Part IA – Technical Proposal	
RFP Title:	Network Carrier Adequacy Analysis
RFP:	3509
Vendor Name:	Examination Resources, LLC
Address:	3475 Piedmont Road, Suite 410 Atlanta, GA 30305
Opening Date:	January 3, 2018
Opening Time:	2:00 PM

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SECTION III
VENDOR INFORMATION SHEET FOR RFP 3509

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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	**Examination Resources, LLC**

V2	Street Address	**3475 Piedmont Road, Suite 410**

V3	City, State, ZIP	**Atlanta, GA 30305**

V4	Telephone Number		
	Area Code: **404**	Number: **816-6188**	Extension:

V5	Facsimile Number		
	Area Code: **404**	Number: **816-6197**	Extension:

V6	Toll Free Number		
	Area Code:	Number:	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: **Rebecca Belanger-Walkins**
	Title: **Managing Member**
	Address: **Same as above**
	Email Address: **rebeccawalkins@examresources.net**

V8	Telephone Number for Contact Person		
	Area Code: **404**	Number: **816-6188**	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: **404**	Number: **816-6197**	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: **Rebecca Belanger-Walkins**	Title: **Managing Member**

V11	Signature ***(Individual shall be legally authorized to bind the vendor per NRS 333.337)***	
	Signature: Rebecca Belanger-Walkins	Date: 12/28/17

SECTION IV
ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

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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	**X**
Justification for Confidential Status			

Part III – Confidential Financial Information			
YES	**X**	NO	
Justification for Confidential Status			
Internal company financials			

Examination Resources, LLC

Company Name

Rebecca Belanger Walkins

Signature

Rebecca Belanger-Walkins, Managing Member

Print Name

12/28/17

Date

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

ATTACHMENT B – VENDOR CERTIFICATIONS

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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.

Examination Resources, LLC

Vendor Company Name

Rebecca Belanger-Walkins

Vendor Signature

Rebecca Belanger-Walkins, Managing Member — 12/28/17

Print Name — Date

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

SECTION V
2.0 SCOPE OF WORK

2.1 NETWORK ADEQUACY STANDARDS

2.1.1 Section I – General Requirements

ER Response: Examination Resources, LLC (ER) has read the general requirements as provided by the Nevada Division of Insurance (Division) in the Request for Proposal (RFP) 3509 and understands the requirements set forth in subsections 2.1.1.1 – 2.1.1.4 pursuant to the regulation, and can assist the Division in reviewing Carrier networks to ensure that provider and facility specialty types are available consistent with Nevada's network adequacy standards. Access to each specialty will be assessed using the established standards based on the local availability of providers to ensure that the Carrier contracts with a sufficient number of providers and facilities in order to provide healthcare services without placing undue burden on enrollees trying to obtain covered services. ER will work closely with the Division to identify and assess the Carrier's current networks, monitor any changes in those networks, and provide recommendations on corrective actions for network deficiencies.

ER will utilize GeoNetworks® software by Optum Insight to perform an in-depth analysis of each carriers' network composite to assess compliance with network adequacy standards. This involves the use of proprietary, up-to-date maps containing precise provider locations, and provider attributes including specialty and services, such as Mental Health and Substance Use Disorder Providers. Once the list of providers has been mapped, it is also necessary to map out the general demographic of the surrounding areas to gain an understanding of accessibility to providers as well as capacity limitations. Utilizing GeoNetworks® data, ER will obtain information about clinical hours of each provider to ensure that in addition to a choice of healthcare providers, consumers have sufficient access throughout the day to obtain appropriate care. In addition, ER will review the network service areas to ensure that access is provided for Emergency Services 24 hours a day, seven days a week.

ER has been providing Medical Network Adequacy review services to the Division for nearly four years and will continue to provide dedicated services should we win this rebid.

2.1.2 Section II – Provider Directory Updates

ER Response: ER has read subsections 2.1.2.1 – 2.1.2.4, and understands the requirements as set forth in the regulation and as required by the Division regarding provider directory updates. ER will review the description of the Carrier's processes and procedures for updating the provider directory set forth in the Carrier's Network Adequacy Declaration Document to determine if the process is sufficient and complies with the requirements under the regulation. In addition, ER will monitor Carrier websites each month with regard to the monthly on-line provider directory updates to ensure that the directory accurately reflects any changes to the network and that any corrections have been made with the requisite time frame. ER will provide continual feedback regarding deficiencies in Carrier reporting, and updates through the most efficient means possible.

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2.1.3 Section III – Submission and Updated Processes

ER Response: ER has read subsections 2.1.3.2 – 2.1.3.15, and understands the requirements as set forth in the regulation and as required by the Division. ER currently reviews medical provider network data submitted to the Nevada Division of Insurance to determine if the network meets the standards adopted by reference in section 9 of LCB File No. R049-14 and any other requirements of sections 2 to 18, inclusive, of LCB File No. R049-14 and would continue to provide such services in reviewing annual submissions and requests for modifications received by the Division. With respect to requests for changes to a network, once the Division receives notification of a change to a network, ER will review the notice to ensure it was delivered within the prescribed timeframe. Using GeoNetworks®, ER will then analyze the network changes to determine the level of change for each corresponding provider area, to help identify developing deficiencies in the network. These deficiencies will be promptly reported to the Division to determine if a corrective action plan was identified and submitted. ER will provide a comprehensive GeoAccess report detailing any deficiencies determined to allow the Division to proceed with the corrective action plan. ER will also provide support and an amended network adequacy review in the event of an appeal and corrective action plan.

2.1.4 Section IV – Referrals and Reimbursement

ER Response: ER has read section 2.1.4, and understands the requirements as set forth in the regulation and as required by the Division. If a deficiency is identified in a Carrier's network, ER will work with the Division to review the Carrier's corrective action plan to ensure that the Carrier has a process in place that will permit a covered person to obtain the covered service from a provider or facility within reasonable proximity of the covered person at no greater cost to the covered person than if the service were obtained from network providers and facilities, or such other arrangements as shall be acceptable to the Commissioner.

2.1.5 Section V – Reasonable Effort and Relative Availability

ER Response: ER has read subsections 2.1.5.1 – 2.1.5.4, and understands the requirements as set forth in the regulation and as required by the Division. ER will provide a comprehensive breakdown of health care providers or facilities in each geographic area using standards that are realistic for the community, the delivery system and clinical safety. ER staff will perform an analysis of providers in a geographic location to provide a breakdown of relative availability highlighting providers in the geographic area that are not under contract with a given Carrier thereby allowing the Division to see areas of potential expansion and/or address deficiencies.

2.1.6 Section VI – Disclosure of Network Limitations

ER Response: ER has read subsections 2.1.6.1 and 2.1.6.2, and understands the requirements set forth in the regulation and as required by the Division. Carrier filings and websites will be reviewed to determine if information is provided to all covered persons regarding limitations or restrictions to access to providers and facilities and what instructions are provided as to how such information can be obtained from the carrier.

2.1.7 Section VII – Essential Community Providers

ER Response: ER has read subsections 2.1.7.1 and 2.1.7.3, and understands the requirements set forth in the regulation and as required by the Division. Although ER does not currently conduct an Essential Community Provider analysis for the Division, we can conduct an Essential Community Provider analysis as required in subsections 2.1.7.1 – 2.1.7.3. ER will review the Carrier's CMS ECP/Network Adequacy Template submitted to the Division against the Nevada Essential Community Provider list for the applicable year to determine if the Carrier has met the established threshold and whether the Carrier's network includes at least one Essential Community Provider in each category in each county in the Carrier's service area.

2.1.8 Section VIII – Establishment of Reasonable Criteria

ER Response: ER has read subsections 2.1.8.1 – 2.1.8.2, and understands the requirements set forth in the regulation and as required by the Division. Any exception or deviation from the standards set forth in the regulation and submitted by the carrier will be reviewed to determine if reasonable criteria has been established and used by the carrier to determine adequacy of choice.

2.1.9 Sections IX – Participating Provider Availability and Accessibility Standards

ER Response: ER currently works with the Division to review and update accessibility standards annually as required by the Division and outlined in subsections 2.1.9.1 – 2.9.9.9 and can continue to provide these services.

2.2 NETWORK ADEQUACY ANALYSIS

2.2.1 Section I – Data Collection

ER Response: As required in subsections 2.2.1.1 and 2.2.1.2, ER has been using the System for Electronic Rate and Form Filing (SERFF) to collect the required data and the staff assigned to this project are all proficient users with a strong familiarity of SERFF.

2.2.2 Section II – Analysis

ER Response: As required in subsection 2.2.2.1, ER is accustomed to analyzing the data in the applicable templates submitted in SERFF using the GeoAccess software. Nevada currently uses GeoAccess census data for the network adequacy analysis and ER worked with the Division to develop the census sample criteria.

Prior to analysis, ER performs a complete review of all submitted templates to ensure all Service Areas, Network ID's and Specialty codes are valid. If there are any discrepancies we work with the Division and carriers as needed to correct the template data so an accurate analysis can be performed.

The analysis performed by ER, identifies medical networks that do not meet the established time and distance requirements and confirms that 90% of the population of the service area meets the time and distance standards. The 90% standard is based on standards included in or

adopted by reference in LCB File No. T007-16 and are subject to change annually based on the standards established by the Commissioner of Insurance. As changes are made to these standards, ER updates the GeoAccess software accordingly. ER does not currently review dental provider networks for Network Adequacy or perform an Essential Community Provider analysis however, we can conduct analysis of dental networks and Essential Community Providers at the direction of the Division as indicated in the response to Section 2.1.7 above.

2.2.3 Section III – Analysis Output and Reports

ER Response: As required in subsections 2.2.3.1 and 2.2.3.2, ER has been adequately providing the Division outputs breaking out data by county based on the network service area in a format that is required by the Division. ER has the ability to provide the Division additional robust outputs based on a specific region or zip code. ER has met all ongoing requests by the Division to provide additional analysis and reports.

2.2.4 Section IV – Network Adequacy Determination Timeline

ER Response: ER has read the requirements as stated in subsections 2.2.4.1 and 2.2.4.2, and understands the state defined deadlines. As previously stated, ER has been providing these services for the last four years and is quite familiar with the tight deadlines and has demonstrated the ability to meet the needs of the Division.

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SECTION VI
COMPANY BACKGROUND AND REFERENCES

VENDOR INFORMATION

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

Question	Response
Company name:	***Examination Resources, LLC***
Ownership (sole proprietor, partnership, etc.):	***Limited Liability Company***
State of incorporation:	***Georgia***
Date of incorporation:	***February 20, 2002***
# of years in business:	***15 years, 10 months***
List of top officers:	***Rebecca Belanger-Walkins***
Location of company headquarters, to include City and State:	***3475 Piedmont Road Suite 410 Atlanta, GA 30305***
Location(s) of the office that shall provide the services described in this RFP:	***Atlanta, GA, Columbus, OH Chicago, IL, Kansas City, MO Minneapolis, MN are the primary locations for ER; however, ER employees that will participate are located across the country.***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***0***
Number of employees nationally with the expertise to support the requirements in this RFP:	***4***
Location(s) from which employees shall be assigned for this project:	***Employees are located across the country.***

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.

ER 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.

ER Response: ER has complied with this provision. Please see section 3.1.4 below.

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.

ER Response:

Question	Response
Nevada Business License Number:	***NV20101392425***
Legal Entity Name:	***Examination Resources, LLC***

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

ER Response:

Yes	**X**	No	

If "No", provide explanation.

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

ER Response:

Yes	**X**	No	

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.

ER Response:

Question	Response
Name of State agency:	Nevada Division of Insurance
State agency contact name:	Kim Everett
Dates when services were performed:	2014 - present
Type of duties performed:	Network Adequacy Reviews
Total dollar value of the contract:	$2,000,000.00

Question	Response
Name of State agency:	Nevada Division of Insurance
State agency contact name:	Omar Akel
Dates when services were performed:	2005 - present
Type of duties performed:	Financial and IT Examination Services

Question	Response
Total dollar value of the contract:	Approved Vendor; based on rates in the master contract and individual examinations.

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?

ER Response:

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.

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?

ER Response:

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:	N/A
Parties involved:	N/A
Description of the contract failure, contract breach, or litigation, including the products or services involved:	N/A

Question	Response	
Amount in controversy:	N/A	
Resolution or current status of the dispute:	N/A	
If the matter has resulted in a court case:	Court	Case Number
	N/A	N/A
Status of the litigation:	N/A	

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.***

ER Response: ER has reviewed Attachment D and will ensure all insurance requirements are provided.

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.

ER Response: ER is the incumbent vendor and has been providing these services to the Division under our Master Contract (#2508) since 2014. Our staff has an intimate knowledge of the Affordable Care Act (ACA). ER has extensive experience with ACA compliance reviews, including policy form reviews and targeted and comprehensive ACA market conduct examinations to ensure proper coverage of all ACA requirements, including the coverage of required Essential Health Benefits (EHB) and network adequacy reviews.

In 2012, ER was awarded a contract to provide assistance with the insurance market reform enforcement of the ACA for the Center of Consumer Information and Insurance Oversight (CCIIO) under the Department of Health and Human Services (HHS), and more recently won the rebid for this contract for another three years. Our contract duties include performing policy form reviews of Qualified Health Plans (QHPs) and Non-Qualified Health Plans (NQHPs) to ensure compliance with the ACA and other mandated laws regarding healthcare in this country as well as conducting market conduct examination services targeted on ACA compliance. As of year-end 2016, ER has conducted 320 QHP policy form reviews from 18 carriers, 540 Non-QHP policy form reviews from 28 carriers, two self-funded Non-Federal Governmental Plan reviews, 66 Minimum Essential Coverage (MEC) reviews, and ACA compliance targeted Market Conduct examinations of five different Carriers.

ER has been working very closely with CCIIO in developing the audit program for QHP and NQHP policy form reviews and market conduct examinations to include a law matrix, collection tools, checklists, and TeamMate templates containing the audit program for completing the policy form reviews and market conduct examinations. ER has developed extensive knowledge of the ACA requirements, including expertise in EHB requirements.

ER recently completed work with the Colorado Department of Regulatory Agencies, Division of Insurance to develop tools and guidance to assist the

Division in reviewing compliance with requirements under the ACA with respect to the coverage of EHBs and preventive care services as well as compliance with the Mental Health Parity and Equity Act (MHPAEA). As a part of its contract, ER helped to develop tools that assist with the review of issuers' plans and their internal processes and procedures to ensure issuers are in compliance with the above requirements. ER is currently conducting market conduct examinations of CO licensed health insurance carriers to review the companies' compliance with EHB and preventive care services requirements, MHPAEA, appeals, claims and advertising. As a part of the examination, ER is also examining the carriers' provider networks and reviewing Colorado zip code distributions and enrollment information to ascertain if carriers are not writing in certain areas and determine whether that may be due to the health status of the individuals within those areas.

In 2015, ER performed a market conduct examination of a health issuer for the West Virginia Department of Insurance. The examination was conducted in accordance with the procedures established by the NAIC and contained in the NAIC Market Regulation Handbook, particularly Chapters XVI and XX to include recently adopted ACA standards, the 2015 Review of Compliance with QHP Minimum Certification Standards procedures developed by CMS/CCIIO and applicable West Virginia rules.

For the West Virginia engagement, ER developed and conducted a training session to review the examination process and discuss ways to make future examinations more efficient and more relevant. The examination team performed planning and administrative tasks when preparing for the comprehensive market conduct examination that included developing a detailed work plan, sample estimates, work assignments and suggested deadlines. ER developed a master project plan for the examination which will be used by the West Virginia Department of Insurance on future ACA examinations.

The comprehensive examination included a review of claims to determine compliance with EHB requirements which include the following steps:

•Obtained a list of all claims paid and denied during the examination period. Requests for claims were limited to claims for non-grandfathered individual and small group plans (exclusive of transitional plans).
•Extracts, from the main claims database, based on ICD-9 or ICD-10 diagnostic codes were created for each of the ten EHB categories, and claims samples were selected from each of these extracts. Within certain EHB categories, such as ambulatory services, the focus was narrowed to specific subsets of diagnostic codes based upon priorities established by the Division.
•ACL was used to analyze data, detect reporting errors and inconsistencies, and select samples for testing.

In 2015, ER performed ACA market conduct examinations of two large health insurance companies for the State of Illinois. Comprehensive examinations were performed to review the companies' compliance with the provisions of the ACA and Illinois laws and regulations as it relates to rescissions, declinations, cancellations, underwriting, claims and appeals and grievances for QHP and NQHP plans. The

examinations included a review of denied and paid claims to determine if coverage of preventive services was being provided in accordance with ACA requirements and without the imposition of cost sharing.

ER has extensive policy form review experience and has been providing policy form review services for CCIIO, OH, MN and AZ over the last four years. ER's examiners are familiar with the requirements under 45 CFR § 147.130 and the subregulatory guidance that has been issued. Our policy form reviews ensure that not only coverage of all services is provided (including ancillary services where applicable) and is provided without the imposition of cost sharing but that any limitations applied to the services are in accordance with the recommendations and the policy does not contain any exclusions that are contrary to the requirements.

As a part of its comprehensive ACA market conduct examinations for WV, IL, and CCIIO, ER performed a comprehensive review of the carrier's sales literature and schedules to ensure the information provided was accurate and complete, that all required disclosures and notices were provided and that all materials were in compliance with applicable state and federal laws. Advertising materials were reviewed against the appropriate policy forms to ensure consistency. Materials were reviewed to ensure that the examinee was not employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in violation of 45 CFR § 156.125 and 45 CFR § 147.104(e).

ER has extensive experience with the review of preventive care service/EHB claims as a part of the comprehensive ACA market conduct examinations it has performed. Our claims methodology for these reviews varied from a normal random sampling of paid and denied claims, in order to determine compliance with the requirements of the ACA related to the payment of claims within specific benefit categories. Using ACL, extracts from the primary claims data files provided by the examinee were generated utilizing ICD-9 diagnostic codes and CPT codes identified for each EHB category and as identified for required preventive care services. Claims were sorted within the specific categories to ensure that claims that fell outside of the applicable guidelines were sorted out in order to ensure a more accurate review. Claims were then analyzed to determine compliance with ACA requirements including whether required services were covered, no lifetime or annual limits were applied to EHBs and that no cost sharing was applied to required preventive care services.

In 2016, ER completed a targeted market conduct examination of New Hampshire licensed health insurance companies and Co-ops to review how the companies are handling claims for substance use and disorder (SUD) benefits and to determine their compliance with requirements under New Hampshire law and the Mental Health Parity and Addiction Equity Act (MHPAEA). The scope of the examination included a review of prior authorizations, paid and denied claims, internal grievances and appeals procedures and files and a network adequacy review with respect to SUD providers. Interrogatories and worksheets were created to obtain data from the carrier regarding financial requirements applied to SUD services in each of the six classifications. This data was compared against the carrier's policy forms for each plan to determine consistency between the cost sharing provided in

the forms and the cost sharing applied as indicated in the claims. A complete parity review was made to ensure the financial requirements imposed on SUD services in any classification was no more restrictive than the predominant financial requirement of that type applied to substantially all medical/surgical benefits in the same classification. Carrier data submissions and GeoAccess reports were reviewed and analyzed to determine if there were deficiencies in the carrier's network with respect to access and availability of SUD providers.

A similar methodology was employed in the ACA market conduct examination that we are currently conducting for CCIIO but expanded to include a review of all mental health (MH) and SUD services covered under plans offered by the examinee. Reviews were limited to the top 3-5 plans in each market type based upon the applicability of MHPAEA to the plan.

As a part of our policy form review services provided under our CCIIO contract, ER also conducted a parity review utilizing the Mental Health Parity Review Tool provided to States by CCIIO which provides a high level review of financial requirements and treatment limitations applied to medical/surgical services and MH/SUD services provided for QHP plans. The tool highlights areas where further analysis is necessary to determine whether parity requirements have been violated.

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.

ER Response: ER has been providing the services since 2014.

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
ER Response: 023680558

3.1.11.2 Federal Tax Identification Number
ER Response: 16-1675057

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

A. Profit and Loss Statement
B. Balance Statement
ER Response: please see Part III – Confidential Financial Information response.

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.

3.1.12 Does this proposal include the use of subcontractors?

ER Response:

Yes	X	No	

If "Yes", vendor shall:

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

ER Response: ER has a collaborative partnership with Myers & Stauffer, LC (M&S). Personnel that plans to participate in all aspects of this response have been identified in the staff tables included in this response as well as Attachment F forms where applicable.

3.1.12.2 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

ER Response: As the primary vendor, ER will work closely with M&S to ensure all parties adhere to the same level of expectations to meet the requirements of the contract and ensure the successful completion of the reviews. Our business relationship with M&S has included working on large, complex contracts and we have established internal processes and have integrated certain services so as to provide an integrated and consistent level of service across both companies.

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

ER Response: As mentioned above, ER is collaborating with M&S a longtime partner of ER on a number of unique and detailed examinations for the federal government. ER has selected to partner with M&S due to their strong government health care background. They are one of the most experienced health care audit firms in the nation. Like ER, they are dedicated to servicing governmental clients. They do not provide services to the provider

community.They have a nationwide network of audit professionals to draw from including staff that have worked on Medicare audits for many years. In addition to traditional audit staff, M&S has specialized auditors including pharmacists, nurses, physicians, coders, and Certified Fraud Examiners.

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

ER Response: Please see completed section 3.1 for M&S below.

VENDOR INFORMATION – ***Myers and Stauffer, LC Completed Responses follows below.***

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

Question	Response
Company name:	***Myers and Stauffer LC***
Ownership (sole proprietor, partnership, etc.):	***Limited Liability Company***
State of incorporation:	***Kansas***
Date of incorporation:	***May 1, 1977***
# of years in business:	***40***
List of top officers:	***Keenan Buoy, CPA*** ***Kevin Londeen, CPA*** ***Sheryl Pannell, CPA***
Location of company headquarters, to include City and State:	***700 W 47th Street*** ***Suite 1100*** ***Kansas City, Missouri 64112***
Location(s) of the office that shall provide the services described in this RFP:	***133 Peachtree Street NE*** ***Suite 3150*** ***Atlanta, Georgia 30303***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***0***
Number of employees nationally with the expertise to support the requirements in this RFP:	***18 team members. Additional employees can be trained.***
Location(s) from which employees shall be assigned for this project:	***133 Peachtree Street NE*** ***Suite 3150*** ***Atlanta, Georgia 30303***

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.

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.

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:	***NV20001070243***
Legal Entity Name:	***Myers and Stauffer LC***

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	**X**	No	

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.

NOTE: These are current contracts only.

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	Melissa Lewis
Dates when services were performed:	10/1/11 – 9/30/19
Type of duties performed:	Myers and Stauffer performs desk reviews of certified public expenditures (CPE) cost reports to ensure compliance with requirements set forth in the state of Nevada Medicaid plan.

Question	Response
Total dollar value of the contract:	$296,201.00

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	David Stewart
Dates when services were performed:	5/1/17 – 12/31/17
Type of duties performed:	Myers and Stauffer provides assistance with Medicaid, HIT related projects to the Nevada DHHS, DHCFP. This includes support of the design, development, and implementation of the Nevada EDG program.
Total dollar value of the contract:	$1,349,125.00

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	Debra Sisco
Dates when services were performed:	6/17/09 – 6/30/21
Type of duties performed:	Myers and Stauffer establishes Medicaid reimbursement rates for stand-alone nursing facilities in the state of Nevada.
Total dollar value of the contract:	$264,496.00

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	Debra Sisco
Dates when services were performed:	7/1/04 – 6/30/21
Type of duties performed:	Myers and Stauffer performs agreed-upon procedures every two years to assist the state in evaluating hospital compliance with four specific Nevada Revised Statues (NRS) from Section 439B.
Total dollar value of the contract:	$347,411.00

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	Debra Sisco
Dates when services were performed:	7/1/04 – 6/30/21
Type of duties performed:	Myers and Stauffer performs consulting services for the Division

Question	Response
	of Health Care Financing and Policy (DHCFP) to ensure compliance with Medicaid and Medicare regulations, principles and policies and to assist the agency with the implementation or development of new Medicaid programs or policies.
Total dollar value of the contract:	$626,398.00

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	Debra Sisco
Dates when services were performed:	7/1/04 – 6/30/21
Type of duties performed:	Myers and Stauffer performs agreed-upon procedures on the Nevada cost reports for freestanding nursing facilities, intermediate care facility for individuals with intellectual disabilities (ICF/IIDs), critical access hospitals (CAHs) and hospital-based skilled nursing facilities (HBSNs) since 2009.
Total dollar value of the contract:	$2,999,098.00

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	Debra Sisco
Dates when services were performed:	7/1/04 – 6/30/21
Type of duties performed:	We perform agreed-upon procedures for the Division of Health Care Financing and Policy to ensure patient fund accounts are in compliance with Medicaid regulations, principles and policies.
Total dollar value of the contract:	$434,985.00

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	Debra Sisco
Dates when services were performed:	7/1/08 – 6/30/21
Type of duties performed:	Myers and Stauffer has been engaged to perform the annual

Question	Response
	DSH examination since CMS began requiring DSH audits.
Total dollar value of the contract:	$1,246,218.00

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	Debra Sisco
Dates when services were performed:	7/1/04 – 6/30/21
Type of duties performed:	Performed agreed-upon procedures for the Division of Health Care Financing and Policy to determine what costs represent allowable administration expenses for purposes of Medicaid rate setting.
Total dollar value of the contract:	$232,668.00

Question	Response
Name of State agency:	Nevada Department of Health and Human Services
State agency contact name:	Debra Sisco
Dates when services were performed:	7/1/13 – 6/30/21
Type of duties performed:	Assess the completeness and accuracy of encounter data submitted by the managed care organizations to the State.
Total dollar value of the contract:	$397,000.00

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.

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

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.***

M&S Response: Myers and Stauffer acknowledges and agrees to provide proof of insurance requirements, if requested, should Examination Resources be the successful bidder.

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.

M&S Response: Established in 1977, Myers and Stauffer LC is a nationally-based certified public accounting and consulting firm that serves state, federal, and local public health care and social services agencies. Myers and Stauffer partners exclusively with government agencies in support of their mission, offering strategic insights, planning, analysis, policy development, program design, evaluation, and cost containment in addition to nearly every administrative and operational component required of public agencies. We offer innovative solutions designed to promote the quality of care and efficiency of delivery of publicly sponsored programs. Services are designed recognizing the uniqueness of each of our clients while yet leveraging the

experience and best practice insights we have gained while actively supporting public entities in 49 states, the Centers for Medicare & Medicaid Services (CMS), and many other benefit programs. This depth and breadth of experience is virtually unrivaled in the consulting industry.

We are well-known as a national leader in consulting with states and assisting them with the management and operation of their Medicaid programs, providing policy development and strategic consulting, quality improvement, assessment, and other financial or analytical services. Myers and Stauffer supports clients on nearly every issue ranging from program management, auditing, cost containment to operational and administrative issues.

With 18 offices, Myers and Stauffer's team of professionals has considerable academic training and specialized experience in public health care program management and operations. In addition to certified public accountants, we leverage a multi-disciplinary team of experienced consultants, clinicians, policy specialists, auditors, health information technology specialists, informaticists, coders, managed care specialists, Medicaid eligibility auditors, statisticians, academic researchers, financial analysts, program analysts and accountants, among others. Furthermore, our team is comprised of professionals who came from 15 different Medicaid programs, CMS, Medicaid health plans, and fiscal agent contractors, which gives us a unique understanding and appreciation for the constraints facing a high profile public health care program.

The Myers and Stauffer team has experience performing analysis, ongoing monitoring, and reporting of MCO provider networks for our state Medicaid agency client in Georgia, the Georgia Department of Community Health (DCH). We were engaged to assist DCH in its readiness reviews for the implementation of the new MCO contracts, and one of the projects with which we support the state is in producing network adequacy reports for each MCO. These reports compare the MCO's provider network against program standards and contract requirements to assist the state in its goal to ensure access to services for its Medicaid managed care members that is at least equivalent to access under the traditional Medicaid program.

As part of our analyses, we worked with the State and each of the MCO plans to properly identify and categorize each plan's network of providers and the providers with open panels. We also developed MCO-specific reports and maps detailing each plan's provider network in terms of specialty and location, including analyses for estimated travel times for PCPs, pharmacies, basic hospital services, tertiary services, etc. We incorporated into our regional analysis, at the direction of the state, exceptions to the expected

travel times such as in situations where the standard travel times existing in the community at large are greater than program standards. We worked closely with each MCO to identify and resolve discrepancies between their internal analyses and reporting to the state and our report analyses and findings.

These analyses for DCH are currently on-going and are performed on both a regular and ad-hoc basis, as requested, to achieve the objectives of the project. We actively license and use a GeoAccess software product to develop the analyses and have experience dividing plan networks by regions and by different access standards that a state may employ, including urban, rural, and frontier, as appropriate for the contract.

Myers and Stauffer has served the DHHS for the past 13 years, with a proven track record of success, and we will build upon that history of success in support of this engagement.

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.

M&S Response: We have been assisting the Georgia Department of Community Health since 2008 and most recently worked on network adequacy reviews in February 2017 with the review and evaluation of the MCO's provider network adequacy standards. This project is currently ongoing.

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
M&S Response: 04-498-6685

3.1.11.2 Federal Tax Identification Number
M&S Response: 48-1164042

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

A. Profit and Loss Statement
B. Balance Statement

M&S Response: Myers and Stauffer is financially stable and they conduct their business in a fiscally responsible manner. Through long-term strategic planning and responsible spending in both good and bad economic times, they have built a solid fiscal foundation. They proactively plan for fiscal challenges including monitoring operation costs, controlling expenditures, reviewing and realigning costs, and maintaining

financial reserves. While past turmoil in many economic sectors has created challenging conditions for businesses, Myers and Stauffer remains, and will continue to be, financially viable.

As a certified public accounting firm, we do not have audited financial statements. To provide evidence of financial stability, we have included, on the following pages, the firm's internally-prepared financial statements for the past two fiscal years and the interim 2016 – 2017 financial statements. The financial information supports the assurance that Myers and Stauffer has more than adequate financial resources to assist in performing this engagement. Should additional assurances be required, we would be happy to comply with further requests.

Financial documentation is included in Part III - Confidential Financial Information.

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

ER Response: As stated in section 3.1.8 ER has reviewed Attachment D and will ensure all insurance requirements are provided for both ER and M&S.

3.1.12.5 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.

ER Response: ER understands the Divisions requirement of adding additional subcontractors and will notify and gain approval prior to any work commencing.

BUSINESS REFERENCES

3.1.13 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.

ER Response: References from CCIIO, New Hampshire Insurance Department and Mississippi Division of Medicaid have been submitted as Attachment E to the Division.

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

ER Response: please reference 3.1.13.

3.1.15 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.

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

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.***

ER Response: The key personnel is presented in the table below denoted with an asterisk. Resumes, in Attachment F format, are attached at the end of this proposal.

Name	Location	Employment	Role
*LaChelle Simmons, JD, MCM	Grandview Heights, OH	Employee	Manager
*Colleen Burns, JD, MCM	Chicago, IL	Employee	Supervisor
*Ingrid Franklin, AIE, MCM	Atlanta, GA	Employee	Supervisor
*Ryan Gillespie, CIE, MCM	Springfield, IL	Employee	Senior Examiner
*Claudia Chitu, CFE (Fraud), PMP	Atlanta, GA	Subcontractor	Senior Examiner
*Joe Connell, CFE (Fraud)	Atlanta, GA	Subcontractor	Senior Examiner
Steven Sigler, CFE, AES, AMCM, CISA	Lewisville, TX	Employee	IT Examiner

Additional qualified staff from M&S are available to perform all duties as assigned in the RFP. Resumes will be provided at the Divisions request.

COST

Vendor's cost proposal shall be submitted as Attachment G. The cost criteria will be the cost of examinations, reports, and travel.

ER Response: Please see Part II - Cost proposal Submission submitted as a separate file.

SECTION VII
Attachment F – Proposed Staff Resumes

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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:	***Examination Resources, LLC***

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:	***Colleen Burns***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Assistant Director***		
# of Years in Classification:	***1***	**# of Years with Firm:**	***2.5***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

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

Colleen has 2 years' experience in managing teams and providing technical direction as Supervisor for ER specifically in the field of health and ACA Compliance. She has 6 years' in-depth ACA experience as an attorney specializing in health care policy.

She served as the Special Counsel for Health Policy to the Illinois Department of Insurance and the Illinois Governor's Office where she was responsible for the state's efforts to implement the Affordable Care Act including establishing Illinois' Health Insurance Marketplace. She was responsible for supporting the Marketplace's legislative and policy agenda related to health insurance, ensuring compliance with applicable State and Federal laws, and managing all of the Marketplace's federal grants under the ACA.

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.

2015-present **EXAMINATION RESOURCES, LLC,** Chicago, IL
Assistant Director

- **Project Supervisor:** Provide guidance and supervision on various projects, including state and federal examinations.
- **Special Projects:** Provide guidance and oversight on special projects for states and federal regulators.

2013 – 2015 **OFFICE OF GOVERNOR PAT QUINN**
OFFICE OF HEALTH INNOVATION AND TRANSFORMATION
Policy Director

- **Policy Analysis:** Provided analysis and advice on the development and design of the state's health policy agenda. This included assisting the state in developing and drafting a Health Care Innovation Plan to transform the health care delivery system in Illinois.

- **Strategic Planning and Operations:** Responsible for operations within the newly created office including strategic planning, budgeting, and personnel.

- **Stakeholder Engagement:** Lead the formation of working groups comprised of more than 950 stakeholders to address implementation of the Alliance for Health Plan and the state's Medicaid 1115 Waiver.

2011-2013 **ILLINOIS DEPARTMENT OF INSURANCE,** Chicago, IL
Special Counsel for Health Policy

- **Regulatory Compliance and Oversight:** Oversaw the implementation of the Affordable Care Act for the Department, including the establishment of a Health Benefits Exchange. Responsible for advising the Department on all legal, legislative and policy agenda items related to the Affordable Care Act. Gained extensive knowledge of state statues, regulations and NAIC model laws. Presented to many stakeholder groups as an expert on the Affordable Care Act. Served as a liaison to the federal government and all state agencies participating in the Exchange project.

- **Grants Management:** Managed the Exchange, Rate Review, and Consumer Assistance Grants established under the Affordable Care Act. Received more than $150 million in grants on behalf of the Department.

EDUCATION

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

- Bachelor of Arts, French language, Fordham University, 2005
- Juris Doctor, Loyola University Chicago School of Law, 2010

CERTIFICATIONS

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

- Market Conduct Management, 2015
- Bar of the Supreme Court of Illinois, 2010
- Bar of the Northern District of Illinois, 2010

REFERENCES

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

Centers for Medicare & Medicaid Services (CMS) / Center for Consumer Information and Insurance Oversight (CCIIO)

Mary Nugent
410-786-8816
Mary.Nugent@cms.hhs.gov

Colorado Department of Regulatory Agencies, Division of Insurance

Tom Abel
303-894-7547
Tom.Abel@state.co.us

West Virginia Office of the Insurance Commissioner
Mark Hooker
304-558-6279
Mark.Hooker@wvinsurance.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:	***Examination Resources, LLC***

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

The following information requested pertains to the individual being proposed for this project.			
Name:	***Claudia Chitu***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Senior Manager***		
# of Years in Classification:	***4***	**# of Years with Firm:**	***8***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

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

Ms. Chitu, a senior manager with Myers and Stauffer, manages several Medicaid managed care projects that focus on analysis of encounter claims data to assess data quality and completeness. She has experience in the implementation, evaluation, and monitoring of Medicaid managed care encounter data submissions. As part of this work, she performs encounter data reconciliations, on-site encounter process reviews and data validation. In addition, she has reviewed plans for contract and reporting compliance and has identified relevant best practice standards for consideration.

Other projects have included assisting the Georgia Department of Community Health with the implementation of the new Medicaid Management Information System (MMIS) by creating and submitting 837 and National Council for Prescription Drug Programs (NCPDP) format test claims and encounters to evaluate system edits and processing issues, as well as performing benefits testing and claims reimbursement 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.

Georgia Department of Community Health (2009 – Present)

Care Management Organization Compliance

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health with providing oversight and monitoring of the Georgia Families care management organizations (CMOs).

Responsibilities:

- Managed the encounter reconciliation work for evaluating Georgia Medicaid CMOs' compliance with contractual obligations for encounter data submissions.
- Served as a subject matter expert for encounter submissions.
- Assisted in the development of the data analysis plan for CMO on-site encounter process reviews and data validation work.
- Provide enhanced member and encounter data extracts and analysis to the State's actuarial firm to assist in the rate setting process. This ensures that work identifying data issues and potential adjustments and corrections to the data is not duplicated as part of rate-setting and program reporting.
- Reviewed CMO payments to providers for primary care rate increases under the Affordable Care Act for accuracy and appropriateness. Identified and helped address data issues with provider enrollment and CMO claims payment processing.
- Perform ad-hoc data analyses to estimate impact of potential changes in policy, legislation and program budget.

Georgia Department of Community Health (2009 – 2010)

Benefits Testing

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health to evaluate the accuracy of benefit payments made through the Medicaid program and CHIP.

Responsibilities:

- Developed fee-for-service and encounter test claims and reviewed the MMIS system for processing and payment accuracy.
- Developed 837I and 837P claims for MMIS process testing and served as EDI subject matter expert during testing.
- Evaluated fee-for-service claim reimbursement and policy compliance and developed automated testing processes for several categories of service.

Georgia Department of Community Health (2015 – 2016)

Inpatient Hospital Rebase

Scope of Work:

Georgia Medicaid engaged Myers and Stauffer to update their prospective payment system for inpatient hospital services and to implement an outpatient hospital reimbursement system.

Responsibilities:

- Assisted the Department with the implementation of an updated inpatient hospital payment system and reimbursement review methodology that effectively incorporated best practices and potential risk areas identified as part of the engagement's work.

Georgia Department of Community Health (2014 – Present)

Recovery Audit Contractor

Scope of Work:

Myers and Stauffer provides recovery audit contractor (RAC) services to the Georgia Department of Community Health.

Responsibilities:

- Helped develop algorithms utilized in the engagement to identify potential over- and under-payments to health care providers for fee-for-service and encounter claims.

Louisiana Department of Health (2012 – Present)

Managed Care Organizations

Scope of Work:

Myers and Stauffer assists the Louisiana Department of Health with providing oversight and monitoring of the Bayou Health managed care organizations (MCOs).

Responsibilities:

- Manage the encounter reconciliation work for evaluating Louisiana Medicaid MCOs' compliance with contractual obligations for encounter data submissions.
- Serve as a subject matter expert for encounter submissions and assisted in the development of the data analysis plan for MCO on-site encounter process reviews and data validation work.

Mississippi Division of Medicaid (2017 – Present)

Outsourced Financial Reviews MississippiCAN and HIT/HIE

Scope of Work:

Myers and Stauffer assists the division in a wide ranging assessment of the Coordinated Care Organizations' contract compliance. Under the contract, we perform encounter claim to cash disbursement journal reconciliations to assess completeness; assess encounter claim accuracy under CMS EQR Protocol 4; review capitation payments for payment accuracy and potential duplicated capitation payments; provide examination services of Medical Loss Ratio report filings; perform other compliance testing of other monthly monitoring tools; and assisted with the development of a quality improvement strategy and evaluate options for other forms of directed payments.

Responsibilities:

- Assist the Division in reviewing and evaluating high rates of claim denials by a CCO. This project includes a review of the CCO's internal processes, claims adjudication and system edits configurations, provider and member communication and encounters reporting.

New Mexico Human Services Department (2015)

Audit Agent

Scope of Work:

Myers and Stauffer performed examinations and reviews of hospitals, home health agencies, and long-term care institutional facilities (nursing facilities and intermediate care facilities) that participate in the New Mexico Medicaid program.

Responsibilities:

- Assisted in the development of the data review plan for New Mexico Medicaid MCO hospital encounter claim payment reviews.

EDUCATION

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

B.A., Economics and Mathematics, Emory University, 2005

CERTIFICATIONS

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

Certified Fraud Examiner – February 2012
Project Management Professional – May 2015

REFERENCES

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

Ramakanth Rallapalli
Georgia Department of Community Health
2 Peachtree Street
Room 32.414
Atlanta, GA 30303
rrallapalli@dch.ga.gov
404.651.7985

John Upchurch, Director of Reimbursement Services
Georgia Department of Community Health
2 Peachtree Street, NW
39th Floor
Atlanta, GA 30303
jupchurch@dch.ga.gov
404.657.0229

Sandra Middlebrooks
Georgia Department of Community Health
2 Peachtree Street, NW
36th Floor
Atlanta, GA 30303
smiddlebrooks@dch.ga.gov
404.463.1753

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:	***Examination Resources, LLC***

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

The following information requested pertains to the individual being proposed for this project.			
Name:	***Joe Connell***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Senior Manager***		
# of Years in Classification:	***4***	**# of Years with Firm:**	***9***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

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

Mr. Connell provides support for the firm's health policy engagements and program integrity initiatives by providing extensive analysis of claims and encounter data. Mr. Connell performs these analyses to identify potential Medicaid Management Information System (MMIS) payment-related issues, as well as overpayments and potential fraud within government sponsored health care programs. Analysis is performed via file review, data mining and investigational tools to verify claim payments comply with published policies, guidelines, and procedures set forth by the American Medical Association, the American Dental Association, and other state programs. The process includes identifying overpayments, preparing and submitting results to clients, contacting providers for recoupment, and addressing provider appeals.

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.

U.S. Department of Justice (2014 – 2016)

Department of Justice Expert Support Services

Scope of Work:

Myers and Stauffer assisted the U.S. Department of Justice and State of Georgia in identifying and quantifying damages resulting from an alleged kickback arrangement.

Responsibilities:

- Identified potential sources of income impacted by arrangement.
- Reviewed supporting information from state claims payment systems, hospital cost reports, billing, and healthcare records systems.
- Developed the testing methodology, and worked with the DOJ to ensure that we were providing the information requested.
- Developed an estimate of damages that resulted from an alleged kickback.

Georgia Department of Community Health (2009 – Present)

Care Management Organization Compliance

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health with providing oversight and monitoring of the Georgia Families care management organizations (CMOs).

Responsibilities:

- Responsible for developing our encounters reconciliation project.

- Provided assistance reviewing claims data integrity for each of the CMOs claims and encounter processing systems.
- Perform ad-hoc analysis in conjunction with this project.

Georgia Department of Community Health (2013 – Present)

Electronic Health Record Auditing

Scope of Work:

Myers and Stauffer assists the department in planning, developing, implementing, operating, and auditing various functions of the Medicaid Incentive Program (MIP).

Responsibilities:

- Reviewed analysis to ensure that it is correctly identifying provider payment information.

Georgia Department of Community Health (2008 – Present)

Benefits Testing

Scope of Work:

Myers and Stauffer assists the Georgia Department of Community Health to evaluate the accuracy of benefit payments made through the Medicaid program and CHIP.

Responsibilities:

- Developed analytical procedures to identify duplicate capitation payments, and calculate the financial impact of errors identified in testing.
- Responsible for developing the samples that our analyst review for payment accuracy.

Georgia Department of Community Health (2010 – 2015)

Payment Error Rate Measurement

Scope of Work:

Myers and Stauffer assists the state in developing PERM universes to submit to the federal contractors.

Responsibilities:

- Responsible for building Georgia's claims universe for submission to the PERM contractors.
- Assist the state in identifying claim payment methodologies and answering questions from the review and statistical contractors.

Georgia Department of Community Health (2013 – Present)

Recovery Audit Contractor

Scope of Work:

Myers and Stauffer provides recovery audit contractor (RAC) services to the Georgia Department of Community Health.

Responsibilities:

- Developed ad-hoc analyses that have identified over and under payments.
- Provide quality assurance testing for others analysis.
- Serve as a technical resource for the project.

Louisiana Department of Health (2013 – Present)

Electronic Health Record Auditing and HIT/HIE

Scope of Work:

Myers and Stauffer assists the department in planning, developing, implementing, operating and auditing various functions of the Medicaid Incentive Program (MIP) and in developing a statewide HIT / HIE strategy, to participate in stakeholder engagement, to assist in planning and preparation, to evaluate HIT adoption and utilization, and factors to contribute to success or barriers to use, funding requests, and other technical assistance.

Responsibilities:

- In charge of acquiring the claims, encounter, provider and member data.
- Provided quality assurance for others analysis on the project.

Louisiana Department of Health (2013 – Present)

Recovery Audit Contractor (RAC)

Scope of Work:

Myers and Stauffer assisted the department by enhancing overall program integrity efforts through the recovery audit contractor (RAC) program in accordance with federal and state laws.

Responsibilities:

- In charge of acquiring the claims, encounter, provider and member data.
- Provided quality assurance for others analysis on the project.
- Developed ad-hoc analysis that was utilized to identify over payments.

Maine Department of Health and Human Services (2014 – Present)

Audit Services for MaineCare MU Program

Scope of Work:

Myers and Stauffer assists the department in planning, developing, implementing, operating and auditing various functions of the Medicaid Incentive Program (MIP).

Responsibilities:

- In charge of acquiring the claims, encounter, provider and member data.

Mississippi Division of Medicaid (2015 – Present)

Outsourced Financial Reviews MississippiCAN and HIT/HIE

Scope of Work:

Myers and Stauffer assists the division in a wide ranging assessment of the Coordinated Care Organizations' contract compliance. Under the contract, we perform encounter claim to cash disbursement journal reconciliations to assess completeness; assess encounter claim accuracy under CMS EQR Protocol 4; review capitation payments for payment accuracy and potential duplicated capitation payments; provide examination services of Medical Loss Ratio report filings; perform other compliance testing of other monthly monitoring tools; and assisted with the development of a quality improvement strategy and evaluate options for other forms of directed payments.

Responsibilities:

- Developed analytical tests to identify members that were enrolled in the program more than once.

EDUCATION

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

B.S., Management, Georgia Institute of Technology, 2006

CERTIFICATIONS

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

Certified Fraud Examiner – February 2012

REFERENCES

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

Marie Bonkowski, Senior Trial Counsel
U.S. Department of Justice
601 D Street, NW, Room 9116
Washington, D.C. 20004
marie.bonkowski@usdoj.gov
202.616.0786

John Hankins
Georgia Department of Community Health
2 Peachtree Street, NW
39th Floor
Atlanta, GA 30303
jhankins@dch.ga.gov
404.657.7880

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:	***Examination Resources, LLC***

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:	***Ingrid Franklin***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Health Insurance Project Manager***		
# of Years in Classification:	***3.5***	**# of Years with Firm:**	***4***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

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

Currently Ingrid coordinates Centers for Medicare & Medicaid Services (CMS) / Center for Consumer Information and Insurance Oversight (CCIIO) examination processes in accordance with CCIIO Scope of Work and internal work flow procedures developed by Examination Resources and assistance with various Health Insurance projects as needed. Perform Network Adequacy reviews in accordance with state regulations for the Nevada Department of Insurance.

Prior to Examination Resources, Ingrid was a Senior Vice President/Account Executive for a top 50 Employee Benefits firm in Atlanta, Georgia. Ingrid developed relationships and provided ongoing strategic management to key accounts and designed, implemented and serviced employee benefits plans in the small and large group market. She conducted annual policy and contract reviews for fully insured and self-funded plans, performed detailed analysis of medical and pharmacy claims and implemented plan changes to improve experience. She also provided ongoing education to clients and employees on Affordable Care Act regulations making sure all plans and procedures were in compliance.

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.

Performed Network Adequacy reviews for the Nevada Department of Insurance in accordance with state regulations for plan years 2015 through 2018.

EDUCATION

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

- Associates Degree, Georgia Perimeter College, Atlanta, Georgia, 2003

CERTIFICATIONS

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

- Market Conduct Management (MCM), 2014
- Group Benefits Associate (GBA), 2013
- Accredited Insurance Examiner (AIE), 2016

REFERENCES

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

Centers for Medicare & Medicaid Services (CMS) / Center for Consumer Information and Insurance Oversight (CCIIO)

Mary Nugent
410-786-8816
Mary.Nugent@cms.hhs.gov

Centers for Medicare & Medicaid Services (CMS) / Center for Consumer Information and Insurance Oversight (CCIIO)

Kalina Kwok
301-492-4113
Kalina.Kwok@cms.hhs.gov

VT Department of Financial Regulation

Christina R. Rouleau
(802) 828-2910
Christina.Rouleau@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:	***Examination Resources, LLC***

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 Gillespie***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Associate Examiner***		
# 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.

2015 – Present EXAMINATION RESOURCES, LLC, Atlanta, GA
Associate Examiner

- Provide regulatory services and policy form filing review services for health insurance plans regarding compliance with state and federal laws, rules, and regulations with a focus on the requirements of the Affordable Care Act (ACA) for Qualified Health Plans (QHP), Non-Qualified Health Plans (NQHP), and Minimum Essential Coverage (MEC) plans.

- Conduct Network Adequacy review of carrier networks using proprietary geographic mapping software to determine compliance with pre-determined time and distance standards and provider-to-subscriber ratios based on desired provider and facility specialty type.

- Create regulatory Collection Tools and Templates and aid with training to assist states in the review of the various components of the ACA (e.g. Mental Health Parity).

2013 – 2015 ILLINOIS DEPARTMENT OF INSURANCE, Springfield, IL
Senior Policy Advisor

- Responsible for the administration/operation of the Qualified Health Plan (QHP) federal review tools for the Department. These tools aid in reviewing and auditing those plans that seek certification to participate on the Illinois Health Marketplace.

- Managed the supplementary formulary review process for QHPs applying for participation on the Illinois Marketplace.

- Participated in collaborative analysis and discussion as it relates to regulatory decisions and processes associated with the overall implementation of the Affordable Care Act (ACA) for the State of Illinois.

- Aided in the overall framework of the QHP submission process for the Department.

- Involved with drafting proposed legislation as it related to overall health care reform.

- Responsible for oversight and training multiple Department analysts to utilize the 2015 QHP Federal Review Tools created by the Centers for Medicare & Medicaid Services (CMS).

- Act in administrative role in the Department's Market Conduct Examination Unit. Duties included: reviewing exam reports, decision making, and correspondence with insurers.

2007 – 2013 CORPORATE AND ENDOWMENT SOLUTIONS, INC., Springfield, IL
Internal Wholesaler/Marketing and Sales Support

- Prepared custom presentations and financial models for key executive benefits using non-qualified deferred compensation plans and corporate owned life insurance (COLI).

- Assisted businesses and individual clients in exploring solutions for estate, retirement and wealth preservation using institutional grade life insurance products.

- Educated field agents on principles of using life insurance as an after-tax solution to accumulate wealth on a tax-deferred basis. (including: presentation, licensing, application processing and final policy implementation)

- Illustrated insurance proposals using carrier software for over 20 carriers.

- Problem resolution for current client base of over 1,000 clients including corporate, participant and ownership issues.

- Projected future values of client's current inforce insurance.

- Managed current broker dealer paperwork and software for compliance with security and insurance regulations.

- Developed and maintained client relations for wider breadth of company distribution and market access.

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.

Employer - EXAMINATION RESOURCES, LLC, Atlanta, GA
Client - Nevada Division of Insurance
Timeframe – October 2015 – January 2016

- Conduct Network Adequacy review of carrier networks using proprietary geographic mapping software to determine compliance with pre-determined time and distance standards and provider-to-subscriber ratios based on desired provider and facility specialty type.

Employer - ILLINOIS DEPARTMENT OF INSURANCE, Springfield, IL
Client – N/A
Timeframe – July – November 2014

- Reviewed network specialist data for various the 102 counties and 13 Rating Areas in the state of Illinois to ensure the adequate number of providers as well time and distant standards were met based upon composition of the issuer network and service area data. Conducted meetings with issuer's to discuss progress on expanding provider coverage for network and service areas identified as insufficient.

EDUCATION

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

University of Illinois at Springfield
Springfield, Illinois
Bachelor of Business Administration

CERTIFICATIONS

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

Market Conduct Management (MCM) – May 2015
Certified Insurance Examiner (CIE) – January 20, 2017

REFERENCES

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

1.) C.J. Metcalf
Illinois Department of Insurance
(217) 558-0853

2.) Debra Woods
Corporate Endowment Solutions, Inc.
CPA
(888) 221-2294

3.) Jeremy Gladstone
Nevada Division of Insurance
(775) 687-0729

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:	***Examination Resources, LLC***

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:	***LaChelle Simmons***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title	***Director***		
# of Years in Classification:	***13***	**# of Years with Firm:**	***3***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

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

13 years of experience working in the insurance regulatory and compliance consulting industries. Performed work on various corporate transactions, assisted with acquisitions of insurance companies, including performing due diligence, developed health insurance products and rates, including drafting of various insurance forms and policies, assembly and filing of rate and form filings, assisted with TPA and insurance company licensing, including filing license applications in 45 states, drafting and review of regulatory filings, and expert witness work.

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.

- March 2013 - Present **EXAMINATION RESOURCES, LLC,** Atlanta, GA

  Assistant Director

  - **Regulatory Compliance:** Provide regulatory services to various state insurance departments regarding market conduct examinations, specialized reviews, and operational reviews. Provide advice and guidance with regard to regulatory oversight efforts by state insurance departments and federal agencies, including PPACA and HIPAA.

  - **Regulatory Filings:** Provide policy form filing review services for various lines of insurance with specialization in health insurance regarding compliance with state and federal laws, rules and regulations. Assist state insurance departments with Form A, Form B and C and Form D filings on behalf of insurance.

- 2004 – 2013 **RECTOR & ASSOCIATES, INC.,** Columbus, OH

  - Consultant

  - **Regulatory Compliance:** Provided advice to all types of regulated entities on their compliance efforts with state and federal insurance requirements, including compliance with the PPACA and HIPAA. Drafted insurance policies, endorsements and riders for all health insurance market segments, including individual and commercial PPO and HMO products and Medicare and Medicaid products. Provided managed care services including obtaining regulatory approvals for managed care companies with respect to licensing, modification of operations and service area expansions. Assisted with responses to Departments of

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Insurance regarding product filings, enrollee complaints and coverage issues and market conduct exams.

- **Regulatory Filings:** Completed Form A, Form B and C and Form D filings on behalf of insurance companies. Reviewed Form A and D filings on behalf of various departments of insurance Filed Annual and Quarterly Statements, Actuarial Opinions, Management Discussion and Analysis and other Supplemental Filings on behalf of insurance companies. Filed policy forms and rates (both hard copy and SERFF filings) for newly developed insurance products. Assisted with data filings and other annual filings made by health insurers.

- **Company Licensing:** Prepared and obtained approval of insurance company, agency and TPA license applications in over 45 states and jurisdictions. Work included review of regulatory requirements in each state to insure compliance and the implementation of required changes based upon statutory requirements. Preparation of application documents, including development of plans of operations and review and filing policy forms and premium rates. Preparation of renewal applications and other annual filings related to company licenses.

- **Formation of Insurance Companies:** Provided transactional services including structuring and evaluating transactions from a regulatory and business standpoint**.** Performed due diligence, drafted articles of incorporation, code of regulations and plans of operation; acted as a liaison between the Department of Insurance and the insurer; developed, reviewed and filed policy forms and certificates. Assisted with development of provider credentialing procedures, provider contracts and capitation agreements.

- **Expert Witness:** Provided litigation support services including acting as a litigation consultant and assisting with the research and drafting of expert witness reports involving for a variety of issues, including replacement of life insurance, coordination of benefits and agent licensing issues.

- **Targeted Market Conduct Examinations:** Assisted insurance departments with targeted market conduct examinations of various insurance companies, including property/casualty, life and health insurers. Services included a targeted market conduct examination of a life insurer, which consisted of a detailed review of the insurer's surrender and policy loan activity and a targeted market conduct examination of Medicaid managed care organizations (MCO), which consisted of a detailed review of the MCOs' financial positions as well as a review of the MCOs' grievance and appeals procedures and practices to determine compliance with state and federal statutes and regulations.

EDUCATION

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

- Bachelor of Science, Computer Science, Northwestern University, Evanston, IL 1991
- Juris Doctorate, Georgetown University Law Center, Washington D.C., 1994

CERTIFICATIONS

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

Market Conduct Management (MCM) – May 2013

REFERENCES

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

Centers for Medicare & Medicaid Services (CMS) / Center for Consumer Information and Insurance Oversight (CCIIO)

Mary Nugent
410-786-8816
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Centers for Medicare & Medicaid Services (CMS) / Center for Consumer Information and Insurance Oversight (CCIIO)

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Arizona Department of Insurance

Erin Klug
602.364.3762
eklug@azinsurance.gov