ORAL EVALUATION SCORING
October 16-18, 2023
RFP 2334-830
Economic Rates Study

Vendor Names:
Public Consulting Group LLC, Milliman Inc, Harvard Medical School

Evaluator Number: #1

General Guidelines:

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If you have questions, please direct them to Lauren Bragazzi, Solicitation Coordinator, phone 360-664-6047 lauren.bragazzi@dshs.wa.gov. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

The Oral Evaluation Prompt:

We ask that your team prepare a presentation on a comparable rates study your organization has done previously. This presentation should leave room for at least 10 minutes of Q&A with the evaluators after the presentation.

Oral Evaluator General Notes:

Oral Evaluator Scoring: Public Consulting Group LLC

Points Awarded __85_____ out of 100

Presentation Notes:

_Detailed schedule for plan of work
examples were on behavioral health rate study and Third-party administrator.
PCG is aware of the difference between Medicaid program and WA Cares and how unique WA Cares program will be.
Experience with environmental modification and meals and mileage on NY program
Presentation was well planned out and easy to follow. It appears the team works good together based of the organization of the presentation. Presented data to the group and was able to present and connect “like” data to WA cares and presented where some of the Wa Cares data would be challenging due to first time program.

Q&A Notes:

Oral Evaluator Scoring: Milliman Inc.

Points Awarded ____90_____ out of 100

Presentation Notes:

Touched on service utilization and how rates would impact the rates structure.
Showcased experience with conducting rates studies for 12 different states.
Experience in commercial payment estitmages
Has data already collected to go from for most services
Can break down the service rate by geographic area with their data.
Was able to provide an example on low utilization of services and process they took in coming up with rates.
_DOM example was closer in comparison to WA Cares services independent rate model framework __experience with working with WA Cares

Q&A Notes:

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Oral Evaluator Scoring: Harvard Medical School

Points Awarded ____85_____ out of 100

Presentation Notes:

Organized presentation and clearly able to understand and follow presentation.
Exp presenting to government officials and congress Very detailed information in literature drafted by Brian and David
Has experience in determining and researching residential rates but not so much on goods and services

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Q&A Notes:

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Vendor Names:
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Evaluator Number: OE2

General Guidelines:

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Oral Evaluator General Notes:

Oral Evaluator Scoring: Public Consulting Group LLC

Points Awarded ____90__ out of 100

Presentation Notes:

- PMBOK project management
- NM, AZ, DC, DE, NY, IL, IN, WY, MA, 3 LTSS, other unusual programs
- Acknowledgement of broad services and rate types
- Typically Medicaid, utilization, access to care, this is new
- Set budget amount – typically look at cost to payer over access to beneficiary typical, give and take directly affecting participants, reducing buying power of individuals
- DC behavioral health rate study, 2 clients, Dept of behavioral health and other agency
    - 50+ behavioral health services, surveyed active providers, state and Medicare rate comparison, impact assessment and rate percent increase
    - Assertive Community Treatment – 15 minute unit difficulty, determined per member per month program
    - Collaborative care model, benchmarks against federal reimbursement levels including Medicare
    - Display all costs and assumptions including FTE, non personnel, built for over 50 services in DC
    - Impact assessment with old and new methodology with growth percentages and estimation of future utilization
    - Narrative Report, Impact Assessment, Excel Rate Models (3 deliverables)
- NY Medical indemnity fund – operational considerations, Medicaid, Medicare and usual and customary rates FAIRHealth, covers LTSS
    - Clinical, personal care, private duty nursing, therapy, environmental mods, respite SNF, lodging meals, mileage
    - Third party Administrator and Fund Administrator, handles prior authorizations, reimburses services based on Medicare, Medicaid and FAIR health, do case management and process enrollment applications
    - No provider network, many don’t bill MIF but require payment from enrollees up front, member reimbursement, no HCPC, CPT codes, EMods provide recruitment difficult, VMods, no limits on amount or frequency

- Rates are practical and easy to operationalize – tied to other things not always covered by those other programs, need to be sure reassess rates over time, consider broad range of scenarios and available data, balance value with provider participation
-

Q&A Notes:

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Oral Evaluator Scoring: Milliman Inc.

Points Awarded ___95__ out of 100

Presentation Notes:

- AK, HI, IN, IA, MI, MSS, NH, OH, RI, SC, WA, WI Medicaid agencies on provider fee schedules, develop innovative rate structures, cost neutrality calculations, projected expenditures
- Rate benchmarking, hospital services OK Medicaid; maintain supplemental payments and increase up to 90% of commercial level with implementation of managed care; what does payment need to be – benchmark
- Commercial claims experience from CHSD dataset; 100 million lives longitudinal from health plans, use to benchmark payer channels, individual procedure and diagnosis codes data, geographic info – metro area, 3 digit zip code, apply to Medicaid – benchmark; excluded denied or 0 allowed amounts, include many service codes, DME, etc.
- Pharmaceutical co for low-utilization class of medications used to treat certain tiles of cancer; can get a decent sample of experience on research dataset; reimbursement by payer channel and site of care; Medicare advantage, Medicare supplemental, Medicare sample, Medicaid, commercial, individual with patient distribution

- Mississippi Medicaid HCBS rates study, rebasing Medicaid payment rates for waivers; aged and LTSS and DDA, ground up approach; what do we think it costs, develop process for studying; some rates haven't been updated since 2008, assisted living, independent living, TBI, LTSS, EDD, Community Support Program; 1 year, $550,000; started with project management, bringing in stakeholders, looking across states; develop payment rate assumptions – stakeholder engagement with provider groups; key pain points – combine with data to develop rate; submission to CMS for approval; stakeholder meetings and agendas to talk through real time feedback, using state service definitions; credentials; qualifications for workers, what is included in the rate;
- Some might be out of scope for budget; ultimate use of deliverable, fee schedules, rates, ultimate challenge is what looks different – at least as great as Medicaid – making sure plan pays benefits wisely, consumer viewpoint, guide level of details
- Have incurred claims from LTSS sector; tackle every project as custom, understand needs, qualitative analysis

Q&A Notes:

- Acute health care side – have zip code level data, to the extent can use this; data use requirements, be mindful of meeting those – can't publish for individual payer

Oral Evaluator Scoring: Harvard Medical School

Points Awarded ___85__ out of 100

Presentation Notes:

- 2007 WA State, MedPAC, Nursing home payment, HCBS spending, inflation growth in LTSS, methodological expertise
- DSHS – interested in making it less complex, hold harmless, minimum occupancy, cost centers, help simplify system and ensure higher share of Medicaid went into nursing and direct resident care
- Stakeholder interviews to talk about what is working and not working, collected comparable data and did analysis with MDS, cost report, evaluate reforms
- Published papers: Trading policy goals for complexity in Medicaid nursing home reimbursement, Medicaid Nursing Home Payment and the Role of Provider Taxes, pay for performance – recommendation was to adopt this

- Compared direct rates, indirect rates, and minimum occupancy rules; impact on state budget for different peer groups under certain counties; can greatly simplify system without changing what Medicaid might spend. Analyzed winners and losers; testified in Olympia, DSHS positive about proposal, legislators positive, industry scared, push back;
- MAC Pack – staffing on Medicare's new patient driven payment model
- Journal of Medical Geriatric Society, offset, for every $1 spent are getting 26 cents on savings from reduced Medicaid nursing home care
- LTSS inflation growth analysis – annual expenditures for nursing home care
- Mixed methods studies, nursing home administrators tied to database on national healthcare safety network data from CDC
- Integrated payment and delivery models for residential care facilities, private price data "secret shopper" Medicaid data

Q&A Notes:

- In home care – high level HCBS study, interventions looking at checklist tech to look at plug in change in condition and move needle on care; caregivers did change request but clinical integration wasn't there to direct of change effect
- Health and retirement study 1:1 – use of personal care services; using data; account for noise in self reports have some limitations – sample large enough to get state specific data
- Implications on Medicaid – public and private rate, is evidence of interaction between the two; as increase Medicaid rates impacts payments on private side
- Implemented nursing home rate changes after 9 years

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Vendor Names:
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Evaluator Number: OE3

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The Oral Evaluation Prompt:

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Oral Evaluator General Notes:

Oral Evaluator Scoring: Public Consulting Group LLC

Points Awarded _90_ out of 100

Presentation Notes:

Did a great job presenting overall and presented information is a professional manner. The visuals used were really helpful in understanding the quality of work they put out. Seem very organized. I liked they shared they were familiar with different types of pricing/rate setting (i.e., environmental modifications, mileage, etc.)

Q&A Notes:

Oral Evaluator Scoring: Milliman Inc.

Points Awarded _97_ out of 100

Presentation Notes:

Did a great job presenting overall and presented information is a professional manner. They have ample experience in the realm of rate setting. Appreciated the call out of using quantitative and quantitative data. They have a clear “formula” that they have created and can modify for this program. Appreciate their access to private market information.

Q&A Notes:

Oral Evaluator Scoring: Harvard Medical School

Points Awarded _88_ out of 100

Presentation Notes:

Did a great job presenting overall and presented information is a professional manner. Could sense they were experienced in presenting complex topics in an understandable way. Would have like to see more experience on goods and services and not just residential facilities.

Q&A Notes:

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Vendor Names:
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Evaluator Number: OE4

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Oral Evaluator General Notes:

Oral Evaluator Scoring: Public Consulting Group LLC

Points Awarded ____95_____ out of 100

Presentation Notes:

This is a brand-new program, totally different ball game because there is no already set group of providers.
DC project had over 50+ Behavioral Health services.
Assertive Community Treatment (ACT) – studied 4 states – determined PM/PM was best option. Benchmarked to internal research. Shows methodologies, Models, includes applicable modifiers, and service specific cost breakdown. After building rate models, includes impact assessment model, adjusts for changes in units/methodologies, future volume. Three main deliverables: narrative report, impact assessment, and Excel rate models.

Medical Indemnity Fund – MIF 2011 – for birth-related neurological injuries. Reimburses qualified plaintiffs for necessary health care costs, including environmental modifications, mileage, lodging, meals, respite, skilled nursing facilities. Lower cost of medical malpractice litigation. PCG has been the third-party administrator since 2017 and fund administrator since 2018. Pays claims, customer support, reimbursement based on Medicare/Medicaid/FAIR. Lessons learned: no provider network, providers have never heard of MIF before, no requirement that they must accept MIF payment, many will not accept primary insurance, so they had to work with primary insurance, no HICPIC/CBT codes so a very manual process to bill.

Approach for WA Cares Fund – They will make sure rates are practical and easy to operationalize, clearly established mechanism to update and assess payment rates over time, rate recommendations consider a range of possible scenarios and available data. PCG is a leader in rate setting and LTSS, deep understanding of policy and national trends.

Like the project management approach.

Q&A Notes:

Mark Towers especially likes their work with environmental modifications and vehicle modifications, asked about assistive technology. It is extremely expensive and requires prior authorization and is usually done on a one-on-one basis. Often

get them at school so is duplicative. Rates includes a range of levels from a regular wheelchair to a custom wheelchair.

David Mancuso – how will this affect Medicaid, which is the payor of last resort. WA Cares would be the first payor, Medicaid still payor of last resort. Average commercial payment, Medicare would drive rates higher than Medicaid so their Medicaid might not even kick in.

Are there FAIR health benchmarks? Trying to benchmark is going to be difficult, FAIR health does have potential, but will also look elsewhere, will also look at commercial as well.

Oral Evaluator Scoring: Milliman Inc.

Points Awarded ___97_____ out of 100

Presentation Notes:

WA Cares is a first of its kind so will look to leverage lessons learned from similar projects. Have assisted 12 Medicaid agencies with the development of provider fee schedules for LTSS services within the past 5 years.

Oklahoma Medicaid – estimating commercial payment equivalents – have a longitudinal dataset. (CHSD) Milliman's Consolidated Health Cost Guidelines. Reliance on claims data for approximately $1.5 billion in commercial allowed amounts for inpatient and outpatient hospital services. Broke data down to benchmarks.

Pharmaceutical company requested support with a variety of analyses related to a relatively low-utilization class of medications. Developed rate benchmarks by payer channel and site of care using CHSD, Marketscan, and Medicare 5% sample data sources. By payer channel and site of care, shows mean, 25th% and 75th% of reimbursement.

State client – current project – Mississippi – used a similar process – rebase payment rates for six 1915 c and i waivers for home and community-based services (HCBS). Rates for assisted living, independent living, TBI/SPI, elderly and disabled, Intellectual disabilities/DD, and community support program waivers. Started with project management, then went to research and benchmarking, development of payment rate assumptions, rate setting, and waiver support and finalization.

Connecting with WA Cares Fund – understand uniqueness of its program. Has worked with DSHS and OSA on LTSS Trust Act / WA Cares Fund since 2015. 30 plus years of consulting in both public and private sector for LTSS, 15+ years assisting Medicaid agencies with rate studies. Custom approach, not one size-fits-all. Tailored quantitative and qualitative consulting; will have similarities but differ from prior work examples shared today.

This seems like something they do often, and well.

Q&A Notes:

Mark Towers: question regarding slide 10, was able to break data down to zip code. They can draw down acute health care that far, but not that far down for LTSS. There are restrictions from going down to the client level and utilizing client-level data.
CHSD data set can be used in instances for services without a lot of experience in a dataset to fill in experience gaps. Some categories will be easier to get data for than others.

Andrea question regarding some items may be out of scope, some details shared today would not necessarily be related to the work to be done with WA Cares. For example, one project was much larger in scope, the budget much larger than this one will be.

Oral Evaluator Scoring: Harvard Medical School

Points Awarded ___90_____ out of 100

Presentation Notes:

Rate setting analyses:

WA State rate project in 2007 to make Medicaid reimbursement system less complex. Direct more people to nursing and other patient services. System complexity study from several states, published in a journal. Compared WA state to the rest of the country. Looked at different peer groups, urban vs. rural. The system can be simplified without changing the overall rate. Greatly reduced the cost centers from about 7 to 3. Much simpler way to pay nursing home. DSHS and legislators were both positive regarding recommended changes, although industry is very risk-averse, and they were not implemented in the end.

2017-2023 was one of 17 commissioners for MedPAC. SNF adequacy indicators were generally positive. Recommendation of all commissioners that SNF payment rates be reduced by 3% for 2024.

LTSS analyses – private pay inflation growth.

1977 to 2004 rate growth was higher than that of inflation due to the cost of labor going up, especially during the pandemic. Mixed method study by interviewing administrators as well as using quantitative data led to a rich insight into what really happened to facilities during the pandemic.

Stakeholder interviews, interviewing providers – did a survey back in 2020 to get an insight on challenges throughout the pandemic. Collects private price data – did secret shopper interviews of nursing home.

Experience with a variety of different methodologies.

Not sure if the durable goods section needed is something they would be able to complete as well as the other services.

Q&A Notes:

Mark Towers:
What experience to you have with durable goods and services? Neither have done that- focus on nursing homes, residential settings. Will have to use other methods and tools to gather this information. Working with complicated patients means working with several providers. Will have to utilize different tools from their toolbox.

What experience to you have for services provided in the home? Worked on checkbox technology, in which they report any changes in condition. There is a large lack of clinical integration. Both used national survey data that includes a lot of questions regarding the services that older adults utilize.

DSHS did adopt a new methodology back in 2007 similar to the one that they proposed.

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Oral Evaluator General Notes:

Oral Evaluator Scoring: Public Consulting Group LLC

Points Awarded 80 out of 100

Presentation Notes:

- Emphasis on project management and communication between PCG and DSHS.
- Experience with LTC rate studies
- This is unique – broad and new idea
- Example: DC Behavioral Health Rate Study
  - 50+ distinct rate recommendations
  - Emphasis of relationship work between different stakeholder groups
  - Comparative analysis of rates to Medicare rates
  - Rate Calculations
  - Fiscal Impacts
  - Final products seem polished
- Example: Medical Indemnity Fund
  - Unique state-specific funds
  - Understand current provider network
  - Understand challenge associated with claiming processes to access funds/rates

Q&A Notes:

Q: Experience with assistive technology?

- Yes we are running into this with the Medical Indemnity Fund as well.

Q: Impact of WA Cares on Medicaid?

- Have questions, Medicaid still payer of last resort?

Oral Evaluator Scoring: Milliman Inc.

Points Awarded 85 out of 100

Presentation Notes:

- Lot of experience with rate and rate development as actuaries.
  - 12 Medicaid agencies across the country
    - OK – 90% of average commercial rate
      - Explanation of Data
    - Pharmaceutical company- delivery patterns and reimbursement rates for a class of medications
      - Analysis review of medication usage
  - Focus on LTCC waiver program
  - Cost and expenditure evaluations
  - Model service utilization and the impact on costs
  - Understand nuances associated with reimbursement policies
- Lot of experience with WA and WACares

MI Example: HCBS rates for specific services

- Full cost analysis and reports

Tailored approach. Build off past work with WA and DSHS

Q&A Notes:

- Data Usage and availability

Oral Evaluator Scoring: Harvard Medical School

Points Awarded 80 out of 100

Presentation Notes:

- Professors from Harvard and Uni of Rochester
- Experience with LTSS and published papers

WA Example: Propose a less complex system for NF Medicaid rates
- Stakeholder interviews / collect state level data
- Analysis on WA data
- WA vs the country
- Made a proposal that simplified the concept with minimal impact.

MedPac:
- Advice congress on medicare payment policy

Nursing Home Payment project:
- PDPM for Medicare
- Looking at staffing impacts tied to PDPM
- Look at how SNFs are coding up to the new assessment

Medicaid and HCBS spending
- Do individuals come out of the woodwork when states start rebalancing
- Size of SNF population decreases significantly as well as the spending

Rate inflation vs regular inflation
- SNF and LTSS cost growth is different (higher growth) than other CPI-U categories

NH Staffing methods
- Quantitative data with qualitative work

Private price data

Q&A Notes:

Good and services experience?
- Yes a bit

Thoughts on implications of Medicaid rate limits
- Great questions, there is a great bit of interaction between private and public pay rates.

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Vendor Names:
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Evaluator Number: OE6

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Oral Evaluator General Notes:

I thought Milliman gave the strongest presentation. The other two presentations were of similar quality, and had different strengths and weaknesses.

Oral Evaluator Scoring: Public Consulting Group LLC

Points Awarded 80 out of 100

Presentation Notes:

I would have liked to see better examples more closely connected to LTSS services and WA Cares rate setting needs. For example, I'm not sure that ACT rate development will have parallels in the WA Cares setting. Also, there were references to Fair Health rate benchmarks that may not be applicable to key LTSS services.

Q&A Notes:

No additional notes

Oral Evaluator Scoring: Milliman Inc.

Points Awarded 90 out of 100

Presentation Notes:

This was a solid presentation well connected to WA Cares rate setting needs, including highly relevant experience, internal data sources to support development of rate benchmarks, ability to perform new rate studies if required and resourced, and experience communicating with key audiences.

Q&A Notes:

No additional notes

Oral Evaluator Scoring: Harvard Medical School

Points Awarded 80 out of 100

Presentation Notes:

The presentation was interesting and informative, but more in the style of a summary of academic research and less fully connected to WA Cares rate setting needs.

Q&A Notes:

No additional notes