



PHPG

PACIFIC HEALTH POLICY GROUP

STATE OF ARKANSAS

DEPARTMENT OF HUMAN SERVICES

In Response to:

IFB Number: 710-19-020

Expanded Medicaid Evaluation

Bid Response Packet

Submitted by:

Westport Healthcare Management, Inc.

d/b/a PACIFIC HEALTH POLICY GROUP

1725 McGovern Street, Suite 201

Highland Park, IL 60035

Date and Time of Bid Opening: May 9, 2019 – 1:30PM CT

BID RESPONSE PACKET
710-19-1020

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BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Westport Healthcare Management Inc. d/b/a Pacific Health Policy Group (PHPG)				
Address:	1550 South Coast Highway, Suite 204				
City:	Laguna Beach	State:	CA	Zip Code:	92651
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
AR Certification #: _____ * See Minority and Women-Owned Business Policy					

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Andrew Cohen	Title:	Director
Phone:	949/494-5420	Alternate Phone:	
Email:	acohen@phpg.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>
ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's bid to be disqualified:**


Authorized Signature: Andrew Cohen Title: Director
Use Ink Only.

Printed/Typed Name: Andrew Cohen Date: May 7, 2019

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.


By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group (PHPG)	Date:	May 7, 2019
Signature:		Title:	Director
Printed Name:	Andrew Cohen		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.


By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group (PHPG)	Date:	May 7, 2019
Signature:		Title:	Director
Printed Name:	Andrew Cohen		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*


By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group (PHPG)	Date:	May 7, 2019
Signature:		Title:	Director
Printed Name:	Andrew Cohen		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group (PHPG)	Date:	May 7, 2019
Signature:		Title:	Director
Printed Name:	Andrew Cohen		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.


PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

■ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and **shall** fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group (PHPG)	Date:	May 7, 2019
Signature:		Title:	Director
Printed Name:	Andrew Cohen		

EO 98-04 DISCLOSURE FORM

The completed form is presented on the next page.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SUBCONTRACTOR NAME:	Contractor for which this is a subcontractor: Westport Healthcare Management, Inc.
		Estimated dollar amount of subcontract: \$0

IS THIS FOR: ☐ Goods? ☒ Services ☐ Both?

TAXPAYER ID NAME: 43-1642106

YOUR LAST NAME: Cohen FIRST NAME: Andrew MI:

ADDRESS: 1550 South Coast Highway, Suite 204

CITY: Laguna Beach STATE: CA ZIP CODE: 92651 COUNTRY: UNITED STATES OF AMERICA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT,
OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: Member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

☒ None of the above applies

FOR A VENDOR (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

☒ None of the above applies

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

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CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Andrew Cohen Title Director Date May 7, 2019
Vendor Contact Person Andrew Cohen Title Director Phone No. 949/494-5420

AGENCY USE ONLY

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

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EQUAL OPPORTUNITY POLICY

PHPG Equal Employment Opportunity Policy

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at PHPG will be based on merit, qualifications and abilities. PHPG provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

PHPG will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

All employees are encouraged to bring any questions or concerns to the attention of Directors of PHPG.

SIGNED ADDENDA

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203
501-320-6511

ADDENDUM 1

DATE: March 28, 2019

SUBJECT: 710-19-1020 Expanded Medicaid Evaluation

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

Change of specification(s)

☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

See Attachment.

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at nawania.williams@dhs.arkansas.gov or 501-320-6511

Andrew Cohen

Vendor Signature

May 7, 2019

Date

Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group

Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203
501-320-6511

ADDENDUM 2

DATE: April 24, 2019

SUBJECT: 710-19-1020 Medicaid Expansion Evaluation

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

Change of specification(s)

☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

Attachment B Written Question(s) - Updated to include all questions and answers

BID OPENING DATE AND TIME

Bid opening time will not change.

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at nawania.williams@dhs.arkansas.gov or 501-320-6511

Andrew Cohen

Vendor Signature

May 7, 2019

Date

Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group

Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203
501-320-6511

ADDENDUM 3

DATE: April 25, 2019

SUBJECT: 710-19-1020 Medicaid Expansion Evaluation

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

Change of specification(s)

☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

FINAL - Bid Response Packet

BID OPENING DATE AND TIME

Bid opening time will not change.

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at nawania.williams@dhs.arkansas.gov or 501-320-6511



Vendor Signature

May 7, 2019

Date

Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group

Company

MINIMUM QUALIFICATIONS DOCUMENTATION

Vendor Experience

Company Overview

Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group (PHPG) is a national consulting firm specializing in the development, implementation and evaluation of state health reform initiatives. Since our formation in 1994, PHPG has provided consulting services to Medicaid agencies and/or state legislatures in 25 states, including technical assistance related to managed care programs for traditional Medicaid and expansion populations. We have offices in the states of California, Illinois, Oklahoma and Vermont.

Our broad range of experience includes: designing and conducting Medicaid and health care related program evaluations; providing technical assistance to state governments, legislatures, providers and stakeholders regarding federal Medicaid rules and laws; and assisting states with all aspects of Medicaid State Plan, Section 1915 and Section 1115 waiver development, CMS submissions and negotiations, and on-going operations. We have worked on behalf of eleven states with Section 1115a waivers: Arizona, Florida, Illinois, Maryland, New Hampshire, New Mexico, New York, Oklahoma, Rhode Island, Tennessee and Vermont.

Although we primarily work for public clients, we also have assisted hospitals, community provider groups, university systems, health plans and managed care organizations seeking to develop programs or products to serve Medicaid beneficiaries. We have worked on behalf of private clients in numerous states with significant rural populations, including Alabama, Kansas, Missouri, New Mexico and Texas. Our experience in the private sector has proven valuable when evaluating factors that may contribute to the success or failure of a given health care innovation.

Medicaid Program Evaluation

PHPG professionals have assisted states in evaluating the impact of various Medicaid program innovations for over 25 years. PHPG has prepared reports, presentations and executive summaries for multiple audiences including enrollees, stakeholders, legislatures and federal reviewers. Many of our evaluation projects have included extensive stakeholder outreach (through face-to-face meetings, telephone interviews and online surveys) and detailed econometric analyses of historical eligibility, utilization and expenditure data. PHPG professionals have performed program and waiver evaluations on behalf of Alaska, Arizona, Connecticut, Delaware, Florida, Georgia, New Mexico, Oklahoma, Rhode Island, Tennessee, Vermont and West Virginia.

PHPG is currently conducting independent evaluations of Section 1115a waiver programs in Oklahoma, Vermont and New Mexico. We are currently assisting the State of New Hampshire with the creation of a Substance Abuse Disorder (SUD) treatment demonstration Evaluation Design. We are solely responsible for all evaluation activities in Oklahoma and Vermont, from design to analysis to documentation of findings. (We share responsibility with Deloitte Consulting for the New Mexico evaluation.)

Our evaluation experience extends well beyond these three engagements to include both broad-based examinations of Medicaid programs and in-depth studies of targeted initiatives. We performed broad evaluations of the Alaska and Florida Medicaid programs on behalf of the Alaska State Senate and Florida House of Representatives, respectively, to identify potential areas for reform. In both states, we analyzed eligibility and expenditure trends and developed recommendations for program transformation. Our work in Florida led to passage of a Medicaid reform act under which all Medicaid beneficiaries have transitioned to managed care under a Section 1115a waiver. Our work in Alaska led to behavioral health delivery system reforms, followed more recently, in 2017 and 2018 with assistance to the Department of Health and Social Services in designing and procuring a managed care delivery system.

Our work on behalf of states with Section 1115 Medicaid demonstrations includes evaluating hypothesis related to: access to care e.g., providing beneficiaries with equal or better access to health care compared with what they would have otherwise had without the demonstration; quality of care; and beneficiary outcomes. We have conducted qualitative and quantitative data collection and analysis to examine factors such as:

- Use of primary care, preventive and specialty physician services, including analysis of provider networks;
- Use of emergency room services (including emergent and non-emergent use);
- Potentially preventable emergency department and hospital admissions;
- Early and Periodic Screening, Diagnosis and Treatment benefit access for young, eligible adults;
- Non-Emergency Transportation (NET) access;
- Experience with the care provided (patient satisfaction);
- Consumer Assessment of Health Plan Survey (CAHPS) results;
- HEDIS® and National Quality Forum measurement and performance results; and
- Network adequacy.

We have examined the success of Medicaid enrollment and health care coverage initiatives, including Medicaid Expansion programs that offer beneficiaries subsidies to purchase qualified health plans or enroll in employer sponsored insurance programs. PHPG is prepared to assist the State in understanding ARWorks impact on:

- Gaps in insurance coverage;
- Maintenance of continuous access to the same health plans; and
- Maintenance of continuous access to the same providers.

PHPG routinely examines expenditure data to assist states in determining cost effectiveness of program innovations, delivery system and payment reforms, including analyzing utilization trends and budget neutrality. PHPG is prepared to assist the State in understanding ARWorks impact on:

- Administrative costs for the ARWorks beneficiaries, including those who become eligible for Marketplace coverage;
- Overall premium costs in the Marketplace; and
- Cost for covering ARWorks beneficiaries compared with costs expected for covering the same expansion group in Arkansas FFS Medicaid.

Our project management activity for evaluation projects routinely includes:

- Participating in regular (weekly, monthly, quarterly) meetings with state staff and stakeholders via phone, video conference or on-site to discuss progress, barriers, and any other related issues relevant to the evaluation activities;
- Providing clarification or direction in relation to evaluation activities;
- Facilitating meetings including agenda development, minute taking, and creation and distribution of informational materials;
- Preparing and presenting evaluation findings, recommendations, corrective action plans, and technical assistance to state staff and other stakeholders;
- Maintaining change logs, technical specifications and other documentation necessary to support the evaluation;
- Timely filing of accurate and complete CMS reports and other project deliverables;
- Assisting the state in responding to any questions from CMS or other stakeholders; and
- Preparing status reports, as requested, including, overall project status, schedule, scope, resources, organizational change management, due dates/milestones, risks/issues/concerns, and brief narrative updates/comments for each area.

PHPG's statisticians and program analysts have extensive training and experience in development and deployment of evaluation plans that include quantitative and qualitative data and analysis. We understand what is required in a plan to meet state and CMS expectations for testing waiver hypotheses and related research questions.

PHPG has extensive experience using administrative data to calculate outcomes, quality, utilization and cost effectiveness for multiple levels of analysis (e.g., member, provider, program, populations with special health care needs, aid category, delivery model, etc.).

In our engagements we use paid claims data to calculate disease-specific, HEDIS-like quality measures for members with the same diagnosis (e.g, Asthma, Diabetes, Congestive Heart Failure etc.). PHPG also calculates HEDIS-like quality measures for members assigned to specific providers (e.g., Patient-Centered Medical Home (PCMH), Health Coaches, specialized programs).

We routinely calculate emergency department and hospital inpatient utilization. PHPG analyzes the calculated rates to document trends for participants over time and identify statistically significant differences between participants or providers, comparison groups and national benchmarks, when applicable.

We often analyze paid claims data to document PMPM expenditures or calculate return-on-investment taking into account direct (vendor fees) and indirect (agency staff and overhead) administrative costs associated with operating the program being studied.

Data Management and Confidentiality

PHPG receives large data sets, including complete claims extracts from state Medicaid and other administrative systems, such as care management platforms, health plans, and health care needs assessment screening data. Our staff have established processes to review, clean, and analyze data. PHPG works with state partners to execute necessary data sharing agreements and interfaces for the delivery of regular data extracts and performance results. We are familiar with Medicaid managed care delivery systems and with qualified health plan offerings under the Affordable Care Act. We are prepared to examine ARWorks enrollment data including:

- Enrollment with each carrier (e.g., market penetration);
- Enrollment within each plan (e.g., plan differentiation);
- Enrollment within each market (e.g., geographic uptake variation); and
- Actual and expected enrollment comparison (e.g., program uptake).

PHPG's experience includes producing and tracking select measures from the CMS Core Set of Health Care Quality Measures for Adults and Children Enrolled in Medicaid. In Oklahoma, we have served as the HEDIS® vendor since 2014.

We take the confidentiality and security of client information very seriously. Our employees are trained and aware of their responsibilities to protect protected health information (PHI) and other confidential information in accordance with HIPAA and other federal and state protections. We will ensure that assigned staff are aware of state specific rules regarding the Arkansas Personal Information Protection Act, Act 1526 of 2005 (Ark. Code Ann. §4-110-101 et seq.).

PHPG restricts access to information to persons authorized to view it as part of performing our scope of work. Safeguards include password-protected/encrypted computer networks, data files, and transmissions and locked storage areas. Non-electronic data is maintained in locked file cabinets, housed in locked, non-public storage areas in each PHPG office. PHPG retains control and access to all storage areas and access is monitored.

Our daily operations include policies that require all confidential information be secured at the end of the duty day to prevent inadvertent disclosure to unauthorized personnel. PHPG ensures that employee accesses to confidential information are immediately removed or adjusted for any individual whose employment status or responsibilities have changed.

Following the completion of a client engagement all data, and any copies thereof, are returned to the client or destroyed based on the contract terms and instructions of the client. We do not use Medicaid data provided to us by states for any purpose outside of the scope of our contract. Our reports and performance measures are presented in the aggregate. Additionally, should a small sample size give rise to member identity, such as reporting by region or zip code, or highly unique medical conditions, PHPG will not publicly report results.

PHPG certifies that all of its equipment is virus and spyware free and up to date with industry standard security mechanisms. PHPG consultancy staff utilize laptop personal computers equipped with commercial enhanced anti-virus program protection (Norton Security® and McAfee Total Protection®), renewed under annual license with scheduled anti-virus definitions and updates. PHPG's employment policy also strictly limits web-based research and browsing capabilities to certified safe sites.

Recent Experience (past five years)

This section offers a listing of our evaluation experience over the most recent five years. Summaries are provided for our work in Oklahoma, Vermont, New Mexico, New Hampshire, Alaska and Colorado.

State of Oklahoma: PHPG has served as a consultant in Oklahoma since 1994, when we advised the legislature on creation of the Oklahoma Health Care Authority, or OHCA (Single State Agency for Medicaid). In 1995 we assisted the OHCA in drafting and securing federal approval

for the state’s Section 1115a Medicaid waiver program, known as SoonerCare. We also oversaw development and implementation of Insure Oklahoma, an expansion program for uninsured adults that offers both subsidies to participating small employers and direct enrollment into Medicaid for adults without access to subsidized employer coverage. Oklahoma did not expand Medicaid eligibility under the Affordable Care Act and instead continues to operate Insure Oklahoma under its Section 1115a waiver authority.

PHPG currently is assisting the OHCA to amend SoonerCare through introduction of member engagement/work requirements for able-bodied, Medicaid-eligible adults who do not fall into one or more exemption categories.

In addition to our development and ongoing operational support, we serve as the OHCA’s independent evaluator for the SoonerCare 1115a waiver. Our scope-of-work for the next renewal period (2019 – 2023) includes:

- Development of draft SoonerCare Evaluation Design for submission to CMS and assisting the OHCA to secure CMS approval for the design;
- Development of detailed evaluation plan and timeline for performing the evaluation;
- Evaluation of the program, including through calculation of HEDIS and HEDIS-like measures, analysis of paid claims, organization of focus groups and development and fielding of CAHPS and targeted beneficiary and provider surveys; and
- Drafting of interim and final evaluation reports, in accordance with waiver special terms and conditions.

Our evaluation work in Oklahoma over the past five years is summarized in Table 1. Verification of evaluation activity is available through:

Contract Manager:	Melody Anthony
Title and Organization:	Deputy State Medicaid Director, Oklahoma Health Care Authority
Period of Performance:	1994 - Present
Phone Number:	(405) 522-7114
Email Address:	melody.anthony@okhca.org
Mailing Address:	Oklahoma Health Care Authority 4345 N. Lincoln Boulevard Oklahoma City, OK 73105

Table 1: Oklahoma Evaluation Experience 2014-2019

Client/Agency: Oklahoma Health Care Authority				
Evaluation Project	Project Scope, Program Description, Technical Environment, # of Staff	# Program Recipients	Contract Date Length	Contract Amount
Section 1115 Evaluation Design and Implementation	PHPG has been retained by the OHCA as its independent evaluator for the Section 1115 demonstration. PHPG is responsible for developing the SoonerCare Evaluation Design for submission to CMS and assisting the OHCA to secure CMS approval for the design; creating a detailed evaluation plan and timeline for performing the evaluation; performing the evaluation and producing required CMS reports. During this engagement PHPG works with MMIS data sets, eligibility files and administrative data. We will be employing propensity score matching, longitudinal analysis and pre/post research methods. PHPG deploys four staff in support of this engagement.	790,732 (as of 12/2018)	2018-2019	\$96,000
Third Generation SoonerCare Health Management Program (HMP) – Second Generation	The SoonerCare Health Management Program (HMP), is a component of Oklahoma’s Section 1115 waiver program. OHCA contracts with an outside vendor to provide Health Coaching and field-based care management to Medicaid beneficiaries with complex/chronic conditions determined to be at high risk for adverse health outcomes. PHPG is currently evaluating the “second generation” HMP’s impact on member and provider satisfaction; quality of care; service utilization and cost, through a combination of qualitative research methods (e.g., focus groups and one-on-one interviews) and quantitative methods (e.g., member and provider surveys, analysis of paid claims data and HEDIS scores for HMP participants and comparison groups of eligible non-participants) as well as longitudinal data on trends over the life of the program. PHPG deploys three staff in support of this engagement.	7,122 (as of SFY2017)	2015-2019	\$1,202,650
SoonerCare Chronic Care Unit (CCU)	The OHCA Chronic Care Unit (CCU) offers care coordination to populations with special needs, including beneficiaries with Hepatitis-C, Hemophilia and Sickle Cell Anemia, among others. PHPG is engaged to evaluate the CCU’s impact on participants and the health care system as whole with respect to participant satisfaction and perceived health status; participant self-management of chronic conditions; quality of care as measured by participant utilization of preventive and chronic	1,832 (as of SFY2017)	2015-2019	

Client/Agency: Oklahoma Health Care Authority				
Evaluation Project	Project Scope, Program Description, Technical Environment, # of Staff	# Program Recipients	Contract Date Length	Contract Amount
	care management services; and cost effectiveness as measured by avoidance of unnecessary service utilization and associated expenditures, while taking into account program costs. The evaluation employs a combination of quantitative methods (e.g., member and provider surveys, analysis of paid claims data and HEDIS scores for participants and comparison groups of eligible non-participants) as well as longitudinal data on trends over the life of the program. PHPG deploys three staff in support of this engagement.			
First Generation SoonerCare HMP	PHPG previously completed a five-year evaluation of the first generation SoonerCare HMP, which relied on a different mix of care management methods than are currently employed. We examined the program's implementation and evolution over time and assessed vendor performance against contract standards. We also evaluated program outcomes with respect to member and provider satisfaction, quality of care, service utilization, and overall cost effectiveness. PHPG deployed five staff in support of this engagement.		2008-2014	\$1,652,500
HEDIS Performance Measurement	PHPG serves as the HEDIS contractor for OHCA. In this role, PHPG has responsibility for calculation of child and adult core measures for submission to CMS and for responding to CMS questions regarding methodology and trends. PHPG data analysts access the Oklahoma MMIS directly to obtain the eligibility and claims data necessary for calculation of rates. PHPG produces an annual report for the OHCA that presents stratifies HEDIS rates by targeted subgroups (e.g., county, region and race/ethnicity). The report also presents longitudinal findings and compares rates to national benchmarks, where available. PHPG deploys two staff in support of this engagement.	790,732 (as of 12/2018)	2014 – Present	\$359,263
SoonerRide	PHPG completed a targeted evaluation of the contractor's performance for the SoonerRide (Medicaid) Non-Emergency Transportation (NET) program. We analyzed operational data and qualitative data, NET guidelines and policies and other states' best practices. The scope of work also included the development of provider and member satisfaction survey instruments	30,264 (as of CY2016)	2017	\$84,375

Client/Agency: Oklahoma Health Care Authority				
Evaluation Project	Project Scope, Program Description, Technical Environment, # of Staff	# Program Recipients	Contract Date Length	Contract Amount
	that were benchmarked for adherence to program policies, delivery standards and provider reimbursement practices. PHPG conducted the surveys and reported findings and recommendations to the state to inform the 2018 NET contract procurement cycle. PHPG deployed two staff in support of this engagement.			
SoonerCare Population Care Management (PCM)	The OHCA PCM unit provides eligibility support and care coordination for a variety of long term care and high needs populations. Our scope of work included researching and documenting the history of OHCA care management activities, including programs serving high risk OB and pediatric populations, breast and cervical cancer patients, pharmacy lock-in members, members with hemophilia, high ER utilizers, members applying for TEFRA, members receiving out-of-state services, and members hospitalized for behavioral health conditions. The evaluation combined administrative data from the care management platform, program-specific process and outcomes measures and claims data. It also addressed the OHCA's communication strategies with members and providers, as well as its interaction with other agencies and vendors, where applicable. PHPG evaluated PCM performance with respect to beneficiary access to care, health outcomes and expenditures. PHPG deployed five staff in support of this engagement.	Over 24,000 (across multiple years studied)	2013-2014	\$265,931
SoonerQuit	SoonerQuit is OHCA's tobacco cessation initiative, under which participating providers receive education on effective methods for reducing tobacco use. PHPG conducted a five-year program evaluation through surveys of participating providers, medical record abstract analysis (to document provider counseling activities) and analysis of paid claims (to document billing trends for cessation counseling and prescribing of cessation aids). PHPG deployed two staff in support of this engagement.	Approx. 50,000 (83 providers with average panel size of 600 members)	2014-2018	\$162,013

State of Vermont: Vermont's Global Commitment to Health (GC) Section 1115 Medicaid Demonstration was recently renewed for the five-year period from 2017 through 2021. The GC Demonstration, initiated in 2005, is a statewide initiative to: promote delivery system reform through value based payment models and alignment across public payers; increase access to health coverage through marketplace subsidies; improve access to primary care; improve health care delivery for individuals with chronic care needs; offer beneficiaries a choice in long-term services and supports (LTSS); and provide an array of specialized home and community-based (HCBS) alternatives recognized to be more cost-effective than institutional based supports. In 2018 the GC demonstration was amended to authorize Substance Use Disorder (SUD) treatment in Institution for Mental Disease (IMD) settings.

PHPG has been retained in Vermont to design and implement its Section 1115a demonstration evaluation. PHPG's role includes:

- Collaboration with state staff, CMS and other stakeholders;
- Quantitative analysis of performance; and as requested; and
- Formative evaluation of new reforms and delivery system investments using qualitative study methods.

Specific activities include:

- Revising the state's existing GC evaluation plan to recognize new delivery models associated with value-based purchasing through a Medicaid Accountable Care Organization (ACO); and a subsequent amendment for substance use disorder (SUD) treatment;
- Incorporating LTSS quality of life and community integration measures into the final design;
- Finalizing the State's evaluation plan for submission to CMS, including alignment with the state's comprehensive quality strategy, SUD Monitoring Plan, and Section 11115 Medicare Demonstration, the All Payer Model;
- Assessing data integrity and finalizing performance measures, including final specifications, data gap analysis, and development of a plan to address data gaps;
- Analysis of baseline and year over year data; and
- Draft results and interim reports for submission to CMS, including a specialized analysis of psychiatric and SUD IMD service delivery.

Prior to this most recent engagement PHPG also performed demonstration evaluations during the start-up years for the GC demonstration. An overview of our evaluation work in Vermont for the last five years is provided on Table 2. Verification of evaluation activity is available through:

Contract Manager:	Shawn Skaflestad, Ph.D.
Period of Performance:	1995-present
Title and Organization:	Quality Improvement Manager, Agency of Human Services
Phone Number:	(802) 241-0961
Email Address:	shawn.skaflestad@vermont.gov
Mailing Address:	280 State Drive Center Building 3rd Floor – E310-1 Waterbury, VT 05671-1000

Table 2: Vermont Evaluation Experience 2014-2019

Client/Agency: State of Vermont, Agency of Human Services				
Evaluation Project	Project Scope, Program Description, # of Staff, Technical Environment	# Program Recipients	Contract Date Length	Contract Amount
Section 1115 Evaluation Design and Implementation	PHPG has been retained by the State of Vermont as its independent evaluator for the Section 1115 demonstration, Global Commitment to Health. PHPG is responsible for developing the Evaluation Design for submission to CMS and assisting the State to secure CMS approval for the design and any subsequent revisions; performing the evaluation and producing required CMS reports. Analytical techniques include year-over-year comparisons; difference in difference design; pre/post measurement; and descriptive population statistics. PHPG is working with a variety of state data sources including, but not limited to: Medicaid claims; SUD treatment data; mental health encounter data; specialized program reports; Medicaid financial transactions not processed through the claims system; and HEDIS and CAHPS performance data. PHPG also monitors continuity of care and insurance coverage for individuals receiving marketplace subsidies under the demonstration. PHPG deploys three staff in support of this engagement.	196,241 (as of 12/2018)	2017-2022	\$881,160
Value-Based Purchasing Readiness	PHPG performed an analysis of value-based purchasing (VBP) opportunities as part Vermont's State Innovation Model (SIM) award. PHPG's SIM work included: a review and synthesis of value-based purchasing research and emerging best practice; creation and piloting of a value-based purchasing checklist, including key informant interviews, and focus groups; reviewing and synthesizing data collected into an assessment of VBP opportunities and readiness; and production of a VBP readiness assessment tool, three related reports and a stakeholder presentation detailing opportunities and findings from the pilot project. PHPG deployed three staff in support of this engagement.	208,420 (as of 12/2015)	2014-2015	\$57,820

Client/Agency: State of Vermont, Agency of Human Services				
Evaluation Project	Project Scope, Program Description, # of Staff, Technical Environment	# Program Recipients	Contract Date Length	Contract Amount
HCBS Settings Rule	PHPG assisted Vermont in assessing adherence to Federal HCBS standards including creation of online survey tools for a provider self-assessment and consumer and family member survey as validation tools. The instruments included interview and online survey formats. PHPG deployed three staff in support of this engagement.	224,750 (as of SFY2016)	2016	\$55,584*
GC Section 1115 Interim Evaluation	PHPG assisted with the drafting of Vermont's original evaluation design, HEDIS® and CAHPS measure selection, and benchmarking and development of consumer and provider feedback surveys to augment existing State data. As part of the State's formal Demonstration extension requests, PHPG prepared interim evaluation reports in 2009, 2013 and 2015 for submission to CMS. PHPG deployed four staff in support of this engagement.	208,420 (as of SFY2015)	2008-2009	\$155,550
Premium Assistance Program	The Vermont Premium Assistance Program provides marketplace subsidies for lower income Vermonters to purchase a Qualified Health Plan. PHPG was retained to perform and interim evaluation of findings during the first 6-months of the program. PHPG analyzed program performance based on enrollment and federal poverty level income standards including average monthly cost reduction and aggregate expenditures by income level. PHPG deployed three staff in support of this engagement.	17,337 (as of 6/2014)	2014	\$18,000*

**Estimated fees to complete project activities; projects were performed under the "Section 1115 Evaluation Design and Implementation" contract listed first in the table*

State of New Mexico: PHPG serves as an independent evaluator of Centennial Care, New Mexico's Section 1115a waiver program, under which Medicaid beneficiaries are enrolled into managed care organizations. PHPG serves as a subcontractor to Deloitte Consulting and is responsible for evaluating six research questions:

- Has Centennial Care impacted access to care for all populations and services covered under the waiver, including physical health, behavioral health, and LTSS services?
- Has quality of care improved under Centennial Care?
- Is care integration effective?
- Are enrollees satisfied with their providers and the services they receive?
- Are provider claims paid accurately and on time?
- Has the state successfully implemented new processes and technologies for program management, reporting, and delivery system reform?

Our evaluation activities include longitudinal analysis of individual measures associated with each research question and development of findings with respect to the research questions and related waiver hypotheses. We also currently are assisting the state to identify appropriate measures to support the Evaluation Design for the second five-year waiver period (Centennial Care 2.0).

Although PHPG and Deloitte did not develop the Evaluation Design for the original Centennial Care waiver, we were responsible for creating and implementing the related evaluation plan. At the outset of the evaluation, we examined the potential data sources available for evaluating each research question and finalized the set that would be used for Centennial Care. We also examined data that had been collected under the state's predecessor managed care program and developed crosswalks, with appropriate adjustments, to allow for comparison between year one of Centennial Care and the final year of the prior program. (This information was not required for reporting to CMS but was requested by the agency's legislative oversight committee.)

Much of the evaluation data for Centennial Care is reported by individual managed care organizations (e.g., HEDIS measures, claims payment accuracy reports, grievance and appeal data, etc.). The frequency of reporting varies by measure and can be monthly, quarterly or annual. As the initial MCO-level data was received in year one, we performed validation activities and aggregated the data to produce program-level findings. We also examined variances across and within plans over time, to identify potential data issues for follow-up with the state and specific managed care organization(s).

As of February 2019, 831,398 beneficiaries were enrolled in the Centennial Care program. To date our sub-contract amount received is \$334,325. PHPG deploys two staff in support of this engagement. Contract work can be verified through:

Sub-Contract Manager:	Megan Pfeffer, RN
Title and Organization:	Quality Bureau Chief, Medical Assistance Division, Human Services Department
Performance Period:	2015-present
Phone:	(505)-827-7722
Email:	Megan.pfeffer@state.nm.us
Mailing Address:	2025 South Pacheco Street Santa Fe, NM 87507

State of New Hampshire: In 2018 PHPG was retained by the State of New Hampshire Department of Health and Human Services to develop its SUD Demonstration evaluation design for CMS approval. The New Hampshire SUD demonstration includes coverage for SUD treatment in Institutions for Mental Diseases (IMDs). PHPG activities include working with state staff to develop and refine evaluation hypothesis, measures and methods. PHPG reviewed current and planned SUD performance measures already captured in the State. This included managed care quality measures, required CMS SUD Monitoring Plan measures and other related Medicaid evaluation and performance measurement happening in the state. We created an inventory of relevant measures and identified those that would align with demonstration goals and minimize administrative burden for consumers, providers, health plans and state staff. PHPG worked with state staff to prioritize goals, metrics and methods that complied with CMS standards. We prepared the written evaluation design for CMS approval.

The estimated number of potentially eligible Medicaid enrollees is 115,000 in 2019. PHPG evaluation design contract is in the amount of \$40,000. PHPG deploys three staff in support of this engagement. Contract work can be verified through:

Contract Manager:	Patrick McGowan, MS, CPHQ
Title and Organization:	Administrator Medicaid Quality Program, Department of Health and Human Services
Performance Period:	2018 – 2019
Phone:	603-271-9534
Email:	Patrick.McGowan@dhhs.nh.gov
Mailing Address:	129 Pleasant Street Concord, NH 03301

State of Alaska: PHPG has been retained by the State for several evaluation and analytic projects, as documented in the table below. We work with Medicaid utilization and expenditure data, developed tools, collected data and provided thematic analysis of stakeholder feedback regarding health care system reforms in the state. Our most recent projects are described in Table 3. Our contract work can be verified through:

Contract Manager: Emily Ricci
 Title and Organization: Chief Health Policy Administrator, Alaska Department of Administration
 Phone: (907) 465-8245
 Email: emily.ricci@alaska.gov
 Mailing Address: Alaska Department of Administration
 Division of Retirement & Benefits
 P.O. Box 110203
 Juneau, AK 99811

Table 3: Alaska Evaluation Experience 2015-2019

Client/Agency: State of Alaska, Department of Administration and Department of Health and Social Services				
Evaluation Project	Project Scope, Program Description, # of Staff, Technical Environment	# Program Recipients	Contract Date Length	Contract Amount
Medicaid Technical Assistance	PHPG was retained by the Commissioner's Office of the Department of Administration to provide input regarding Medicaid-specific considerations for the development of a Health Care Authority. During this engagement, we analyzed Medicaid program costs and utilization by eligibility group and service category. We also identified and evaluated approaches to transition health care coverage for Alaska's Expansion Adult eligibility group from traditional Medicaid to the Marketplace. PHPG deployed three staff in this engagement.	185,139 (as of May 2017)	2017-2019	\$92,500
Health Care Governance Stakeholder Engagement	PHPG was retained by the Department of Administration to facilitate stakeholder engagement and recommendations regarding potential governance structures to better oversee the publicly funded health care system, administer public health benefits and improve health outcomes. PHPG developed interview tools, collected data and performed thematic analysis of stakeholder feedback. PHPG deployed four staff in this engagement.	Approx. 360,000 (CY 2018)	2018-2019	\$193,200

Client/Agency: State of Alaska, Department of Administration and Department of Health and Social Services				
Evaluation Project	Project Scope, Program Description, # of Staff, Technical Environment	# Program Recipients	Contract Date Length	Contract Amount
Coordinated Care Model Evaluation	PHPG worked with the State Health and Value Strategies team at Princeton University to provide technical assistance to the Alaska Department of Health and Social Services with regard to evaluation and planning for implementation of coordinated care models within the Alaska Medicaid program, including innovative payment approaches that focus on the value of health care service and quality of care. We assisted with development of tools to facilitate the Project Review Committee's evaluation of coordinated care strategies. PHPG deployed two staff in this engagement.	185,139 (as of May 2017)	2016-2017	\$58,500

State of Colorado: In 2017 PHPG was retained by the Department of Health Care Policy and Financing to forecast the service utilization for a redesigned Medicaid waiver for Home- and Community-Based Services (HCBS) for adults with intellectual and developmental disabilities (IDD). Under this engagement, PHPG assisted in the development and conducted a survey to collect utilization data, performed research on utilization of waiver services that were similar to the proposed redesigned waiver services and analyzed collected data and research results to project the redesigned waiver services utilization rate.

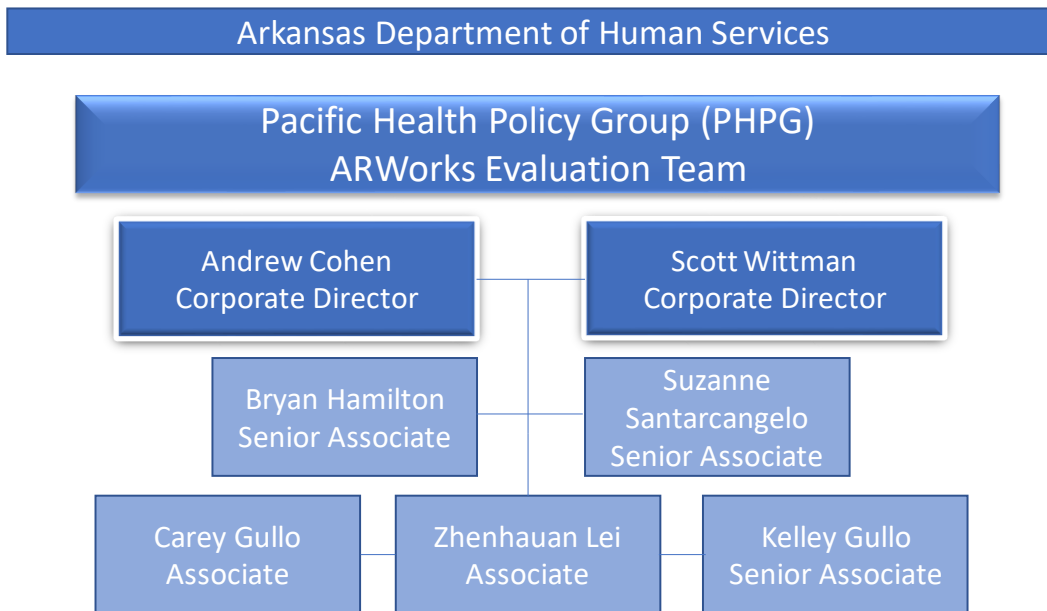
The HCBS program under review served approx. 5,100 individuals as of July 2017. PHPG's contract amount was \$86,360. PHPG deployed three staff in support of this engagement. Contract work can be verified through:

Contract Manager: Matthew Baker, J.D.
 Title and Organization: HCBS Development Specialist, Department of Health Care Policy and Financing
 Performance Period: April -June 2017
 Phone: (303) 866-6381
 Email: matthewa.baker@state.co.us
 Mailing Address: 1570 Grant
 Denver Co, 80203

Proposed Evaluation Team Staff

PHPG is prepared to provide all of the services defined in this Invitation to Bid Scope of Services. Figure 1 provides an overview of our proposed evaluation team.

Figure 1 PHPG Proposed ARWorks Evaluation Team



PHPG is not proposing the use of any subcontractors. However, should PHPG determine, post award, that one or more subcontractor entities would provide valuable cost-effective expertise on a particular assignment, we will include them on our team subject to the State’s approval.

Our proposed evaluation team for ARWorks is experienced in Section 1115a demonstrations, including evaluation design and implementation. Our ARWorks project team includes:

Andrew Cohen, PHPG Director – Andrew Cohen has thirty years of experience in health care policy evaluation, program development and financial analysis. His areas of expertise include planning, implementation, administration and evaluation of state-level health reform initiatives, including Section 1115a managed care waiver programs. Mr. Cohen serves as PHPG’s overall Project Director in the State of Oklahoma, where he is responsible for development of the state’s Section 1115a waiver Evaluation Design and related waiver program evaluation activities. Mr. Cohen also serves as PHPG’s Project Director in the State of New Mexico, where he oversees the components of the waiver program evaluation for which PHPG is responsible.

Scott Wittman, PHPG Director – Scott Wittman also has over twenty-five years of health care consulting experience, with expertise in the design, implementation, evaluation and administration of publicly-funded health initiatives, including Section 1115a waiver programs. Mr. Wittman serves as PHPG’s overall Project Director in the State of Vermont, where he is responsible for development of the state’s Section 1115a waiver Evaluation Design and related waiver program evaluation activities.

Suzanne Santarcangelo, PhD, PHPG Senior Associate – Dr. Santarcangelo has over thirty years of experience in the public and private health and human services field. Her areas of expertise span government and private non-profit operations, policy development, healthcare operations, Medicaid managed care, financing, evaluation and the development of direct community services for children and adults. Her work has included the creation Medicaid managed care programs for adults who have a severe and persistent mental illness, children and families with developmental and mental health challenges and frail elders. Dr. Santarcangelo is an Experimental Psychologist and serves as Project Manager for PHPG's independent evaluation of the Vermont Section 1115a waiver program, including a targeted evaluation of the state's IMD waiver. Dr. Santarcangelo also serves as the lead for the State of New Hampshire's SUD demonstration evaluation design project.

Kelley Gullo, PHPG Senior Associate – Ms. Gullo is an Associate with PHPG, with experience in experimental design, statistical methods and analysis. Ms. Gullo is completing her Ph.D. in Consumer Psychology at Duke University. She has a Bachelor of Science degree in Economics and Marketing with a minor in Cultural Anthropology from Arizona State University. Kelley's expertise is in statistical and experimental methods. Ms. Gullo has assisted with the New Hampshire Section 1115a SUD demonstration and Oklahoma SoonerCare evaluation designs.

Bryan Hamilton, PHPG Senior Associate – Mr. Hamilton has over 10 years of health care experience, primarily in comprehensive statistical analysis and technical reporting. Mr. Hamilton is PHPG's lead data analyst in Oklahoma, with responsibility for creation and analysis of encounter/claims data sets for HEDIS® reporting and evaluation of program utilization/expenditure trends. Mr. Hamilton also is part of the team developing Evaluation Design for the next Section 1115a program waiver cycle.

Zhenhuan Lei, PHPG Associate – Ms. Lei recently joined PHPG as an Associate with experience in experimental design, statistical methods and analysis. Her experience includes market and economic research including urban/suburban/rural poverty trends, and school enrollment in relationship to housing stock; Bayesian structural models; probability models; and in-depth data analytics. Prior to joining PHPG, Ms. Lei worked on behalf of IBM, JPMorgan Chase, Zillow, Amazon and other private sector companies. Ms. Lei attended Columbia University for her undergraduate degree and the Duke University School of Business Administration for her PhD

Carey Gullo, PHPG Associate – Ms. Gullo is an Associate with PHPG, with experience in conducting beneficiary and provider satisfaction surveys. Ms. Gullo has provided assistance to PHPG's Oklahoma SoonerCare Health Management Program (HMP) project by conducting large-scale telephone surveys on behalf of the Oklahoma SoonerCare Program. Ms. Gullo has also provided assistance in data entry and compilation of survey data for analysis.

Resumes, including the education and work experience of leadership team members begins on the next page.

Key Leadership Team Resumes

ANDREW COHEN, MBA

DIRECTOR

Mr. Cohen is a Director of PHPG and has over twenty-five years of experience in health care policy evaluation, program development and financial analysis. His areas of expertise include planning, implementation, administration and evaluation of state-level health reform initiatives, including Section 1115 managed care waiver programs. Mr. Cohen has worked extensively on the design and evaluation of specialized programs for long term care populations, both the elderly/physically disabled and developmentally disabled.

Relevant Experience

Mr. Cohen has assisted multiple states in the evaluation of managed care waiver programs, including evaluation of Section 1115a waivers in accordance with CMS-approved evaluation plans. Examples of Mr. Cohen's current and recent waiver evaluation activities are presented below.

Oklahoma

Mr. Cohen has served as PHPG's project manager in Oklahoma since 1994, during which time he has assisted in the creation, implementation and evaluation of the Oklahoma Health Care Authority and Section 1115 SoonerCare waiver program. In this capacity he served as lead consultant in the development and implementation of Insure Oklahoma, a health insurance program for low income workers that includes both subsidies for employees of small businesses and a direct Medicaid enrollment option for individuals without access to employer-sponsored coverage.

Mr. Cohen also oversees PHPG's program evaluation activities in the state. Currently he is performing the Section 1115a evaluation for the current waiver period that ends 12/31/18; drafting the evaluation design for next renewal period 2019 – 2023 and leading the independent evaluation.

He also is directing a multi-year evaluation of the SoonerCare Health Management Program (HMP), a holistic chronic care management initiative implemented as a component of Oklahoma's Section 1115a waiver program. The HMP provides health coaching and field-based care management to Medicaid beneficiaries with complex/chronic conditions determined to be at high risk for adverse health outcomes. He also is directing a companion evaluation of the SoonerCare Chronic Care Unit (CCU), which provides care management to populations with special needs, including beneficiaries with Hepatitis-C, Hemophilia and Sickle Cell Anemia.

PHPG is evaluating the impact of the programs on member and provider satisfaction; quality of care; service utilization and cost, through a combination of qualitative research methods (e.g., focus groups and one-on-one interviews) and quantitative methods (e.g., member and provider surveys, analysis of paid claims data and HEDIS scores for HMP/CCU participants and comparison groups of eligible non-participants). The evaluation is being conducted in accordance with Oklahoma's current CMS-approved waiver evaluation plan.

In 2013, 2014 and 2015, Mr. Cohen directed comprehensive annual evaluations of the SoonerCare Choice managed care delivery system under the State's 1115a waiver, documenting its performance with respect to access, quality and cost effectiveness. As part of the evaluation, PHPG examined implementation of the Patient-Centered Medical Home (PCMH) and Health Access Network (HAN) models, documenting the evolution of each and their contribution to overall program performance. (HANs are Oklahoma's regional care coordination organizations.)

PHPG serves as the HEDIS contractor for Oklahoma, with responsibility for calculation of child and adult core measures for submission to CMS. Mr. Cohen manages the process, which involves use of administrative (claims) data in the calculation of HEDIS rates for the total population and targeted subgroups (e.g., urban/rural, race/ethnicity).

Alaska

Mr. Cohen recently provided assistance to the Alaska Department of Administration in evaluating Medicaid-specific considerations for the proposed development of a Health Care Authority (Authority). Study tasks included evaluation of various Alaska-based state and public-private organizational authority models; potential coordinated purchasing strategies; and assessment of potential administrative activities that may be performed by a single entity for state-funded health care.

Arizona

Mr. Cohen led the team conducting an independent evaluation of the Arizona Long Term Care System (ALTCS), Arizona's managed care program for LTSS-eligible individuals. The evaluation addressed the program's performance with respect to quality-of-care, rebalancing from institutional to community settings and cost effectiveness, in accordance with a CMS-approved evaluation plan.

Florida

Mr. Cohen and PHPG evaluated the Florida Medicaid managed care program and presented options for reform of Florida's Medicaid program that included contracting for integrated medical, dental and behavioral health services for populations with special needs, including children in foster care. PHPG's final recommendations served as the foundation for reform legislation under which the state transitioned all populations and services into capitated managed care.

New Hampshire

Mr. Cohen serves as the contract manager for the development of a CMS approved Section 1115 Evaluation Design. PHPG was retained by the State of New Hampshire Department of Health and Human Services to develop its SUD Demonstration Evaluation Design. Mr. Cohen oversees all aspects of the design and development work under this contract.

New Mexico

Mr. Cohen is participating in the evaluation of New Mexico's Centennial Care Section 1115a waiver program, in partnership with Deloitte Consulting. Under Centennial Care, New Mexico has transitioned from a behavioral health carve-out to an integrated physical and behavioral health managed care system. Prior to the program's implementation in 2014, physical health care was delivered by MCOs, while behavioral health was furnished through a separate, statewide behavioral health organization. All services now are provided by integrated plans.

Background, Educational & Academic Qualifications

Mr. Cohen came to PHPG from KPMG Peat Marwick where he served as a Manager in the firm's National Health Policy Group. Prior to becoming a management consultant, Mr. Cohen was a senior analyst with the Southern California region of Kaiser Permanente, one of the nation's largest HMOs. Before Kaiser, Mr. Cohen worked in the strategic planning section of the Scott & White Clinic, a 350-physician multi-specialty group practice based in Austin, Texas.

Mr. Cohen has authored numerous reports on Medicaid managed care programs as part of broader evaluation engagements. He also has co-authored studies for major foundations including *"Designing and Implementing Managed Care Models for Disabled and Special Needs Populations"* for the California Health Care Foundation and *"Medicaid Managed Care Organization/Federally Qualified Health Center Contracting and Payment Methods"* for the Center for Health Care Strategies.

Mr. Cohen received his Master of Business Administration degree from the J L Kellogg Graduate School of Management at Northwestern University, and his Bachelor of Arts degree from Occidental College.

SCOTT WITTMAN, JD***DIRECTOR***

Scott Wittman is a Director of PHPG and has over twenty-seven years of health care consulting experience, with expertise in the design, implementation, evaluation and administration of publicly-funded health programs. He has assisted with the development and implementation of innovative health care programs on behalf of Medicaid agencies, insurance departments and corrections departments. In this capacity, he has evaluated program and contractor operational, fiscal and program performance; drafted and reviewed contracts; developed enrollment and financial models; and developed risk-sharing agreements. Mr. Wittman has performed these tasks on behalf of the states of Illinois, Indiana, New York, Oklahoma, Tennessee, Vermont and West Virginia. He also is an attorney and a member of the Illinois State Bar.

Relevant ExperienceVermont

Mr. Wittman has served as PHPG's project manager in the State of Vermont since 1995, during which time he has overseen the drafting, implementation and evaluation of three Section 1115a waiver programs that, together, reduced the number of uninsured in the state by nearly half (prior to the Affordable Care Act). Mr. Wittman oversaw the design and implementation of a groundbreaking Section 1115a waiver under which Vermont was granted extraordinary flexibility from traditional Medicaid rules. This waiver, known as the "Global Commitment to Health," is one of a handful approved in recent years under which the entire Medicaid program has been replaced by a new model.

Mr. Wittman also was responsible for assisting in the development of Vermont's long-term care 1115a Demonstration Waiver, "Choices for Care." Under Choices for Care, Vermont was able to secure federal financial participation for elderly/physically disabled populations that do not meet the traditional federal long-term care standard of need.

Mr. Wittman has overseen several evaluations of Vermont's waiver programs and assisted the state with evaluation and modeling of other new initiatives, development of program budgets, financial claiming activities, managed care procurements, evaluation of DSH payment options (as part of waiver activities), development of nursing facility and behavioral health provider rates and drafting of legislation and regulations.

Mr. Wittman also has conducted evaluations of Vermont's Designated Agency (DA) system, including evaluation of program policies and funding for individuals with mental health treatment needs, developmental service needs, and substance abuse treatment needs. The comprehensive assessment of the current system included identification of gaps in the current

delivery system; evaluation of Designated Agency costs; evaluation of contract and reporting requirements; comparison of the Vermont system to public systems nationally in terms of cost and outcomes measures; identification of best clinical and business practices; and projections of service utilization and financial resources for a five-year period.

Mr. Wittman provided strategic planning and technical assistance to support development of the Vermont State Hospital (VSH) Futures Plan. Mr. Wittman supported all aspects of the VSH Futures Plan including; collecting and summarizing stakeholder feedback; providing model summaries, claims analysis, and financial simulations for various configurations of community based and inpatient services; supporting legal analysis for proposed service delivery models; and drafting plan reports. Mr. Wittman also collaborated with the Agency of Human Services to identify and address policy and financial implications within each proposed model related to Institution for Mental Disease (IMD) Exclusion.

Mr. Wittman currently serves as Project Manager for the independent evaluation of Vermont's Section 1115a Demonstration. The Demonstration recently was amended to include coverage for Substance Use Disorder (SUD) treatment in Institutions for Mental Diseases (IMDs). The current evaluation design includes analysis of IMD services and will be refined in the coming months to address specific evaluation components arising from the SUD amendment.

Alaska

Mr. Wittman participated in a comprehensive study of the cost and quality of the Alaska Medicaid program through analysis of Alaska expenditure and utilization trends by category of service and beneficiary type (TANF, ABD, long-term care, etc.); comparison of Alaska's utilization and expenditure trends to those of other states; and examination of innovative programs and best practices in other states for consideration by Alaska. PHPG's final report included recommendations to enhance program operations and obtain up to \$100 million in new federal matching funds through creation of a special managed care model for Native Alaskans and enactment of long-term care program reforms. PHPG also proposed opportunities for expanding access to community-based behavioral health services and increasing federal financial participation. PHPG was retained after completion of the study to assist with implementation of initiatives adopted by Alaska Medicaid.

In 2017, Mr. Wittman led PHPG's efforts in providing assistance to the Alaska Department of Administration regarding Medicaid-specific considerations concerning the proposed development of a Health Care Authority (Authority). Study tasks included evaluation of various Alaska-based state and public-private organizational authority models; potential coordinated purchasing strategies; and assessment of potential administrative activities that may be performed by a single entity for state-funded health care. Project deliverables included a summary of findings and recommendations and Report on considerations for further evaluation

on the potential impact of alignment of Alaska's Medical Assistance program with the HCA and upon the Medicaid populations served.

Mr. Wittman served as Project Manager when the State of Alaska engaged PHPG to perform a feasibility study of expanding the State's Medicaid program to provide behavioral health services to low-income, underserved Alaskans. The evaluation included an in-depth gap analysis of the current service delivery model, utilization and expenditure forecasting and model waiver design. The final report presented a series of initiatives for expanding access to services through increased federal financial participation, reimbursement reform and innovative and best practices from other states.

Florida

Mr. Wittman and PHPG evaluated the Florida Medicaid managed care program and presented options for reform that included incremental expansion of Florida's existing Medicaid managed care pilot; implementation of patient centered medical homes; movement towards statewide implementation of capitated managed care; and use of managed long-term care. Final recommendations served as the foundation for reform legislation under which the state transitioned all populations into capitated managed care.

New Hampshire

Mr. Wittman serves as a technical advisor for PHPG's work developing New Hampshire's SUD demonstration evaluation design. Mr. Wittman brings experience in data analysis and CMS Section 1115 demonstration requirements to the project and supports quality oversight.

Oklahoma

Mr. Wittman has served as a consultant to the Oklahoma Medicaid program since 1995 and has participated in a wide range of policy and financial engagements. As part of a recently-completed comprehensive evaluation of the state's SoonerCare HMP and CCU, Mr. Wittman used eligibility and paid claims data extracts to analyze service utilization and expenditure trends for the past five years.

In 2016, Mr. Wittman participated in the development of a proposed care coordination and value-based purchasing system for Oklahoma's Aged, Blind and Disabled (ABD) Medicaid population (dual eligibles and Medicaid only). Responsibilities on the project included assessment of regulatory impacts for the ABD population under CMS revised regulations, care coordination and value-based purchasing modeling.

Background, Educational & Academic Qualifications

Prior to joining PHPG in 1994, Mr. Wittman served as a Manager in KPMG Peat Marwick's Government Services Practice, where his duties included evaluation, development and

implementation of health care programs for public sector clients. Prior to joining KPMG, Mr. Wittman worked for the American Hospital Association as a policy analyst.

Mr. Wittman graduated from the Loyola University of Chicago School of Law and is a member of the Illinois Bar. He received his Bachelor of Arts degree in Political Science and Economics at Knox College.

BRYAN HAMILTON:**SENIOR ASSOCIATE**

Mr. Hamilton is a Senior Associate with PHPG and has over 10 years of health care experience, primarily in comprehensive statistical analysis and technical reporting. As a consultant, he has assisted clients with quality and utilization analysis, cost analysis program evaluation, and programming development and implementation in support of complex provider and facility data analysis. His skills consist of SQL based programming, pertinent-association data organization, predictive data extrapolation to trends analysis for population behavior and associated expenses, concise reporting to present findings, and web-based survey creation.

Relevant ExperienceOklahoma

Mr. Hamilton is principally responsible for the development and implementation of programming to support the multi-year evaluation of the SoonerCare Health Management Program (HMP), a holistic chronic care management initiative.

In this role, Mr. Hamilton has performed comprehensive statistical quality and utilization analysis and reporting, research and data verification to explain trending analysis and technical report design for the delivery of PHPG's findings under the evaluation. In addition, he is responsible for expenditure evaluation, including a longitudinal analysis comparing HMP member's HEDIS compliance rates/trends against a comparison population consisting of the larger Medicaid population, utilization analysis compared to forecast expenditures for the HMP population, and cost analysis to display savings trends in the HMP population.

Mr. Hamilton performs statistical analysis and reporting of the OHCA Medicaid population, SoonerCare Choice, to measure the quality of care their population receives covering over 30 different areas of interest. This analysis is based on National Committee of Quality Assurance standards in the form of HEDIS measures and includes a yearly change in the quality of care based upon the claims analysis as well as a demographic cross section to identify opportunities to improve population care.

New Mexico

Mr. Hamilton serves as PHPG's lead analyst for the independent evaluation of the New Mexico Centennial Care Section 1115a waiver program. He is responsible for performing statistical analysis and reporting on evaluation plan research questions related to access to care; quality of care; integration of services; beneficiary and provider satisfaction; claims timeliness; and implementation of new processes for technologies for program management, reporting and delivery system reform.

Vermont

Mr. Hamilton has assisted in the Vermont Home & Community Based Services program (HCBS), where he had developed online surveys for program providers and stakeholders through comprehensive programming logic. The survey data was used in development of Vermont's federally-mandated HCBS transition plan.

Background, Educational & Academic Qualifications

Prior to joining PHPG, Mr. Hamilton was a member of the EHR Ambulatory Reporting Team for Integris Hospital network in Oklahoma and a medical economic analyst and business consultant with the Oklahoma Health Care Authority (OHCA). At Integris, Mr. Hamilton worked directly with doctors, clinicians, operational directors, and clinical directors to establish effective process designs and support models. During his tenure at the OHCA, Mr. Hamilton was responsible for the development of comprehensive statistical reporting, including national DRG base weight calculations and cost analysis for the OHCA's behavioral health program. Mr. Hamilton received his Bachelor of Science in Meteorology from the University of Oklahoma at Norman.

SUZANNE SANTARCANGELO, PHD

SENIOR ASSOCIATE

Dr. Santarcangelo has over thirty years of experience in the public and private health and human services field. Her areas of expertise span government and private non-profit operations, policy development, healthcare operations, Medicaid managed care, financing, evaluation and the development of direct community services for children and adults. She has hands on experience in developing delivery system models, including provider reimbursement and quality oversight strategies aimed at supporting services for vulnerable populations. Her work has included the creation of Medicaid managed care programs for adults who have a severe and persistent mental illness, children and families with developmental and mental health challenges and frail elders.

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Relevant Experience

Oklahoma

Dr. Santarcangelo has assisted with drafting evaluative materials for Oklahoma's Medicaid managed care programs, emphasizing primary care medical homes, chronic care management, and health access networks. In addition, she was responsible for evaluation efforts of the State's Population Care Management Unit related to their involvement in three program areas: Breast and Cervical Cancer Treatment; Long Term Care Program; and the Pharmacy Lock-In Program. Activities included working with the state to create an evaluation methodology, defining data sets to be included in the analyses, conducting the data analysis and compiling findings in a comprehensive report for each program area.

Evaluation activities for the Breast and Cervical Cancer Program included comparisons such as: annual spending and utilization for non-BCC related services compared to BCC related services by enrollees; service utilization trends including inpatient, ER, and re-admission rates over multiple years; service utilization and costs for women with BCC diagnoses who are enrolled in the Population Care Unit Program and those who received Medicaid funding but were not enrolled with the program.

In all cases Dr. Santarcangelo worked with claims data and care management data to create a comprehensive overview of staff roles and program impact.

Vermont

Dr. Santarcangelo has been extensively involved in the implementation, operations and evaluation of Vermont's comprehensive 1115a Public Managed Care Demonstration, including negotiations with CMS on behalf of the state. She has provided technical assistance to various Vermont agencies on all aspects of Medicaid operations, payment reforms and innovations.

Her work has included:

- Drafting the State's Section 1115a Medicaid Demonstration Evaluation Plan design, including assisting the State in obtaining CMS approval;
- Leading the independent evaluation of the State's Section 1115 Medicaid Demonstration, including a specialized IMD sub-evaluation;
- Drafting of interim Demonstration evaluation reports including working with the State to compile necessary data sets such as HEDIS measures, experience of care findings and other Vermont specific measurement results.
- Creation of provider self-assessment and consumer validation tools for evaluating federal Home and Community Based Service (HCBS) requirements;
- Conducting in depth reviews of specialized Medicaid Managed Care operations in Vermont (e.g., Mental Health and Addictions Treatment, Developmental Disabilities, Traumatic Brain Injury, Older Vermonter's and Children and Adults with Disabilities) to identify opportunities for data and operational alignment across programs. Including alignment with new federal HCBS rules.
- Facilitation of an interim study of the impact of Vermont's marketplace subsidy program including recommendations to the State for on-going data collection and evaluation.
- Assessing opportunities for Value Based Purchasing in the Medicaid program
- Providing ongoing assistance with Vermont's 1115 Medicaid managed care operations and compliance with federal Medicaid Managed Care regulations;
- Facilitating and drafting each of Vermont's 1115 Managed Care renewal applications;
- Analyzing the issues related to the consolidation of long-term care services into the acute care 1115a Public Managed Care framework;
- Presenting Vermont's Managed Care model for audiences including clinical and state oversight staff, providers, executive and legislative leadership, as well as consumers and their families;
- Drafting applications in response to federal RFP's on behalf of the state of Vermont; and
- Research and analysis of federal EPSDT mandates in a Managed Care environment.

Colorado

Dr. Santarcangelo has supported the State in its efforts to create a model for forecasting the utilization of residential support services for persons who have a developmental disability. Activities have included the preparation of an overall project plan, including survey elements, distribution and data collection methodologies targeting residential and host home care providers who currently serve persons under the State's Medicaid 1915(c) HCBS waiver.

New Hampshire

Dr. Santarcangelo serves as the project manager for PHPG's work in New Hampshire. In 2018 PHPG was retained by the State to develop a CMS approved evaluation design for its Section

1115 Substance Use Disorder (SUD) treatment demonstration which includes coverage for SUD treatment in Institutions for Mental Diseases (IMDs). Dr. Santarcangelo worked with state staff to develop and refine evaluation hypothesis, measures and methods. Activities involved recommending prioritize goals, metrics and methods that complied with CMS standards. Managing day to day communications with state staff, responding to CMS feedback and drafting the written evaluation design for CMS approval.

ConcertoHealth

Dr. Santarcangelo has assisted this Michigan-based Medicaid/Medicare health plan with individual care plan audits, identification of challenges within the electronic record system, policy development and development of a care manager training series to support: improvement in the quality of integrated care plans for members of vulnerable populations (e.g., frail elders, persons with a developmental disability, mental illness and/or who are medically complex); adherence to state and federal rules for persons dually eligible for Medicare and Medicaid; adherence to state and federal HCBS rules; and improved person-centered planning.

Background, Educational & Academic Qualifications

Prior to joining PHPG, Dr. Santarcangelo's work included: improving and modernizing work flow within human service organizations; development and presentation of legislation; provider management, negotiation and contract development; engaging diverse stakeholders, including advocates, managers, policy leaders, inmates, persons with developmental and other disabilities, and children and their families; consultation in various state and community agencies related to internal restructuring, accreditation, staff development, financing, multidisciplinary teaming, and research in best practices for working with youth, families and adults.

Dr. Santarcangelo has held senior positions in the state of Vermont, including Deputy Commissioner of Developmental and Mental Health Services and was most recently the Director of Healthcare Operations, Compliance and Improvement within the Agency of Human Services. In that role, she served as the Secretary of Human Services liaison to CMS and oversaw evaluation activities for the State's 1115 Demonstration Waiver, lead program development initiatives that focused on health care delivery system reforms and health and human services projects aimed at addressing the social determinates of health and increasing efforts aimed at prevention and health promotion. Dr. Santarcangelo received her BA and Ph.D. in Experimental Psychology from the University of Vermont.

Vendor References

Below please find contact information for three professional references:

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Waterbury, VT 05671-1000

Conflict of Interest/Independence, Sanctions, Corrective Actions or Adverse Medicaid Program Occurrence Certifications

PHPG certifies that we have read the Organizational or Personal Conflict of Interest Clause (i.e., IFB Attachment F), and that, without limitation or qualification, we have no actual, apparent, or potential conflicts of interest with, and are independent from:

1. DHS and Arkansas Medicaid.
2. Qualified Health Providers (QHP) under the ARWorks program, including the following:
 - a. Ambetter from Arkansas Health & Wellness (Centene Corporation).
 - b. QualChoice (QCA Health Plan, Inc./QualChoice Life and Health Insurance Company, Inc.
 - c. Arkansas Blue Cross & Blue Shield.
3. Providers serving Medicaid and ARWorks beneficiaries under any Arkansas Medicaid or ARWorks program.

PHPG certifies that we have never received any sanctions or corrective actions by a state of Federal government years; and we not been involved with any of the following occurrences regarding any state's Medicaid programs within the past five (5) years, including but not limited to Medicaid expansion programs:

- Any ongoing litigation and any litigation resolved (including by settlement).
- Any states' departments of insurance market conduct examinations and findings.
- Any financial penalties greater than one thousand dollars (\$1,000.00) incurred as a result of failure to meet one or more contractual performance standards on any evaluation contract.

PHPG's Certification of Bondability from an admitted Surety Insurer follows on the next page.

Certification of Bondability

Below please find the letter of Certification of Bondability for Westport Healthcare Management, Inc. d/b/a Pacific Health Policy Group.



OLD REPUBLIC SURETY COMPANY

235 N. Executive Drive, Suite 270, Brookfield, WI 53005 | www.orsurety.com

May 3rd, 2019

Re: Westport Healthcare Management, Inc.
Bonding Capacity

To Whom It May Concern:

We are pleased to offer this letter of recommendation on behalf of our mutual and valued client, Westport Healthcare Management, Inc. Aback & Associates, Inc. acts as the surety agent and Old Republic Surety Company underwrites the bonds for the above.

Currently, we hold a bonding line of \$400,000 single for both performance and payment bonds and an aggregate program of \$800,000.

The writing of any specific bond is subject to underwriting review, which includes examination of contract terms and conditions and that project financing is in place. Our consideration and issuance of bonds is a matter between Westport Healthcare Management, Inc. and ourselves and we do not assume any liability to third parties or to you by issuance of this letter.

Very truly yours,

Lawrence Flanary, AFSB
Associate Underwriter
Old Republic Surety Company
(262) 797-2673



OLD REPUBLIC INSURANCE GROUP