

Health Reform Consultant Services

Summary of Responses to RFP

Evaluation Criteria:

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| Directly Related Experience: | <ul style="list-style-type: none">• Worked with <i>Colorado Medicaid Program</i> re: development of payment and program designs that complement and support the SIM /SHIP and provided a framework for the State to pilot selected Medicaid payment and delivery system reforms;• Completed implementation activities for the <i>State of Indiana's</i> creation of the Health Indiana Plan; and• Worked with <i>Illinois, Iowa, Michigan, Oregon, and Texas</i> to develop their State Innovation Model (SIM) initiatives.• See 3 most recent comparable projects, pp. 58-60 of Proposal. |
| Price: | See attached Official Proposal Price Sheet Total Max Bid: \$728,770.00 |
| Plan/Schedule: | <ul style="list-style-type: none">• Envisions six (6) primary domains of activity:<ul style="list-style-type: none">(1) Recommendations for an alternative health care model to the Health Care Independence Program that preserves access to care;(2) Recommendations for options to modernize the traditional Medicaid program;(3) Examination of the roles of other state agencies that deliver or finance health care;(4) Analysis of the interactive effects of reforms in traditional Medicaid and the HCIP on each other, providers, patients, and the economy;(5) Analysis of claims data; and(6) Estimates of the costs associated with implementing the recommendationsSee pp. 46-55 of Proposal for detailed information regarding each of the 6 task areas;• Provision of Two Reports: (1) By August 1, 2015 – Background Analysis and Status Report; and (2) By October 1, 2015 – Final Report;• Will provide recommendations that can be acted on legislatively; and• Will provide a road map necessary for obtaining any |

HMA (Cont'd)

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| | <p>necessary federal waivers.</p> <ul style="list-style-type: none"> • See also Evaluation, Analysis, and Development of Recommendations, pp. 9 -17, which includes a "Road Map" including time frame for project, beginning on p. 13 of Proposal. |
| Availability: | <ul style="list-style-type: none"> • Project Director's Offices located in Austin, TX • All staff available to begin work immediately upon contract award. • Staff available to attend all meetings of the Task Force as requested. • Will be present to provide monthly status updates. |
| Personnel: | <ul style="list-style-type: none"> • <u>Project Director:</u> Dianne Longley, Principal • See full list of personnel with resumes, pp. 17-30 of Proposal, listing Team Leads and members of the HMA Team. • See also specific HMA Team members anticipated task assignments pp. 41-43 of Proposal. |
| Past Performance: | <ul style="list-style-type: none"> • Providing consulting services for 30 years • See Also information regarding Vendor References, pp. 62-63. |
| Compliance with RFP Requirements: | See Attached Checklist |
| Subcontractors: | <p>HMA proposes using two subcontractors as follows:</p> <ul style="list-style-type: none"> • <u>The Arkansas Foundation for Medical Care (AFMC)</u> – to ensure that the evaluations and recommendations accurately capture all the elements of population health and spending and that the recommendations will meet the needs of Arkansans. • <u>Wakely Consulting Group, Inc.</u> – to provide actuarial analysis, economic and financial expertise, and modeling of the various options and their impact on the Arkansas economy, providers, health insurance market, and consumers * <i>University of Arkansas for Medical Sciences</i> – not as a subcontractor, but HMA states that UAMS has agreed to work with HMA to further enhance the data evaluations and economic and predictive modeling. <p>See Attached Subcontractor Checklist.</p> |

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| Directly Related Experience: | <ul style="list-style-type: none">• Works as a subcontractor of Manatt, Phelps & Phillips, LLP for a contract with the Arkansas Dept. of Human Services, wherein Leavitt provides assistance to Manatt regarding the design and implementation of the Arkansas Private Option Independence Account (Contract ends April 30, 2015).• Has established its Center for Medicaid and State Intelligence Services, which operates through a team of experts with experience at the state and federal level in managing the policy and operational aspects of Medicaid, the Affordable Care Act, and other health care coverage programs. See pp. 22-23 of Proposal.• See also pp. 16-17 of Proposal, listing health care program reform/Medicaid consulting contracts and pp. 24-26 listing 3 most recent comparable projects, including Arkansas DHS-DMS; Utah Dept. of Health, and Oklahoma Health Care Authority.• See also listing of substantially similar projects, p. 42 of Proposal. |
| Price: | See attached Official Proposal Price Sheet Total Max Bid: \$828,037.00 |
| Plan/Schedule: | <ul style="list-style-type: none">• Breaks plan into three main objectives:<ul style="list-style-type: none">(1) Summarize the state of health care programs in Arkansas;(2) Recommend an alternative model and legislative framework to ensure the continued healthcare services for populations covered by the Health Care Independence Program; and(3) Evaluate and recommend options to modernize Medicaid.• Proposed Phases of Project Completion:<ul style="list-style-type: none"><u>Pre-Phase 1:</u> Develop Detailed Project Plan and Kick Off Project (May 24-May 31);<u>Phase 1:</u> Develop Recommendations for an Alternative Healthcare Coverage Model (May 24-Sept. 15);<u>Phase 2:</u> Develop Recommendations and Options to |

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| | <p>Modernize Medicaid Program (June 1 – Aug. 16); <u>Phase 3</u>: Define Impacts and Costs of the Recommendations (July 13 – Sept. 8); <u>Phase 4</u>: Draft Final Report and Presentation Materials (Sept. 8- Sept. 30); and <u>Phase 5</u>: Ad Hoc Reports and Follow-up Monthly Meetings (Oct. 2, 2015- Dec. 31, 2016)</p> <ul style="list-style-type: none"> Includes two reports: (1) Recommendations and Options Document – to be presented to the Task Force between August 15 and August 30; and (2) Final Report – by October 1, 2015 See “Proposed Work Plan and Timeline”, pp. 6-13 of Proposal. |
| Availability: | <ul style="list-style-type: none"> Offices located in Salt Lake City, UT All personnel immediately available upon award of Contract. Proposal assumes a start date for work of May 24, 2015 Available to attend Task Force meetings in person, via video or teleconference depending on notice prior to meeting and travel costs. Subcontractor key personnel are located in Little Rock. |
| Personnel: | <ul style="list-style-type: none"> <u>Project Director</u>: Robin Arnold-Williams, Partner and Director of the Medicaid Practice See listing of personnel that will staff this project at pp. 31-37 of Proposal; and Organizational Chart at p. 40. |
| Past Performance: | <ul style="list-style-type: none"> Providing Healthcare Reform/Medicaid consulting services since 2009. See Also information re: Vendor References, pp. 41-42 of Proposal. |
| Compliance with RFP Requirements: | See Attached Checklist |
| Subcontractors: | <p>Leavitt proposes using the following subcontractor:</p> <ul style="list-style-type: none"> <u>General Dynamics Health Solutions (GDHS)</u> -- Will be used for their experience with data analytics and reporting due to the complicated analytics involved in the project. See description of directly related work experience for GDHS at pp. 27-30 of Proposal (including work for Arkansas DHS-DMS) <u>Buccaneer Computer Systems and Service, Inc.</u>: a wholly owned subsidiary of GDHS <p>See Attached Subcontractor Checklist</p> |

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| Directly Related Experience: | <ul style="list-style-type: none"> • Healthy Indiana Plan (HIP) and HIP 2.0 and Indiana section 1115 waivers, including provision of key technical support regarding: developing capitation rates, demonstrating budget neutrality, developing data-based process to support the identification of medically frail enrollees, and working on fiscal analyses addressing a range of program design and funding options. • Also worked on the development of the Iowa Wellness Plan and Iowa Marketplace Choice Plan; Healthy Michigan Plan; Insure Tennessee Plan; and Healthy Idaho Plan • See "Medicaid State Agency Experience" Charts at pp. 49-51 of Proposal. • See also 4 comparable contracts: Indiana, Maine, Iowa, and Nebraska at pp. 65-67 of Proposal, with work samples at Appendix B. |
| Price: | <p>See attached Official Proposal Price Sheet Total Max Bid: \$475,000.00</p> |
| Plan/Schedule: | <ul style="list-style-type: none"> • Describes three (3) phases of work, pp. 15-16 of Proposal: <ol style="list-style-type: none"> (1) Research and Analysis (2) Identification of Policy Options (3) Development of Final Report and Recommendations for Policy Solutions <ul style="list-style-type: none"> * Notes that they will seek input from the Task Force at each step within the phase to steer the direction of the phase. • See approach to the Scope of Work, pp. 15-39 of Proposal • See "Proposed Work in Chronological Order", pp. 43-45 of Proposal. • See "High Level Work Plan" pp. 54-64; and Timeframe at pp. 64-65 of Proposal. |
| Availability: | <ul style="list-style-type: none"> • Offices located in Indianapolis, IN. • States that Vendor will provide monthly status updates. |

Milliman (Cont'd)

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| | <ul style="list-style-type: none"> No specific statement regarding availability, other than a statement in the Timeframe that they assume a contract start date of June 1, 2015. |
| Personnel: | <ul style="list-style-type: none"> <u>Project Coordinator:</u> Paul R. Houchens, FSA, MAAA (will coordinate Milliman and SVC Staff) See Organizational Chart at p. 49 of Proposal. See also Staff bios at pp. 52-54 of Proposal and full resumes at Appendix A. |
| Past Performance: | <ul style="list-style-type: none"> Milliman has been providing actuarial consulting services since 1947. Has provided services to state Medicaid agencies for over 20 years. See listing of current accounts at p. 48 of Proposal; and Client list at p.70 of Proposal. See Also information re: Vendor References, p. 69 of Proposal. |
| Compliance with RFP Requirements: | See Attached Checklist |
| Subcontractors: | <p>Milliman proposes using the following subcontractor:</p> <ul style="list-style-type: none"> <u>SVC, Inc.:</u> national health care consulting company with experience specializing in supporting state governments and associated entities with Medicaid and health policy expertise. (established in 2001); SVC has experience designing, developing, and negotiating section 1115 waivers on behalf of states, e.g. Indiana and Iowa. <p>See Attached Subcontractor Checklist</p> |

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| Directly Related Experience: | <ul style="list-style-type: none">• Examples of related experience include work for the Massachusetts Medicaid Delivery Model, Illinois Adequate Healthcare Task Force, Georgia Task Force Facilitation to Identify Advantages and Disadvantages to Proposed Delivery Systems and New Program Design, and South Dakota Exchange Feasibility Stakeholder Groups• See related experience by topic at pp. 72-89 of Proposal• See listing of states for which Navigant performs health care program reform/Medicaid consulting, pp. 8-10 of Proposal, and pp. 92-106.• See also work samples regarding "Medicaid and CHIP Redesign Strategy Report" to the State of Georgia; and "Final Report for the Greater Newark Healthcare Services Evaluation" for the New Jersey Health Care Facilities Financing Authority, at Appendix C to the Proposal.• See listing of Similar Clients at pp. 108-110 of Proposal. |
| Price: | <ul style="list-style-type: none">• See attached Official Proposal Price Sheet• Total Max Bid: \$608,750.00<ul style="list-style-type: none">* Assumes bulk of work to be provided within the first 4 months of the Contract. States "will be flexible to provide additional services up to 10 percent of the maximum amount of the bid as requested by the Task Force as set forth in the RFP." |
| Plan/Schedule: | <ul style="list-style-type: none">• Describes the plan in terms of several tasks (p. 17 of Proposal), as follows: <u>Task 1:</u> Conduct Kick-Off Meeting and Project Management. <u>Task 2:</u> Develop Data Analysis Plan. <u>Task 3:</u> Collect Data and Documents and Conduct Data Analysis <u>Task 4:</u> Develop Recommendations for an Alternative Healthcare Coverage Model. <u>Task 5:</u> Develop Recommendations for Modernizing Medicaid. |

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| | <p><u>Task 6:</u> Examine Roles of Other State Agencies. <u>Task 7:</u> Prepare Report. <u>Task 8:</u> Provide Cost Analysis, As Required.</p> <p>* p. 35 of Proposal adds an additional task "Provide Ad Hoc Reporting"</p> <ul style="list-style-type: none"> Propose submittal of draft report between Aug. 1-Aug. 15; with final report due October 1, 2015. See full description of Proposed Approach, pp. 35-71 of Proposal. See proposed time line/ "Implementation Plan" at Appendix D of Proposal |
| Availability: | <ul style="list-style-type: none"> Project Director's Offices located in Washington D.C. Plan to attend monthly meetings of the Task Force for status updates Assigned personnel will be immediately available for work upon contract execution. |
| Personnel: | <ul style="list-style-type: none"> <u>Project Director:</u> Jennifer Hutchins, Director Will assign teams to key activities. The teams will be made up of individuals from both Navigant and its subcontractor, Sellers Dorsey. See Staff Organizational Chart at p. 22 of Proposal. See Staff Biographies at pp. 25-34; and full resumes at Appendix B to Proposal. |
| Past Performance: | <ul style="list-style-type: none"> Providing consulting services for more than 40 years. See listing of current accounts at pp. 20-21 of Proposal. See Also information re: Vendor References, p. 107 of Proposal. |
| Compliance with RFP Requirements: | See Attached Checklist |
| Subcontractors: | <p>Navigant proposes using the following subcontractor:</p> <ul style="list-style-type: none"> <u>Sellers Dorsey & Assoc., LLC:</u> Has experience with Medicaid program reform research and recommendations, including work for Pennsylvania's Long Term Care Commission and the South Dakota Governor's Medicaid Task Force. <p>See Attached Subcontractor Checklist.</p> |

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| Directly Related Experience: | <ul style="list-style-type: none">• Serves as the professional services consultant to the Arkansas Health Insurance Marketplace (AHIM) – responsible for maintaining the design, development and implementation schedule of all operational components of the state-based exchange.• Authored “Section 1332 Waivers and the Future of Arkansas Healthcare Innovations”.• Currently under contract with the Arkansas Insurance Dept. to provide rate review professional services.• Currently holds contracts with 37 state Medicaid agencies.• See pp.64-65 of Proposal regarding specific Arkansas experience.• See Figure 5.1.2-3 at p. 14 of Proposal regarding states to which PCG has provided planning and implementation services over the past 5 years related to the Affordable Care Act.• See Listing of Areas of Expertise as they relate directly to requirements of the Scope of Work, pp. 26-28 of Proposal.• See Also Healthcare Reform Experience, pp. 66-90 of Proposal. |
| Price: | See attached Official Proposal Price Sheet Total Max Bid: \$2,207,390.00 |
| Plan/Schedule: | <ul style="list-style-type: none">• See general approach as briefly discussed at Executive Summary, pp. 20-21 of Proposal.• See detailed approach to Scope of Work, pp. 29-61 of Proposal, in which PCG discusses its plan with regard to:<ul style="list-style-type: none">(1) Recommendations for an Alternative Healthcare Coverage Model(2) Recommendations for Options to Modernize Medicaid Programs serving the Indigent, Aged, and Disabled(3) Examination of Agency Roles(4) Impact of Recommendations(5) Structure of Recommendations and Options(6) Monthly Status Updates |

PCG (Cont'd)

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| | <ul style="list-style-type: none"> No specific time frame stated other than acknowledgment of October 1, 2015 deadline for final report. |
| Availability: | <ul style="list-style-type: none"> Offices located in Boston, Mass. States at p. 61 that they will "commit to higher standards of availability and responsiveness than those required" by the RFP. Promise to have "boots on the ground" in Arkansas to prepare for any meetings, etc. |
| Personnel: | <ul style="list-style-type: none"> <u>Project Leaders</u>: see brief descriptions at p. 22 of Proposal (1) Richard Albertoni (2) Dennis Smith See description of 3 Tiered Approach to Staffing for the Project at pp. 92-96 of Proposal. See Also Organizational Chart at p. 97 of Proposal; and resumes for the "core team", pp. 98-133 of Proposal. |
| Past Performance: | <ul style="list-style-type: none"> PCG has provided Medicaid consulting services to various states for 29 years. See listing of current accounts at pp. 62-64 of Proposal. See Also information regarding Vendor References, p. 134 of Proposal. |
| Compliance with RFP Requirements: | See Attached Checklist |
| Subcontractors: | <p>PCG proposes using the following subcontractor:</p> <ul style="list-style-type: none"> <u>McKenna, Long & Aldridge</u>: conducts strategy, analysis, and legislative/regulatory/political tracking services; has developed a cross-practice health care collaboration within its firm between its public policy and legal professionals. <p>Has provided consulting services on Medicaid alternatives through work with state government or hospital associations in Louisiana, Mississippi, Missouri, Tennessee, and Utah.</p> <p>See Attached Subcontractor Checklist</p> |

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Evaluation Criteria:

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| Directly Related Experience: | <ul style="list-style-type: none">• Worked with various state governments on comprehensive Medicaid reform plans and recommendation over the past 5 years, including: Texas, Florida, Maine, Illinois, South Carolina, and Mississippi.• In Maine, prepared a comprehensive plan for Medicaid reform, cost containment, and quality improvements for the Governor's Office of Policy and Management; strategy for Section 1115 Global Budget MaineCare/Medicaid program improvement and cost containment strategy to the Maine DHHS.• See Experience Specific to This Project at pp. 10-13 of Proposal.• See Also Work Samples at Attachments. |
| Price: | <ul style="list-style-type: none">• See attached Official Proposal Price Sheet• Total Max Bid: \$1,081,500.00 |
| Plan/Schedule: | <ul style="list-style-type: none">• See Action Strategy for Performing the Scope of Work at pp. 20-43.• See Project Timeline at pp. 7-9 of Proposal and Project Timing, pp. 41-42 (TSG states that the timeline is based on assumptions regarding timely cooperation of the "Medicaid Agency" in the state, meaning the Department of Human Services (DHS)) |
| Availability: | <ul style="list-style-type: none">• Project Director's Offices located in Manchester, N.H.• Available to begin work within 24 hours of contract execution.• Available to meet monthly with the Task Force for status updates and other meetings as requested. |
| Personnel: | <ul style="list-style-type: none">• <u>Project Director:</u> John Stephen, TSG Managing Partner• See listing of proposed team at pp. 14-18 of Proposal.• Organizational Chart at p. 19 of Proposal• See Also team resumes at Attachment A of Proposal. |

TSG (Cont'd)

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| Past Performance: | <ul style="list-style-type: none">• Providing Medicaid reform consulting services for 5 years.• See TSG Prior experience discussed at p. 10 of Proposal.• See Also information re: Vendor References, pp. 13-14 of Proposal. |
| Compliance with RFP Requirements: | See Attached Checklist |
| Subcontractors: | TSG does not indicate intent to use a subcontractor. |