



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Pharmacy Consulting and Process Improvement Recommendations

Task Order# YH26-0094

*Issued Under Contract #CTR066548/BPM005207, Healthcare and Employee
Benefit Consulting*

Task Order Response

May 12, 2026



Cover Letter/Contact Details (TO Section 7.1.1/2)

May 12, 2026

Tiffanie Blanco
Purchasing Manager
Arizona Healthcare Cost Containment System
150 N 18th Ave
Phoenix, AZ 85007

Dear Members of the Evaluation Committee:

Myers and Stauffer LC (Myers and Stauffer) is pleased to provide our response to Task Order (TO) No. YH26-0094 *Pharmacy Consulting and Process Improvement Recommendations* issued under contract number: CTR066548/BPM005207, Healthcare and Employee Benefit Consulting for the Arizona Health Care Cost Containment System (AHCCCS or Department). We acknowledge receipt of all TO documents and answers to questions.

We have been providing professional consulting and compliance services exclusively to state and federal health care and human service agencies for nearly 50 years, including AHCCCS since 1995. Throughout our firm's history, we have worked with clients in all 50 states, U.S. territories, and the federal government to improve the quality, efficiency, and integrity of government-sponsored health care programs. We have managed projects of all sizes and complexities across an extensive range of engagements that span topics including, but not limited to, complex project management, strategic planning, program design, implementation, operational support, and ongoing oversight. In addition, we are the most qualified pharmacy reimbursement consultant in the nation specifically serving government-sponsored health programs. We currently have active pharmacy engagements with Medicaid agencies in 20 states and with the Centers for Medicare & Medicaid Services (CMS), for whom we serve as the sole contractor for the National Average Drug Acquisition Cost (NADAC) benchmark. Our pharmacy practice also includes average acquisition cost (AAC) drug ingredient rate setting, performing cost of dispensing surveys, analyzing policy issues and supporting associated compliance, fiscal modeling, cost and statistical analyses, provider relations, developing regulations and State Plan Amendments (SPAs), litigation support, and pharmacy benefit manager (PBM) oversight and audit activities.

As a result of this work, our team members not only have years of experience working with government-sponsored health care programs, but they also have unmatched clinical, administrative, and operational expertise, including direct experience overseeing and participating in pharmacy and therapeutics (P&T) committees and drug utilization review (DUR) boards. By limiting our practice to the support of government health care and human services agencies, we avoid potential conflicts of interest with drug

manufacturers, providers, health plans, and PBMs. No other vendor comes close to this level of experience with pharmacy reimbursement issues and knowledge of pharmacy purchasing practices, while also avoiding conflicts of interest.

I, Bobby A. Courtney, am authorized to represent Myers and Stauffer and am the contact for this task order response. My contact information is as follows:

Bobby A. Courtney, JD, MPH, MA
Myers and Stauffer LC
800 East 96th Street, Ste. 200
Indianapolis, IN 46240
Phone: 800.877.6927
Email: bcourtney@mslc.com

Thank you for the opportunity to bid on this important project. We look forward to expanding our work with AHCCCS to ensure the integrity and fiscal efficiency of your Medicaid program. If I can be of further assistance or provide additional information related to our proposal, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Bobby A. Courtney". The signature is fluid and cursive, with the first name "Bobby" being more prominent.

Bobby A. Courtney, JD, MPH, MA
Principal



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Myers and Stauffer is a national CPA firm, specializing in accounting, auditing, consulting, program integrity, and operational support services to public health care and social service agencies. We are a limited liability company organized in the state of Kansas. Myers and Stauffer is wholly owned and managed by its partners and does not have parent or subsidiary companies.

We have elected to operate our CPA firm under an alternative practice structure, as defined by the American Institute of Certified Public Accountants (AICPA). Under this structure our staffing resources are obtained through a contract with the publicly traded company CBIZ, Inc. All staff we obtain through this relationship work exclusively for Myers and Stauffer. Specifically, in 1998, we entered into a transaction with CBIZ, which resulted in the creation of CBIZ M&S Consulting Services, LLC. CBIZ M&S Consulting Services, LLC is wholly owned by CBIZ. As part of this business model, Myers and Stauffer acquires office space, personnel, and other business resources from CBIZ M&S Consulting Services, LLC. These resources, including personnel and consultants, are assigned exclusively to serve the clients of Myers and Stauffer. AICPA professional standards provide specific guidance regarding independence within alternative practice structure firms. These professional standards are published in the Independence, Integrity and Objectivity section of the AICPA Code of Professional Conduct at ET Section. 1.220.020. We fully comply with this and all other professional standards.

It is our understanding that the primary intent of engaging our professional services is for the benefit of the management of AHCCCS. Our services are not intended to benefit or influence any other person or entity. In connection with the services we provide, we will not perform management functions, make management decisions, or act in a capacity equivalent to that of a member of management or an employee.

AHCCCS is responsible for management decisions and functions, and for designating a competent employee to oversee these services. AHCCCS is responsible for evaluating the adequacy and results of the services performed and accepting responsibility for the results.



Task Order Amendments


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 |

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 Myers and Stauffer Typed Name: Bobby A. Courtney, JD, MPH | | TYPED NAME: Meggan LaPorte, CPPO, MSW |
| TITLE: Purchasing Manager Myers and Stauffer Title: Principal | | TITLE: Chief Procurement Officer |
| DATE: 4/21/2026 Myers and Stauffer Date Signed: 5/11/2026 | | DATE: 4/21/2026 |




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 |

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: Bobby A. Courtney, JD, MPH | | TYPED NAME: Meggan LaPorte, CPPO, MSW |
| TITLE: Principal | | TITLE: Chief Procurement Officer |
| DATE: 5/11/2026 | | DATE: 4/21/2026 |





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 |

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 interviewsWeeks 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 3Final: 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:  |
| TYPED NAME: Bobby A. Courtney, JD, MPH | | TYPED NAME: Meggan LaPorte, CPPO, MSW |
| TITLE: Principal | | TITLE: Chief Procurement Officer |
| DATE: 5/11/2026 | | DATE: 5/1/2026 |



Methodology and Approach (TO Section 7.2)

Myers and Stauffer is a national certified public accounting and consulting firm specializing in providing consulting, analysis, accounting, auditing, data management, and other operational support services to state and federal government-sponsored health care and human services agencies. Having worked with public health and human services agencies in all 50 states, U.S. territories, and the federal government, we have extensive experience supporting the activities outlined in this TO. In addition, we currently have active pharmacy engagements with Medicaid agencies in 20 states and with CMS, for whom we serve as the sole contractor for the NADAC benchmark. Our pharmacy practice also includes AAC drug ingredient rate setting, performing cost of dispensing surveys, analyzing policy issues and supporting associated compliance, fiscal modeling, cost and statistical analyses, provider relations, developing regulations and SPAs, litigation support, and PBM oversight and audit activities.

In addition to our national experience, we are uniquely positioned to support AHCCCS; we have worked in close partnership with the Department for the past several years on complex initiatives including, but not limited to, implementation of the State's American Rescue Plan (ARP) Home and Community-Based Services (HCBS) Spending Plan. Our proposed Project Manager has significant experience working with AHCCCS on a variety of issues ranging from HCBS service delivery, fee-for-service (FFS) project management, and interpretation of federal rules and regulations. Lastly, several of our proposed subject matter experts (SMEs) have participated in and/or supported state P&T committees, and two are former Medicaid Pharmacy Directors with prior responsibility for overseeing a state DUR Board and preferred drug list (PDL) development. We are committed to leveraging our deep understanding of the State of Arizona and its health care landscape, our understanding of AHCCCS operations, and our extensive pharmacy SMEs to successfully complete activities outlined in this TO.

Proposed Project Methodology/Approach (7.2.1)

Due to our extensive work with state Medicaid pharmacy programs, we understand the importance of P&T processes in evaluating the clinical effectiveness, safety, and cost of drugs so that appropriate and adequate medications are included in a state's Medicaid PDL. We will draw from our national pharmacy consulting experience to complete a comprehensive review of current AHCCCS P&T processes, analyze public comments received, and provide recommendations to improve the accessibility and transparency of the P&T process(es). In the following sections, we outline our methodology and approach to meet all requirements of this TO as outlined in Sections 4 and 5.

Review AHCCCS P&T Documentation (4.1)

Myers and Stauffer recognizes that Arizona has implemented a robust process for P&T Committee administration, monitoring, and oversight. We will work with AHCCCS to identify internal policies, procedures, meeting notes, process documentation, and any other relevant sources of information that we feel would be helpful for understanding current processes. We are aware that many of these internal processes are available publicly through State policies and legislation. As a result, we will first conduct



an overview of publicly available documents and then work with AHCCCS to identify relevant and appropriate internal documents. As part of this process, we propose completing the following tasks:

- **Compile P&T Documentation.** We will develop a tracker of all documents identified and/or received regarding the P&T Committee and associated processes. This tracker will help assess alignment between documents, determine frequency of information updates within the documents, and identify missing documentation. We will use this tracker as the basis for any additional document requests submitted to AHCCCS.
- **Outline the Current Processes.** After compiling all applicable documentation, we will review to provide further insight into the P&T Committee and the processes for how decisions are made within the committee. We will also work with AHCCCS to accurately outline the current processes governing the P&T Committee's review, analysis, and evaluation of drugs.
- **Identify Gaps and Risk Areas.** We will leverage our understanding from the review of the current processes to identify initial gaps or areas of risks based on our experience. We will present these initial gaps and risk areas to AHCCCS and will use them as the basis for national research and stakeholder engagement activities.

Gather/Review National P&T Committee Best Practices (4.2)

Myers and Stauffer will conduct other state and national research with a focus on identifying best practices and opportunities to enhance the P&T Committee. Our general research strategy is as follows, and we will customize our approach based on discussions with AHCCCS.

- **Review of Other State Approaches.** Medicaid prescription drug spending has increased substantially in recent years, largely driven by high-cost drugs, including cell and gene therapies, and new blockbuster treatments such as GLP-1 drugs. We have firsthand experience working with states to identify innovative strategies to maximize their Medicaid pharmacy budget and, as such, we understand that many leverage their P&T Committees to assist with management and oversight of Medicaid drug costs. Some states (e.g., Arizona) have combined their P&T Committee and DUR Board activities to coordinate oversight and accountability, while others maintain separate boards. Our approach will consist of, at a minimum:
 - A review of up to ten states' P&T Committee and DUR Board documents such as agendas, published minutes or guidelines, and ethics requirements to determine if there are any lessons learned or opportunities to consider for AHCCCS.
 - A review of up to ten recent submissions of CMS-required state FFS and managed care plan annual DUR reports to identify any best practices or innovative approaches to P&T Committee and DUR Board operations.
- **Review of Industry Literature.** We will review publicly available information and data from other organizations regarding P&T Committee best practices and guidelines, including managed care organizations (MCOs) and national associations such as the Academy of Managed Care Pharmacy and the American Association of Health-System Pharmacists. We recognize that drug



coverage of rare and complicated diseases has increased in recent years and, as a result, there may be valuable information from national organizations. Where available, we will conduct an objective review of these reports to identify key themes, lessons learned, and any opportunities for AHCCCS' consideration.

Once we complete our research, we will summarize our findings in a written report. We have provided written deliverables in a variety of formats and are accustomed to tailoring them to meet the needs of our clients. Our staff will work with AHCCCS to establish the report format and, where appropriate, will recommend a format based on our experience. We will communicate preliminary results to AHCCCS and provide a draft report for input. Our typical report components include an executive summary; project background; project objectives, scope, and methodology; findings (i.e., best practices); and any associated recommendations. Specific to this engagement, we will also include an assessment of the applicability of any best practices to AHCCCS, pros and cons, potential fiscal and operational impacts, and suggestions regarding implementation.

Analyze Existing Public Comments (4.3)

We have extensive experience gathering, organizing, reviewing, and assessing public comments for AHCCCS, including comments received in response to 1115 amendments, policy changes, and emergency rulemaking. We have worked with AHCCCS to assess comments received through a variety of modalities, such as email and mailed letters, policy-related feedback submitted through Smart Comment, and comments made by stakeholders during workgroups or community forums. We have assisted AHCCCS at different points in the public comment process, whether it be at the start of a new public comment period or at the end of the process when public comments have already been received and require analysis. As a result, we have developed a comprehensive process for analyzing public comments in the State that includes:

- **Development of a Public Comment Tracker.** When working with AHCCCS on public comments, we first work to develop a public comment tracker, which helps to organize all public comments received. This tracker helps the Department organize comments received by the individuals or organizations making the comment, whether the comment highlights recommendations or results in a change that AHCCCS will have to make, and/or if a response to the comment is needed by AHCCCS. From our past experience in Arizona, we know that there may be duplicate comments submitted by multiple individuals. This tracker will ensure that AHCCCS has a consistent and standardized approach to reviewing and responding to public comments.
- **Analysis of Public Comments.** We understand that AHCCCS has received public comments related to aspects of the P&T process; however, the volume and specific content of comments vary, and that additional stakeholder input is needed as part of this engagement. Once all comments have been collected, we will work with AHCCCS to determine if there are key themes or identified patterns from prior stakeholder engagement activities. We will then review each public comment received, categorize it by key theme, and/or identify new themes to support further categorization. In the past, AHCCCS leadership has found it helpful to have a numerical understanding/representation of stakeholder feedback. For example, we will be able to identify



what percentage of feedback is advocating for a specific drug. We can also use this categorization to highlight the top issues or challenges identified by stakeholders during public comments for AHCCCS' review.

- **Development of a Summary of Public Comments.** As previously discussed, we will summarize public comments by categories for AHCCCS' consideration. This summary will highlight trends, key issues, and/or gaps for AHCCCS' consideration. We will also use this summary as the basis of ongoing stakeholder engagement. For instance, if there are themes that have been identified in existing public comments that require additional feedback or confirmation, we will make sure to incorporate those in interviews or focus groups during the stakeholder engagement process, further described in the *Interview Internal and External Stakeholders (4.4)* section of this response.

Interview Internal and External Stakeholders (4.4)

We have vast experience conducting a range of stakeholder engagement activities for our state clients. Our experience extends to supporting a myriad of stakeholder engagement activities for AHCCCS, including internal and external key information interviews, focus groups, and community forums. Our approach to stakeholder engagement is centered around the following:

- **Inclusiveness.** Stakeholder selection should include representation from all groups that will be affected by or interested in the process or decision. We employ various methods to collect information from stakeholders to promote equal opportunity for participation.
- **Tribal Considerations.** Recognizing the unique sovereignty and cultural considerations of our Native American communities, we ensure that tribal voices are heard to assure that their distinct needs and challenges are considered.
- **Clear Communication of Roles and Expectations.** All participants function best in an environment where the role of the participant and the expectations of their participation are fully understood. We ensure stakeholders understand the project and opportunities for input.
- **Common Vocabulary.** The health care environment is riddled with acronyms and terms that may have different or even unknown meanings to different individuals. We ensure stakeholders understand the topics and terms of critical importance.
- **Respectful Environment.** We use experienced facilitators to create an environment where participants feel safe to voice their opinions.
- **Clear Understanding.** We use active listening and articulate stakeholder comments back to participants to ensure they are properly captured.

Though customized to our clients' preferences, we generally leverage the following approach to stakeholder engagement and will use this as our starting point for this engagement. Prior to any stakeholder outreach, we will confirm our approach with AHCCCS to ensure all outreach is productive and consistent with AHCCCS' expectations.



- **Scope and Preferences.** Prior to any stakeholder engagement, we will work with AHCCCS to confirm the level of stakeholder input required for the assessment and any rules of engagement for our interactions with its stakeholders. For example, we will want to understand the level of involvement AHCCCS seeks to have and how it prefers we communicate with stakeholders. We will adjust our approach as agreed upon and within budget to meet expectations.
- **Stakeholder Identification.** We will work with AHCCCS to identify stakeholders that should be engaged, including internal AHCCCS leadership and external stakeholders. We will also leverage findings from our review of internal P&T Committee policies and the review of national best practices to propose specific stakeholders to engage. In addition to the stakeholders identified by AHCCCS in the TO, we suggest including medical associations such as the Arizona Chapter of the American Academy of Pediatrics and/or the Arizona Medical Association as potential stakeholders in this process. Other stakeholders may include groups or associations that interact with AHCCCS through the current P&T Committee process, such as organizations that recently or regularly provide public comment on pharmacy-related issues. These associations are positioned to bring a unique perspective on the P&T Committee due to their macro-level awareness of oversight and governance best practices.
- **Stakeholder Engagement Planning.** Once we have identified and finalized a list of stakeholders for engagement, we will work with AHCCCS to develop and identify methods for engagement and finalize a timeline for outreach activities. For example, we know that for some stakeholders, individualized interviews may be more appropriate than focus groups or public forums.

Prior to conducting any stakeholder engagement activities, we will develop interview guides, PowerPoint presentations, and/or other supporting documentation to assist with this process. We will solicit AHCCCS review and approval for all materials.

- **Engagement Activities.** We frequently engage stakeholders both virtually and in person through a variety of mechanisms, including, but not limited to the following:
 - **Key Informant Interviews.** We conduct key informant interviews to gain deeper insight from individual experts that often cannot be obtained through a larger group forum. These are typically limited to 1:1 interviews; however, they may also be tailored to support small groups of 2-3 individuals.
 - **Focus Groups.** We recommend focus groups be limited to approximately 20 invitees who are carefully selected due to their expertise and perspective. We spend time at the beginning of the first meeting to discuss the purpose of the group, how meetings will be conducted, and how the group's feedback may be used. We have found that providing written summaries of themes and salient points to the focus group for review and affirmation is a best practice to ensure we have accurately captured their feedback.
 - **Webinars.** We are adept at using multiple online platforms (e.g., Microsoft Teams, WebEx, and Zoom) to directly communicate with stakeholders, solicit input, and provide



education and training opportunities. These platforms offer flexible features such as recording for on-demand viewing, closed captioning, discussion boards, and polls.

- **Electronic Surveys.** We often rely on electronic surveys as a way to solicit feedback from a broad group of stakeholders. Typically, surveys are designed using structured questions with predominantly structured responses; however, we also use open-ended questions with freeform responses, as needed.

We understand from the TO that AHCCCS anticipates two to four stakeholder meetings and one public-facing listening session or virtual forum. We also understand that internal leadership and staff interviews are to be included within the expected stakeholder engagement activities. Given these requirements, we propose to conduct: 1) two virtual focus groups to include a mix of internal and external stakeholders; 2) two key informant interviews, one targeting AHCCCS leadership and one targeting AHCCCS staff; and 3) one public-facing webinar. Should AHCCCS prefer an alternative approach (e.g., use of an electronic survey or a different mix of focus groups and interviews), we will work with our contract point of contact to make adjustments as mutually agreed upon.

Note, we are accustomed to conducting many of the above stakeholder engagement activities with or without client representatives present; however, we are always mindful of the need to follow agreed-upon contact and communication protocols outlined in the stakeholder engagement plan. In addition, we only communicate directly with stakeholders following client approval. Lastly, we routinely take responsibility for all logistics associated with stakeholder engagement activities and, at a minimum, include a facilitator and a scribe to document stakeholder input.

Consolidate/Summarize Feedback; Develop Process Improvement Recommendations (4.5)

At the conclusion of the internal policies and processes review, review of state and national best practices, and stakeholder engagement, we will prepare and submit a final report which may include a description of the input received, findings of our analysis, and key themes and recommendations. We will provide information in our final report for each of the following:

- **Synthesized Findings.** We will work to identify true strengths, challenges, and gaps. For example, while one stakeholder may raise concerns about unmet needs, others may indicate the same needs are being met. This may be due to one individual's dissatisfaction based on a prior experience that is personal or it may be that in one geographic area of the State there are unmet needs while in others there are not. We will synthesize our findings across all sources to ensure we provide an accurate and objective assessment.
- **Recommendations.** As described in earlier sections, we will combine findings from our review of Arizona's P&T Committee processes, our review of state and national best practices, and feedback from stakeholders to provide AHCCCS with recommendations to improve the accessibility and transparency of the P&T Committee process(es). As we make our recommendations, we will work to understand implementation requirements, as well as



potential opportunities and/or challenges specific to Arizona. Prior to finalizing our report, we will review these recommendations with AHCCCS to determine appropriateness and applicability to Arizona's agenda as it pertains to their pharmacy program and make revisions as necessary.

- **Opportunities and Actionable Strategies.** Once we have finalized recommendations, we will conduct analysis on potential impact, dependencies, and implementation considerations, and prioritize recommendations based on ease of implementation. For example, one recommendation may be considered "low hanging fruit" while others may require additional time and collaboration across stakeholders. We will also assist in developing a proposed roadmap with estimated timeframes for all identified recommendations.

In summary, our final report will synthesize all findings from our internal and best practices research, as well as stakeholder engagement activities, and make recommendations to improve the accessibility and transparency of the P&T Committee process(es). We also will document opportunities for enhanced collaboration in support of these recommendations and address any potential challenges to implementation. Lastly, we will assist AHCCCS in developing any public-facing briefs and/or presentation summarizing our work to ensure transparency and accountability with stakeholders.

Methods and Resources (7.2.2)

Myers and Stauffer has a national reputation for delivering superior quality services. Our proposed Project Manager, Nancy Kim, MPH, PMP, has managed projects for numerous state Medicaid programs and we boast a team of SMEs with direct experience supporting state Medicaid pharmacy programs, including their P&T Committees. Since 1995, we have worked with AHCCCS on a variety of engagements and have a strong understanding of State preferences; however, we will be flexible in our project management approach to accommodate the specific needs of this TO. Below we provide our high-level approach to project management.

Project Plan, Status Reports, and Other Tools

The foundation of effective project management is a robust but realistic project plan that clearly identifies tasks, milestones, and deliverables, including accountability for both the project manager and the entire project team. Our approach includes developing a robust project plan at project initiation which encompasses staffing and communication expectations, tracking project status, engaging stakeholders at key points of the project, consulting and advising on best practices during project development and design, and providing operational support once the project has been implemented.

For this engagement, we propose to leverage requirements outlined in the TO, as well as input from AHCCCS following project kick-off, to develop a comprehensive project plan to manage all associated tasks, milestones, and deliverables, as described in *Table 1*. The project plan will outline a structure for addressing project changes, communication processes, risk monitoring and mitigation, and stakeholder engagement activities. The schedule will utilize a work breakdown structure which keeps subtasks uniquely identified within hierarchical task structures. Tasks, milestones, and deliverables will be



identified, and dependencies will be created based on specific requirements. Additionally, assigned resources will be identified at the task level with each task or subtask line containing, at minimum, task descriptions, durations (in working days), start/end dates, and assigned resources.

Table 1: Project Plan Components

| Proposed Project Plan | |
|-------------------------------------|--|
| Leveraging Existing Tools | Leverage Myers and Stauffer's experience and assets to quickly initiate project management processes. |
| Clear Communication Channels | Establish a stakeholder map and related communication process that facilitates rapid and timely information sharing, collaboration, escalation, and efficient decision-making, founded on the overarching principle of "no surprises." |
| Transparency | Provide AHCCCS with a clear and timely picture of how the project is progressing, responsible parties, who to contact to resolve questions and issues, what decisions have been made, and risk mitigation strategies. |
| Joint Management | Promote and solidify a strong and productive working relationship between the AHCCCS and Myers and Stauffer teams. |
| Measuring Progress | Measure and monitor activities, as most activities do not get done, or done properly, unless they are measured and monitored. Our suggested approach establishes meaningful metrics based on past experience and tailored for this project. We regularly report progress and issues during regular status meetings, coupled with a well-defined escalation process for critical issues and dependencies. |
| Standard Methods | Create predictability and reliability. Use demonstrated project management methods and tools that support consistent, effective planning and control for the project through all of its phases. |

We will provide ongoing status reports, supported by project metrics, to obtain objective status and make informed decisions while managing project delivery. Our team, through numerous projects across multiple states, has honed these status reports to quickly identify project status using traffic lighting (green/yellow/red) display, accomplishments, upcoming tasks, issues, and concerns.

In addition to the project work plan and status reports, we employ several proven project management tools to help monitor adherence to identified project scope, scheduling, and staffing. Our Project Manager will work with the Department to tailor these tools to best fit the needs of the project; however, at a minimum, we anticipate utilizing the following:

- **Decision Log.** We will track key decisions throughout the project to apprise leadership and stakeholders of how a decision was reached, options considered, and who approved the decision.
- **Issue and Risk Logs.** We will monitor risks and issues that may impede project success using a log that tracks individual risks and issues and their anticipated impact, related/required decision(s) and associated decision-maker(s), internal related discussion, final decisions, and status.



- **Status Meetings.** Along with AHCCCS' project leadership, regularly scheduled status meetings will be conducted to discuss project activities, report on progress, identify upcoming tasks, and review any risks or project issues.
- **Project Monitoring and Quality Control.** Myers and Stauffer's quality control approach is designed to ensure our services adhere to professional standards and our engagements are properly managed and performed timely. These quality control procedures mandate that each engagement be performed in accordance with state and federal regulations along with our contractual obligations to AHCCCS.
- **Project Close.** Myers and Stauffer recognizes the importance of completing and closing projects. We know project outcomes may have long-term ramifications to improve the health and welfare of individuals in the State and, as such, may require additional action from AHCCCS that is beyond the scope of a specific project, and to reconcile any areas that require clarification from our team. If needed, we will identify next steps or recommendations the Department should consider during project close-out. As part of this closeout, we will transition all project materials, information, and documents to AHCCCS.

Recommended Deliverables (7.2.3)

Upon contract award, we will work with AHCCCS to agree on the deliverables that will represent the completion of our work for each of the activities outlined in the TO. We understand AHCCCS must give final acceptance and approval of each deliverable. All deliverables will be of the highest quality and meet or exceed the expectations of AHCCCS. We propose the following deliverables in response to this TO. *Table 2* highlights our proposed activities and the resulting deliverables.

Table 2: Proposed Project Deliverables

| Proposed Project Deliverables | | |
|---|---------------|--|
| Activities | Related Tasks | Deliverables |
| Review Internal P&T Policies (4.1) | 5.4 | <ul style="list-style-type: none">● P&T Committee Document Tracker: Provides a comprehensive overview of all internal documents governing the P&T Committee.● Process Map of Current-State P&T Committee Workflow: Provides an "as-is" assessment of current activities.● High-Level Summary of Preliminary Gaps: Highlights any preliminary gaps, as appropriate, based on review of internal documents. |
| Review of National Best Practices (4.2) | 5.4 | <ul style="list-style-type: none">● Summary of National Best Practices: Highlights best practices identified from other states, federal guidance, and industry activities. |
| Stakeholder Engagement and Facilitation (4.3 and 4.4) | 5.1, 5.2 | <ul style="list-style-type: none">● Existing Comment Tracker: Compiles and categorizes existing comments received with regards to the P&T Committee.● Stakeholder Engagement Plan: Identifies key stakeholders to be included as part of this assessment and method for outreach.● Stakeholder Interview Guides: Highlights key questions or key topic areas to be addressed during stakeholder interviews. |



| Proposed Project Deliverables | | |
|-------------------------------|---------------|---|
| Activities | Related Tasks | Deliverables |
| | | <ul style="list-style-type: none">● PowerPoint Presentations: Highlights topic areas to be addressed during stakeholder interviews, focus groups, and public-facing listening sessions or virtual forums.● Notes from Stakeholder Engagement: Compiles information received from stakeholder interviews, focus groups, and public-facing listening sessions or virtual forums.● Written Summary of Stakeholder Feedback: Provides preliminary analysis of key themes, findings, potential recommendations, as well as other patterns identified during stakeholder engagements. |
| Draft and Final Report (4.5) | 5.4, 5.5 | <ul style="list-style-type: none">● Outline of Draft Report: Provides a high-level overview of content included in the draft report.● Draft Report: Provides a summary of all findings, recommendations, impact to current AHCCC operations, dependencies and ease of implementation of recommendations (including prioritization matrix), and high-level timeline for implementation of recommendations.● Final Report: Incorporates feedback from AHCCCS and key stakeholders on draft report.● Public-Facing Brief: Provides a high-level summary of final report for the public. |
| Project Management | 5.3 | <ul style="list-style-type: none">● Project Plan and other Project Management Activities: Highlights key activities and dates of activities to be completed for successful completion of project.● Monthly Status Meetings: Allows for project updates and discussion of risks, issues, or dependencies.● Progress Reports: Provides brief monthly reports outlining activities completed and/or planned; risks, issues, and dependencies; and decisions or Department input needed. |

Proposed Timeline (7.2.4)

Myers and Stauffer has considerable experience managing projects of all sizes, including initiating, planning, executing, controlling, and closing the work of a team to achieve specific goals and meet required criteria at a designated time. *Table 3* presents a high-level overview of the activities and timeline we envision for this project, which we will refine during initial discussions with AHCCCS. For example, we may need to exercise flexibility to accommodate stakeholder schedules. We have assumed a project start date of June 1, 2026.

Table 3: Proposed Timeline

| Myers and Stauffer: Proposed Timeline | | | |
|---------------------------------------|---|--------|---------|
| Task | | Start | End |
| Project Management | | | |
| PM.1 | Hold project kick-off meeting. | 6/1/26 | 6/5/26 |
| PM.2 | Develop project plan and other supporting project management tools. | 6/5/26 | 6/11/26 |



| Myers and Stauffer: Proposed Timeline | | | |
|--|---|----------|----------|
| Task | | Start | End |
| PM.3 | Provide project management oversight and weekly engagement activity status updates to AHCCCS project team. | 6/11/26 | 11/30/26 |
| Internal Policy Review | | | |
| IP.1 | Gather and compile publicly available documents regarding P&T Committee. | 6/5/26 | 6/11/26 |
| IP.2 | Develop P&T Committee document tracker of internal policies. | 6/11/26 | 6/19/26 |
| IP.3 | Request additional documents from AHCCCS based on gaps in document tracker. | 6/19/26 | 6/26/26 |
| IP.4 | Review all internal policies and supporting documents related to the P&T Committee. | 6/19/26 | 7/6/26 |
| IP.5 | Develop process map of current-state P&T Committee workflow. | 7/6/26 | 7/15/26 |
| IP.6 | Review process map with internal AHCCCS SMEs and revise based on feedback. | 7/15/26 | 7/22/26 |
| IP.7 | Develop high-level summary of potential gaps identified in the current-state P&T process | 7/22/26 | 8/5/26 |
| Environmental Scan on National Best Practices | | | |
| ES.1 | Conduct a review of other state best practices related to the P&T Committee. | 6/11/26 | 6/26/26 |
| ES.2 | Conduct a review of other federal best practices related to the P&T Committee. | 6/11/26 | 6/26/26 |
| ES.3 | Conduct a review of industry and other organizations' best practices related to the P&T Committee. | 6/11/26 | 7/6/26 |
| ES.4 | Develop a summary of findings from the environmental scan. | 7/6/26 | 7/17/26 |
| ES.5 | Review summary of findings with AHCCCS to identify potential areas of interest for the State. | 7/17/26 | 7/29/26 |
| Stakeholder Engagement | | | |
| SE.1 | Develop a stakeholder engagement plan, which identifies potential stakeholders, modality of stakeholder engagement, and timeline. | 6/5/26 | 6/11/26 |
| SE.2 | Review stakeholder engagement plan with AHCCCS. | 6/11/26 | 6/18/26 |
| SE.3 | Begin review of existing comments received from stakeholders. | 6/5/26 | 6/18/26 |
| SE.4 | Schedule stakeholder interviews and virtual forums. | 6/5/26 | 6/26/26 |
| SE.5 | Develop materials in preparation for stakeholder engagement. | 6/5/26 | 6/26/26 |
| SE.6 | Conduct internal interviews with AHCCCS leadership and staff. | 6/12/26 | 6/19/26 |
| SE.7 | Conduct external interviews, focus groups, and/or forums with external stakeholders. | 6/19/26 | 7/10/26 |
| SE.8 | Submit notes from stakeholder engagement activities for review. | 7/10/26 | 7/24/26 |
| SE.9 | Develop summary of feedback received during stakeholder engagement. | 7/24/26 | 8/14/26 |
| SE.10 | Review stakeholder engagement feedback with AHCCCS. | 8/14/26 | 8/28/26 |
| Draft and Final Report | | | |
| FR.1 | Develop a draft outline of final report for AHCCCS' review. | 8/14/26 | 9/4/26 |
| FR.2 | Develop draft report based on approved outline. | 9/4/26 | 9/25/26 |
| FR.3 | Review draft report with AHCCCS. | 9/25/26 | 10/9/26 |
| FR.4 | Revise draft report based on feedback received from AHCCCS. | 10/9/26 | 10/30/26 |
| FR.5 | Submit final report to AHCCCS. | 10/30/26 | 10/30/26 |
| FR.6 | Submit public-facing memo highlighting key findings in report. | 10/30/26 | 10/30/26 |



Experience and Capacity of the Firm and Key Personnel (TO Section 7.3)

Relevant Experience (7.3.1)

Myers and Stauffer was founded and continues to operate on the principles of extraordinary client service, an unwavering commitment to quality, and a culture of continual learning. Since 1977, we have helped our clients across every state, including some U.S. territories and the federal government, achieve better care, healthier people, and smarter spending in their health care programs. We have managed projects of all sizes and complexities across an extensive range of engagements including, but not limited to, health care delivery system innovation, pharmacy services, managed care and policy consulting, rate setting, auditing, and program integrity. However, we recognize that every state and department is unique. We care about every client's success and invest the time to build relationships so we can better understand our clients' needs and help them achieve their goals. This client-first approach truly sets us apart.

Our firm has supported the state of Arizona in various capacities since 1995. Most relevant to this TO, our team has provided AHCCCS with project management and stakeholder engagement support related to implementation of the State's ARP HCBS Spending. We have also supported the Department in gathering, reviewing, and assessing stakeholder engagement for the implementation of the Parents as Paid Caregivers program. In addition, we are supporting the Arizona Division of Aging and Adult Services (DAAS) with development of the Arizona State Plan on Aging. As such, we are very familiar with the State's program goals and objectives and have developed strong relationships with both internal and external stakeholders. As stated previously, this insight, coupled with our project management and pharmacy expertise, uniquely positions our firm to provide the services requested under this TO.

Table 4 and Table 5 highlight our recent, relevant work in Arizona, particularly those activities that have included stakeholder engagement and culminated in final reports submitted to the State.

Table 4: AHCCCS ARP Project Management and Executive Consulting Services

| AHCCCS: ARP Project Management and Executive Consulting Services (2022-2025) | |
|--|--|
| Multiagency HCBS Analysis | <p>Purpose: We conducted an assessment on how members seek HCBS within Arizona across multiple agencies, including the Department of Economic Security (DES)/Division of Aging and Adult Services (DAAS) and the Arizona Department of Human Services (ADHS). This assessment included reviewing current processes and conducting stakeholder engagement.</p> <p>Stakeholder Activities: We conducted interviews and focus groups for the following stakeholders: internal State staff at AHCCCS, DES/DAAS and ADHS, provider associations, health care facilities, area agencies on aging, and advocacy and policy organizations.</p> |



| AHCCCS: ARP Project Management and Executive Consulting Services (2022-2025) | |
|--|---|
| | Final Deliverables: Our work culminated in a final report to AHCCCS which summarized stakeholder findings and highlighted recommendations for greater agency collaboration in the State. |
| Assessment of Remote Technology Options | <p>Purpose: We conducted an assessment of remote technology options that AHCCCS may consider for adoption for their long-term care population. This assessment included reviewing national best practices and conducting stakeholder engagement.</p> <p>Stakeholder Activities: We conducted interviews and focus groups for the following stakeholders: crisis facilities, inpatient psychiatric hospitals, and representatives from MCOs.</p> <p>Final Deliverables: Our work culminated in a final report to AHCCCS which summarized our findings from data analysis, review of peer states, and stakeholder engagement. The final report highlighted recommendations on potential strategies for AHCCCS' consideration in improving crisis care services.</p> |
| Behavioral Health Discharge and Resource Report | <p>Purpose: We conducted an assessment on the crisis care continuum within the State to understand issues related to the use of community-based services and crisis care. As part of this assessment, we reviewed the current processes for crisis care in the state, conducted stakeholder engagement, conducted comparison state research, and reviewed utilization data.</p> <p>Stakeholder Activities: We conducted interviews and focus groups for the following stakeholders: other state agencies, MCO representatives, provider associations, internal AHCCCS staff, long-term care facilities, area agencies on aging, and advocacy and policy organizations.</p> <p>Final Deliverables: Our work culminated in a final report to AHCCCS which summarized national best practices and stakeholder findings and highlighted recommendations on improving remote technology implementation for the long-term care population.</p> |

Table 5: Arizona DES State Plan on Aging

| Arizona DES: State Plan on Aging (2025-Present) | |
|---|---|
| State Plan Development | <p>Purpose: We worked with DES/DAAS to develop the federally required State Plan on Aging. To develop this report, we conducted data analysis on key metrics related to the aging population in the State, conducted an environmental scan of other states' approaches to aging, and conducted stakeholder engagement to identify potential goals and objectives to include in the State Plan.</p> <p>Stakeholder Activities: We conducted interviews and focus groups for the following stakeholders: area agencies on aging, community organizations, AHCCS and ADHS State staff, county departments of health, and providers. We also developed two Qualtrics surveys released statewide to older adults and their caregivers regarding their experiences in the State.</p> <p>Final Deliverables: Our work culminated in an interim report that summarized findings from data analysis and stakeholder engagement, as well as the draft and final State Plan on Aging to be submitted to the Administration of Community Living.</p> |

In addition to experience in Arizona, Myers and Stauffer has extensive experience in health care consulting and within the pharmaceutical industry. For nearly 50 years, we have provided both



pharmacy reimbursement consulting and PBM audit and oversight support for government-sponsored health programs and other agencies. We regularly evaluate and develop pharmacy pricing benchmarks and acquisition cost models and directly understand their impact on pharmacy claim transactions. As such, we have a deep understanding of the prescription drug supply chain, including its numerous market participants and how their relationships affect program finances and consumer costs. We also regularly research and analyze a wide variety of transactions within the supply chain, including pharmacy purchases from wholesalers, health plan and PBM transactions and remuneration, pharmacy claims submission to PBMs, and manufacturer rebate transactions. As a leader in assisting federal and state agencies with increasing levels of transparency within drug pricing and pharmaceutical transactions, we bring the knowledge necessary to assist AHCCCS with this important engagement. *Table 6* highlights some of our relevant work with Medicaid pharmacy programs in the past few years.

Table 6: Relevant Pharmacy Experience

| Myers and Stauffer: Relevant Pharmacy Experience | |
|--|--|
| Oregon Department of Consumer and Business Services Prescription Drug Consulting and Outreach Services (2024-2025) | Myers and Stauffer provides consultation, stakeholder engagement, and analysis services to assist the Oregon Prescription Drug Affordability Board (Board) in developing a plan to establish an upper payment limit (UPL) for high-cost drugs in Oregon. As part of this engagement, we performed constituent outreach in support of the Board. Myers and Stauffer worked with Board staff to identify seven constituent groups for targeted outreach which included 340B covered entities, carriers, hospitals, patient advocacy groups, pharmaceutical manufacturers, PBMs, and retail pharmacies. Myers and Stauffer then developed and administered an informal survey and facilitated two, one-hour virtual focus group meetings per constituent group to identify perceptions regarding strengths, weaknesses, opportunities, and threats associated with establishing a state-level UPL methodology. Surveys included a series of non-mandatory Likert scale questions and multiple response questions, as well as free-text questions to allow recipients to provide more detailed information on approaches, recommendations, or concerns. Focus group questions were organized around topics including the impact of drug affordability, impact of a UPL, UPL methodologies, desired state of drug affordability, and recommendations or other strategies. Findings of the surveys and focus group meetings were synthesized in reports for the Board. |
| Virginia Department of Medical Assistance Services Pharmacy Benefit Manager Study (2025) | <p>As a result of Virginia House Bill (HB) 2610 requiring that MCOs must contract with and use a Virginia Department of Medical Assistance Services (DMAS) contracted single PBM, DMAS engaged Myers and Stauffer to design and conduct a comprehensive evaluation of the potential benefits, cost savings, and implementation considerations associated with utilizing a single third-party administrator to serve as the PBM for all Medicaid pharmacy benefits. Myers and Stauffer assessed Virginia's Medicaid pharmacy program using a mixed-methods approach, as described below:</p> <ul style="list-style-type: none">● Assessment of Virginia's Current Medicaid Pharmacy Delivery System. To assess the current pharmacy delivery system, including the carve-in model and associated formulary policies, Myers and Stauffer reviewed official DMAS guidance, provider bulletins, and public documentation on the Common Core Formulary and related governance structures, such as the P&T Committee and the DUR Board. We also conducted a legislative and regulatory scan of relevant Virginia statutes, including an examination of bills addressing PBM oversight, transparency requirements, spread pricing, and real-time benefit tools. The statutory review focused on how |



Myers and Stauffer: Relevant Pharmacy Experience

- each measure incrementally reshaped the administration of Medicaid pharmacy benefits and its relevance to the mandated transition to a single PBM model.
- **National Environmental Scan.** Myers and Stauffer conducted research to gain perspectives of and distill lessons from other states' Medicaid programs and their administration of the Medicaid pharmacy benefits for managed care members. For each study state, we developed a summary of key features based on our review of primary and secondary source documentation, interviews with state pharmacy leaders, and the features of each program. Primary data included information, such as legislative reports, pharmacy audit findings, Medicaid SPAs, PBM and MCO contracts where available, and supplemental rebate programs. We conducted semi-structured interviews with Medicaid pharmacy directors or interim pharmacy directors and pharmacists across the study states. We coded and analyzed interview themes to identify implementation challenges, stakeholder perspectives, and policy outcomes. We also incorporated evidence from recent peer reviewed literature and National Community Pharmacy Association data to understand emerging trends in pharmacy access, particularly the identification of pharmacy deserts across urban, rural, and suburban communities in Virginia.
 - **Stakeholder Engagement.** We conducted stakeholder engagement to solicit detailed perspectives on the Commonwealth's current Medicaid pharmacy program and recommendations to consider for the transition to a single PBM. We surveyed provider associations and conducted 18 formal interviews representing DMAS and other state agencies, provider and pharmacy organizations, legislators, MCOs, and other DMAS vendors. We coded and analyzed perspectives gathered from stakeholder engagement activities to highlight themes and practical considerations relevant to the single PBM transition.
 - **Data Analysis.** We conducted data analysis, including review of dispensing fees, potential short-term and long-term costs of implementing a single PBM contract, and comparison of Virginia net pharmacy spend per member to other comparable states with managed care delivery systems.

As a result of our work, we developed a comprehensive report of findings and single PBM contracting options and their respective costs and benefits. We provided recommendations for best practices to include in a PBM contract and request for proposal (RFP) and for potential changes to Virginia law to enable the most efficient and effective pharmacy delivery system possible. We also presented our findings to DMAS leadership and multiple stakeholder groups.

Virginia Department of Medical Assistance Services

Pharmacy Unit
Assessment and
Contractual and
Operations Review
(2025)

Myers and Stauffer conducted the following two activities for the DMAS Medicaid pharmacy program:

- **Pharmacy Unit Staffing and Operations Assessment.** We assessed DMAS' current pharmacy staffing, organizational structure, and capacity against DMAS' needs and planned initiatives, including the following activities:
 - Conducted stakeholder interviews with DMAS leadership, all pharmacy unit team members, and other DMAS staff to understand the current structure, staffing, challenges, and resources and solicited input on the future direction of the pharmacy unit.
 - Reviewed job descriptions, position requirements, performance review criteria, and other documentation for pharmacy unit staff.
 - Reviewed existing documented procedures and considered other operational activities that may benefit from documented procedures.



| Myers and Stauffer: Relevant Pharmacy Experience | |
|--|--|
| | <ul style="list-style-type: none">○ Reviewed current responsibilities, policies and procedures, and workflows for P&T Committee and made recommendations for changes.● FFS PBM and Rebate Vendor Contractual and Operations Review. We assessed current oversight and accountability processes and reviewed the FFS PBM and Rebate contract to identify recommendations for improvement. As part of this review, we evaluated the current DMAS process for vendor oversight and accountability and analyzed the current PBM and rebate vendor's contractual requirements. <p>For both activities, we also researched Medicaid pharmacy programs in other states, including their organization and staffing structure, vendor oversight, and vendor contracts. Our assessment process resulted in the collection of substantial data points that guided the findings and recommendations that we included in a final report to DMAS.</p> |
| Kentucky Department for Medicaid Services Medicaid Pharmacy Administration Consulting (2021-Present) | <p>Myers and Stauffer provides comprehensive support for the Kentucky Department for Medicaid Services (DMS) pharmacy programs. Our support has included:</p> <ul style="list-style-type: none">● Managed Care Pharmacy PBM. We provided design and procurement assistance for the nation's first Managed Care Single PBM model. We also provided project management support and subject matter expertise for contract implementation activities, including continued support for ongoing operations of the model and for the DMS pharmacy program.● FFS PBM. Support with implementation activities for a new PBM contract for the FFS delivery system and management of the single PDL and rebates, as well as providing subject matter expertise for ongoing operations including:<ul style="list-style-type: none">○ Attending clinical meetings with DMS and the PBM, as well as P&T Committee meetings to identify potential opportunities to reduce expenditures or strengthen rebate negotiations (e.g., targeted analyses such as evaluating whether biosimilars offer a lower net cost than originator products after rebates).○ Monitoring the rapid approval of new drugs to support oversight of the PBM's recommendations, or absence of recommendations, related to PDL placement and appropriate utilization management strategies.● Pharmacy Benefit Consulting. We provide consulting support for the Commonwealth's Medicaid pharmacy benefit including, but not limited to, analyses of drug ingredient reimbursement methodologies, professional dispensing fees, 340B policy compliance, procedure coded over-the-counter drugs, drug rebate performance, and MCO PBM rates related to enacted legislation. Most recently, we supported the Commonwealth with the development of a legislatively mandated report assessing the potential impact of a pharmacist payment parity initiative for clinical services. This work involved extensive external stakeholder engagement to gather input from diverse perspectives on the potential impact of this initiative on access to rural healthcare, impact on pharmacy operations and revenues, and implementation considerations. |

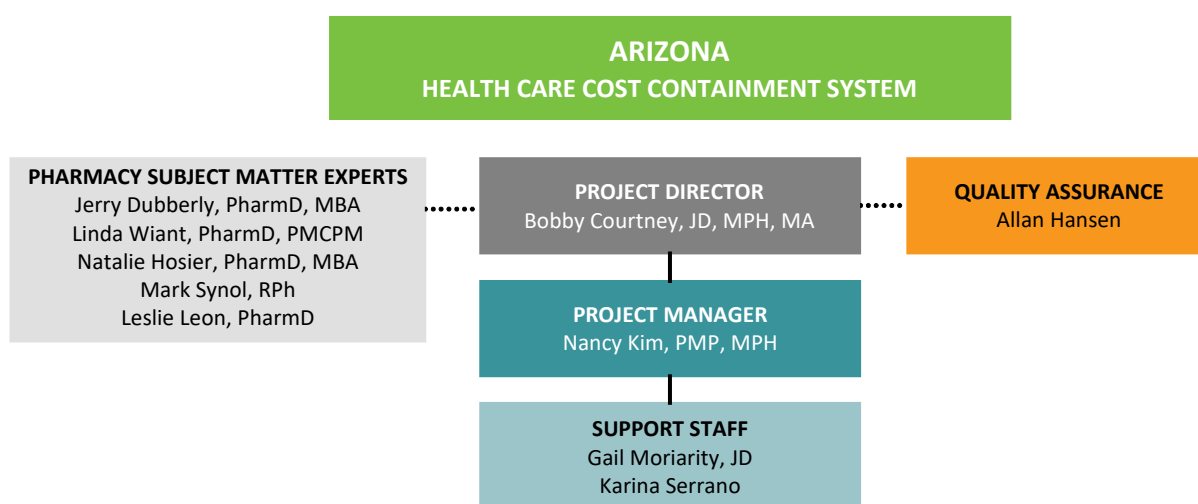


Proposed Staff Names and Classification (7.3.2)

We are pleased to present a strong, experienced team to AHCCCS for this project. All project team members are full-time, experienced, professional staff who are dedicated to Medicaid program projects and specialize in the areas identified under the *Methodology and Approach* section of this task order response. The identified services represent core areas of business for Myers and Stauffer; therefore, we will not utilize the services of a subcontractor in completing any of the required tasks.

The following organizational chart in *Figure 1* shows the specific staff structure proposed for this project.

Figure 1: Organizational Chart



Experience of Proposed Staff (7.3.3)

Table 7 outlines the experience and qualifications of the staff assigned to lead this project. Please see *Appendix: Resumes* for resumes of proposed staff.

Table 7: Proposed Personnel

| Myers and Stauffer: Proposed Personnel | |
|--|---|
| Name/Role | Qualifications |
| PROJECT LEADERSHIP | |
| Bobby A. Courtney, JD, MPH, MA <i>Principal/Partner</i> Role: Project Director Ensures organizational commitment of | <ul style="list-style-type: none">More than 25 years of professional experience in the health care industry, and a co-partner-in-charge of our Consulting and Pharmacy engagement teams.Experienced in large-scale federal grant initiatives including serving as Account Manager for ARP act engagements in Arizona, North Dakota, and Vermont, all of which required extensive stakeholder engagement activities.Focus on public health law and policy including issues related to federal waivers and Medicaid SPAs, administrative rulemaking, delivery system reform/transformation, |



Experience and Capacity of the Firm and Key Personnel (TO Section 7.3)

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| Myers and Stauffer: Proposed Personnel | |
|--|--|
| Name/Role | Qualifications |
| resources and overall contract performance. | <p>managed care, long-term services and supports (LTSS), and pharmaceutical policy and reimbursement.</p> <ul style="list-style-type: none">• Supports states in securing, implementing, and evaluating federal authorities, including SPAs, and 1915(b) (managed care), 1915(c), and 1115 waivers. Prior experience with SPA and/or waiver development, operation, and/or evaluation in numerous states including Arizona.• Conducts policy analyses and policy impact evaluations including, but not limited to, measurement of short- and long-term outcomes, determining whether changes are attributed to a given policy, comparing relative impacts of policies, and assessing cost/benefit of a given policy.• J.D., Health Law, Indiana University/M.P.H., Health Policy, Indiana University/M.A., English, Bradley University. |
| <p>T. Allan Hansen <i>Principal/Partner</i></p> <p>Role: Quality Assurance Works directly with the PD and provides strategic input to ensure successful completion of the project and full satisfaction of AHCCCS.</p> | <ul style="list-style-type: none">• Nearly 35 years of professional experience with over 20 in Medicaid pharmacy rate setting and reimbursement. Co-partner-in-charge of our national Pharmacy engagement team.• Involved in the firm's pharmacy ingredient cost studies, state maximum allowable cost projects, and AAC engagements, including Myers and Stauffer's contract with CMS to develop and maintain the NADAC benchmark.• Managed and provided QA on a variety of projects including pharmacy consulting, program integrity, PBM audit and compliance oversight, litigation support, and rate setting.• Played a significant role in pharmacy reimbursement consulting engagements with numerous state and federal clients.• Advised state Medicaid programs regarding pharmacy dispensing fees and managed dozens of pharmacy cost of dispensing surveys.• B.S., Actuarial Science, Northern Arizona University. |
| <p>Nancy Kim, PMP, MPH <i>Senior Manager</i></p> <p>Role: Project Manager Responsible for directing the activities of the project team and ensuring the successful completion of the project to the complete satisfaction of AHCCCS.</p> | <ul style="list-style-type: none">• Nearly 20 years of public sector health care consulting experience that includes more than five years of experience in analysis, evaluation, and implementation of Section 1115 and 1915 waivers and SPA revision, drafting implementation guidance, and designing training materials for diverse stakeholders.• Experienced in large-scale federal grant initiatives including serving as Project Manager for the firm's ARP engagement in Arizona, which included multiple discrete statewide analyses and extensive stakeholder engagement.• Provides oversight of projects and engagements to support Medicaid program design, development, and implementation activities, including ongoing project maintenance and operations, as well as extensive stakeholder engagement activities such as leading advisory committees and stakeholder engagement forums.• Directs projects and provides support to various states' Medicaid programs, focusing on health care policy and program design and evaluation, including HCBS.• Provides technical assistance support to states in developing and monitoring key program and performance metrics for different populations, including Medicaid managed care, HCBS, and LTSS.• Project Management Professional.• M.P.H., Health Policy and Administration, Yale University/B.S., Education and Social Policy, Northwestern University. |



Experience and Capacity of the Firm and Key Personnel (TO Section 7.3)

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| Myers and Stauffer: Proposed Personnel | |
|--|--|
| Name/Role | Qualifications |
| PHARMACY SUBJECT MATTER EXPERTS | |
| Jerry Dubberly, PharmD, MBA <i>Principal/Partner</i> | <ul style="list-style-type: none">• Nearly 40 years of related health care experience, specifically focused on providing executive support and strategic assistance to Medicaid and other government-sponsored health and human service programs.• Assists our clients with delivery system and payment transformation initiatives, including integration of behavioral and physical health, design and implementation of managed care, architecture of VBP programs, advancing HCBS and support models, and other delivery system and payment enhancements.• Prior to joining Myers and Stauffer, Jerry served as Georgia's Medicaid Director for more than six years, where he was responsible for health care coverage for 1.9 million Georgians and an annual benefits budget of \$10 billion. He also served as the Medicaid Pharmacy Director for the agency, overseeing DUR Board activities, PDL development, and all pharmacy operations.• Extensive experience leading Medical Care Advisory Committee meetings and other advisory committees.• Conducted engagement with diverse stakeholder groups such as providers including the Indian Health Service and tribal clinics, provider associations, individuals with lived experience and their families, advocacy groups, law enforcement, community leaders, and others state agencies (e.g., juvenile justice, corrections, behavioral health, developmental disabilities, public health, education).• PharmD, Pharmacy, University of Arkansas Medical Sciences/M.B.A., Health Services Management, University of Tennessee at Chattanooga/B.S., Pharmacy, University of Georgia. |
| Linda Wiant, PharmD, PMCPM <i>Senior Manager</i> | <ul style="list-style-type: none">• More than 30 years in the field of pharmacy benefit administration, PBM clinical services, PBM audit, and call center operations, including roles with Medicaid FFS PBM vendors.• Serves as clinical and technical SME for the CMS NADAC contract, providing policy guidance, interpretation, and insights as a former state official.• Provides policy guidance and expertise on Medicaid policy issues to the Kentucky Cabinet for Health and Family Services, the North Carolina Division of Health Benefits, and Iowa Department of Health and Human Services.• Assisted the New York Department of Health with RFP development and an assessment of vendor and internal policies and procedures in the pharmacy division including stakeholder engagement to develop workflows and understand program operations.• Assisted the Oregon Prescription Drug Affordability Board in developing a UPL report which was posted publicly and provided to the state legislature. Myers and Stauffer conducted 16 constituent engagement sessions with eight different constituent groups, along with a corresponding survey, to solicit feedback on the development of a UPL.• Former Medicaid Pharmacy Director and Medicaid Director for the state of Georgia.• Experience in leading and participating in both Medicaid and commercial PBM pharmacy P&T committees, developing PDLs, utilization management, and clinical programs for Medicaid managed care and FFS programs.• Experience providing insights and advice to assist clients in understanding health care markets, especially FFS and managed Medicaid.• Registered Pharmacist.• PharmD, Mercer University. |



Experience and Capacity of the Firm and Key Personnel (TO Section 7.3)

Task Order# YH26-0094
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| Myers and Stauffer: Proposed Personnel | |
|---|---|
| Name/Role | Qualifications |
| Natalie Hosier, PharmD, MBA <i>Senior Manager</i> | <ul style="list-style-type: none">• Nearly 20 years of experience in the field of pharmacy, including government-sponsored health care program compliance, specifically in rate setting and reimbursement.• Serves as a clinical and technical advisor for the CMS NADAC, the state of Iowa's Medicaid Enterprise, the state of Tennessee's Department of Finance Administration, and the Ohio Bureau of Worker's Compensation (including attending P&T Committee meetings).• Lead pharmacist for the Pharmacy Pricing and Audit Consultant engagement with the state of Ohio's Division of Medicaid and the team lead for a comprehensive pharmacy program overview for the Kentucky Cabinet for Health and Family Services.• Involved in a number of analytical and clinical services surrounding evaluation and reimbursement recommendations for rate setting, physician-administered procedure coded drugs, 340B program evaluation, cost/benefit analyses of PDL/prior authorization programs, specialty drugs, pharmacy claims analysis, drug rebates, cost containment opportunity evaluations, and PBM oversight.• Prior to joining Myers and Stauffer, Dr. Hosier was a pharmacist for a retail chain and pharmacy manager for a long-term care pharmacy.• Registered Pharmacist.• PharmD, Butler University/M.B.A., Organizational Leadership, University of Indianapolis. |
| Mark Synol, RPh <i>Manager</i> | <ul style="list-style-type: none">• More than 25 years of experience in pharmacy benefit management and health plans.• Provided administrative and operational support for the P&T Committee for Connecticut's Medicaid pharmacy program. In addition, assisted with the coordination of public input and participation during P&T Committee meetings.• Registered Pharmacist.• B.S., Pharmacy, University of Connecticut. |
| Leslie Leon, PharmD <i>Manager</i> | <ul style="list-style-type: none">• Nearly 25 years of pharmacy and health care management experience.• Supported the Mississippi Medicaid P&T Committee as a State vendor and contractor, addressing questions about system functions and clinical rules.• Prior experience as a clinical pharmacist for a Medicaid fiscal agent where she assessed and coordinated clinical and operational requirements within the pharmacy point of sale operating system.• Experience with prior authorization (PA) review, retrospective DUR, providing training and clinical support for both technical and clinical call center staff and retail pharmacy management.• PharmD, University of Mississippi/B.S., Pharmaceutical Science, University of Mississippi. |
| SUPPORT STAFF | |
| Gail Moriarity, JD <i>Consultant</i> | <ul style="list-style-type: none">• More than three years of health care-related experience, providing administrative assistance services to public health care/social service agencies addressing reimbursement issues.• Supports stakeholder engagement efforts in states, including Arizona and Oregon projects referenced above.• Primary responsibilities include developing questions, participating in interview/focus group sessions, and providing analysis of data gathered from stakeholder engagement sessions.• J.D. Candidate, Suffolk University/B.A., Human Rights Studies and Psychology, Minor in Spanish, University of Dayton. |



Experience and Capacity of the Firm and Key Personnel (TO Section 7.3)

Task Order# YH26-0094
May 12, 2026

| Myers and Stauffer: Proposed Personnel | |
|--|---|
| Name/Role | Qualifications |
| Karina Serrano <i>Consultant</i> | <ul style="list-style-type: none">• More than seven years of health care industry experience.• Experience with global and local stakeholder engagement, program planning, and creating decision-analytic models.• Relevant Myers and Stauffer experience includes supporting Kentucky with stakeholder engagement initiatives related to their mobile crisis planning grant and creating a name summary system for submitted reports in West Virginia.• Upon graduating with her undergraduate degree, she also graduated from a year-long cancer disparities fellowship that was funded by the National Institutes of Health. Alongside her undergraduate career, she held leadership roles in a global non-profit organization that served to advance access to clinical care and public health services in Peru, Ecuador, and Tanzania.• B.S., Public Health, University of Houston. |



Pricing Proposal (TO Section 7.4)

In *Table 8*, we have provided our pricing for completion of this project, broken down by the deliverables listed in TO section 5.0. Pricing is based on the projected total hours to complete each deliverable and uses a blended rate of \$220.00 per hour across all staff levels. We understand that, per TO section 7.4.1, the overall price for the whole project will be a not-to-exceed amount; billing shall be based on deliverables and not exceed this amount unless prior approval is obtained by AHCCCS.

Table 8: Pricing Proposal

| Myers and Stauffer: Pricing Proposal | | | |
|---|-------|--------------|------------------------|
| Deliverable | Hours | Blended Rate | Total Deliverable Cost |
| 5.1 Stakeholder Engagement & Facilitation | 90 | \$220.00 | \$19,800.00 |
| 5.2 Stakeholder Feedback Summary | 100 | \$220.00 | \$22,000.00 |
| 5.3 Progress Reports | 150 | \$220.00 | \$33,000.00 |
| 5.4 Draft Recommendation Report | 270 | \$220.00 | \$59,400.00 |
| 5.5 Final Recommendations Report | 145 | \$220.00 | \$31,900.00 |
| Engagement Not-to-Exceed Total | 755 | \$220.00 | \$166,100.00 |



Appendix: Resumes

Bobby Courtney, JD, MPH, MA

Principal/Partner

Bobby has more than 26 years of professional experience in the health care industry and is a principal/partner on Myers and Stauffer's consulting and pharmacy engagement teams. His work focuses on public health law and policy including issues related to federal waivers and Medicaid SPAs; administrative rulemaking; delivery system reform/payment transformation; managed care; long-term services and supports; and in recent years, pharmaceutical reimbursement. As a licensed attorney in the state of Indiana, he frequently serves as a legal/policy resource for teams and projects across the firm.

Prior to joining Myers and Stauffer, Bobby worked as a hospital strategic planning specialist, a non-profit chief programming officer and general counsel, and a senior health policy analyst for SVC Inc. (currently HMA Medicaid Market Solutions). In the latter role, he assisted the states of Indiana, Iowa, Ohio, and Kentucky in the design, implementation, and oversight of public health insurance programs; supported several states with drafting and submission of 1115, 1915(b), and 1915(c) waivers, CMS readiness review, and waiver negotiations (Iowa [included Medicaid managed long-term services and supports 1915(b)/(c) combined waivers], Kentucky, Ohio, and Indiana); and assisted Indiana with drafting emergency, proposed, and final rules.

Experience

26 years of professional experience

Education

J.D., Health Law, Indiana University
M.P.H, Health Policy, Indiana University
M.A., English, Bradley University
B.A., Philosophy, University of Illinois

Licenses/Certifications

Juris Doctorate
Indiana State Bar

Myers and Stauffer Client Experience

Arizona Health Care Cost Containment System

American Recovery Plan Act Funds Project Management and Technical Assistance Consultant (2022-Present)

Role: Project Director

Project management, staff augmentation, and executive consultant services for activities related to the American Rescue Plan Act funds as approved by the Centers for Medicare & Medicaid Services and the Substance Abuse and Mental Health Services Administration.

Medicaid 1115 Waiver Consulting and Support (2023-Present)

Role: Project Director

Project management, staff augmentation, and executive consultant services related to the Arizona Medicaid 1115 Demonstration (11-W-00275/9) as approved by the Centers for Medicare & Medicaid Services.

Project Management Support (2025-Present)

Role: Project Director

Project management services for the Agency specifically related to the fee-for-service program.

Arizona Department of Economic Security

Development of the Arizona State Plan on Aging (2024-Present)

Role: Project Director



Research, review, analysis of findings, and the completion of the Arizona State Plan on Aging.

Arizona Industrial Commission of Arizona

Workers' Compensation Analysis (2025-Present)

Role: Project Director

Support the Department in reporting of all prescription topicals used in workers' compensation and analysis of the data, highlighting the variance in Average Wholesale Price (AWP) among the products.

Workers' Compensation Pharmacy Reimbursement White Paper (2020)

Role: Technical Resource

Conducted research and data analysis on the pharmacy reimbursement methodology in use by the Arizona Workers' Compensation system and provided a white paper report with recommendations on alternative methodologies.

Arkansas Department of Human Services

Medicaid Consulting - Independent Assessment Review (2021-Present)

Role: Project Director

Independent assessment evaluating access to care, quality of care, and cost effectiveness of the State's 1915(b) waivers for the Provider-led Arkansas Shared Savings Entity project and the Health Smiles project, as mandated in Title 42 Code of Federal Regulations §431.55(b)(4).

Centers for Medicare & Medicaid Services

Survey of Retail Prices (2018-Present)

Role: Project Manager 2

Development and management of the National Average Drug Acquisition Cost Rates surveys and rate calculation methodology through a monthly national survey process and a weekly review of published prices. Maintenance of a provider help desk to address inquiries. Additional ad hoc analysis and consulting as requested including reimbursement of specialty drugs, blood clotting factor, and the 340B drug discount program.

Colorado Department of Health Care Policy and Financing

Average Acquisition Cost Price List (2022-Present)

Role: Project Manager

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Child Health Plan Plus Mental Health Parity Report Analysis (2020-2021)

Role: Senior Manager

Assessment of the Mental Health Parity and Addiction Equity Act reporting compliance for six health plans administering the Colorado Child Health Plan Plus Program.

Hawaii Department of Human Services

Medicaid Managed Care Organization Procurement Support (2018-2022)

Role: Senior Manager

Support for managed care procurement and aspects of value-based purchasing program design for the State's delivery system reform efforts.

Idaho Department of Health and Welfare

Medicaid Pharmaceutical Average Acquisition Cost Program Administration (2020-Present)

Role: Project Manager 2

Calculation and update of average acquisition cost reimbursement rates for drugs through annual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Idaho Department of Insurance

Pharmacy Benefit Manager Dispensing Fee and Reporting (2024-Present)

Role: Quality Assurance



Survey of pharmacy benefit manager dispensing fees in Idaho and report including recommendations for the Department's compliance activities related to H596a and Idaho Code 41- 349(11) (i).

Iowa Department of Health and Human Services

Technical Assistance and Program Support for Iowa Medicaid (2024-Present)

Role: Project Director

Technical assistance, support, and ad hoc analysis for current and new Medicaid programs and the Children's Health Insurance Program (CHIP) including, but not limited to, the State Plan Amendment (SPA), federal regulations and guidance, 1915(b), 1915(c), 1915(i), and 1115 waivers and waiver renewals, as directed by the Agency.

Kansas Department for Children and Families

Forensic Accountant (2022-Present)

Role: Subject Matter Expert

We provide forensic accounting services to the Kansas Department of Children and Families, Adult Protective Services. Each case referral comes with a set of concerns or allegations that could result in financial harm to the involved adult. Our role is to either clear the alleged perpetrator or substantiate the allegations. Upon completion of each case, we quantify the financial losses and offer a set of recommendations to prevent further financial harm.

Kentucky Cabinet for Health and Family Services

Independent Assessment 1915(b) Waiver Program (2020-2021)

Role: Subject Matter Expert

Independent assessment of the Department for Medicaid Service's §1915(b) waiver for the Medicaid managed care program.

Medicaid Pharmacy Administration Consulting (2022-Present)

Role: Quality Assurance

Project management support and subject matter expertise for contract implementation activities, managed care single pharmacy benefit management model, support for ongoing operations of the model and pharmacy program.

Medicaid Rate Setting (2019-Present)

Role: Project Manager

Medicaid rate setting, reimbursement methodology consulting, cost report review, compliance analysis, fiscal impact analysis, provider tax calculations, upper payment limit demonstrations, state directed payments, waiver application and implementation, and monitoring services for long-term care facilities, hospitals, clinics, and other provider types.

Kentucky Department for Medicaid Services

Shared Consultant for Targeted Case Management (2022-Present)

Role: Subject Matter Expert

Consulting services on Medicaid program, policy, and directions including how best to optimize resources.

Louisiana Department of Health

Average Acquisition Cost Program and Consulting Services for National Average Drug Acquisition Cost Program for Prescription Drugs (2017-Present)

Role: Project Manager 2

Consulting and pharmacy help desk services for the Medicaid pharmacy reimbursement. Consultation in areas of reimbursement including specialty drugs, blood clotting factor, and the 340B drug program.

Maryland Department of Health

Pharmacy Reimbursement Methodology (2017-Present)

Role: Project Manager 2

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.



Recovery Settlement Process Consulting (2023-Present)

Role: Project Manager

Assessment and improvement of process for documenting settlement recoveries and ensuring the return of the federal share of recoveries.

[Massachusetts Executive Office of Health and Human Services](#)

Managed Care Entity Financial and Encounter Data Auditor (2023-Present)

Role: Public Policy Consultant

Independent audit of the accuracy, truthfulness, and completeness of the encounter data and financial data.

[Minnesota Department of Human Services](#)

Pharmacy Average Actual Acquisition Cost for Outpatient Drug Reimbursement (2026-Present)

Role: Quality Assurance

Create and implement a Minnesota-specific Actual Acquisition Cost program to accurately reimburse enrolled pharmacies based on actual invoices for brand, generic, and specialty prescription drugs and covered over-the-counter drugs.

[Mississippi Division of Medicaid](#)

Pharmacy Rate Setting Maintenance (2021-Present)

Role: Project Manager

Maintenance and administration of the pharmacy rate setting methodology and pricing benchmarks, determination of rates for physician-administered drugs, and maintenance and update of the Mississippi-specific specialty drug list.

[Montana Department of Public Health & Human Services](#)

Medicaid Average Acquisition Cost Program (2024-Present)

Role: Project Manager 2

Provides the state with services associated with the operation of an average acquisition cost program.

[Nebraska Department of Health & Human Services](#)

Home and Community-Based Services Waiver Realignment and Processes (2020-Present)

Role: Subject Matter Expert

Support of effort to merge all home and community-based services 1915c waiver operations and administration under a single organizational structure. Organizational analysis of the new agency structure, development of a combined eligibility and assessment team, review and gap analysis of the organizational structure for both direct services and administration, and development of revised job classifications to meet the needs of the different home and community-based services waivers' staffing requirements.

Nebraska Hospital Delivery System Redesign (2021)

Role: Principal/Partner

Comprehensive resource evaluation of the Beatrice State Development Center, the Lincoln Regional Center, and the Norfolk Regional Center for purposes of providing a comprehensive system assessment and redesign recommendations report.

[Nevada Health Authority](#)

Medicaid Consulting (2017-Present)

Role: Senior Manager

Consulting services to ensure compliance with Medicaid and Medicare regulations, principles, and policies and to assist with implementation or development of new Medicaid programs or policies.

[New Hampshire Department of Health and Human Services](#)

Delivery System Reform Incentive Payment Program Learning Collaborative (2017-2020)

Role: Project Manager

Professional services necessary to develop, operate, and lead the Delivery System Reform Incentive Payment Learning Collaborative.



New York Department of Health

Pharmacy Rebate Program Support Services (2025-Present)

Role: Project Director

Supporting the Department by conducting a comprehensive review of the State's pharmacy rebate program.

Prior Authorization Request for Proposal and Tool Development (2025-Present)

Role: Project Manager

Support for pharmacy prior authorization system procurement and related services.

North Dakota Department of Health and Human Services

American Rescue Plan Act of 2021 Section 9817 Project Manager (2022-Present)

Role: Project Director

Cross-program coordination, reporting, evaluation services, and technical assistance in support of implementation of the American Rescue Plan Act of 2021, §9817.

Pharmacy Cost of Dispensing Survey (2026-Present)

Role: Quality Assurance

Comprehensive survey and analysis of the cost of dispensing prescription drugs for pharmacies participating in the state Medicaid program.

Oregon Health Authority

Average Actual Acquisition Cost (2022-Present)

Role: Project Manager 2

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Tennessee Division of TennCare

Pharmacy Average Actual Acquisition Cost (2020-2023)

Role: Project Manager

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Develop and maintain 340B estimated ceiling price file.

Tennessee Department of Finance and Administration

Estate Recovery Services (2021-Present)

Role: Technical Resource

Assistance with adjustment of recovery of funds for certain types of medical assistance from the estates of individuals age 55 or older at the time such assistance was received and from permanently institutionalized individuals of any age. Supply estate recovery case management system.

External Appeal Process for Pharmacies Challenging Payments Made by PBM (2023-Present)

Role: Quality Assurance

External appeal process for review and resolution of appeals by pharmacies challenging payments made by Pharmacy Benefits Managers to pharmacies.

Utah Department of Health and Human Services

Maximum Allowable Cost Rate Setting (2019-Present)

Role: Project Manager 2

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk.

Vermont Department of Vermont Health Access

Home and Community-Based Services Grant Management (2023-2024)

Role: Project Director

Technical assistance in planning, development, implementation, and oversight of Home and Community-Based Services Grant Program funded through §9817 of the American Rescue Plan Act of 2021.



Washington State Health Care Authority

Delivery System Reform Incentive Payment Program - Independent Assessor (2018-Present)

Role: Principal/Partner

Support of 1115 Delivery System Reform Incentive Payment waiver, including receipt and evaluation of project plans, technical assistance regarding project plan improvement opportunities, semi-annual assessments of projects, performance of midpoint assessment of the Delivery System Reform Incentive Payment program, assessment of value-based purchasing contracting by the managed care organizations, collaboration with other State contractors, and assisting with certain training and communication efforts.

Wyoming Department of Health

Community Mental Health and Substance Use Prevention, Treatment, and Recovery Services Block Grant State Manuals (2024-Present)

Role: Project Director

Developed two policy manuals dedicated to the management and oversight of the Community Mental Health (MHBG) and Substance Use, Prevention, Treatment, and Recovery Services (SUPTRS) block grants. Conducted stakeholder engagement activities to produce policy manuals informed by insights from WDH behavioral health and fiscal staff, and current grantees.

Employment History

Myers and Stauffer LC, 2017-Present: Principal/Partner

Richard M. Fairbanks School of Public Health, 2014-Present: Adjunct Faculty

SVC Inc., (currently HMA Medicaid Market Solutions), 2014-2017: Senior Health Policy Consultant

MWSH Coalition, 2010-2014: Interim CEO, Chief Programing Officer, Director of Policy and Planning

OSF Saint Francis Medical Center, 2000-2008: Strategic Planning Specialist

Presentations

Quality Measures in LTSS Environment, Myers and Stauffer Value-Based Purchasing Forum, Atlanta, Georgia (2019)

Long Term Care Payment Forum, Myers and Stauffer (2016)

Legal Issues in Coalition Development and Response, National Healthcare Coalition Resource Center Annual Conference (2013)

Crisis Standards of Care: Clinical and Legal Aspects in Disaster Response, Public Health Preparedness Summit (2012)

Crisis Standards of Care: Challenges & Opportunities, Indiana State Bar Association Health Law Symposium (2011)

Affiliations

American Bar Association

American Health Lawyers Association

Indiana State Bar Association



Allan Hansen

Principal/Partner

Allan has managed a variety of projects including pharmacy consulting, program integrity, litigation support, and rate setting. He has played a significant role in pharmacy reimbursement consulting engagements with numerous state and federal clients. He has advised state Medicaid programs regarding pharmacy dispensing fees and managed dozens of pharmacy cost of dispensing surveys. Mr. Hansen has also been involved in the firm's pharmacy ingredient cost studies, state maximum allowable cost (SMAC) projects, and average actual acquisition cost engagements, including Myers and Stauffer's contract with the Centers for Medicare & Medicaid Services (CMS) to develop and maintain the National Average Drug Acquisition Cost benchmark.

Allan has also consulted with state Medicaid programs on reimbursement rates for physician-administered drugs and performing audits of pharmacy benefit manager contracts. He has provided pharmacy reimbursement-related litigation support activities to several states, and to the United States Department of Justice (DOJ).

Allan has managed program integrity audits of hundreds of Medicaid providers including a wide variety of provider types. He has also assisted in a number of other Medicaid reimbursement consulting engagements, including rate setting for home and community-based services, mental health services, hospital reimbursement through diagnosis-related groups (DRG), and physician reimbursement through Resource-Based Relative Value Scale (RBRVS).

Experience

33 years of professional experience

Education

B.S., Actuarial Science, Northern Arizona University

Myers and Stauffer Client Experience

Alabama Medicaid Agency

Medicaid Pharmacy Average Acquisition Cost Program (2020-Present)

Role: Project Director

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk.

Alaska Department of Health

Medicaid Provider Compliance Audits (2003-Present)

Role: Project Director

Desk reviews and onsite field examinations of state Medicaid providers to validate proper reimbursement for a sample of Medicaid claims.

Centers for Medicare & Medicaid Services

Survey of Retail Prices (2011-Present)

Role: Project Director

Development and management of the National Average Drug Acquisition Cost Rates surveys and rate calculation methodology through a monthly national survey process and a weekly review of published prices. Maintenance of a provider help desk to address inquiries. Additional ad hoc analysis and consulting as requested including reimbursement of specialty drugs, blood clotting factor, and the 340B drug discount program.

Colorado Department of Health Care Policy and Financing

Average Acquisition Cost Price List (2020-Present)

Role: Project Director

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.



Florida Agency for Health Care Administration

Pharmacy Benefit Managers Investigation (2022-Present)

Role: Project Manager

Comprehensive study of organizational structures and contractual arrangements (including payment terms) of pharmacy benefit managers utilized by managed care organizations participating in the Florida Medicaid Managed Care program.

Idaho Department of Health and Welfare

Medicaid Pharmaceutical Average Acquisition Cost Program Administration (2020-Present)

Role: Project Director

Calculation and update of average acquisition cost reimbursement rates for drugs through annual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Idaho Department of Insurance

Pharmacy Benefit Manager Dispensing Fee and Reporting (2024-Present)

Role: Project Director

Survey of pharmacy benefit manager dispensing fees in Idaho and report including recommendations for the Department's compliance activities related to H596a and Idaho Code 41- 349(11) (i).

Indiana Family & Social Services Administration

Medicaid Rate Setting Services (2003-Present)

Role: Principal/Partner

Medicaid rate setting, reimbursement methodology consulting, fiscal impact analysis, provider tax calculations, and compliance services impacting all Medicaid providers and services.

Iowa Department of Health and Human Services

Pharmacy Consulting Services (2023-Present)

Role: Project Director

Pharmacy consulting services to support capitation rate development and ad hoc assistance as necessary as a subcontractor to CBIZ Optumas.

Provider Cost Audits and Rate Setting Services (2012-Present)

Role: Principal/Partner

Accounting and consulting services to assist the state of Iowa in determining reasonable reimbursement rates and cost settlements for services as well as determining other calculations such as upper payment limits and supplemental payments.

Kentucky Cabinet for Health and Family Services

Medicaid Rate Setting (2020-Present)

Role: Supervisor

Medicaid rate setting, reimbursement methodology consulting, cost report review, compliance analysis, fiscal impact analysis, provider tax calculations, upper payment limit demonstrations, state directed payments, waiver application and implementation, and monitoring services for long-term care facilities, hospitals, clinics, and other provider types.

Louisiana Department of Health

Average Acquisition Cost Program and Consulting Services for National Average Drug Acquisition Cost Program for Prescription Drugs (1999-Present)

Role: Project Director

Consulting and pharmacy help desk services for the Medicaid pharmacy reimbursement. Consultation in areas of reimbursement including specialty drugs, blood clotting factor, and the 340B drug program.



Maryland Department of Health

Pharmacy Reimbursement Methodology (2016-Present)

Role: Project Director

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Minnesota Department of Human Services

Pharmacy Average Actual Acquisition Cost for Outpatient Drug Reimbursement (2026-Present)

Role: Project Director

Create and implement a Minnesota-specific Actual Acquisition Cost program to accurately reimburse enrolled pharmacies based on actual invoices for brand, generic, and specialty prescription drugs and covered over-the-counter drugs.

Pharmacy Cost of Dispensing Survey (2022-Present)

Role: Project Director

Comprehensive survey and analysis of the cost of dispensing prescription drugs for pharmacies participating in the state Medicaid program.

Montana Department of Public Health & Human Services

Medicaid Average Acquisition Cost Program (2024-Present)

Role: Project Director

Provides the state with services associated with the operation of an average acquisition cost program.

North Carolina Department of Health and Human Services

Analytical and Clinical Services for the Medicaid Pharmacy Program (2016-Present)

Role: Principal/Partner

Variety of clinical, consulting, and reimbursement analyses. Development and maintenance of state maximum allowable cost pharmacy rates 340B estimated ceiling price file.

North Dakota Department of Health and Human Services

Pharmacy Cost of Dispensing Survey (2026-Present)

Role: Project Director

Comprehensive survey and analysis of the cost of dispensing prescription drugs for pharmacies participating in the state Medicaid program.

Ohio Bureau of Workers' Compensation

Pharmacy Benefits Program Pricing, Utilization, and Rebate Monitoring Consultant (2022-Present)

Role: Project Director

Validation of prescription drug pricing, review of pharmacy benefit manager and rebate vendor contractual obligations.

Ohio Department of Medicaid

Pharmacy Pricing and Audit Consultant (2021-Present)

Role: Project Director

Oversight of claims processing and other functions of the single pharmacy benefit manager with responsibility for administering pharmacy benefits for Medicaid members enrolled in managed care. Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk.

Oregon Health Authority

Average Actual Acquisition Cost (2010-Present)

Role: Principal/Partner

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.



Oregon Health Authority

Pharmacy Cost to Dispense Survey (2024-Present)

Role: Project Director

Comprehensive survey and analysis of the cost of dispensing prescription drugs for pharmacies participating in the state Medicaid program.

Tennessee Department of Commerce and Insurance

External Appeal Process for Pharmacies Challenging Payments Made by Pharmacy Benefit Managers (2023-Present)

Role: Project Director

External appeal process for review and resolution of appeals by pharmacies challenging payments made by Pharmacy Benefits Managers to pharmacies.

Tennessee Division of TennCare

Pharmacy Benefit Manager Oversight Services (2023-Present)

Role: Project Director

Oversight of pharmacy benefit manager for confirmation of accurate implementation of Department policies associated with TennCare, CoverKids, and CoverRX programs. Confirmation that all financial, contractual, and regulatory obligations are met.

Utah Department of Health and Human Services

Maximum Allowable Cost Rate Setting (2019-Present)

Role: Project Director

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk.

West Virginia Office of the Attorney General

Consulting and Expert Services (2018-Present)

Role: Project Director

Review of proposed price increases and other areas of compliance for two consolidating hospital systems.

Employment History

Myers and Stauffer LC, 1997-Present: Principal/Partner

Executive Manor, Inc., 1994-1997: Accountant

Presentations

Discussion with State of Alaska Regulatory and Enforcement Representatives, Health Care Compliance Association, Anchorage, Alaska (2016)

Drug Pricing Benchmarks in a Changing Pharmaceutical Landscape, Western Medicaid Pharmacy Administrator's Association, Wisconsin Dells, Wisconsin (2009)

State MAC for Rx/DME and Medical Supplies, Myers and Stauffer Workshop, Indianapolis, Indiana (2003)



Nancy Kim, PMP, MPH

Senior Manager

Nancy directs projects and provides technical assistance support to various states' Medicaid programs and policies, including Medicaid managed care, home and community-based services (HCBS). She also assists with interpreting and applying federal rules, regulations and authorities to Medicaid programs. Her past work has included training staff in monitoring key program metrics and performance issues, reviewing and revising state authorities, such as State Plan Amendments, 1915(b), 1915(c), and 1115 waiver authorities, assisting with project management of key programs, and researching key policy topics for the states such as dual eligibles, and value-based purchasing.

Prior to joining Myers and Stauffer, Nancy was a Senior Research Analyst for the National Opinion Research Center (NORC) at the University of Chicago, responsible for planning qualitative and quantitative data collection for various federal agencies, including case studies, environmental scans, informant interviews, focus groups, and expert panels. She was also a Public Health Analyst at U.S. Department of Health and Human Services, Health Resources and Services Administration.

Experience

17 years of professional experience

Education

M.P.H., Health Policy and Administration, Yale University
B.S., Education and Social Policy, Northwestern University

Licenses/Certifications

Project Management Professional

Relevant Myers and Stauffer Client Experience

Arizona Health Care Cost Containment System

Medicaid 1115 Waiver Consulting and Support (2023-Present)

Role: Project Manager

Project management, staff augmentation, and executive consultant services related to the Arizona Medicaid 1115 Demonstration (11-W-00275/9) as approved by the Centers for Medicare & Medicaid Services

American Recovery Plan Act Funds Project Management and Technical Assistance Consultant (2022-Present)

Role: Project Manager

Project management, staff augmentation, and executive consultant services for activities related to the American Rescue Plan Act funds as approved by the Centers for Medicare & Medicaid Services and the Substance Abuse and Mental Health Services Administration.

Project Management Support (2025-Present)

Role: Project Manager

Project management services specifically related to the fee-for-service program.

Arizona Department of Economic Security

Development of the Arizona State Plan on Aging (2024-Present)

Role: Project Manager

Research, review, analysis of findings, and the completion of the Arizona State Plan on Aging.

Arkansas Department of Human Services

Medicaid Consulting - Independent Assessment Review (2021-Present)

Role: Subject Matter Expert

Independent assessment evaluating access to care, quality of care, and cost effectiveness of the State's 1915(b) waivers for the Provider-led Arkansas Shared Savings Entity project and the Health Smiles project, as mandated in Title 42 Code of Federal Regulations §431.55(b)(4).



Iowa Department of Health and Human Services

Technical Assistance and Program Support for Iowa Medicaid (2024-Present)

Role: Project Manager

Technical assistance, support, and ad hoc analysis for current and new Medicaid programs and the Children's Health Insurance Program (CHIP) including, but not limited to, the State Plan Amendment, federal regulations and guidance, 1915(b), 1915(c), 1915(i), and 1115 waivers and waiver renewals, as directed by the Agency.

North Dakota Department of Health and Human Services

American Rescue Plan Act of 2021 Section 9817 Project Manager (2022-Present)

Role: Subject Matter Expert

Cross-program coordination, reporting, evaluation services, and technical assistance in support of implementation of the American Rescue Plan Act of 2021, §9817.

Employment History

Myers and Stauffer LC, 2021-Present: Senior Manager

Guidehouse, 2012-2021: Associate Director, Health Care

NORC at the University of Chicago, 2010-2012: Senior Research Analyst, Health Care

US DHHS, Health Resources and Services Administration, Office of HIT, 2009-2010: Public Health Analyst

Affiliations

American Public Health Association

Health Information and Management Systems

Society Project Management Institute



Jerry Dubberly, PharmD, MBA

Principal/Partner

Jerry is a leader in the Consulting engagement team at Myers and Stauffer, specializing in executive support and strategic guidance for Medicaid and government-sponsored health and human services programs. With a deep commitment to improving health care delivery systems, he has spearheaded transformative initiatives, including the integration of behavioral and physical health services, the design and implementation of managed care programs, the development of value-based payment (VBP) architectures, and the advancement of home and community-based services (HCBS) and support models. Jerry's expertise also extends to policy innovation, program enhancements, and the evaluation of Medicaid programs to ensure continuous improvement, operational efficiency, and optimized outcomes.

Before joining Myers and Stauffer, Jerry served as Georgia's Medicaid Director for more than six years, managing health care coverage for 1.9 million Georgians and overseeing an annual benefits budget of \$10 billion. During his tenure, he gained extensive experience in Medicaid policy and financing, the delivery of integrated care models, pharmacy services, clinical practice, health information technology (IT), and other federal and state health care programs. Jerry's leadership reflects a comprehensive understanding of complex health care systems and a visionary approach to driving meaningful, sustainable improvements in health services delivery.

Experience

36 years of professional experience

Education

PharmD, Pharmacy, University of Arkansas Medical Sciences

M.B.A., Health Services Management, University of Tennessee at Chattanooga

B.S., Pharmacy, University of Georgia

Licenses/Certifications

Registered Pharmacist

Myers and Stauffer Client Experience

Colorado Department of Health Care Policy and Financing

Alternative Payment Model 1 Measurement Reports Support (2022-Present)

Role: Project Director

Assisting the Department in administering the Alternative Payment Model for Primary Care.

Hospital Transformation Program (2020-Present)

Role: Project Director

Assistance administering the hospital transformation program and assistance promoting statewide VBP strategies into existing hospital quality and payment improvement initiatives.

Connecticut Department of Social Services

Medicaid Rate Study (2023-2025)

Role: Project Director

Rate study to develop recommendations and a roadmap which will meet the Department's goals of rationalizing rates, payment methods, and methodological inputs and assumptions across the entire spectrum of Medicaid services.

Delaware Department of Health and Social Services

Assessment of Delaware Psychiatric Center's Bill Services (2023-2024)

Role: Project Director

Assess the ability of the Delaware Psychiatric Center to bill Medicaid, Medicare, and commercial payers for inpatient services rendered.



Georgia Department of Human Services

Rate Study of Out-of-Home Services (2024-Present)

Role: Project Director

Rate study of out-of-home services for children in foster care and guardianship placement.

Hawaii Department of Human Services

Medicaid MCO Procurement Support (2018-2022)

Role: Project Director

Support for managed care procurement and aspects of VBP program design for the Department's delivery system reform efforts.

Idaho Department of Health and Welfare

Single Pharmacy Benefit Manager Technical Support (2025-2026)

Role: Project Director

Strategic planning for procurement of a single pharmacy benefit manager for Medicaid.

Kentucky Cabinet for Health and Family Services

Managed Care Consulting Services (2018-2022)

Role: Project Director

Technical assistance for the Medicaid managed care program, including support of managed care procurement activities and recommendations for the Department's performance management oversight of the contracted MCOs. Project management support and subject matter expertise for implementation and operations of the MCO single pharmacy benefit manager model.

Medicaid Pharmacy Administration Consulting (2022-Present)

Role: Project Director

Project management support and subject matter expertise for contract implementation activities, managed care single pharmacy benefit management model, and support for ongoing operations of the model and pharmacy program.

Shared Consultant for Targeted Case Management (2022-Present)

Role: Project Director

Consulting services on Medicaid program, policy, and directions, including how best to optimize resources.

Medicaid MCO Request for Proposal Development (2024-Present)

Role: Project Director

Assisting the Department with the development of a Request for Proposal that incorporates best practices, innovation and VBP, and is compliant with both federal and state laws, regulations, and policies.

Strengthening Health Integration iN Education (SHINE KY) (2024-Present)

Role: Engagement Partner

Development of the CMS-funded SBS grant application to enhance access to behavioral health services for school-aged children through the implementation of evidence-based care models.

Michigan Department of Health and Human Services

Health Care Consulting Services (2018-Present)

Role: Project Director

Consulting services and technical assistance on Medicaid special financing, pharmacy policy, third-party liability, federal waivers, and provider tax issues. Guidance on federal health programs/legislations, strategic planning, delivery system reform, health care-related project management, and health care information technology.

Mississippi Division of Medicaid

Outsourced Financial Reviews of Mississippi Coordinated Access Network and Health IT/Health Information Exchange (2015-Present)

Role: Researcher/VBP Subject Matter Expert

Design and support for implementation of VBP program constructed to pay hospital providers for improved investments in quality and improved health outcomes. This work included the program's design, stakeholder



engagement, negotiations with CMS for approval, drafting the CMS-preprints, and designing an evaluation strategy to assess the outcomes achieved.

Nebraska Department of Health & Human Services

Nebraska Hospital Delivery System Redesign (2021)

Role: Project Director

Comprehensive resource evaluation of the Beatrice State Development Center, the Lincoln Regional Center, and the Norfolk Regional Center for purposes of providing a comprehensive system assessment and redesign recommendations report.

Financial Auditing Services for Medicaid MCOs (2021-Present)

Role: Subject Matter Expert

CMS Protocol 5, Validation of Encounter Data, for three Medicaid MCOs to determine the completeness and accuracy of actuarial claims extract, review the administrative expense and corporate allocations reported by each MCO, test pharmacy spread pricing compliance, and analyze pharmacy rebates.

Structural Reviews (2022)

Role: Project Director

HCBS redesign focusing on providing policy and programmatic support in the areas of eligibility and enrollment, service planning, and targeted case management. Review of Nebraska Americans with Disabilities Act-covered populations. LB376 evaluation of Nebraska Division of Developmental Disabilities.

Americans with Disabilities Act Covered Population Compliance Consulting (2022-2023)

Role: Subject Matter Expert

Health care reform project consulting utilizing experience in health program, strategy, business operations, process analysis, and technology. Research on disability health care tracking best practices and data analysis to provide recommendations on program improvements utilizing a new disability tracking tool and service array.

Division of Developmental Disabilities System Evaluation (2022-2025)

Role: Engagement Partner/HCBS Subject Matter Expert

Subcontractor to CBIZ Optumas. Support for the developmental disabilities system evaluation project, including research and report authorship.

Behavioral Health Division Assessment (2023)

Role: Subject Matter Expert

Assessed the organizational structure of the Division of Behavioral Health by conducting a review of its current structure and identifying best practices and recommendations.

Congregate Care Consulting (2023-2025)

Role: Project Director

Consultation services to evaluate and provide recommendations to incentivize independent living versus congregate 24-hour residential living for comprehensive developmental disabilities waiver participants.

Certified Community Behavioral Health Clinic (CCBHC) Program Development (2024-Present)

Role: Project Director

Supporting the Department in the design of their CCBHC program using stakeholder engagement activities to solicit feedback on foundational elements such as services provided, rate and reimbursement structure, certification requirements, and many other aspects of the program.

International Resident Assessment Instrument (2024-2025)

Role: Project Director

Strengthen and modernize eligibility, enrollment, and person-centered planning practices for the Department's developmental disability HCBS 1915(c) waivers.



Olmstead Implementation (2025-Present)

Role: Project Director

Provide technical support and legal advice as it relates to the services required for Americans with Disabilities Act remediation efforts.

Nevada Department of Health and Human Services

Section 1115(a) Demonstration Waiver for Substance Use Disorder (SUD) Services (2019)

Role: Project Director

Support activities associated with submitting a Section 1115(a) Demonstration waiver application for SUD services.

CCBHC Planning Grant and Demonstration (2015-2017)

Role: Technical Resource

Full service administrative and operational support for Nevada's CCBHC planning grant and demonstration award and supported the Department in improving the behavioral health of Nevada's citizens.

MCO Onboarding and Business Process Reengineering (2017)

Role: Project Director

Implementation and onboarding of four Medicaid MCO contracts. Development of a managed care information strategy. Review of key business processes for redesign and reengineering to improve the effectiveness and efficiency.

Therapeutic Foster Care 1915(i) (2018-2019)

Role: Project Director

Design, development, and CMS negotiation of section 1915(i) State Plan Amendment for the therapeutic foster care population.

New Hampshire Department of Health and Human Services

Delivery System Reform Incentive Payment (DSRIP) Program Independent Assessor (2016)

Role: Project Director

Engaged in supporting integrated delivery networks (IDNs) that are regionally based, able to leverage local resources, and are equipped to achieve the Department's goal of improved access to—and quality of—both behavioral health services and the physical health services for those with behavioral health diagnoses through improved delivery system infrastructure and supports.

Health IT Technical Assistance to Support DSRIP Program (2015-2017)

Role: Project Director

Conducted a health IT environmental assessment and a survey of statewide assets and IDN member organizations in order to show areas of need and gaps in the state's health IT infrastructure, facilitate the monthly Demonstration Health IT Taskforce, provide expert advisory services, and aid the integrated delivery networks in coming to a consensus on statewide health IT implementation priorities and requirements.

DSRIP Program Learning Collaborative (2017-2020)

Role: Project Director

Professional services necessary to develop, operate, and lead the DSRIP Learning Collaborative.

New Jersey Department of Health

DSRIP Program Support and Consulting (2018-2019)

Role: Project Director

Subcontractor to Public Consulting Group. Demonstration year six appeals for the DSRIP program.

New Mexico Health Care Authority

Health Care Affordability Fund (2021-2025)

Role: Project Director

Support services, including gathering of stakeholder feedback, technical assistance, and policy advice.



North Dakota Department of Health and Human Services

VBP Program Consultant (2021-Present)

Role: Project Director

Support for the prospective payment system hospital systems in the development of a VBP model with an emphasis on improving health outcomes.

Oregon Health Authority

1115 Waiver Project Management Support (2021-2022)

Role: Project Director

Assistance with management of the 1115 Medicaid Waiver Renewal Project. This project is designed to develop and submit the State's Medicaid demonstration waiver application to CMS, negotiate and finalize the corresponding special terms and conditions, and develop an implementation plan for changes resulting from the new approved waiver.

Market Scan Support for 1915(i) (2023-2025)

Role: Project Director

Subcontractor to CBIZ Optumas. Review of current assessment tools in use nationally to assess individuals for eligibility for a 1915(i) and complete person-centered planning.

South Dakota Department of Social Services

Medicaid Structure and Strategy Consultant (2020)

Role: Project Director

Conducted research and provided a summary report regarding strategic opportunities for the Medicaid program as well as recommendations regarding the organizational structure of the Medicaid Division.

Vermont Department of Vermont Health Access

Vermont Health Care Innovation Project/State Innovation Model (SIM) Sustainability Plan (2016-2017)

Role: Project Director

Facilitation of stakeholder meetings and key informant interviews. Review of projects and other efforts implemented as part of the SIM project. Drafting of SIM Sustainability Plan to identify innovation elements of the SIM that should be continued after the end of the project. Review of operational and fiscal sustainability components.

HCBS Grant Management (2023-2024)

Role: Quality Assurance

Technical assistance in planning, development, implementation, and oversight of HCBS Grant Program funded through \$9817 of the American Rescue Plan Act of 2021.

West Virginia Department of Human Services

Medicaid Actuarial and Consulting Services (2022-Present)

Role: Project Director

Oversight of current and new programs under existing managed care waivers. Capitation rate setting, directed provider payment calculations, contract development and review, MCO contract compliance oversight, dashboard analytical tool development, and policy analysis. Creation of a collaborative environment across various state agencies and divisions.

Employment History

Myers and Stauffer LC, 2015-Present: Principal/Partner

Georgia Department of Community Health, 2004-2015: Medicaid Director, Deputy Director Medical Assistance Policy Section, Director of Pharmacy Services

Consultec, Inc. (also DBA Affiliated Computer Services, Inc.), 1996-2004: Director Client and Clinical Services, Clinical Services Manager

Presentations

Introduction to PERM, National Association of Medicaid Directors Fall Conference Affinity Group, National Harbor, Maryland (2025)



Safeguarding Medicaid's Integrity, National Association of Medicaid Directors Fall Conference, National Harbor, Maryland (2025)

How to Survive a Federal Audit, National Association of Medicaid Directors, Virtual (2024)

Medicaid 101: Everything You Wanted to Know, National Association of States United for Aging and Disabilities - Preconference Intensive, Virtual (2020)

MACRA and Healthcare Payment Transformation, Georgia AMCP Winter Symposium, Atlanta, Georgia (2017)

Everything You Wanted to Know About Medicaid but Were Afraid to Ask. (Medicaid Waivers and Long Term Support Services component), National Home and Community Based Services Conference, Washington, DC (2017)

A Deeper Dive into Requirements of the New Managed Care Rule, Myers and Stauffer national webinar, Atlanta, Georgia (2016)

Health Care Transformation and the Changing Tides of Medicaid Program Integrity, National Association for Medicaid Program Integrity, Baltimore, Maryland (2016)

Working with Purchasers & Payers to Increase Access Utilization & Quality of Preventive Services Forum, Centers for Disease Control and Prevention, Atlanta, Georgia (2015)

A Medicaid Director's View of Program Integrity in Managed Care, National Association for Medicaid Program Integrity, New Orleans, Louisiana (2015)

The Importance of Program Integrity in Home and Community Based Services, National Home and Community Based Services Conference, Washington, DC (2015)

"New Medicines: Opportunities and Challenges," National Council of State Legislatures Legislative Summit, National Council of State Legislatures Legislative Summit, Seattle, Washington (2015)

Everything You Wanted to Know About Medicaid but Were Afraid to Ask. (Medicaid Waivers and Long Term Support Services component), National Home and Community Based Services Conference, Washington, DC (2015)

Affiliations

Academy of Managed Care Pharmacy

American Institute of Certified Public Accountants

Georgia Academy of Managed Care Pharmacy

National Association of Medicaid Directors - Alumni Member

The Georgia Society of Certified Public Accountants



Linda Wiant, PharmD, PMCPM

Senior Manager

Linda is a highly experienced health care professional with more than three decades of experience in Medicaid and managed care environments with special emphasis on managed care pharmacy and pharmacy benefit management. She has experience in pharmacy, rebate, and pharmacy benefit manager audits, claims processing and prior authorization edit development, preferred drug list and supplemental rebate management, clinical call center and workforce management oversight and providing insights and advice to assist clients in understanding health care markets, especially fee-for-service and managed Medicaid. Her early experience includes developing retrospective and prospective drug utilization review programs, physician detailing and educational programs, and targeted clinical management programs for state Medicaid agencies and Medicaid managed care entities. Linda also has a broad understanding of the nonemergency medical transportation market, including the challenges and benefits of the current broker model and the impact of nonemergency medical transportation on health equity and outcomes.

Experience

32 years of professional experience

Education

PharmD, Mercer University
ASHP, Residency Pharmacy Practice, University Medical Center
B.S., Marketing, Jacksonville University

Licenses/Certifications

Registered Pharmacist
Pragmatic Marketing Certified Product Manager

Myers and Stauffer Client Experience

Oregon Department of Consumer and Business Services

Prescription Drug Consulting and Outreach Services (2024-Present)

Role: Project Manager

Constituent outreach in support of the Oregon Prescription Drug Affordability Board and additional analytical and technical support services and assistance with drafting and developing legislative reports.

Centers for Medicare & Medicaid Services

Survey of Retail Prices (2023-Present)

Role: Subject Matter Expert

Development and management of the National Average Drug Acquisition Cost rates surveys and rate calculation methodology through a monthly national survey process and a weekly review of published prices. Maintenance of a provider help desk to address inquiries. Additional ad hoc analysis and consulting, as requested, including reimbursement of specialty drugs, blood clotting factor, and the 340B drug discount program. Monitor and report on pharmacy industry issues that impact Medicaid coverage or reimbursement.

Idaho Department of Insurance

Pharmacy Benefit Manager Dispensing Fee and Reporting (2024-Present)

Role: Subject Matter Expert

Survey of pharmacy benefit manager dispensing fees in Idaho and report, including recommendations for the Department's compliance activities related to H596a and Idaho Code 41-349(11) (i).

Kentucky Cabinet for Health and Family Services

Medicaid Rate Setting (2023-Present)

Role: Subject Matter Expert



Medicaid pharmacy policy and reimbursement methodology consulting, stakeholder engagement, legislative report drafting and development.

New York Department of Health

New York Rebate Administrative Request for Proposal (2024-Present)

Role: Project Manager and Subject Matter Expert

Development of a pharmacy prior authorization request for proposal and supporting documents, including the cost proposal and service-level agreements used by the Department in procuring and selecting a new pharmacy prior authorization services vendor. Review and recommendation of changes to governing policies for the Department's Medicaid Drug Rebate Program, including drafting a report of findings.

North Carolina Department of Health and Human Services

Analytical and Clinical Services for the Medicaid Pharmacy Program (2023-Present)

Role: Subject Matter Expert

Variety of clinical, consulting, and reimbursement analyses related to CMS policy requirements, changes to North Carolina pharmacy policy and reimbursement methodologies, and 340B policy.

Employment History

Myers and Stauffer LC, 2023-Present: Senior Manager

Verida, Inc. (formerly Southeastrans), 2021-2023: Vice President, Client Services

Health Management Associates, 2018-2021: Principal

Georgia Department of Community Health, 2015-2017: Chief, Medical Assistance Plans

Georgia Department of Community Health, 2011-2015: Medicaid Pharmacy Director

ACS, A Xerox Company, 2009-2011: Pharmacy Program Manager, Federal Solutions

Gold Standards, Inc. (An Elsevier Company), 2008-2009: Director/Product Manager, Integrated Product Solutions

Prudent Rx, Inc., 2001-2008: Director, Business Development & Professional Services

Mercer University, 1996-2001: Adjunct Assistant Professor

Consultec, Inc., 1994-2001: Clinical Services Manager

Affiliations

Academy of Managed Care Pharmacy

Academy of Managed Care Pharmacy - Georgia Affiliate

National Association of Medicaid Directors (Alumni Member)

Georgia Society of Health - System Pharmacists



Natalie Hosier, PharmD, MBA

Senior Manager

Natalie is a registered pharmacist and serves as a clinical and technical advisor for the Centers for Medicare & Medicaid Services National Average Drug Acquisition Cost, the state of Iowa's Medicaid Enterprise, and the state of Tennessee's Department of Finance Administration. She is the lead pharmacist for the Pharmacy Pricing and Audit Consultant engagement with the state of Ohio's Division of Medicaid and the team lead for a comprehensive pharmacy program overview for the Kentucky Cabinet for Health and Family Services. Natalie is involved in a number of analytical and clinical services surrounding evaluation and reimbursement recommendations for rate setting, physician-administered procedure coded drugs, 340B program evaluation, cost/benefit analyses of preferred drug list/prior authorization programs, specialty drugs, pharmacy claims analysis, drug rebates, cost containment opportunity evaluations, and pharmacy benefit manager oversight.

Prior to joining Myers and Stauffer, Dr. Hosier was a pharmacist for a retail chain and pharmacy manager for a long-term care pharmacy. Dr. Hosier was responsible for the day-to-day operations of a long-term care pharmacy, including development of all policies and procedures and providing excellent customer service.

Experience

18 years of professional experience

Education

PharmD, Butler University

M.B.A., Organizational Leadership, University of Indianapolis

Licenses/Certifications

Registered Pharmacist

Myers and Stauffer Client Experience

Centers for Medicare & Medicaid Services

Survey of Retail Prices (2018-Present)

Role: Project Manager

Development and management of the National Average Drug Acquisition Cost surveys and rate calculation methodology through a monthly national survey process and a weekly review of published prices. Maintenance of a provider help desk to address inquiries. Additional ad hoc analysis and consulting, as requested, including reimbursement of specialty drugs, blood clotting factor, and the 340B drug discount program.

Idaho Department of Health and Welfare

Medicaid Pharmaceutical Average Acquisition Cost Program Administration (2025-Present)

Role: Subject Matter Expert

Calculation and update of average acquisition cost reimbursement rates for drugs through annual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Idaho Department of Insurance

Pharmacy Benefit Manager Dispensing Fee and Reporting (2024-Present)

Role: Subject Matter Expert

Survey of pharmacy benefit manager dispensing fees in Idaho and provision of report, including recommendations for the Department's compliance activities related to H596a and Idaho Code 41-349(11) (i).

Iowa Department of Health and Human Services

Provider Cost Audits and Rate Setting Services (2021-Present)

Role: Senior Manager/Lead Pharmacist



Accounting and consulting services to assist the state of Iowa in determining reasonable reimbursement rates and cost settlements for services as well as determining other calculations such as upper payment limits and supplemental payments.

Pharmacy Consulting Services (2023-Present)

Role: Project Manager

Pharmacy consulting services to support capitation rate development and ad hoc assistance, as necessary, as a subcontractor to CBIZ Optumas.

Kentucky Cabinet for Health and Family Services

Medicaid Rate Setting (2019-Present)

Role: Senior Manager

Medicaid rate setting, reimbursement methodology consulting, cost report review, compliance analysis, fiscal impact analysis, provider tax calculations, upper payment limit demonstrations, state directed payments, waiver application and implementation, and monitoring services for long-term care facilities, hospitals, clinics, and other provider types.

Kentucky Department for Medicaid Services

Medicaid Pharmacy Administration Consulting (2022-Present)

Role: Subject Matter Expert

Project management support and subject matter expertise for contract implementation activities, managed care single pharmacy benefit management model, and support for ongoing operations of the model and pharmacy program.

Minnesota Department of Human Services

Pharmacy Average Actual Acquisition Cost for Outpatient Drug Reimbursement (2026-Present)

Role: Project Manager

Creation and implementation of a Minnesota-specific Actual Acquisition Cost program to accurately reimburse enrolled pharmacies based on actual invoices for brand, generic, and covered over-the-counter drugs.

Mississippi Division of Medicaid

Pharmacy Rate Setting Maintenance (2021-2023)

Role: Health Care Senior Manager

Maintenance and administration of the pharmacy rate setting methodology and pricing benchmarks, determination of rates for physician-administered drugs, and maintenance and update of the Mississippi-specific specialty drug list.

Montana Department of Public Health & Human Services

Medicaid Average Acquisition Cost Program (2024-Present)

Role: Subject Matter Expert

Provision of services associated with the operation of an average acquisition cost program.

New York Department of Health

Prior Authorization Request for Proposal and Tool Development (2025-Present)

Role: Project Manager

Support for pharmacy prior authorization system procurement and related services.

Pharmacy Rebate Program Support Services (2025-Present)

Role: Project Manager

Performance of a comprehensive review of the State's pharmacy rebate program.

North Carolina Department of Health and Human Services

Analytical and Clinical Services for the Medicaid Pharmacy Program (2018-Present)

Role: Subject Matter Expert

Variety of clinical, consulting, and reimbursement analyses. Development and maintenance of state maximum allowable cost pharmacy rates 340B estimated ceiling price file.



Ohio Department of Medicaid

Pharmacy Pricing and Audit Consultant (2021-Present)

Role: Project Manager

Oversight of claims processing and other functions of the single pharmacy benefit manager with responsibility for administering pharmacy benefits for Medicaid members enrolled in managed care and fee-for-service. Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Policy compliance review for 340B claims, physician-administered drug, mental health parity, and rebate program functionality. Additionally, clinical reviews of prior authorization requests to ensure compliance with state-defined clinical criteria.

Ohio Bureau of Workers' Compensation

Pharmacy Benefits Program Pricing, Utilization, and Rebate Monitoring Consultant (2022-Present)

Role: Project Manager

Validation of prescription drug pricing, review of pharmacy benefit manager and rebate vendor contractual obligations, and policy compliance.

Oregon Health Authority

Average Actual Acquisition Cost (2018-Present)

Role: Subject Matter Expert

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Annual claims volume survey to assign tiered dispensing fees to pharmacy providers.

Tennessee Division of TennCare

Pharmacy Average Actual Acquisition Cost (2018-2023)

Role: Health Care Senior Manager

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Development and maintenance of the 340B estimated ceiling price file.

Tennessee Division of TennCare

Pharmacy Benefit Manager Oversight Services (2023-Present)

Role: Project Manager

Oversight of pharmacy benefit manager for confirmation of accurate implementation of Department policies associated with TennCare, CoverKids, and CoverRX programs. Confirmation that all financial, contractual, and regulatory obligations are met.

Employment History

Myers and Stauffer LC, 2018-Present: Senior Manager

Rite-Aid Pharmacy, 2017-2018: Staff Pharmacist

Riverview Hospital Outpatient Pharmacy, 2016-2017: Staff Pharmacist

Pharmakon LTC Pharmacy, 2009-2016: Clinical IV Pharmacist

Walgreens, 2008-2009: Staff Pharmacist



Mark Synol, RPh

Manager

Mark is an accomplished strategic leader with 20+ years of experience in pharmacy benefit management and health plans. He has a proven track record of leading organizations and cross-functional solutions including launching products with a focus on quality, profitability, and market needs.

Mark is a registered pharmacist in the State of Connecticut with a reputation of successfully developing and maintaining relationships with external clients and prospects. Expertise in multiple markets including Commercial, Exchange, Medicare, and Medicaid. A hands-on, proactive, and collaborative leader who builds strong relationships with clients, partners, industry peers, and internal teams. Extensive experience with all aspects of operations, planning, business development, internal and external communications to ensure client success. Able to understand and advise clients regarding the impact of new regulations at federal, state/local, and CMS level, ensuring clients are compliant with requirements.

Experience

25 years of professional experience

Education

B.S., Pharmacy, University of Connecticut

Licenses/Certifications

Registered Pharmacist

Myers and Stauffer Client Experience

Kentucky Department for Medicaid Services

Medicaid Pharmacy Administration Consulting (2023-Present)

Role: Pharmacy Consultant

Project management support and subject matter expertise for contract implementation activities, managed care single pharmacy benefit management modeling, and ongoing operations of the model and pharmacy program.

Ohio Department of Medicaid

Pharmacy Pricing and Audit Consultant (2023-Present)

Role: Pharmacy Consultant

Oversight of claims processing and other functions of the single pharmacy benefit manager with responsibility for administering pharmacy benefits for Medicaid members enrolled in managed care. Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk.

Employment History

Myers and Stauffer LC, 2023-Present: Manager

Gainwell Technologies, 2022-2023: PBM Pharmacist

ConnectiCare/EmblemHealth, 2016-2022: Senior Director

Enterprise Pharmacy Sales & Operations Optum Rx, 2013-2016: Clinical Consultant

Hewlett Packard, 2006-2013: Pharmacy Program Manager

Electronic Data Systems, 2001-2006: Staff Pharmacist



Leslie Leon, PharmD

Manager

Leslie is a member of the firm's pharmacy engagement team where she serves as a clinical and technical pharmacy consultant for the state of Ohio's Division of Medicaid, the state of Mississippi's Division of Medicaid, and the Kentucky Cabinet for Health and Family Services. She is a licensed pharmacist in the state of Louisiana and Mississippi.

Prior to joining Myers and Stauffer, Leslie was a clinical pharmacist for a Medicaid fiscal agent where she assessed and coordinated clinical and operational requirements within the pharmacy point of sale operating system. She also was responsible for developing and maintaining business relationships acting as a liaison among various external vendors. Leslie also has experience with prior authorization review, retrospective drug utilization review, providing training and clinical support for both technical and clinical call center staff, and retail pharmacy management.

Experience

24 years of professional experience

Education

PharmD, University of Mississippi
B.S., Pharmaceutical Sciences, University of Mississippi

Licenses/Certifications

Registered Pharmacist

Myers and Stauffer Client Experience

Iowa Department of Health and Human Services

Provider Cost Audits and Rate Setting Services (2022-Present)

Role: Pharmacy Consultant

Accounting and consulting services to assist the state of Iowa in determining reasonable reimbursement rates and cost settlements for services as well as determining other calculations such as upper payment limits and supplemental payments.

Kentucky Cabinet for Health and Family Services

Medicaid Rate Setting (2022-Present)

Role: Pharmacy Consultant

Medicaid rate setting, reimbursement methodology consulting, cost report review, compliance analysis, fiscal impact analysis, provider tax calculations, upper payment limit demonstrations, state directed payments, waiver application and implementation, and monitoring services for long-term care facilities, hospitals, clinics, and other provider types.

Mississippi Division of Medicaid

Pharmacy Rate Setting Maintenance (2022-Present)

Role: Pharmacy Consultant

Maintenance and administration of the pharmacy rate setting methodology and pricing benchmarks, determination of rates for physician-administered drugs, and maintenance and update of the Mississippi-specific specialty drug list.

Ohio Department of Medicaid

Pharmacy Pricing and Audit Consultant (2022-Present)

Role: Pharmacy Consultant

Oversight of claims processing and other functions of the single pharmacy benefit manager with responsibility for administering pharmacy benefits for Medicaid members enrolled in managed care. Calculation and update of



average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk.

Tennessee Division of TennCare

Pharmacy Average Actual Acquisition Cost (2022-2023)

Role: Pharmacy Consultant

Calculation and update of average acquisition cost reimbursement rates for drugs through semiannual acquisition cost surveys, changes in published pricing, and inquiries through pharmacy help desk. Develop and maintain 340B estimated ceiling price file.

Employment History

Myers and Stauffer LC, 2022-Present: Manager

Conduent, 2010-2022: Clinical Pharmacist

Health Information Design, 2008-2010: Clinical Pharmacist

Walgreens, 2003-2008: Pharmacy Manager

Baton Rouge General Hospital, 2002-2003: Staff Pharmacist

Affiliations

National Council for Prescription Drug Programs



Gail Moriarity, JD

Consultant

Gail has four years of health care law and policy related experience. In her role at Myers and Stauffer, she has worked on several projects across both the consulting and pharmacy engagement teams. Her work focuses on providing administrative assistance services to state, federal, and local health care and social service agencies addressing health care reimbursement issues, as well as analyzing issues of public health law and policy. As a licensed attorney in the state of Massachusetts, she also serves as a legal/policy resource for teams and projects across the firm.

Experience

8 years of professional experience

Education

J.D., Suffolk University

B.A., Human Rights Studies and Psychology, Minor in Spanish, University of Dayton

Licenses/Certifications

Juris Doctor

Member of the Massachusetts Bar, Active in Good Standing (License Number BA-213783)

Myers and Stauffer Client Experience

Arizona Health Care Cost Containment System

American Recovery Plan Act Funds Project Management and Technical Assistance Consultant (2023-Present)

Role: Support Team

Project management, staff augmentation, and executive consultant services for activities related to the American Rescue Plan Act funds as approved by the Centers for Medicare & Medicaid Services and the Substance Abuse and Mental Health Services Administration.

Medicaid 1115 Waiver Consulting and Support (2023-Present)

Role: Support Team

Project management, staff augmentation, and executive consultant services related to the Arizona Medicaid 1115 Demonstration (11-W-00275/9) as approved by the Centers for Medicare & Medicaid Services.

Idaho Department of Health and Welfare

Medicaid Attest and Consulting Services (2023-Present)

Role: Researcher

Disproportionate share hospital audits and payment calculations, Medicaid cost report attest services, rate calculations, Medicaid payment settlements, data management, and other consulting services to hospitals, nursing facilities, home and community-based services, and other health care providers.

Indiana Family & Social Services Administration

Medicaid Rate Setting Services (2023-Present)

Role: Researcher

Medicaid rate setting, reimbursement methodology consulting, fiscal impact analysis, provider tax calculations, and compliance services impacting all Medicaid providers and services.

Kentucky Cabinet for Health and Family Services

Medicaid Rate Setting (2023-Present)

Role: Researcher

Medicaid rate setting, reimbursement methodology consulting, cost report review, compliance analysis, fiscal impact analysis, provider tax calculations, upper payment limit demonstrations, state directed payments, waiver application and implementation, and monitoring services for long-term care facilities, hospitals, clinics, and other provider types.



Kentucky Department for Medicaid Services

Shared Consultant for Targeted Case Management (2023-Present)

Role: Researcher

Consulting services on Medicaid program, policy, and directions including how best to optimize resources.

Medicaid Managed Care Organization RFP Development (2024-Present)

Role: Staff Consultant

Development of a request for proposal that incorporates best practices, innovation and value-based purchasing and is compliant with both federal and state laws, regulations, and policies.

Centers for Medicare & Medicaid Services

Survey of Retail Prices (2023-Present)

Role: Researcher

Development and management of the National Average Drug Acquisition Cost Rates surveys and rate calculation methodology through a monthly national survey process and a weekly review of published prices. Maintenance of a provider help desk to address inquiries. Additional ad hoc analysis and consulting as requested including reimbursement of specialty drugs, blood clotting factor, and the 340B drug discount program.

Employment History

Myers and Stauffer LC, 2023-Present: Consultant

Massachusetts Executive Office of Health and Human Services, 2022: Legal Intern/Litigation

Massachusetts Commonwealth Care Alliance, 2022: Legal Affairs Intern

ProLink Healthcare, 2016-2021: Account/Client Relationship Manager

Affiliations

American College of Healthcare Executives

Massachusetts Bar Association



Karina Serrano, MPH

Consultant

Karina has worked in the healthcare industry for three years. Upon graduating with her undergraduate degree, she also graduated from a year-long cancer disparities fellowship that was funded by the National Institutes of Health. Alongside her undergraduate career, she held leadership roles in a global non-profit organization that served to advance access to clinical care and public health services in Peru, Ecuador, and Tanzania. She has experience with global and local stakeholder engagement, program planning, and creating decision-analytic models. Examples of her support with Myers and Stauffer include supporting Kentucky with stakeholder engagement initiatives related to their mobile crisis planning grant and creating a name summary system for submitted reports in West Virginia.

Experience

7 years of professional experience

Education

MPH, Health Policy, Emory University
B.S., Public Health, University of Houston

Licenses/Certifications

Essential Epidemiologic Tools for Public Health Practice; Johns Hopkins Bloomberg School of Public Health (Issued April 2020)

Myers and Stauffer Client Experience

Arizona Health Care Cost Containment System

Fee-for-Service Project Management Support (2025-Present)

Role: Consultant

Project management services for the Agency specifically related to the fee-for-service program.

Medicaid 1115 Demonstration (2025-Present)

Role: Consultant

Project management, staff augmentation, and executive consultant services related to the Arizona Medicaid 1115 Demonstration (11-W-00275/9) as approved by the Centers for Medicare & Medicaid Services.

American Rescue Plan Act Funds Project Management and Technical Assistance Consultant (2023-2025)

Role: Consultant

Project management, staff augmentation, and executive consultant services for activities related to the American Rescue Plan Act funds as approved by the Centers for Medicare & Medicaid Services and the Substance Abuse and Mental Health Services Administration.

Iowa Department of Health and Human Services

Technical Assistance and Program Support (2025-Present)

Role: Consultant

Technical assistance, support, and ad hoc analysis for current and new Medicaid programs and the Children's Health Insurance Program including, but not limited to, the State Plan Amendment, federal regulations and guidance, 1915(b), 1915(c), 1915(i), and 1115 waivers and waiver renewals, as directed by the Agency.

Kentucky Cabinet for Health and Family Services

Medicaid Rate Setting (2022-2023)

Role: Consultant

Medicaid rate setting, reimbursement methodology consulting, cost report review, compliance analysis, fiscal impact analysis, provider tax calculations, upper payment limit demonstrations, state directed payments, waiver application and implementation, and monitoring services for long-term care facilities, hospitals, clinics, and other provider types.



Michigan Department of Health and Human Services

Health Care Consulting Services (2022-Present)

Role: Consultant

Consulting services and technical assistance on Medicaid special financing, pharmacy policy, third-party liability, federal waivers, and provider tax issues. Guidance on federal health programs/legislations, strategic planning, delivery system reform, health care related project management, and health care information technology.

New Mexico Health Care Authority

Behavioral Health Provider Capacity and Children in State Custody Needs Assessment (2022)

Role: Consultant

Technical assistance services to produce a Behavioral Health Provider Capacity Needs Assessment for Children in State Custody as part of a larger effort to transform the child welfare system. Implementation of a robust stakeholder engagement initiative to gather quantitative and qualitative data from cross-sector representatives of health care delivery, state agencies, current and former youth in custody, and foster parents. Collection and analysis of Medicaid provider enrollment data.

West Virginia Department of Human Services

Medicaid Actuarial and Consulting Services (2022-Present)

Role: Consultant

Oversight of current and new programs under existing managed care waivers. Capitation rate setting, directed provider payment calculations, contract development and review, managed care organization contract compliance oversight, dashboard analytical tool development, and policy analysis. Creation of a collaborative environment across various state agencies and divisions.

Prior Relevant Work Experience

The University of Houston/University of Texas MD Anderson Cancer Center, (2020-2021), Cancer Disparities Fellow

Responsibilities:

- Appointed for participation in a cancer disparities research training and service-learning program funded by an NCI P20 award to The University of Houston and The University of Texas MD Anderson Cancer Center.
- Synthesized peer-reviewed articles in support of cervical cancer disparities research associated with the uptake of human papillomavirus vaccinations in non-Hispanic Black and Hispanic women in the United States.
- Attended grand rounds and seminars on cancer-related topics and health disparities.
- Participated in weekly service-learning activities, including presenting research topics to nine community partners.
- Conducted research projects in the Department of Psychological, Health, & Learning Sciences at the University of Houston.

MEDLIFE Global Nonprofit Organization, (2018-2021), Chapter President

Responsibilities:

- Facilitated a COVID-19 relief fundraiser in June 2020, \$8,040 was raised in order to aid with the grocery distribution in Tanzania, Ecuador, and Peru.
- Chosen to participate and represent the University of Houston chapter in COVID-19 seminars with chapters around the world and headquarters in Lima, Peru.
- Organized two service-learning trips for members to participate in Peru and Ecuador.

The University of Houston, (2020-2020), Summer Undergraduate Research Fellow

Responsibilities:

- Selected to participate in the University of Houston's Summer Undergraduate Research Fellowship during summer 2020.



- Researched alongside a University of Houston faculty member for 10-weeks in preparation to present findings at Undergraduate Research Day in September 2020 and April 2021.

Memorial Herman Southeast, (2019), Emergency Department Scribe

Responsibilities:

- Accompanied the physicians, nurse practitioners, or physician's assistants into the rooms of patients to obtain their medical history to provide documentation for the electronic medical record (EMR) on behalf of the physician.
- Followed physicians during 10-12-hour shifts in the emergency room and saw an average of 30 patients per shift.
- Monitored patient charts within the electronic medical record system and made amendments when necessary.

Employment History

Myers and Stauffer LC, 2022-Present: Health Care Consultant

The University of Houston/UT MD Anderson Cancer Center, 2020-2021: Cancer Disparities Fellow

MEDLIFE Global Nonprofit Organization, 2018-2021: Chapter President

Publications

Cervical cancer knowledge as a predictor of latent class membership among African American and Hispanic young adult college women. Health Behavior and Policy Review, 9(1). Carmack, C., Serrano, K., & Roncancio, A. 2022.