Part IA – Technical Proposal	
RFP Title:	Network Carrier Adequacy Analysis
RFP:	3509
Vendor Name:	Burns & Associates, Inc.
Address:	3030 North Third Street, Suite 200 Phoenix AZ, 85012
Opening Date:	January 3, 2018
Opening Time:	2:00 PM

TABLE OF CONTENTS

Section I: **Title Page**

Section II: **Table of Contents**

Section III: **Vendor Information Sheet**

Section IV: **State Documents**
RFP Amendment #1 including signed signature page
Signed Attachment A – Confidentiality and Certification of Indemnification
Signed Attachment B – Vendor Certification

Section V: **Scope of Work**
Response to Section 2.1 of the RFP....1
Response to Section 2.2.1 of the RFP....2
Response to Section 2.2.2 of the RFP....2
Response to Section 2.2.3 of the RFP....7
Response to Section 2.2.4 of the RFP....8

Section VI: **Company Background and References**
Response to Sections 3.1.1 through 3.1.8 of the RFP....10
Response to Section 3.1.9 of the RFP....13
Response to Section 3.1.10 of the RFP....18
Response to Section 3.2 of the RFP....18
Response to Section 3.3 of the RFP....19

Section VII: **Proposed Staff Resume**
Mark Podrazik, President and Project Manager....20
Ryan Sandhaus, SAS Programmer....23
Barry Smith, Consultant/Analyst....25
Tina Brezenski, Consultant/Analyst....27

VENDOR INFORMATION SHEET FOR RFP 3509

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	Burns & Associates, Inc.

V2	Street Address	3030 North Third Street, Suite 200

V3	City, State, ZIP	Phoenix, AZ 85012

V4	Telephone Number		
	Area Code: 602	Number: 241-8520	Extension: n/a

V5	Facsimile Number		
	Area Code: 602	Number: 241-8529	Extension: n/a

V6	Toll Free Number		
	Area Code:	Number: n/a	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Mark A. Podrazik
	Title: President
	Address: 3030 North Third Street, Suite 200, Phoenix, AZ 85012
	Email Address: mpodrazik@burnshealthpolicy.com

V8	Telephone Number for Contact Person		
	Area Code: 703	Number: 785-2371	Extension: n/a

V9	Facsimile Number for Contact Person		
	Area Code: 602	Number: 241-8529	Extension: n/a

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Mark A. Podrazik	Title: President

V11	Signature ***(Individual shall be legally authorized to bind the vendor per NRS 333.337)***	
	Signature: Mark A. Podrazik	Date: 1/3/2018

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

Brian Sandoval
Governor

Jeffrey Haag
Administrator

SUBJECT:	Amendment 01 to Request for Proposal 3509
RFP TITLE:	Provider Network Adequacy Analysis
DATE OF AMENDMENT:	December 19, 2017
DATE OF RFP RELEASE:	November 29, 2017
OPENING DATE:	January 3, 2018
OPENING TIME:	2:00 PM
CONTACT:	Gail Burchett, Purchasing Officer

The following shall be a part of RFP ***3509.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

---

1. Regarding Section 2.2.1.1, Will the vendor be granted access to download data from SERFF or will there be API's available to automate the collection of data?

   The vendor will be granted access to download data from SERFF. The Division does not currently work with API's for automating data collection; however, if the vendor is aware of a process for automating the data collection the Division would be willing to consider adding these efficiencies to the process moving forward.

2. Regarding Section 1.3.2 and 1.3.3, What has been the historical frequency of ad hoc examination requests outside of the annual review time?

   Ad hoc examination requests average about 2 a year.

3. Regarding Section 2.1.8.2, Will the vendor need to track when exceptions have been approved?

   The vendor will not be responsible for tracking the exceptions. The Division will be responsible for any exceptions made outside of Nevada's Network Adequacy standards.

4. Regarding Section 2.2.1.2 Can you please provide examples of submission errors? Are errors limited to formatting?

The CMS ECP/Network Adequacy template provides the framework for submitting the data; however, carriers have inadvertently omitted providers or facilities for a given service area or did not verify the address information to identify errors that may exist.

5. Regarding Section 2.2.1.2 Will the carriers be using the exact same format, including specialty descriptions when submitting data through SERFF?

   All of the carriers are required to submit the data using the uniform templates provided by CMS. A copy of the 2018 ECP/Network Adequacy Template can be found on the Division website.

   http://doi.nv.gov/uploadedFiles/doi.nv.gov/Content/Insurers/Life_and_Health/EcpNetworkAdequacyTemplatev7.3.xlsm

6. Regarding 2.1.9.4 Will the state supply the population file for the determination of 90% or will the vendor create a proxy population file for measuring adequacy?

   The vendor will be responsible for creating the population file.

7. Regarding Attachment G- Cost Schedule What are the current Dental standards by county classification?

   Currently Dental is not part of the network adequacy review conducted by the Division.

8. Regarding Attachment G- Cost Schedule, Is the current individual cost assigned per company or per network review?

   The invoices are normally generated by company with a breakdown for each network.

9. What is the current and desired communication flow and delivery of the analysis?

   The current communication flow occurs primarily through email and telephone. The analysis is uploaded to a secure file share website provided by the vendor.

10. Will the vendor be working directly with the companies on submission errors and network reviews or will the communication flow thru the State? Or a combination of both?

    The communication will flow through the State.

11. Will there be finalist presentations during the week of 01/04/2018 -01/18/2018?

    No.

12. Do we have to use the resume format?

Yes.

13. My we provided work related resume bios?

    Yes; however, they must be in the resume format.

14. Section 8.1.2, page 23 discusses submission requirements. If we chose not to include proprietary and/or confidential information in our response do we need to submit 8.1.2.2 Confidential Technical and 8.1.2.4 Confidential Financial responses?

    No.

15. Just to clarify the state only wants a CD or flash drive delivered via mail service. No hard copies.

    Yes, this is correct.

16. Will portions of the examination be permitted to be conducted remotely, when appropriate, in order to minimize travel expenses?

    Historically all of the examinations have been handled remotely.

17. What are the definitions for sufficient numbers of providers within the network for each region type (Metro, Micro, Rural, etc.)?

    The current standards require that 90% of the population have access to at least one provider within either the time or distance standards specified under 2.1.9.6 through 2.1.9.9 for the appropriate region designation.

18. What sizes are the companies being examined in terms of insured?

    The vendor will be responsible for the examination of all companies in the individual and small group market in Nevada which meet the requirements for annual network adequacy certification under NRS 687B.490. The number of insureds for each company varies from year to year but ranges from a few hundred to close to 50,000.

19. Will the analysis of websites and datasets (historical and current) containing provider information be included?

    Based on the current network adequacy standards, the analysis will center on the provider and facility data provided by the carrier through the CMS ECP/Network Adequacy Template.

20. In what formats may these datasets be presented to the vendor?

All of the carriers are required to submit the data using the same Excel template. The template is provided by CMS. A copy of the 2018 ECP/Network Adequacy Template is located on the Division website.

http://doi.nv.gov/uploadedFiles/doi.nv.gov/Content/Insurers/Life_and_Health/EcpNetworkAdequacyTemplatev7.3.xlsm

21. Will the vendor be able to review desensitized referral and reimbursement data in cases of insufficient providers?

The Division does not anticipate that it will be necessary to review this dat. To date none of the previous examinations conducted have required a review of this data.

22. 2.2.2 Section II – Analysis 2.2.2.1 The vendor must use the data collected in section 2.2.1 to analyze the adequacy of the network. The current standards outlined in section 2.1 use time and distance metrics however these metrics are subject to change and additional metrics could be added.

    a. How is the time metric calculated? (Online map sources, governmental data for transit times, etc.)

    The Division does not require a specific methodology for determining the time between a provider/facility and a population sample point. The only requirement is that the time be representative of how long it would take for someone to drive from the provider/facility to the population sample point.

    b. How are distance units determined (aeronautical or ground-speed)?

    The distance units are determined by ground-speed.

    c. Are there any current changes to the metrics outlined in the RFP?

    With the exception of the Essential Community Providers, there were no changes to the plan year 2019 network adequacy standards. The change was to 2.1.7.1 (A) which for plan year 2019 will require that a carrier must contract with at least 30% of available Essential Community Providers (ECP) in each plan's service area instead of the 20% for plan year 2018.

23. 2.2.3 Section III – Analysis Output and Reports 2.2.3.1 The vendor must be able to provide output of the network adequacy analysis breaking down the results by a specific region, such as: state, service area, county, or zip code. 2.2.3.2 The vendor may be required to provide additional reports, as well as, summary reports on an as needed basis based on the needs of the Division.

    a. How will the data used in the analysis be presented/given to the vendor?

All of the carriers are required to submit the data using the same template. The template is provided by CMS. A copy of the 2018 ECP/Network Adequacy Template is located on the Division website.

http://doi.nv.gov/uploadedFiles/doi.nv.gov/Content/Insurers/Life_and_Health/EcpNetworkAdequacyTemplatev7.3.xlsm

b. Is there an authoritative list of Zip Codes, Cities, Service areas, etc. that a vendor must use for the analysis report?

A list of counties is provided in the CMS ECP/Network Adequacy Template. The service area is defined by each network plan and will be provided by the carrier.

c. Will any historical mapping be required to notate change in network adequacy over X amount of time?

Historical mapping has not been employed to date; however, this may be something the Division explores in the future.

d. Will any data visualization be required?

Current examinations do not include any visualization; however, the Division has utilized maps illustrating the data in prior years.

24. For the Technical Proposal – Section V states 'Vendors shall place their written response(s) to ***Section 2, Scope of Work*** in ***bold/italics*** immediately following the applicable RFP question, statement and/or section'. Section 2 is made up of 2 subsections (1. Network Adequacy Standards, and 2. Network Adequacy Analysis). Section 2.1 (Network Adequacy Standards) appears to be mostly informational material. Should this section still be included in Section V of the Technical Proposal, or is section 2.2 adequate?

Vendors are required to respond to all questions in the RFP.

25. Cost Proposal - The form appears to be meant for a total cost by year – Can this be done on a per/carrier basis or do we just state that the cost is based ONLY on the currently approximated carriers.

Vendors shall respond to the cost as requested in the form. Vendors must use the State form to respond to the cost.

26. Will the State review or negotiate the Standard Terms and Conditions which were attached to the RFP?

No, the State will not negotiate terms and conditions.

27. How many carriers does the Division of Insurance expect will need to be reviewed for network adequacy in Calendar Year 2018?

The number of carriers and networks varies by year. There were 7 carriers in the individual market and 12 carriers in the small group for plan year 2018.

28. Will the network adequacy assessment occur for all carriers in the June to September timeframe?

    The annual certification for plan year 2018 began June of 2017 and was completed by September of 2017. In past years, the Division began the submission process the first part of May. Note, this timeline is subject to change depending on CMS; however, the Division anticipates the certification process to occur between May and September annually.

29. With a turnaround time requirement of 90 days for the Division, how much time will the Division need for its own purposes related to network adequacy? In other words, will the Contractor be required to conduct its assessment within 60 days of receiving information?

    Please see the sample timeline provided under 2.2.4.2. The Division will require a turnaround time of roughly a week to a week and a half to meet the two week turnaround time.

30. Does the Division collect any claim-level or enrollment-level information from each carrier related to assessing network adequacy?
    a. If yes, is a standard file layout available?
    b. If no, is it possible for the Division to request this information on behalf of the Contractor?

    This data is not currently collected for the purposes of network adequacy certification; the Division does not anticipate collecting this data.

31. With respect to proposal submission requirements, should Sections II and II be resubmitted in their entirety? If not, in Section III, should the respondent enclose the questions or grid information in a separate response and fill this in? For example, Section 3.1.1 or 3.1.5.

    Vendors are required to respond to all questions in the RFP. The responses should be in the State format as provided in the RFP document.

32. What is the page limit for responding to Section II Scope of Work?

    There is no page limit however vendors are requested to be clear and concise when responding.

33. May respondents include example work products in an Appendix?

    Per Section 8.1.11, Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFP.

Expensive color displays, promotional materials, etc., are not necessary or desired. Emphasis shall be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, and on completeness and clarity of content.

34. How many corrective action plans were required from carriers in the previous year?

To date the Division has not required any corrective action plans from carriers.

ALL ELSE REMAINS THE SAME FOR RFP 3509.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name:	Burns & Associates, Inc.		
Authorized Signature:	Mark G Podraza		
Title:	President	Date:	January 3, 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		NO	
Justification for Confidential Status			

Part III – Confidential Financial Information			
YES		NO	
Justification for Confidential Status			

Burns & Associates, Inc.

Company Name

Mark A. Podrazik

Signature

Mark A. Podrazik

Print Name

January 3, 2018

Date

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.

Burns & Associates, Inc.

Vendor Company Name

Mark A. Podrazik

Vendor Signature

Mark A. Podrazik

Print Name

January 3, 2018

Date

2. SCOPE OF WORK

2.1 NETWORK ADEQUACY STANDARDS

The vendor will perform an analysis of the carrier's provider network data to determine the adequacy of the network plan based on the standards outlined in section 2.1. The vendor must be able to provide the necessary summary of the analysis in a timely manner to meet the requirements of NRS 687B.490 which allows the Commissioner 90 days to determine the adequacy of a network from the date of application. Network Adequacy Standards are subject to change annually based on the guidelines issued by CMS and the standards established by the Commissioner of Insurance "Commissioner". The sections that follow are developed from the standards as they exist for plan year 2018.

Burns & Associates, Inc. (B&A) agrees to adhere to completing the necessary summary of the analysis in a timely manner which will allow the Commissioner 90 days to determine the adequacy of a network from the date of application. As outlined in our response in Section 2.2, in which we used the dates outlined in Section 2.2.4.2 as an outline, B&A anticipates delivering to the Division a draft assessment of network adequacy for all carriers who were not sent network adequacy objection letters by August 17, 2018. The latest delivery of any assessment of network adequacy will be delivered by September 7, 2018.

B&A has read and acknowledges the requirements of carriers as outlined in sections 2.1.1 through 2.1.8 with respect to: general requirements, provider directory updates, submission and updated processes, referrals and reimbursement, reasonable effort, disclosure of network limitations, essential community provider (ECP) requirements and establishment of reasonable criteria. Further, we understand that there are different provider availability and accessibility standards for counties deemed metro, micro, rural or counties with extreme access considerations (CEAC) as described in section 2.1.9 of the RFP. For brevity, the language in these sections is not repeated here.

2.2 NETWORK ADEQUACY ANALYSIS

2.2.1 Section I – Data Collection

2.2.1.1 The vendor must be able to collect the necessary data through System for Electronic Rate and Form Filing (SERFF). This data includes, but is not limited to, the CMS ECP/Network Adequacy Template, Service Area Template, Plans and Benefits Template and Network ID Template. The data templates that carriers are required to submit for network adequacy analysis are subject to change based on the requirements of CMS and the Division.

2.2.1.2 The Division will require carriers to review network data prior to submission for errors and proper formatting however the vendor may need to review and scrub the data to identify and remove potential errors which could impact the network adequacy analysis.

Burns & Associates (B&A) will work with the Division to obtain access to the SERFF database to complete the download of each carrier's CMS ECP/Network Adequacy Template. Based on the answers to Bidders questions, B&A has assumed that this will be at least 19 submissions (one for each carrier). However, some carriers may be submitting for more than one network so the volume may be greater than 19.

B&A recognizes that there will need to be an initial validation to scrub the data submitted. B&A will perform initial validations on each carrier's ECP/Network Adequacy template submission such as:

- ***Unreadable data (bad download)***
- ***No providers listed for one of the provider categories in the 90 percent test***
- ***Missing provider addresses or zip codes***

B&A understands that the Division may send as many as three network adequacy objection letters to the carrier. Therefore, our work plan shown in Section 2.2.2 outlines the dates for review and feedback to the Division on each resubmission by the carrier, if necessary.

2.2.2 Section II – Analysis

2.2.2.1 The vendor must use the data collected in section 2.2.1 to analyze the adequacy of the network. The current standards outlined in section 2.1 use time and distance metrics however these metrics are subject to change and additional metrics could be added.

B&A has developed an analytics work plan in two phases—tasks to be completed prior to carrier submissions of ECP/Network Adequacy templates and tasks completed analyzing these templates. The eight tasks to be performed in these two phases are described below.

<u>Phase I Prepare Datasets and Sample Reports for the Analysis</u>

Task 1 Compile baseline data from external databases such as the Census Bureau's American Fact Finder, the University of Minnesota's IPUMS databases or Zip Codes.com.

1.1 B&A will compile data at the county level, the zip code level and the census tract levels within the State of Nevada by age group (elderly 65 and over, non-elderly adult and pediatric). This level

of granularity allows us to create population totals with or without the Medicare-eligible population and also for the pediatric population only since pediatrics is one of the specialties that will be analyzed for network adequacy.

1.2 Source data is often stored in external databases of the last census (in this case CY 2010). B&A will read in Census Bureau files to use the most recent year available (most likely CY 2016 for use in the CY 2018 analysis).

1.3 It is understood that the data at the census tract level has a greater margin for error due to the smaller population totals and the estimation in the American Communities Survey for CY 2016 using the last five years. It will be helpful to have this information, however, in situations where the test for adequacy using 90 percent of the population service area within a zip code, for example, is close to 90 percent. B&A will be able to drill down to the census tract level, as needed, to ensure that the 90 percent test is met.

1.4 All external source data will be read into a SAS database. B&A uses SAS as its analytic and statistical software on most of its data analytics projects. B&A will create its own variables to store and report on populations summarized as follows:

- *Total population at the county, zip code and census tract level*
- *Elderly, non-elderly adult and pediatric populations at the county, zip code and census tract level*

1.5 Census tracts will be crosswalked to counties for use in analytics throughout the project. B&A will run validation tests to ensure that totals reported for a county match the sum of the totals to the census tracts within the county.

1.6 Obtain the latitude and longitude at the center of each census tract. This information will be used later in determining driving distances to each provider that will be examined.

1.7 The value will be determined that is equal to 90 percent of each population cohort described in Task 1.4. These values will be used as the threshold for the network adequacy test by provider specialty.

1.8 In the second year of the contract, B&A will update all of data described in Tasks 1.1 – 1.5 using the most recent year of census data available.

Task 2 Compile information on Nevada's Essential Community Providers

2.1 Using the information from the latest CMS ECP/Network Adequacy Template in the SERFF database, B&A will assign each of Nevada's ECPs (96 currently identified in SERFF) to a county and ECP category.

2.2 A determination will be made of the count of ECPs in each county which will be used in assessing a carrier's service area.

Task 3 Prepare sample reports of network adequacy to review with the Division

3.1 B&A will develop both summary and detail reports to synthesize our assessment of network adequacy for each carrier. Draft versions of each report will be shared with the Division so that the Division has the opportunity to provide feedback on any refinements that are requested prior to the reports being generated for each carrier individually.

3.2 It is anticipated that the summary report will be a dashboard report specific to each carrier. The dashboard will give an indication of "Met" or "Not Met" for each network adequacy requirement in each county that the carrier has applied for. The time and distance standards specific to each county as outlined in the RFP will be used in the Met and Not Met determination. The same criteria will be used for the assessment of ECPs, namely, the 20 percent threshold within the carrier's defined service area. B&A will also test to determine if there is at least contract under each ECP category. An example of the summary report is shown below.

Carrier Name _____

Region Defined _____

Summary of Network Adequacy Assesment

	County Examined	Washoe	Storey	Humboldt	Pershing
	County Designation	Metro	Rural	CEAC	CEAC
Provider	Primary Care	Met	Met	Met	Met
	Endocrinology	Met	Met	Met	Met
	Infectious Diseases	Met	Met	Met	Met
	Mental Health	Met	Met	Not Met	Met
	Oncology- Medical/Surgical	Met	Met	Met	Met
	Oncology- Radiation/Radiology	Met	Met	Met	Met
	Pediatrics	Met	Met	Met	Not Met
	Rheumatology	Met	Met	Met	Met
Facility	Hospitals	Met	Met	Met	Met
	Outpatient Dialysis	Met	Met	Met	Met
Contract with at least one in each ECP category	Family Planning	Met	Met	Not Met	Met
	FQHC	Met	Met	Met	Met
	Hospital	Met	Met	Met	Met
	Indian Health Care	Met	Met	Not Met	Not Met
	Ryan White	Met	Met	Not Met	Not Met
	Other ECPs	Met	Met	Met	Met
All ECPs	Contract with Minimum 30% in Defined Service Area	Met			

B&A understands that the minimum 20 percent contracted with ECPs will increase to 30 percent in plan year 2019.

3.3 The detailed reports will tie back to the summary report. B&A anticipates that there will be a detailed report generated for each provider category and county. The report will most likely contain information on each provider category such as:

- ***Name of provider under contract in the category***
- ***The census tract of each provider's location***
- ***The census tracts within the standard driving thresholds (time/miles) set for the county where the provider is located***
- ***The total population that resides within the provider's service area***
- ***For each provider category, the percentage of the population that resides within the accessibility standard set for the county (if at least 90%, then category is deemed "Met" on dashboard; if below 90%, then category is deemed "Not Met")***

B&A anticipates developing a standard report template to display this data that can be delivered to the Division. Although it is expected that the format of the detailed report will be the same for every provider category, there will be a separate report (Excel tab) for each provider category. B&A will work with the Division to finalize the data elements and the display of the detailed reports prior to the reports being generated for each carrier individually.

Task 4 Meet with the Division on network adequacy testing completed historically

4.1 B&A will meet with the Division in an onsite meeting to discuss network adequacy tests that have been conducted by or for the Division in the past. Examples of reports or data visualization will be shared with B&A. With the initial analysis completed in Tasks 1 through 3, BA& will show the summarized results and will discuss with the Division the format of future reporting to the Division on network adequacy.

<u>Phase II Conduct Network Adequacy Analysis</u>

Task 5 Download and conduct initial review of each carrier's data submission in SERFF

5.1 Download each carrier's ECP/Network Adequacy template from SERFF.

5.2 Perform initial validations on each carrier's ECP/Network Adequacy template submission such as:

- ***Unreadable data (bad download)***
- ***No providers listed for one of the provider categories in the 90 percent test***
- ***Missing provider addresses or zip codes***

5.3 Provide a summary report to the Division on each carrier's ECP/Network Adequacy submission and identify problems with the submission. Using the timeline outlined in Section 2.2.4.2 of the RFP as the basis for CY 2018, B&A will submit these reports to the Division by June 20, 2018.

Task 6 Identify all providers for each carrier based on the specialties that will be analyzed.

6.1 Use the crosswalk provided in the CMS ECP/Network Adequacy template to crosswalk individual providers to each specialty that will be examined.

6.2 For each provider in a specialty to be examined, determine the latitude and longitude of the provider's service address.

Task 7 Run time and distance tests for each provider to be examined against census tracts

7.1 B&A utilizes Google Distance Matrix or BING web services to submit batches of latitude/longitude combinations to obtain the driving distance and driving time information. B&A will determine the driving distance and driving time (in minutes) for each provider from its location to the midpoint of each census tract. The value in miles and minutes will be recorded.

7.2 A yes/no flag will be set for each provider-to-census tract combination. A yes means that the time/distance from the provider to the census tract is below the maximum threshold set for the county. A no means that the time/distance is greater than the maximum threshold set.

7.3 For all provider-to-census tract combinations where the flag is set to yes in Task 7.2, sum the total population in these census tracts.

7.4 Compute the total population determined in Task 7.3 to the total population of all census tracts in the county. Obtain the percentage of the population in "yes" census tracts to determine if the 90 percent threshold is set.

7.5 Count unique "yes" provider-to-census tract combinations to determine if, collectively across all providers in the specialty category, the carrier has met the 90 percent threshold.

Task 8 Refine the analysis, if needed, if the carrier was required to submit updated data in SERFF

8.1 If the Division sent a first objection letter to the carrier, B&A will download the new data from SERFF after the carrier

subsequently submits data (using the schedule illustrated in the RFP as the basis for CY 2018, this is set for July 10, 2018).

8.2 B&A will compare the subsequent submission to the initial submission and provide the Division with a report on the acceptance of the new file without errors or itemization of continued problems. B&A will submit these reports to the Division by July 16, 2018.

8.3 If the updated file is accepted, B&A will repeat Tasks 6 and 7 as necessary using the updated file.

8.4 If the Division sent a second objection letter to the carrier, B&A will download the new data from SERFF after the carrier subsequently submits data (using the schedule illustrated in the RFP, this is set for July 24, 2018).

8.5 B&A will compare the subsequent submission to the two previous submissions and provide the Division with a report on the acceptance of the new file without errors or itemization of continued problems. Using the timeline outlined in Section 2.2.4.2 of the RFP, B&A will submit these reports to the Division by August 10, 2018.

8.6 If the updated file is accepted, B&A will repeat Tasks 6 and 7 as necessary using the updated file.

2.2.3 Section III – Analysis Output and Reports

2.2.3.1 The vendor must be able to provide output of the network adequacy analysis breaking down the results by a specific region, such as: state, service area, county, or zip code.

Task 9 Submit draft versions of summary and detailed network adequacy reports to the Division to make its determination on network adequacy

9.1 B&A is assuming that there will not be objection letters sent to most carriers on their ECP/ Network Adequacy submissions. Therefore, B&A will deliver its draft version of all carrier network adequacy assessments to the Division by August 17, 2018 for those carriers where an objection letter was not sent out.

9.2 For carriers which had objection letters sent out, B&A will deliver draft versions of network adequacy assessments to the Division by August 31, 2018.

9.3 In the extraordinary event that a carrier was sent three network adequacy objection letters, B&A will submit the draft versions of these network adequacy assessments to the Division by September 7, 2018. This is because the revised network adequacy data is not due back from the carrier until September 4, 2018.

9.4 The reports that will be delivered to the Division for each carrier will follow the format as agreed upon with the Division from the work completed in Task 3.

2.2.3.2 The vendor may be required to provide additional reports, as well as, summary reports on an as needed basis based on the needs of the Division.

Task 10 Create ad hoc reports for the Division as requested

10.1 B&A recognizes that, in some cases, additional data may be required to support or refute the assessment of network adequacy. B&A will work with the Division to design and compile these ad hoc reports as requested. In addition to tables that may be provided in Excel format, B&A utilizes the Quantum GIS (QGIS) mapping software to create data visualizations. For other clients, we have displayed provider service areas and the users (enrollees) within each provider service area at the census tract, zip code, county and geographic service area (multiple counties) levels.

10.2 B&A understands that there may be occasions in which the Division will need to conduct network adequacy assessments outside of the regular annual submission cycle. Elements of Tasks 5 through 8 described above will be used to conduct these assessments as well.

10.3 Further, the Division may request B&A to review information outside of the ECP/Network Adequacy submission to assess the justification for network adequacy, such as extraordinary circumstances in CEAC counties. B&A will work with the Division to create any customized reports related to this ad hoc assessment.

2.2.4 Section IV – Network Adequacy Determination Timeline

2.2.4.1 As stated in the introduction to section 2.2 the Commissioner has 90 days from application to determine the adequacy of a network plan. Network adequacy determination is currently done during the rate review process which typically begins between May and July of each year.

2.2.4.2 The following is an example of the network adequacy timeline for plan year 2018. The timeline is a representation of the process and may vary on a case by case basis. The Division normally allows a two week period for carriers to respond to objections and two weeks for the Division to provide a response to carriers.

B&A has used the dates shown below as a guideline for the work to be completed in CY 2018. For plan year 2019, B&A has assumed each of these dates but using the year 2018 instead of 2017.

B&A intends to complete the work shown in Tasks 1 through 4 above prior to June 12, 2018. If carriers start to submit their information into

SERFF prior to June 12, 2018, B&A will begin downloading this information as soon as it becomes available.

June 12, 2017 - Binders due for all carriers

June 26, 2017 - DOI sends first network adequacy objection letter to carriers via SERFF

July 10, 2017 - Revised network adequacy data and documentation due in SERFF

July 24, 2017 - DOI sends second network adequacy objection letter to carriers via SERFF

August 07, 2017 - Revised network adequacy data and documentation due in SERFF

As stated in Task 9.1, for those carriers which a network adequacy objection letter was not sent, B&A intends to submit the findings of network adequacy to the Division by August 17, 2018.

August 21, 2017 - DOI sends third network adequacy objection letter to carriers via SERFF

September 04, 2017 - Revised network adequacy data and documentation due in SERFF

The latest date that B&A would intend to submit findings of network adequacy is September 7, 2018. This is limited, however, to any carriers which were sent three network adequacy objection letters.

September 10, 2017 - DOI makes final network adequacy determinations

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:	***Burns & Associates, Inc.***
Ownership (sole proprietor, partnership, etc.):	***S-Corporation***
State of incorporation:	***Arizona***
Date of incorporation:	***February 2, 2006***
# of years in business:	***12***
List of top officers:	***Peter J. Burns, CEO*** ***Mark A. Podrazik, President*** ***Stephen Pawlowski, Vice President***
Location of company headquarters, to include City and State:	***3030 North Third Street, Suite 200*** ***Phoenix, AZ 85012***
Location(s) of the office that shall provide the services described in this RFP:	***3030 North Third Street, Suite 200*** ***Phoenix, AZ 85012***
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:	***12***
Location(s) from which employees shall be assigned for this project:	***Phoenix, AZ*** ***Rockville, MD***

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.

Not applicable

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.

If awarded this contract, Burns & Associates will register with the State of Nevada's Secretary of State's Office.

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.

If awarded this contract, Burns & Associates will obtain the appropriate license with the State of Nevada's Secretary of State's Office.

Question	Response
Nevada Business License Number:	***None***
Legal Entity Name:	

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

Yes		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:	Nevada Legislative Council Bureau
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?

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.

Burns & Associates does not have any employees meeting the criteria above.

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 3509.***

If awarded this contract, Burns & Associates will obtain the appropriate Certificate of Insurance prior to contract execution.

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.

Burns & Associates (B&A) believes that it is well-suited to perform the work requested in this Request for Proposal given our experience working on multiple projects similar in scope in just the past few years. The team that is being proposed has all performed the functions for which they will be assigned on this project on many similar projects for State Medicaid Agencies.

Relevant Project Qualifications

In its 11 year history, B&A has worked with 31 state agencies in 24 states: Arizona, California, Connecticut, Georgia, Illinois, Indiana, Louisiana, Maine, Minnesota, Mississippi, Missouri, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, Texas, Vermont and Virginia. We have also done work for the Canadian province of Alberta and for the Medicaid and CHIP Payment and Access Commission (MACPAC).

For the tasks that will be required for this scope of work, B&A has completed nine projects in the last three years that are relevant. A summary of this experience appears in the matrix on the next page. Additionally, the B&A Project Manager assigned to this engagement led the engagements for the projects with the Medicaid agencies in Indiana, Ohio, Arizona and Vermont.

Matrix of Burns & Associates, Inc. Experience Related to this Project Scope of Work

	Clients Where Task Has Been Completed in the Last Three Years								
	Medicaid Agencies for States of					State Departments Serving the Developmentally Disabled			
Task Applicable to this Project	Indiana Annual External Quality Review to CMS	Indiana Waiver Review to CMS	Ohio Access Report to CMS	Arizona Report to Legislature	Vermont	Arizona	Virginia	Hawaii	Oregon
Conduct MCO provider adequacy study	x								
Conduct provider access study	x	x		x					
Utilize Census Bureau data to assist in analysis for studies	x	x	x		x				
Map unique services to providers using claims/encounters	x	x	x	x	x	x	x	x	x
Compile comparative utilization statistics (e.g., usage rates, per 1,000 members, etc.)	x	x	x	x	x	x	x	x	x
Utilize Google Distance Matrix or BING to derive driving distances	x	x	x	x			x	x	x
Create data visualization maps (e.g., provider coverage areas, avg driving distances)	x	x	x	x			x	x	x

It should also be noted that, early in its history, B&A was engaged by the Nevada Legislative Committee on Health Care to provide technical assistance in the development of a Nevada State Health Plan. (B&A did not hold this contract. We were under subcontract to EP&P Consulting, Inc.). The project included conducting an environmental scan, facilitating the meetings of six workgroups as well as a health care summit of all stakeholders, conducting primary research and analytics (including census bureau data), and writing the final report for the Committee. Work was completed in 2006 with a final report delivered in January 2007. The report addressed topics including health care profession education, Medicaid and SCHIP, the small employer health insurance market, behavioral health, prevention and wellness and health care planning. In the end, 39 strategies were adopted at the Stakeholders' Health Summit.

In the section below, we present case studies for some of the projects that are listed in the project matrix.

<u>Project Case Study: Indiana Office of Medicaid Policy and Planning (OMPP)</u>

B&A has been under contract with Indiana's OMPP since 2007. Prior to this, Mark Podrazik, B&A's President, worked with the OMPP from 2001 to 2006 prior to co-founding B&A. B&A serves as Indiana's External Quality Review Organization (EQRO). B&A is under contract to

conduct an annual EQR and to write a report to submit to the Centers for Medicare and Medicaid (CMS). B&A is also contracted to write an annual independent evaluation of Indiana's Children's Health Insurance Program (CHIP). In 2009, B&A also conducted an independent evaluation of Indiana's Care Select program, a non-risk based program serving the ABD population.

Another recent evaluation that B&A completed for the OMPP was an Independent Assessment of the Hoosier Care Connect program. This program is the program subsequent to Care Select that is now under a risk-based arrangement. The program was created under 1915(b) waiver authority and, as such, is subject to an independent evaluation prior to renewal of the waiver. B&A conducted this evaluation and our report was submitted to CMS in March 2017. One of the many aspects of this evaluation included a review of access to services for 19 provider specialties. For each of the specialties, B&A compared the unique providers used, utilization per 1,000 member months, and average driving distance to the specialist during the "with waiver" and "without waiver" baseline period.

In each of the annual EQRs, B&A conducts onsite meetings with each of the State's managed care entities (MCEs, which is Indiana's term for MCOs). In some years, including the last two EQRs, B&A has also facilitated meetings that convened all of the MCEs together on specific topics such as care management reporting, performance improvement projects and results of the analysis of potentially preventable hospital readmissions.

In some years, the EQR is more general in nature with the review of MCE policies and procedures. In most years, however, B&A works with the OMPP to identify focus studies. Since CY 2011, B&A has conducted 23 unique focus studies in the EQRs covering a wide range of topics including utilization management, care management, disease management, access to care, member services, provider relations, program integrity, claims processing, and potentially preventable hospital readmissions and ED visits. In the CY 2009 EQR, B&A conducted a provider survey (n=1,084).

In CY 2016, B&A conducted three focus studies relevant to this Task Order—one was an audit of MCE provider directories, a second analyzed beneficiary access to 23 provider types, and the third was a more in-depth focus on the utilization and access to dental services. All EQR reports are submitted to CMS.

All four team members proposed for this engagement have worked on projects for Indiana's OMPP.

<u>Project Case Study: Ohio Department of Medicaid (ODM)</u>

B&A, under subcontract to Mercer, has been working with the ODM since 2011 on a variety of projects including:

- ***Rebase of inpatient hospital rates (new rates implemented July 2013 and again in July 2017)***
- ***Rebase of outpatient hospital rates (new rates implemented August 2017)***
- ***Technical assistance related to ODM's preparation to migrate to ICD-10 coding (fee-for-service and managed care programs)***
- ***Evaluation of the impact of ICD-10 coding on hospital payments one year after implementation***
- ***Evaluation of opportunities to streamline prior authorization functions in the fee-for-service program***
- ***Rebase of rates paid for power wheelchairs and related components***

In addition to these projects, the one most relevant to this RFP was completed in the spring of 2016. B&A served as the technical consultant for the analysis and development of ODM's Access to Care Plan for its fee-for-service program that was required by CMS. B&A worked hand-in-hand with ODM's Project Manager to design the elements of the analysis and the format of the data presented that will serve as the baseline for future evaluations. Through this process, opportunities were identified to improve access for the provider specialties that were examined: primary care physicians, OB/GYNs, FQHCs, dentists, specialist physicians (cardiologists, urologists and radiologists), behavioral health providers and home health agencies.

The analytics completed for the Access to Care study included analyzing the number of unique providers accessed, utilization per 1,000 member months and average distance travelled. These analytics were conducted at the provider specialty level with additional drilldowns for the adult vs. pediatric population and the disabled vs. non-disabled populations. All data was further segmented down to the individual 88 counties in Ohio. A scorecard was developed to summarize the findings in an efficient manner to identify areas of concern for provider access. A databook was created that included tables and maps that drilled down into specific data points by service/aid category/county.

Three of the four team members proposed for this engagement worked on the ODM Access to Care project.

<u>Project Case Study: Arizona Health Care Cost Containment System (AHCCCS)</u>

Proposition 206, the Fair Wages and Healthy Families Act, enacted an increase in Arizona's minimum wage from $8.05 per hour to $10.00 per hour effective January 1, 2017. By 2020, the minimum wage will increase to $12.00 per hour. A separate Proposition was enacted specifically in Flagstaff, Arizona whereby the city's minimum wage will increase at a higher rate than the statewide rate.

The Arizona Long Term Care System (ALTCS) is a program administered by AHCCCS and serves members who are elderly, physically disabled or developmentally disabled. Many of the staff workers who provide the home- and community-based services (HCBS) covered in ALTCS are paid at or near minimum wage. Also, certified nurse aides (CNAs) who work in nursing facilities are paid closer to minimum wage as well. Therefore, it is anticipated that nursing facilities and HCBS providers will be adversely affected by Proposition 206.

The Arizona Legislature directed AHCCCS to conduct an analysis on "the impact of provider cost increases resulting from the enactment of Proposition 206…on the adequacy of the provider network for enrollees in the Arizona Long Term Care System." AHCCCS hired B&A to conduct this assessment. A draft report was delivered to AHCCCS on January 2, 2018. The final report is due to the Legislature February 1, 2018.

There were ten specific HCBS services as well as nursing facility utilization that were examined in the study. B&A used the current provider rosters from the ALTCS contractors and utilization from encounter data from Calendar Year (CY) 2016 to develop a baseline assessment. Geographic service areas were developed for each HCBS provider and nursing facility and the users of each service were plotted to determine the percentage of members within provider geographic service areas. A dashboard report was developed for the Legislature to see on one page the potential provider access concerns at the service and county level just prior to enactment of the minimum wage. Sufficient access was defined as a minimum of 90 percent of users lived within 20 miles of a provider's service area in urban counties and 40 miles in rural counties.

The percentage of ALTCS members who used each service in CY 2016 was also tabulated to better understand historic trends in utilization of these services at the county level. It is anticipated that this information will be trended over the next few years as the minimum wage increases as a means to determine if provider access is being further compromised.

For some HCBS services such as day programs for the entire ALTCS population and supported employment for the developmentally disabled population, B&A computed the average distance travelled by ALTCS members to these providers.

The analytics in this report were conducted at the provider specialty level, the county level and the population level (elderly/physically disabled and developmentally disabled).

Another aspect of the study included B&A releasing a survey of providers for the elderly and physically disabled. These results were joined with a recent survey conducted of providers for the developmentally disabled. Provider feedback on their ability to continue providing services with the minimum wage increases was intersected with the utilization data examined.

All four team members proposed for this engagement worked on the report submitted to AHCCCS.

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.

Burns & Associates, Inc. has been providing analytic services to state agencies since its start in March 2006. For the work specifically requested in this RFP, B&A has been actively engaged with clients to conduct this work since 2012.

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

Refer to the separate file on the flash drive.

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		No	***X***

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.

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

B. Describe your previous experience with subcontractor(s).

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

3.2.1.4 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

3.2.1.5 Vendor shall notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in ***Section 3.2, Subcontractor Information***. The vendor shall receive agency approval prior to subcontractor commencing work.

3.3 BUSINESS REFERENCES

3.3.1 Vendors shall provide a minimum of three (3) business references from similar projects performed for private and/or public sector clients within the last five (5) years.

3.3.2 Vendors shall submit ***Attachment E, Reference Questionnaire*** to their business references.

3.3.3 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in ***Section 7, RFP Timeline*** for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

3.3.4 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

Three business references were sent in separately by our clients.

3.4 VENDOR STAFF RESUMES

A resume shall be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP per ***Attachment F, Proposed Staff Resume.***

Refer to the next section of the proposal.

PROPOSED STAFF RESUME FOR RFP 3509

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

Company Name Submitting Proposal:	***Burns & Associates, Inc.***

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:	***Mark Podrazik***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Company President and Project Manager***		
# of Years in Classification:	***17***	**# of Years with Firm:**	***12***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

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

Mark Podrazik has 21 years of experience in health care consulting, specializing in the operational, reimbursement, and evaluation components of public health care programs. He has managed projects for Medicaid agencies in 14 states (AZ, CA, CT, GA, IN, LA, ME, MN, NV, NY, OH, PA, RI and VT). He co-founded Burns & Associates in 2006 and prior to this worked for another national health care consulting practice for 10 years.

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.

During the term of each experience cited below, Mark Podrazik served either as Burns & Associates' President or Vice President. For all projects cited, he served as the Project Manager.

<u>Indiana Office of Medicaid Policy and Planning (OMPP)</u>
B&A has been under contract with Indiana's OMPP since 2007. Prior for forming B&A, Mark Podrazik worked with the OMPP from 2001-2006 at a prior firm. Mark Podrazik has managed and been the lead author on each of the deliverables that have been provided to the OMPP during these 16 years. These have included:

- The annual independent evaluation of Indiana's Children's Health Insurance Program (2001 to the present)
- A Databook Monitoring Manual that tracks enrollment, utilization, access and expenditure trends (2002 to 2010)
- The External Quality Reviews (EQR) of the Hoosier Healthwise program (2005, 2007- present), the Care Select program (2009) and the Healthy Indiana Plan (2009 – present)
- Managed the independent evaluation of Indiana's 1915(b) waiver for its managed care program for the aged, blind, disabled and foster children (Hoosier Care Connect) in 2017
- Technical assistance in submitting Indiana's annual CMS CHIP report (2006 to the present)
- Administering a Primary Medical Provider and member survey (both in 2009)

<u>Ohio Department of Medicaid (ODM)</u>
Mark Podrazik has managed B&A's multi-year engagement, under subcontract to Mercer, to assist the ODM with multiple projects related to reimbursement—both traditional fee-for-service and quality based initiatives—as well as related identifying operational efficiencies and managed care oversight. Specific projects include:

- Producing the analytics and written report submitted to CMS related to Access to Care Monitoring in ODM's fee-for-service program in 2016
- Rebasing inpatient hospital rates which included migration to the 3M All Patient Refined Diagnostic Related Grouper (APR-DRG) effective July 2013. A second project was undertaken to rebase the rates once again effective July 2017.
- Rebasing outpatient hospital rates which includes migrating to the 3M Enhanced Ambulatory Patient Grouping System (EAPG) effective July 2017.
- Implementing and developing public report cards tracking hospital potentially preventable readmissions (PPRs) rates which were released in February 2015. These report cards are at the individual hospital level and at the MCO level. Report cards are now updated semi-annually.
- Developing and implementing a quality incentive payment for nursing facilities utilizes the results of NF residents and their rate of Potentially Preventable Admissions (PPA) to hospitals (using 3M's grouper) in 2015, 2016 and 2017.
- Led the B&A team that evaluated ODM's fee-for-service authorizations unit to report on areas of opportunity for streamlining processes and evaluating services that require prior authorization in 2015.
- Participated on the team that assisted ODM in transitioning its systems and policies to prepare for implementation of ICD-10 coding in October 2015. In particular, developed a testing pilot with over 35 hospitals to assess the fiscal impact on payments coding inpatient stays in both ICD-9 and ICD-10.

Arizona Health Care Cost Containment System (AHCCCS)

Mark Podrazik served as the Project Manager and author of the report submitted to AHCCCS that measured access to ten home- and community-based services to individuals in the Arizona Long Term Care System (ALTCS). This quick-turnaround project began in October 2016. The analysis, including measuring provider access and administering a provider survey, occurred in October – December 2016. The draft report was submitted to AHCCCS January 2, 2018.

Department of Vermont Health Access (DVHA)

Mark Podrazik has been providing technical assistance to the DVHA since November 2006 on numerous projects including:

- Assisting DVHA in the implementation of its Vermont Medicaid Next Generation (VMNG) model for a contract effective in January 2017. Within a 12 month span, assistance was provided pertaining to:
  - Writing the RFP to contract with an accountable care organization (ACO)
  - Define the attribution methodology
  - Examining historical expenditures for the actuaries setting the monthly payment rate (including the repricing of claims)
  - Assisting in building the business rules with DVHA and its fiscal agent
  - Providing technical assistance to DVHA's actuaries on ACO rate development
  - Facilitating operational change meetings with DVHA Subject Matter Experts
  - Developing and participating in an ACO readiness review protocol
- Managing B&A's engagement assisting in the design, fiscal forecasting and implementation of the Vermont Medicaid Shared Savings Plan; providing monthly and ad hoc reporting to the ACOs.
- Examined episodes for opiate detoxification for consideration by DVHA and an IMD as well as episodes for cancer treatment among St. Johnsbury providers.
- Examined episode of care options for DVHA as part of its State Innovation Model. The targeted areas were pregnancy-related, preventable ED visits, neonatal, and asthma/URI.
- Compared rates of pay between Medicaid, Medicare and commercial plans to assess cost shift and how provider taxes influence the cost shift.
- Conducted an independent analysis of medical cost savings of the Vermont Chronic Care Initiative.
- Built a databook that compares longitudinal utilization and expenditure trends across population cohorts and categories of service.
- Setting rates for physicians and other health professionals using the Medicare Resource Based Relative Value Scale (RBRVS) system (2010 and ongoing).

- Developed and refined the methodology to make disproportionate share payments to hospitals. Assist in calculating annual allotments (2007 and ongoing).
- Assisted in design and implementation of new reimbursement systems to pay for inpatient and outpatient hospital services (both 2006 and ongoing). For inpatient hospital services, this included a full rebase in 2008, 2012 and 2016.
- Assisted in the development of calculations and ongoing maintenance to support medical education payments made by DVHA (2011 and ongoing).
- Serve as technical resource to work with the DVHA's fiscal agent to implement new payment systems.
- Served as resource for provider training and systems remediation testing as DVHA prepares for implementation of ICD-10 diagnosis and inpatient procedure codes.

EDUCATION

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

Johns Hopkins University, Baltimore, MD, M.B.A., 2001
Syracuse University, Syracuse, NY, B.S., Finance and Marketing, 1991

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.

Vickie Trout
Quality and Outcomes Director
Indiana Office of Medicaid Policy and Planning
Phone: 317-234-3804
Fax: Not regularly used but available from the reference upon request
Vickie.Trout@fssa.in.gov

Ogbe Aideyman
Bureau Chief, Bureau of Health Plan Policy
Ohio Department of Medicaid
Phone: 614-752-4252
Fax: Not regularly used but available from the reference upon request
Ogbe.Aideyman@medicaid.ohio.gov

Jay Dunkleberger
Network Administrator
Arizona Health Care Cost Containment System
Phone: 602-417-4249
Fax: Not regularly used but available from the reference upon request
Jay.Dunkleberger@azahcccs.gov

Michael Costa
Deputy Commissioner
Department of Vermont Health Access
Phone: 802-241-0459
Fax: Not regularly used but available from the reference upon request
Michael.Costa@vermont.gov

PROPOSED STAFF RESUME FOR RFP 3509

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

Company Name Submitting Proposal:	***Burns & Associates, Inc.***

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:	***Ryan Sandhaus***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***SAS Programmer***		
# of Years in Classification:	***10***	**# of Years with Firm:**	***2***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

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

Ryan Sandhaus has 10 years of experience using SAS for analytical work. He joined Burns & Associates (B&A) in 2016 and has worked on projects using large Medicaid claims datasets, member eligibility files, and provider files that range from hospital rate setting and rate evaluation, access to care and report validations. Prior to joining B&A, Mr. Sandhaus worked for Blue Cross Blue Shield of Arizona within the Informatics Department. He brings a robust background in advanced analytics, forecasting and predictive modeling within the healthcare industry.

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.

Ohio Department of Medicaid (ODM)

Ryan served as Lead SAS Programmer and analyzed utilization for a variety of provider specialties and Medicaid eligibility groups in support of B&A's project to the ODM to provide technical assistance in delivering the Access to Care report for its fee-for-service program to the Centers for Medicare and Medicaid (CMS). As part of the project, Mr. Sandhaus worked closely with the ODM team to define the utilization that was computed and presented on maps at the county level using filters by claim type, provider type, provider specialty and CPT code. Tables and maps were generated showing the number of providers that members accessed as well as the utilization per 1,000 member rates by provider specialty. This project was completed from February to July 2016.

Indiana Office of Medicaid Policy and Planning (OMPP)

Ryan conducted analytics for multiple aspects of B&A's External Quality Review for Indiana's OMPP. In 2016, he computed access and utilization rates by specialty and enrollment category for the EQR similar to work stated above for Ohio ODM. In 2017, he performed similar functions to compute access and utilization for 19 provider specialties for B&A's Independent Assessment of the Hoosier Care Connect program. The final report was submitted to CMS. In the 2017 EQR, Ryan read in large datasets of encounters from the State's data warehouse to validate reports submitted by the managed care entities related to claims volume reports between paid and denied claims by claim type and method of transmission (paper vs. electronic) to encounter submission completeness.

Arizona Health Care Cost Containment System (AHCCCS)

Ryan analyzed encounter data for B&A's project for AHCCCS in which B&A measured access to ten home- and community-based services to individuals in the Arizona Long Term Care System (ALTCS). This quick-turnaround project began in October 2016 and was completed in January 2018. The analysis

included measuring users of each of ten services by enrollment category, by county and by geographic service area.

EDUCATION

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

Arizona State University, Tempe, AZ, M.S., Business Administration-Marketing, 2010
University of Missouri, Columbia, MO, B.S., Business Administration-Marketing, 2004

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.

Vickie Trout
Quality and Outcomes Director
Indiana Office of Medicaid Policy and Planning
Phone: 317-234-3804
Fax: Not regularly used but available from the reference upon request
Vickie.Trout@fssa.in.gov

Ogbe Aideyman
Bureau Chief, Bureau of Health Plan Policy
Ohio Department of Medicaid
Phone: 614-752-4252
Fax: Not regularly used but available from the reference upon request
Ogbe.Aideyman@medicaid.ohio.gov

Jay Dunkleberger
Network Administrator
Arizona Health Care Cost Containment System
Phone: 602-417-4249
Fax: Not regularly used but available from the reference upon request
Jay.Dunkleberger@azahcccs.gov

PROPOSED STAFF RESUME FOR RFP 3509

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

Company Name Submitting Proposal:	***Burns & Associates, Inc.***

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:	***Barry Smith***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Consultant/Analyst***		
# of Years in Classification:	***14***	**# of Years with Firm:**	***10***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

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

Barry Smith has over fourteen years of experience with financial analysis and data mining. He joined Burns & Associates (B&A) in 2007 and has provided a wide range of analytic assistance to agencies since that time. Recent areas of specialization have included utilizing QGIS (quantum geographic information system) create data visualization for B&A projects, analyzing and synthesizing data from national databases and administering and analyzing results of health service provider surveys.

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.

Indiana Office of Medicaid Policy and Planning (OMPP)

Barry examined the provider directories for three managed care organizations with contract with the OMPP as part of B&A's External Quality Review for Indiana's OMPP. He validated the information posted in the actual provider directors. In addition, he ran independent validations of the geoaccess reports submitted by the managed care entities for 23 different provider specialties for three different programs administered by the OMPP. The findings from both of these studies comprised two sections for the EQR report submitted to the Centers for Medicare and Medicaid (CMS).

Another relevant project performed for Indiana's OMPP was the assessment of access to 19 different specialties in the OMPP's Hoosier Care Connect program (aged, blind and disabled populations). This was completed as part of Independent Assessment of this waiver program. Availability was assessed before and after the waiver was implemented. In addition to examining providers contracted with the managed care entities, we used actual service claims to compute the average driving distance for members to access each of the 19 specialties in all of Indiana's 92 counties.

Another report that B&A assists the OMPP with completing each year is the annual report to CMS on the state's Children's Health Insurance Program. Barry has been assisting with this report submission for the last eight years, which includes downloading and examining files from the Census Bureau to assess health insurance coverage among various age groups and income cohorts in Indiana.

Arizona Health Care Cost Containment System (AHCCCS)

Barry served as one of the key analysts on this recent B&A project in which B&A measured access to ten home- and community-based services to individuals in the Arizona Long Term Care System (ALTCS). This quick-turnaround project began in October 2016 and was completed in January 2018. Barry computed the average driving distance from member's homes to community providers for a number of

services in the study and created maps to show the average driving distance by county. Separately, he created over 60 maps using QGIS to display the geographic service areas of different provider types in each of Arizona's 15 counties. This data was used to assess if at least 90% of members had access within defined geographic mileage thresholds for each service.

EDUCATION

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

University of Arizona, Tucson, AZ, B.S., Economics with Business Administration Minor, 2002

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.

Vickie Trout
Quality and Outcomes Director
Indiana Office of Medicaid Policy and Planning
Phone: 317-234-3804
Fax: Not regularly used but available from the reference upon request
Vickie.Trout@fssa.in.gov

Jay Dunkleberger
Network Administrator
Arizona Health Care Cost Containment System
Phone: 602-417-4249
Fax: Not regularly used but available from the reference upon request
Jay.Dunkleberger@azahcccs.gov

Patrick Hays
Budget Manager
Arizona Department of Economic Security, Division of Developmental Disabilities
Phone: 602-542-6814
Fax: Not regularly used but available from the reference upon request
PHays@azdes.gov

PROPOSED STAFF RESUME FOR RFP 3509

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

Company Name Submitting Proposal:	***Burns & Associates, Inc.***

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:	***Tina Brezenski***	**Key Personnel: (Yes/No)**	***No***
Individual's Title	***Consultant/Analyst***		
# of Years in Classification:	***17***	**# of Years with Firm:**	***4***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

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

Tina Brezenski has more than 17 years of experience in financial analysis and budgeting across multiple sectors including health care and nonprofit. Since joining B&A in 2014, she has been assisting in data, geospatial and rate setting analysis. Tina Brezenski has worked on rate setting and/or resource allocation projects in Georgia, Maine, Mississippi, New Mexico, Hawaii, Oregon, and Virginia. She has also worked on projects related to foster care and early childhood development in Arizona and access to dental care in Indiana. Prior to joining B&A, Ms. Brezenski was Senior Accountant/Financial Analyst at a community hospital in Arizona, where she developed expertise in claims analysis, budgeting and forecasting, fiscal analysis, and process improvement.

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.

Various Clients
Tina has used QGIS (quantum geographic information system) to create data visualization of geographic service areas for providers of behavioral health and developmental disabilities services for state agencies in Hawaii, Oregon, Maine, New Mexico and Virginia since 2015 and ongoing.

Oregon Office of Developmental Disabilities Services (ODDS)
Tina is providing analytical support as the lead analyst on B&A's engagement with the ODDS related to the-review of provider rates for residential and other home- and community-based services for individuals with intellectual and developmental disabilities. This project began in 2016 and is ongoing. Activities include development of a provider survey, providing technical support to providers, completing the analysis of survey results, completing geographic analysis of driving distances between member residence and services, and estimating the fiscal impact of proposed rate models.

Hawaii Department of Health, Developmental Disabilities Services (DDD)
Tina is performing the same tasks for B&A's engagement with Hawaii DDD as she is performing for Oregon's ODDS. The Hawaii project began in 2016 and is ongoing.

Maine Department of Health and Human Services (DHHS)
Tina analyzed population access to Crisis Stabilization Units (CSUs) for Maine's DHHS by building maps of CSU locations and population by county based on 2010 Census data. This project was completed in 2016.

EDUCATION

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

Northwestern University, Evanston, IL, B.A., Economics and Women's Studies (double major), 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.

Anna Lansky
Deputy Director
Office of Developmental Disabilities Services
Phone: 503-757-6962
Fax: Not regularly used but available from the reference upon request
Anna.S.Lansky@dhsoha.state.or.us

Colin Lindley
Reimbursement Manager
Maine Department of Health and Human Services
Phone: 207-287-1855
Fax: 207-287-2675
Colin.Lindley@maine.gov

Debra K. Tsutsui
Community Resources Branch Chief
Hawaii Department of Health, Developmental Disabilities Division
Phone: 808-733-2135
Fax: 808-733-9841
Debra.Tsutsui@doh.hawaii.gov