet Information Services (IIS) 7.5 platforms. We provide extensive, sophisticated database services on Microsoft SQL Server 2012/2016. Delmarva Foundation hosts mail on a Microsoft Exchange 2016 environment in all offices. Information storage is provided via a 3Par Storage Area Network (SAN) with approximately 130 terabytes (TB) of storage space, expandable to over 800 TB. Delmarva Foundation's infrastructure is designed to maximize performance while ensuring that information security remains at high levels. Multiple firewalls provide an architecture that meets and exceeds CMS requirements, using Cisco's Adaptive Security Appliance along with F5's BIG-IP for secure reverse proxy. Our offices in the District of Columbia and Columbia, MD provide reduced but similar information services for local work and for business continuity purposes. We store backup tapes for each office at off-site locations.

- ***Secure Intersite Connectivity. All of Delmarva Foundation's offices are connected via a Multi-protocol Label Switching (MPLS) network. This connectivity provides a secure, off-Internet, meshed information-sharing capability across all offices. Our system provides high information-passing capacity without exposure to the security issues inherent with the public Internet. It also allows for greater flexibility for daily processing and more reliability for business continuity purposes.***

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- ***Remote Access to Delmarva Foundation's Environment. Delmarva Foundation is very familiar with remote access because of our diverse needs for employees working outside of our physical office sites. Our current client-to-site Virtual Private Network (VPN) uses Cisco's adaptive security appliance (ASA) firewalls. The VPN enables our employees to connect to the information systems environment from outside locations quickly and securely.***
- ***Application Development and Data Management Environment. Application developers provide innovative applications for review tools using Microsoft .NET, C#.net, JavaScript, HTML, and CSS. Delmarva Foundation's standard database management system is SQL Server 2016. The benefit to our clients is our ability to build custom applications and quickly update tools to meet client requirements. This minimizes the waiting time and cost for a vendor to update code.***
- ***Voice and Video Conferencing. Delmarva Foundation's teleconferencing and videoconferencing meets industry-standard specifications for linking to non-Delmarva Foundation facilities. Our web-based collaboration allows us to give presentations, share applications, and edit documents in real-time, and interacts with participants via live video conferencing.***
- ***Secure Web Portal Technology. We communicate effectively with remote clients through secure web portal technology. Web portals allow us to schedule project activities, share and manage documents, post announcements, track project progress, and conduct other project management and data-sharing activities in a secure, real-time environment. User names and passwords provide access to this secure system at the approved access level for each participant. The system can be accessed via the Internet from any computer by authorized users. Delmarva Foundation collaborates with clients on the same document using web portal technology. The web portal offers a more efficient way to modify reports; maintains a record of edits, comments, and decisions; and creates a final product faster and more effectively. This site becomes the communication pathway for deliverables in production, as well as a repository for all accepted deliverables and status reports. Search capabilities are embedded within the portal, and alerts can be set to notify users by email of updates or additions to the portal.***
- ***Data Security. Delmarva Foundation's approach to protecting our customer's information and meeting federal and state laws and regulations (including HIPAA) is guided by the recommendations of the National Institute of Standards and Technology (NIST). More specifically, our security program, policies, and procedures are intended to be in line with the families of controls recommended within NIST Special Publication 800-53 Rev 4, "Security and Privacy Controls for Federal Information Systems and Organizations." Information security policies and procedures to meet the physical, administrative, and technical security controls specified by NIST are documented and tightly enforced. A dedicated security team is in place to implement, monitor, and constantly improve all aspects of the Delmarva Foundation security program.***

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Financial Resources

Delmarva Foundation has the financial capability and working capital needed to undertake all tasks associated with the resultant contract. Our commitment to fiscal integrity is demonstrated by internal and external metrics such as an excellent Dun & Bradstreet (D&B) rating, and compliance with Generally Accepted Accounting Principles (GAAP) and applicable circulars for the US Office of Management and Budget (OMB). This assures our clients that Delmarva Foundation is a stable and reliable business partner with 44 years of successful experience in government contracting.

2.2.3 Other clinical and nonclinical skills necessary to carry out EQR or EQR-related activities and to oversee the work of any subcontractors.

Delmarva Foundation Response: ***Delmarva Foundation's EQR team possesses the following clinical and nonclinical skills necessary to carry out EQR or EQR-related activities and oversee the work of any subcontractors for DHCFP.***

Clinical and Non-Clinical Skills

Delmarva Foundation's EQRO team is committed to our clients and provides meaningful contract deliverables that are completed on time, every time, and assist in informing policy. Our clinical and non-clinical quality assurance and quality improvement skills are strengthened by our ability to plan, organize, and execute in a manner that exceeds customer expectations and delivers value.

Delmarva Foundation's experienced staff includes senior level quality improvement professionals, a medical director, registered nurses, health care analysts, coders, and an array of IT professionals. Our qualified and well-rounded EQR team has demonstrated our commitment to quality improvement by gaining a variety of advanced educational health care degrees and professional certifications in a number of areas including:

- ***Project Management Profession Certification (PMP). Requires an individual to have at least 4,500 hours of experience leading and directing projects, take a 35-hour project management education course, and pass a certification exam demonstrating competence to perform in the role of a project manager who leads and directs projects and teams. Maintaining a PMP requires earning 60 professional development units every three years.***
- ***Certified Person Centered Thinking Trainer (CPCTT). Requires an individual to demonstrate competent knowledge and training skills by successfully conducting person centered thinking training in two distinct sessions, observed and certified by a certified mentor trainer. Must demonstrate competency in the principles of person centered practices, and ability to train using the principles of adult learning.***
- ***Certified Professional in Health Care Quality (CPHQ). Requires an individual to pass an accreditation examination demonstrating competent knowledge, skill, and understanding of program development and management, quality improvement concepts, coordination of survey processes, communication and education techniques, and departmental management.***

- ***Certified Six Sigma Green Belt (CSSGB). Requires an individual to operate in support or under the supervision of a Six Sigma Black Belt, analyze and solve quality problems, and be involved in quality improvement projects. Additionally, a CSSGB has completed at least three years of work experience and has demonstrated knowledge of Six Sigma tools and processes by passing a certification exam.***
- ***Certified Professional Coder (CPC). Requires an individual to pass a certification examination demonstrating knowledge of compliance with all medical coding laws and regulations and ensure that the coding used is for reimbursable expenses when necessary. CPCs must be members of the American Academy of Professional Coders. (AAPC), have two years of professional experience or complete an apprentice program.***
- ***Certified Professional Coding Instructor (CPC-I). Requires an individual to have five or more years of medical coding experience, complete the AAPC Instructor Certification Course, and pass a written exam at a proctored exam site. In addition to course completion and scoring a passing grade on the exam, the candidate must conduct a 15-minute presentation that is evaluated by peers with their evaluations submitted to AAPC for review.***
- ***Certified Professional Medical Auditor (CPMA). Requires an individual to pass an exam that demonstrates knowledge of the multifaceted components of medical auditing, record standards and documentation guidelines, coding and documentation compliance, coding and reimbursement concepts, audit scope and statistical sampling methods, medical record audit abstraction, and category risk analysis and communication.***
- ***Certified Medicaid Professional (MCMP-I). Requires successful completion of course work on a variety of subjects including Medicaid funding, MMIS, and Procurement Lifecycle.***
- ***NCQA-Certified Patient-Centered Medical Home Content Expert (PCMH CCE). Requires demonstration of comprehensive knowledge of the PCMH model of care including expertise in navigating the NCQA PCMH Recognition process and expertise on PCMH concepts.***
- ***NCQA-Certified CAHPS Survey Vendor. Organization selected by NCQA's Survey Vendor Certification Team to collect data for CAHPS survey. The NCQA Survey Vendor Certification Team is responsible for recruiting, training, certifying, and providing quality oversight to the survey vendor.***
- ***NCQA HEDIS Licensed Organization Vendor. NCQA licenses organizations and certifies selected employees or contractees of licensed organizations to conduct audits using NCQA's standardized audit methodology. The audit adds a higher degree of integrity to HEDIS data, and enables MCOs to provide consumers and purchasers with consistent and comparable HEDIS reports.***

Our proposed DHCFP EQR Team certifications and credentials are highlighted in Figure 5-3.

Figure 5-3. DHCFP Medicaid EQR Team Certifications and Credentials

2.2.4 Independence. The EQRO and its subcontractors must be independent from the MCO, PAHP, or CMO entities. To qualify as "independent":

2.2.4.1 A State agency, department, university, or other State entity:
Delmarva Foundation Response: ***Delmarva Foundation attests that our company and subcontractors are independent from any State agency, department, university, or other State entity.***

2.2.4.2 May not have Medicaid purchasing or managed care licensing authority; and
Delmarva Foundation Response: ***Delmarva Foundation attests that our company and subcontractors are independent and does not have Medicaid purchasing or managed care licensing authority.***

2.2.4.3 Must be governed by a Board or similar body the majority of whose members are not government employees.
Delmarva Foundation Response: ***Delmarva Foundation attests that our company and subcontractors are independent and is not covered by a Board or similar body that consists of a majority of government employees.***

2.2.5 As described in (described in §438.**354**(c)(2)) an EQRO may not:

2.2.5.1 Review any MCO, PIHP, PAHP, or PCCM entity or a competitor operating in the State, over which the EQRO exerts control or which exerts control over the EQRO (as used in this paragraph, "control" has the meaning given the term in 48 CFR 19.101) through:

A. Stock ownership;
Delmarva Foundation Response: ***Delmarva Foundation will not review MCO, PIHP, PAHP, or PCCM entity if either exerts control (as defined in 48 CFR 12.1010) through stock ownership.***

B. Stock options and convertible debentures;
Delmarva Foundation Response: ***Delmarva Foundation will not review MCO, PIHP, PAHP, or PCCM entity if either exerts control (as defined in 48 CFR 12.1010) through stock options and convertible debentures.***

C. Voting trusts;

Delmarva Foundation Response: ***Delmarva Foundation will not review MCO, PIHP, PAHP, or PCCM entity if either exerts control (as defined in 48 CFR 12.1010) through voting trusts.***

D. Common management, including interlocking management; and

Delmarva Foundation Response: ***Delmarva Foundation will not review MCO, PIHP, PAHP, or PCCM entity if either exerts control (as defined in 48 CFR 12.1010) through common management, including interlocking management.***

E. Contractual relationships.

Delmarva Foundation Response: ***Delmarva Foundation will not review MCO, PIHP, PAHP, or PCCM entity if either exerts control (as defined in 48 CFR 12.1010) through contractual relationships.***

2.2.5.2 Deliver any health care services to Medicaid beneficiaries;

Delmarva Foundation Response: ***Delmarva Foundation will not deliver any health care services to Medicaid members.***

2.2.5.3 Conduct, on the State's behalf, ongoing Medicaid managed care program operations related to oversight of the quality of MCO, PAHP, or CMO entity services, except for the related activities specified in §438.358;

Delmarva Foundation Response: ***Delmarva Foundation will not conduct, on DHCFP's behalf, ongoing Medicaid managed care program operations related to oversight of the quality of MCO, PAHP, or CMO entity services, except for the related activities specified in §438.358.***

2.2.5.4 Review any MCO, PAHP or CMO entity for which it is conducting or has conducted an accreditation review within the previous 3 years; or

Delmarva Foundation Response: ***Delmarva Foundation will not review any MCO, PAHP or CMO entity for which it is conducting or has conducted an accreditation review within the previous 3 years.***

2.2.5.5 Have a present, or known future, direct or indirect financial relationship with an MCO, PAHP, or CMO entity that it will review as an EQRO.

Delmarva Foundation Response: ***Delmarva Foundation will not have a present, or known future, direct or indirect financial relationship with any MCO, PAHP, or CMO entity that it will review as an EQRO.***

2.2.6 The vendor must designate a contract manager to work with the assigned DHCFP program specialist or contract monitor(s).

Delmarva Foundation Response: ***Delmarva Foundation has designated Patricia Newcomb, BS, RN, as the contract manager to work with the assigned DHCFP program specialist or contract monitor(s). Ms. Newcomb's role will also include the following:***

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- ***Work with EQR Project Director***
- ***Provide direct oversight of each contract task***
- ***Plan and coordinate details of review activities***
- ***Ensure schedule is maintained***
- ***Participate in review activities and provide technical assistance***
- ***Be involved in report writing***
- ***Provide subcontractor oversight***
- ***Ensure deliverables are timely and accurate***

2.2.7 The awarded vendor is, or will subcontract with, a National Committee for Quality Assurance (NCQA) certified Consumer Assessment of Health Plans Survey (CAHPS) vendor, if this optional activity is assigned.

Delmarva Foundation Response: ***Delmarva Foundation will subcontract with a National Committee for Quality Assurance certified CAHPS vendor, if this optional activity is assigned. Delmarva Foundation will be partnering with an experienced NCQA-certified CAHPS vendor to administer the survey, WBA Research. The organization has administered CAHPS surveys to adult and child Medicaid enrollees since 2001. Regarding member confidentiality, it is important to note that WBA Research abides by all HIPAA, NCQA, and Code of Standards and Ethics for Survey Research (CASRO) guidelines. WBA Research will work with Delmarva Foundation and The State of Nevada to develop a comprehensive report that best suits DHCFP's needs.***

2.2.8 The awarded vendor is or has on staff, or will subcontract with, an NCQA- Certified Health Employer Data Information Set (HEDIS) Compliance Auditor.

Delmarva Foundation Response: ***Delmarva Foundation will subcontract with Healthy People, Inc. Healthy People is licensed by NCQA to perform NCQA HEDIS Compliance Audits. The Lead Compliance Auditor is a Certified HEDIS Compliance Auditor.***

2.3 VENDOR OPERATING STRUCTURE AND STAFFING

2.3.1 The vendor must assure DHCFP that the organization is adequately staffed with experienced, qualified personnel. The vendor shall provide such assurances as follows:

> 2.3.1.1 Provide DHCFP with an updated organizational chart whenever a significant change in the organization occurs. The organizational chart must depict each functional unit of the organization, numbers and types of staff for each function identified, lines of authority governing the interaction of staff, and relationships with all subcontractors. The organizational chart must also identify key personnel and senior-level management staff and clearly delineate lines of authority over all functions of the Contract. The names of key personnel must be shown on the organizational chart;

Delmarva Foundation Response: ***Delmarva Foundation's proposed Nevada EQR Team is displayed in the following organizational chart.***

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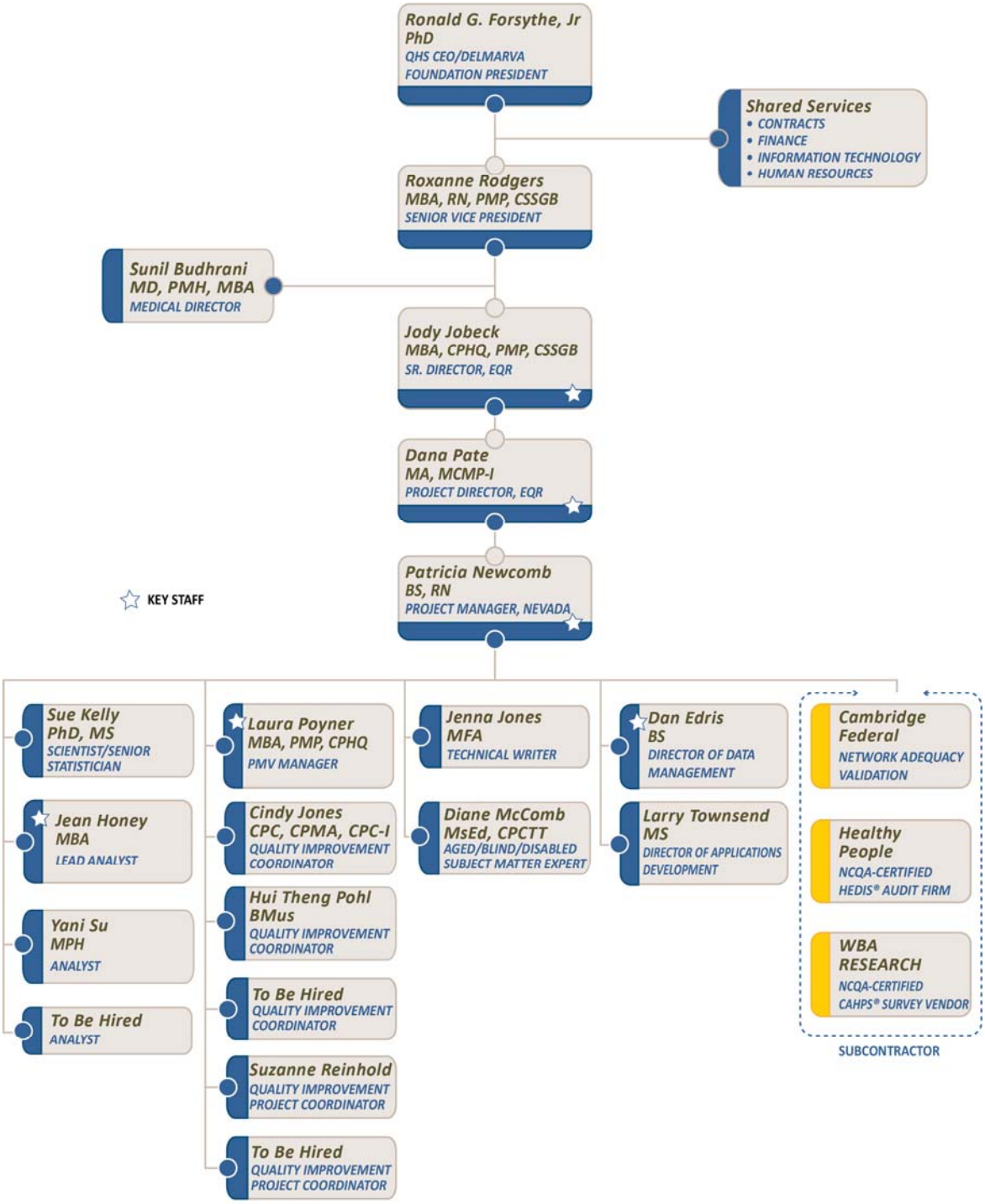
Figure 5-4. Project Organization Chart



2.3.1.2 The vendor must have in place the organizational, management, and administrative systems capable of fulfilling all contract requirements; and

Delmarva Foundation Response:

Delmarva Foundation utilizes a corporate QMS for all contracts. The QMS model is customized to meet the contract requirements and ensures complete customer satisfaction and

fulfillment of all contract deliverables. Excellent contract results are achieved through a combination of continuous quality improvement and contract performance transparency.

Delmarva Foundation's QMS incorporates a secure, web-based system for project management, activity tracking, and performance measurement that blends detailed input and information with multi-level process measures, document libraries, and advanced reporting capabilities. The QMS delivers:

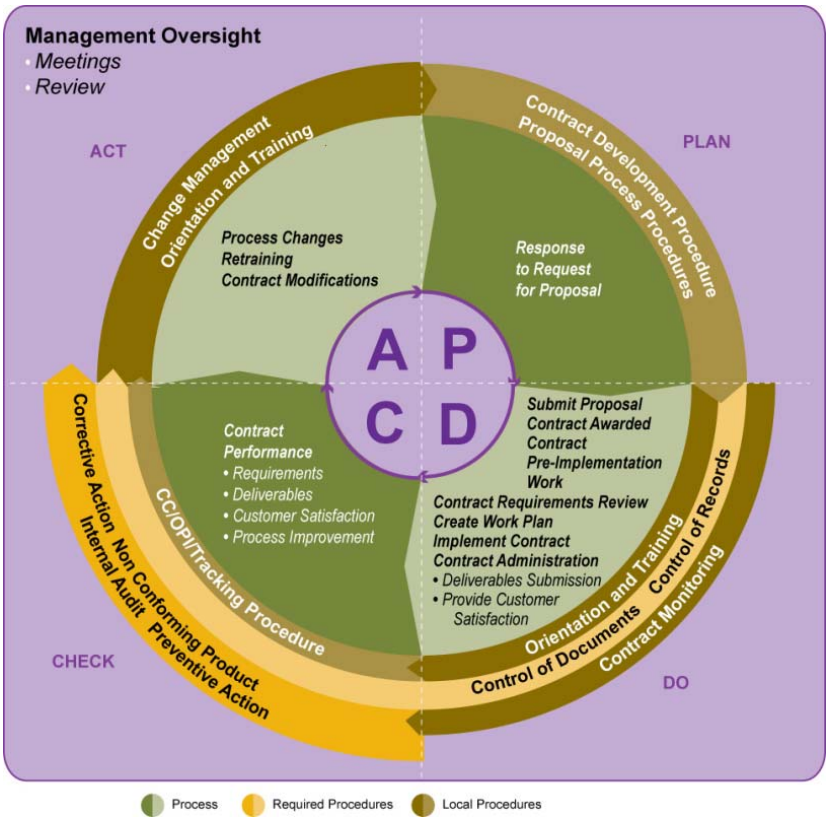
- ***A totally integrated performance management system that measures the overall contract performance including all tasks and subtasks***
- ***Complete customer satisfaction metrics and reporting***
- ***Tracking and advanced notification of compliance with contract requirements ensuring timely, accurate, and complete reports and deliverables***

Our corporate QMS is International Organization for Standardization (ISO) 9001:2015 certified and it ensures that we consistently follow the PDCA model of quality improvement. We abide by the ISO quality management system as it promotes:

- ***A standardized approach to quality management using the Plan-Do-Check-Act (PDCA) approach***
- ***Measurement and monitoring to assure achievement of requirements***
- ***Transparency and consistency in work processes and outputs***
- ***Continuous improvement that fosters quality and improves efficiency***

Delmarva Foundation's QMS process flow begins with the response to a business proposal and then contract award. Upon contract award, pre-implementation activities lead to full implementation. This is followed by ongoing contract administration for all aspects of contract compliance and customer satisfaction. Core procedures and processes assure ongoing continuous monitoring and improvement in all aspects of the work, as per the PDCA continuous improvement approach. Figure 5-4 shows the integration of operations, procedures, and PDCA approach.

Figure 5-5. QMS Process Flow



This process-driven approach assists Delmarva Foundation in the development and implementation of standardized processes and procedures to effectively manage EQR activities.

Our QMS constantly reinforces the continuous quality approach of concurrently monitoring, evaluating, refining, and improving performance, integrity, innovativeness, and the quality of our work. The development and use of contract-specific and internal process measures positions Delmarva Foundation for success. Some of the specific process measures applicable to this contract include communication/status reports and timeliness of contract deliverables.

Delmarva Foundation's QMS policies specifically address the following:

- ***Contract Implementation***
- ***Training for new staff***
- ***Annual review of policies and procedures***
- ***Assessments of staff training needs***
- ***Review of technical capacity to maintain and report required information***
- ***Review and evaluate compliance with HIPAA and Protected Health Information (PHI)***
- ***Opportunities for process improvement***
- ***Development and implementation of CAPs***

Delmarva Foundation's annually reviews and updates all QMS policies and procedures.

2.3.1.3 The vendor is accountable for and must oversee all subcontractor functions.

Delmarva Foundation Response:

Delmarva Foundation has partnered with three skilled and experienced subcontractors that will provide services in support of the Nevada EQR scope of work. We agree to be accountable and oversee all subcontractor functions.

Delmarva Foundation selects subcontractors based on qualifications and experience providing services of similar scope and size necessary to fulfill our contractual obligations. Our selection criteria for subcontractors include:

- ***Impeccable references demonstrating the required experience and ability to provide the requisite services***
- ***Appropriate liability and worker's compensation insurance***
- ***Absence of any actual or perceived conflicts of interest pertinent to the scope of work activities***

All subcontractor personnel are subject to the same requirements as direct Delmarva Foundation employees relative to the specific task performed. At a minimum, all subcontractor personnel must:

- ***Have a completed background check***
- ***Complete Delmarva Foundation security and confidentiality training on initial employment, and annually thereafter***
- ***Not have a conflict of interest***
- ***Possess the requisite licensure***
- ***Possess the requisite experience and knowledge***
- ***Attend required trainings and meetings***
- ***Meet inter-rater reliability requirements***
- ***Meet productivity and deadline requirements***

Delmarva Foundation works closely with our subcontractors on each contract task. We communicate with our subcontractors frequently to ensure understanding, progress, and quality of work related to each task. We require each subcontractor to provide a monthly progress report that links back to the scope of work outlined in the subcontract. At the end of each year, Delmarva Foundation completes a subcontractor evaluation per our ISO/QMS Policy. This re-evaluates the subcontractor's professional credentials, licensures, and state operating licenses and evaluates the subcontractor on the quality/accuracy of their work, timeliness of deliverables, and overall satisfaction with their services.

2.4 IMPLEMENTATION

2.4.1 The vendor shall develop and submit to DHCFP for approval, no later than one month after notification that the vendor has been awarded the Contract, a detailed work plan and timeline for performing the obligations set forth in the Contract for the first contract year.
Delmarva Foundation Response: ***Upon contract award, we will immediately begin development of a detailed work plan and timeline that will address all activities in the contract scope of work. The work plan and timeline will include milestones and dates for each activity, as well as resources to accomplish each task. We will build time into the work plan to allow for DHCFP input in customizing each activity to best meet the needs of the program. We will also account for DHCFP's time to review draft reports and provide feedback before we finalize them. Delmarva Foundation's work plan and timeline will be submitted to DHCFP for review and approval within one month after notification of the contract award. Work plans and timelines will be maintained on the Nevada portal, in which DHCFP staff may access.***

2.4.2 Provide DHCFP with updates to the initial work plan and timeline, identifying adjustments that have been made to either and describing the vendor's current state of readiness to perform all Contract obligations. All such updates shall be reviewed and approved by the DHCFP.
Delmarva Foundation Response: ***Delmarva Foundation will update the initial work plan and timeline using an EQR task change document to include the change modification description, and date of request. If the change affects a deliverable, we will note that also. Each work plan that we submit will include a state of readiness for each task, as well as an expected completion date, and later an actual completion date so that work plan progress is transparent. We will add the changes to the monthly status report for review/approval by DHCFP.***

2.4.3 Unless otherwise agreed to by the DHCFP, submit to the DHCFP, within a minimum of ten (10) working days of the service start date, all deliverables to permit any DHCFP identified modifications. The DHCFP will have a maximum of twenty (20) working days upon receipt in which to respond with modifications to the vendor. If the DHCFP does not respond by the twentieth work day after receipt of the deliverable, the DHCFP's approval of the submission will be assumed to be granted.
Delmarva Foundation Response: ***Delmarva Foundation agrees to submit all deliverables to DHCFP within ten (10) working days of the service start date with identified modifications. We agree that after twenty (20) workings days upon receipt and review, if DHCFP does not respond back, we will assume DHCFP's approval has been granted for the modification.***

2.5 PRESENTATION OF FINDINGS

The awarded vendor must obtain DHCFP's approval prior to publishing or making formal public presentations of statistical or analytical material that includes information about enrolled recipients. This material must protect specific individual recipient privacy and confidentiality to the extent required by both federal and state law and regulation.

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Delmarva Foundation Response: ***Delmarva Foundation agrees to obtain DHCFP's approval prior to publishing or making formal public presentations of statistical or analytical material that includes information about enrolled recipients. We understand that we will have access to confidential information about enrolled recipients. We will treat information, including PHI, in a confidential manner. Delmarva Foundation executes a Confidentiality Policy and Agreement with all employees. The agreement explains and identifies authorized uses and disclosures of confidential information. Any material that is developed will protect specific individual recipient privacy and confidentiality to the extent required by both federal and state law and regulation.***

2.6 HIPAA COMPLIANCE REQUIREMENTS

2.6.1 The vendor represents and warrants that:

2.6.1.1 It will conform to all applicable Health Insurance Portability and Accountability Act (HIPAA) requirements and regulations no later than the compliance date of each of those requirements or regulations;

Delmarva Foundation Response: ***Delmarva Foundation conforms to all applicable HIPAA requirements and regulations. We ensure compliance by required dates of regulations. Our approach to protecting customer information and meeting federal and state laws and regulations (including HIPAA and HITECH) is guided by the recommendations of the National Institute of Standards and Technology (NIST). Our security program, policies, and procedures are in accordance with the controls recommended within NIST Special Publication 800-53 Rev 4, "Security and Privacy Controls for Federal Information Systems and Organizations." Information security policies and procedures to meet the physical, administrative, and technical security controls specified by NIST are documented and tightly enforced. A dedicated security team is in place to implement, monitor and constantly improve all aspects of the Delmarva Foundation security program.***

Delmarva Foundation's Director of Compliance coordinates annual compliance training including the confidentiality of PHI, the secure handling and transmission of PHI and electronic protected health information (ePHI), and on reporting breaches of PHI and ePHI. Delmarva Foundation has also adopted and implemented a Code of Conduct titled Values in Action, to ensure compliance with operating standards and the requirements of our clients. The compliance training is part of overall annual Corporate Responsibility training covering the Code of Conduct, Ethics, Security Awareness and Harassment. Participation in the Corporate Responsibility training is reflected in each employee's annual performance appraisal. Subcontractors are also required to complete the training.

2.6.1.2 It will ensure compliance with all HIPAA standards for themselves and any Business Associate(s), including transaction, code sets, identifier, privacy, confidentiality, and security standards, by the effective date of those rules;

Delmarva Foundation Response: ***Delmarva Foundation and its subcontractors ensures compliance with all HIPAA standards, including transaction, code sets, identifier, privacy, confidentiality, and security standards, but the effective date of such rules and regulations.***

2.6.1.3 As a Business Associate, the Vendor and all subcontractors will comply with the Business Associate Addendum, ("BAA") found in Attachment J that is made a part of the contract.

Delmarva Foundation Response: ***Delmarva Foundation and its subcontractors will comply with the BAA found in Attachment J of the Request for Proposal 3491: External Quality Review Organization (EQRO).***

Section VI – Company Background and References

3. COMPANY BACKGROUND AND REFERENCES

3.1 VENDOR INFORMATION

3.1.1 Vendors shall provide a company profile in the table format below.

Question	Response
Company name:	***Delmarva Foundation for Medical Care, Inc.***
Ownership (sole proprietor, partnership, etc.):	***Not for profit corporation***
State of incorporation:	***Maryland***
Date of incorporation:	***05/15/1973***
# of years in business:	***44***
List of top officers:	***Ronald G. Forsythe, Jr., PhD*** ***Chief Executive Officer and Interim President*** ***Rebecca Combs*** ***Chief Financial Officer*** ***Deborah Keller*** ***Vice President, Human Resources***
Location of company headquarters, to include City and State:	***28464 Marlboro Avenue*** ***Easton, Maryland 21601***
Location(s) of the office that shall provide the services described in this RFP:	***28464 Marlboro Avenue*** ***Easton, Maryland 21601***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***n/a***
Number of employees nationally with the expertise to support the requirements in this RFP:	***105***
Location(s) from which employees shall be assigned for this project:	***28464 Marlboro Avenue*** ***Easton, Maryland 21601***

3.1.2 A Nevada-based business may apply for a five percent (5%) preference on its proposal. This preference may apply if a business has its principal place of business within Nevada. This preference cannot be combined with any other preference, granted for the award of a contract using federal funds, or granted for the award of a contract procured on a multi-state basis. To claim this preference a business must submit a letter with its proposal showing that it qualifies for the preference.

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***Delmarva Foundation Response:* While Delmarva Foundation is not a local business, our subcontractor Healthy People, Inc. is Nevada-based company. Healthy People is located in Incline Village, Nevada.**

3.1.3 Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state shall register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.
***Delmarva Foundation Response:* Delmarva has provided Attachment 6-1 following this section, its Notice of Exemption – Nevada State Business License issued by the Nevada Secretary of State.**

3.1.4 The selected vendor, prior to doing business in the State of Nevada, shall be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://nvsos.gov.

Question	**Response**
Nevada Business License Number:	***NV20171828654***
Legal Entity Name:	***Delmarva Foundation for Medical Care, Inc.***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	**X**	No	

If "No", provide explanation.

3.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	**X**

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	**Response**
Name of State agency:	
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

3.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

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Yes		No	**X**

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?
Delmarva Foundation Response: ***n/a***

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person shall be performing or producing the services which you shall be contracted to provide under this contract, you shall disclose the identity of each such person in your response to this RFP, and specify the services that each person shall be expected to perform.
Delmarva Foundation Response: ***n/a***

3.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP shall also be disclosed.

Does any of the above apply to your company?

Yes		No	**X**

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	**Response**	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

3.1.8 Vendors shall review and provide if awarded a contract the insurance requirements as specified in Attachment D, Insurance Schedule for RFP 3491.
Delmarva Foundation Response: ***If awarded a contract, Delmarva Foundation will provide the requested insurance requirements as specified in Attachment D.***

3.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

Delmarva Foundation Response: ***Delmarva Foundation was established in 1973 as a peer standard review/quality improvement organization. With offices in Maryland, Georgia, Florida, and the District of Columbia, we have 105 employees with extensive experience conducting quality improvement (QI), quality assurance (QA), utilization review (UR), EQR, and related services. We are a subsidiary of Quality Health Strategies, Inc. (QHS), which is headquartered in Easton, Maryland. QHS employs over 450 highly-skilled experts including physicians, nurses, epidemiologists, biostatisticians, psychologists, social workers, programmers, health analysts, fraud experts and many other talented and dedicated professionals who work with Delmarva Foundation to assist and support our work. Figure 6-1 is an overview of our corporate organization.***

Figure 6-1. Corporate Organizational Chart

Delmarva Foundation has more than 44 years of in depth experience conducting utilization control (UC) and QA of selected health services provided in hospitals, nursing facilities, and home and community based settings for Medicaid and Medicare programs. In our home state of Maryland, this experience began with a regional Professional Standard Review Organization (PSRO) designation in 1975, followed by the first ever statewide Maryland Medical Assistance Utilization Control Contract in 1985. This was soon followed by a contract with the Health Care Finance Administration (HCFA—currently known as CMS) in 1986 as the Maryland Medicare Professional Review Organization, which then evolved into being designated as a QIO and QIO-like organization.

Over the span of four decades, we have held a variety of QA service contracts in Maryland and the District of Columbia. During this time, we developed QA programs focused on controlling utilization and costs of services for Medicaid recipients. These programs include authorization of acute, long-term care, and waiver services based on the application of program specific and InterQual criteria, as well as our professional knowledge and expertise.

Through our EQRO contracts, Delmarva Foundation has identified and helped to improve quality, access, and timeliness of services provided to Medicaid managed care members in 10 states. In 1996, Delmarva Foundation was awarded contracts to conduct external quality reviews of Medicaid managed care organizations (MCOs) in Maryland and Vermont. Due to our recognized expertise and commitment to states, Delmarva Foundation expanded its presence in the Medicaid evaluation and external quality arena with contracts in West Virginia, Virginia, Delaware, Ohio, Michigan, and California. Currently, Delmarva Foundation conducts EQRO activities in the District of Columbia, Maryland, North Dakota, and West Virginia.

As part of our EQR activities, we also complete 1915(b) Waiver Assessments for the North Dakota Department of Human Services which includes an evaluation of accessibility, quality, and impact of the Medicaid Expansion program. We have conducted these assessments since contract implementation in 2014. We also have experience in conducting 1115 waiver assessments for managed care programs in Pennsylvania and New York.

In addition to holding multiple EQRO contracts with state Medicaid agencies, Delmarva Foundation currently holds contracts with several Medicaid offices to conduct a variety of QA and QI activities, including work with populations that have developmental disabilities. Our work with this population began in 2001. We have designed and built comprehensive QA programs for home and community based services (HCBS) and state-funded Intellectual and Developmental Disabilities (IDD) populations in Georgia, Florida, Virginia, and South Carolina. We have also provided QI and oversight of services for individuals in Intermediate Care Facilities (ICF) in California. In the District of Columbia, Delmarva Foundation holds a Long-Term Care contract where we assess the Medicaid population for receipt of home and community based service (HCBS). We have held this contract since 2013.

Over and above our aforementioned experience, DHCFP can leverage our intelligence in program integrity. Our expertise includes Medicaid and Medicare fraud control and detection, originally within Delmarva Foundation, and now through our sister organization, Health Integrity, LLC, a wholly owned subsidiary of Quality Health Strategies. Health Integrity analyzes managed care data and serves the entire nation in an effort to protect the fiscal and clinical integrity of Medicare, Medicaid, and other healthcare systems. With multiple federal contracts for detecting and combating health care fraud, waste, and abuse on a national and regional level, Health Integrity offers fraud prevention solutions, tools, and customized analytics. Due to deep expertise in predictive modeling, sophisticated tools, and comprehensive fraud data sources, Health Integrity is able to offer custom analytical services,

beyond the scope of this RFP, to address any additional challenges facing Nevada Medicaid. Figure 6-2 provides an overview of our services and years of experience.

Figure 6-2. Delmarva Foundation Experience

Delmarva Foundation's mission is to create solutions to transform health as evidenced by our business lines. In our quest to achieve our mission to transform health, we provide our clients with exceptional service. We are driven by a commitment to provide the best people, the best solutions, and the best results. We aim to exceed client expectations by providing quality and timely deliverables within budget. We have established goals in the areas of collaboration, results orientation, accountability, and solutions, as illustrated in Figure 6-3 below.

Figure 6-3. Delmarva Foundation Goals

Through Delmarva Foundation, DHCFP will realize the benefits of our:

- ***Knowledgeable professional staff and management team that have experience in all areas of the Nevada EQR scope of work.***
- ***Effective solutions that will be customized to meet the specific needs of DHCFP and the populations it serves.***
- ***Cost savings based on developed efficiencies and lessons learned in completing the tasks.***

If selected as your EQRO, we will:

- ***Provide exceptional services and quality deliverables for each EQR task that will exceed your expectations.***
- ***Make recommendations for improving the quality of health care services furnished by each MCO, PAHP, and CMO including how Nevada can target goals and objectives in the Quality Strategy.***
- ***Work collaboratively with DHCFP and all of its contracted vendors throughout the contract period.***

"Delmarva Foundation provides exceptional services and has exceeded our expectations."

–ND EQRO Contract Monitor

*"Delmarva Foundation's team exceeded our expectations. We were fortunate to partner with an organization that **understands the complexity** of our state Medicaid program and was able to tailor the required tasks and reporting to **meet the needs** of the program and participating MCOs."*

–CA EQRO Contract Monitor

*"They [Delmarva Foundation] **provided valuable EQRO knowledge**, advice, and assistance and they were **available when needed.**"*

–MD EQRO Contract Monitor

3.1.10 Provide a brief description of the length of time vendor has been providing services described in this RFP to the public and/or private sector.

Delmarva Foundation Response: ***Delmarva Foundation began providing EQR services to assess access, timeliness, and availability of Medicaid managed care services to beneficiaries in 1996.***

Delmarva Foundation has been conducting independent external quality reviews for 21 years.

We have experience in conducting all of the tasks identified in the Nevada EQRO RFP. Table 6-1 illustrates our years of experience in each task.

Table 6-1. Task-Based Experience

EQR Task	Number of Years Experience
2.1.1.1 Performance Improvement Project Validation	21
2.1.1.2 Performance Measurement Validation	21
2.1.1.3 Compliance Review	21
2.1.1.4 Network Adequacy Validation	3
2.1.2.1 Validation of Encounter Data	10
2.1.2.2 Administration of Consumer Surveys	16
2.1.2.3 Calculation of Performance Measures	21
2.1.2.4 Conduct Performance Improvement Projects	21
2.1.2.5 Conduct Quality Studies	21
2.1.2.6 Assistance with the Quality Rating System	10

3.1.11 Financial information and documentation to be included in accordance with Section 8.5, Part III – Confidential Financial Information.

3.1.11.1 Dun and Bradstreet Number

3.1.11.2 Federal Tax Identification Number

3.1.11.3 The last two (2) years and current year interim:

A. Profit and Loss Statement
B. Balance Statement

Delmarva Foundation Response: ***All of the requested information above has been included in Part III, Confidential Financial Information.***

3.2 SUBCONTRACTOR INFORMATION

Subcontractors are defined as a third party, not directly employed by the contractor, who shall provide services identified in this RFP. This does not include third parties who provide support or incidental services to the contractor.

3.2.1 Does this proposal include the use of subcontractors?

Yes	**X**	No	

If "Yes", vendor shall:

3.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor shall perform services.

Delmarva Foundation Response: ***Delmarva Foundation has partnered with three subcontractors to assist in performing the EQR scope of work including Healthy People, WBA Research, and Cambridge Federal.***

Healthy People is licensed by NCQA to perform NCQA HEDIS® Compliance Audits™. We will be using this subcontractor to complete the Performance Measurement Validation task.

WBA is an NCQA-certified CAHPS® vendor. We will be using this vendor to complete the optional CAHPS Survey task.

Cambridge Federal is a veteran-owned business that provides call center operations. We will be using this subcontractor to complete next available appointment calls which is a component of the Network Adequacy Validation task.

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3.2.1.2 If any tasks are to be completed by subcontractor(s), vendors shall:

A. Describe how the work of any subcontractor(s) shall be supervised, channels of communication shall be maintained and compliance with contract terms assured; and
Delmarva Foundation Response: ***Delmarva Foundation requires that all subcontractors follow the terms of their agreements, and monitors compliance with those terms for the duration of the agreement. We ensure their success by providing them with an orientation that is specific for their task and provide trainings, if applicable. Our Project Manager develops a workplan and timeline for them and maintains frequent communication to ensure compliance. Communication may occur through trainings, webinars, conference calls, emails, or face-to-face. Our subcontractors are required to submit monthly written reports which documents their progress in meeting contract requirements.***

We also create portals for our subcontractors and require that they complete and store work on our portals. This provides us with real-time access to their work where we can monitor progress and quality in a secure enviornment.

B. Describe your previous experience with subcontractor(s).
Delmarva Foundation Response: ***We have previous experience working with two of the three subcontractors.***

We have a working history with WBA Research that spans more than 10 years. Currently we use WBA Research as our CAHPS Survey vendor for our District of Columbia EQRO contract.

Our experience with Cambridge Federal dates back to 2016. We currently use Cambridge Federal to complete next available calls for our Maryland EQRO contract.

Our partnership with Healthy People is new for this Nevada EQR scope of work. We selected this subcontractor based on quality references, NCQA-certification, and Nevada-based location.

3.2.1.3 Provide the same information for any proposed subcontractors as requested in Section 3.1, Vendor Information.

WBA Research Response:
3.1 VENDOR INFORMATION

3.1.1 Vendors shall provide a company profile in the table format below.

Question	Response
Company name:	***Widener-Burrows & Associates, Inc. (DBA WBA Research)***
Ownership (sole proprietor, partnership, etc.):	***Corporation***
State of incorporation:	***Maryland***

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Question	Response
Date of incorporation:	***1987***
# of years in business:	***28***
List of top officers:	***S. Renee Henley – President/CEO*** ***Allison S. Booker, Executive V. President*** ***Susan J. Landis, Senior V. President*** ***Kevin A. Pullis, Vice President*** ***Jeffrey W. George, Vice President***
Location of company headquarters, to include City and State:	***Crofton, Maryland***
Location(s) of the office that shall provide the services described in this RFP:	***Crofton, Maryland***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***52***
Number of employees nationally with the expertise to support the requirements in this RFP:	***Not applicable***
Location(s) from which employees shall be assigned for this project:	***Crofton, Maryland***

3.1.2 A Nevada-based business may apply for a five percent (5%) preference on its proposal. This preference may apply if a business has its principal place of business within Nevada. This preference cannot be combined with any other preference, granted for the award of a contract using federal funds, or granted for the award of a contract procured on a multi-state basis. To claim this preference a business must submit a letter with its proposal showing that it qualifies for the preference.
WBA Research Response: n/a

3.1.3 Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state shall register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.
WBA Research Response: Application to the State of Nevada submitted 2/9/2018.

3.1.4 The selected vendor, prior to doing business in the State of Nevada, shall be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://nvsos.gov.

Question	Response
Nevada Business License Number:	***In process***
Legal Entity Name:	***Widener-Burrows & Associates, Inc.***

Is "Legal Entity Name" the same name as vendor is doing business as?

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Yes		No	***X***

If "No", provide explanation.

WBA Research Response: The Legal Entity Name is used when requested. The majority of our clients use WBA Research.

3.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	***X***

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	**Response**
Name of State agency:	
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

3.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	**X**

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?
WBA Research Response: Not applicable

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person shall be performing or producing the services which you shall be contracted to provide under this contract, you shall disclose the identity of each such person in your response to this RFP, and specify the services that each person shall be expected to perform.
WBA Research Response: Not applicable

3.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP shall also be disclosed.

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Does any of the above apply to your company?

Yes		No	**X**

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	**Response**	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

3.1.8 Vendors shall review and provide if awarded a contract the insurance requirements as specified in Attachment D, Insurance Schedule for RFP 3491.
WBA Research Response: ***If awarded a contract, WBA Research will provide the requested insurance requirements as specified in Attachment D.***

3.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.
WBA Research Response: ***Widener-Burrows & Associates, Inc, (dba WBA Research) is a full-service for-profit market research firm, serving clients in a wide range of industries including, but not limited to, travel and tourism, transportation, healthcare, higher education, financial services and utilities. WBA prides itself on being a firm that is large enough to serve any market research need a client might have, but still small enough to provide consistent, personalized service. We do not have standard solutions to any problems or issues brought to us—we work individually with each client to determine the research approach that would best meet their needs.***

WBA Research was founded in 1987 by Dawne Widener-Burrows and is currently in its 30th year as a national market research company. In 1997, the company was sold to Steve Markenson who had previously served as Senior Vice President. In 2017, 23-year company veteran Renée Henley purchased majority ownership of WBA Research and was named President and CEO. Steve Markenson, now a part-time Research Consultant, and Executive Vice President Allison Booker share the remaining minority ownership.

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The company is registered as a C Corporation in the State of Maryland, and as a woman-owned small business, WBA Research is certified as follows:

- ***Maryland Department of Transportation (MDOT) – MBE/DBE/SBE***
- ***State of Maryland – MBE/DBE/SBE***
- ***Washington Metropolitan Transportation Authority (WMATA) – DBE/SBE***
- ***District of Columbia Department of Transportation (DDOT) – DBE/SBE***
- ***New York State – WBE***
- ***New Jersey Department of Transportation (NJDOT) – DBE***
- ***Georgia Department of Transportation (GDOT) – DBE***
- ***Delaware Department of Transportation (DelDOT) – DBE***
- ***Vermont Agency of Transportation (VTrans) – DBE***
- ***Washington State – DBE***

****MBE=Minority Business Enterprise, DBE=Disadvantaged Business Enterprise, SBE=Small Business Enterprise****

WBA has an in-house full-time staff of 25 professionals; this includes a project management team of 10, 2 Professional Focus Group Moderators, a Data Management Director and 2 Programmers, a Field Director, Telephone Center Director, and Coding Director. In addition, our field staff includes more than 100 professional telephone and in-person interviewers. Based between Baltimore and Washington D.C., the firm conducts research on a national basis for a wide variety of clients.

EXPERIENCE

WBA has interviewed hundreds of thousands of consumers since our inception 30 years ago, and in the past five years alone, WBA has:

- ***Distributed more than 2,000,000 self-administered, online, and mail surveys***
- ***Conducted more than 500,000 telephone interviews***
- ***Conducted more than 30,000 intercept surveys at malls, airports, shopping centers, etc.***
- ***Conducted more than 500 focus groups***

We can provide any and all functions for both qualitative and quantitative market research engagements. This includes:

- ***Selection of the best methodology/approach based on your research needs***
- ***Questionnaire development***
- ***Identification of target audience and the best means of reaching them to conduct research***
- ***Data collection***
- ***Data processing (including coding/categorizing open-ended responses)***
- ***Analysis of results***
- ***Reporting/Presentation***

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WBA offers custom research services, including:

- ***Customer satisfaction and needs assessment studies***
- ***Advertising tracking***
- ***Copy and logo testing***
- ***Image studies***
- ***New product and service development***
- ***Demographic profiling studies***

In providing these services to our clients, WBA is capable of utilizing a full range of qualitative and quantitative market research techniques, including:

- ***On-Site Intercept/Exit Interviews***
- ***Telephone Surveys***
- ***Mail Surveys***
- ***Self-Administered Surveys***
- ***Web/Online Surveys***
- ***Multi-Modal Surveys***
- ***Focus Groups***
- ***Mini-Groups***
- ***In-depth Telephone Interviews (IDIs)***
- ***One-on-One Personal Interviews***
- ***Online Qualitative Studies***

Overall, our company has extensive experience in the areas of travel, tourism, transportation, health care, higher education, associations, utilities, among others. Some of WBA's clients include:

- ***AAA***
- ***Amtrak***
- ***BlueCross of Idaho***
- ***BGE/Exelon***
- ***CareFirst BlueCross BlueShield***
- ***Choice Hotels International***
- ***Commonwealth of Virginia***
- ***Delmarva Foundation for Medical Care, Inc.***
- ***Health Services for Children with Special Needs, Inc. (HSCSN)***
- ***Highmark Health***
- ***Johns Hopkins Medicine***
- ***Maryland Aviation Administration (BWI Marshall Airport)***
- ***Maryland Department of Health and Mental Hygiene***
- ***Maryland Health Care Commission***
- ***Metropolitan Atlanta Rapid Transit Authority (MARTA)***
- ***Metropolitan Transportation Authority (MTA)/NYC Transit***
- ***Metropolitan Washington Council of Governments (MWCOG)***

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- ***New Jersey Transit***
- ***The Art & Science Group***
- ***MedStar Health***
- ***U.S. Census Bureau***
- ***ICMA Retirement Corporation (ICMA-RC)***
- ***Army National Guard***
- ***Air National Guard***
- ***U.S. Coast Guard***
- ***National Sleep Foundation***
- ***Department of Vermont Health Access***
- ***Washington Gas***
- ***Washington Metropolitan Area Transit Authority (WMATA)***

Service & Quality

WBA regularly compiles research data and information for a wide array of clients who have varied knowledge of market research. WBA partners with its clients to deliver "research that's meaningful in the real world." For typical projects, data collection is only the beginning. WBA excels in helping clients make sense of the data and information collected. That means user-friendly reports, tailored to deliver the best information in the best format for the ultimate user. As one client recently noted, "Studies were always completed on time, within budget, with the final product being a report that all members of management found readable and useful."

WBA is bound by the professional standards and ethics of the survey research industry held by the Council of American Survey Research Organizations (CASRO) and the Council for Marketing and Opinion Research (CMOR), as well as state, federal, and international laws that require us to respect and protect respondent privacy, such as the Health Insurance Portability and Accountability Act (HIPAA), the Children's Online Privacy Protection Act (COPPA), and the Gramm-Leach-Bliley Act.

Data Security

WBA has documented and published security policies establishing the procedures for information security. WBA employs an Information Security Management System (ISMS), which ensures the confidentiality, integrity and availability of WBA Research, Inc.'s and its clients information assets. As part of the ISMS, WBA undertakes a process of formally identifying, understanding, assessing and controlling threats and risks to its information assets. The ISMS also ensures that WBA can maintain full compliance with all applicable legislation, regulations, contractual requirements, and the professional standards and ethics of the market research industry.

WBA takes a very pro-active approach to data security. Although WBA has never experienced any security breach or loss of data, since 2008 we regularly conduct on-site audits of our security procedures. Thus, increased measures for data access and storage have been implemented. In addition, WBA has annual electronic scans of our networks and firewalls

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conducted by outside security experts. This audit ensures the integrity and confidentiality of information and resources.

Besides the NCQA and CMS compliance audits, WBA has met the stringent data security/audits of the following organizations to do business with them: American Automobile Association, Exelon, Con Edison, PNC, and Fidelity Investments.

Staffing

WBA Research, as a provider of high-level full service market research services, is organized around the concept of client- and project-driven flexible teaming of functional experts. To manage our daily activities, WBA finds that the best organizational approach is to create departments around functions such as data collection, data processing, project management, data analysis and administration. Then for individual clients, WBA can assemble the most appropriate personnel from each discipline into an assigned team. Since research is project-driven, this seems to be more effective in staffing and is best for our clients. Day-to-day management and contact with the client is handled by one person for the purpose of continuity, with senior management having a significant role in every project.

3.1.10 Provide a brief description of the length of time vendor has been providing services described in this RFP to the public and/or private sector.

WBA Research Response: Our experience in the healthcare industry and high standards of quality were first recognized in November 1998 by the National Committee for Quality Assurance (NCQA), as WBA Research was certified to conduct HEDIS/CAHPS Surveys. Since then WBA has been one of a limited number of research firms to be re-certified by NCQA each year.

Starting in November 2010, our experience in the healthcare industry was recognized by the Centers for Medicare and Medicaid Services (CMS), as WBA met the Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS Survey requirements to be approved to administer the MA & PDP CAHPS Survey.

Starting in October 2013, our experience in the healthcare industry was again recognized by the Centers for Medicare and Medicaid Services (CMS), as WBA met the Accountable Care Organization (ACO) CAHPS Survey requirements to be approved to administer the ACO CAHPS Survey.

Starting in November 2014, our experience in the healthcare industry was again recognized by CMS, as WBA met the Qualified Health Plan (QHP) CAHPS Survey requirements to be approved to administer the QHP CAHPS Enrollee Survey.

3.1.11 Financial information and documentation to be included in accordance with Section 8.5, Part III – Confidential Financial Information.

3.1.11.1 Dun and Bradstreet Number

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3.1.11.2 Federal Tax Identification Number

3.1.11.3 The last two (2) years and current year interim:

A. Profit and Loss Statement:
B. Balance Statement:

Delmarva Foundation/Subcontractor Response: ***All of the requested information above has been included in Part III, Confidential Financial Information.***

Healthy People Response:

3.1 VENDOR INFORMATION

3.1.1 Vendors shall provide a company profile in the table format below.

Question	Response
Company name:	***Healthy People, Inc.***
Ownership (sole proprietor, partnership, etc.):	***S-Corp***
State of incorporation:	***Delaware***
Date of incorporation:	***June 4, 2009***
# of years in business:	***Eight***
List of top officers:	***Katharine Iskrant*** ***Joan Spiegler*** ***Norma Davenport*** ***Wendell Hicken***
Location of company headquarters, to include City and State:	***774 Mays Boulevard, Incline Village, NV, 89451***
Location(s) of the office that shall provide the services described in this RFP:	***681 Tumbleweed Circle, Incline Village, NV, 89451***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***2***
Number of employees nationally with the expertise to support the requirements in this RFP:	***7 (includes local count of 2)***
Location(s) from which employees shall be assigned for this project:	***Incline Village, NV; Boulevard, CA; Seattle, WA; La Mesa, CA***

3.1.2 A Nevada-based business may apply for a five percent (5%) preference on its proposal. This preference may apply if a business has its principal place of business within Nevada. This preference cannot be combined with any other preference, granted for the award of a contract using federal funds, or granted for the award of a contract procured on a multi-state basis. To claim this preference a business must submit a letter with its proposal showing that it qualifies for the preference.

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***Healthy People Response:* Healthy People, Inc. is Nevada-based company. Healthy People is located in Incline Village, Nevada.**

3.1.3 Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state shall register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.
***Healthy People Response:* Healthy People, Inc. is registered as a foreign corporation in Nevada.**

3.1.4 The selected vendor, prior to doing business in the State of Nevada, shall be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://nvsos.gov.

Question	**Response**
Nevada Business License Number:	***E0524602017-8***
Legal Entity Name:	***Healthy People Healthcare Advisory Group***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	**X**	No	

If "No", provide explanation.

3.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	**X**

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	**Response**
Name of State agency:	
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

3.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	**X**

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If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?
***Healthy People Response:* Not Applicable.**

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person shall be performing or producing the services which you shall be contracted to provide under this contract, you shall disclose the identity of each such person in your response to this RFP, and specify the services that each person shall be expected to perform.
***Healthy People Response:* We do not employ any such persons.**

3.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP shall also be disclosed.

Does any of the above apply to your company?

Yes		No	**X**

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	**Response**	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

3.1.8 Vendors shall review and provide if awarded a contract the insurance requirements as specified in Attachment D, Insurance Schedule for RFP 3491.
***Healthy People Response:* If awarded a contract, Healthy People will provide the requested insurance requirements as specified in Attachment D.**

3.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

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Healthy People Response: ***Healthy People is an expert at quality measurement auditing. Healthy People has been licensed by the National Committee for Quality Assurance (NCQA) to perform HEDIS® Compliance Audits since our incorporation in 2009. Our senior team members were hired by NCQA to develop the original HEDIS Measure Certification Program℠ on behalf of NCQA. Healthy People owns the copyright on that original NCQA program. Healthy People is also a Medicare Part C and Part D Data Validation Review Firm, since the inception of that program. The American College of Surgeons contracts with our firm yearly to conduct their CMS Physician Quality Reporting System Registry Audit of their Surgeon-Specific Registry, since 2015. Katharine Iskrant, Healthy People's President, has been a Certified HEDIS Compliance Auditor since 1998 and a Certified CMS Medicare Data Validation Reviewer since 2011, when the program began. Joan Spiegler, our Data Validation Director, has been a Certified Data Validation Reviewer since 2011 and a Certified HEDIS Compliance Auditor since 2014. All of our audits have been completed within budget and on-time. Our firm has a 100% client satisfaction rating and 100% client retention.***

Healthy People has extensive experience conducting NCQA HEDIS Compliance Audits for Medicaid plans. Healthy People has conducted over 70 Medicaid NCQA HEDIS audits. Healthy People also has extensive experience conducting CMS performance measure validations following the CMS Validation of Performance Measure Protocol. In 2017, Healthy People conducted EQR Performance Measure Validations of HEDIS measures for 16 Massachusetts plans under subcontract to the Massachusetts EQR, KEPRO. In 2018, Healthy People is currently conducting EQR Performance Measure Validations of HEDIS measures for 11 Massachusetts plans under contract with the Massachusetts EQR, KEPRO. Healthy People also currently provides consulting to the Commonwealth of Massachusetts Executive Office of Health and Human Services about the most efficient way to conduct CMS Performance Measure Validation in light of the addition of 16 ACOs to their program.

Healthy People has created an optimized set of Medicaid performance measure audit tools, including a detailed work plan, performance rate benchmarking tools, information systems assessment forms, audit document tracking tools, interview guides, a site visit agenda, source code review forms, and medical record abstraction tool assessment forms.

3.1.10 Provide a brief description of the length of time vendor has been providing services described in this RFP to the public and/or private sector.
Healthy People Response: ***Eight years and eight months.***

3.1.11 Financial information and documentation to be included in accordance with Section 8.5, Part III – Confidential Financial Information.

3.1.11.1 Dun and Bradstreet Number

3.1.11.2 Federal Tax Identification Number

3.1.11.3 The last two (2) years and current year interim:

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A. Profit and Loss Statement
B. Balance Statement

Delmarva Foundation/Subcontractor Response: ***All of the requested information above has been included in Part III, Confidential Financial Information.***

Cambridge Federal Response:

3.1 VENDOR INFORMATION

3.1.1 Vendors shall provide a company profile in the table format below.

Question	Response
Company name:	***Cambridge Federal, LLC***
Ownership (sole proprietor, partnership, etc.):	***LLC, Sole Proprietor***
State of incorporation:	***Maryland***
Date of incorporation:	***09/19/2012***
# of years in business:	***5***
List of top officers:	***Michael Ross***
Location of company headquarters, to include City and State:	***104 Tech Park Drive Cambridge, MD 21613***
Location(s) of the office that shall provide the services described in this RFP:	***104 Tech Park Drive Cambridge, MD 21613***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***10***
Number of employees nationally with the expertise to support the requirements in this RFP:	***10***
Location(s) from which employees shall be assigned for this project:	***104 Tech Park Drive Cambridge, MD 21613***

3.1.2 A Nevada-based business may apply for a five percent (5%) preference on its proposal. This preference may apply if a business has its principal place of business within Nevada. This preference cannot be combined with any other preference, granted for the award of a contract using federal funds, or granted for the award of a contract procured on a multi-state basis. To claim this preference a business must submit a letter with its proposal showing that it qualifies for the preference.

Cambridge Federal Response: ***Cambridge Federal, LLC is a Maryland based firm and is a Veteran Owned, HUBZone and a Small Disadvantaged Business.***

3.1.3 Please be advised, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state shall register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

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***Cambridge Federal Response:* Cambridge Federal, LLC will be a subcontractor and acknowledges NRS 80.010.**

3.1.4 The selected vendor, prior to doing business in the State of Nevada, shall be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://nvsos.gov.

Question	Response
Nevada Business License Number:	***N/A***
Legal Entity Name:	***Cambridge Federal, LLC***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	**X**	No	

If "No", provide explanation.

3.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	**X**

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

3.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?
***Cambridge Federal Response:* N/A**

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person shall be performing or producing the services which you shall

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be contracted to provide under this contract, you shall disclose the identity of each such person in your response to this RFP, and specify the services that each person shall be expected to perform.
Cambridge Federal Response: ***N/A***

3.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP shall also be disclosed.

Does any of the above apply to your company?

Yes		No	***X***

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

3.1.8 Vendors shall review and provide if awarded a contract the insurance requirements as specified in Attachment D, Insurance Schedule for RFP 3491.
Cambridge Federal Response: ***Cambridge Federal, LLC will abide by all insurance requirements.***

3.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.
Cambridge Federal Response: ***Cambridge Federal was established in 2012 in an effort to give back to the community we serve by increasing quality employment opportunities, technical training, investment, and overall economic development. Cambridge Federal was founded by a US Navy Aviator and combat veteran (served in Beirut and Grenada in the 1980s) who is an experienced government contracting executive and an Adjunct Professor at Salisbury***

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University. CF is located in Dorchester County, Maryland, a HUB Zone county, and works closely with the Dorchester County Department of Economic Development (DCED).

Cambridge Federal currently operates a Call Center and Help Desk in Cambridge, MD and offers both Outbound Call Center and Inbound Help Desk Services. Cambridge Federal is currently performing on a 5 year contract with the Maryland State Department Health as a subcontractor to Delmarva Foundation performing Network Adequacy Surveys in support of a large External Quality Review Organization (EQRO) contract. Under this 5 year contract, Cambridge Federal is performing Outbound Network Adequacy Surveys on 9 Managed Care Organizations (MCO) with a minimum sample of 250 per each MCO.

3.1.10 Provide a brief description of the length of time vendor has been providing services described in this RFP to the public and/or private sector.
Subcontractor Response: ***4 years***

3.1.11 Financial information and documentation to be included in accordance with Section 8.5, Part III – Confidential Financial Information.

3.1.11.1 Dun and Bradstreet Number

3.1.11.2 Federal Tax Identification Number

3.1.11.3 The last two (2) years and current year interim:

A. Profit and Loss Statement :
B. Balance Statement
Delmarva Foundation/Subcontractor Response: ***All of the requested information above has been included in Part III, Confidential Financial Information.***

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary
for Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

NOTICE OF EXEMPTION
NEVADA STATE BUSINESS LICENSE

You have filed a notice citing a statutory exemption "002" pursuant to Nevada Revised Statutes and therefore are not required to maintain a Nevada State Business License.

If your exemption changes or your business is no longer exempt, you must file an amendment reflecting your current business status.

Nevada Business Identification: NV20171828654
Entity Name: DELMARVA FOUNDATION FOR MEDICAL CARE, INC.
Entity Type: NRS80FNP - Foreign Non-Profit Corporation
Exemption Code: 002 Nonprofit organization qualified as tax-exempt under 26 U.S.C. Section 501(c)

Issued this 28th day of December, 2017.

Please post in a Conspicuous Location

Section VII – Proposed Staff Resumes

As requested, all proposed Vendor and Subcontractor staff resumes have been included on Attachment F forms immediately following this section.

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Jody Jobeck, MBA, CPHQ, PMP, CSSGB***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Senior Director***		
# of Years in Classification:	***2***	**# of Years with Firm:**	***14***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Jobeck has 22 years of relevant experience, with the last 19 concentrated in healthcare quality assurance and quality improvement. Since joining Delmarva Foundation in 2004, she has managed multiple external quality review (EQR) contracts and has developed subject matter expertise in performance improvement. She is a certified Professional in Healthcare Quality, Project Management, and Six Sigma. She has also completed Triple Aim training through the Institute for Healthcare Improvement, which aims to: improve the patient care experience; improve the health of populations; and reduce per capita cost of healthcare.

Ms. Jobeck additionally participates in Delmarva Foundation's Quality Management System Committee and ensures EQR compliance with ISO 9001:2015 standards since 2015 to the present. She participated in the development of Delmarva Foundation's corporate Capability Maturity Model Integration (CMMI) process improvement program that achieved a successful level 3 appraisal, from 2016 to 2017.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2004-Present **Delmarva Foundation for Medical Care, Inc., Easton, MD**

2015-Present *EQR Senior Director*

Provides leadership and is responsible for the successful management and oversight of the EQR Department and associated contracts. Completes contract and project planning, implementation, and management activities to ensure compliance with EQR protocols. Ensures quality and timely deliverables for all EQR contracts. Conducts compliance review (CR) and performance improvement project (PIP) review activities. Directs teams completing performance measurements and encounter data validations. Writes reports for all EQR tasks, including Annual Technical Reports. Works with state clients on optional tasks, such as providing subject matter expertise to states reviewing annual progress on Medicaid Quality Strategies. Provides technical assistance and conducts presentations and trainings for State clients, Medicaid managed care organizations (MCOs), and other stakeholders.

2012-2015 *EQR Director*

Provided oversight for multiple EQR contracts including the District of Columbia, North Dakota Children's Health Insurance Program (CHIP), and North Dakota Medicaid Expansion.

2010-2012 *EQR Project Manager*

Provided day-to-day oversight for the North Dakota CHIP contract. Completed CR and PIP review activities across multiple EQR contracts. Wrote reports for EQR tasks, including Annual Technical Report.

2004-2010 *Quality Improvement Coordinator*
Completed CR and PIP reviews for multiple EQR contracts and assisted in the timely completion of quality deliverables. Also, managed the Centers for Medicare & Medicaid Services (CMS) Medicare Advantage Quality Review Organization (MAQRO) contract (2005-2008) and successfully completed hundreds of Quality Improvement Project (QIP) and Chronic Care Improvement Program (CCIP) project reviews. Completed QIP and CCIP training sessions for Medicare Advantage Organizations (MAOs) and provided technical assistance to MAOs and CMS.

1999-2004 **University of New Mexico Hospital, Albuquerque, NM**
2003-2004 *Infection Control Practitioner*
Conducted surveillance and completed data collection on nosocomial and surgical site infections. Investigated infections and educated staff regarding infection outbreaks, clusters, and exposures. Analyzed and presented data to the Infection Control and Quality Management Committees. Assisted with accreditation processes, including Joint Commission, for the Epidemiology and Safety Departments.

1999-2003 *Quality Improvement Coordinator*
Managed the quality programs and projects for hospital, clinic, and medical staff areas. Facilitated process improvement efforts. Completed chart reviews and data collection, benchmarking, and analyses. Researched, prepared, and presented reports to quality committees. Assisted with accreditation processes, including Joint Commission, and conducted Core Measure activities.

1996-1999 **Reimbursement Technologies, Inc., Blue Bell, PA**
1998-1999 *Enrollment Supervisor*
Managed staff and day-to-day operations of the physician enrollment department for approximately 75 emergency department contracts.

1997-1998 *Financial Management Reporting Associate*
Generated, updated, and edited monthly emergency department contract reports distributed to regional Medical Directors and Vice Presidents. Performed financial and patient volume analyses for approximately 30 clients.

1996-1997 *Enrollment Specialist*
Enrolled physicians in third-party payers.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

MBA, Healthcare Management, University of Phoenix, Albuquerque, NM; 2003
BS, Health Sciences, Healthcare Administration, James Madison University, Harrisonburg, VA; 1996

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Certified Six Sigma Green Belt (CSSGB), 2014-Present
Certified Project Management Professional (PMP), 2010-Present
Certified Professional in Healthcare Quality (CPHQ), 2006-Present
Triple Aim training, Institute for Healthcare Improvement, 2016

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Jodi Hulm
Title: Administrator, Health Tracks and Healthy Steps
Organization: North Dakota Department of Human Services, Medical Services Division
Ph: 701-328-2323
Fx: 701-328-1544
Email: jmhulm@nd.gov

Derdire "De" Coleman
Title: Management Analyst
Organization: District of Columbia Department of Health Care Finance, Division of Quality and Health Outcomes, Department of Healthcare Finance
Ph: 202-724-8831
Fx: n/a
Email: Derdire.coleman@dc.gov

Stephanie Waloch, BSN, RN
Title: North Dakota Medicaid Expansion Contract Administrator
Organization: North Dakota Department of Human Services Division, Medical Services Division
Ph: 701-328-1705
Fx: 701-328-1544
Email: Swaloch@nd.gov

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Dana Pate, MA, MCMP-I***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Project Director***		
# of Years in Classification:	***6***	**# of Years with Firm:**	***13***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Pate has 25 years of experience in health care and human services, including 13 years of direct External Quality Review Organization (EQRO) experience. Since joining Delmarva Foundation, she has led compliance reviews for all state clients and developed guidelines based on state and federal regulations and other accrediting bodies. Ms. Pate has assisted several states with the deeming process (comparing state and federal standards with the National Committee for Quality Assurance standards) to reduce the administrative burden on Managed Care Organizations during compliance reviews. She also evaluates performance improvement projects, assesses network adequacy, manages performance measure validation, conducts encounter data validation, and develops consumer report cards. EQR clients include Maryland, North Dakota, West Virginia, and the District of Columbia. She manages contract budgets and oversees subcontractor performance.

Ms. Pate received her Master's and Bachelor's degrees in Psychology from West Chester University in Pennsylvania. She currently holds a certification as Medicaid Learning Center Certified Medicaid Professional (MCMP-I).

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2005-Present Delmarva Foundation for Medical Care, Inc., Easton, MD

Maryland EQRO Project Director (Quality Improvement Director)

Directs and manages all aspects of the Maryland EQRO contract. Completes project planning, implementation, and management of all tasks and deliverables. Supervises staff and subcontractors to assure timely and quality completion of contract deliverables. Analyzes and evaluates MCO compliance with federal and state requirements. Reviews and assesses MCO performance improvement projects. Manages the encounter data validation, consumer report card, and value based purchasing activities. Conducts analyses and prepares contract deliverables and ad hoc reports. Provides presentations to the State client, MCOs, and other stakeholders. Serves as the primary point of contact for the State. Provides support for other EQRO contracts.

2000-2005 Mid-Shore Mental Health Systems, Inc., Easton, MD

Program Director

Completed compliance and quality assurance reviews for behavioral health and rehabilitation programs. Developed and revised policies, procedures, and outcomes measures for Mid-Shore Mental Health Systems contracts and programs; analyzed and evaluated Adult and Child program outcomes.

Completed data analyses and monitored service utilization and provider performance. Provided technical advice and education to providers on state regulatory requirements. Coordinated with the state licensing office during licensing visits to regional providers. Wrote scope of work activities for contracts, monitored contracts, and authorized fund release. Wrote grants and administered funds for more than $2 million annually, including the federal HUD grant for homeless services. Supervised program service coordinators and consultants.

1998-2000 Crossroads Community, Inc., Centreville, MD
Targeted Care Manager
Coordinated access to resources to meet mental health and daily needs for adults and children with severe mental illness. Developed and revised policies and procedures. Supervised case manager associates. Trained staff on targeted case management services. Facilitated agency meetings.

1992-1998 Chester County Department of Mental Health and Mental Retardation, West Chester, PA
Case Manager
Assisted adults and children with severe intellectual and developmental disabilities. Coordinated appropriate and necessary services and resources for meeting their daily needs to transition into or remain in the community. Participated in the first waiver program that incorporated person-centered planning to assist individuals transitioning into community living situations. Trained families and agencies on person-centered planning and how to complete the process. Wrote person-centered annual service plans. Facilitated agency meetings.

EDUCATION
Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

MA, West Chester University, West Chester, PA, 1999
BA, West Chester University, West Chester, PA, 1991
AA, Chesapeake College, Wye Mills, MD, 1989

CERTIFICATIONS
Information required should include: type of certification and date completed/received.

Certified Medicaid Professional (MCMP-I), 2011

REFERENCES
A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Maureen Kelly
Title: Director, Quality and Program Management
Organization: Boston Medical Center HealthNet Plan
Ph: 617-478-3953
Fx: 617-897-0819
Email: Maureen.kelly@bmchp-wellsense.org

Karen Callahan
Title: Manager of Health Information Systems
Organization: Annapolis Pediatrics
Ph: 410-263-6363 ext. 132
Fx: 410-263-7551
Email: KCallahan@annappeds.com

Diane Lynch-Godette
Title: Medical Care Program Specialist II
Organization: Maryland Department of Health
Ph: 410-767-1604
Fx: n/a
Email: diane.lynch-godette@maryland.gov

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Patricia Newcomb, BSN, RN***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Project Manager***		
# of Years in Classification:	***6***	**# of Years with Firm:**	***5***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Newcomb has over 30 years of relevant experience, with 15 years in nursing services, 12 years as a health informatics and quality consultant, and 5 years working as External Quality Review (EQR) project manager on Medicaid and Medicare Managed Care contracts. As a coordinator for a case management program, she developed a pathways model for hospitals that promoted early discharge planning and use of standardized order sets with a focus on patient outcomes. As a managed care nurse, she reviewed inpatient length of stays to determine medical necessity and authorized services with case managers. Using her skills in quality measure development, she recently researched and drafted 10 quality indicators on emerging health care topics such as consumer access, social determinants of care, and physician burnout for national clients. Her expertise with data analytics and reporting assisted 24 operational and quality data stewards and analysts to understand their new standard reports post electronic health record implementation. She has worked with multiple reporting analysts and IT vendors to address issues with data quality. Patricia is certified as a National Committee for Quality Assurance (NCQ) Patient Centered Medical Home (PCMH) Certified Content Expert (CCE) and has assisted practices in assessing their quality programs and measurement of patient populations while seeking recognition. She possesses familiarity with Health Effectiveness Data Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), Meaningful Use (MU), and Inpatient and Outpatient quality measures used in the CMS Hospital Compare Program.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2018-Present Delmarva Foundation for Medical Care, Inc., Easton, MD

EQR Project Manager

Plans, develops, and implements EQR tasks while monitoring timelines and expected deliverable dates. Works with EQR Project Director to respond and address risks and issues that arise. Conducts Medicaid managed care organization's system performance review, evaluates project improvement projects, and assists with evaluation of encounter data validation and provider network adequacy requirements. Compiles annual technical report and works with state clients to approval final version. Assists with state proposal development, EQR program and process review to comply with ISO 9001:2015 audit compliance.

2015-2017 CTG Health Solutions, Inc., Buffalo NY
Clinical Advisory Services Delivery Director
Developed quality benefits project strategy and processes assisting health care organization to determine where return on investment was achieved post implementation of a new electronic health record. Guided over 80 team members across hospitals to agree on a list of metrics and to develop workflows and train their staff to enter data for optimal reporting. Assisted vendor in developing a quality value benefits dashboard and trained data stewards in generating reports on a monthly basis. Wrote a data analytics and reporting business proposal approved as a new business line. Created an enterprise-based reporting model with three new resources despite a hiring freeze.

2010-2015 Encore Health Resources, Houston, TX
Clinical Advisory Services Managing Consultant
Provided daily oversight and technical support to project team members working on data analytics and quality reporting projects. Conducted annual team performance reviews and co-led clinical advisory practice's governance model that met practice goals and expected outcomes of improved communication, onboarding processes, and knowledge spread across project teams.

Led three Meaningful Use Readiness Assessment Projects for healthcare systems in Massachusetts, Washington, Pennsylvania, Vermont, and Texas. Directed team members and participated in the compliance with Medicaid and Medicare MU requirements. Analyzed strengths, weaknesses, and made recommendations in the area of operational and IT system capabilities, clinical processes and workflows to assist with collection of appropriate data for successful attestation.

Developed standardized MU reporting and attestation processes for corporate compliance utilization when receiving report submissions from 47 hospitals with different electronic health records. Assisted with MU audits from Medicaid and Medicare auditors and received passing results over three-year period. Designed and implemented a new Health IT merger and acquisitions process and tools that aided organization to assess pre-acquisition risks for meaningful use attestation.

2005-2010 First Consulting Group/Computer Sciences Corporation, Long Beach, CA
Health Advisory Services Senior Consultant
Developed project plans and timelines, hired project team and educated them in project start up activities prior to an ambulatory electronic health care record install at 62 clinics. Worked with CMIO to develop physician adoption plan and processes, met with physician leaders to design and build order sets. Worked with physician practices to create standardized provider pre-visit flowsheets to remind providers what preventative tests and evaluations were due before visit commenced.

Managed a team of clinical analysts working with hospital teams to create and adopt standard clinical content and order sets for EHR implementation activities. Collaborated with surgeons and anesthesiologists to agree and adopt evidence-based content for order sets prior to electronic health record implementation at two hospitals. Developed electronic order set review and approval process and tools that later became system specifications documents for new order set review and approval database.

2000-2005 Delmarva Foundation for Medicare Care, Inc., Easton, MD
2003-2005 State Programs Director, State Programs
Managed and oversaw tasks completed by project managers, QI coordinators, health scientists, data analysts, and nurses assigned to External Quality Review contracts. Conducted evaluation MCO system performance reviews, performance improvements projects, and provided technical assistance to Medicare Managed Care Organizations (MCO) as requested. Wrote and compiled information from other task findings in annual technical reports to evaluate level of access, care, and timeliness of service delivered to members by the managed care organizations who held Medicaid Managed Care contracts with the states.

2000-2003 *M+CQRO Manager*
Led Quality Assessment and Performance Improvement Project (QAPI) reporting to CMS Project Officer on all tasks and deliverables. Worked with three other Quality Improvement Organizations (QIOs) to develop project materials and training strategy for staff in CMS, Regional Offices, and Medicare + Choice Organizations. Evaluated QAPI report submissions and provided technical assistance to Medicare + Choice Organizations (M+CO) in quality improvement activities from region 4 and 6 after project implementation.

1995-2000 **Mid-Atlantic Health Plan, MAMSI, Rockville, MD**
Utilization Management Nurse and Supervisor
Conducted utilization review and discharge planning for inpatient stays using approved review guidelines. Completed outpatient behavioral health reviews for children and adults seeking service authorization, and worked with inpatient psychiatric facilities if admission approved. Worked with case management nurses to provide durable medical equipment, home health services, and other services in a timely manner and according to Milliman and Roberson requirements. Conducted data analysis on length of stays for coronary bypass patients versus health outcomes for Maryland, Delaware, and Virginia hospitals, which led to development of health plan's cardiac centers of excellence designation for network hospitals in seven states.

1989-1995 **Dorchester General Hospital, Cambridge, MD**
1994-1995 *Case Management and Clinical Pathways Coordinator*
1992-1994 *Critical Care Educator, PALS and ACLS Instructor, Dorchester General*
1989-1992 *ED Preceptor, ED Nurse Manager*

1987-1988 **Mallard Bay Nursing Home, Cambridge, MD**
Skilled Care Supervisor

1979-1987 **Easton Memorial Hospital, Easton, MD**
1986-1987 *PACU Nurse and Anesthesia Liaison*
1985-1986 *ICU Staff Nurse*
1979-1980 *Medical Surgical Nurse*

1980-1985 **Dorchester General Hospital, Cambridge, MD**
1984-1985 *Nurse Manager ICU*
1983-1984 *Assistant Manager, ICU/CCU*
1981-1982 *ICU Nurse, DGH*
1980-1981 *OR Circulating Nurse, DGH*

EDUCATION
Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

BSN, Nursing, Wilmington College, Wilmington DE, 1995
Diploma in Nursing, MacQueen Gibbs Willis School of Nursing, Easton MD, 1979

CERTIFICATIONS
Information required should include: type of certification and date completed/received.

Registered Nurse, State of Maryland, 1979–present (status active)
NCQA PCMH Certified Content Expert, 2015–2018
Crosswind PMP Project Management Institute Training, 2017
Cerner and Epic IP/Ambulatory Solutions Training, 2017

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Linda Lockwood
Title: Vice President of Clinical and Quality Informatics
Organization: AVIA
Ph: 410-310-6571
Fx: n/a
Email: llockwood@aviahealthinnovation.com

Sophia Batallas
Title: Associate Director, Advisory Services
Organization: Encore, and Emids Company
Ph: 973-202-4781
Fx: n/a
Email: sophia@batallas.net

Vivian Chun Patterson
Title: Senior Manager
Organization: The Chartis Group
Ph: 310-622-3650
Fx: n/a
Email: 2vivianchun@gmail.com

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Sunil Budhrani, MD, MPH, MBA***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Medical Director***		
# of Years in Classification:	***4***	**# of Years with Firm:**	***4***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Dr. Sunil Budhrani is a Board Certified Emergency Medicine Physician who graduated from the University of Pennsylvania with a degree in Neuroscience and English, completed his Medical and Public Health Degree at the George Washington University, and then his Residency training in Emergency Medicine at the Tufts University School of Medicine. He went on to Chair and direct Emergency Departments and Urgent Care Centers throughout the East Coast. Dr. Budhrani then served as the Chief Medical Officer of the Affordable Care Act's Evergreen Health Cooperative Insurance for the State of Maryland and led the clinical course for medical technology, network development, member/patient engagement, and Population Health for the Plan.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2014-Present **Delmarva Foundation for Medical Care, Inc. Washington , DC**

Medical Director

For over four years, has been responsible for oversight of Medicaid state, and federal insurance programs. Oversees and performs case reviews related to insurance reimbursement for acute and long term care in Maryland and Washington, DC. Responsible for all processes related to case reviews including hospital and facility chart examinations, compliance agency adherence i.e. URAC, and appropriate documentation. Leads QI Committee for URAC compliance. Provides case review and technical assistance services for EQRO contracts.

05/2013 **CareClix Telemedicine, Tysons Corner, VA**

Co-Founder

Cofounder and ongoing consultant of Global Telemedicine Healthcare delivery services and technology. Organization provides comprehensive end-to-end telemedicine solutions for Government agencies, Third Party Administrators, Employers, Healthcare Networks, and Health systems both domestic and abroad.

10/2013 **Fort Belvoir Community Hospital, Fort Belvoir, VA**

Supervising Emergency Medicine Physician

Part-time Supervising Emergency Medicine Physician in high volume, approximately 50,000 annual patient-visit, tertiary care/Level II medical center. Delivering emergency care to a high acuity, diverse community including a large pediatric population.

2012-2013 **Evergreen Health Cooperative Insurance, Baltimore, MD**

Chief Medical Officer
Chief Medical Officer for Maryland State Cooperative Insurance established as provision of Affordable Care Act. Oversaw all clinical staff and instituted policies and directives as related to clinical operations, provider and hospital contract negotiations, network establishment, state mandates, and clinical site infrastructure.

2007-2012 PrimeMed Urgent Care Systems, Dumfries, VA
Chief Executive Officer/Medical Director
Chief Executive Officer/Medical Director of multi-location urgent care system in DC Metropolitan area. Specializing in the consulting, management, and provision of acute and urgent care services.

2006-2010 NOVA Alexandria Hospital, Alexandria, VA
Emergency Medicine Attending Physician
Supervising Emergency Medicine Physician in high volume, approximately 75,000 annual patient-visit, tertiary care/Level II medical center. Delivering emergency care to a high acuity, diverse community including a large pediatric population.

2005-2007 Independent Consultancy, Washington, DC
Independent Healthcare Consultant
Managed, Developed and Strategized plan for the delivery of acute care services in the District of Columbia's public/community urgent care centers and emergency departments. Collaborated with city officials, politicians, health care providers, and EMS personnel to orchestrate more efficient and higher-quality delivery of health care.

2004-2006 Good Samaritan Medical Center, West Palm Beach, FL
Chairman, Department of Emergency Medicine
Oversaw management of Level 2 Medical Center Emergency Department with responsibilities including physician, PA, and mid-level staffing, continuous quality improvement, and community outreach. Engaged in regular interaction with other departmental chiefs as well as hospital administration and Chief Executive Staff. Served as an active member of Hospital-wide committees including Medical Executive Committee, Pharmacy and Therapeutics Committee, and Credentials Committee. Maintained full-time clinical schedule.

2002-2004 Hackensack University Medical Center, Hackensack, NJ
Emergency Medicine Attending Physician
Supervised emergency medicine physician in high volume, approximately 80,000 annual patient-visit, tertiary care/trauma center. Actively involved in education of medical students and residents from regional health care institutions including University of Medicine and Dentistry of New Jersey.

2000-2001 Baystate Medical Center/Tufts University Department of Emergency Medicine, Springfield, MA
Primary Investigator
Served as principle investigator of retrospective analysis of 85 pediatric trauma centers to examine the occurrence and magnitude of serious injuries related to participation in American Youth Football. Accepted for abstract submission and presented at both New England Regional Society of Academic Emergency Medicine Conference in April 2001 and National Society of Academic Emergency Medicine Convention in May 2001.

2000-2001 George Washington University School of Medicine, Washington, DC
Research Assistant
Collaborated with The Department of Pathology to write a case report on inflammatory pseudotumor of the spleen. Accepted August 1998 to *In Vivo* for publication.

1997-1998 The Washington Free Clinic
Community Service Project Coordinator

Served on an eight member outreach committee, ISCOPES (Interdisciplinary Student Community Patient Education Service). Identified local health needs of a predominantly Latino population, implemented health education and promotion projects, and supported staff with ancillary services.

1995-1996 **Screening for Kids: Headstart Programs/United Planning Organization, Washington, DC**
Community Service Project Coordinator
Performed screening exams including blood pressure, height, and weight measurements for an outreach program to ascertain the health status of indigent elementary school children.

1993 **Georgetown University-Lombardi Cancer Institute, Washington, DC**
Research Assistant
Acquired skills in fluorescent antibody staining, tissue culture, DNA and RNA tissue extractions, electrophoresis, and cell counts of cancerous breast and prostate cells.

1991-1992 **Food and Drug Administration (FDA), Bethesda, MD**
Research Assistant
Conducted in vitro tests with enzyme concentrations of reverse transcriptase and noted its effects on a substrate as enzyme concentration increases.

1989-1989 **Dr. John A. Mercantini, DDS, Reston, VA**
Dental Assistant
Participated in various oral procedures including amalgam/composite fillings, root canals, tooth extractions, and dental cosmetics.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

MBA, University of Baltimore, 2003
Residency, Emergency Medicine, Tufts University School of Medicine, 2002
MD, George Washington University School of Medicine, 1999
MPH, Administrative Medicine Concentration, George Washington University School of Public Health, 1999
BA, The University of Pennsylvania, 1995

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Kim N. Hicks
Title: Customer Service Manager – DC Long Term Care
Organization: Delmarva Foundation for Medical Care, Inc.
Ph: 202-496-6543, ext. 11716
Fx: n/a
Email: hicksk@delmarvafoundation.org

Anita Massengale, RN, BA, JD
Title: Project Director – DC Long Term Care
Organization: Delmarva Foundation for Medical Care, Inc.
Ph: 202-496-6540, ext. 11709
Fx: n/a
Email: massengalea@delmarvafoundation.org

Flora Gooding-Davies, BA, MSN.ED, RN, ALM/DM
Title: Quality Manager
Organization: Delmarva Foundation for Medical Care, Inc.
Ph: 202-496-6547
Fx: n/a
Email: Daviesf@delmarvafoundation.org

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Susan M. Kelly, BA, MS, PhD***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Statistician/Sr. Scientist***		
# of Years in Classification:	***11***	**# of Years with Firm:**	***14***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Dr. Kelly joined Delmarva in 2004 as a Social Research and Evaluation Scientist. Her role has grown over the years to encompass activities in Quality Assurance and External Quality Review (EQR) Programs. Her responsibilities include overseeing all aspects of data analysis and research/sample designs for ongoing and new project initiatives, overseeing senior analysts, writing Quality Improvement Studies along with quarterly and annual reports, and providing ongoing analytical support. She has worked closely directing subcontractors in the review and analysis of data for quarterly and annual reports and for Pharmaceutical Drug Use studies, and provides analytic support to EQRO contracts as needed. Dr. Kelly performs complex statistical analyses including multiple regression, logistic regression, spatial analysis (adjusting for spatial autocorrelation), principle component analysis, and has completed work with path analysis.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2004-Present Delmarva Foundation for Medical Care, Inc., Easton, MD

Senior Scientist

Oversees all aspects of data analysis and research/sample designs and staff for ongoing and new projects, particularly for statewide quality assurance/improvement programs offering services to individuals with intellectual and developmental disabilities (I/DD). Provides analytic help with External Quality Review (EQR) and Quality Improvement Organization (QIO) projects as needed. Develops and writes Quality Improvement studies using various statistical/analytical methods including quantitative (predictive modeling) and qualitative (focus groups) techniques. Provides support and guidance in developing proprietary tools/surveys used to collect data through feedback surveys, face to face surveys (individual and provider interviews), observations of home and day programs, and provider documentation (record reviews).

Works extensively with states to develop performance indicators for CMS Evidentiary Reports and other performance areas, for the Home and Community Based Services Waiver program; helps ensure data from Delmarva Foundation review processes align with the measures, and assisted with report writing.

Completes extensive data analysis of complex relational databases using various techniques including Regression (Least Squares and Logistic), Two Stage Least Squares (Propensity Analysis), Principal Component/Factor Analysis, Confirmatory Analysis (check validity of tool) and tests for statistical significance.

Served as Principal Scientist for CMS Validation and Performance Assessment project.

1993-2004 Health Strategies, Inc., Tallahassee, FL
Senior Research Consultant
Conducted research, data analysis and report writing in emergency medical services, certificate of need applications, managed care, and healthcare policy issues for clients in Florida. Used complex statistical analyses with data sets such as Florida AHCA hospital data, Health Plan Encounter and Hybrid data, Florida highway safety data, Medicaid eligibility and claims, and Florida head and spinal cord injuries.

Programmed and evaluated HEDIS measures, helping an MCO achieve a three-year NCQA accreditation. Guided client through four NCQA audits, identified problems and implemented intervention strategies; completed quality of care studies; coordinated chart reviews; ensured data integrity; and conducted physician satisfaction surveys.

1997-2004 Florida State University (FSU) and Tallahassee Community College (TCC), Tallahassee, FL
Adjunct Professor
Taught college level course: Introduction to Sociology at TCC; and a graduate course in Statistical Research Methods at FSU: Social Research Methods, Social Statistics, Introduction to Sociology and Social Problems.

1990-1995 Institute for Health and Human Services Research, Tallahassee, FL
Research Associate
Responsible for data collection and analysis for the following grant projects:

- (1993-1995) Guggenheim Foundation Grant: Florida State University: “How Different is the Ecological Context of Violence in Families from Violence on the Streets?” Responsibilities included the collection and spatial analysis.
- ***(***1992-1993) Emergency Medical Services Grant, Florida EMS/HRS "Florida Trauma Triage Study". Managed data collection and analysis; prepared and presented final report. The official Florida Trauma Triage protocol is based on the results of this study.
- ***(***1992) Emergency Medical Services Grant, Florida EMS/HRS "Social Context of Injuries”. Directed all aspects of this ecological analysis that explored the spatial distribution of injuries in Dade County, Florida for 1991.
- (1991) Emergency Medical Services Grant, Florida EMS/HRS "Rural Injuries Study”. Assisted with analysis hospitalized injury rates among six of Florida's less populated rural counties, exploring the differences that may exist among the counties to explain low versus high injury rates
- (1990) Emergency Medical Services Grant, Florida EMS/HRS "Aging Drivers and Pedestrians” Assisted in the analysis of pedestrian injuries among the elderly in Florida’s 67 counties, using the Florida Highway Safety Database.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

PhD, Sociology, Florida State University, 1997
MS, Sociology, Florida State University, 1993
BA, Sociology, University of North Carolina at Asheville, 1990

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

N/A

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Eddie Towson
Title: IDD Coordinator
Organization: Georgia, Department of Behavioral Health and Developmental Disabilities
Ph: 404-310-2578
Fx: n/a
Email: Eddie.Towson@dbhdd.ga.gov

Edwin DeBardeleben
Title: Chief, Quality Management
Organization: Florida, Agency for Persons with Disabilities
Ph: 850-414-9273
Fx: n/a
Email: Edwin.DeBardeleben@adpcares.org

Steve Dunaway, PhD
Title: Senior Management Review Specialist (retired)
Organization: Florida, Agency for Persons with Disabilities
Ph: 850-559-9886
Fx: n/a
Email: n/a

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Laura Poynor, MBA, PMP, CPHQ***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Performance Measure Validation Manager***		
# of Years in Classification:	***10***	**# of Years with Firm:**	***16***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Poynor provides 25 years of project management and analytic experience in healthcare quality and insurance. She joined Delmarva Foundation in 2002 and manages performance measure validation processes across multiple External Quality Review (EQR) contracts. She has extensive knowledge and experience in working with nationally recognized performance measures and developing client-specific measures. As a Certified HEDIS Compliance Auditor from 2008-2015, she led and participated in HEDIS and CAHPS audits for Medicaid, Medicare, and commercial organizations. She holds professional designations in Project Management and Healthcare Quality.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2002-Present **Delmarva Foundation for Medical Care, Inc., Easton, MD**
2008–Present *Project Manager, Performance Measure Validation*
Provides oversight of performance measure validation (PMV) activities across EQR contracts. Conducts PMV audits for Medicaid and CHIP MCOs. Manages team members and tasks to meet audit and reporting timelines. Writes summary of PMV findings for Annual Technical Reports. Participates in EQR proposal responses. Provides technical assistance to States and MCOs regarding performance measures and assessments of information system capabilities, and provides expertise to Medicaid MCOs who have measure calculation or information system issues. Participates in other EQR activities such as Compliance Reviews and Performance Improvement Project Validations. Led HEDIS audits for Medicare, Medicaid, and commercial MCOs from 2008-2015 as a Certified HEDIS Compliance Auditor.

2002–2008 *Senior Health Analyst*
Developed data strategies for quality improvement and focused clinical studies. Conducted and reported results from HEDIS and performance measure analysis. Contributed to study design, data analysis, and report writing.

2001–2002 **Harte-Hanks CRM Marketing Analytics, Billerica, MA**
Senior Database Marketing Analyst
Planned and conducted marketing analysis for clients in healthcare, financial services, and retail and pharmaceutical industries. Presented insights and recommendations to clients on a regular basis.

1998–2000 **Blue Cross Blue Shield, Orlando, FL**
Senior Health Care Data Analyst/Programmer

Developed programs and databases to be used by internal and external users. Analyzed provider networks and claims utilizations for geographic region. Generated financial impact studies and reports for contract settlements. Programmed, analyzed, and distributed quarterly provider incentive plan reports.

1990-1997 **USAA Life Insurance Company, San Antonio, TX**
1991 – 1997 *Marketing Research Analyst*
Programmed and analyzed data from various marketing campaigns for effectiveness for life and health products. Managed large scale projects that involved focus groups, pilot tests, development of promotional messages, and identified target audiences.

1990–1991 *Marketing Research Coordinator*
Generated member files for direct mail campaigns. Managed data tables associated with new programs.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

MBA, Business Administration, St. Mary's University, 1991
BBA, Business Administration Management/ Marketing, University of San Antonio, TX, 1985

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Certified Project Management Professional (PMP), 2011-Present
Certified Professional in Healthcare Quality (CPHQ), 2016-Present
Certified HEDIS Compliance Auditor (CHCA), 2008-2015
NCQA Facilitating PCMH Recognition Seminar 2013
CMS Medicaid Training 2010
NCQA HEDIS Update and Best Practices Seminar 2009

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Kim Edwards
Title: HR Consultant
Organization: Self-Employed
Ph: 310-739-0835
Fx: same
Email: kedardsmb@gmail.com

Nada Soussou
Title: Senior Product Manager
Organization: Harvard Pilgrim HealthCare
Ph: 617-509-2529
Fx: 617-290-6232
Email: nsoussou10@gmail.com

Irene Brassard, RN
Title: Adjunct Nursing Instructor
Organization: Valencia College
Ph: 407-765-0115
Fx: same
Email: IBrassard@yahoo.com

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Jenna Jones, MFA***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Technical Writer***		
# of Years in Classification:	***1***	**# of Years with Firm:**	***1***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Jones has 8 years of relevant experience, concentrated in the quality assurance and improvement of writing and editing. Since joining Delmarva Foundation in 2017, she has edited reports across multiple external quality review (EQR) contracts and has developed knowledge in healthcare quality assurance and improvement. Prior knowledge of the proposal process has since expanded at Delmarva Foundation. She contributes to the writing and editing of proposals.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2017 - Present Delmarva Foundation for Medical Care, Inc., Easton, MD
EQR Technical Writer/Editor
Provides editorial advice and guidance for content development and report finalization across EQR contracts. Ensures quality and timely deliverables. Assists in producing final formatting and presentation of assorted communication materials with the Mailroom and Production Office. Transcribes internal meeting minutes. Co-leads Business Development Strategy Workgroup. Contributes to the writing and editing of EQR proposals.

2016 - 2017 Purdy Group, LLC., Cambridge, MD
Research and Proposal Assistant
Researched government contract opportunities and proposals. Organized, summarized, and presented weekly findings. Provided office support and occasional editorial guidance.

2013 – Present Hamline University, Saint Paul MN
2016-Present Mentor for the Minnesota Prison Writing Workshop
Reviews and critiques an individual mentee's submission. Provides commentary including strengths, weaknesses, opportunities for improvement, and ideas and exercises for revision and suggested further reading.

2013-2016 Editorial Intern of Water~Stone Review: An Annual National Journal
Provided editorial review assistance across several January semesters to critique submissions sent to the publication. Editorial advice included strengths, weaknesses, and analysis of current submissions in the context of the publication's history and reputation.

2013 Editorial Board Member of Water~Stone Review: An Annual National Journal
Enrolled in a voluntary course about writing and submitting for literary journals and magazines. Course members were editorial fiction board members who read and critiqued works submitted for inclusion to *Water~Stone Review*. Editorial advice included strengths, weaknesses, and analysis of current submissions in the context of the publication's history and reputation. Encompassed additional course activities, including writing our own works for possible submission to outside publications and created dream line-ups.

2011-2012 Roanoke College, Salem, VA
2011-2012 Managing Editor of Roanoke Review: An Annual National Journal
Managed day-to-day oversight and organized editorial content for the literary journal, *Roanoke Review*. Assisted with reviewing submissions to the publication, and served as a liaison while working collaboratively with the Editor, editorial board, and writers.

2011-2012 Editor of On Concept's Edge: Roanoke College Student Literary Magazine
Managed editorial board, content critique resources, and production processes for student literary magazine publication, *On Concept's Edge*, with student team assistance. Provided editorial review all four years of college. Published two poems in the 2011-2012 publication.

EDUCATION
Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

MFA, Writing, Hamline University, Saint Paul, MN, 2015
BA, English, Roanoke College, Cum Laude, Salem, VA, 2012

CERTIFICATIONS
Information required should include: type of certification and date completed/received.

n/a

REFERENCES
A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Karen Callahan
Title: Manager of Health Information Systems
Organization: Annapolis Pediatrics
Ph: 410-263-6363 ext. 132
Fx: 410-263-7551
Email: KCallahan@annappeds.com

Sheila O'Connor
Title: Associate Professor and Fiction Editor for *Water~Stone Review*
Organization: Hamline University
Ph: 952-925-4265
Fx: n/a
Email: soconnor01@hamline.edu

Susan Banks
Title: Business Development Manager
Organization: Dorchester County Economic Development
Ph: 443-521-1527
Fx: 410.228.9518
Email: sbanks@docogonet.com

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Daniel Edris, BS***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Director of Data Management***		
# of Years in Classification:	***7***	**# of Years with Firm:**	***24***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Mr. Edris has over 24 years of experience in healthcare data analysis, rising from a statistical analyst to Delmarva Foundation's Director of Data Management. He has extensive experience working with Medicaid, Medicare, HEDIS, CAHPS, and Focused Clinical Studies data in multiple states including: Maryland and the District of Columbia with Medicaid Utilization Review data, Florida, Georgia, and South Carolina with Developmental Disabilities data, as well as Maryland, the District of Columbia, Virginia, West Virginia, Ohio, Michigan, and North Dakota with External Quality Review data. Mr. Edris is well versed in QI and system automation. He oversees the secure transfer of all data into and out of our corporate databases, provides data preparation for our contract teams of doctors, nurses, social workers, and analysts, develops databases as custom solutions for corporate contracts, and creates report solutions to provide accurate information quickly to both internal and external customers. These solutions include sampling scripts for defined population samples, providing reliable results while also considering budget constraints. Mr. Edris was instrumental in the design and development of each custom electronic review tool used by our EQR team. He has extensive experience using Access, Excel, SharePoint, and SQL Server (Including Reporting Services and Integration Services) and is an active member of the CMMI process team. Mr. Edris is the leader of the Delmarva Foundation Measurement Workgroup.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

1993-Present **Delmarva Foundation for Medical Care, Inc., Easton, MD**

2010-Present *Director of Data Management*

Directs corporate data management operations, and determines scope and priority of data management projects. Develops and implements policies, standards, and procedures to ensure the proper security, quality, and integrity of data management products. Analyzes computer system and information needs for management and functional operations. Manages data through its lifecycle (creation through archival), including implementation of all ETL activities such as logging and deleting all dataset provided by external customers. Additionally, manages custom database solution developments in coordination with the Application Development Team to ensure efficient systems are built to provide accurate, high quality data for clients.

2005-2010 *Database Analyst*

Led team in developing Delmarva Foundation data management systems, and defined data policies and procedures for contracts. Served as a central integration point for client, contract staff, and information technology resources.

"Information on this page is considered to be confidential and not for public distribution."

1998-2005 *Senior Healthcare Analyst*
Served as Lead Analyst on the Maryland, District of Columbia, and West Virginia EQRO contracts. Provided oversight of sampling, medical record data collection, analysis, and reporting of data. Consulted with EQRO teams in Delaware and Ohio. Helped develop quality improvement projects (QIP) for Medicaid Managed Care Organizations (MCO) and other managed care operations.

1993-1998 *Statistical Analyst*
Served as Lead Analyst for District of Columbia and Maryland Medical Assistance, a position responsible for designing and maintaining data reports. Provided data analysis, including frequency distribution, chi-square analysis, and multiple regressions. Validated review data collected by field staff. Provided additional responsibilities, when required, such as sampling methodology and programming.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

BS, Virginia Polytechnic Institute & State University, 1993

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

n/a

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Glendora Finch
Title: Division Chief, Division of HealthChoice Quality Assurance
Organization: Maryland Department of Health and Mental Hygiene
Ph: 410-767-1740
Fx: n/a
Email: Glendora.finch@maryland.gov

David Idala
Title: Director of Medicaid Policy Studies
Organization: The Hilltop Institute
Ph: 410-455-6296
Fx: 410-455-1309
Email: didala@hilltop.umbc.edu

Matt Kline
Title: Systems Programming Administrator
Organization: Florida, Agency for Health Care Administration
Ph: 850-412-3472
Fx: n/a
Email: Matt.kline@ahca.myflorida.com

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Jean Honey, MBA***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Lead Analyst***		
# of Years in Classification:	***20***	**# of Years with Firm:**	***5***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Honey brings over 20 years of experience in health care analytics, health administration, and project management. Since joining Delmarva Foundation in 2013, Ms. Honey has provided analytical support for multiple external quality review (EQR) activities, including performance measure validation, encounter data validation, network adequacy assessments, consumer report card methodology, and focused study analysis and reporting. Within the past 4+ years, she has developed models to track various aspects of utilization management including length of stay and readmission analyses. She has presented findings of blue print models at various conferences, including the International American Telemedicine Association.

Ms. Honey holds an Honorary Accountant Lambda Alpha International title from Land Economics Society, and membership in the Maryland Association of Institutional Research, American Telemedicine Association, and the Associated University Bureaus of Economic Research. She has experience with in-house systems development, SAS, SPSS, ArcGIS, and Quickbooks.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2013-Present **Delmarva Foundation for Medical Care, Inc., Easton, MD**

Senior Analyst

Performs study design, data analysis, and report preparation. Designs data analysis strategies to identify potential areas for quality improvement or focused investigation. Develops epidemiological sound indicators for quality of care. Designs re-measurement strategies (post intervention) of healthcare processes and outcomes to effectively quantify impact of interventions for improvement. Develops dashboards with external and internal benchmarks of care for comparative and trend analysis. Developed models to measure performance, examine trends, generate forecasts, and predict outcomes.

2012-2013 **The Aspen Institute, Inc., Queenstown, MD**

Accounting Manager

Management of finance department functions including payroll, accounts payable, accounts receivable, and cost management activities. Compiled budgets and forecasts for organizational programs and divisions to inform decision-making. Prepared financial statements in accordance with GAAP. Applied statistical analysis to assess risk-adjusted return in endowment portfolios. Applied formulas to allocate income and overhead to organizational programs. Coordinated internal and external audit activities.

2008-2012 Mid Shore Mental Health Systems, Inc., Easton, MD

2010-2012 Finance Director

Managed planning, oversight, and execution of the organization's business and fiscal operations. Led and coordinated the organization's annual audit. Prepared internal and external reports including annual financial statements, federal/state filings and management reports in compliance with GAAP. Performed desk audits of providers and sub-contractors of the State of Maryland. Prepared sensitivity models to analyze trends/variances, and optimize utilization and resources across continuums of care. Utilized actuarial models to project benefit payments and adjustments. Worked collaboratively with senior management and program administrators to support planning efforts through preparation of budgets, forecasts, and trend analysis.

2008-2010 *Grants Program Coordinator*

Responsible for planning, coordination, and governance of activities associated with tele-health grant programs. Secured competitive grant funding and ongoing research contracts through successful proposal writing. Submitted comprehensive reports (narrative and financial), milestones, and deliverables for contracts with public agencies. Presented/documented blue print model for rural tele-health site fee reimbursement for HRSA and CMS review. Built HIPAA compliant, client record sharing system (SharePoint, credible EMR) for clinical management.

2005-2008 Chesapeake College, Wye Mills, MD

Research and Assessment Analyst

Developed tactical plans with dashboards to assess student learning outcomes and the quality of student services, and track financial outcomes for the college. Prepared and submitted internal and statewide accountability reports to summarize program, departmental, and institutional effectiveness. Conducted a variety of research studies at the request of administrators and stakeholders. Developed longitudinal tracking systems to analyze degree progress and other student learning outcomes. Performed quantitative and qualitative analyses, satisfactions surveys, needs assessments, and focused studies.

2001-2005 University of Memphis, Bureau of Business and Economic Research, Memphis, TN

2001-2005 Senior Research Associate

Conducted specialized studies for clients, including, needs assessments, Economic Impact Studies, contract pricing models, economic forecasting, budget analysis, and predictive models. Coordinated activities between survey and reporting units. Developed dashboard (baseline data, key performance indicators, benchmarks, peer and trend data) to measure project/ agency outcomes. Developed scoring models to compare local agency outcomes and institute statewide performance-based payment systems. Published in professional journals. Delivered presentations on topics of economic origin. Prepared environmental scans to examine state and local trends.

1998-2001 Graduate Research Assistant

Developed real-time databases to analyze data and generate visual reports. Proficiency in excel and access as tools to custom design databases. Developed activities based costing models to capture cost data for business unit activities. Developed a research operating procedures manual and flow-charts. Utilized design methodology to test reliability, develop sampling approaches, and analyze factor inputs for research activities.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

MBA, Business Administration, The University of Memphis, 2001
BS, Accounting Science, The University of South Africa, 1995

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

n/a

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Stephanie Cleary
Title: Administrative Director
Organization: Mid-Shore Mental Health Systems, Inc.
Ph: 410-673-1579
Fx: 410-770-4809
Email: sbcleary@verizon.net

Dr. John Gnuschke
Title: Executive Director
Organization: Sparks Bureau of Business and Economic Research
Ph: 901-678-2281
Fx: 901-678-4056
Email: jgnuschk@memphis.edu

Bill Schneider
Title: Associate Vice President, Research and Performance Management
Organization: North Carolina Community Colleges System
Ph: 919-807-6979
Fx: 919-807-7165
Email: schneiderb@nccommunitycolleges.edu

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Yani Su***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Analyst***		
# of Years in Classification:	***9***	**# of Years with Firm:**	***9***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Su has over ten years of experience in health data analytics and quality improvement. She is adept at designing methodologies to measure performances and quality of services for Medicaid and Medicare providers; building algorithms to synthesize data from multiple sources including review data, HEDIS and CAHPS; conducting focused clinical studies to identify opportunities to improve health outcomes; conducting analyses using claims data to discover prescribing patterns, readmission trends, and adverse drug events.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2008-Present Delmarva Foundation for Medical Care, Easton, MD

Senior Data Analyst

Apply statistical and computational methodologies to provide insights and answers for stakeholders; develop procedures for analysis and data validation; identify opportunities for quality improvement and efficiency optimization:

Maryland HealthChoice Consumer Report Card: Analyzes HEDIS, CAHPS and value based purchasing data to produce comprehensive ratings for all participating managed care organizations. Makes recommendations and revises methodology based on changes in the data and plans.

DC Medicare Quality Improvement program: Analyzes Medicare claims data to calculate admission and readmission rates by providers. Utilizes DGN ICD codes and pharmacy NDC information to detect Adverse Drug Events (ADE).

Georgia and Virginia State Medicaid HCBS quality assurance programs: Evaluates provider performance, and measure individual outcome using quality review data, NCI survey, SIS, HRST and other available data sources. Conducts quality improvement studies to research predictors and influential factors for individual outcomes and provider quality of service. Identifies key performance indicators and synthesizes data into higher level findings. Summarizes results in regional Quality Improvement Councils and facilitates work groups to develop quality improvement initiatives and interventions.

2007-2008 **Arizona Respiratory Center, University of Arizona, Tucson, AZ**
Research Specialist
Developed research hypothesis, analyzed data using statistics models including GLM and GLMM, wrote reports and manuscripts for a prospective birth cohort (longitudinal epidemiology) study.

2004-2007 **University of Arizona Department of Pediatrics, Tucson, AZ**
Program Coordinator
Coordinated with different departments involved in a randomized clinical trial; analyzed data and participated in report writing.

2004 **University of Arizona Cancer Center, Tucson, AZ**
Research Intern
Designed surveys to evaluate the risk perception and prevention behavior for patients with melanoma.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Master of Public Health in Biostatistics, University of Arizona, Tucson, AZ, 2002-2004
Bachelor of Medicine, Guangdong Pharmaceutical University, Guangzhou, China 1997-2001

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

SAS 9 Advanced Programming, date received: 04/20/2015

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Sue Kelly
Title: Senior Scientist
Organization: Delmarva Foundation for Medical Care, Inc.
Ph: 850-671-5044
Fx: n/a
Email: kellys@delmarvafoundation.org

Bonnie Horvath
Title: Director
Organization: Delmarva Foundation for Medical Care, Inc.
Ph:410-872-9610
Fx: n/a
Email:horvathb@delmarvafoundation.org

Marion Olivier
Title: Director
Organization: Delmarva Foundation for Medical Care, Inc.
Ph:404-459-9667
Fx: n/a
Email:olivierm@delmarvafoundation.org

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Cynthia Jones, CPC, CPMA, CPC-I***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Quality Improvement Coordinator***		
# of Years in Classification:	***3***	**# of Years with Firm:**	***3***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Jones has over 30 years of healthcare related experience. She began her career as a primary care office manager with billing and coding responsibilities. She transitioned to a quality role collecting and reporting core measure data for a local hospital before accepting a project manager position with a national provider of data abstraction services. Prior to joining Delmarva Foundation, she was a claims analyst at Health Integrity LLC, a sister company of Delmarva Foundation, where she validated medical claims to identify potential fraud, waste, and abuse. She is currently teaching an in-house Certified Professional Coder (CPC) certification course to assist the Health Integrity team in medical coding for physician offices.

She has experience with Midas, Press Ganey, and Comparion software, and Cerner and Epic electronic health record systems.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2017-Present Delmarva Foundation for Medical Care, Inc., Easton, MD

EQR Quality Improvement Coordinator - EQR

Performs project management activities for successful implementation and completion of quality improvement (QI) projects for various deliverables. Works among an interdisciplinary team consisting of physicians, nurses, analysts, and scientists across contract requirements, maintaining knowledge of the QI activities assigned. Provides analytic and encounter data validation (EDV) support. Performs source code review, performance measure validation activities, and special projects across contracts. Teaches an in-house CPC course to improve associate knowledge base.

2015-2017 Health Integrity, Easton, MD

Claims Analyst

Served as a member of the medical review staff to audit and validate medical claims for medical necessity, proper coding, and fulfilment of state Medicaid billing policies. Assisted staff with proper ICD/CPT code selection during design of data collection algorithms. Instituted an in-house CPC course to prepare staff for potential new contracts.

2014-2015 Registry Partners, Burlington, NC
Quality Core Measure Project Manager, 2014-2015
Trained data abstraction staff on client-specific electronic health record and software systems in order to accurately collect core measure data. Provided ongoing training and education to the abstraction staff as well as the on-site staff to maintain compliance with changes to data collection processes. Validated and performed opportunity for improvement (OFI) and non-OFI cases. Monitored assignments and work completed in addition to reviewing and approving staff timekeeping records.

2008-2014 Shore Regional Medical Center, Easton, MD
Quality Core Measure Abstractor
Abstracted inpatient and outpatient electronic medical records for quality core measure reviews. Participated in quality committee meetings to share abstraction results and provided education to clinical staff to improve documentation. Utilized Meditech electronic health record, and Midas and Press Ganey software, for quality core measure data set collection and submission. Created tool on facility intranet to notify nursing staff/clinicians of OFI cases.

2006-2008 Lois A. Narr, DO, LLC, Cambridge, MD
Office Manager/Coder/Biller
Managed daily operations, staff schedules, payroll, and office inventory. Conducted weekly staff meetings. Coded and generated electronic and paper billing for all practitioners. Tracked business accounts payable and managed office inventory. Regularly attended coding, billing, and compliance training to maintain competency.

1984-2000 Robert M. McDonald, MD, PA, Easton, MD
Office Manager/Coder/Biller
Managed daily operations, staff schedules, payroll, and office inventory. Coded and generated electronic and/or paper billing for all practitioners. Tracked business accounts payable and managed office inventory. Regularly attended coding, billing, and compliance training to maintain competency.

EDUCATION
Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Cambridge South Dorchester High School, 1984, Cambridge, MD

CERTIFICATIONS
Information required should include: type of certification and date completed/received.

Certified Professional Coder, 2007-current
Certified Professional Coding Instructor, 2016-current
Certified Professional Medical Auditor, 2016-current

REFERENCES
A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Brad Meisky
Title: Inpatient Coding Consultant
Organization: UASI
Ph: 410-739-5978
Fx: n/a
Email: bmbr@comcast.net

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Cindy Bartkus
Title: Senior Vice President of Quality Services Division
Organization: Registry Partners
Ph: 815-931-1141
Fx: n/a
Email: cindybartkus@registrypartners.com

Polly Lacoco
Title: Claims Analyst Lead
Organization: Health Integrity, LLC
Ph: 410-770-3574
Fx: n/a
Email: lacocop@healthintegrity.org

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Hui Theng Pohl***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Quality Improvement Coordinator***		
# of Years in Classification:	***1***	**# of Years with Firm:**	***1***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Pohl has 6 years of healthcare related experience. Administrative support positions at various medical facilities provided proficiency in day-to-day business operations and marketing. She gained familiarity in federal, state, and commercial insurances for referrals, preauthorization, and billing purposes. Prior to joining Delmarva Foundation (DF), she was a National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) Customer Complaint Specialist at Health Integrity LLC., a sister company of Delmarva Foundation. Her Health Integrity position provided skills in addressing fraud, waste, and abuse in Medical Part C and D programs.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2017-Present Delmarva Foundation for Medical Care, Inc., Easton, MD

Quality Improvement Coordinator I

Performs project management activities for successful implementation and completion of quality improvement projects for various deliverables. Works among an interdisciplinary team consisting of physicians, nurses, analysts, and scientists across contract requirements, maintaining knowledge of the quality improvement (QI) activities assigned. Provides analytic support, performance measure validation (PMV) support, and conducts special projects across contracts.

2016-2017 Health Integrity LLC, Easton, MD

NBI MEDIC Customer Complaint Specialist

Initiated, evaluated, and researched complaints to detect and prevent fraud, waste, and abuse in the Part C and Part D MEDICARE programs on a national level. Answered the NBI MEDIC hotline, and communicated with external customers including beneficiary or individual complainants, and representatives from the Senior Medicare Patrol, Plan Sponsors, and CMS.

2012-2014 Exeter Regional Hospital- Center for Sleep Disorder, Exeter, NH

Patient Service Representative II, 2003-2004

Provided administrative support to the clinical staff which involved scheduling office visits, and sleep and neurology testing. Handled incoming referrals, patients' personal health information (PHI), medical records, and performed billing responsibilities. Successfully strategized marketing of the sleep center by improving office functions, customer service, and public relations, resulting in a significant financial growth.

2011-2012 Whole Life Health Care LLC, Newington, NH
Medical Record Coordinator/Administrative Assistant
Managed the medical record department for the facility. Provided administrative support to the primary care nurse practitioners in day-to-day operations, which included scheduling appointments, preparing referrals forms, and collecting copays.

2009-2011 Dr. Stephen A. Moore LLC, Ophthalmologist, Great Barrington, MA
Medical Secretary/ Visual Field Technician
Provided administrative support to the ophthalmologist in day-to-day operations, which included scheduling appointments, obtaining referrals, collecting copays, and billing insurance claims. Performed visual field exams for Glaucoma patients.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

BMus, Bachelor of Music Performance, University of Central Arkansas, Conway, Arkansas, 1997

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

NA

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Mr. Brian Campbell
Title: Vice President of Ambulatory Care
Organization: Exeter Regional Hospital
Ph: 603-580-7427
Fx: n/a
Email: BCampbell@ehr.org

Dr. Stephen A. Moore
Title: Retired Ophthalmologist
Organization: Dr. Stephen A. Moore, LLC
Ph: 413-329-6767
Fx: n/a
Email: n/a

Mrs. Sandra Hooper
Title: Retired Registered Nurse
Organization: Whole Life Health Care but retired in 2017
Ph: 207-439-1888
Fx: n/a
Email: pshoopster@gmail.com

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Suzanne M. Reinhold***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Quality Improvement Project Coordinator***		
# of Years in Classification:	***2.5***	**# of Years with Firm:**	***2.5***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Reinhold has 20 years of relevant experience in operations coordination and project management, with the last three years in Medicaid fraud, waste, and abuse and external quality improvement. Since joining Delmarva Foundation in 2017, she has managed multiple external quality review (EQR) project tasks, and has developed and implemented a tool for Network Adequacy Validation which significantly improved the overall efficiency of the project. She has completed the ICD-10-CM, CPT, and HCPCS Medical Coding courses, and plans to sit for the AAPC CPC exam this year to obtain her professional coding certification.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2017-Present Delmarva Foundation for Medical Care, Inc., Easton, MD

External Quality Review Quality Improvement Project Coordinator

Provides coordination and support, conducts special projects, and preforms administrative and technical activities to meet objectives and deliverable deadlines across all contracts. Collects and researches data, draws samples for review activities, and prepares and validates data. Prioritizes and coordinates tasks and projects to meet internal and external customer deadlines. Monitors project team activities, and communicates progress, barriers, changes, and concerns of tasks and activities for resolution in a timely manner. Utilizes quality improvement tools to continuously improve processes.

2015-2017 Health Integrity, LLC, Easton, MD

Medicaid Integrity Contract Operations Coordinator

Obtained and provided information, identified issues, and assisted with timely responses to inquiries from CMS and other governmental contractors. Ensured contract compliance by communicating Medicare change requests to team members, formatting and editing reports, monitoring deliverables and contract requirements. Collaborated with other business units within the organization to ensure the effective coordination of objectives and deliverables. Established systems permissions, and performed quality review of deliverables to ensure compliance in accordance with applicable regulations within the scope of work, managed activities, and facilitated projects by setting priorities. Provided training and technical advice to team members.

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2014-2015 Mid-Shore Council on Family Violence, Easton, MD
Lethality Assessment Coordinator
Coordinated and facilitated Lethality Assessment Program (LAP) trainings for law enforcement and government agencies as outlined by the Maryland Network Against Domestic Violence Plan of 2001 to prevent domestic violence, homicides, and serious injuries. Acted as liaison to law enforcement and government agencies on the proper utilization and implementation of the LAP tool during a domestic violence crisis to ensure immediate intervention for those that are at highest risk of being seriously injured or killed by their intimate partner. Worked with community partners and coordinated public outreach and educational events on domestic violence.

2001-2006 Hospice of Queen Anne's, Inc., Queenstown, MD
Office Coordinator
Managed all office administrative functions with specialized support of the Executive Director, the Clinical Director and Volunteer Coordinator. Created databases and spreadsheets for the improvement of client and donor data management to improve reporting accuracy. Assisted with compliance review and preparation efforts for the Joint Commission Accreditation survey. Managed office volunteers and oversaw volunteer projects. Assisted in coordinating public outreach, training, educational and fundraising events.

EDUCATION
Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Graphics Design & Multimedia Training, Chesapeake College, Wye Mills, MD, 2003
A.A. Psychology, Liberty University, Lynchburg, VA, Psychology, *pending graduation* 2019

CERTIFICATIONS
Information required should include: type of certification and date completed/received.

N/A

REFERENCES
A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Mr. Gary Coley
Title: VP Operations and Deputy Director Medicaid Integrity Contract
Organization: Health Integrity, LLC
Phone: 919-302-4566
Fax: N/A
Email: coleyg@healthintegrity.org

Ms. Heidi Kimble, MSN, RN
Title: Claims Analyst II MIC ZPIC 4
Organization: Health Integrity, LLC
Phone: 410-822-0697
Fax: N/A
Email: kimbleh@healthintegrity.org

Ms. Michelle Kennedy
Title: Operations Coordinator Medicaid Integrity Contract, TO2
Organization: Health Integrity, LLC
Phone: 410-770-3759
Fax: N/A
Email: kennedym@healthintegrity.org

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Diane McComb, MS***	**Key Personnel: (Yes/No)**	***No***
Individual's Title			
# of Years in Classification:	***30***	**# of Years with Firm:**	***10***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. McComb is a Disabilities subject matter expert (SME) for Delmarva Foundation providing technical expertise on disabilities and health. She has broad expertise in federal and state policy, Medicaid policy, quality improvement, community waiver programs, intermediate care facilities, managed care, and health disparities. Concurrently, she also works with the American Network of Community Options and Resources (ANCOR) as their Liaison to State Associations across the country.

Prior to her current work, she was appointed by Maryland's governor as the Deputy Secretary of the Maryland Department of Disabilities. She oversaw the development of the Maryland State Disability Plan, covering a wide array of issues including children and families, long-term services and supports, employment and training, housing, technology, Medicaid, transportation, and emergency preparedness. She was instrumental in initiating numerous policy shifts resulting in increasing person-directed supports and other levels of inclusion of people with disabilities in program evaluation and quality improvement initiatives. She brings her extensive knowledge of the disability community, her demonstrated track record of innovative problem solving, and lifelong commitment to creating improved capacity in the systems empowering individuals with disabilities to achieve their personal and professional goals in communities where they live.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2008-Present **Delmarva Foundation for Medical Care, Inc., Easton, MD**

Aging and Disability Subject Matter Expert

Develops key efforts to expand work in quality improvement in disabilities, Home and Community Based Waivers, and intermediate care facilities. Possesses expertise in outcome measure development for long-term services and supports relating to the social determinants of health and well-being in managed care settings. Provides professional leadership on disability issues relevant to Delmarva Foundation. Trained staff from intermediary care facilities (ICF) in Ohio and Maryland.

2007-Present **American Network of Community Options and Resources (ANCOR), Washington, DC**

Liaison to State Associations (Contractual Position)

Provides communication, technical assistance, and support to state associations of community agencies supporting people with disabilities across the United States. Provides state trending data regarding economy, healthcare initiatives, and managed care; policy updates; and advocacy efforts.

2012-Present **CMMI Grant Reviewer/Review Team Chairperson and Panelist**
Serves on Capability Maturity Model Integration (CMMI) review panels for Innovation Grants and others. Chairperson for a review team for Round 2 of the Innovation Grants.

2009-Present **National Leadership Consortium on Developmental Disabilities, University of Delaware**
Faculty
Attends national leader sessions addressing current and future strategies regarding developmental disabilities. Topics range from managed care to overall trends in the field of disabilities.

2003-2008 **The Maryland Department of Disabilities, Baltimore, MD**
Deputy Secretary
Authored and successfully navigated enabling legislation to create the Maryland Department of Disabilities, the first cabinet-level department of its nature in the country. Oversaw the development of the State Disability Plan covering a wide array of issues including: children and families, adult services, long term care supports, employment and training, housing, technology, Medicaid, transportation, disaster planning, and emergency preparedness. Played a pivotal leadership role in achieving critical milestones in disability service performance and assessment of outcomes.

1988-2003 **The Maryland Association of Community Services, Severna Park, MD**
Chief Executive Officer
Provided executive leadership to statewide membership of agencies supporting people with disabilities. Interfaced with the nonprofit board of directors to implement their vision. Organized statewide advocacy efforts to secure community services and supports for individuals in a wide array of support environments. Promoted association mission with emphasis on public policy, interacted routinely with elected and public officials. Worked closely with membership activities to assure alignment with overall objectives of the board of directors. Conducted training and facilitated conferences.

1976-1987 **The Caroline Center, Inc., Caroline County, MD**
Executive Director
Developed and implemented a full array of community supports for people with developmental disabilities. Formulated budgets and managed fiscal resources. Maintained on-going regulatory compliance. Developed policies and procedures for personnel and program management. Worked cooperatively with other organizations, including local and state government and the board of education to advocate on behalf of people with developmental disabilities.

Technical Expert Panels

- National Quality Forum: Medicaid Innovation Accelerator Project: Community Integration – Community-based LTSS Technical Expert Panel 2016-2017
- Technical Expert Panel (TEP) on Quality Measure Development for Dual Enrollees and Medicaid Beneficiaries using Home- and Community-Based Services (HCBS) 2016
- NCQA/Mathmatica: Duals/HCBS Technical Expert Panel (TEP) TEP for Duals/MLTSS/IAP-Community Integration 2016-2017
- National Quality Forum: Addressing Performance Measure Gaps in Home and Community-Based Services to Support Community Living Technical Expert Panel (TEP) – 2015

Presentations (2008 to present)
Regularly speak at national and state conferences on the following topics:

- *National Trends and Disabilities*
- *Managed Long Term Services and Supports and People with Disabilities*
- *Building Capacity for Sustainability — Collecting and Using Outcome Measures Data*
- *Achieving Quality Outcomes through Person Centered Practices*
- *Building Coalitions to Market Your Mission*
- *How the Future of Supports for People with Disabilities is Affected by the Economy and Political Climate*

- *Medicaid, Managed Care, and Opportunities under the Affordable Care Act for People with Disabilities*
- *Income Disparity and the Effects on the Social Determinants of Health and Well-Being*

Honors and Awards
2015 Circle of Excellence – Legacy Leader, American Network of Community Options & Resources
2006 Award of Excellence, On Our Own of Maryland
2005 Inspiration Award, MACS WC-SIG
2004 Leadership Award, Abilities Network
2001 Advocacy Awards: MD Statewide Independent Living Councils; Arc of Southern MD
2001 Legislative Awards: The Arc of Baltimore; Arc of the Northern Chesapeake Region
2000 Arc of Maryland President's Cup Award

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

MS, Severe & Profound Disabilities, Johns Hopkins University, 1990
BA, English, University of Maryland at College Park, 1972

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Certified Person Centered Thinking Trainer, 2017

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Barbara Merrill
Title: CEO
Organization: The American Network of Community Options and Resources, Inc. (ANCOR)
Ph: (703) 535-7850, ext. 103
Fx: (703) 535-7860
Email: bmerrill@ancor.org

Kris Cox
Title: Executive Director
Organization: Utah Governor's Office of Management and Budget
Ph: 801-538-1705
Fx: n/a
Email: Kristen.Cox@comcast.net

Scott Vivona
Title: Assistant Deputy Director
Organization: California Dept. of Public Health
Ph: 916-440-7377
Fx: 916-324-4820
Email: Scott.Vivona@cdph.ca.gov

PROPOSED STAFF RESUME FOR RFP 3491

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Delmarva Foundation for Medical Care***

Check the appropriate box if the proposed individual is prime contractor staff or subcontractor staff.			
Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.			
Name:	***Larry Townsend, MS***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Director of Application Development***		
# of Years in Classification:	***7***	**# of Years with Firm:**	***17***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Mr. Townsend has been the leader of a software development team for over seven years. He also led several project teams on multi-million dollar municipal infrastructure projects as an engineer. He has an analytical mindset and exceptional problem solving abilities. He possesses expertise in machine learning, particularly genetic algorithms and neural networks. An innovative software developer with full life cycle experience, he is proficient in developing, integrating, and supporting software. He is a current doctoral candidate for computer science. He possesses technical skills in C#.NET, Machine learning, Python, SQL, JAVA, C++, JavaScript, CSS, AJAX, HTML.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

2010-Present Delmarva Foundation for Medical Care, Inc., Easton, MD

2010-Present Director of Application Development

Leads team of developers and business analysts to implement and manage enterprise software projects. Manages and monitors developer's workload and performance, and coordinates activities of the development team to ensure deadlines and deliverables are met. Consults with corporate management, recommending IT solutions to create efficiencies and leverage capabilities for a strategic advantage.

2005-2010 *Developer III*

Developed a Medicare/Medicaid tracking and authorization application for the District of Columbia that validated and approved coverage for approximately 2,000 cases per month. Developed Neural Network Models for data analysis using C++ and Matlab. Developed a data lag simulation in C++ for "Making Things Work" conference at MIT. Developed a data-driven case management system used in Florida, Georgia and South Carolina for improving the care of the developmentally disabled. Gathered requirements and produced an environmental scanning application in C# that tracked the strength of competitor companies. Produced a web-based, e-learning application for healthcare government officials. Directed filming, performed editing, and utilized Flash animation. Created a company-wide automated expense approval and reimbursement process. Wrote a real-time, web-based application that identified and provided status for all Maryland-based healthcare facilities.

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2002–2005 *Systems Analyst*
Managed full life-cycle application development efforts. Gathered user requirements and developed software using C++, C# and Visual Basic. Redesigned internal business processes for software development efficiency.

2000-2002 *Database Administrator*
Managed, designed, and maintained SQL Server and Access databases. Wrote SQL stored procedures and database applications using Access and VBA. Performed data import, clean-up, extraction, and merge.

1996-2000 **Davis, Bowen, and Friedel, Salisbury, MD**
Civil Engineer
Designed and managed projects for municipal and commercial water and wastewater treatment systems. Prepared plans and developed specifications for street, utility, and site projects.

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

PhD, Computer Science, Nova Southeastern University, Expected 2018
MS, Applied Computer Science, University of Maryland Eastern Shore, 2002
BS, Civil Engineering, University of Maryland at College Park, 1995

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Certified Professional in Software Engineering, Learning Tree International, 2003

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Brian Cleary
Title: Vice President of IT
Organization: Quality Health Strategies
Ph: 410-763-6253
Fx: 410-822-7971
Email: clearyb@qhs-inc.org

Dan Edris
Title: Director of Data Management
Organization: Quality Health Strategies
Ph: 410-763-6227
Fx: 410-822-7971
Email: edrisd@qhs-inc.org

Shannon Wolfe
Title: Corporate Security Officer
Organization: Quality Health Strategies
Ph: 410-763-6273
Fx: 410-822-7971
Email: wolfes@healthintegrity.org

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Section VIII – Other Informational Material

Delmarva Foundation and it's subcontractors have no additional informational material to submit at this time.