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8.0 Experience and Expertise of HMS and Key Personnel

RFP Reference 3.3

HMS has the proven expertise to deliver Arizona results, with over $11.2 million in direct recoveries and $154 million in cost avoidance savings in 2017 alone.

The success of AHCCCS's third party liability (TPL) initiatives and RAC recovery efforts directly affect Arizona's ability to provide for the healthcare needs of its vulnerable citizens. AHCCCS's goals are to provide access to health services for the Medicaid-eligible population in the most cost-efficient, comprehensive manner possible and continually pursue strategies for optimizing healthcare accessibility and quality. We know, understand, and have established the relationships and partnerships needed with carriers, health plans, attorneys, and State Program and IT staff to deliver results with the highest return on investment for AHCCCS. Our Arizona expertise and experience were developed and built over years of working with Arizona data, policies, and stakeholders. HMS will apply our industry-leading ability and lean on the expertise of our staff to help AHCCCS achieve its goals and fulfill the mandate that the program remain the "payer of last resort."

Scope-Specific and Client-Specific Experience Produces the Best Results for AHCCCS

One challenge facing AHCCCS is how best to maximize its TPL identification and recovery efforts in order to ensure the ongoing financial viability of its healthcare programs. Arizona requires the services of a proven contractor that can apply best practices and innovation in order to coordinate benefits and implement aggressive cost containment controls. In order to continue to support cost containment and recovery, AHCCCS must select a vendor that has proven results operating multiple complex and interacting programs within the Arizona healthcare environment to eliminate financial risk and to ensure uninterrupted recoveries and cost avoidance savings. With over 25 years of experience providing these services to AHCCCS, HMS has proven our ability to provide these services.

The application of HMS's Arizona experience and expertise is all the more crucial as the Arizona Medicaid program endures limited personnel resources, increasing enrollment, and ongoing funding challenges. As the incumbent contractor, HMS is ideally suited to apply the people, processes, and tools required to identify instances of other healthcare coverage, secure overpayment recoveries, and enable the TPL data we identify to produce ongoing savings and results for the State's healthcare programs.

In addition to having in-place processes and procedures for the identification of TPL for AHCCCS members, we have the robust technology required to identify accurately those members with other healthcare coverage. Our powerful data-processing resources, configured to serve TPL needs, are fully dedicated to supporting our cost containment projects. Through the application of our successful systems and processes, we are able to identify TPL efficiently and deliver the information to the State in order to

minimize future overpayments. This proven ability and valuable feature distinguishes HMS from our competitors.

INCREMENTAL COSTS TO AHCCCS TO REDESIGN, RETOOL, AND RETRAIN

[redacted]

As the leading TPL vendor, we know it takes at a minimum 8-10 months for each carrier to establish EDI connections to support cost avoidance and billing. During implementation, AHCCCS would risk losing $1.3 to $2.7 million per month in cost savings and recoveries.

IMPORTANCE OF DEMONSTRATING A RECORD OF SUCCESS

[redacted]

Table 8.0-1. [redacted]

[redacted]	[redacted]
A new approach to acquiring TPL data via a [redacted]	[redacted]
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[redacted]

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HMS Focuses on Medicaid Third Party Liability Programs

[redacted]

[redacted]

Table 8.0-2. [redacted]

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We urge the Evaluation Committee to consider carefully any company that might enter the marketplace in this bid, particularly at a below-industry-standard contingency fee, but does not bring to market a proven solution with proven qualifications in the Medicaid market. Although tasked with reducing contract costs, AHCCCS should be wary of low-cost vendors. A low cost vendor coupled with reduced savings and recoveries could potentially exasperate an already difficult financial environment.

The following case studies in **Figures 8.0-1 and 8.0-2** are detailed examinations of two state Medicaid agencies that awarded their TPL contracts to unproven vendors that resulted in loss recoveries:

Figure 8.0-1. [redacted]

[redacted]

Figure 8.0-2. [redacted]

[redacted]

[redacted]

8.1 HMS Experience and Past Performance

RFP Reference 3.3.1

3.3.1 Offeror shall submit information documenting successful and reliable experience in past performances as related to the services in this RFP. The Offeror's experience and past performance will be evaluated on the extent of its success in managing and integrating work relevant to that defined in the Scope of Work.

HMS is the Most Experienced Partner in the TPL Industry

HMS is the nation's leading provider of comprehensive TPL identification and recovery services for government healthcare programs. Since our founding in 1974, HMS has focused exclusively on serving the needs of healthcare programs. In 1985, we began providing TPL to state Medicaid agency clients. As the pioneer in this field, and a long-standing partner with AHCCCS since 1993, HMS has experience providing the entire scope of work described in this RFP. Our TPL-specific technologies and national best practices are second-to-none in terms of results and quality.

In our 30+ years of experience delivering TPL management and implementation services to Medicaid agencies, HMS has earned a solid track record of successfully delivering the scope of work as described in the RFP. **HMS offers AHCCCS both the depth of experience and the record of accomplishment that is relevant to the proposed contract.**

HMS is the most experienced partner in the TPL industry:

- 30+ years of scope-specific experience
- Over 40 Medicaid and state agency clients
- Sole focus is healthcare programs AND we have no conflicts of interest as a payer
- Complete spectrum of revenue recovery and cost avoidance solutions
- $1 billion per year in recoveries for our government-sponsored healthcare program clients
- Estimated $2 to $3 billion in cost avoidance savings each year

HMS leverages this experience, best-practice approaches, process refinements, and one of the largest commercial datasets in the United States for identifying other health coverage for Medicaid recipients to support Medicaid TPL:

- Performing TPL activities for government agencies that administer a public health program
- Securing over 390 TPL data use agreements (DUAs) and exchanging eligibility or claim information with 1,250 government and private companies
- Determining private and commercial insurance policy plans, types of coverage, and benefit verifications. We verify more than 24 million insurance policy segments annually

The following is evidence of our reputation as the preeminent TPL and cost containment partner in the country:

- Multiple, successive contracts with a majority of the country's Medicaid agencies, including Arizona's
- Recognition as subject matter experts in multiple areas at industry association meetings, including MESC, NAMPI, NAMD, Health IT Connect, and HMMS.

- [redacted]
- Best practices for TPL services that drive results for each of AHCCCS's unique requirements

HMS successfully delivers a complete scope of work, fulfills contractual obligations, maximizes recovery and revenue results, and provides excellent customer service consistently to our clients nationwide. HMS is the partner of choice for government-sponsored healthcare programs seeking to maximize recoveries for services provided that are the liability of a third party.

SIMILAR PROJECT EXPERIENCE

[redacted]

Table 8.0-2. [redacted]

Client Name	Third Party Liability Scope of Work Provided by HMS	HMS Success
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

Client Name	Third Party Liability Scope of Work Provided by HMS	HMS Success
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Client Name	Third Party Liability Scope of Work Provided by HMS	HMS Success
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Figure 8.0-3. [redacted]

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Figure 8.0-4. [redacted]

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HMS IS AHCCCS'S PARTNER FOR EFFECTIVE RECOVERY SOLUTIONS

LONG-TERM ARIZONA TPL EXPERIENCE

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DEMONSTRATED SUCCESS PRODUCING RECORD RESULTS FOR ARIZONA

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TPL Experience Produces Current and Ongoing Value for AHCCCS

In addition to our vast TPL knowledge and experience, HMS offers additional service advantages to AHCCCS. With more than 30 years in providing TPL service and our specialized resources dedicated to cost containment for Medicaid programs, HMS's experience exceeds that of any other TPL vendor. Below we describe our unique qualifications and extensive experience as the leader in providing cost containment services to government-sponsored healthcare agencies both nationwide and in Arizona.

Performance History

[redacted]

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[redacted]

One of the Largest Commercial Datasets with Uninterrupted Data Availability

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Table 8.0-4. [redacted]

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TPL Industry Thought Leadership

We have invested heavily in our people and technologies, so we can continue to provide the most productive and responsive solutions for AHCCCS. We have gained an unparalleled understanding of and expertise in Medicaid TPL that is not created overnight. Any new entrant to the TPL market will not bring our level of experience and expertise, nor our wealth of TPL data stored in our NEDB.

HMS's TPL experts are called upon regularly to share their industry knowledge at various conferences and other events. In 2017 alone, we attended four conferences and delivered six presentations as follows:

- NAMPI: "What Does Medicaid Reform Mean for Medicaid Integrity?"; "Medicaid Recovery Audit Programs: Methodology, Relationships, and Change"
- MESC: "Modular Solutions for TPL"; "Optimizing TPL for Today's Medicaid"
- ASHHRA: "Wave of the Present: With the Surge in Working Spouse Provisions, Healthcare HR Leaders Share Best Practices on Making Them Work"
- NHCAA: "Big Fish, Deep Waters: Proven Fraud Solutions for Maximum SIU Results"

TPL is the founding cornerstone of HMS. It is not a small service offering from a managed health care company or globally-focused consulting firm.

HMS Invests Millions of Dollars in Our Technology, Systems, and Processes Annually

We built our IT infrastructure specifically for Medicaid TPL services, and we transform many manual processes into fully-automated applications. Our information systems, technology, applications, and expert technical team members provide IT capabilities that form backbone of our identification and recovery processes. Medicaid subject matter experts have designed and developed this scalable TPL infrastructure to support the web-based, integrated applications required to streamline the identification, verification, billing, and recovery processes and collect overpayments with speed and accuracy.

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- [redacted]
  - [redacted]
  - [redacted]

HMS Exceeds AHCCCS's Qualification Requirements

HMS brings the experience, technology, and innovation necessary to identify, verify, and recover Medicaid overpayments from liable third parties accurately for AHCCCS. We offer complete, end-to-end identification and recovery services powered by web-based applications that incorporate multiple tools and processes, integrating the proprietary systems we designed to perform traditional TPL services. Because we retain operational management for all project processes, systems, tools, and any vendors we engage to support our work, we provide a more effective approach to TPL cost containment.

Our project team members include specialists who understand TPL best practices and how to apply them in Arizona's unique healthcare environment in order to maximize ongoing value. Our proposed Program and Account Director, Cristhian Bermudez, and proposed Operations Manager and Transition Manager, Suja Navin, currently serve in these roles to enable HMS's delivery of TPL to AHCCCS. Currently located in the Phoenix HMS office, Cristhian has demonstrated his ability to support the comprehensive cost containment needs of Arizona over the past 12 years. They manage a team of TPL specialists that use processes and tools customized for Arizona so that AHCCCS can rely on a steady stream of cash recoveries and cost avoidance value month after month throughout the contract term.

HMS Delivers Superior Value, Service, and Results to AHCCCS and Arizona

For the past 25 years, HMS has provided AHCCCS with superior value and service as well as strategic solutions, processes, and business operations that operate within AHCCCS's culture of continuous process improvement and proactive analysis [redacted]

Table 8.0-5. [redacted]

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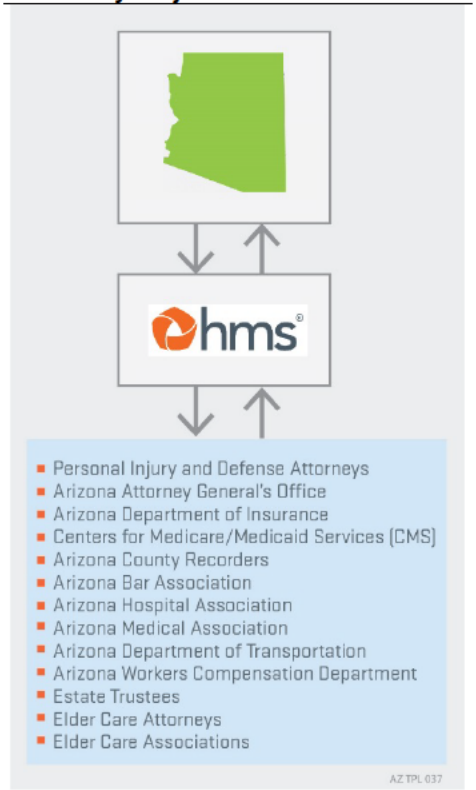
Established Relationships with Arizona Program Stakeholders

HMS has established solid, long-term relationships with multiple State agencies as well as with local and national health insurance plans, Arizona healthcare providers, and other project stakeholders, as shown in **Figure 8.0-5.**

Our established working relationships with Arizona stakeholders allow us to work efficiently with key people, agencies, and organizations at both local and state levels. The Arizona provider, insurance carrier, and legal communities know us well. We stand ready to leverage all these valued relationships and experience to continue assisting AHCCCS with achieving its program objectives. A new contractor would need to start establishing these relationships on day one of a new contract, which would delay leads and recoveries.

Figure 8.0-5 HMS Has Established Relationships With Many Arizona TPL Recovery Project Stakeholders



Innovation for Arizona

HMS continues to innovate our practices and processes to better serve our clients. For example, from our existing program knowledge, we added the following enhancements in the current contract:

[redacted]

[redacted]

[redacted]

- [redacted]

HMS is committed to maximizing benefits for our clients. In the upcoming contract, we can suggest additional enhancements, such as:

- [redacted]
- [redacted]
- [redacted]
- [redacted]

SCOPE-SPECIFIC EXPERIENCE

In this time of persistent healthcare transitions, budget constrictions, and resource limitations, AHCCCS can continue to rely on HMS to ensure that it obtains the information required to enable both AHCCCS and participating providers to coordinate benefits correctly.

HMS brings knowledgeable staff, proven processing protocols, dedicated technology, financial stability, and deep Medicaid program expertise to AHCCCS. We are fully committed to continuing our relationship and assisting AHCCCS in its Third Party Liability and Recovery Audit Services efforts to aid AHCCCS in achieving its operational and financial goals.

The following pages detail our technical experience with the specific SOW requirements from the procurement. **We are confident that no other vendor can match our experience and expertise.**

CASUALTY AND TORTFEASOR

Medicaid casualty recovery programs seek to recover funds paid by the program on behalf of injured members and those pursuing financial damages from liable first and third parties, including insurance companies, corporations, individuals, or any person or entity. The U.S. Social Security Act (§ 1902(a)(25) at 42 Code of Federal Regulations § 433.135) addresses Medicaid's right to recover these funds.

HMS recognizes that casualty/tortfeasor programs are a core Medicaid recovery initiative. On behalf of Arizona, we will continue to provide an innovative program designed to meet AHCCCS's unique approach of processing all casualty referrals, including all MCO referrals to protect their right of recovery when reinsurance dollars are due back to AHCCCS.

HMS specializes in Medicaid casualty recovery. Casualty recovery programs are a core Medicaid initiative and the biggest source of AHCCCS recoveries. HMS specializes in Medicaid casualty/tortfeasor recovery and we have developed specialized service processes and resources over the past 30+ years. HMS processes thousands of subrogation cases, saving our clients more than $120 million each year. We currently provide these services, including comprehensive casualty/tortfeasor programs incorporating WC, Department of Motor Vehicles match, and trauma diagnosis codes, to 22 states.

Deploying a successful casualty/tortfeasor recovery program to maximize AHCCCS's ability to identify and recover Medicaid funds—while complying with ongoing changes in law that affect the process and outcome—requires a partner who specializes in delivering comprehensive Medicaid services. HMS provides each of the following key components of an effective casualty program:

- A knowledgeable staff with extensive Medicaid and specific legal expertise
- Legal knowledge of applicable State and federal statutes
- Innovative technology incorporating advanced data analytics
- A sophisticated case management system with full-bodied functionality
- An exemplary record of success recovering funds for state Medicaid Programs

Our licensed attorneys are experts in the field of Medicaid tort. In addition to our attorneys and staff, we have an industry-leading case management system, Maestro™ that provides a robust mechanism to maximize recoveries for AHCCCS. The national best practices, staff resources and proprietary software have propelled the success of our casualty initiatives.

HMS began providing lien recovery/subrogation services to AHCCCS in 1993, has been working locally in Arizona since July 2005, and currently provides the following scope of services: casualty, WC, mass tort, restitution, and tortfeasor. Deploying national best-practice processes allows us to continuing offering AHCCCS the most viable, vigorous, and effective lien recovery service possible.

HMS is the only Medicaid casualty/tortfeasor provider with existing AHCCCS experience supporting the State's recovery for healthcare claims paid by Medicaid that are the responsibility of a liability insurer, such as those covering automobile accidents, WC, or other trauma/accidents. We combine our operational skill set with a marketing prowess that enables us to maximize AHCCCS's caseload while quickly resolving cases.

Over the past 25 years, HMS has generated more than $77 million in lien recoveries for AHCCCS. Showing marked improvement, during the current contract term alone our lien recoveries for AHCCCS have already exceeded $12.9 million.

We offer comprehensive casualty recovery case management services that identify and recover healthcare expenditures on behalf of Medicaid members injured through the willful or negligent action of another party. We have developed innovative and practical approaches that streamline processes and maximize recoveries for our clients. We have a proven record of maximizing recoveries on various cases, including, but not limited to, automotive accidents, WC, general liability, product liability, class action, and medical malpractice lawsuits.

[redacted]

[redacted]

Please see proposal **Sections 9.0.01 and 9.1.1** for additional details on the casualty and tortfeasor services HMS will provide AHCCCS.

RESTITUTION

HMS has a solid understanding of court-ordered restitution programs in Arizona. We have been successful in recovering from these payments for crime victims who received medical assistance services. Since 2013, HMS has identified and worked more than 6,800 Restitution cases for AHCCCS and coordinated recovery efforts with Health Plan contractors when warranted. As with other subrogation-related recoveries, HMS staff are courteous and professional when dealing with State officials in these situations.

Please see proposal **Sections 9.02 and 9.1.2** for additional details on the estate recovery services we will provide AHCCCS.

WORKERS' COMPENSATION

HMS provides WC recovery services to 18 states, including Arizona. We have particular expertise in identifying cases through data matching with the Arizona Industrial Commission, WC carriers, and paid claims files, as well as through referrals we receive from different sources. Through 2018, we have recovered over $421,000 from WC carriers.

Please see proposal **Sections 9.0 and 9.2** for additional details on the WC services we will provide AHCCCS.

Estate Recovery

HMS is the most experienced and qualified Medicaid estate recovery contractor in the industry, assisting states since 1999 with their design, implementation, and operation of Medicaid Estate Recovery programs. Over the years, HMS has also worked closely with Medicaid programs to implement effective TEFRA lien programs (**Sections 9.0.04 and 9.1.4**) pursuant to federal and state law. Our work on behalf of clients has allowed us to accumulate extensive knowledge of Medicaid estate recovery laws and guidelines. Our qualified team includes individuals with legal expertise as well as caseworkers who understand State requirements and apply them appropriately while interacting effectively with stakeholders. Our results speak to our capabilities.

HMS currently performs end-to-end Medicaid estate recovery services in 10 states, including Arizona:

- Arizona
- Colorado
- Georgia
- Iowa
- Kansas
- Kentucky
- New Jersey
- Tennessee
- Texas
- West Virginia

This makes HMS the largest private provider of Medicaid estate recovery services in the country, and the most experienced and qualified TPL vendor for our clients. We generate more than $105 million in estate recoveries annually for our clients.

Given this roster of clients that turn to our company time and time again, HMS has the breadth and depth of resources required to continue to assist AHCCCS in its estate recovery service efforts and to generate meaningful results. **We are confident that HMS is AHCCCS's best choice.**

As AHCCCS's current provider of estate recovery services **(Sections 9.0.03 and 9.1.3)**, HMS has proven that we have the people, processes, and technologies needed to perform the services required on behalf of AHCCCS at the highest possible level.

We are proud of our partnership with AHCCCS and results we have achieved, including the recoveries we have returned to the state and its taxpayers. In this time of continued economic uncertainty and budget cuts, AHCCCS can continue to rely on HMS to help ensure it obtains the information AHCCCS needs to achieve maximum recoveries.

In the current contract term, HMS opened 5,554 estate cases and delivered more than $9.4 million in post-death recoveries as the estate recovery vendor for AHCCCS.

Please see proposal **Sections 9.0.03 and 9.1.3** for additional details on the estate recovery services we will provide AHCCCS.

TEFRA Recovery

HMS offers a significant advantage over potential competitors; due to our case managed recovery work in Arizona, we have an established presence in the Arizona estate planning and legal community and maintain an extensive referral network of attorneys and county social services agencies that would take a new vendor time to rebuild. HMS's trained staff and systems are ready to continue working on this project, and AHCCCS will have little or no resource investment at the onset of the new contract. Continuing the beneficial relationship that AHCCCS has with HMS is the risk-free, best solution for the State of Arizona and AHCCCS.

HMS's TEFRA recovery processes are fully integrated with our estate, casualty, and trust recovery processes, creating service efficiencies that directly benefit AHCCCS. Since each of these services share procedures, resources, and data, we leverage information and results from one area to benefit the others.

Our in-place Estate and TEFRA Recovery program for Arizona ALTCS members features:

- **Broad knowledge of program requirements**. In-depth knowledge of and compliance with all State and federal statutes and regulations regarding Medicaid estate and TEFRA recovery, including A.A.C. R9-28-911 and R9-28-912, Section 1917 of the Social Security Act, and 42 U.S.C. 1936p.
- **Effective and timely identification of recovery opportunities**. Extensive experience in identifying estate recovery case leads through matching against Social Security, vital statistics, paid claims files, facility referrals, and other data sources. HMS has developed a variety of best practices to rapidly identify estate recovery opportunities.
- **National perspective**. HMS identifies and applies best practice methods for pursuing recovery in Arizona, and we consult continually with AHCCCS to incorporate innovative techniques and ideas as they emerge from our work in other states.

Please see proposal **Sections 9.0 and 9.1.4** for additional details on the estate recovery services we will provide AHCCCS.

Trusts and Annuities

Since 1995, HMS has provided trust services to AHCCCS. With the changes in the Deficit Reduction Act of 2005 (DRA), we incorporated annuity services to this program in 2009. During this time, HMS has formed valuable relationships with public fiduciaries, the courts, trust management firms, annuity providers, attorneys, estate planning advisory groups, and financial institutions. HMS is recognized in the community as a dedicated guardian of AHCCCS's trusts and other financial instruments. HMS has developed a customized trust and annuity recovery solution with AHCCCS that includes monthly data matches and extracts from ACE and HEA+ as well as trustee and attorney outreach. Our proven methodologies and tools comply with all applicable state and federal requirements and serve as a crucial component of Arizona's cost containment efforts.

HMS performs end-to-end Medicaid trust monitoring and recovery services in six states total: Alabama, Arizona, Florida, Georgia, Iowa, and North Carolina. **This makes HMS the largest private provider of**

Medicaid trust monitoring and recovery services in the country and the most experienced and qualified TPL vendor for our clients.

Please see proposal **Sections 9.0.05, 9.0.06, 9.1.5, and 9.1.6** for additional details on the trust and annuity services HMS will provide AHCCCS.

TRUST AND ANNUITY RECOVERY

HMS is the leading vendor of trust and annuity management services, including recoveries, to Medicaid agencies. **Across all clients, for 2017, HMS has recovered approximately $122.7 million in trust recoveries.**

Building on our long-term partnership, HMS began providing STT recovery services to AHCCCS in 1995.

In 1995, AHCCCS chose HMS as its partner to establish and implement its Trust Recovery program for ALTCS members. As a result of this decision, we have increased Arizona trust and annuity recoveries by 83% since we began managing the program. **HMS is the only national TPL services supplier that provides trust services to state agencies.** Our Trust Unit is therefore unique within the entire industry and is administered by a national expert.

Unlike other vendors, HMS has successfully applied our expertise in providing best practice cost containment services exclusively for healthcare programs such as Medicaid towards maximizing the value of trust recovery. As part of OBRA 93, Congress replaced the trust provisions of Medicaid law with new provisions intended to prohibit the use of trusts as a means for sheltering assets for Medicaid eligibility. Three types of STTs, however, are allowed that enable specified kinds of individuals to put assets into a trust and still become eligible for Medicaid: SNTs, Income Only (IOTs), and Pooled Trusts. Medicaid then provides the basic medical assistance for the trust member, with the trust providing medical and "quality of life" items not provided by Medicaid. These are the trusts that HMS targets for recovery opportunities.

HMS has extensive experience performing trust recovery services on behalf of Alabama, Georgia, Iowa, and North Carolina Medicaid agencies. However, as trust policies and regulations vary widely from state to state, HMS's solution for Arizona is unique and tailored to meet State requirements. HMS's considerable expertise with trusts in general and specific experience working with Arizona recovery rules and laws enables us to apply the specific rules for each type of trust correctly, resulting in maximum recoveries.

In the current contract term, HMS processed **1,694 Trust cases and delivered more than $5.2 million in IOTs and SNT post-death recoveries, increasing by 47% from SFY 2016 to SFY 2017.** In addition, our annuity program has returned almost $300,000 to AHCCCS. We envision continuing to recover and report on IOT's and other SNT opportunities under the Estate Recovery program because of the direct correlation between these types of recoveries.

Please see proposal **Sections 9.0.05, 9.0.06, 9.1.5, and 9.1.6** for additional details on the trust and annuity services HMS will provide AHCCCS.

Credit Balance Recovery

The Arizona Credit Balance program is unique and unlike the credit balance projects HMS provides nationally to other states. Arizona's Provider Overpayment project entails running monthly reports to identify providers (active and inactive) that have a credit balance with no attempt at repayment for more than a 60-day period. Under this project, we perform AHCCCS approved outreach to the providers via letters and phone calls to try to obtain repayment from the provider. During the current contract term, HMS has worked collaboratively with AHCCCS to make changes to the existing process to ensure these provider overpayments are worked efficiently and that, after HMS maximizes reasonable attempts, the overpayments can be referred to AHCCCS TPL staff for that team to reach out to the providers. We will continue to work with AHCCCS on this effort to ensure a best practice process is in place for maximizing AHCCCS's chances of recovery.

Please see proposal **Sections 9.0.07 and 9.1.7** for additional details on the credit balance recovery program services HMS will provide AHCCCS.

In the current contract, we have delivered more than $7.2 million in provider overpayments (credit balance) for AHCCCS.

Commercial Insurance Recovery

Today, we submit more than 90% of claims electronically and actively participate in industry associations and workgroups to ensure that Medicaid TPL reclamation issues are considered as billing standards evolve. In the absence of national TPL claim formats, we work collaboratively with carriers to establish the plan-specific claim formats that each carrier needs in order to process claims that we submit for our clients.

HMS has pioneered numerous TPL billing and recovery innovations during the 30+ years we have been providing TPL services. Over time, we have continually improved service to AHCCCS by leveraging new technologies to innovate, develop, and refine our TPL-billing and recovery processes, some customized to meet specific AHCCCS requirements.

On behalf of our state Medicaid clients, HMS began claims billing to third parties in 2005, then added disallowance service, including Medicare disallowance, in 2010. We use our expertise to select Medicaid claims and bill them to the appropriate liable third party in a secure and efficient manner. Our commercial insurance direct billing processes and systems provide the flexibility necessary to accommodate AHCCCS's requirements, allowing scalability that supports program growth and accommodates evolving business needs, including coordination with MCOs.

HMS provides AHCCCS with best practice policy and procedures related to TPL cost avoidance and ensures all claims for members with TPL are billed to the liable third party before Medicaid is billed, except for EPSDT, prenatal care, and court-ordered child support recovery (IV-D) enforceable claims.

[redacted]

[redacted]

Please see proposal **Sections 9.0 and 9.1.7** for additional details on the commercial insurance recoveries services HMS will provide AHCCCS.

Commercial Insurance Verification/Data Match

Beginning in 1985, HMS has developed and acquired industry-best processes to identify TPL through data matching and to verify TPL through proven processes that maximize cost avoidance data. We verify millions of insurance policy segments each month to our Medicaid clients, including AHCCCS. Our processes include the ability to access and use managed care encounter data, which requires a different approach than that for traditional FFS claims data. Effective processes and proprietary tools specifically configured for AHCCCS are already in place to accommodate the unique characteristics of encounter claims data.

Arizona Behavioral Health Carriers

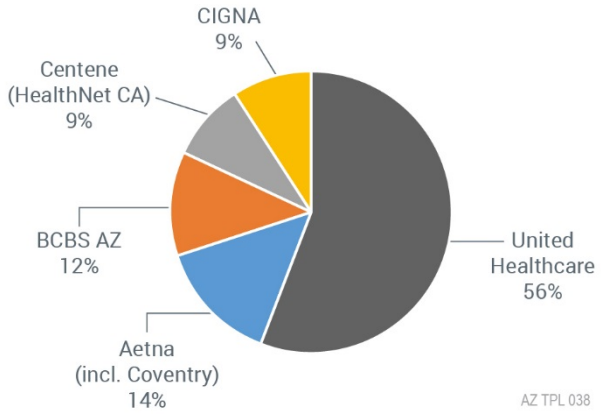
- Amerihealth NJ (Magellan Behavioral Health)
- Blue Shield CA (Magellan Behavioral Health)
- Cigna Behavioral Health
- Geisinger (Optum Behavioral Health)
- MH Net Behavioral Health
- National Association of Letter Carriers NALC (United Behavioral Health)
- United HealthCare CDB (Pacificare Behavioral Health)
- United HealthCare CDB (United Behavioral Health)
- Value Options

A key distinction between HMS and other vendors is our ability to verify the match data. Vendors who rely only on certain automated processes may not deliver a fully accurate record, or worse, may not deliver any information by failing to make a match. Since the onset of Medicaid COB, HMS has incubated an effective and multi-dimensional approach to validating third party coverage that results in more cost avoidance delivered to our clients. Our understanding of carrier data and our deep-rooted carrier relationships deliver greater value to AHCCCS in comparison other vendors whose verification processes are not as well established. Backed by decades of innovation and successful deployment in over 40 state and Medicaid programs nationwide, our approach to identifying other coverage for Medicaid recipients maximizes cost containment and recoveries for Medicaid. Our unique ability to engage third-party payers, amass their eligibility data into our NEDB, match AHCCCS data to this resource, and identify both exact (e.g., five-point matches) and near matches using proprietary logic all

ensure clients succeed in identifying new coverage for Medicaid recipients. The following are features of our approach:

- **HMS pioneered the use of data matches for Medicaid third party identification and recovery** and developed our NEDB, which is one of the largest in the United States, housing 1.4 billion and historical segments of insurance coverage from 1,250 payers nationwide. The NEDB continues to grow every day with updates on incoming Eligibility and Enrollment files.
- **We have network data sharing agreements and relationships already in place with the top 20 largest insurance carriers in the State of Arizona**, including United Health Care, Aetna, Blue Cross Blue Shield of Arizona, Centene, and Cigna **(Figure 8.0-6).** Combined, these carriers provide information for more than 5.3 million Arizona residents.

Figure 8.0-6. Top 5 Commercial Carriers in Arizona



- **Our data sharing network extends beyond the top 20 commercial insurance carriers** to include local, regional, and national commercial insurance companies, TPAs, PBMs, employers, unions, and a host of specialty health coverage plans, such as LTC and behavioral health payers. We currently receive eligibility data from payers covering more than 99% of the State of Arizona's insured residents.
- **Our data matching logic has been independently proven to identify five times as many TPL identifications than our competitors.** Keying off 18 demographic markers, HMS is able to identify other coverage even when certain data elements (such as Social Security number) are missing.
- **A match process assessed for quality at every step.** Our definitive iMatch data mining process, built on our knowledge of healthcare payer processes, billing patterns, and industry trends, applies more than 130 proprietary algorithms across multiple data elements, resulting in a comprehensive, valid identification of TPL. Every HMS match result is graded and validated for accuracy.
- **A three-pronged verification approach** that takes advantage of available electronic and manual policy validation techniques offered by payers. We work with payers to determine the approaches that make the most sense—and that yield a complete policy profile that AHCCCS can rely on to cost avoid paying claims.
- **Our data validation process enables us to assess the integrity of each match**, assigning a score and taking the steps necessary to investigate near-matches for confirmation or elimination. We perform continuous quality monitoring to validate the accuracy of our match process, reviewing the outcomes of TPL processes and then using these results to refine our analyses.

Please see proposal **Sections 9.0.01 and 9.1.8** for additional details on the commercial insurance verification/data match services HMS will provide AHCCCS.

CASE MANAGEMENT

Because of our experience providing casualty/tortfeasor, estate recovery, and trust recovery services to our clients, we have developed and successfully used case management systems that facilitate the case management tracking activities associated with each service area. For example, we use our Maestro system for casualty, restitution, WC, estate, and trust/annuity case management.

Our web-accessible Maestro case management application supports efficient and effective case management while eliminating the need for paper case files. Maestro was designed and deployed to automate the subrogation recovery processes and procedures we provide to Medicaid agencies. Maestro has evolved over time to leverage new technology, including using imaging software to enable electronic case files, integration with our claims data warehouse, automated claim relating, automation of data entry, and web-based questionnaires and forms. This tool now supports our full suite of case-managed recovery services that includes estate, TEFRA, subrogation, and annuity recovery, as well as SNT services from start to finish. Our case management systems allow us to:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

We applied our experience and knowledge in managing Medicaid subrogation, estate, and other recovery processes in developing a scalable and flexible system that fully supports the service needs of our clients. The application serves as a single information hub. It manages recovery workflow as well as granting easy access to all case-related documentation, files, and data to authorized users. Maestro supports all casework, including:

- Referral and lead management
- Lien filing
- Eligibility validation
- Case status updates
- Identification of cases subject to Estate Recovery
- Collection
- Documentation management
- Payment posting
- Claim valuation
- Case closing
- Generation and tracking of correspondence
- Reporting
- Claim filing

Please see proposal **Attachment 5** for additional details on the Maestro case management system.

HMS Recovery Audit Contractor Experience

HMS performs cost control, hospital bill, and recovery audits across federal, state, and commercial health markets. Our experience demonstrates that we can successfully achieve AHCCCS's Medicaid RAC program goals:

- Participating for more than 13 years in the Medicare Recovery Audit program—from the original demonstration project to our current high performance efforts. HMS has consistently provided CMS with more overpayment recoveries throughout the Medicare RAC program than any other contractor.
- Providing recovery audit services, including both pre- and post-payment claim review, for 16 Medicaid agencies
- Providing recovery audit services, including both pre- and post-payment claim review, for more than 58 commercial health plans

Our approach includes nationally-accepted protocols and methods. It adheres to federal and state program rules, regulations, and laws. Our data analysis capabilities range from general utilization/cost modeling analytics to highly-specific clinical algorithms. The experience HMS brings allows us to utilize national trends to compare against AHCCCS claims. Our understanding of Arizona's policies and regulations allows HMS to identify State-specific opportunities for recovery.

Working Knowledge of PMMIS

Because of our 25 years of experience in working with AHCCCS claims, HMS has developed an in-depth understanding of Arizona Medicaid claims information and processing system. HMS personnel are very familiar with the Prepaid Medicaid Management Information System (PMMIS), where potential overpayments can be researched and validated. In selecting HMS to provide RAC services, the State will avoid having to devote programming and data resources to establishing and testing new data feeds since we can leverage our existing secure data feeds for this program. HMS's experience in working with AHCCCS data means that our teams are well versed in interpreting the various files produced by AHCCCS systems including, but not limited to, claims, eligibility, provider, and referral data.

Additionally, HMS is already familiar with using AHCCCS's data to monitor policy and procedural changes for effective implementation; for example, we have completed:

- Data analysis to monitor not only current payment rules and procedures, but also former rules and procedures and how the implementation of such changes can impact payment
- Complex member eligibility requirements and how members may transition between eligibility categories over time
- Provider payment methodologies, rates, and processes and the potential issues that can occur during/after the implementation of changes due to budgetary or legislative reasons
- Trending of payments to identify abnormalities that may signal larger issues

HMS's intimate knowledge of data is invaluable when tasked with identifying potential overpayments, and we are uniquely qualified to serve as AHCCCS's RAC vendor due to our familiarity with and experience in using AHCCCS data.

Leveraging Our Arizona Knowledge

HMS currently coordinates benefits through our TPL recovery relationship with AHCCCS. By performing Medicaid RAC services as well, we can share some of the implementation and maintenance requirements of these common processes, resulting in significant cost and time efficiencies. For example, since only one PMMIS data feed is required, the PMMIS transactional interfaces already in place with AHCCCS can be leveraged for the RAC program and shared promptly and securely. HMS receives and processes the claims and eligibility files and has experience with the PMMIS, so there will be no setup or training required. Additionally, HMS's familiarity with AHCCCS systems and file structures will minimize the demands on State Programming staff and other State resources.

Our substantial TPL experience complements our improper Medicaid overpayment identification and recovery success because of the substantial effect that coordination of benefits (COB) and TPL issues have on billing and payments in the Medicaid environment. HMS approaches payment integrity holistically, and the integration of a complete claims assurance package of other coverage identification and improper payment recovery provides wraparound payment assurance. As 5%–10% of Medicaid members have some type of commercial insurance at some point during their Medicaid eligibility period and 20%–25% of members are eligible for both Medicare and Medicaid coverage (dual eligibles), TPL and Medicare reimbursement issues arise in the review of almost any type of claims population. Our thorough understanding of these issues has a significant impact on the success and level of recoveries that we achieve from the post-payment audit services that we propose to assist AHCCCS in fulfilling the mandate to implement its Medicaid RAC program.

Program Integrity Experience and Understanding Informs RAC Program and Success

HMS's three decades of program integrity experience and expertise across Medicaid agencies of various size and complexity—including AHCCCS—has established us as a leader in the evolving improper Medicaid payment arena and has supported the development of a highly effective suite of RAC services. To achieve the ever-growing levels of recoveries and savings that have characterized our record of client service, HMS has developed innovative approaches to augment our clients' existing cost savings services, increase their recovery yields, and ensure the ongoing integrity and viability of the valuable programs that they administer.

Auditing Capabilities by Provider Type

Our protocols and processes receive support from extensive proprietary technical processes and platforms. These resources enable us to identify providers efficiently, request records as necessary, and validate, document, and recover improper payments with high defensibility. Our audit approach includes developing specific guidelines for each service type, including both inpatient and outpatient claims. Our algorithms apply coding, rules-based, and clinical logic across all claim types.

These comprehensive analytical processes will allow us to analyze all AHCCCS's claims to identify improper payments and target specific claims for audit accurately.

Our provider-profiling methodologies use the information from the algorithms we develop and our custom data analysis to create a provider profile. With these profiles, we can identify and prioritize providers for audit or review. We also deploy advanced data-modeling tools to perform statistical data analysis to target providers appropriately for audit. As a result, we have successfully developed improper-payment scenarios that span the scope of Medicaid services. These scenarios target all types of improper payments.

We will identify improper payments by conducting AHCCCS-approved reviews for each provider type audited. Reviews can be complex and clinical (i.e., review of medical records or other documentation) or automated (i.e., no review of documentation). We can support "pilot" scenarios to determine viability of an audit. Results of such scenarios can help the State determine if a full audit should commence.

Table 8.0-6.

Our solutions constantly evolve to secure maximum results for our clients. Applying lessons learned through our RAC work has allowed us to streamline the appeal process. We have also improved repricing with a tool that assists in identifying true overpayment amount rather than taking back the full claim.

HMS is the vendor of choice based on our results, experience, and positive provider relationships. Our proposed approach, based on national experience and our understanding of the Arizona Medicaid program, demonstrates our willingness to bring creative, flexible approaches to configuring systems and processes to meet AHCCCS's RAC program requirements. We have a broad understanding of healthcare data, Medicaid service types, improper payment issues, providers, and the recovery process. Our Audit team includes the following:

- Data analysts
- Registered nurses (RNs)
- Certified Professional Coder® (CPC) reviewers
- Certified Public Accountants (CPAs)
- Certified Fraud Examiners (CFEs)
- Auditors with domain expertise in nearly every Medicaid service type
- A panel of more than 400 physicians and clinicians covering all major specialties

Our flexibility, responsiveness, knowledge, and experience will provide AHCCCS with the audit-support information required to identify underpayments and overpayments. Our processes are in place. Additionally, we have demonstrated success in collecting both provider overpayments and TPL recoveries as part of the RAC services we have provided to AHCCCS. Equally important is our ability to recommend processes and system improvements that advance the effectiveness of the RAC program.

8.2 HMS Key Personnel

RFP Reference 3.3.2

3.3.2 The qualifications of the key personnel proposed by the offeror to perform the requirements of this solicitation will be considered in the evaluation. Therefore, the offeror should submit detailed information related to the experience, technical expertise and qualifications for each key personnel proposed. Offeror should provide the names, titles, where currently located, and a resume for all proposed key personnel; clerical staff is not considered key personnel. The Offeror should also provide the estimated percentage of time each proposed key personnel will be dedicated to this contract.

HMS Brings Experienced Team Members to the Next Contract

Under a new contract, HMS will continue to bring experienced team members with strong Arizona subject matter expertise as well as national expertise on TPL cost containment best practices. Management of day-to-day operations will continue to be the responsibility of Program and Account Director Cristhian Bermudez, who began working with the State in 2005.

Established Relationships with Arizona Stakeholders

HMS has solid, long-term relationships with AHCCCS program stakeholders and multiple state agencies as well as with national and local health insurance plans, AHCCCS healthcare providers, and other project stakeholders. Our established working relationships with Arizona stakeholders allow us to work efficiently with key people, agencies, and organizations at both local and State levels. The AHCCCS provider, insurance carrier, and legal communities know us well. Our existing relationships include the following:

- **Arizona executive and legislative branches.** HMS retains internal team members and external consultants to advocate directly on behalf of Medicaid TPL issues, broader cost containment and PI issues for Medicaid, and other publicly funded healthcare programs. This team has a strong understanding of these branches and a positive rapport with key officials in the administration and legislature.
- **Arizona data match network.** We have built strong relationships with representatives from the largest carriers that cover Arizona residents, including United HealthCare, Blue Cross Blue Shield of Arizona, and Aetna. Our Carrier Relations team routinely calls and meets with insurance carriers to confirm their continuous cooperation with data sharing and reclamation claims processing. These established relationships enable us to monitor and resolve any issues at the carrier and billing levels, which results in consistent high-quality Eligibility Files from carriers and accurate billings from HMS.
- **Arizona legal community.** We have built strong relationships with members of Arizona's legal community, including personal injury and defense attorneys, estate trustees, elder care attorneys, and the Arizona Attorney General's Office. Through our outreach to them, we provide the State with guidance on recovery and subrogation rights as well as information about our recovery processes. In addition, we have presented information at legal association meetings, including.

We stand ready to leverage all these valued relationships and experience to continue assisting AHCCCS with achieving its program objectives.

HMS's Executive and Project Advisory Team

Our Project Advisory team members are recognized experts in their fields, who routinely provide consulting guidance, apply national best practices, share their expertise, and provide program direction to our project teams. They understand the specific laws, regulations, rules, and policies that govern each Medicaid program and assist our clients in responding to state and federal mandates, rules, and regulations. Project advisory team members, provided in the following pages, also serve as educators, advisors, and trusted thought leaders to our clients and help them stay abreast of and adapt to important policy trends. See **Figure 8.0-7** at the end of this section for our Organization Chart.

> Our executive and Project Advisory team's expertise in both policy development and data proficiency differentiates us from other companies.

- **Senior Vice President, State and Federal Government Solutions, Michele Carpenter,** coordinates the work of all operations teams associated with our clients' projects. By leveraging her more than 30 years of experience in the state government, federal government, and commercial markets, she provides executive advisory and product-development focus for government clients and confirms provision of appropriate company resources for each contract.
- **Executive Vice President, Operations and Information Technology, Semone Neuman,** is responsible for the company's Coordination of Benefits, premium-protection, and subrogation services as well as overseeing product engineering, quality and Information Technology. Semone has extensive experience in healthcare claim processing, operations, and re-engineering. She has a record of leading change, driving quality performance, and reducing unit costs in complex operating environments. Prior to joining HMS, she served as Senior Vice President, Claim Operations, at UnitedHealthcare™. Under her leadership, the company earned American Medical Association designation as the industry's best claim operation in 2011 and 2012.
- **Vice President, Adam Purselley** oversees 115 contract operations analysts, process engineers, and operations supervisors. He also leads day-to-day delivery and development for multiple business units within HMS. Adam joined the company in 2013 as the Director for Quality and Business Optimization. In his initial role, he led the initiative to standardize the company's quality and reporting system. His efforts developing Quality Review Boards for cost avoidance and contract operations increased quality levels by an average of 9% in 2014.
- **Vice President, Quality and Business Optimization, Gil Marques,** oversees all our quality and process-improvement initiatives. Gil has more than 10 years of experience in quality review/QA and is an expert in Lean Six Sigma (LSS) methodologies and application.
- **Vice President and Chief Compliance and Ethics Officer, David Alexander,** is responsible for the corporate compliance program for all of HMS's operating entities, including compliance with state and federal regulations on privacy, security, and transaction processing. Joining HMS in 2016, David also holds responsibility for policy development and implementation, compliance training and communications, auditing, and issue reporting and resolution. Prior to joining HMS, he worked for Alcon™ as head of compliance for the United States and Canada. After graduating law school, David clerked for the honorable Barbara Lynn of the U.S. District Court for the Northern District of Texas. He

also practiced commercial litigation and was a member of the Pfizer™ Legal Division that supported the company's U.S. Primary Care and Oncology Business Units.

- **Executive Vice President and Chief Administrative and Human Resources (HR) Officer Tracy South** joined the company in 2011 as Senior Vice President, HR. Previously, she served as Senior Vice President and Chief HR Officer for Mosaic Sales Solutions as well as Vice President, HR, for Tenet Healthcare Corporation. Tracy's professional experience also includes leading the HR Department for the Aetna® U.S. Healthcare Division.

HMS'S PROPOSED KEY PROJECT PERSONNEL

HMS is committed to providing a Project team composed of the most experienced and knowledgeable professionals to continue serving Third Party Liability and Recovery Audit Services needs of AHCCCS. From our large pool of talent, HMS has identified a Project team to help enable AHCCCS to fulfill its third party identification and recovery needs. Our proposed **Project Management personnel** are highly qualified and have demonstrated their program expertise in applying day-to-day TPL-management skills in Arizona; our **Key Project team members** collectively offer decades of revenue recovery and cost avoidance experience that other vendors cannot match.

- **Marnie Basom,** Vice President, Government Services West, will serve as the Accountable Executive of the AHCCCS Project team, supervising the efforts of the project director and TPL services program manager working on Arizona's behalf. Ms. Basom has served the State in an executive program management role since 2005. She will oversee all aspects of managing contract deliverables, client expectations, and financial performance. Ms. Basom will work directly with HMS's Executive team to ensure that best practices and innovative solutions are effectively implemented and administered in order to meet contract requirements. She remains uniquely qualified to leverage hands-on experience in managing the delivery of exemplary TPL and RAC services for Arizona to maximize the value of HMS's efforts throughout the forthcoming contract term.
- **Cristhian Bermudez** has served as Program and Account Director to our current AHCCCS contract since 2009, managing our TPL activities and coordinating with AHCCCS to ensure timely and accurate data transfers to the Prepaid MMIS; he has served the contract continuously in a variety of capacities since 2005. Mr. Bermudez also works closely with the insurance carrier community to implement electronic data exchanges and responds to inquiries regarding AHCCCS reclamation billing, financial, refunds, and other issues. Mr. Bermudez works closely with AHCCCS Health Plan contractors and has provided training, refunds, and reporting. He will leverage his deep experience and insight as he provides oversight for the day-to-day operations of the new contract and as new staff are trained for this engagement.
- **Ann LoPiccolo** will manage our continuing subrogation and casualty programs on behalf of AHCCCS. She will continue to provide the day-to-day management of our TPL teams, interaction with the carrier community and implementation of new carriers to our network, and delivery of customer satisfaction to project stakeholders. Ms. LoPiccolo has implemented and/or managed RAC contracts in five states since 2013. She possesses significant knowledge of the Arizona Medicaid program, rules, and regulations. Ann maintains relationships with AHCCCS, national and Arizona provider associations, and other project stakeholders. Her managerial oversight and assistance will ensure that we fulfill

AHCCCS's expectations for deliverables. Based in our regional Phoenix, AZ, office, Ms. LoPiccolo brings AHCCCS more than 25 years of healthcare industry experience, including 20 years of AHCCCS-specific experience.

Because we leverage resources and accommodate fluctuations that occur as part of our business, many HMS Support Service team members who work on multiple engagements (e.g., Account Delivery Services (ADS), EDI team, Data Analysis and Matching team, Carrier Relations team) are already providing services to AHCCCS under the current contract. They will be ready to provide service continuity on Day One of the new contract term.

The full breadth and depth of the HMS organization supports our Project team. If the need for additional team members to support this engagement arises, we will efficiently realign our staffing resources in order to continue to meet the needs of AHCCCS's project. The local Management team, supported by our Executive Advisory team, will deploy the most effective approaches to achieve the State's RFP objectives, and we will allocate the correct resources to this engagement.

HMS's approach to project management includes establishing clear lines of authority that facilitate the communication and distribution of relevant information and management of quality issues. As our Operational or Executive teams identify issues related to policy, business processes, systems, or applications, we communicate concerns down to our Project teams. Below we provide the Key Project Team members, their location, and their allocation in **Table 8.0-7**.

Table 8.0-7. Key Project Personnel Location and Allocation Information

Name	Title	Location	Percentage Allocated to Contract
Marnie Basom	Accountable Executive	Boise, ID	5%
Cristhian Bermudez	Program Director	Phoenix, AZ	50%
Ann LoPiccolo	Program Director	Phoenix, AZ	50%
Marie Morel	Project Manager, Implementations	Irving, TX	5% During Implementation and Transition
Nathan Burgess	Regional Director SGS & Federal Solutions	Kannapolis, NC	10%
Suja Navin	Senior Director, Subrogation	Irving, TX	5%
Melody Stachowicz	Operations Supervisor, Financial Departments	Boise, ID	25%
Jude Ehrbar	Senior Director, Health Plan Solutions	Irving, TX	10%
Maura McCormick, Esq.	Senior Director Subrogation	Irving, TX	5%
Phillip Oliver	Manager Operations	Irving, TX	5%
Kelvin Bailey	Director Operations	Irving, TX	5%
Mary Leigh George	Senior Director, Operations (RAC)	Irving, TX	10%

Name	Title	Location	Percentage Allocated to Contract
David Dawson	Vice President of IT Application Development	Irving, TX	5%
Shannon Maceira	Vice President, Payment Integrity Client Delivery	Irving, TX	5%
Dr. Gary Call	Vice President, Physician Services	South Jordan, UT	5%

Key and Essential Personnel Experience, Expertise, and Capability

RFP Reference 3.3.3

3.3.3 The offeror may submit any other pertinent information which would substantiate each proposed key person possesses the experience, expertise and capability to provide the assigned services.

Third Party Liability

HMS proposes a highly-qualified Project team for this engagement—with all key personnel having prior experience, expertise, and functional familiarity with the required SOW. Our Project team members are prepared to perform necessary tasks, and they will apply their expertise and skills to fulfill AHCCCS's service requirements. Our team features:

- **Highly-qualified TPL specialists.** Our team has expertise in healthcare and public policy administration, TPL identification and recovery, data aggregation, information management, data processing, and systems analysis and development.
- **Team members with expertise in supporting the TPL and cost containment objectives of state Medicaid programs.** Our Project team brings a distinctive understanding of Medicaid program objectives and reporting requirements to this engagement. We will apply this knowledge to support AHCCCS's initiative.
- **High-performing, engaged team already in place.** We ensure that only qualified personnel serve on Project teams. The upcoming engagement is no exception—our proposed team includes personnel with significant TPL project management and operations experience.
- **Committed regional and national Support teams.** Our collaborative IT, Operations, Quality Assurance (QA), and Advisory teams fully support our Project Management team, ensuring that we will deliver services that meet AHCCCS's requirements in a timely manner.

Medicaid Recovery Audit Contractor RAC Services

Our team members' specific skills and knowledge complement one another to help us provide a strong, well-rounded team that can maximize recoveries for AHCCCS and fulfill the SOW in the RFP.

Our team features the following:

- **Qualified, experienced RAC Service specialists.** Our team has expertise in healthcare and public policy administration, health insurance, data processing, systems analysis and development, information management, claim processing and auditing, clinical review, provider and stakeholder education, as well as supporting operations.

- **Team members highly knowledgeable in serving Arizona's Medicaid RAC service needs.** Our team brings a unique understanding of the evolution of AHCCCS's RAC and Medicaid program objectives over the past four years.
- **High-performing, engaged team already in place.** Since we began providing services to AHCCCS, we have ensured that only qualified personnel serve on the Project team. The upcoming engagement is no exception.
- **Committed Support teams.** Our collaborative Operations, QA, and Advisory teams will support our Project Management team. This backing will ensure that we deliver services that meet AHCCCS requirements in a timely manner.

In **Table 8.0-8**, we describe the areas of relevant expertise of our national team of healthcare professionals.

Table 8.0-8. HMS Project Team Members have the Right Skills and Experience to Ensure the Success of AHCCCS's Recovery Audit Contractor Program

Service Function	HMS Personnel Expertise
Data Analytics	▪ Analyzing Medicaid claim data to identify overpayments and underpayments for both automated and complex reviews ▪ Developing unique analytical scenarios customized for AHCCCS claim data, policy, and regulations as well as State guidance and defined exclusions ▪ Performing regulatory research and compliance review of State and federal regulations and policies to validate the applicability of each algorithm to the program and define appropriate parameters for claims data mining
Billing Audits	▪ Broad knowledge of payer reimbursement environments, including cost based, per diem, diagnosis-related group, ambulatory payment classification, resource utilization group, and case mix ▪ Detailed understanding of claim billing, payment methodologies, and patient-payment amounts ▪ Ability to conduct effective pre- and post-audit interviews and provide provider education to prevent future payment errors ▪ Expertise in applying customized review criteria and following Arizona-specific audit protocols to ensure consistency in the review process ▪ Team approach that brings together experts familiar with specific overpayment issues and audit processes within the State and from around the country to develop service type–specific Audit programs, protocols, and error matrices
Clinical/Coding Reviews	▪ Clinical review experience that includes understanding of outpatient/professional coding and long term care ▪ Physician Review Panel with more than 400 board-certified physicians and other specialists available for peer review ▪ Competent and experienced Audit team members with extensive experience in claims review as well as the service type and issue being reviewed ▪ In-depth knowledge of State and federal regulations relating to the provision, coverage, claiming, reimbursement, and review/audit of Medicaid services; policy, criteria, requirements, and areas of risk/vulnerability for each service

Service Function	HMS Personnel Expertise
	type being audited; and State requirements and policies relating to review, reconsideration, and appeal ▪ Experience in using web-based audit tools and a sophisticated claim tracking and case management system to ensure that auditors are consistent in the abstraction and review of Medical Records, review of claims, and application of testing criteria to the services undergoing review
Credit Balance Audits	▪ Knowledge of claims billing, payment methodologies, and patient-payment amounts ▪ In-depth understanding of provider patient accounting systems and financial records/reports ▪ Understanding of coordination of benefits (COB) rules and regulations, including for Medicaid, Medicare, TRICARE, and commercial insurance ▪ Conducting effective pre- and post-audit interviews ▪ Developing and using comprehensive audit protocols that ensure consistency in the review process ▪ Incorporating effective provider education into the review process to prevent future overpayments and minimize appeals
Come-Behind COB	▪ Coordinating with managed care plans to coordinate third party liability recovery activities ▪ Applying knowledge of COB requirements, regulations, and policies related to both government and commercial healthcare payers ▪ Developing and implementing sophisticated data matching processes and quality assurance controls to produce accurate results ▪ In-depth knowledge of health insurance plans and benefit packages as well as claim coding to identify and recover overpayments
Privacy and Security Compliance, Including with the Health Insurance Portability and Accountability Act (HIPAA)	▪ Adherence to standards enforced by the Security Review Committee, an HMS team that reviews and audits compliance with Security and HIPAA policies and procedures ▪ Participation in an extensive Corporate Compliance program that fosters broad awareness of HMS's high standards regarding control and security among employees and helps prevent fraud in the healthcare system ▪ Access to data from state agencies, Medicaid Management Information System (MMIS) vendors, providers, and other project stakeholders only for processing activities under AHCCCS's contract and only through an access-controlled data interface
Interfacing with MMIS, Point of Sale (POS) Systems, and Other Healthcare Information Systems	▪ Extensive experience with MMIS and pharmacy POS systems, including self-managed systems, from across the country and various vendors ▪ Understanding of data file structures on detailed operational and developmental levels ▪ Knowledge of HIPAA requirements and the ability to ensure that we perform services in compliance with HIPAA

Below we provide brief biographies of key project team members for further details into the level of expertise, capability, and experience HMS delivers to the State of Arizona.

KEY PROJECT PERSONNEL

Marnie Basom – Boise, Idaho – Project Allocation 5%	
Title Vice President, Sate Government Solutions	**Education** ▪ Oregon State University: ▪ Master of Public Health ▪ Bachelor of Science
Project Role	Account Executive and Project Advisor
Experience, Expertise, and Capability ▪ Successfully guided state government TPL projects within Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, and Washington using specialized knowledge of the industry gained through more than 10 years of experience ▪ Managed a variety of safety-net TPL commercial insurance recovery projects, including those involving both FFS and managed care populations in Nebraska, Nevada, New Mexico, Oregon, Utah, and Washington ▪ Closely worked with clients to develop a complete understanding of their organizations and goals to facilitate accurate identification of TPL recovery projects that best met their program and fiscal needs ▪ Served as an instrumental player in many specialized TPL projects, including those for billing, recovery, revenue maximization, subrogation, TPL reporting–interface development, and hospital/nursing home credit balance audits	

Cristhian Bermudez – Phoenix, Arizona – Project Allocation 50%	
Title Program and Account Director	**Education** ▪ University of Phoenix ▪ Bachelor of Arts in Business Marketing
Project Role	Project and Account Director
Experience, Expertise, and Capability ▪ 12 years of experience in healthcare management including specific experience supporting AHCCCS in the same time ▪ Program management for State of Arizona and New Mexico projects ▪ Management of operational implementation of TPL project enhancements, including carrier recruitment and credit balance audit (CBA) initiatives ▪ Managed the TPL recovery project on behalf of Arizona Health Care Cost Containment System (AHCCCS) ▪ Managed the casualty recovery project for AHCCCS health plan client, Arizona University Physicians, Inc., and Maricopa Managed Care (UPI and MHP) casualty recovery project	

Cristhian Bermudez – Phoenix, Arizona – Project Allocation 50%
▪ Management of day-to-day project operations, including oversight over data sharing and transmission, and recovery case management ▪ Arizona and New Mexico experience includes managing provider overpayments; credit balance reviews; provider recovery; commercial insurance (CI), TRICARE, and Medicare recovery; cost avoidance; identification and verification of TPL; casualty, restitution, workers' compensation, estates, Tax Equity and Fiscal Responsibility Act (TEFRA), and trust subrogation recovery; and Medicaid RAC recovery ▪ Ensures quality assurance for all project business processes and client deliverables, including reports, insurance coverage adds/updates, and PMMIS/MMIS updates to maintain high level of client satisfaction and compliance with contracts ▪ Expertise in cost containment and payment integrity expertise including: Medicaid, legislators, Governor's office, providers, providers associations, managed care contractors, and insurers

Ann LoPiccolo – Phoenix, Arizona – Project Allocation 50%	
Title Program Director	**Education** ▪ The University of Texas at Austin , ▪ Bachelor of Business Administration in Accounting,
Project Role	Estate and Casualty Director
Experience, Expertise, and Capability ▪ 10 years of TPL/RAC experience with over 25 years of healthcare experience ▪ Successfully implemented and/or managed RAC projects in California, Oklahoma, Nebraska, Nevada, and New Mexico ▪ Managed a variety of safety-net TPL commercial insurance recovery projects, including those involving both FFS and managed care populations in Nebraska and Nevada ▪ Worked directly with clients to develop a complete understanding of their organizations and processes to tailor TPL and RAC recovery projects that best met their program and fiscal needs ▪ Experienced in all facets of TPL and RAC delineated in the scope of work including subrogation projects, commercial insurance billing, credit balance audits, insurance verifications, audit scenarios and cycles, and reporting	

Suja Navin – Irving, Texas – Project Allocation 5%	
Title Senior Director, Subrogation	**Education** ▪ Bachelors of Science, Computer Science, University of Texas, Dallas ▪ Masters of Science, Computer Science Engineering, University of Texas, Dallas ▪ Certified Six Sigma Black Belt
Project Role	Operations and Subrogation Manager
Project-Relevant Experience ▪ 10 years of TPL/RAC experience ▪ Accountable for development, maintenance and optimization of Operational reporting platform, including data source, report development tools and dashboards. ▪ Business intelligence support for Utilization management and Complex Case management operations. Translated data into business issues and opportunities. ▪ Managed portfolio of critical projects; goal setting, resource alignment, delivery management, impact analysis and communication. ▪ Improved performance of Utilization management and Case management staff through development of best practices, tools and training materials.	

Kelvin Bailey – Irving, Texas – Project Allocation 5%	

Title
Director Operations
	Education
	▪ Bachelor of Science, Mechanical Engineering, University of Utah
	▪ Drexel University
	  ▪ Operations Leadership & Organizational Management, Graduate Certificate,
	  ▪ Project Management, Masters of Science

Project Role	Cost Avoidance Director
Project-Relevant Experience ▪ Three years TPL experience ▪ Oversees and coordinates operational tasks relating to assisting clients in their Cost Avoidance and Direct Bill and Disallowance goals ▪ Responsible for revenue, timeliness, and the quality of the COB for over 175 different clients	

Maura McCormick, Esq. – Irving, Texas – Project Allocation 5%	
Title Senior Director Subrogation	**Education** ▪ Bachelor in Legal Studies and Criminology, University of Massachusetts (Cum Laude honor) ▪ Juris Doctor, New England School of Law
Project Role	Subrogation and Estate Recovery/Trust Management Project Advisor
Project-Relevant Experience ▪ Successfully implemented an Estate and TEFRA Lien Recovery Program based on OBRA 93 federal legislation for several states including WV, MT and FL and assisted states with legislative and administrative rules revisions to maximize rights of recoveries. ▪ Managed a variety of Subrogation projects, both Casualty and Estates and Trusts including AK, AZ, FL, GA, ID, KY, MA, ME, MT, NJ, NY, NC, NH, NV, TX, WI and WV through more than 22 years of Subrogation experience. ▪ Worked closely with State Clients and Account Management teams to ensure operational compliance with program and revenue maximization. ▪ Served as an advisor to subrogation projects to ensure program best practice and develop program enhancements.	

Phillip Oliver – Irving, Texas – Project Allocation 5%	
Title Senior Manager, Operations	**Education** ▪ MBA, Economics/Finance, University of Texas at Arlington, Arlington, TX ▪ Graduate Certificate, Operational Leadership And Organizational Management Drexel University, Philadelphia, PA ▪ B.S., Business Management, Brigham Young University, Provo, UT. Minor, Mandarin (Chinese)
Project Role	Third Party Liability Recovery and Billing Director
Project-Relevant Experience ▪ More than eight years of experience leading process improvement initiatives. ▪ Lean Six-Sigma black belt background and strong computer programming experience ensures the highest quality and performance in meeting TPL recovery and billing deliverables ▪ Oversees and develops a team of regional leaders and analyst ▪ Operational oversight of CI billings and disallowance deliverables for HMS ▪ Knowledge of best practices across all contracts	

Melody Stachowicz – Boise, Idaho – Project Allocation 25%	
Title Operations Supervisor, Financial Departments	**Education** Diploma, Credence High School
Project Role	Client Liaison

Project-Relevant Experience

- Idaho subrogation – attorney outreach and attorney abrasion, quality control, preparing and sending out documents and letter as appropriate to attorneys
- Arizona Estates – researching property values and identifying if home is empty. Send case information as needed to attorney
- 12 years of healthcare experience in Alaska, Idaho, Nevada and California
- Assisted with the Alaska HIPP by processing applications, determining eligibility status, reaching out to applicants for missing information and approval/denial status
- Prepared monthly reports for status meetings with clients
- Prepared monthly reports for monthly status meeting with NV client –in person and via phone
- Promptly replying to emails and inquiries from all clients, ensuring issues and request are taken care of immediately

David Dawson – Irving, Texas – Project Allocation 5%	
Title Vice President of IT Application Development	**Education** ▪ Bachelor of Science, Computer Science, University of Kansas
Project Role	Information Technology Director

Project-Relevant Experience

- Resourceful and solution-oriented IT leader who leverages project management skills, business acumen and strategic "big picture" view to envision a company's optimized future position
- Influential communicator who builds trusted relationships with the CEO, Board, and cross-functional business units to maximize the impact of IT, with a focus on return on investment
- Agile mindset and methodology to handle both business and technology complexities, and quickly identify efficient and logical solutions
- Catalyst in encouraging teams to think outside the box to create innovative solutions based on ever-changing technology.

Mary Leigh George – Irving, Texas – Project Allocation 10%	
Title Senior Director, Operations (RAC)	**Education** ▪ Bachelor of Science in Health Administration, Auburn University
Project Role	Credit Balance Audit Director
Project-Relevant Experience ▪ Manage credit balance audit services for clients, ensuring that company achieves or exceeds financial and operational goals ▪ Manage and developed a national Credit Balance Audit team of directors, managers, supervisors, and auditors ▪ Drive operational execution, with focus on training, quality, and deadlines ▪ Hold responsibility for revenue and cost management ▪ Develop and manage technical infrastructure and operations ▪ Maintain responsibility for direct and indirect sales and Request for Proposals support ▪ Drive operational efficiencies and productivity improvements	

Shannon Maceira – Irving, Texas – Project Allocation 5%	
Title Vice President, Payment Integrity Client Delivery	**Education** ▪ Bachelor of Science in Industrial and Systems Engineering, Specialization in Healthcare University of Florida – Gainesville, FL ▪ Master of Business Administration Hough Graduate School of Business University of Florida – Gainesville, FL
Project Role	Program Integrity (RAC) Vice President

Project-Relevant Experience

- Works across the organization to secure delivery of strategic solutions that meet market demands
- Serves as the central coordinator for payment integrity activities among Enterprise Product Management, Sales, Account Management, Operations, Quality Business Optimization, and Finance teams
- Aligns the enterprise efforts required to implement the Payment Integrity Strategic Plan successfully
- Played a key role in implementing companywide process-improvement strategies to increase efficiency and associated client satisfaction
- Actively facilitated the expansion of client audit strategies based on in-depth, client-specific data analysis and industry standards for healthcare claim recoupment of improper payments
- Improved customer satisfaction to attain a "Meets or Exceeds" rating on all annual Client Surveys

Dr. Gary Call – South Jordan, Utah – Project Allocation 5%	
Title Vice President, Physician Services	**Education** ▪ Bachelor of Science, Microbiology, Brigham Young University ▪ Doctor of Medicine, University of Washington School of Medicine ▪ Family Practice Residency, University of Utah School of Medicine
Project Role	Chief Medical Officer

Project-Relevant Experience

- Applies experience and expertise in medical practice, health plan operations, and clinical analytics to enhance payment integrity services for commercial, state, and federal clients
- Develops, implements, and manages quality-management programs and policies, including those for quality assurance (QA), appeals, and interrater reliability initiatives
- Leads medical directors and physician reviewers
- Provides clinical oversight of analytics programs
- Serves as a clinical liaison to clients, including the Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and commercial payers

Jude Ehrbar – Irving, Texas – Project Allocation 10%	
Title Senior Director, Health Plan Solutions	**Education** Bachelor of Arts, Hofstra University
Project Role	Account Delivery Services Senior Director
Project-Relevant Experience ▪ Provides direction, management, and oversight to the Health Plan Financial Shared Services team ▪ Oversees and manages the analytical, procedural, and diagnostic processes aimed at identifying and implementing process improvements to support the Health Plan Account team ▪ Serves as the key point of contact and liaison between Operational teams and the Account Management team ▪ Serves as the team subject matter expert for the financial product suite ▪ Manages personnel responsible for reporting to support the Health Plan Account team and external clients	

Nathan Burgess – Kannapolis, NC– Project Allocation 10%	
Title Regional Director, Government Services	**Education** ▪ Bachelor of Arts in Software and Information Systems, University of North Carolina at Charlotte
Project Role	Implementation & Transition Manager RAC
Project-Relevant Experience ▪ Holds responsibility for the successful delivery and project management of Medicaid third party liability (TPL) cost containment and recovery services that result in annual recoveries of more than $80 million and provide millions in cost savings ▪ Serves as the liaison between the client community and internal information technology (IT) and operations teams ▪ Directs operations, client management, and business development for financial recovery, cost management, and recovery audit services ▪ Directs operations and IT-development personnel to meet client expectations and contract requirements	

Marie Morel – Irving, Texas – Project Allocation 5% (During Implementation/Transition)	
Title Project Manager, Implementations	**Education** Bachelor of Arts in Operations Management, Baruch College City University of New York
Project Role	Implementation & Transition Manager, TPL/RAC

Project-Relevant Experience

- Responsible and accountable for the coordination of project scope execution and all related communication plans
- Manage requirement-gathering meetings with internal, external stakeholders and related Subject matter experts
- Provide weekly update status note on related project scope in order to provide a snapshot of the progress of the project to the project team and key stakeholders.
- Liaison between the client and internal team to ensure the needs of the client and the agreed deliverables are met
- Managed the day to day progress of the implementation while closely tracking any changes impacting the baseline schedule
- Create and document all project related artifacts
- Oversee the day to day operation of the product offerings for 10 accounts
- Provide clients with monthly and quarterly status reports
- Meet with clients on a consistent basis and keep them apprised of any risks or delays for any project

HMS AHCCCS TPL AND RAC PROJECT ORGANIZATIONAL CHART

RFP Reference 3.3.4

3.3.4 The offeror should provide an organizational chart which clearly shows the reporting and lines of authority; to include all proposed key personnel and any proposed subcontractors. The organizational chart should identify the prime point of contact between the offeror and the AHCCCS Project Manager.

Our approach to project management includes establishing clear lines of authority that facilitate the communication and distribution of relevant information and management of quality issues, depicted in the organization chart provided in **Figure 8.0-7**. As our Operations or Executive and Advisory team identifies issues related to policy, business processes, systems, or applications, they communicate concerns to our Project teams. In the event that a client or our Project team members identify an issue or concern, we take appropriate actions to resolve the problem. Our proposed Project Management team will be available to work internally and will collaborate with AHCCCS to resolve project issues and concerns to secure continuity of services and deliverables.

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Figure 8.0-7. HMS Third Party Liability and Recovery Services and Abuse Organization Chart

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8.3 Offshore Performance of Work

RFP Reference 3.11

3.11 Offshore Performance of Work Prohibited. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and involve access to secure or sensitive data or personal client data shall be performed within the defined territories of the United States. Unless specifically stated otherwise in the specifications, this paragraph does not apply to in director 'overhead' services, redundant backup services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

HMS affirms that we do not utilize resources, subcontractors, or workers located outside of the U.S. for any purpose related to AHCCCS's third party liability and recovery services and abuse project.

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8.4 RESUMES

KEY PROJECT PERSONNEL

- Marnie Basom, Accountable Executive & Project Advisor
- Cristhian Bermudez, Project & Account Director
- Ann LoPiccolo, Project & Account Manager
- Suja Navin, Operations & Subrogation Manager
- Kelvin Bailey, Cost Avoidance Director
- Melody Stachowicz, Client Liaison
- Jude Ehrbar, Account Delivery Services, Senior Director
- Maura McCormick, Esq., Subrogation & Estate Recovery/Trust Management Project Advisor
- Phillip Oliver, TPL Recovery and Billing Director
- Mary Leigh George, Credit Balance Audit Director
- David Dawson, Information Technology Director
- Shannon Maceira, Program Integrity (RAC Vice President)
- Dr. Gary Call, Chief Medical Officer (Vice President, Physician Services)
- Marie Morel, Implementation & Transition Manager (TPL/RAC)
- Nathan Burgess, Implementation & Transition Advisor (RAC)

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