

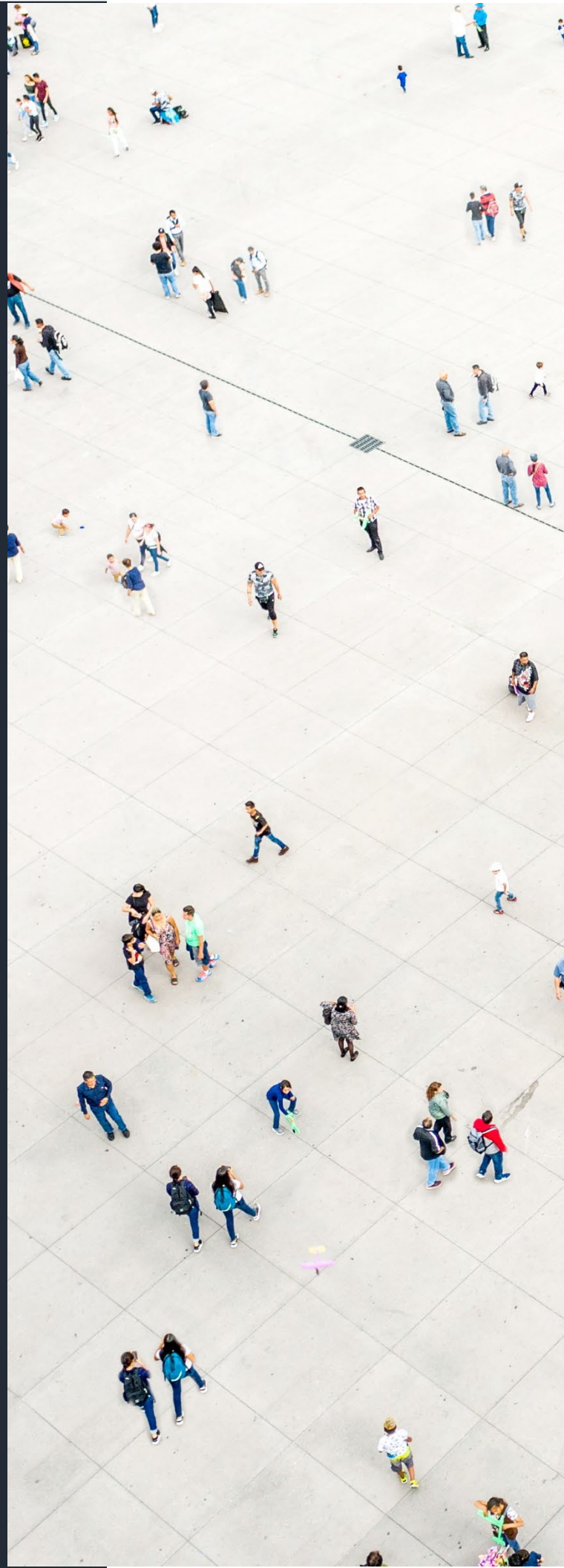


**AHCCCS Task Order
YH26-0094**

**Pharmacy Consulting and
Process Improvement
Recommendations**

Prepared for Arizona Health Care Cost
Containment System (AHCCCS)

May 12, 2026





7.1 Required Elements

Task Order #YH26-0094 – Pharmacy Consulting and Process Improvement Recommendations

May 12, 2026

Arizona Health Care Cost Containment System
Division of Business and Finance
Tiffany Blanco
Purchasing Manager
Via email: procurement@azahcccs.gov

Dear AHCCCS Procurement Team:

On behalf of Milliman, we are pleased to submit this proposal in response to Task Order #YH26-0094 to provide pharmacy consulting and process improvement recommendations for the Arizona Health Care Cost Containment System (AHCCCS). This proposal follows the structure outlined in the Task Order and presents our firm's understanding of the engagement, proposed methodology, experienced team, and pricing.

Milliman brings extensive experience supporting state Medicaid agencies and pharmacy programs, including evaluation and enhancement of Pharmacy & Therapeutics (P&T) committee processes. We understand the importance of ensuring transparency, accessibility, and stakeholder engagement in P&T decision-making and are well positioned to provide an objective, structured approach to reviewing current processes, analyzing stakeholder feedback, and developing actionable recommendations aligned with national best practices.

This proposal is submitted by Benjamin A. Mori, Principal and Senior Healthcare Consultant at Milliman, Inc. I am an authorized representative of Milliman and am empowered to bind the organization to all statements and services described in this proposal and any resulting contract. I will serve as the primary point of contact for this response and for all communications regarding this Task Order.

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This proposal is submitted under Milliman's Arizona Statewide Contract for Healthcare Employee Benefit Consulting Services (Contract No. CTR066547), and all applicable terms and conditions of the base contract apply.

We appreciate the opportunity to support AHCCCS on this important initiative. Please do not hesitate to contact me if you have any questions or would like to discuss any aspect of this proposal. We look forward to the opportunity to work with AHCCCS.

Sincerely,

Benjamin A. Mori
Principal & Senior Healthcare Consultant
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Who We Are

Milliman is a leading healthcare consulting firm with more than 75 years of experience supporting state Medicaid agencies, health plans, and policymakers across the country. We bring deep expertise in Medicaid pharmacy policy, drug coverage strategy, and Pharmacy & Therapeutics (P&T) committee governance, alongside broader capabilities in healthcare finance, analytics, and program design.

Our firm has a long-standing relationship with the Arizona Health Care Cost Containment System (AHCCCS), supporting a wide range of initiatives spanning payment model design, quality strategy, stakeholder engagement, and data-driven policy development. Through this work, we have developed a strong understanding of Arizona's Medicaid program, its stakeholders, and the policy and operational environment in which AHCCCS operates.

Milliman's pharmacy consulting experience includes:

- Evaluation and redesign of Medicaid pharmacy benefit structures and utilization management approaches
- Support for P&T committee processes, including governance, transparency, and stakeholder engagement practices
- Evaluation of the financial and operational performance of the managed care pharmacy program and identify savings opportunities leveraging our experience providing actuarial services related to capitation rate development in over 20 state Medicaid agencies
- Benchmarking against national best practices and peer state approaches
- Analysis of drug coverage policies, prior authorization frameworks, and clinical decision-making processes
- Facilitation of stakeholder engagement efforts, including providers, plans, patient advocates, and industry representatives
- Perform diagnostic claims reviews to ensure data integrity and create visualizations of data summaries to identify potential issues and identify financial and operational opportunities leveraging advanced technology tools and our consultant's claims interrogation skills, offering dynamic, web-based dashboards for customized reporting.

We bring a multi-disciplinary team that integrates clinical, policy, actuarial, and data analytics expertise. This allows us to assess P&T processes not only from a compliance and clinical perspective, but also through the lenses of member impact, operational feasibility, and program integrity.

Our approach is grounded in:

- **Objectivity and independence.** As an employee-owned firm, we provide unbiased, evidence-based recommendations aligned with best practices and public sector priorities.
- **Structured stakeholder engagement.** We design and facilitate inclusive processes that ensure diverse perspectives are heard and reflected.
- **Analytical rigor.** We combine qualitative insights with data-driven analysis to support actionable, defensible recommendations.
- **Commitment to quality.** Our internal quality assurance processes ensure all deliverables are accurate, clear, and decision ready.

This combination of experience and approach positions Milliman to effectively support AHCCCS in evaluating and enhancing its P&T processes to improve transparency, accessibility, and stakeholder trust.



Our Understanding of Arizona's Current Landscape

AHCCCS operates a large and complex Medicaid program under a Section 1115 waiver, with a strong emphasis on managed care, cost containment, and innovation in program design. Within this environment, pharmacy policy—and specifically the P&T committee process—plays a critical role in balancing clinical appropriateness, member access, and fiscal stewardship. Based on our experience supporting AHCCCS and similar agencies, we understand that the current landscape for P&T processes in Arizona includes several key dynamics:

1. Increasing Focus on Transparency and Stakeholder Engagement

State Medicaid programs nationwide, including AHCCCS, are facing growing expectations for transparency in decision-making processes related to drug coverage. This includes clearer communication of how decisions are made, greater visibility into clinical and policy rationale, and more structured opportunities for stakeholder input. Public comments and stakeholder feedback are becoming increasingly important inputs into P&T deliberations.

2. Diverse and Sometimes Competing Stakeholder Perspectives

The AHCCCS P&T process must balance input from a wide range of stakeholders, including:

- Members and member advocates focused on access and affordability
- Providers seeking clinically appropriate and flexible treatment options
- Managed care organizations (MCOs) responsible for implementation
- Pharmaceutical manufacturers and industry groups
- Pharmacy benefit managers (PBMs) and other intermediaries

These groups often have differing priorities, making it essential to have a structured, neutral, and well-facilitated process for gathering, evaluating, and incorporating feedback.

3. Evolving National Best Practices for P&T Governance

Across Medicaid programs, there is increasing emphasis on formalizing P&T governance structures, including:

- Clear conflict-of-interest policies and disclosures
- Standardized processes for reviewing clinical evidence and public input
- Defined criteria for decision-making and documentation

Public-facing materials that improve understanding of outcomes and rationale AHCCCS has the opportunity through this effort to align with and, in some areas, lead emerging best practices. Further, transparent, defensible P&T governance practices are especially important in uncertain fiscal environments where AHCCCS may need to make harder coverage decisions with fewer federal dollars. A strong governance goes beyond best practice and can become a shield during times of scrutinizing budget pressure.

4. Opportunity to Enhance Accessibility and Communication

While P&T processes are inherently technical, there is a growing need to make them more accessible to non-technical audiences. This includes:

- Simplifying how information is presented to the public
- Providing clear summaries of decisions and their impacts
- Creating more user-friendly avenues for participation in public forums or comment processes

Improving accessibility can strengthen stakeholder trust and engagement while supporting better-informed input.



5. Importance of Actionable, Implementable Recommendations

Given the operational complexity of Medicaid pharmacy programs, recommendations must be practical and implementable within existing constraints, including regulatory requirements, managed care structures, and administrative capacity. AHCCCS will benefit from a roadmap that clearly distinguishes short-term improvements from longer-term enhancements. Further, as the Arizona Legislature continues to actively reshape PBM regulation in the state, this creates both urgency and opportunity for AHCCCS to align its P&T governance with these evolving state-level mandates.

As Medicaid budgets continue to be squeezed and states continue to face rising pharmacy costs across the nation, P&T committee work has direct financial implications for Medicaid agencies. Milliman's understanding of these complex dynamics, combined with our direct experience supporting AHCCCS and other state Medicaid programs, positions us to provide thoughtful, actionable recommendations that not only enhance the effectiveness and transparency of the P&T process, but also ensure that formulary decisions are fiscally sound, clinically grounded, and aligned with the priorities of the stakeholders who depend on them most.



7.2 Methodology and Approach

Milliman's methodology addresses Sections 7.2.1–7.2.3 through a clearly defined approach, supported methods and resources, and aligned deliverables to support AHCCCS.

Milliman will apply a structured, transparent, and stakeholder-centered approach to support AHCCCS in evaluating and improving its P&T processes. Our methodology is designed to align closely with AHCCCS objectives, combining rigorous policy review, stakeholder engagement, and national best-practice benchmarking to produce actionable, evidence-based recommendations. This approach emphasizes early alignment, consistent communication, and iterative validation to ensure findings are accurate, balanced, and practical.

Our approach will be supported by a multidisciplinary team of experienced pharmacy consultants, stakeholder engagement facilitators, and analysts, and is enabled by structured tools such as evaluation rubrics, document control registers, stakeholder mapping, coding frameworks, and process mapping tools.

Through this approach, Milliman will deliver all required outputs, including stakeholder engagement sessions and a public-facing forum; a stakeholder map and feedback summary; monthly progress reports; and draft and final recommendation reports with prioritized recommendations, implementation roadmap, and supporting materials. All deliverables will align with AHCCCS requirements outlined in Section 5.

7.2.1 Proposed methodology and approach to fulfill the requirements of this project

7.2.2 Detailed description of the methods and resources the contractor will use to satisfy all minimum requirements.

7.2.3 Description of recommended deliverables.

7.2.1 Proposed methodology and approach to fulfill the requirements of this project

Project Kickoff and Management

Milliman's approach to hosting a kickoff meeting with AHCCCS staff is designed to ensure alignment of project goals, expectations, roles, responsibilities, and timelines from the outset.

Prior to the kickoff meeting, Milliman will complete a structured preparation phase to ensure AHCCCS and project stakeholders are aligned on objectives, expectations, and a clear path to execution. We will gather and review key background materials, confirm the right participants for kickoff, and identify the current-state policies and governance artifacts that will inform our assessment. This preparation will include identifying the most up-to-date AHCCCS Contractor Operations Manual; compiling relevant P&T process and policy documents; confirming current P&T committee membership; and mapping key AHCCCS pharmacy stakeholders, including PBM and MCO partners. In parallel, we will develop organizing frameworks and feedback templates to accelerate stakeholder input and enable consistent analysis throughout the engagement, including our Domains of P&T Excellence structure ([Appendix 4 – Example of P&T Domains of Excellence](#)) a before/during/after P&T process map, a public comment classification approach, and practical P&T user stories and use cases.

During the kickoff meeting, Milliman will facilitate a focused working session with AHCCCS to confirm the project scope, objectives, timeline, and stakeholder roles. We will walk through a draft project plan and schedule to solicit AHCCCS feedback and validate key assumptions, then align on communication protocols, meeting cadence, and decision-making processes. We will also clarify roles and responsibilities across the project team and present a detailed view of planned activities and milestones; if AHCCCS has preferred project management tools, we will incorporate those tools into ongoing tracking and status reporting.



Following the kickoff meeting, Milliman will incorporate AHCCCS feedback into a finalized detailed project plan for review and acceptance. The plan will include a detailed milestone-based timeline, a communication plan, and a risk management approach to proactively identify and mitigate issues. We will establish regular project management touchpoints with AHCCCS to monitor progress, resolve questions quickly, and ensure the work remains on track. Throughout the engagement, we will provide ongoing support and maintain open, consistent communication so that any necessary adjustments to scope, schedule, or deliverables are addressed promptly and transparently.

Responsibility 4.1 Review AHCCCS P&T internal policies, procedures, meeting notes, process documentation etc.

Milliman will begin the internal policy and documentation review by issuing a targeted request for AHCCCS P&T policies, procedures, meeting notes, and supporting process documentation. In coordination with AHCCCS, we will establish a secure and efficient file transfer and management approach and implement a document control register ([Appendix 5 – Example of Tool: Document Control Register](#)) to track all materials received, including file name, source, receipt date, version, policy area, review status, and any gaps or follow-up needs.

Working closely with the AHCCCS project lead, we will confirm the policy review framework ([Appendix 6 – Example of Policy Review Framework](#)), that will guide our assessment and codify it within an evaluation rubric, informed by kickoff discussions and preliminary interviews with leadership and staff. As our review progresses, we will maintain a findings/issues log ([Appendix 7 – Example of Findings and Issues log](#)) to document observations and consistency checks across related documents (including crosswalks where useful), and we will vet preliminary findings with the project lead and a small team identified by AHCCCS before summarizing results in a written report for inclusion in the final deliverable.

If desired, we can also provide our findings in a discussion-ready PowerPoint format.

Responsibility 4.2 Gather and review national P&T committee's best practices

Desk research and literature review: Milliman will conduct desk research and a structured literature review to identify high-quality sources that inform best practices for P&T operations and management. Utilizing our P&T committee subject matter expertise, we will propose a source hierarchy to classify the quality and applicability of potential best-practice references, and we will use that hierarchy to guide targeted research and synthesis. Our methodology and findings will be organized into an activity report, shared with the AHCCCS project lead, and incorporated into the final report and recommendations.

Examples of the potential sources of P&T best practices include the following sources listed in the table below.

Example Sources of National P&T Best Practices		
Source	Use for this project	Key focus areas
AMCP Format 5.0 (2024)	Standard framework for pharmaceutical evidence submission to P&T committees.	Evidence submission; digital therapeutics; health disparities
ASHP P&T Guidelines (2021)	Operational best practices for evidence evaluation and formulary management processes.	Formulary exceptions; biosimilars; therapeutic interchange; MUE



AMCP Partnership Forum (JMCP 2020)	Reference for committee structure, governance, and evidence evaluation best practices.	Composition; conflicts of interest management; evidence evaluation
HMA/KFF 50-State Survey (2024)	Benchmark for state Medicaid pharmacy policies and P&T approaches.	PDLs; P&T structures; PBM use; utilization management
KFF Medicaid Pharmacy Brief	Policy overview to inform cross-state variation in P&T and pharmacy program design.	PDL structures; PA requirements; DUR board roles
Principles of a Sound Drug Formulary System (2000)	Foundational principles to inform formulary management approach.	Core principles; formulary management; consensus guidance

External interviews. To further identify P&T best practices, Milliman recommends conducting external interviews informed by a structured comparison approach. We will work with AHCCCS to develop a comparison matrix and identify 3–5 prioritized state Medicaid programs for review. The comparison matrix will cover specific domains agreed upon with AHCCCS enabling consistent evaluation across states. We will then conduct 3–5 in-depth interviews with Pharmacy Directors and/or P&T members from the selected programs to gather perspectives, insights, and key verbatims. The interview methodology and findings will be summarized in a report, shared with the project lead, and incorporated into the final report and recommendations.

Responsibility 4.3 Analyze existing public comments

Milliman will begin by preparing a request for AHCCCS to share existing public comments with the team, coordinating file transfer and file management to ensure secure and efficient delivery. We will then establish a comment intake and control protocol ([Appendix 8 – Example of Intake and Control Protocol](#)) so that all comments are received, tracked, reviewed, and organized consistently. Working with AHCCCS, we will confirm the comment evaluation framework ([Appendix 9 – Example of Comment Evaluation Framework](#)) that will guide the assessment and apply a structured coding and disposition approach, tagging each comment by topic, issue type, stakeholder category, and the level of action suggested.

We will align with AHCCCS on a systematic approach for reviewing grouped and organized comments, and we will vet preliminary findings first with the project lead and then with a small team identified by the project lead. Findings will be synthesized into a written report for inclusion as a subsection of the final report.

At AHCCCS' discretion, Milliman can also prepare a discussion-ready findings summary in PowerPoint format.

Responsibility 4.4 Interview internal and external stakeholders

Prior to the stakeholder interviews, Milliman will work with AHCCCS to clarify the goals, purpose, and intended outcomes for each interview session, develop a stakeholder map related to P&T influence and impact ([Appendix 10 – Example of Stakeholder Map](#)), and create a **recruiting plan** that reflects the desired stakeholder representation and transparency objectives. We will review the map and recruiting plan with AHCCCS to confirm that all stakeholder groups are represented and have an opportunity to provide input. Milliman will facilitate 2 to 4 stakeholder meetings, including a mix of internal and external



participants, in alignment with AHCCCS requirements, and will host at least one public-facing listening session or virtual forum to support transparency and broad stakeholder participation. We will also develop and deliver a stakeholder map identifying engaged stakeholder groups, representation coverage, and any perceived gaps in stakeholder representation.

Milliman will align with AHCCCS to define the best practices to be assessed and confirm the key questions the interviews should be designed to answer during project kickoff or a subsequent interview process kickoff. By the time stakeholder interviews begin, we will have initiated our review of AHCCCS P&T policies and procedures and will have developed an initial set of hypotheses regarding P&T best-practice domains, including considerations for governance, transparency, procedural consistency, evidence rigor, operational feasibility, implementation efficiency, conflict avoidance, and change management.

We will draft, and if desired, send outreach communications prior to the meetings. We will track meeting responses, availability and develop meeting agendas, pre-reads, and facilitation slides for AHCCCS review and feedback.

Internal and external stakeholder interviews. Milliman will work with the AHCCCS team to identify all internal and external individuals and groups who should be included in stakeholder interviews. We will develop a discussion guide for AHCCCS review and approval, and we will build an interview master and scheduler to coordinate logistics. To organize findings, we plan to build a **comparison grid (Appendix 11 – Example of Comparison Grid)** to visually represent similarities and differences across key domains. If permitted by AHCCCS, interviews may be recorded, and we may use Copilot-facilitated meeting transcription. Internal stakeholder interviews will be prioritized early in the engagement, followed by external stakeholder meetings, consistent with the proposed project timeline.

During stakeholder meetings, we will provide two facilitators who are senior pharmacy consultants who are registered pharmacists with experience in P&T and stakeholder engagement facilitation, supported by two analysts to provide meeting support, facilitation assistance, and documentation. After each meeting, we will provide a meeting summary and contact report to AHCCCS within 48 hours. Milliman will develop a summary report of all stakeholder feedback for AHCCCS review.

Responsibility 4.5 Consolidate and summarize feedback and develop process improvement recommendations for agency leadership to consider

Report Outline: Milliman will develop an outline of findings and recommendations for AHCCCS review prior to drafting the report. The report outline would include an executive summary; key themes; areas of consensus and divergence; issues related to accessibility, transparency, and communication, as well as other disclosures and conflicts of interest; and findings by stakeholder type. This outline may change based on the insights gleaned during the project and collaboration with AHCCCS.

Draft Report: The draft report will include an executive summary that frames the purpose of this work and the key takeaways from our desk research of the current P&T process, national P&T committee's best practices, and stakeholder interviews that were conducted. We will present clear findings supported by figures and tables that summarize results, and sourced references that substantiate any recommendations. The report will include each of the requirements described in the task order including; an overview of the current AHCCCS P&T process; a comparison of the current process to national P&T best practices; and a summary of identified gaps and challenges. It will also present preliminary recommendations to improve P&T processes and transparency, include a process map of the current-state P&T workflow, and clearly distinguish short-term versus long-term recommendations.

Final Report: Following delivery of the draft report, Milliman will facilitate a structured review cycle with AHCCCS to validate factual accuracy, confirm interpretation of stakeholder feedback, and prioritize recommendations. We will collect consolidated comments, resolve questions through working sessions as needed, and incorporate agreed-upon revisions into the document, including refinement of the process



maps, clarification of gaps and root causes, and strengthening of recommendations with implementation considerations. The final report will include finalized recommendations with clear rationale and expected impact, as well as identified dependencies, risks, and key implementation considerations. It will also include a prioritization matrix (e.g., impact versus effort), an implementation roadmap with estimated timeframes, and a draft public-facing summary brief to support transparency.

We will then perform internal quality assurance to ensure consistency across sections, alignment between findings and recommendations, and readiness for delivery. The final report will reflect AHCCCS-approved edits and will be delivered in final form, incorporating any final formatting and packaging requirements identified by AHCCCS.

7.2.2 Detailed description of the methods and resources the contractor will use to satisfy all minimum requirements.

Across all responsibilities, Milliman will deploy a consistent set of methods and resources to ensure rigor, transparency, and high-quality outputs. These methods and resources are directly applied across Responsibilities 4.1–4.5 to ensure consistent execution, traceability of findings, and development of actionable recommendations.

- Structured analytical frameworks (e.g., Domains of P&T Excellence, comparison matrices) to guide policy review, best practice benchmarking, and gap analysis
- Standardized tools (document control registers, interview guides, stakeholder maps, coding taxonomies) to ensure consistency, organization, and reproducibility across all workstreams
- Experienced multidisciplinary staff, including pharmacy consultants with P&T experience, analysts, and stakeholder engagement facilitators, aligned to each task's specific needs
- Technology-enabled solutions, including secure file management, optional AI-assisted review tools, and transcription support, to enhance efficiency and analytical depth
- Proven stakeholder engagement methodologies to ensure balanced, representative, and well-documented input across all required stakeholder groups

These combined methods and resources enable Milliman to deliver a structured, defensible, and insight-driven assessment aligned with AHCCCS requirements.

7.2.3 Description of recommended deliverables.

Milliman's proposed deliverables align with and enhance those outlined in Section 5.0 and include:

- Stakeholder engagement materials (agendas, facilitation guides, meeting summaries, stakeholder map) (*aligned with Section 5.1*)
- Stakeholder feedback summary report with key themes, areas of consensus and divergence, stakeholder segmentation, and anonymized insights (*aligned with Section 5.2*)
- Monthly progress reports with status updates, risk tracking, and planned next steps (*aligned with Section 5.3*)
- Draft recommendation report including current-state assessment, national best practice comparison, identified gaps, and preliminary recommendations (*aligned with Section 5.4*)



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- Final recommendation report including prioritized recommendations, implementation roadmap, risks and dependencies, and a public-facing summary brief (*aligned with Section 5.5*)
 - Optional discussion-ready presentations and interactive tools to support AHCCCS review, decision-making, and stakeholder communication

These deliverables are designed to be clear, actionable, and aligned with AHCCCS expectations, while also supporting transparency and effective implementation.



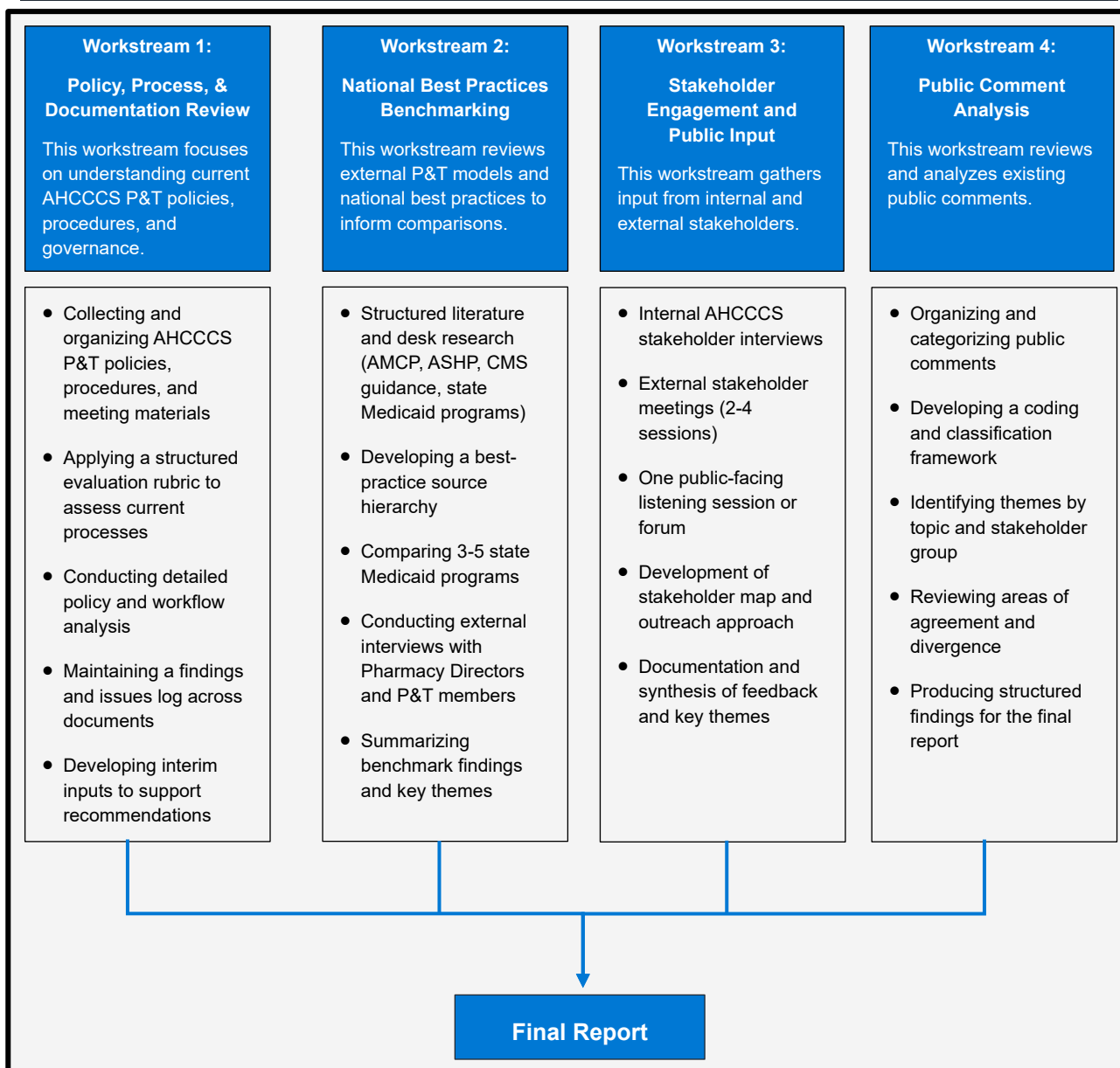
7.2.4. Proposed timeline for completion of requirements.

Milliman will execute this engagement using a parallel, multi-workstream delivery model that runs alongside the project timeline. Before presenting the detailed schedule below, it is important to understand how we structure the work, because the timeline reflects how these workstreams operate together in practice.

Rather than organizing the project as a single sequence of steps, Milliman will conduct work across multiple parallel workstreams. This approach allows policy review, stakeholder engagement, best-practice research, and public comment analysis to occur at the same time, with all streams contributing to a unified set of findings and recommendations. Each workstream is staffed and managed separately but is coordinated through regular integration points to ensure alignment and consistency in the final deliverables.

This workstream-based approach is then mapped to the project timeline shown in the section below.

Workstream-Based Delivery Model





All workstreams run at the same time and are brought together at key points in the project so the findings can be combined into one set of recommendations. Midway through the project, Milliman will review early results from all workstreams to identify common themes and make sure the findings are consistent.

These combined findings will be used to develop the draft recommendation report in late September 2026. After AHCCCS reviews and provides feedback, we will refine the analysis and produce the final recommendation report in late October 2026.

This process will result in key outputs including a current-state process map of the AHCCCS P&T workflow, combined findings and themes across workstreams, identified gaps and opportunities for improvement, and a prioritized set of recommendations with an implementation roadmap.

Project Timeline and Execution Framework

The project timeline below reflects the parallel workstream approach described above. While each workstream operates independently, they are coordinated to ensure steady progress and alignment toward key deliverables.

The high-level timeline is as follows:

- **Month 1 and Month 2:** Stakeholder engagement, initiation of policy review, public comment intake, and best-practice research
- **Month 3:** Synthesis of stakeholder feedback and integration of initial findings
- **Month 4:** Draft recommendation report development and internal validation
- **Month 5:** Final report refinement, AHCCCS review cycle, and delivery of final recommendations

Ongoing throughout the project, Milliman will provide monthly progress reports that include status updates, risks, dependencies, and next steps. We will also hold regular check-ins with AHCCCS to review progress and support timely decision-making. In addition, we will continuously monitor risks and adjust the schedule as needed to maintain progress and meet required deadlines.

Milliman will manage the timeline by confirming key milestones and dependencies during project kickoff, translating the schedule into a detailed workplan with resource assignments and interim checkpoints, and tracking progress through regular touchpoints and monthly reporting. We will proactively manage risks and schedule impacts through a milestone-based tracker, early escalation of issues, and adjustments to sequencing as needed, while ensuring the draft and final report delivery dates are met.

Project Timeline							
Workstream / Task		Month 1	Month 2	Month 3	Month 4	Month 5	Notes / key deliverables
	Kickoff & project management						Kickoff; ongoing touchpoints and risk tracking.
5.1	4.1 Internal policy & documentation review						Document request + control register; rubric; findings/issues log.



Project Timeline							
Workstream / Task		Month 1	Month 2	Month 3	Month 4	Month 5	Notes / key deliverables
	4.2 Best-practices desk research						Literature review; source hierarchy; synthesis for final report.
	4.3 Public comment analysis						Intake/control; evaluation framework; coding & findings.
	4.4 Stakeholder interviews & meetings						Interview guide/scheduler; facilitation; 48-hour summaries.
5.2	4.5 Synthesis & recommendations development						Themes, gaps, short-/long-term recommendations, process map(s).
5.3	Monthly progress reports						End-of-month status, risks/issues, and next steps.
5.4	Draft recommendation report						Delivery target: late September 2026.
	Draft review & revisions cycle						AHCCCS review; working sessions; QA; finalize content.
5.5	Final recommendations report						Delivery target: late October 2026.

Legend: Dark fill = primary period of effort; light fill = ongoing/continuing workstream.



7.3 Experience and Capacity of the Firm and Key Personnel

Milliman brings extensive experience supporting state Medicaid agencies, managed care organizations, and healthcare stakeholders in the design, evaluation, and improvement of pharmacy programs, P&T processes, and broader healthcare operations. Our team combines deep technical expertise in Medicaid policy, pharmacy benefit management, stakeholder engagement, and process improvement with a demonstrated track record of delivering actionable, defensible, and policy-relevant recommendations to state clients. The following section summarizes relevant organizational experience across benchmarking, stakeholder engagement, P&T operations, and executive-level reporting, followed by the qualifications of the proposed project team, each of whom brings direct experience aligned to the scope and objectives of this engagement with AHCCCS.

Relevant Experience Supporting AHCCCS and Arizona Medicaid Programs

Milliman has extensive recent experience supporting the Arizona Health Care Cost Containment System (AHCCCS) across Medicaid quality initiatives, directed payment programs, healthcare financing analyses, stakeholder engagement, and performance measurement reporting. Most notably, Milliman currently supports AHCCCS in administering the FFY 2024 HEALTHII Performance Measure Calculations and Reporting program, including development of streamlined data collection and validation processes, performance measure reporting methodologies, and executive-level reporting used to support HEALTHII directed payment program operations. As part of this work, Milliman developed robust project reporting protocols, facilitated stakeholder engagement with participating hospitals, and worked collaboratively with AHCCCS leadership to improve transparency, data accuracy, and operational efficiency. Milliman also supported AHCCCS through the rapidly evolving federal approval environment associated with FFY 2026 HEALTHII State Directed Payment (SDP) development and related CMS approval activities.

In addition to direct program administration support, Milliman has assisted AHCCCS with broader Medicaid financing, quality, and policy initiatives since the inception of the HEALTHII directed payment program in 2020. Our team has supported development of quality incentive payment methodologies, evaluation of hospital quality performance measures, preparation of technical guidance documents and stakeholder materials, and analyses supporting CMS-required Average Commercial Rate (ACR) demonstrations for multiple AHCCCS directed payment preprints. Milliman consultants routinely prepare executive presentations, technical reports, stakeholder-facing guidance documents, and detailed analytical models used by AHCCCS leadership, participating hospitals, and CMS reviewers to inform policy and operational decisions. Through this work, Milliman has developed a strong understanding of AHCCCS program operations, stakeholder dynamics, Medicaid managed care structures, and Arizona-specific healthcare policy considerations directly relevant to this engagement.

This direct experience supporting AHCCCS and Arizona Medicaid programs complements the broader national Medicaid pharmacy, P&T, stakeholder engagement, and operational improvement experience summarized below.

7.3.1. Specific experience with this type of project.

Pharmacy & Therapeutics (P&T) Policy and Process Review Experience

Milliman is frequently engaged to evaluate and enhance Pharmacy & Therapeutics (P&T) policies, governance structures, and decision-making processes across Medicaid programs and managed care organizations.

Project	Case Study
Manufacturer P&T Process Research	Milliman supported a pharmaceutical manufacturer in evaluating Pharmacy & Therapeutics (P&T) review processes across multiple state Medicaid programs, with a focus on antipsychotic medications. The team conducted a comprehensive review of publicly available P&T materials, including meeting notes, coverage decisions,



Project	Case Study
<i>(Antipsychotic Medications)</i>	voting outcomes, and clinical protocols. In addition, Milliman analyzed processes related to public comment submissions and stakeholder engagement during formulary decision-making. Findings were synthesized into a state-by-state database and summary of key trends, enabling the client to better understand variation in P&T review methodologies and inform future engagement strategies.
<i>Medicaid MCO Pharmacy Operations & P&T Process Mapping</i>	Milliman partnered with a Medicaid managed care organization (MCO) to evaluate internal pharmacy operations, including P&T committee structure, formulary oversight, and coordination with the pharmacy benefit manager (PBM). The engagement involved detailed process mapping of decision-making workflows, identification of operational inefficiencies, and development of benchmarking insights to inform an optimized staffing and governance model. Recommendations focused on improving alignment between clinical decision-making, operational execution, and strategic formulary management.
<i>Arkansas Drug Utilization Review (DUR) Board Facilitation</i>	Milliman supported the Arkansas Department of Human Services Drug Utilization Review (DUR) Board by facilitating workshops with state representatives and managed care organizations. These sessions focused on continuous improvement of clinical review processes, evaluation of utilization management tools, and assessment of technology supporting drug review activities. The engagement helped strengthen alignment between stakeholders and enhance the effectiveness of clinical oversight processes closely tied to P&T functions.

Stakeholder Engagement & Facilitation (Internal & External)

Milliman is frequently asked to facilitate stakeholder engagement and manage public comment processes on behalf of our clients, bringing together diverse perspectives to inform policy and program decisions.

Project	Case Study
<i>MACPAC Physician Administered Drugs (PAD) Roundtable</i>	Milliman was engaged by the Medicaid and CHIP Payment and Access Commission (MACPAC) to design and facilitate a national roundtable on physician-administered drugs. The team identified and convened a diverse group of stakeholders, including state Medicaid agencies, managed care plans, providers, manufacturers, patient advocacy groups, and policy experts. Milliman developed the agenda, led structured discussions, and captured stakeholder perspectives on utilization management and reimbursement challenges. Outputs included a comprehensive synthesis of discussion themes and a final presentation outlining key findings and policy considerations.
<i>Kentucky P&T and MCO Think box Meeting Support</i>	Milliman provides ongoing support to the Kentucky Department for Medicaid Services to provide fiscal and managed care capitation rate impact models for proposed PDL changes prior to their quarterly P&T meetings. This work also supports DMS with the MCO 'Thinkbox' which is their collaborative process to discuss proposed P&T changes with the Kentucky Medicaid managed care organization pharmacy leadership. This collaboration seeks to include managed care stakeholder feedback early into the P&T process to lead to a more collaborative and streamlined quarterly P&T process.
<i>Public-Private</i>	Milliman supports a multi-stakeholder public-private partnership focused on understanding the experiences and challenges faced by individuals diagnosed with



Project	Case Study
Partnership Stakeholder Engagement & Facilitation	cancer. The partnership includes non-profit patient advocacy organizations, providers, industry stakeholders, and policy representatives. On behalf of the partnership, Milliman leads participant recruitment, meeting planning and logistics, and development of agendas and facilitation materials. The team facilitates discussions across nine tumor-specific steering committees and coordinates engagement among a broad set of stakeholders, including patients, advocacy groups, providers, payers, legislators, and industry organizations. Milliman also produces post-meeting summaries and develops quarterly and annual synthesis reports that distill key themes and insights, supporting informed decision-making and ongoing collaboration across the partnership.

Healthcare Policy Research & National Best Practices Benchmarking

Milliman supports clients through rigorous healthcare policy research and national benchmarking, helping states evaluate program design options and align with leading practices across Medicaid programs.

Project	Case Study
Rhode Island Regional Medicaid Rate Benchmarking Study	Milliman conducted a comprehensive benchmarking analysis for the Rhode Island Office of the Health Insurance Commissioner, comparing Medicaid reimbursement rates for key services supporting individuals with intellectual and developmental disabilities (I/DD) across five New England states. The study evaluated regional differences in payment structures, cost drivers, and workforce considerations. Findings provided the state with actionable insights into competitive positioning and informed policy discussions around rate adequacy and provider access.
Utah Medicaid Pharmacy Service Delivery Model Evaluation	Milliman supported the Utah Department of Health and Human Services in evaluating alternative pharmacy service delivery models, including fee-for-service, managed care, single PBM, and carve-out approaches. The engagement included a review of national best practices and benchmarking of other state Medicaid programs. Milliman assessed both financial and operational impacts, incorporating utilization, cost, rebate, and administrative considerations. Findings were presented to state leadership and legislators to inform future policy direction and program design.

Process Mapping, Workflow Analysis & Recommendations Development

Milliman partners with clients to map complex healthcare workflows, identify operational inefficiencies, and develop actionable recommendations to improve program performance and service delivery.

Project	Case Study
Parkland Health Pharmacy Operations Process Mapping & Transformation	Milliman partnered with Parkland Health to conduct a comprehensive assessment of pharmacy and broader operational workflows. The engagement included mapping current-state processes, designing future-state workflows, and evaluating financial and operational flows across the organization. Through a multi-day, cross-functional workshop, Milliman facilitated alignment across stakeholders and developed a detailed implementation roadmap. Recommendations focused on improving efficiency, clarifying roles and responsibilities, and optimizing pharmacy service delivery models.



Project	Case Study
<i>South Carolina Evaluation of Pharmacy Contract Requirements in Medicaid Managed Care Program</i>	Milliman supported the South Carolina Department of Health and Human Services (SCDHHS) in evaluating pharmacy benefit requirements embedded in managed care organization (MCO) contracts. The engagement included a comprehensive review of pharmacy policies, prior authorization workflows, PDL adherence requirements, and supporting operational procedures. The team leveraged pharmacy claims analysis, HRSA Medicaid Exclusion Files, and stakeholder interviews to assess compliance with contractual expectations and identify gaps in execution across MCOs. Findings focused on member access, timeliness of prior authorizations, emergency fill policies, and adherence to the unified PDL. The final deliverable included actionable recommendations to strengthen compliance monitoring, improve member access, and enhance financial and operational integrity across the Medicaid pharmacy program.

Data-Driven Reporting, Deliverables & Executive Communication

Milliman delivers data-driven insights through advanced analytics, translating complex findings into clear, executive-level reporting that supports informed decision-making and policy development.

Project	Case Study
<i>Illinois Fiscal Impact of Adding Anti-Obesity Medication (AOM) Coverage</i>	Milliman supported the Illinois Department of Healthcare and Family Services (HFS) in estimating the fiscal impact of adding anti-obesity medication (AOM) coverage to the Medicaid program. The team developed a dynamic actuarial model incorporating clinical assumptions, utilization projections, drug costs, and rebate data. Milliman also evaluated potential medical cost offsets associated with improved health outcomes. Results were delivered through executive presentations and detailed reports, which were used by state leadership and the Governor's office to inform budgeting and policy decisions.
<i>Indiana Single Preferred Drug List (PDL) Compliance Reporting</i>	Milliman developed a comprehensive reporting solution to monitor managed care organization (MCO) compliance with Indiana's Statewide Uniform Preferred Drug List (SUPDL). Using pharmacy encounter data, the team created executive dashboards and a dynamic analytical tool to track utilization shifts, identify non-compliance drivers, and evaluate financial impacts. The reporting enabled state stakeholders to monitor performance, optimize rebate opportunities, and inform capitation rate adjustments.
<i>Kentucky Senate Bill 50 Medicaid Pharmacy Benefit Evaluation</i>	Milliman evaluated the impact of Senate Bill 50 on Kentucky's Medicaid pharmacy benefit, analyzing changes before and after implementation of a single PDL, single PBM, and fee-for-service reimbursement model. The team conducted detailed trend analyses, scenario modeling, and evaluation of rebate and utilization impacts. Findings were presented in a comprehensive report to support legislative understanding and guide future program oversight.
<i>Louisiana PDL Brand vs. Generic Policy Change Analysis</i>	Milliman conducted a fiscal impact analysis for the Louisiana Department of Health to evaluate a potential shift from brand-preferred to generic-preferred drug policies. The engagement included modeling utilization shifts, repricing claims, and estimating gross cost impacts, with collaboration to assess net costs after rebates. Deliverables included a detailed report and dynamic model to support policy decision-making and stakeholder collaboration.



Project	Case Study
South Carolina Medicaid Drug Rebate Cap (AMP Cap) Legislative Impact Analysis	Milliman analyzed the financial implications of removing the federal Medicaid drug rebate cap for the South Carolina Department of Health and Human Services. The team developed a detailed model using average manufacturer price (AMP) and unit rebate amount (URA) data to identify drugs most impacted by the policy change. Milliman provided actionable insights, including identification of high-impact drugs and strategic recommendations for PDL management and program adjustments, enabling the state to respond effectively to the legislative change.
Ohio Medicaid Single PBM Cost Effectiveness Analysis	Milliman supported the Ohio Department of Medicaid (ODM) in evaluating the cost effectiveness of its single pharmacy benefit manager (PBM) program after the first two years of implementation. The analysis was designed to provide an “apples-to-apples” comparison between the actual program experience and a counterfactual scenario representing what ODM would have paid under a traditional managed care organization (MCO) model. The team conducted detailed actuarial modeling of pharmacy costs, including drug spend and capitation equivalents, to assess financial performance and program value. Findings were synthesized into a clear, executive-level report emphasizing transparency, accountability, and key cost drivers, enabling ODM to evaluate program success and inform future pharmacy policy decisions.

7.3.2. List of key personnel with names, titles, and descriptions of responsibilities that each individual will have related to this project. Include a description of each Staff person’s specific experience that meets the requirements of this project.

7.3.3. Experience of the proposed staff with this type of project.

Our proposed team encompasses all relevant aspects of this project, along with existing familiarity with AHCCCS’ programs, policies, and procedures. Please see **Appendix B** for the full resumes of each individual listed below.

Ben Mori | Principal & Senior Healthcare Consultant | Engagement Sponsor

Project Responsibilities: Ben will serve as Engagement Sponsor and provide executive oversight for the engagement, including strategic direction, quality assurance, and alignment with AHCCCS objectives. He will guide overall project governance, review key deliverables, support stakeholder engagement strategy, and ensure that all analyses and recommendations are consistent, transparent, and actionable for decision-making.

Experience: Ben is a Principal and Senior Healthcare Consultant with more than 24 years of experience supporting Medicaid and commercial payers in healthcare payment system design, program evaluation, and policy development. He has extensive experience working with AHCCCS since 2012 on initiatives such as supplemental payment programs and directed payment models, with responsibilities spanning financial modeling, quality metrics, stakeholder engagement, and CMS approval processes. His background includes leading large-scale, multi-stakeholder engagements focused on improving Medicaid program transparency, efficiency, and sustainability.

Jim Davidson, PharmD., MBA | Senior Pharmacy Consultant | Project Lead

Project Responsibilities: Jim will lead day-to-day project execution, including planning and coordination of stakeholder engagement activities such as interviews, listening sessions, and structured feedback collection. He



will oversee benchmarking of AHCCCS P&T processes against national best practices, lead synthesis of stakeholder input and public comments, and guide the development of findings, insights, and final recommendations. He will also manage project timelines, deliverable quality, and coordination across the project team.

Experience: Jim brings more than 20 years of experience in pharmacy benefit consulting, Medicaid managed care pharmacy operations, and drug utilization analytics. He has led pharmacy policy and program design initiatives across Medicaid, Medicare, and commercial markets, including formulary management, utilization review, and high-cost specialty drug strategy. Prior to Milliman, he held leadership roles at Optum Advisory Services and within Medicaid managed care organizations, where he directed interdisciplinary teams supporting regulatory changes, pharmacy cost containment strategies, and value-based pharmacy programs. He has also served as the pharmacy director for the Indiana Centene managed Medicaid program where he led the P&T committee and the utilization management programs.

Jennifer Prather, PharmD | Senior Pharmacy Consultant | Subject Matter Expert

Project Responsibilities: Jennifer will provide subject matter expertise on Medicaid pharmacy policy and Pharmacy & Therapeutics (P&T) processes, including formulary governance, drug utilization management, and managed care pharmacy oversight. She will support benchmarking against national Medicaid pharmacy practices, contribute to synthesis of stakeholder input and policy considerations, and review deliverables for technical accuracy and alignment with CMS and Medicaid program standards.

Experience: Jennifer has over 20 years of pharmacy experience, including more than a decade focused on Medicaid pharmacy benefit design, reimbursement policy, and program oversight. She has served as a technical advisor to CMS and multiple state Medicaid agencies on formulary management, drug pricing strategies, and managed care pharmacy operations. In her current role at Milliman, she leads pharmacy analytics and consulting engagements supporting states in areas such as Preferred Drug List (PDL) management, high-cost drug policy, 340B program evaluation, and pharmacy benefit delivery model assessments.

Chris Page, PharmD., MBA | Principal & Senior Healthcare Consultant | Subject Matter Expert

Project Responsibilities: Chris will provide subject matter expertise to support the team in evaluating Pharmacy & Therapeutics (P&T) operations, including governance structure, clinical decision-making processes, and policy development. He will contribute to the analysis of existing P&T frameworks, support interpretation of pharmacy policies across Medicaid programs, and assist in developing content and recommendations based on national and state-level best practices.

Experience: Chris has more than 13 years of experience as a pharmacy consultant supporting Medicaid, commercial, and Medicare clients in pharmacy benefit design and P&T operations. Prior to joining Milliman, he worked at Evolent Health, where he supported clients on P&T structure, formulary governance, pharmacy analytics, and pharmacy program operations across multiple payer environments. He also brings experience from PBM and integrated payer-provider systems, providing a broad perspective on pharmacy operations across commercial insurance, Medicare, and Medicaid markets.

Gigi Cabello, MS | Healthcare Consultant | Stakeholder Support Subject Matter Expert

Project Responsibilities: Gigi will lead planning and execution of stakeholder engagement activities, including interviews, listening sessions, and public forums with providers, health plans, advocacy groups, and other stakeholders. She will develop facilitation tools and discussion guides, capture qualitative feedback, and synthesize input into key themes, gaps, and insights related to access, transparency, and stakeholder experience.

Experience: Gigi brings more than 10 years of experience in qualitative research, health policy analysis, and stakeholder engagement focused on healthcare access, behavioral health, and health equity. She has led engagement efforts for Medicaid agencies, public health organizations, and community-based partners, including focus groups, interviews, and waiver development support. Her work has centered on translating stakeholder and community input into actionable policy recommendations and program improvements.

Adam Hearn, MS-DSPP | Data Scientist | Project Management Support



Project Responsibilities: Adam will support data analysis, visualization, and synthesis of stakeholder feedback and pharmacy-related datasets. He will develop dashboards and analytical tools to identify trends, summarize findings, and support benchmarking, process evaluation, and reporting deliverables. He will also contribute to ensuring consistency and clarity in data-driven insights across project materials.

Experience: Adam is a data scientist specializing in healthcare analytics, explainable AI, and Medicaid program integrity. He has developed fraud detection models, utilization dashboards, and policy simulation tools for state and federal healthcare programs. His work focuses on transforming complex datasets into clear, actionable insights that support policy development, operational decision-making, and program evaluation.

Jon Yalcin, MHA | Healthcare Policy Associate | Project Management Support

Project Responsibilities: Jon will support process mapping and workflow documentation for the AHCCCS P&T review, including stakeholder interviews, identification of process steps, and analysis of operational workflows. He will assist in synthesizing qualitative and quantitative data into structured insights, identifying process gaps and improvement opportunities, and supporting benchmarking against Medicaid pharmacy best practices.

Experience: Jon is a healthcare management consultant with experience in process improvement, operational analysis, and healthcare transformation initiatives. He has supported workflow mapping, performance analysis, and data-driven improvement efforts across healthcare organizations, helping identify inefficiencies and implement system-level enhancements. His work includes translating operational data and stakeholder input into actionable recommendations for healthcare delivery improvement.

Terry Followell | Creative Director | Project Management Support

Project Responsibilities: Terry will lead visual communication and design development for all project deliverables, including process maps, stakeholder materials, presentations, and final reports. He will translate complex analytical and policy content into clear, accessible, and visually structured formats that support understanding across technical and non-technical audiences.

Experience: Terry has more than 15 years of experience as a Creative Director specializing in healthcare and life sciences communications. He has developed visual communication systems, brand strategy, and educational materials that simplify complex clinical and policy concepts for diverse audiences. His work focuses on improving clarity, engagement, and usability of information through structured visual design.

Gordon Chan, MHA | Healthcare Management Consultant | Project Management Support

Project Responsibilities: Gordon will support research, environmental scanning, and synthesis of stakeholder input and policy materials for the P&T review. He will assist in benchmarking Medicaid pharmacy and P&T best practices, identifying key themes from qualitative and quantitative data, and contributing to structured summaries for deliverables and recommendations.

Experience: Gordon is a healthcare management consultant focused on research, healthcare operations, and policy analysis. He specializes in environmental scanning, benchmarking, and synthesizing healthcare delivery trends to support strategic and operational decision-making. His work includes developing structured insights and presentation materials that translate research and data analysis into clear, decision-ready outputs.



7.4 Pricing Proposal

Provide a pricing proposal for completion of the project broken down by the deliverables listed in 5.0.

7.4.1. The overall price for the whole project will be a not to exceed (NTE) amount. Billing shall be based on Deliverables and shall not exceed this amount unless prior approval is obtained by AHCCCS.

For this Task Order we propose proposed cost amounts by project deliverable, to be invoiced monthly based on hours incurred. Our cost estimate by project deliverable, is shown in **Figure 4** below.

Figure 4 – Cost Estimate by Deliverable

Deliverable #:	Deliverable Description:	Proposed Hours	Proposed Cost
5.1	Stakeholder Engagement & Facilitation	144	\$61,655
5.2	Stakeholder Feedback Summary	26	\$11,000
5.3	Ongoing Project Management & Communication	34	\$14,795
5.4	Draft Report & Findings Synthesis	96	\$43,820
5.5	Final Report, Recommendations & Delivery	60	\$28,400
	Total	360	\$159,170

As shown above, we propose a total amount of 359 hours and **\$159,670** in fees for tasks and deliverable required under Task Order section 5. This cost estimate is based on the following proposed bill rates by level:

Figure 5 – Proposed Bill Rate by Team Member

Team Member	Proposed Bill Rate
Ben Mori / Engagement Principal	\$572
Jim Davidson / Project Manager	\$485
Jennifer Prather / Subject Matter Expert	\$495
Chris Page / Subject Matter Expert	\$500
Gigi Cabella / Stakeholder Support Subject Matter Expert	\$345
Adam Hearn / Data Scientist and Project Management Support	\$345
Jon Yalcin / Project Management Support	\$325



Team Member	Proposed Bill Rate
Terry Followell / Creative Director/ Project Support	\$408
Gordon Chan / Project Support	\$295



Attachments

- Appendix 1:** Signed copy of Amendment 1
- Appendix 2:** Signed copy of Amendment 2
- Appendix 3:** Signed copy of Amendment 3
- Appendix 4:** Example of P&T Domains of Excellence
- Appendix 5:** Example of Tool: Document Control Register
- Appendix 6:** Example of Policy Review Framework
- Appendix 7:** Example of Findings and Issues log
- Appendix 8:** Example of Intake and Control Protocol
- Appendix 9:** Example of Comment Evaluation Framework
- Appendix 10:** Example of Stakeholder Map
- Appendix 11:** Example of Comparison Grid
- Appendix 12:** Resumes



Appendix 1: Signed copy of Amendment 1


TASK ORDER SOLICITATION

AMENDMENT #1

YH26-0094 YH26-0094 - Pharmacy Consulting and Process Improvement Recommendations	Task Order due date: Tuesday, May 12, 2026, 3:00 P.M. Arizona Time	Procurement Officer: Tiffanie Blanco Email: procurement@azahcccs.gov
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A signed copy of this amendment must be submitted with your Task Order solicitation response.

This Task Order Solicitation is amending the task order due date from Thursday, April 30, 2026, 3:00 P.M. Arizona Time to Tuesday, May 12, 2026, 3:00 P.M. Arizona Time.

Paragraph # or Title	Page #	Amendment
Proposal Due Date Change	1	Task order due date has been changed from April 30, 2026, 3:00 P.M. Arizona Time to Tuesday, May 12, 2026, 3:00 P.M. Arizona Time.
OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.		THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: 		SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Tiffanie Blanco Ben Mori		TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE: Purchasing Manager Principal & Senior Healthcare Consultant		TITLE: Chief Procurement Officer
DATE: 4/21/2026 5/12/2026		DATE: 4/21/2026




Appendix 2: Signed copy of Amendment 2


**TASK ORDER SOLICITATION
AMENDMENT #2**

YH26-0094 YH26-0094 - Pharmacy Consulting and Process Improvement Recommendations	Task Order due date: Tuesday, May 12, 2026, 3:00 P.M. Arizona Time	Procurement Officer: Tiffanie Blanco Email: procurement@azahcccs.gov
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A signed copy of this amendment must be submitted with your Task Order solicitation response.

The attached Answers to Questions are incorporated as part of this solicitation amendment.


Paragraph # or Title	Page #	Amendment
Proposal Due Date Change	1	Task order due date has been changed from April 30, 2026, 3:00 P.M. Arizona Time to Tuesday, May 12, 2026, 3:00 P.M. Arizona Time.
Answers	N/A	Answers to questions. The form is attached.
OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.		THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: 		SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Ben Mori		TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE: Principal & Senior Healthcare Consultant		TITLE: Chief Procurement Officer
DATE: 5/12/2026		DATE: 4/21/2026

	QUESTIONS AND ANSWERS FORM	
	Pharmacy Consulting and Process Improvement Recommendations YH26-0094	
	Questions shall be submitted electronically on this form to Procurement@azahcccs.gov no later than <u>April 14, 2026, 5:00 PM, Arizona Time</u>	


Question#	VENDOR NAME	Paragraph # or Title	Pg #	Vendor Question	AHCCCS Response
1.	Myers and Stauffer LC	7.4	5-6	What is the State's anticipated budget for this task order?	Please refer to section 7.4 . AHCCCS is requesting that interested parties provide a pricing proposal broken down by the deliverables listed in 5.0 . The overall price should be proposed as a not-to-exceed (NTE) amount.
2.	Myers and Stauffer LC	4.4.3	2	Section 4.3 suggests that the State has already collected public comments (i.e., "analyze existing public comments"). Can the State confirm whether this is true and, if yes, how many comments have been collected to date?	<p><i>Ask Damien</i></p> <p>AHCCCS has received public comments related to aspects of the P&T process. The volume and specific content of comments may vary, and additional stakeholder input is anticipated as part of this project. Interested parties should assume that review and analysis of existing comments, along with facilitation of additional stakeholder feedback as appropriate, is within scope</p>
3.	Myers and Stauffer LC	5.1	3	Section 5.1.1 notes that the selected vendor will be required to facilitate 2-4 stakeholder meetings; however, the suggested timeline also indicates a need for leadership and staff interviews. Can the State confirm whether these interviews are included in, or in addition to, the 2-4 stakeholder meetings? Also, would the State be interested in additional stakeholder engagement activities, such as a	<p>Section 4 presents the required activities at a high level, while Section 5 further defines those activities through specific deliverables.</p> <p>Internal leadership and staff interviews are included within the stakeholder engagement activities described in Section 5.1, as reflected in the suggested timeline. The Task Order outlines minimum engagement expectations; respondents may propose additional stakeholder</p>

	QUESTIONS AND ANSWERS FORM	
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	Questions shall be submitted electronically on this form to Procurement@azahcccs.gov no later than <u>April 14, 2026, 5:00 PM, Arizona Time</u>	


Question#	VENDOR NAME	Paragraph # or Title	Pg #	Vendor Question	AHCCCS Response
				stakeholder survey, to ensure more robust data collection?	engagement methods if they believe such approaches would add value, provided they are clearly described and reflected in the proposed methodology and pricing.
4.	Myers and Stauffer LC	5.4	4	Section 5.4.2 notes that the selected vendor will be required to include a comparison of current AHCCCS P&T processes with national P&T best practices in its draft recommendation report. Would the State be interested in the selected vendor conducting key informant interviews with other states to discuss their P&T processes and further assess best practices?	AHCCCS is requesting a comparison of current AHCCCS P&T processes with national P&T best practices, as described in Section 5.4.2. The specific methods for gathering information on best practices are at the discretion of the respondent and should be described in the proposed methodology.
5.	Mercer Health & Benefits LLC	2	2	Is the Arizona Pharmacy and Therapeutics Committee serving as the Drug Utilization Board as required by Section (g)(3)(D) of the Social Security Act?	AHCCCS's Pharmacy & Therapeutics Committee operates in accordance with applicable federal and state requirements. Respondents should base their proposals on a review of publicly available information and the project scope described in the Task Order
6.	Mercer Health & Benefits LLC	2	2	Is AHCCCS's goal for the Pharmacy and Therapeutics Committee to meet the American Society of Health-System Pharmacists Guidelines on the Pharmacy and Therapeutics Committee and the Formulary System? (<i>American Journal of Health-System Pharmacy</i> , Volume 78, Issue 10, 15 May	AHCCCS is seeking an assessment of its current P&T processes in comparison with national P&T best practices. Formal adoption of any specific external standard or guideline is not predetermined and may be considered as part of the consultant's analysis and recommendations.

	QUESTIONS AND ANSWERS FORM	
	Pharmacy Consulting and Process Improvement Recommendations YH26-0094	
	Questions shall be submitted electronically on this form to Procurement@azahcccs.gov no later than <u>April 14, 2026, 5:00 PM, Arizona Time</u>	

Question#	VENDOR NAME	Paragraph # or Title	Pg #	Vendor Question	AHCCCS Response
				2021, Pages 907–918, https://doi.org/10.1093/ajhp/zxab080 Published: 13 April 2021)	
7.	Mercer Health & Benefits LLC	2	2	Can the Agency elaborate on the factors that precipitated the need for this temporary assistance with the current P&T processes?	The Task Order is intended to address a temporary need for additional capacity to review existing P&T processes, analyze stakeholder input, and develop recommendations to enhance accessibility and transparency. No further detail beyond what is provided in the Task Order is necessary for proposal development.
8.	Mercer Health & Benefits LLC	4.3	2	Please provide a copy of, or a link, to the “existing public comments” referenced in item 4.3.	Relevant public comments will be made available to the selected contractor during the project, as appropriate. Respondents should not assume access to public comments prior to award.
9.	Milliman	5.1, 5.3 6.1	3 5	Please specify the State’s expectations regarding in-person versus virtual engagement across all project activities, including the project kick-off meeting, stakeholder interviews (internal and external), and recurring status or monthly check-in meetings. Please indicate whether any components are required to be conducted in person and, if so, which ones.	AHCCCS anticipates that most project activities, including meetings and interviews, will be conducted virtually. Respondents may propose in-person engagement if they believe it is necessary or beneficial, but in-person activities are not required unless explicitly agreed upon with AHCCCS.

	QUESTIONS AND ANSWERS FORM	
	Pharmacy Consulting and Process Improvement Recommendations YH26-0094	
	Questions shall be submitted electronically on this form to Procurement@azahcccs.gov no later than <u>April 14, 2026, 5:00 PM, Arizona Time</u>	

Question#	VENDOR NAME	Paragraph # or Title	Pg #	Vendor Question	AHCCCS Response
10.	Deloitte	Responsibilities/ Tasks	2	<p>Will all data and information be collected during the stakeholder sessions and public forums or will previously gathered data also be utilized?</p> <p>A. How was that data collected?</p> <p>B. Should the contractor assume any data cleansing, coding, or de-identification effort is required?</p> <p>C. Will formulary vs non-formulary utilization be provided within the data?</p>	<p>Both previously gathered information and new stakeholder input may be utilized for this project. AHCCCS will provide relevant existing documentation as described in the Task Order. Respondents should assume minimal data cleansing or preparation unless otherwise identified during the work.</p>
11.	Deloitte	Project Deliverables	3	Does AHCCCS expect the contractor to design, recruit for, host, facilitate, and document the public-facing listening session/virtual forum, or will AHCCCS support participant outreach and logistics?	The contractor is expected to support design, facilitation, and documentation of the public-facing listening session or virtual forum. AHCCCS will assist with stakeholder identification and outreach as appropriate.
12.	Deloitte	Responsibilities/ Tasks	2	How should “national P&T committee best practices” be defined for this project? Should these be Medicaid-specific practices only, or broader public-sector/commercial P&T practices where relevant?	National P&T best practices may include Medicaid-specific and broader public-sector or commercial practices, where relevant. Respondents should describe how best practices will be identified and assessed in their proposed methodology.
13.	Deloitte	Project Deliverables	4	Are there any anticipated legal, policy, or stakeholder sensitivities that AHCCCS wants contractors to account for in how recommendations are framed?	Respondents should assume that legal, policy, and stakeholder considerations may be relevant to the review of AHCCCS’s Pharmacy & Therapeutics (P&T) processes, as is typical for work involving public programs and multi-stakeholder environments. Contractors should frame recommendations in a

	QUESTIONS AND ANSWERS FORM	
	Pharmacy Consulting and Process Improvement Recommendations YH26-0094	
	Questions shall be submitted electronically on this form to Procurement@azahcccs.gov no later than <u>April 14, 2026, 5:00 PM, Arizona Time</u>	

Question#	VENDOR NAME	Paragraph # or Title	Pg #	Vendor Question	AHCCCS Response
					<p>balanced, objective, and evidence-based manner, and remain mindful of applicable federal and state requirements, existing AHCCCS policies, and the range of stakeholder perspectives involved.</p> <p>Specific legal, policy, or stakeholder sensitivities are not enumerated in advance; however, recommendations should be practical, clearly supported by analysis, and presented in a way that allows for informed agency consideration and decision-making. Final determinations regarding policy direction or implementation will remain solely at the discretion of AHCCCS.</p>
14.					
15.					
16.					



Appendix 3: Signed copy of Amendment 3


TASK ORDER SOLICITATION

AMENDMENT #3

YH26-0094 YH26-0094 - Pharmacy Consulting and Process Improvement Recommendations	Task Order due date: Tuesday, May 12, 2026, 3:00 P.M. Arizona Time	Procurement Officer: Tiffanie Blanco Email: procurement@azahcccs.gov
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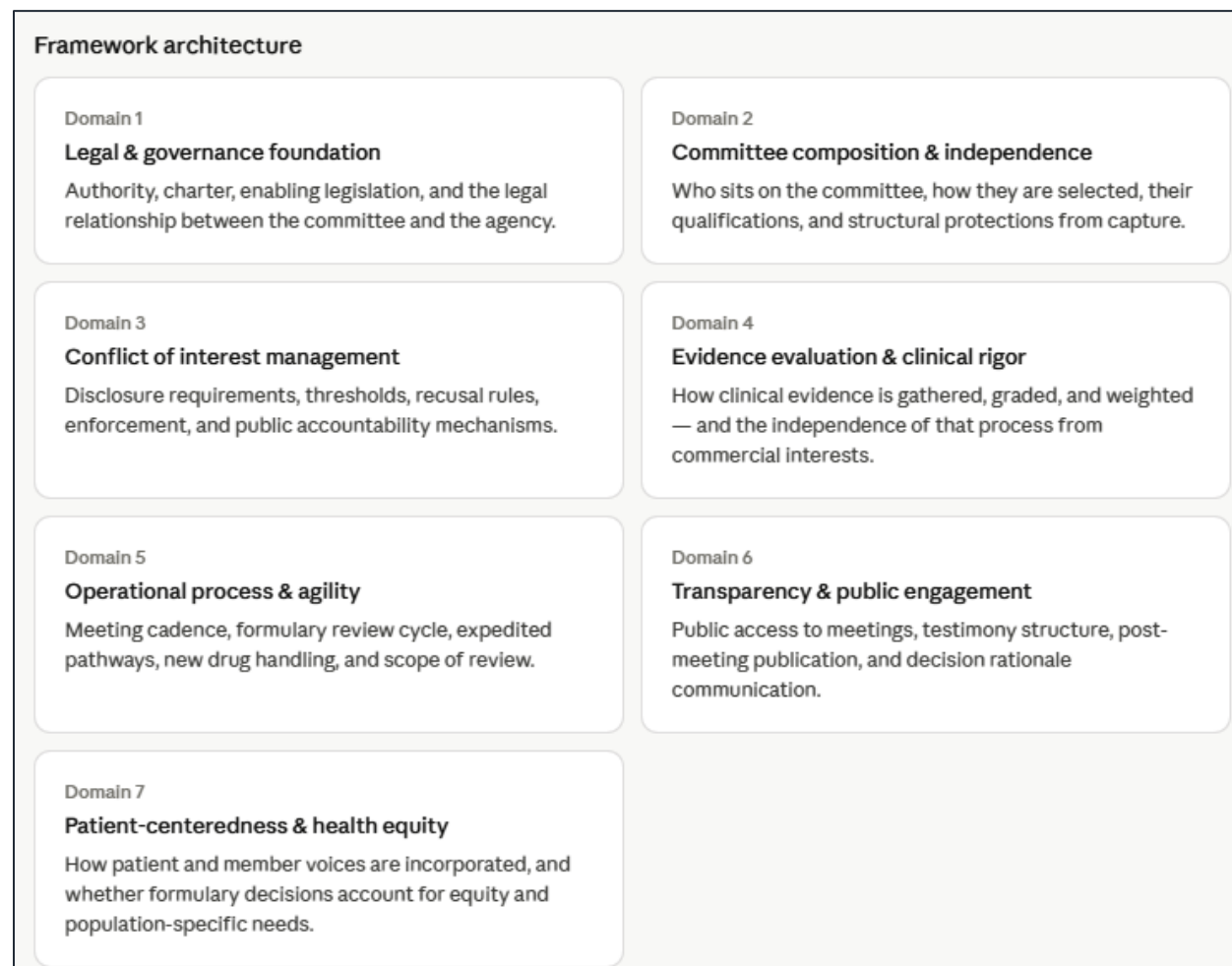
A signed copy of this amendment must be submitted with your Task Order solicitation response.

All references to specific calendar months within the Project Timeline section are hereby revised to reflect relative project months. Month 1 shall begin on the first full month following Task Order award. Conversion to Month-based timelines is intended to preserve the original sequencing and duration of the project and does not extend or shorten the overall project period

Paragraph # or Title	Page #	Amendment
PROJECT TIMELINE	2	This project shall commence upon execution of the Task Order and continue through the end of Month 5, with Month 1 beginning on the first full month following Task Order award.
5.1 Stakeholder Engagement & Facilitation	3	Suggested Timeline <ul style="list-style-type: none"> Weeks 1–2 (Month 1): Internal AHCCCS leadership and staff interviews Weeks 3–6 (Months 1–2): External stakeholder meetings
5.2 Stakeholder Feedback Summary	3	Suggested Timeline <ul style="list-style-type: none"> Draft: Early Month 3 Final: Mid-Month 3
5.3 Progress Reports	3	Suggested Timeline <ul style="list-style-type: none"> Monthly, beginning at the conclusion of Month 1 and continuing through project completion. Submitted within 5 business days of month end
5.4 Draft Recommendation Report	4	Suggested Timeline Draft delivered at the end of Month 4
5.5 Final Recommendations Report	4	Suggested Timeline Final report delivered at the end of Month 5
OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.		THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: 		SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Ben Mori		TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE: Principal & Senior Healthcare Consultant		TITLE: Chief Procurement Officer
DATE: 5/12/2026		DATE: 5/1/2026



Appendix 4: Example of P&T Domains of Excellence



Note: This framework is shared for illustrative purposes. It is a representation for how we could align on the key domains against which we evaluate P&T. The final framework would be developed in collaboration with AHCCCS.



Appendix 5: Example of Tool: Document Control Register

Medicaid Pharmacy Document Control Register						
Consulting Engagement - Pharmacy Benefits & P&T Committee Policy Review						
Total Documents 12	Complete 5	In Review 4	Pending 3	Total Findings 10	Open Findings 7	
<div>Document Register</div> <div>Findings & Issues Log</div>						
<div> <input type="text" value="Search documents..."/> <div> <div>All Status</div> <div>All Policy Areas</div> <div>+ Add Document</div> </div> </div>						
File Name	Source	Date Received	Version	Policy Area	Review Status	Actions
Prior_Authorization_Criteria_v3.2.pdf • Gaps identified	State Medicaid Agency	3/14/2026	3.2	Prior Authorization	Complete	
P&T_Committee_Charter_2026.docx • Gaps identified	Pharmacy Benefits Manager	3/17/2026	1.5	P&T Committee Gover...	In Review	
Preferred_Drug_List_Q1_2026.xlsx • Gaps identified	State Medicaid Agency	3/19/2026	Q1 2026	Formulary Management	Complete	
Drug_Utilization_Review_Protocol.pdf	MCO - Regional Health Plan	3/21/2026	2.0	DUR/Clinical Programs	Pending	
Step_Therapy_Guidelines_Diabetes.pdf • Gaps identified	P&T Committee	3/24/2026	4.1	Step Therapy	In Review	
Pharmacy_Provider_Manual_2026.pdf • Gaps identified	State Medicaid Agency	3/27/2026	2026.1	Provider Relations	Complete	
Medication_Therapy_Management_Policy.docx • Gaps identified	MCO - Regional Health Plan	3/31/2026	1.2	MTM Programs	In Review	
Specialty_Pharmacy_Network_Standards.pdf	Pharmacy Benefits Manager	4/2/2026	2.3	Network Management	Pending	
P&T_Meeting_Minutes_March_2026.pdf • Gaps identified	P&T Committee	4/4/2026	March 2026	P&T Committee Gover...	Complete	
Clinical_Coverage_Policy_Immunosuppressants.pdf • Gaps identified	State Medicaid Agency	4/7/2026	5.0	Clinical Coverage	In Review	
Pharmacy_Claims_Processing_SOP.docx	Pharmacy Benefits Manager	4/9/2026	3.1	Operations	Pending	
Opioid_Management_Program_Guidelines.pdf • Gaps identified	MCO - Regional Health Plan	4/11/2026	2.5	DUR/Clinical Programs	Complete	

Note: This tool is a front end that overlays an excel dashboard. This is shared as a representation of what we develop for our clients as part of the project. The final Document Control Register may look different than this and will be fit for purpose given AHCCCS needs.



Appendix 6: Example of Policy Review Framework

Evaluation Matrix 12 documents							
0 1 2 3 — N/A							
Document	1. Legal & governance foundation	2. Committee composition & independence	3. Conflict of interest management	4. Evidence evaluation & clinical rigor	5. Operational process & agility	6. Transparency & public engagement	7. Patient-centeredness & health equity
P&T Committee Charter	3	3	2	1	2	2	2
Committee Bylaws	2	3	1	1	2	2	2
Conflict of Interest Policy	2	2	3	1	1	2	1
Member Disclosure Forms	1	1	3	—	1	1	1
Clinical Review Template	1	1	2	3	2	1	2
Formulary Decision Memo	1	1	2	3	2	2	2
Meeting Agenda & Minutes	2	3	2	1	3	3	2
Public Comment Policy	1	1	1	1	1	3	2
New Drug Review SOP	1	1	2	3	3	1	2
Prior Authorization Criteria	1	1	2	2	2	1	2
Appeals & Exception Process	1	1	2	1	3	2	3
Annual PDL Review Calendar	2	2	1	1	3	2	2
Showing 12 of 12 documents 0 = Not addressed 1 = Emerging 2 = Partially addressed 3 = Fully addressed — = Not applicable							

Note: This is illustrative and shared as a representation of what we develop for our clients as part of projects. The final policy review framework and evaluation matrix may look different than this and will be fit for purpose given AHCCCS needs.



Appendix 7: Example of Findings and Issues Log

Total Documents
12

Complete
5

In Review
4

Pending
3

Total Findings
10

Open Findings
7

Document Register

Findings & Issues Log

Findings & Issues Log

Track gaps, compliance issues, and inconsistencies identified during document review

+ Add Finding

Total Findings
10

Open
7

In Progress
3

Resolved
0

Critical
0

High
5

All Severities

All Statuses

All Types

High Gap Open

Document: Prior_Authorization_Criteria_v3.2.pdf

Description:
Prior authorization criteria for specialty medications (e.g., biologics, gene therapies) lack specific clinical requirements and approval timelines

Recommendation:
Develop detailed PA criteria aligned with CMS guidelines; establish 24-hour expedited review process

Assigned to: Clinical Team Identified: 3/15/2026

High Compliance Issue Open

Document: Prior_Authorization_Criteria_v3.2.pdf

Description:
No documented appeals and grievance process for denied prior authorizations

Recommendation:
Add section detailing member appeal rights, timelines, and escalation procedures per 42 CFR 438.400

Assigned to: Compliance Team Identified: 3/15/2026

High Inconsistency Open

Document: Step_Therapy_Guidelines_Diabetes.pdf

Description:
Step therapy protocol requires metformin failure before GLP-1, but PDL lists certain GLP-1s as preferred without step therapy

Recommendation:
Reconcile step therapy requirements with PDL designations; convene P&T subcommittee to resolve

Assigned to: Clinical Team Identified: 3/25/2026

Done! How does this look?

Note: This tool is a front end that overlays an excel dashboard. This is shared as a representation of what we develop for our clients as part of the project. The final Issues and Findings may look different than this and will be fit for purpose given AHCCCS needs.

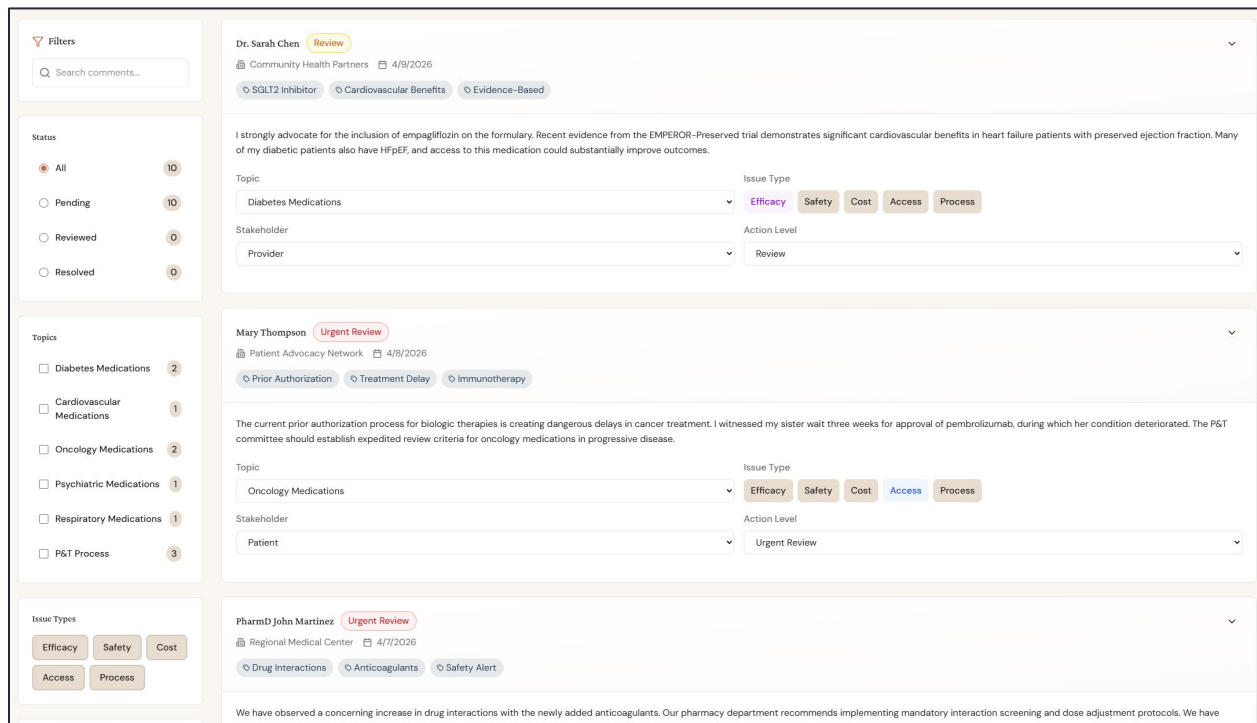
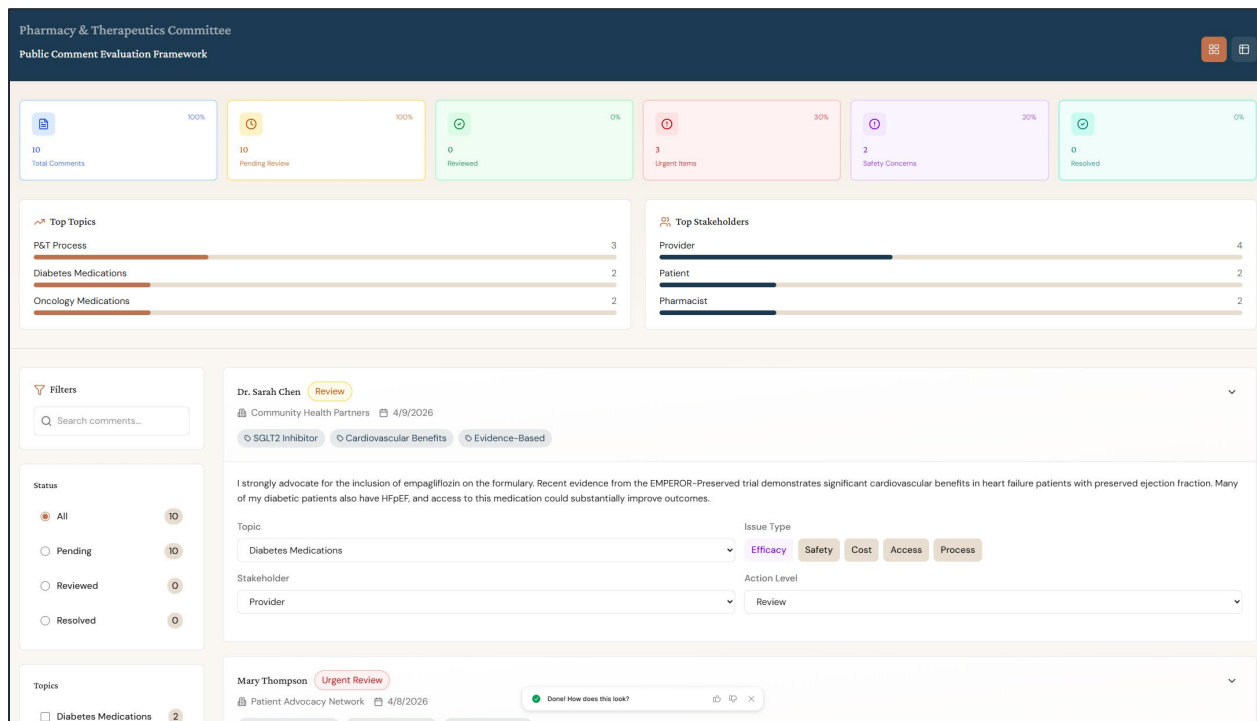


Appendix 8: Example of Intake and Control Protocol

Step	Purpose	Control point
1. Source intake	Establish the full record set for all comments in each P&T meeting.	Assign a unique source ID; log meeting date, and source location.
2. Status tracker	Track the record for Milliman processing and review.	Use a standard status: Complete / Partial / Open Question / Not Started.
3. Comment extraction	Convert meeting notes and testimony into comment-level records.	Assign a unique comment ID; preserve verbatim language where available.
4. Eligibility triage	Determine whether each comment is in scope for analysis.	Require an inclusion or exclusion rationale for every comment.
5. Stakeholder classification	Identify who made the comment and the perspective represented.	Separate individual patient/provider experience from organizational or manufacturer positions.
6. Topic coding	Classify the main issue raised in each comment.	Use a controlled taxonomy for access, safety, efficacy, cost, equity, utilization, and operational burden.
7. Evidence characterization	Distinguish the type and strength of support behind the comment.	Flag whether the comment includes clinical evidence, real-world experience, economic claims, operational concerns, or unsupported assertions.
8. Peer review	Milliman peer evaluates initial evidence characterization for reasonability.	A second reviewer samples or reviews coded comments; differences are documented and reconciled.
9. Impact assessment	Assess whether the comment may affect P&T policy and/or process recommendations.	Use a standardized system that enables review of priority comments.
10. Peer review of impact	Milliman peer evaluates impact assessment for reasonability.	A reviewer samples high impact flagged comments; differences in interpretation are documented and reconciled.
11. Synthesis and reporting	Summarize themes and implications in a decision-ready format.	Clearly distinguish stakeholder input, evidence-supported findings, and recommended follow-up areas.



Appendix 9: Example of Comment Evaluation Framework

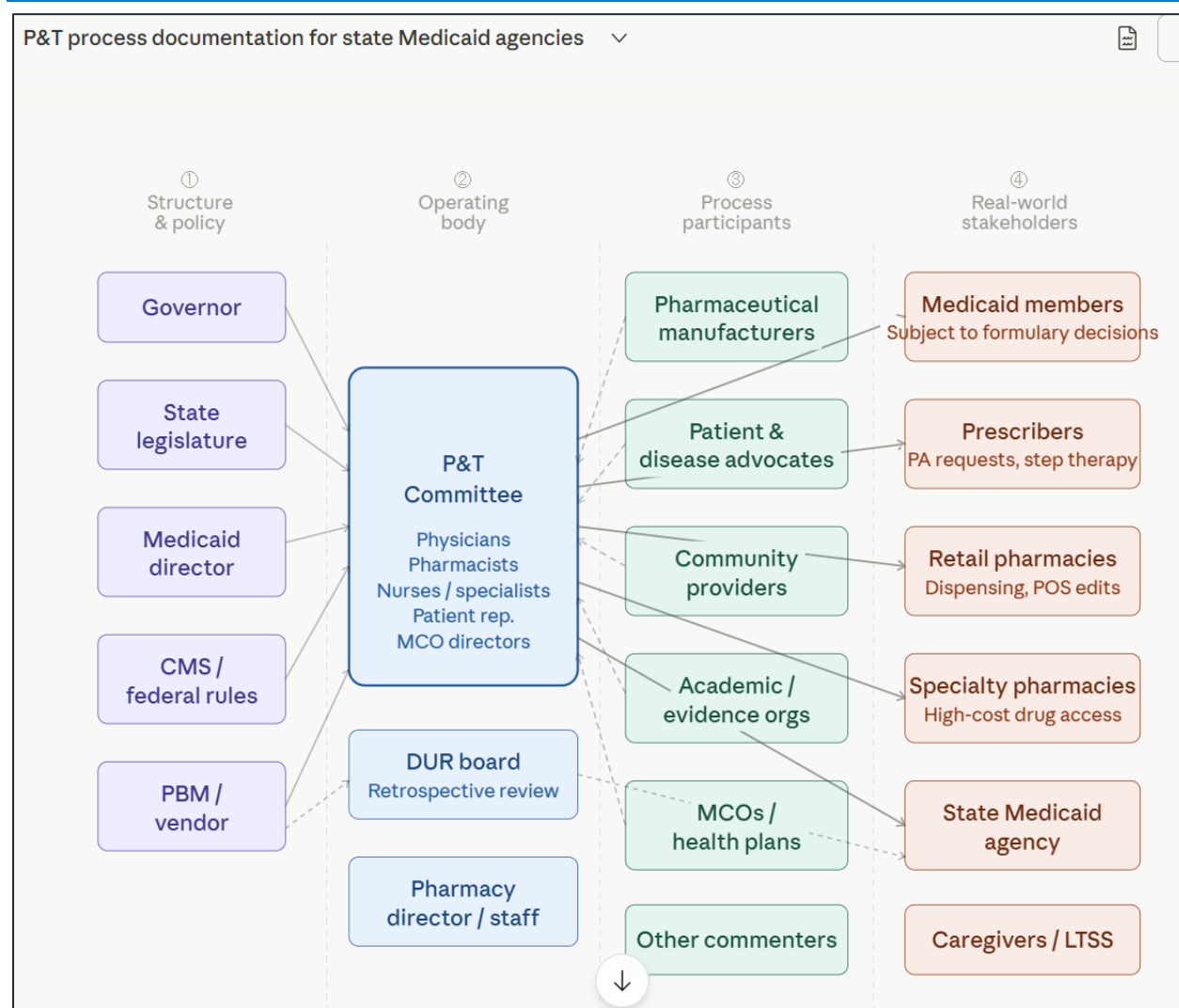




Note: This tool is a front end that overlays an excel dashboard. This is shared as a representation of what we develop for our clients as part of the project. The comment management framework may look different than this and will be fit for purpose given AHCCCS needs.



Appendix 10: Stakeholder Map



Note: This is a framework shared for illustrative purposes. The stakeholder map would be developed in concert with AHCCCS and based on insights collected through research and interviews.



Appendix 11: Comparison Grid

	2017 H2	2018 H1	2018 H2	2019 H1	2023 H1	2023 H2	2024 H1	2024 H2	2025 H1	2025 H2	2026 H1
Hemlibra	Inhibitor		non-inhibitor								
Factor Products								non-inhibitor	inh+non-inh		inhibitor

Hem A

Hem A+B

		Marstacimab	Hemlibra	Factor Products	Concizumab	Fitusiran
Indication	HemA / HemB	HemA and HemB	HemA only	HemA and HemB	HemA and HemB	HemA and HemB
	Inhibitor	With and without	With and without	Without	With and without	With and without
	Ages	12-74	All age groups	All age groups	12+	12+
Administration	RoA	SC	SC	IV	SC	SC
	Device	Prefilled pen	Syringe (non-prefilled)	IV	Prefilled	Prefilled
Dosing	Weight-based vs. Flat	Flat	Weight-based	Weight-based	Weight-based	Weight-based
	Frequency	Once weekly	Every 1 / 2 / 4 weeks	2-12 times per month	Once daily	Once monthly
Cost	Expected annual cost	\$700K-800K	\$300K-\$1M	\$300K-\$1M	N/A	N/A
Non-Inhibitor Clinical Data	Safety	No thromboses, fewer injection site reactions	Injection site reactions, safety warning	N/A	1 fatality, 4 non-fatal thrombotic events	N/A
	12 mo treated ABR: OD	ABR= 3.18 Δ= -91.6%	ABR= 1.4 Δ= -95.9%	ABR= 0.7-3.9 Δ= -96.7% - -45.7	ABR= 4.8 Δ= -75.3%	N/A
	12 mo treated ABR: Prophyl	ABR= 5.08 Δ= -35.3%	ABR= 1.6 Δ= -66.7%	ABR= 0.7-3.9 Δ= -96.7% - -45.7	ABR= 5.2 Δ= -52.9%	N/A
	Long-term treated ABR	2.3 Prophyl at 7 months	0.7 at 36 months	N/A	N/A	N/A

Note: This is an example of a synthesis of benchmarking and comparison framework used to synthesize findings to an executive audience. We worked with the client to align on key domains for comparison and a color coding system with accompanying business rules.



Appendix 12: Resumes

Ben Mori

Title Principal & Senior Healthcare Consultant
Education Bachelor of Arts, Economics – *Claremont McKenna College*



Overview of Experience

Ben brings over 24 years of experience using analytics to develop payments consistent with enhancing resource efficiency and access to quality healthcare, for both public and commercial payers. Ben is a national expert in the development of prospective payment methodologies and related rates for Medicaid nursing facilities, inpatient and outpatient hospital services, home- and community-based service (HCBS) providers, long-term acute care hospitals, and professional service providers. Ben also is experienced in assisting State Medicaid agencies with program funding strategies to optimize Federal funding opportunities, maintain access to care, and incentivize improved patient quality and outcomes.

Experience

Principal & Senior Healthcare Consultant (2018 – Present)

State of Washington, Health Care Authority (HCA)

- **Payment Rate Calculations & Fiscal Impact Analysis:** Assisted with payment rate calculations and simulation modeling of fiscal impact of converting its Medicaid inpatient payment system to APR-DRG and outpatient payment system to EAPG, including subsequent updates to grouper versions and rate factors. Also assisted with development of PPR payment incentive policy to reduce unnecessary utilization and improve patient outcomes. Assisted with UPL demonstrations, MMIS business requirements, SPA updates, and CMS approval process. (2005 - Present)
- **Hospital Assessment & Supplemental Payment Support:** Oversaw development of annual updates to hospital assessments to increase supplemental payment funding in managed care. Assisted with calculation of assessment amounts, modeled payment projections, and net fiscal impacts by hospital, facilitated stakeholder engagement with providers, assisted in development of CMS demonstrations needed for federal approval. Assisted with conversion managed care supplemental payment from a pass-through payment to expanded direct payment. Assisted with audit of CPE supplemental payment program. (2005 - Present)

State of Indiana, Family & Social Services Administration (FSSA)

- **Nursing Facility Reimbursement Redesign:** Redesign of FFS nursing facility reimbursement (moving from a retrospective cost-based methodology to a prospective approach), supplemental payments, and VBP, to be implemented concurrently with PathWays. Reimbursement was updated to be forward compatible with managed care and to provide the capability for state-directed payments on at least a transitional basis. Managed stakeholder engagement. (2021 – 2024)

State of Arizona, Health Care Cost Containment System (AHCCCS)

- **Hospital Program Support:** Oversaw development of annual updates to hospital tax program to fund the Medicaid expansion population in managed care since program's inception in 2014. Assisted with calculation of tax amounts, modeling payment projections and net fiscal impacts by hospital using Medicaid hospital encounter data, provider stakeholder engagement and development of CMS demonstrations needed for federal approval. More recently helped with

successful expansion of hospital assessment program to outpatient and to fund the non-federal share of the \$3B “HEALTHII” directed payment program, including new pay-for-reporting payment methodology. Aided with annual development of preprint applications to CMS, which were approved. Assisted AHCCCS with annual evaluation plan report of quality measures identified for inclusion in HEALTHII directed payment program preprint applications. Assisted with evaluating hospital performance across 8 different measures using information published by CMS. Currently overseeing collection of data and analysis of new set of quality performance measures selected by AHCCCS. (2012 - Present)

- **Fiscal Impact Analysis:** Oversaw payment rate calculations and simulation modeling of fiscal impact of converting Medicaid inpatient payment system from per diem rates to APR-DRG, including subsequent updates to grouper versions and rate factors. Assisted with SPA changes, MMIS business requirements, and CMS approval process. (2012 - Present)

State of Hawai’i, Med-QUEST Divison

- **AHEAD Alternative Payment Model Support:** Supporting Advancing All-Payer Health Equity Approaches and Development (AHEAD) model, CMS’ new state TCOC model designed to test states’ abilities to control health care expenditures and improve population health outcomes. Leading planning efforts and stakeholder engagement to incorporate existing Medicaid hospital funding streams into the Medicaid Hospital Global budget model and developing payment allocations to incentivize provider participation. (2019 - Present)
- **Hospital Inpatient Payment Support:** Assisted with design, development, and implementation of APR DRG based hospital inpatient payment system, transitioning from legacy per diem payment methodology, for use in Medicaid FFS and managed care. Assisted with development of conceptual design of new inpatient payment methodology. (2019 - Present)
- **State Directed Payment (SDP) Support & Stakeholder Engagement:** Facilitated numerous APR DRG stakeholder meetings, including discussions with the Healthcare Association of Hawaii (HAH), hospital representatives, Medicaid MCOs, and CMS. Assisted with developing MQD’s SPA and directed payment arrangement mandating MCO adoption of the APR DRG model, rates, and weights, and with CMS questions. Developed business requirements for MMIS changes and provided on-going assistance. Assisted with multiple updates to outlier cost-to-charge ratios (CCRs) and MQD’s DRG calculator. (2019 - Present)
- **Medicaid Supplemental Payment Program Support:** Assisted with Medicaid supplemental payment programs, including successful development and implementation of hospital State Directed Payment initiatives. This process involved significant stakeholder engagement with HAH, who traditionally developed the private hospital “Access” payment calculations. Assisted with development of preprint applications and participated in discussions with CMS. Assisted with annual review of HAH’s Access and Quality program payment modeling and the review of the hospital sustainability fee calculation the funds the non-federal share of these supplemental payment programs. This included review of the “B1/B2” and “P1/P2” test calculations for non-uniform and broad-based taxes (per 42 CFR § 433.68(e)) required for CMS approval. (2019 - Present)

State of Arkansas, Department of Human Services (DHS)

- **Hospital Payment Rate Review:** Assisted with developing Medicaid hospital rate study in accordance with a Governor Executive Order for systematic review of current Medicaid rates. This Medicaid hospital rate study contained an evaluation of Arkansas Medicaid inpatient and outpatient acute hospital payment methodologies, rates, and reimbursement levels, including both claim-based payments and supplemental payments, relative to select comparison states and nationally to Medicaid programs. Oversaw Arkansas Medicaid hospital reimbursement benchmarking analyses included a comparison of Arkansas to 10 select comparison states. (2021 - Present)

State of Wisconsin, Department of Human Services (DHS)

- **Hospital Payment Rate Calculation & Support:** Assists with annual Medicaid hospital payment rate calculations and payment impact modeling for updating the APR DRG and EAPG “grouper” versions and rate factors using Medicaid hospital claims and encounter data and Medicare cost report data. Also assisted with SPAs for methodology changes and the CMS approval process. Analysis included payment modeling projections and net fiscal impacts by hospital, provider stakeholder engagement and development of CMS demonstrations needed for federal approval. (2015-2018, 2021 - Present)
- **Hospital Supplemental Payment Support:** Assists with annual Medicaid hospital supplemental payment calculations in both an FFS and managed care environment, including access payments, DSH payments, and rural critical care supplemental payments. Assisted with comparisons of Medicaid HMO access payments under various scenarios to ACR for directed payment preprint development purposes. Also assisted with annual updates to the State’s hospital assessment rates and a reconciliation of assessment and payments to achieve legislative targets. In addition, assisted with quarterly analyses of PPR rates. (2015-2018, 2021 - Present)

State of Rhode Island, Executive Office of health & Human Services (EOHHS)

- **Nursing Facility Rate Development:** Developed and updated nursing facility reimbursement rates effective October 1, 2024—the first update since 2012. Collaborated with EOHHS to align the rate update with the Rhode Island Medicaid State Plan, including collecting nursing facility cost report data, assessing it for reasonableness, summarizing findings, and applying adjustments to calculate the direct care, indirect care, and other direct care components of the rates. Created objective information packets to support key decision points and inform stakeholders. Provided EOHHS with fiscal impact estimates. (2023 – 2024)
- **Nursing Facility PDPM Reimbursement Conversion:** Collaborated with EOHHS to review available MDS data, identify and resolve key data issues, and research innovative reimbursement methodologies using PDPM data and current cost report information. Delivered fiscal analysis of potential stakeholder impacts and strategic considerations for operations, implementation, and maintenance. After EOHHS selected a reimbursement structure, developed per diem rate components, facility-level fiscal impact estimates, and documented results in a transparent, formal report. (2024 – 2025)

State of Washington, Health Care Authority (HCA)

- **Payment Rate Calculations & Fiscal Impact Analysis:** Assisted with payment rate calculations and simulation modeling of fiscal impact of converting its Medicaid inpatient payment system to APR-DRG and outpatient payment system to EAPG, including subsequent updates to grouper versions and rate factors. Also assisted with development of PPR payment incentive policy to reduce unnecessary utilization and improve patient outcomes. Assisted with UPL demonstrations, MMIS business requirements, SPA updates, and CMS approval process. (2005 - Present)
- **Hospital Assessment & Supplemental Payment Support:** Oversaw development of annual updates to hospital assessments to increase supplemental payment funding in managed care. Assisted with calculation of assessment amounts, modeled payment projections, and net fiscal impacts by hospital, facilitated stakeholder engagement with providers, assisted in development of CMS demonstrations needed for federal approval. Assisted with conversion managed care supplemental payment from a pass-through payment to expanded direct payment. Assisted with audit of CPE supplemental payment program. (2005 - Present)

Professional Contributions

Research & Publications

- *State directed payment considerations for the CMS Medicaid and CHIP Managed Care Access, Finance, and Quality proposed rulemaking*, Milliman White Paper (2023)
- *Designing payment arrangements for Medicaid providers in response to the COVID-19 emergency*, Milliman White Paper (2020)
- *Meeting the needs of Medicaid Home and Community-Based Services program participants during the COVID-19 pandemic and beyond*, Milliman White Paper (2020)

- *State considerations regarding Medicaid Fiscal Accountability Regulation proposed by CMS,* Milliman White Paper [\(2020\)](#)

Jim Davidson, PharmD, MBA

Title	Senior Pharmacy Management Consultant Doctor of Pharmacy – <i>Purdue University</i>
Education	Master of Business Administration, Healthcare Administration – <i>Indiana Wesleyan University</i>
Professional Qualifications	Indiana Pharmacist License, 26021827A



Overview of Experience

Jim brings over 20 years of pharmacy experience with expertise in Medicaid reimbursement, managed care pharmacy benefit operations, pharmacy benefit design and implementation, pharmacy and medical drug benefit analytics, project management, and consulting to state Medicaid agencies and the CMS.

Prior to joining Milliman in 2023, Jim worked as a Senior Director for Optum Advisory Services providing project management and consulting services across the pharmacy ecosystem to Medicaid, Commercial, and Medicare clients, pharmaceutical manufacturers, pharmacy benefit managers, and specialty pharmacies. In this role Jim provided thought and client leadership for technical and analytical solutions to help clients meet their business objectives.

Jim has also served as a pharmacy director for an Indiana Medicaid Managed Care plan where he established the pharmacy department and oversaw the clinical and operational performance of the plan.

Jim also served as a manager of pharmacy consulting for Myers and Stauffer where he was the client and program manager for pharmacy Average Acquisition Cost (AAC) reimbursement contracts for six state Medicaid pharmacy programs and federally with CMS. He also co-managed the creation, maintenance, and ongoing support for the National Average Drug Acquisition Cost (NADAC) program.

Milliman Experience

Senior Pharmacy Management Consultant (2023 – Present)

State of Indiana, Family & Social Services Administration (FSSA)

- **Single Unified Preferred Drug List (PDL) Analysis:** Utilized existing pharmacy encounter data to develop a comprehensive reporting solution and integrated a dynamic Excel tool into the compliance report. (2023)
- **Hemophilia Blood Factor MAC Rate Analysis:** Repriced blood factor pharmacy and medical encounter claims data to evaluate potential savings opportunities through multiple viable pricing scenarios. (2025)

Commonwealth of Kentucky, Department for Medicaid Services (DMS)

- **GLP-1 Options Analysis:** Analyzed potential capitation rate and net fiscal impacts of the GLP-1 clinical criteria change. Reviewed proposed clinical criteria and determined the impact to GLP-1 utilization and both the gross and net costs. Created an actuarial model that allowed for multiple scenarios. (2024)
- **Legislative Impact Analysis:** Provided consulting services related to evaluating the impact of Senate Bill 50 on the Kentucky Medicaid managed care pharmacy benefit. Provided a detailed report showing pharmacy trends before and after the implementation of Senate Bill 50 and provided commentary on possible drivers of the observed trends. (2023 – 2025)

State of South Carolina, Department of Health & Human Services (SCDHHS)

- **Legislative Impact Analysis:** Provided a financial impact analysis that a recently enacted legislative change may have on the state Medicaid Drug Rebate Program (MDRP). Provided

SCDHHS with a list of the top 20 pharmaceutical products by gross spend in both the managed care and fee-for-service (FFS) programs. (2023)
Various State Medicaid Agencies
<ul style="list-style-type: none"> • Capitation Rate Development Support: Supports pharmacy capitation rate development for State Medicaid agencies including single and ongoing PDL changes, pharmacy cost and utilization trends, high-cost drugs (e.g., gene/cell therapies), and pharmacy policy changes. (2023 – Present) • Compliance Evaluation: Perform evaluations of state Medicaid MCO pharmacy program contractual compliance and overall performance for state agencies. (2023 – Present) • Fiscal Modeling: Develops fiscal modeling, including claims repricing, of pharmacy and medical drug claim reimbursement methodologies. (2023 – Present) • Legislative Impact Analyses: Determines impact of legislative changes to state Medicaid pharmacy budgets through strategic consulting and data analytics. (2023 – Present)
Prior Work Experience
Optum Advisory Services – Senior Pharmacy Director (2019 – 2023)
<ul style="list-style-type: none"> • Led the development, project management, and delivery of consulting projects that include healthcare cost analysis, performance optimization, quality measures, coverage strategies, treatment outcomes, financial assessments, total cost of care, value-based agreements, and policy analyses. • Directed interdisciplinary teams to manage program changes created by legislative changes, external pressures, or regulatory requirements. • Provided innovative solutions to managed care entities supporting drug management, program cost budgeting, forecasting, and clinical program development and oversight.
Centene – Senior Pharmacy Director (2015 – 2019)
<ul style="list-style-type: none"> • Responsible for building and maintaining the pharmacy department at the Indiana Centene plan when the pharmacy business was carved out to the Medicaid Managed Care Entities in 2015 with creation of the Healthy Indiana Plan. • Planned, directed, and implemented pharmacy program activities such as pharmacy call center, clinical initiatives, clinical programs including medication adherence, medication therapy management and drug utilization review. • Ensured creation, review, and delivery of all state required reporting and documentation of successful completion of contract requirements. • Provided delegate oversight of our pharmacy benefit manager to ensure compliance with all state required pharmacy benefit activities.
Myers & Stauffer – Senior Pharmacy Manager (2012 – 2015)
<ul style="list-style-type: none"> • Client and program manager for pharmacy Average Acquisition Cost (AAC) reimbursement contracts for six state Medicaid pharmacy programs and federally with CMS. • Co-managed the creation, maintenance, and ongoing support for the National Average Drug Acquisition Cost (NADAC) program. • Lead consultant for state and federal clients regarding pharmacy pricing policy, 340B drug discount program, specialty drug reimbursement and pharmacy claim informatics.
Columbus Regional Hospital – Clinical Pharmacist (2007 – 2012)
<ul style="list-style-type: none"> • Shared clinical and staffing workload. Clinical workload focuses on Intensive Care and Cardiac Care units where I participated in the delivery of optimized patient care in a multidisciplinary team setting. • Directed the IV room and ensured compliance with federal and internal regulations. Performed gap analysis and redesigned workflow to accommodate new equipment and staffing matrix. Trained technicians to perform aseptic compounding in accordance with USP 797. • Designed and prepared chemotherapy regimens in the outpatient oncology center. • Developed and co-managed a pharmacy technician role in the Emergency Department that focuses on patient safety and medication education through medication reconciliation procedures that were developed during a lean sigma process improvement initiative.

- Assisted in the development of ASHP PGY1 residency program and serve as a preceptor to students and residents in the areas of adult medicine and critical care.
- Prepared and delivered educational presentations to pharmacy and nursing staff regarding disease state management and new drug therapies.
- Member of CORE executive team that meets weekly to discuss potential growth and innovation opportunities for the pharmacy department.
- Adjunct Faculty at Purdue University. Served as a preceptor for both IPPE and APPE rotations for Butler and Purdue Universities.

Target Pharmacy – Pharmacist (2005 – 2007)

- Filled and verified prescriptions as well as managed medication procurement.
- Detailed area physicians on the services provided by our pharmacy staff during the store's infancy.
- Developed and managed a Medicare Part D education/enrollment program for seniors at our store.
- Trained new pharmacy technicians at our pharmacy location.

Professional Contributions

Research & Publications

- *Optimizing Case Management to Improve Outcomes for Medicaid Enrollees With Sickle Cell Disease*, Milliman White Paper (2025)
- *Questions Surrounding Anti-diabetic GLP-1s in Medicaid*, Milliman White Paper (2024)
- *Payer-Addressable Burden of Crohn's Disease in Members Treated with Biologics in the United States: Actuarial Analysis Findings from RAINBOW*. North American Actuarial Journal (NAAJ) (2022)

Industry Presentations

- *Copay Accumulator Impacts on Member Behavior and Total Cost*, 2022 SOA Health Meeting Presentation (2022)
- *Risk and Opportunity with Indication-Based Drug Pricing and Benefit Design*, 2022 SOA Health Meeting Presentation (2022)
- *Actuarial Insights and Analytics Corporate Training*, Virtual educational workshop with the Academy of Managed Care Pharmacy (2020)
- *Understanding the Formulary Development Process and Pharmaceutical New Launch Horizon Scanning*, SOA Health Pharmacy Subgroup Webinar (2020)
- *Association of Use of the Integrated Specialty Pharmacy Model on Total Healthcare Cost*, Accepted for poster presentation at the AMCP 2021 Virtual (2021)

Volunteerism

- Volunteer Pharmacist, Rophe Free Clinic (2023)
- Committee Member, Indiana Mental Health Quality Advisory Committee (2017 – 2021)

Jennifer Prather, PharmD

Title	Senior Pharmacy Management Consultant
Education	Doctor of Pharmacy – <i>Purdue University</i>
Professional Qualifications	Indiana Pharmacist License, 26021759A North Carolina Pharmacist License, 25463 Board Certified Geriatric Pharmacist, Issued 2007 - Expired 2020



Overview of Experience

Jennifer brings over 20 years of experience in pharmacy practice, including more than a decade specializing in the Medicaid pharmacy benefit. She has served as a strategic partner to the CMS Division of Pharmacy, multiple state Medicaid agencies, and Offices of the Attorney General, providing expert guidance on complex pharmacy reimbursement and oversight issues.

With over 10 years of experience leading large-scale projects for state and federal Medicaid clients, Jennifer has designed and implemented technical and business requirements for a wide range of pharmacy analyses. Her work is informed by deep expertise in pharmacy benefit design, claims data, and referential data, paired with strong analytical and technical capabilities.

In her current role, Jennifer leads the Medicaid Pharmacy Analytics and Consulting team, acting as a strategic advisor to states on pharmacy reimbursement strategies (e.g., ingredient cost and dispensing fees), 340B policy, provider administered drugs, federal and supplemental rebates, managed care contract compliance, and PBM pricing practices, among others. Additionally, she performs benefit delivery and design evaluations (e.g., single PBM, carve-out) and conducts comprehensive evaluations to assess the performance, financial, and operational oversight of Medicaid pharmacy programs.

Jennifer collaborates closely with our actuarial teams, offering pharmacy subject matter expertise to inform capitation rate development as it relates to drug pricing and utilization trends, pharmacy and medical program changes, managed care efficiencies, high-cost drug risk pools, state-directed payments, and single preferred drug list (PDL) impacts.

Milliman Experience

Senior Pharmacy Management Consultant (2022 – Present)

State of Ohio, Department of Medicaid (ODM)

- **Pharmacy Benefit Consulting:** Pharmacy benefit consulting including capitation rate development support, medical drug cost and utilization trend monitoring and channel management, high-cost drugs risk management strategies, and pharmacy policy change support. (2022 – Present)

State of Indiana, Family & Social Services Administration (FSSA)

- **Pharmacy Benefit Consulting:** Pharmacy service delivery model evaluation (e.g., single PBM/ carve-out) and 340B policy support. Pharmacy benefit consulting including capitation rate development support, single PDL implementation and ongoing PDL change analysis and support, pharmacy cost and utilization trend monitoring, high-cost drugs (e.g., gene/cell therapies) strategy, and pharmacy policy change impact analyses. (2022 – Present)

State of Louisiana, Department of Health (LDH)

- **Pharmacy Benefit Consulting:** Pharmacy benefit consulting, including capitation rate development support, impact analyses of single PDL changes, pharmacy cost and utilization trend monitoring, high-cost drug risk pool management, managed care efficiencies analyses, pharmacy policy change impact analyses, and review and evaluation of pharmacy data quality. Fiscal impact analyses related to changes to ingredient and dispensing fee managed care reimbursement methodology, 340B policy, actual acquisition cost (AAC)-based clotting factor reimbursement,

single PDL changes, shifting coverage of diabetic supplies from medical to pharmacy and certain drugs from pharmacy to medical, and implementation / subsequent removal of a single PBM. (2023 – Present)
Commonwealth of Kentucky, Department for Medicaid Services (DMS)
<ul style="list-style-type: none"> • Pharmacy Benefit Consulting: Pharmacy benefit consulting including capitation rate development support, impact analyses of single PDL changes, reimbursement change impact analysis, rebate analyses, 340B analyses, single PBM impact analysis, pharmacy cost and utilization trend monitoring, high-cost drug risk pool management, pharmacy policy change impact analyses, and review and evaluation of pharmacy data quality. (2022 – Present)
Medicaid and CHIP Payment and Access Commission (MACPAC)
<ul style="list-style-type: none"> • PAD Roundtable: Assisted MACPAC with conducting stakeholder roundtable to assess the challenges faced by state Medicaid programs in managing the utilization and spend associated with physician-administered drugs (PADs). (2023 – 2024)
Commonwealth of Kentucky, Department of Public Health (DPH)
<ul style="list-style-type: none"> • AIDS Program Pharmacy Consulting: Pharmacy consultant assisting the Kentucky AIDS Drug Assistance Program (KADAP) with quarterly expenditure and income projections to ensure funds for ADAP clients served, availability of funds for expansion of the KADAP formulary, and support program management in decision-making. In addition, provide reports and recommendations based on analysis to assist KADAP in achieving its objectives. (2023 – Present)
State of South Carolina, Department of Health & Human Services (SCDHHS)
<ul style="list-style-type: none"> • Pharmacy Benefit Consulting: FFS and MCO payment integrity and benefit design monthly claims monitoring. Pharmacy benefit consulting including capitation rate development support, pharmacy cost and utilization trend monitoring, high-cost drugs risk mitigation pool, pharmacy policy change impact analyses, state-directed payment language and approval, and review and evaluation of pharmacy data quality. Fiscal impact analyses related to changes to ingredient and dispensing fee managed care reimbursement methodologies, actual acquisition cost (AAC)-based 340B and clotting factor reimbursement in managed care, and single PDL implementation gross and net costs. Evaluation of managed care contract compliance and ongoing claims monitoring, including single PDL compliance, PBM pricing analyses, and CMS proposed/final rules. (2022 – Present)
State of Rhode Island, Executive Office of Health & Human Services (EOHHS)
<ul style="list-style-type: none"> • Pharmacy Benefit Consulting: Pharmacy benefit consulting including capitation rate development support, pharmacy cost and utilization trend monitoring, pharmacy program performance analysis, managed care efficiencies analyses, pharmacy policy change impact analyses, and review and evaluation of pharmacy data quality. Assisting the Medicaid program with evaluating the quantitative and qualitative impact of a change to the managed care pharmacy service delivery model, including mandating FFS reimbursement and/or PDL, implementation of a single PBM, or a pharmacy benefit carve-out to FFS. (2022 – Present)
State of Utah, Department of Health & Human Services (DHHS)
<ul style="list-style-type: none"> • Pharmacy Impact Analyses: Assisting the Medicaid program with evaluating the quantitative and qualitative impacts of a change to the managed care pharmacy service delivery model, including mandating the FFS reimbursement and/or PDL, implementation of a single PBM, or a pharmacy benefit carve-out to FFS. Providing support on various Medicaid pharmacy policies such as 340B, dispensing fees, and pharmacy benefit design strategy. Capitation rate development support. (2024 – Present)
State of Louisiana, Department of Health (LDH), Office of Behavioral Health
<ul style="list-style-type: none"> • Pharmacy Benefit Consulting: Pharmacy benefit consulting including capitation rate development support, pharmacy cost and utilization trend monitoring, high-cost drug risk mitigation pool, pharmacy policy change impact analyses, and review and evaluation of pharmacy data quality. Conducts fiscal impact analyses related to changes to ingredient and dispensing fees use in the

<p>managed care reimbursement methodology and actual acquisition cost (AAC)-based clotting factor reimbursement, policy change shifting coverage of diabetic supplies from the medical to pharmacy benefit and certain drugs from pharmacy to medical benefit, 340B reimbursement and policy strategy, single PBM evaluation and the impact to remove brand over generic drug policy. (2023 – Present)</p>
<p>State of Michigan, Department of Health & Human Services (MDHHS)</p>
<ul style="list-style-type: none"> • Pharmacy Benefit Consulting: Pharmacy benefit consulting including capitation rate development support, pharmacy cost and utilization trend monitoring, behavioral health program drug evaluation, and pharmacy policy change analyses. (2022 – Present)
<p>Prior Work Experience</p>
<p>Meyers & Stauffer, LC – Senior Manager & Pharmacist (2015 – 2022)</p>
<ul style="list-style-type: none"> • Served as project manager and technical advisor on the CMS NADAC program to manage NADAC rate setting operations, oversee quality assurance of the weekly NADAC publications, and direct process improvement initiatives. • Collaborated and worked directly with CMS Division of Pharmacy leadership on several reports and analyses involving drug pricing and reimbursement, AMP data, and specialty drug management strategies. • Project manager for the Ohio Medicaid program's oversight and audit of a single PBM. • Applied knowledge of regulatory frameworks to support state Medicaid agencies with program changes and required regulatory and state plan updates. • Development and fiscal modeling, including claims repricing, of pharmacy and medical drug claim reimbursement methodologies. • Assisted state Medicaid programs with 340B drug claim reimbursement methodologies and policies, including development and implementation of a 340B ceiling price file and unit conversion identification. • Developed and assisted with implementation and maintenance of acquisition cost-based reimbursement methodologies for all drugs including diabetic testing supplies, nutritionals, clotting factor and other specialty drugs. • Evaluation and fiscal impact analyses related to beneficiary lock-in programs and PDL / prior authorization programs including single PDL fiscal analyses. • Evaluation and fiscal impact analysis for beneficiary lock-In programs. • Conducted drug rebate reconciliation process evaluations and analyses. • Management and analyses of provider/physician administered drug programs. • Performed utilization and expenditure (gross and net) metrics and trending. • Worked collaboratively with pharmacy benefit managers (PBMs), claims processors and rebate vendors on behalf of state Medicaid clients. • Assisted state Medicaid programs with State Plan Amendment (SPA) writing and submissions.

<p>Professional Contributions</p>
<p>Research & Publications</p>
<ul style="list-style-type: none"> • <i>340B Rebate Model Pilot Program – Medicaid implications and considerations</i>, An issue brief, Milliman White Paper (2025) • <i>AMP Cap Removal: Medicaid Implications and Realities</i>, American Medicaid Pharmacy Administrators Association (AMPAA) (2024) • <i>Evaluation of Pharmacy Service Delivery Models for the Utah Medicaid Managed Care Program</i>, Utah Department of Health and Human Services, Milliman Client Report (2024) • <i>Average Manufacturer Price cap removal: Implications for state Medicaid programs</i>, Milliman White Paper (2023) • <i>North Carolina Medicaid Annual Preferred Drug List Report</i>, North Carolina Medicaid Division of Health Benefits (SFY 2016 – SFY 2020)

- *North Carolina Medicaid Annual Beneficiary Management Lock-In Program Analysis*, North Carolina Medicaid Division of Health Benefits ([SFY 2016 – SFY 2020](#))
- *NADAC Update and Pharmacy Benefit Management Opportunities*, Western Medicaid Pharmacy Administrators Association (WMPAA) ([2019](#))
- *Single/Aligned Preferred Drug List (Pages 27-103)* for Oregon Medicaid, Oregon Health Care Authority ([2018](#))
- *Developing Comparative Effectiveness Outcomes for Gene Therapy in Hemophilia*, Stakeholder Project, CoreHEM ([2018](#))
- *CMS Retail Price Survey National Average Drug Acquisition Cost (NADAC) Overview and Help Desk Operations* ([2017](#))

Chris Page, PharmD, MBA

Title Principal and Senior Healthcare Consultant

Education PharmD – *Butler University*
Masters in Business Administration- *Butler University*



Overview of Experience

At Milliman, Chris supports clients in understanding the healthcare ecosystem surrounding prescription medications, spanning both the pharmacy and medical benefit. Chris works with life sciences companies, health plans, and other stakeholders on access related topics including formulary design and access, out of pocket costs and expenses, and understanding prior authorization and utilization management tools. Prior to joining Milliman, Chris was a voting P&T member and pharmacy director for health plans that offered coverage via Medicare, commercial and Medicaid.

Milliman Experience

Principal (2020 – Present)

Life Science Company A

- **Lead Access Consultant:** Consult with oncology portfolio for a life sciences company on prescription drug access related topics, ranging from formulary design process, utilization management levers and tools, PBM reform, Medicaid and Medicare redesign, to P&T stakeholders and processes

Life Science Company B

- **Life Science Market Access Consult:** Consult with start-up life sciences company with pipeline products to help them understand the access ecosystem, with a focus on understanding the process, stakeholders, and timelines involved in formulary and/or pathway adoption of new drugs, both in protected class areas and in general

Professional Contributions

P&T Member and Licensed Pharmacist

- *IU Health Plans: 2011-2016*
- *Evolent Health: 2014-2020*
- *Arkansas Department of Human Services DUR Board for Medicaid: 2018-2020*
- *Licensed Pharmacist in Indiana: 2011-present*

Research & Publications

- *Understanding oncology step therapy in Medicare Part D: Considerations for life science companies*, Milliman White Paper ([2025](#))
- *Navigating national priority vouchers: Three critical shifts affecting strategy for life sciences companies and payers*, Milliman Article ([2025](#))
- *4 considerations for life sciences companies related to Medicare Advantage and standalone PDP Star Ratings*, Milliman Article ([2025](#))
- *FTC pharmacy benefit management transparency report: How might pharma evaluate transparency reform impacts to drug channel stakeholders?*, Milliman White Paper ([2024](#))

Gabriela (Gigi) Cabello, MS

Title	Healthcare Consultant
	Bachelor of Science, Molecular & Cellular Biology, Bioethics Concentration– <i>The Johns Hopkins University</i>
Education	Master of Science, Medical Science, Community & Population Health Concentration – <i>Indiana University School of Medicine</i>



Overview of Experience

Gigi has a decade of experience with health and quality of life analyses focused on developing policy approaches to community and mental health, healthcare access disparities, the opioid epidemic, and monitoring and managing chronic conditions.

Prior to joining Milliman, Gigi supported key collaborations between her clients and diverse community-based health organizations including Count the Kicks-Iowa, the Kentucky Suicide Prevention Group, the Indiana University Riley Hospital Maternal Addiction Recovery Program, and the Indiana Recovery Network.

Gigi has also developed innovative approaches to assessing access gaps across diverse patient populations and provider networks through work and research at the Johns Hopkins University, the University of Washington Harborview Injury Prevention Research Center, and the Indiana University School of Medicine. Along with research, Gigi's work experience includes:

- Managing collaborative partnerships and project timelines for external stakeholders including state- and city-level agencies and health organizations
- Performing in-depth, qualitative interviews with representatives from sectors including public health, medical practices, federally qualified health centers, and local community organizations to characterize barriers in access to care
- Designing comprehensive community member, patient, and stakeholder focus groups on access to healthcare and crafting recommendations for improvement of services
- Researching and developing robust educational strategies and materials geared towards helping diverse audiences navigate complex care systems
- Prioritizing ethical, accessible, person-centered, and culturally and linguistically appropriate care to help clients better serve their communities

Gigi combines problem-solving experience, stakeholder engagement and coalition-building, and in-depth knowledge of the public health space, all while meeting client's needs and facing pivots head on.

Milliman Experience

Healthcare Consultant (2023 – Present)

State of Montana, Department of Public Health and Human Services (DPHHS)

- **Health and Economic Livelihood Partnership (HELP) 1115 Demonstration Waiver Application Development:** Collaborated with DPHHS leadership to support development and preliminary implementation planning for the HELP Section 1115 Demonstration waiver. Assisted in drafting waiver documentation and preparing public notification materials, including tribal consultation letters and meeting presentations. Supported DPHHS in organizing and facilitating public hearings and stakeholder engagement sessions to gather input from tribal governments, community organizations, and the public. Provided strategic recommendations for compliance with federal and state requirements. (2025)

State of South Carolina, Department of Health and Human Services (SCDHHS)
<ul style="list-style-type: none"> Palmetto Pathways to Independence 1115 Demonstration Waiver Application Development: Collaborated with SCDHHS leadership and policy teams to support development of the state's community engagement demonstration waiver. Developed materials to support state decision making sessions and assisted with drafting waiver eligibility criteria, enrollment standards, and compliance processes. Supported public and tribal notice processes and prepared communications for policymakers and partners. Supported the creation of evaluation frameworks to assess potential impacts on employment, coverage transitions, and Medicaid sustainability. (2025)
State of Alaska, Division of Behavioral Health (DBH)
<ul style="list-style-type: none"> Certified Community Behavioral Health Clinic (CCBHC) Implementation: Coordinating with State officials to develop a statewide CCBHC timeline, finalize a stakeholder engagement approach, and provide data-driven recommendations to inform policy decisions and resource allocation for CCBHC implementation. Actively assisting DBH with identifying, developing, and creating an implementation plan to enhance crisis continuum-of-care services, focusing on both mobile crisis response and place-based crisis services. Currently conducting a comprehensive assessment of Alaska's Medicaid behavioral health service provider enrollment process, while simultaneously researching and cataloging existing provider types and licensure processes. (2024 - Present)
State of Washington, Health Care Authority (HCA)
<ul style="list-style-type: none"> CCBHC Technical Workgroup Facilitation: Co-facilitated a series of technical workgroups to obtain feedback on HCA's initial policy directions from existing and potential future behavioral health providers interested in becoming CCBHCs. Collaborated with experts from HCA and the National Council for Mental Wellbeing to develop meeting materials on various topics related to CCBHC design, implementation, and ongoing provider operations. Synthesized the feedback, perspectives, and preferences of interested parties in a detailed report to the legislature that outlined a framework for CCBHC model design and helped inform a successful federal CCBHC planning grant application for HCA. (2023 – 2024)
State of Hawai'i, Department of Human Services Med-QUEST Division
<ul style="list-style-type: none"> Hospital Quality Consulting: Developing policy and program documents for value-based state directed payment (SDP) program in preparation to align with the CMS Innovation Centers Advancing All-Payer Health Efficiency Approaches and Development (AHEAD) total cost of care model and to reflect new federal requirements and input received from key stakeholders. Contributed to the development of quality performance measure guidance documents for hospitals and providing ad hoc support with longitudinal quality data visualization. (2024)
State of Arizona, Department of Economic Security (ADES)
<ul style="list-style-type: none"> Stakeholder Engagement: Hosted 15+ provider forums and office hours each with 25-100 qualified vendors, provider advocacy groups, local government officials, and other key stakeholders to gather feedback on provider cost surveys and help ADES assess provider efficacy and identify areas requiring improvement for providers delivering long-term, acute and behavioral healthcare, and case management services. Provided ongoing technical support to providers throughout the rate study via virtual office hours, written instructions, regular correspondence to answer frequently asked questions, and recorded trainings. (2023 – 2024)
State of Indiana, Family and Social Services Administration (FSSA)
<ul style="list-style-type: none"> Stakeholder Engagement: Provided consulting services to FSSA as they linked provider payments to member outcomes (value-based purchasing) following the launch of their managed long-term-services and supports (MLTSS) program. Assisted with the development and launch plan for community advisory group engagement (purpose/charter, membership, structure, etc.), facilitated weekly team meetings and project management activities, and developed presentation materials for advisory groups. Worked alongside FSSA to support coordination activities within

existing relevant interagency workgroups, alignment of goals across workstreams, and inclusion of key external stakeholders. (2023 – 2024)
State of Michigan, Department of Insurance and Financial Services (DIFS)
<ul style="list-style-type: none"> • Stakeholder Engagement: Organized and conducted robust, virtual and in-person focus groups with consumers, including participants from rural and urban populations in Michigan and non-English speaking populations, to provide DIFS with information and qualitative data to better understand the diverse needs of consumers across Michigan and their barriers to accessing and successfully obtaining health insurance coverage. Designed materials and discussion guides, partnered with community-based organizations to help recruit participants, conducted accessible focus groups, and synthesized feedback in a comprehensive report in support of ongoing DIFS initiative development. (2023)
Medicaid and CHIP Payment and Access Commission (MACPAC)
<ul style="list-style-type: none"> • HCBS Payment Policy Study & Technical Expert Panel (TEP): Managed Phase 2 of a multi-phase study of the connection between state HCBS payment policy and the HCBS workforce. Partnered with experts to conduct a MACPAC Technical Expert Panel regarding the connection between state HCBS payment policy and the HCBS workforce. Supported the identification of panelists (CMS staff and national and state experts) and led the development of questions and background information to support panelists. Co-hosted the panel and developed the related TEP summary for MACPAC consideration. Developed a report summarizing approaches described by TEP participants to use Medicaid payment policy to support access to sufficient HCBS workers and meet beneficiaries care needs. (2024)
Prior Work Experience
Cabello Associates, Inc, Senior Research Analyst (2018 – 2022)
<ul style="list-style-type: none"> • Developed and managed research priorities and cross-sector strategies around substance use disorder, stigma reduction, interfaith partnerships, aging, Medicaid, and other key issues in collaboration with external stakeholders. • Researched and designed public health education materials, outreach campaigns, focus groups, and deliverables to improve patient-centered outcomes for health and human services clients across Indiana. • Designed provider and patient focus groups about access to local healthcare systems and crafted recommendations for improvement of wrap-around behavioral health, housing, and transportation services.
American Heart Association, Indiana Minority Health Coalition, Interfaith & Public Health Research Analyst (2017 – 2018)
<ul style="list-style-type: none"> • Focus: Impact of Indianapolis interfaith health infrastructure on community/public health under Mahvash Khosravi, PhD, Indiana University School of Medicine. • Assembled a coalition of 100+ interfaith leaders to address social determinants of health, longitudinal impact of health initiatives, and challenges to successful health programming in congregations and communities, including food access, housing, aging in place, substance use, and chronic health conditions.
Indiana University Riley Hospital, Opioid Prenatal Group, Maternal Addiction Recovery Program Liaison (2017 – 2018)
<ul style="list-style-type: none"> • Collaborated with obstetricians and nurses to design discussion topics for weekly support group for mothers recovering from opioid addictions. • Developed strategies for reducing pain treatment inequities for women of color, fostering physician-patient relationships, addressing the multigenerational impact of addiction on families, and improving clinical outcomes within a local teaching hospital.
Johns Hopkins University Hospital, Centro Sol, Health Liaison (2015 – 2016)
<ul style="list-style-type: none"> • Assisted bilingual patients and families with navigating open enrollment, translating medical forms, and accessing wraparound health services. • Supported staff in streamlining processes, documenting medical needs, creating holistic long term care plans, and directing patients to resources beyond the clinic.

University of Washington, Harborview Injury Prevention Research Center, Research Assistant, Department of Surgery (2015 – 2015)

- Focus: Impact of nutritional interventions on outcomes after extremity fracture stabilization under Grant O'Keefe, MD, University of Washington School of Medicine.
- Developed interdisciplinary clinical research strategies and engaged in daily research seminars focused on improving patient quality of life on hospital-wide, regional, and national levels.
- Cultivated knowledge of the landscape of public health issues facing diverse, local patient populations across Washington state, including opioid use, falls in older adults, trauma care, suicide prevention, and firearm safety.

Professional Contributions

Volunteerism

- Chair, Admissions Committee, Project Stepping Stone of Indiana ([2011 – Present](#))
- Member, Women's Enrichment Series Committee, The Indianapolis Propylaeum ([2021](#))
- Docent, Ornithology Center, Eagle Creek Park ([2022 – Present](#))
- Fellow, Board of Directors, Neighborhood Christian Legal Clinic ([2022 – Present](#))
- Member, Board of Directors, Patchwork Indy ([2019 – 2021](#))
- Photographer & Event Volunteer, NAWBO – Indianapolis ([2016 – Present](#))
- Indiana Alumni Event Lead, Johns Hopkins Alumni Associations, The Johns Hopkins University ([2017 – 2018](#))
- Clinic Volunteer / Clerk, Gennesaret Free Clinics ([2019 – 2022](#))
- Support Group & Childcare Volunteer, Maternal Recovery Program, Riley Hospital for Children, Indiana University Health ([2017 – 2020](#))
- Admissions Representative, Office of Admissions, The Johns Hopkins University ([2013 – 2016](#))

Research & Publications

- *Benchmarking state insurance marketplace and Medicaid enrollment changes since the beginning of the COVID-19 pandemic*, Milliman Report ([2025](#))
- *The interactome of the atypical phosphatase Rtr1 in Saccharomyces cerevisiae*, Molecular Biosystems ([2014](#))

Adam Hearn, MS-DSPP

Title	Data Scientist
Education	Masters in Science, Data Science for Public Policy – Georgetown University Bachelors in Arts, Economics – Rhodes College Management – <i>Wright State University</i>



Overview of Experience

Adam is a Data Scientist specializing in explainable AI for healthcare, particularly for Medicaid fraud, waste, and abuse (FWA) detection. He has led the development of FWA models that have uncovered millions in improper payments. A leader in responsible AI, Adam advises public-sector clients on building transparent, auditable, and compliant models that mitigate bias and ensure governance. His expertise spans the full AI lifecycle, including engineering agentic AI, geospatial analytics for healthcare disparities, and building rich, user-friendly dashboards to inform public policy.

Milliman Experience

Data Scientist (2024 – Present)

- **Various State Medicaid Agencies – Agentic AI for Encounter Data Quality & Reconciliation:** Led development of a first-of-its-kind agentic AI system that validates and reconciles quarterly, plan-submitted encounter and financial data. Enables continuous data quality surveillance and supports automated compliance for state clients. [\(2025 – Present\)](#)
- **Various State Medicaid Agencies – GLP-1 Dashboard Development:** Product owner and technical lead for a Medicaid GLP-1 analytics platform that monitors spend, utilization, uptake, demographic patterns, and member experience. Adopted by multiple states to forecast financial exposure and assess policy levers. [\(2024 – Present\)](#)

State of Illinois, Department of Healthcare & Family Services

- **Maternal Health and High Cost Newborns:** Directed analytics on high-cost maternity and newborn episodes, quantifying drivers of variation across plans, providers, and socio-economic factors. Insights are now shaping capitation rate development. [\(2024 – Present\)](#)
- **AI Fraud, Waste, and Abuse Detection:** Architected and led the deployment of an enterprise-scale AI fraud engine for the Medicaid Managed Care program, surfacing high-risk providers and uncovering tens of millions in improper claims. Findings directly informed capitation rate reductions and payment recoveries across Illinois' managed-care plans. [\(2024 – Present\)](#)

Center for Medicare and Medicaid Services (CMS)

- **Crushing Fraud “Chili Cookoff”:** Conceptualized and built an AI framework to detect systematic fraud in Medicare FFS claims. The solution advanced to Phase II of the national CMS competition and isolated billions in potential financial exposure. [\(2025\)](#)

Georgia-Based Health Plan

- **Network Adequacy and Pricing Optimization:** Built an optimization model integrating geospatial network adequacy with negotiated-rate benchmarking to identify high-reach, lower-cost providers. Delivered a prioritized contracting roadmap maximizing access while minimizing reimbursement spending. [\(2025\)](#)

Commonwealth of Kentucky, Department for Medicaid Services

- **H2027 Analysis.** Led a policy-impact simulation evaluating utilization, authorization, coding integrity, and rate structures for psychoeducational support services. Modeled unit cap and pricing scenarios across historical FFS and MCO utilization to guide budget-neutral policy modernization

that preserves access. [\(2024 – 2025\)](#)

State of South Carolina, Department of Health and Human Services

- **Network Adequacy Study:** Supported development of a statewide geospatial network model and engineered a proprietary “Area of Need” index to rank county-specialty gaps. The framework is now used to prioritize GME funding allocations. [\(2024 - 2025\)](#)

Prior Work Experience

American Institute for Research – Data Scientist Associate (2022-2024)

- **Federal Client – Administrative Fraud Detection:** Designed and implemented an AI-based approach to detect administrative fraud in federal systems, strengthening program integrity reducing error vulnerability. [\(2022 – 2023\)](#)
- **Federal Client – Data Analytics Training:** Designed and delivered a multi-module Tableau training curriculum that upskilled a federal workforce in applied analytics, data storytelling, and dashboard design. [\(2022 – 2023\)](#)
- **State of Oregon, Legislative Policy and Research Office – K-12 Funding Adequacy:** Built an econometric allocation model to align K-12 education with student resource needs and district spending patterns, supporting evidence-based recommendations to the state legislature. [\(2023 – 2024\)](#)
- **State of Washington, Joint Legislative Audit and Review Committee – Special Education Funding Adequacy:** Led development of an interactive funding simulation dashboard, enabling decision-makers to compare special-education financing scenarios and optimize allocation of state funds. [\(2023 – 2024\)](#)

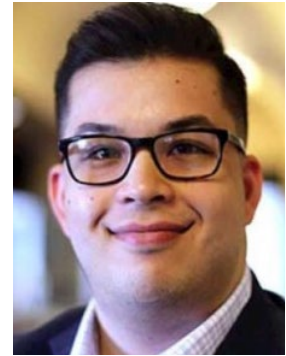
Professional Contributions

Research & Publications

- *HHS's Medicaid provider spending data: Use cases and considerations for state agencies and managed care organizations*, Milliman White Paper [\(2026\)](#)

Jon Yalcin, MHA

Title	Healthcare Management Consultant
Education	Bachelor of Science, Biochemistry & Sociology of Bachelor of Science, Health Services Management - <i>Indiana University</i> Master of Healthcare Administration (MHA) - <i>Pacific University</i>
Professional Qualifications	Lean Green Belt Certification



Overview of Experience

Jon is a results-driven Healthcare Management Consultant with expertise in healthcare transformation, data analysis, and quality improvement. He brings ample experience facilitating the collection, aggregation, and analysis of quality indicator data for internal and external benchmarking, as well as creating data visualization dashboards to inform his clients' business decisions. Jon specializes in dissecting root-cause problems by analyzing operational data to identify quality issues, trends, gaps, and opportunities, to provide sustainable solutions to his clients.

Milliman Experience

Healthcare Management Consultant (2024 – Present)

- Provides consulting services to clients including operational assessment, process improvement implementation, strategy development, and development of training.
- Evaluates organizational capacity in support of expansion and scaling strategy.
- Conducts in-depth research on current healthcare and market trends for clients, providing insights and forecasting for strategic decision-making.
- Compares organizational performance against industry standards and best-in-class practices using benchmarking tools and databases.
- Administers interviews with department leads to gather detailed information on current workflow and identify pain points.

Prior Work Experience

North Highland, Senior Management Consultant (2022-2023)

- Project managed the build of a digital playbook prototype through assessing quality content, determined gaps, and mapping processes through key stakeholder interviews.
- Created learning agendas to set the strategy and prioritized work with key business objectives.
- Pinpointed root cause problem statements through employee interviews and created step-by-step requirements for process changes impacting multiple departments.
- Managed ambiguous strategic initiatives across functions, including defining scope, identifying tradeoffs, and gathering educated estimates to support planning decisions.
- Assessed business requirements and constraints to make recommendations between speed to value and accuracy of alternative solution proposals.
- Analyzed operational data that identified quality issues, trends, gaps, and opportunities resulting in over \$2.1 million in savings.
- Created data visualization dashboards to understand large scale business initiatives.
- Collaborated with IT, finance, and operational stakeholders to ensure data architecture met business requirements.
- Provided analytical support to C-Suites in data forecasting, modeling, and analysis.

Audigy Medical, Practice Management Consultant & Client Lead (2019-2021)

- Project managed the implementation of two custom outpatient EPIC models and PACs.
- Managed physician Relative Value Units (RVUs) and the ER on-call schedule for specialty physicians.
- Assisted the director of clinical services on physician and outpatient clinic credentialing.
- Chair of Good Samaritan Hospital's employee health team, which addressed issues such as employee burnout and organization behavior.
- Responsible for full cycle report building, including querying and aggregating data, report rollout, and upkeep for submission to CMS.
- Assisted patients in resolving financial problems, which included correspondence with insurance companies, physician billing services, and payors.
- Set up living donor accounts at third party laboratories to prevent billing complications.
- Monitored data analytics and key performance indicator (KPI) reports through clinical records and data mining.
- Led an A3 covering revenue cycle workflow, which was implemented system wide.

CareOregon, Records Coordinator (2016)

- Led team audits through peer-to-peer mentoring to identify waste and improve efficiency.
- Trained department leads on the prior authorization process for state and federal requests.
- Approved medical benefits and durable medical equipment costs.
- Interpreted formulary coverage and reviewed requests according to coverage criteria and plan benefits.
- Created authorizations with medical necessity documentation to expedite approvals and ensure that appropriate follow-up is performed.

Professional Contributions

Volunteerism

- Lions Club Member, Oregon Lions Sight & Hearing Foundation ([2017 – Present](#))
- Volunteer, National Alliance on Mental Illness (NAMI) ([2016 – Present](#))
- Volunteer, National Kidney Foundation ([2012 – 2015](#))
- Volunteer Coordinator, Lift Urban Portland ([2018 – 2019](#))

Professional Contributions

Research & Publications

- *Applying Six Sigma principles to the Medicare Prescription Payment Plan: 5 patient-centered process improvements to maximize value for older adults*, Milliman White Paper ([2026](#))
- *Provider network optimization – Finding value in the details*, Milliman Article ([2025](#))
- *The road to care: An analysis of non-emergency medical transportation delivery systems*, Milliman White Paper ([2025](#))

Terry Followell

Title Creative Director

Education Visual Communications
The Art Institute of Houston



Overview of Experience

Terry brings more than 15 years of experience as a Creative Director leading teams and developing brand strategy for large and small brands across industries. Terry has deep experience developing communications for healthcare-specific audiences—including scientists and specialists—as well as the patient perspective.

Terry has a passion for developing creative that makes content quickly consumable, easy to remember, and actionable. He is a proven brand builder with robust experience in response marketing with an omni-channel approach.

Milliman Experience

Creative Director (2024 – Present)

Life Sciences Company

- **Bladder Cancer Care Management Continuum Dynamic Presentation:** Our team developed an interactive, digital presentation that outlines the journey of patients with bladder cancer, as well as any challenges experienced within the journey. It leverages the existing National Quality Forum management framework as a foundation. This piece is intended for use by key account directors and can be presented live and/or left behind.

Life Sciences Company

- **Market Access Launch Playbook:** Our team collaborated to develop a new RACI framework that involves market access teams up to two years pre-launch. The refreshed playbook is business unit agnostic while incorporating tailored guidance for oncology and updated strategies, tools, and metrics to align with current market dynamics.

Life Sciences Company

- **Patient Support Physician Discussion Guide:** The team developed a comprehensive collateral piece designed to help patients with a cancer diagnosis learn how to ask their healthcare providers meaningful and specific questions. The piece was intended to help advocate for patient treatment and increased knowledge of care.

Prior Work Experience

Blank Page Marketing, LLC – Creative Director (2021 – 2024)

- Oversaw the agency's Creative Department and the creative output for the agency's client roster
- Served as a senior leader on the management team with oversight of utilization, project management, new business, and agency culture
- Guided strategy and creative development for clients on high-leverage projects

Brokers International – Director of Creative Services (2018 – 2020)

- Managed a team of creatives in brand development and advertising efforts for our digitally driven, business-to-consumer brand
- Managed the company-facing, business-to-business brand
- Identified and implemented a DAM and project management system along with an improved,

optimized workflow
Two Rivers Marketing – Creative Director (2014 - 2018)
<ul style="list-style-type: none">• Directed a team of creatives in the development of a wide variety of advertising and marketing materials from social, print, and digital for a large roster of clients• Collaborated with strategy, account, and media teams to develop yearly plans for clients• Prepared and pitched new business as part of the business development team
Integer / TBWA (2013 - 2011)
<ul style="list-style-type: none">• Spearheaded the retail team for Pella, Shell (Pennzoil, Quaker State, and Rotella), Jacuzzi, and Diamond Foods• Created strong-performing promotions and campaigns that drove results for top brands

Gordon Chan, MHA

Title	Healthcare Management Consultant
Education	Bachelor of Arts, Human Health, Health Innovation Concentration - <i>Emory University</i> Master of Healthcare Administration - <i>University of Southern California</i>



Overview of Experience

Gordon is a Healthcare Management Consultant with Milliman who specializes in healthcare strategy, market analysis, and business development initiatives for health systems, managed care organizations, and healthcare providers. Since joining the firm in 2023, he has supported a range of projects focused on healthcare delivery optimization, insurance product strategy, provider network expansion, and data-driven operational improvement.

Gordon brings experience conducting environmental scans, market research, literature reviews, and persona development to help clients better understand evolving healthcare market dynamics and consumer needs. He has supported strategic planning and business development efforts for managed care organizations, including HMO and EPO products, and has contributed to initiatives aimed at expanding direct-to-employer health insurance offerings.

His work also includes analyzing physician benchmarks and supporting implementation of performance improvement strategies for healthcare delivery systems. Gordon has developed revenue and utilization trend analyses for health insurance products and leveraged geospatial mapping techniques to identify opportunities for provider network growth and improved market coverage.

In addition to his analytical and strategic consulting work, Gordon has experience developing SEO and content strategies to support client lead generation and engagement efforts. He is skilled at translating complex data into actionable insights and persuasive presentations that help drive executive decision-making and stakeholder alignment.

Gordon combines strong analytical capabilities, strategic thinking, and effective communication skills to support clients in navigating complex healthcare and insurance market challenges.

Milliman Experience

Healthcare Management Consultant (2023 – Present)

- Delivers strategic recommendations and data-informed insights to clients across the healthcare sector, including health insurance companies, healthcare providers, and government agencies.
- Develops administrative cost benchmarks for state Medicaid agencies to support expense allowance setting and for commercial health plans to evaluate operational efficiency and performance.
- Supports clients with program strategy, design, development, implementation, and ongoing operational improvement initiatives.
- Coordinates project activities, timelines, and deliverables to support efficient execution and alignment with client objectives.
- Communicates analytical findings and facilitates discussions with clients and stakeholders to support policy development and strategic decision-making.
- Tracks project milestones, monitors action items, and provides regular updates to internal teams and client stakeholders.

- Prepares reports, briefing documents, and engaging presentation materials tailored to executive and stakeholder audiences.
- Conducts research and monitors healthcare industry trends, market dynamics, and regulatory changes impacting clients and healthcare programs.
- Supports quality assurance processes and ensures adherence to established project standards, methodologies, and deliverable review procedures.

Professional Contributions

Research & Publications

- *Commercial health insurance: Detailed 2023 financial results and emerging 2024 and 2025 trends*, Milliman Report [\(2025\)](#)
- *Provider network optimization – Finding value in the details*, Milliman Article [\(2025\)](#)



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