

AR 27



**THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

21 SOUTH FRUIT STREET SUITE 14  
CONCORD, NEW HAMPSHIRE 03301

Roger A. Sevigny  
Commissioner

Alexander K. Feldvebel  
Deputy Commissioner

November 20, 2017

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the New Hampshire Insurance Department (NHID) to enter into a contract with Public Consulting Group, Inc. (Vendor # 161843) of Boston, MA in the amount of \$184,450, for consulting services effective upon Governor & Council approval through December 31, 2018. 100% Other Funds.

The funding for FY2018 and FY2019 is available, in account Administration, as follows, with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

	FY2018	FY2019
02-24-24-240010-25200000-046-500464 Consultants	\$61,000	\$123,450

**EXPLANATION**

The NHID's Division of Compliance and Consumer Services bears primary operational responsibility for the review of the 2019 Qualified Health Plans (QHPs) and requires technical assistance related to the ongoing plan management operations throughout calendar year 2018. Under this contract, the Public Consulting Group, Inc. will provide consulting services to support NHID's certification process for the 2019 QHPs, a process which began at the end of 2017 and which will continue through the end of 2018, and which involves the application of federal guidance which is modified each year to reflect updated federal requirements.

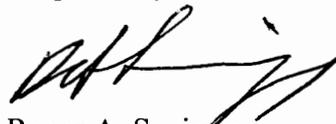
The major deliverables for Public Consulting Group, Inc. include:

1. Monitor issuance of new federal regulations and guidance documents related to the 2019 QHPs and promptly create summaries for NHID use;
2. Assist with the preparation and review of QHP-related bulletins including the NHID's annual bulletin outlining QHP filing requirements;
3. Evaluate and update existing NHID QHP and non-QHP review workflows, resources, production standards and tools;
4. Provide technical assistance to support NHID staff in responding to carrier inquiries, including participation in Carrier QHP Kickoff and Weekly Meetings;
5. Update QHP-related documents and, to the extent necessary, create new documents as needed in response to regulatory changes;
6. Support NHID staff in network adequacy reviews, including identifying provider and service area requirements to meet 2019 QHP standards; and
7. Provide training and guidance to NHID staff on an ongoing basis throughout the term of the contract, to support the development of in-house capacity in connection with all plan management functions.

The Request for Proposal was posted on the NHID's website on October 17, 2017 and sent to past bidders for NHID contract work and companies doing work in this field. Two bids were received. The bids were evaluated by NHID staff familiar with the project goals using a scoring system included in the RFP. After reviewing the bid responses, the Commissioner selected the Public Consulting Group, Inc. as most responsive to the RFP.

The New Hampshire Insurance Department respectfully requests that the Governor and Council authorize funding for this consulting work. Your consideration of the request is appreciated.

Respectfully submitted,



Roger A. Sevigny

**RFP- PROPOSALS EVALUATIONS**

Evaluation Committee members: Michael Wilkey, Diana Lavoie, Al Couture, Jennifer Goodwin

Evaluation process: Every member reviewed and independently evaluated the bids.

On November 13, 2017 the Evaluation Committee members met, and as a group assigned points to each bid per the "Specific comparative scoring process" described in each RFP.

All members agreed with the points assigned to each category for each bid depicted in the table below.

RFP/VENDOR	CONTRACTOR Specific Skill set needed (40% or points)	CONTRACTOR EXPERIENCE & QUALIFICATIONS (30% or points)	Bid Price	COST (30% or points)	TOTAL SCORE (100% or Points)	Score without \$\$\$	NOTES
<b>RFP 2017-RRG-Plan Management Consultants for Plan Year 2019</b>							
PCG Consulting Group High Option	38.00%	28.00%	\$ 228,104.00	17.62%	83.62%	66.00%	
NovaRest Acturial Consulting	20.00%	28.00%	\$ 134,000.00	30.00%	78.00%	48.00%	

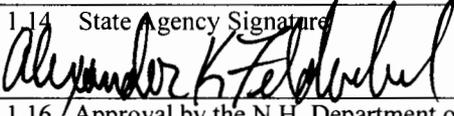
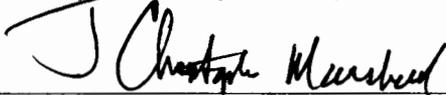
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

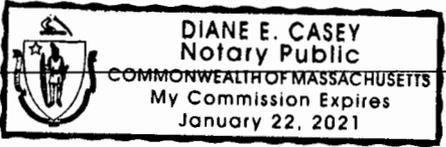
**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Insurance Department		1.2 State Agency Address 21 South Fruit Street, Suite 14, Concord, NH03031	
1.3 Contractor Name Public Consulting Group, Inc.		1.4 Contractor Address 148 State Street, Tenth Floor, Boston, Massachusetts 02109	
1.5 Contractor Phone Number (617) 426-2026	1.6 Account Number 25200000-046-500464	1.7 Completion Date December 31, 2018	1.8 Price Limitation \$184,450
1.9 Contracting Officer for State Agency Alexander Feldvebel, Deputy Commissioner		1.10 State Agency Telephone Number (603) 271-2736	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Stephen A. Skinner, Principal	
1.13 Acknowledgement: State of <u>MA</u> , County of <u>Suffolk</u>  On <u>Nov 15 2017</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace  [Seal] 			
1.13.2 Name and Title of Notary or Justice of the Peace Diane E Casey, Notary			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Alexander K Feldvebel, Deputy Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)  By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable)  By:  On: <u>11/17/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable)  By: _____ On: _____			



**2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

## 8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

## 9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

**10. TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

**11. CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

**12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

**13. INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

## 14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate ; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

**15. WORKERS' COMPENSATION.**

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

**16. WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

**17. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

**18. AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

**19. CONSTRUCTION OF AGREEMENT AND TERMS.**

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

**20. THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

**21. HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

**22. SPECIAL PROVISIONS.** Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

**23. SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

**24. ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.

Contractor Initials   
Date 11/19/2017

**Public Consulting Group, Inc.**  
**Plan Management Consultant Services for Plan Year 2019**

**Exhibit A**

**Scope of services**

The consultant is responsible to provide technical assistance to the New Hampshire Insurance Department (NHID) in support of the certification process for the 2019 Qualified Health Plans (QHPs) as described under the federal Patient Protection and Affordable Care Act (ACA), in conjunction with the federal Centers for Medicare and Medicaid Services (CMS).

Specific responsibilities of this vendor include:

1. Monitor CMS issuance of new federal regulations and guidance documents related to QHPs and Federally-Facilitated Marketplace (FFM) operations.
2. Create summaries of new federal regulations and guidance documents for NHID use within 2-5 business days, or sooner if needed.
3. Create initial draft of NHID's annual bulletin outlining QHP filing requirements, consistent with CMS guidance and the annual CMS Notice of Benefit and Payment Parameters and the annual CMS Letter to Issuers in the FFM, and work with NHID to review and finalize it.
4. Assist NHID in drafting, reviewing and/or finalizing other QHP and non-QHP related bulletins, as directed by the NHID.
5. Evaluate and update existing NHID QHP and non-QHP review workflows, resources, production standards and tools, including:
  - a. Draft task list and proposed timeline of 2019 QHP and non-QHP review process, by February 1, 2018.
  - b. Finalize full implementation plan and timeline for 2019 QHP and non-QHP review process, including workflows, production standards and tools to support certification and regulation of QHPs in accordance with all applicable CMS guidance, by date of Carrier QHP Kickoff Meeting.
  - c. Revise implementation plan and/or timeline, including new plan management processes and workflows, as necessitated by CMS guidance issued during QHP review process, as directed by NHID.

- d. Final Revision of Compliance and Consumer Services Policies and Procedures, by December 31, 2018.
6. Provide technical assistance to support NHID staff in responding to carrier inquiries, including participation in Carrier QHP Kickoff Meeting and, as requested by NHID, participation in or preparation for periodic meetings and/or calls with carriers during QHP review process.
7. Participate in weekly meetings with NHID throughout the project, providing updates as to progress of project tasks, and assisting NHID in identifying issues and topics for discussion and/or training.
8. In accordance with the dates in the final 2019 QHP Review timeline and implementation plan, update QHP and non-QHP related documents and, to the extent necessary, create new documents as directed by NHID in response to regulatory changes, including, but not limited to the following documents:
  - a. Network Adequacy (NA) Data Templates, including the following New Hampshire-specific documents:
    - i. NHID Network Summary Template
    - ii. Instructions for NA including state-specific attestations.
    - iii. NA Supplemental Response Documents.
  - b. Updated Filing Checklist for Individual and Group both On and Off the FFM.
  - c. Updated Filing Checklist for Dental Plans.
  - d. CMS Tools Compliance Attestation Document.
  - e. Advertisement Attestation.
  - f. Updated Master List of Filing Documents.
9. In accordance with the dates in the final 2019 QHP Review timeline and implementation plan, support NHID staff in continuing to integrate state network adequacy requirements with evolving ACA requirements, identifying provider and service area requirements to meet QHP standards:
  - a. Provide support as NHID collects, examines and maintains all network templates and supporting documentation from the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF) system.
  - b. Update and assist NHID in maintaining tracking tool to monitor each issuer's progress towards compliance with the network standards tracking compliance with:
    - i. Proper documentation.
    - ii. Essential Community Provider (ECP) standards.
    - iii. Online provider directory standards.
    - iv. Provider contracts and geographical accessibility standards.
  - c. Provide technical assistance to NHID staff as they provide network adequacy standards guidance to issuers to assure adequate coverage for all residents.

- d. Support NHID staff in complying with New Hampshire's requirement for public information sessions on the carriers' proposed marketplace networks prior to open enrollment.
  - e. Provide ongoing training of NHID personnel on network adequacy qualification and the use of worksheets and models necessary to recommend certification.
10. Create a plan compare document and quick reference chart showing all individual and small group plans offered via the FFM for Calendar Year 2019 by October 16, 2018.
11. Provide training and guidance to Department staff on an ongoing basis throughout the term of the contract, to support the development of in-house capacity in connection with all plan management functions. In consultation with NHID, develop a training plan on or before June 4, 2018, and implement training of NHID staff on an ongoing basis in accordance with the plan.
12. Perform all other tasks as described in the Plan Management Consultants for Plan Year 2019 RFP (attached) and the Bid response (attached), as amended to reduce the Consultants' onsite presence, which are incorporated by this reference.

The Consultant's onsite presence is limited to:

- o QHP Kickoff/Bulleting Planning & Prep Meeting (Q1 2018)
- o QHP Kickoff Meeting (likely March 2018)
- o QHP Certification Pre Filing Meeting
- o QHP Certification Filing Week/Intake
- o 3 additional onsite days during QHP certification outside of the day during filing week and final certification week (April-August)
- o Network Adequacy Review Meeting
- o Final QHP Certification Week
- o Plan Compare Training (October 2018)
- o Tools/NA Training (December 2018)



# New Hampshire Insurance Department

## Plan Management Consultants 2019 QHP Review

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November 9, 2017

ATTN: Alain Couture  
New Hampshire Insurance Department  
21 South Fruit Street, Suite 14  
Concord, New Hampshire 03301



148 State Street, Tenth Floor, Boston, Massachusetts 02109  
Tel. (617) 426-2026, Fax. (617) 426-4632  
[www.publicconsultinggroup.com](http://www.publicconsultinggroup.com)



Public Focus. Proven Results.™

November 9, 2017

Alain Couture  
Health Reform Coordinator  
New Hampshire Insurance Department  
21 South Fruit Street, Suite 14  
Concord, New Hampshire, 03301

Dear Mr. Couture:

Public Consulting Group, Inc. (PCG) is pleased to present our submission to the New Hampshire Insurance Department's Request for Proposal (RFP) entitled Plan Management Consultants for Plan Year 2019.

PCG has valued our ongoing working relationship with the New Hampshire Insurance Department for over five years. Our work has included the development of standards and implementation of a process for reviewing Qualified Health Plans in the state, with continual improvements made over past certification cycles to ensure timely and effective review of marketplace health plans.

Importantly, all of our New Hampshire specific experience and knowledge is complimented by experience from other states. As you will see outlined in our proposal, we have done extensive plan management consulting work in other states including Delaware and Arkansas as well as more recent work in the District of Columbia and Rhode Island to develop new tools for the review of health plans for compliance with state and federal standards.

Thank you for your consideration of this proposal. If you require additional information or have any questions related to this proposal response, please contact our proposed Project Manager, Margot Thistle, at [mthistle@pcgus.com](mailto:mthistle@pcgus.com) or 781-308-3251.

PCG looks forward to this opportunity and hopes that this proposal will be reviewed favorably.

Sincerely,

Director  
Public Consulting Group, Inc.

**TABLE OF CONTENTS**



<b>Executive Summary</b> .....	<b>4</b>
<b>Specific Ability to Perform the Scope of Work</b> .....	<b>6</b>
<b>General Qualifications and Related Experience</b> .....	<b>14</b>
<b>Project Work Plan and Cost Proposal</b> .....	<b>18</b>
<b>Conflict of Interest</b> .....	<b>22</b>
<b>Appendix A: Qualifications</b> .....	<b>23</b>
<b>Appendix B: Resumes</b> .....	<b>32</b>

2019 QHP Review Submission Check List Crosswalk	
Check List	PCG Proposal Section
<p>Name and contact information of the person(s) we should contact should we have questions</p>	<p><b>Cover Letter</b>  <i>If you require additional information or have any further questions related to this proposal response, please contact the proposed Project Manager, Margot Thistle, at mthistle@pcgus.com or 781-308-3251.</i></p>
<p>A narrative addressing all of the objectives outlined in this RFP</p>	<p><b>Specific Ability to Perform the Scope of Work</b></p>
<p>A detailed timeline for the plan management project full term of the project</p>	<p><b>Project Work Plan and Cost Proposal</b></p>
<p>Clearly labeled "Not-to-Exceed" limit amounts, with and without the deliverables to support PAP</p>	<p><b>Project Work Plan and Cost Proposal</b>  <i>Total Not to Exceed Scope Cost: \$ 228,104</i></p>
<p>Name and role of every person working on the project to include a summary of experience and the individual's curriculum vitae</p>	<p><b>Appendix A</b>  <i>Managers / Consultants: Margot Thistle, Lisa Kaplan Howe</i>  <i>Business Analyst: Julia Sherman</i>  <i>Project Support: Alejandra Garcia</i></p>
<p>Derivation of cost for the Contractor including:</p> <ul style="list-style-type: none"> <li>• Hourly or daily rate for each person working on the project</li> <li>• An estimate of the amount of time each person might be expected to expend on the project</li> <li>• The number of days, if any, each person is expected to be in attendance at the NHID during critical implementation dates</li> <li>• What period each person will be available to NHID, including start date and end date in relation to the project timeline</li> </ul>	<p><b>Project Work Plan and Cost Proposal</b>  <i>The following staff will be available throughout the entire project engagement:</i>  <i>Managers / Consultants: Margot Thistle, Lisa Kaplan Howe</i>  <i>Business Analyst: Julia Sherman</i>  <i>Project Support: Alejandra Garcia</i></p>

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# Executive Summary

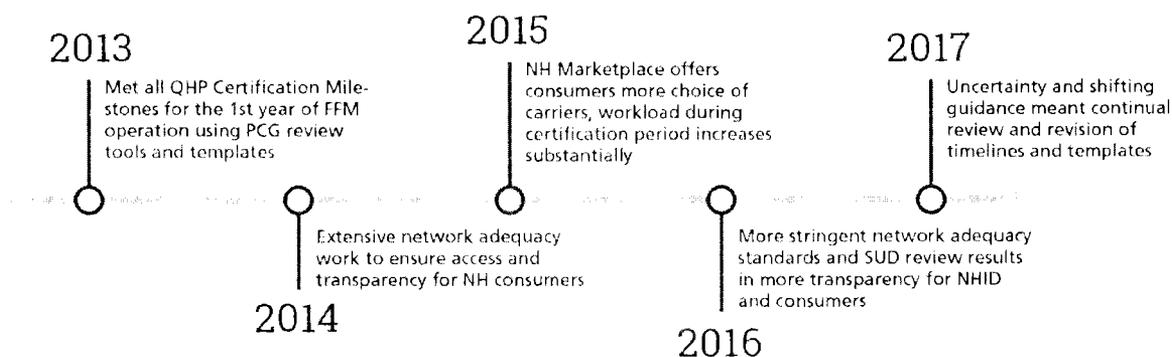
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## EXECUTIVE SUMMARY

Public Consulting Group is excited to offer this proposal in response to the request for proposals (RFP) to support plan management functions for Plan Year 2019.

PCG has worked alongside the New Hampshire Insurance Department (“NHID” or “Department”) since 2013, providing operations and policy support of the state’s plan management partnership. PCG designed, developed and implemented the certification process, helping the state to understand the overlay of the qualified health plan (QHP) certification process with the Department’s underlying regulatory and operational work. Additionally, our work has aimed to integrate the QHP process into Department operations as well as improve the efficiency of the review process. PCG has provided ongoing support throughout the PCG/NHID partnership—providing regulatory analysis, trainings to staff and carriers, review support tools and staff augmentation.



**Figure 1: PCG has been providing operations and policy support of the NHID’s plan management partnership since 2013.**

During our tenure with the Department, we have helped to accomplish the goals of ensuring compliance with federal and state requirements while also supporting the development of high quality QHPs for consumers in New Hampshire. As a firm with national experience in QHP certification activities, we possess a unique perspective into technical requirements, innovative approaches, best practices and lessons learned. This national expertise has been, and will continue to be leveraged by the Department.

Given the need to ensure both continuity in policy and process knowledge and to preserve existing relationships both inside and outside the Department, **we propose Margot Thistle to lead our project team throughout this engagement, with support from Lisa Kaplan Howe.** Ms. Thistle and Ms. Kaplan Howe will continue to bring their ongoing familiarity with the New Hampshire Marketplace, state statutes and regulations, and key stakeholders to bear on their project work. Their historical knowledge of the Department operations, personnel and policies will continue to assist in their roles as trusted partners and advisors throughout future certification periods. Our project team will also include the expertise and support of Julia Sherman and Alejandra Garcia, who have worked with the Department throughout the previous QHP review cycle.

All of these team members have worked with the Department for at least a year, most for multiple years. As a result, our ability to successfully fulfill the requirements of the Department has been demonstrated

November 9, 2017

New Hampshire Insurance Department (NHID)  
Plan Management Consultants  
2019 QHP Review

and continues to mature. Additionally, our in-depth familiarity with the specific requirements of the New Hampshire Marketplace complements our ability to perform as a valuable partner to the Department. Our team's relationships with the Department's partner agencies and the state's insurance carriers also continue to develop to the benefit of the certification process.

Our team greatly appreciates the opportunity to respond to this RFP and hopes to preserve our relationship with the Department through a continued focus on improving the QHP certification process, developing capacity inside the Department, updating state guidance and ensuring that future efforts are as successful as previous ones.

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# Specific Ability to Perform the Scope of Work

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## SPECIFIC ABILITY TO PERFORM THE SCOPE OF WORK

- 1. Monitoring CMS issuance of new federal regulations and guidance documents related to QHPs and FFM operations, and promptly creating summaries for NHID use.*
- 2. Assisting with the preparation and review of QHP-related bulletins including the NHID's annual bulletin outlining QHP filing requirements, consistent with CMS guidance and the annual CMS Notice of Benefit and Payment Parameters and annual CMS Letter to Issuers in the FFM.*



With two health policy experts leading our team, PCG is well-positioned to advise NHID regarding federal regulations and guidance. **Margot Thistle and Lisa Kaplan Howe have reviewed and analyzed all federal regulations and guidance related to QHPs and Federally-Facilitated Marketplace (FFM) operations since implementation of the Patient Protection and Affordable Care Act (ACA) began.** We have provided expertise and analysis of those rules to states, including New Hampshire, over all five certification periods.

We have a detailed understanding of the major federal regulatory and guidance documents released on an annual basis, including the Notice of Benefit and Payment Parameters (NBPP) and the Letter to Issuers in the FFMs (Letter to Issuers). We have significant experience monitoring for, reviewing, summarizing and analyzing these and other applicable federal regulatory developments. While we await those releases annually, we also are always monitoring for and prepared to review and analyze other applicable developments. With the change in administration at the federal level last year, an additional set of applicable regulatory changes were released with the Market Stabilization Rules. The administration also released several sets of guidance related to direct enrollment, two applicable Executive Orders, and announced the decision regarding cost-sharing reduction payments. Just as we do with the NBPP and the Letter to Issuers, PCG immediately summarized and analyzed those documents and advised NHID and other clients across the country of those developments and their impact on the state policies and insurance markets.

We understand the necessity of extracting the operational and policy impact from these documents and translating them into new requirements for both the state and its Marketplace insurance carriers. Often, the summaries and analysis of these documents must occur under extremely short timeframes. We are able to turn around thoughtful and informed analyses quickly as a result of our detailed and longstanding familiarity with the subject matter. This allows us to quickly create a detailed summary focusing on changes from prior years and also to provide expert analysis. Moreover, because of our unique grounding in New Hampshire standards and operations we are able to target our review and analysis in order to pinpoint, analyze and communicate items specifically applicable to New Hampshire as well as potential conflicts with New Hampshire law. We make ourselves available to discuss these findings and recommendations immediately as well as on an ongoing basis.

In addition to the review we will complete specifically for New Hampshire of federal regulations and guidance specific to QHP and FFM operations, the Department will continue to have access to the broader health policy analysis and updates PCG provides to our clients. We have – and will continue to – keep the Department apprised of federal legislative proposals that may impact your work and New Hampshire markets.

Over the last year, in particular, there have been several major comprehensive bills released proposing to overhaul the federal law as well as more targeted bills seeking to stabilize the market. We have the capacity and expertise to quickly review those proposals in detail and keep the Department apprised of their status and potential impact. Importantly, we are thoughtful about which federal proposals are worth immediate attention by your staff. This allows the Department to have access to not only timely analysis that is directly applicable to the scope of work included in this RFP, but also the vast resources on related topics that PCG shares and makes available to clients as there are developments at the federal level.

As well as keeping the Department up-to-date regarding the issuance and substance of new relevant federal regulations and guidance, PCG will continue to assist with the creation of QHP-related bulletins, reflective of that guidance, as we have done throughout the duration of our work with the Department. **Each year as plan management consultants, we have assisted with the development and finalization of NHID's annual bulletin outlining QHP filing requirements to reflect the most recent regulatory guidance from CMS and any policy changes at the state level.** This bulletin serves to memorialize the requirements of QHP certification review, including being the vehicle for announcing policy changes at both the federal and state level. For example, PCG assisted the Department in the release of the state-specific network adequacy requirements via the plan year 2015 bulletin. In the plan year 2016 bulletin, we outlined the additional requirements related to the QHP review tools attestations. In the plan year 2017 bulletin, we highlighted requirements related to mental health parity and addiction equity, balance billing restrictions and clarity in benefit design, as well as changes to meaningful difference and rate transparency standards. Most recently, in the plan year 2018 bulletin, we assisted with once again overhauling the state-based network adequacy submission and review requirements, introducing standardized plan requirements and flagging changes to requirements related to various federal standards, including related to Essential Community Providers, Meaningful Difference and Prescription Drug Formulary Reviews.

As we have in past years, we are prepared to outline proposed content for the bulletin based on regulatory and policy changes and then assist with drafting language for NHID review and revising those drafts based on feedback provided. Having assisted with this bulletin every year since it was first released, we are uniquely situated to complete this process in a smooth and efficient manner. In fact, despite having the time period significantly abbreviated last year, we were able to meet all deadlines with high-quality work product.

We also are accustomed to drafting additional QHP-related bulletins as needed. We have helped to strategize and draft a number of other NHID bulletins related to QHPs, including the **Annual Redetermination Notice Bulletin, Continuity of Care Issuer Bulletin, Transparency in Provider Network Directory and Formulary Information Bulletin, Coverage of Preventive Health Services under the Patient Protection and Affordable Care Act Bulletin, and Revised External Review Consumer Guide and Application Bulletin.**

Our grounded and unmatched experience doing this work in New Hampshire is complimented by our national expertise. We have assisted other states, including Arkansas and Delaware, with strategizing, developing, and communicating QHP criteria and guidance, which has allowed us to bring examples from other states to our collaboration with the Department. We continue to monitor developments in other states closely which will allow us to share with the NHID innovative regulatory efforts.

3. *Evaluating and updating as necessary existing NHID QHP and non-QHP review workflows, resources, production standards and tools, including:*

- a. *Evaluating and updating as necessary existing NHID Compliance and Consumer Services Policies and Procedures; and*
- b. *To the extent necessary based on revised or updated CMS standards, creating an implementation plan with new workflows, production standards and tools to support certification and regulation of QHPs, including*
  - i. *Implementing of new tools and standards;*
  - ii. *Implementing revised or new plan management processes and workflows.*

5. *Updating QHP-related and non-QHP-related documents and, to the extent necessary, creating new documents as needed in response to regulatory changes, including, but not limited to the following documents:*

- a. *Filing Checklist for Individual and Group both On and Off the FFM*
- b. *Filing Checklist for Dental Plans*
- c. *CMS Tools Compliance Attestation Document*
- d. *Master List of Filing Documents*

**PCG will incorporate the 2018 Marketplace Guide when updating the policies and procedural manual for NHID.**

Our team is prepared to evaluate and update, as we have for the past five years, the policies and procedural manual for the Department. **PCG created and has continually updated this since beginning our engagement.** We will incorporate the 2018 Marketplace Guide, created to assist Department staff in understanding the changes that will affect consumers and the Department for the 2018 and 2019 plan year. These revisions will not only enable new examiners to complete the filing process through a step-by-step guide on how to run, interpret and use CMS federal review tools but also gain valuable knowledge in a time of ever shifting federal guidance and policies.

PCG and the Department worked as a fully integrated team to meet the QHP filing deadlines for plan years 2014 through 2018, despite the ever-shifting policy and deadlines. We were agile, responsive and effective, ensuring an organized review plan and timeline to ensure on-time certification and review for each plan year.

As we enter the next certification period, our team will also evaluate existing checklists, filing requirements, state-specific templates, attestations and policy and procedure manuals, making necessary updates to ensure compliance. After our carrier debrief, we work with the Department to make edits and incorporate suggestions that will improve both the internal and external use of review tools. We will also work with the Department to create and implement new workflows, production standards and review tools as necessary, including revisions to the network adequacy process applicable to the PCG review scope.

Throughout our partnership with the Department, PCG has focused on improving documents and guidance related to the plan management process. PCG has created/and or updated all of the following documents during the past five certification cycles:

1. Network Adequacy (NA) Data Templates, including the following New Hampshire-specific documents:
  - ✓ NA Data Set for those carriers with fewer than 1000 covered lives
  - ✓ Instructions for NA including producing state specific attestations
  - ✓ NA Summary and Supplemental Response Documents
  - ✓ NH Provider Data Template
2. Filing Checklist for Individual and Group both On and Off the FFM
3. Filing Checklist for Dental Plans
4. CMS Tools Compliance Attestation Document
5. Advertisement Attestation
6. Master List of Filing Documents for Medical and Dental

As policy has evolved at both the state and federal level, **PCG has responded in real-time to assist the Department to ensure efficient, timely review.** During the most recent certification period for example, our project team worked alongside the Department to create an updated and more automated New Hampshire-specific Network Adequacy Template and the new NHID Provider Template. As the Department continues to refine the review of network adequacy, PCG's experience working side-by-side with not only the Department but also issuers will be unmatched by other bidders and assist in a successful rollout of future changes.

In addition to responding to needs based on new policy developments after every certification period, the Department completes a debriefing both internally and with each carrier in an attempt to improve the certification process in following years. Post-certification each year, PCG re-evaluates the tools and documents used to ensure continued value to the Department. For example, in previous years, PCG assisted the Department in drafting the "Master List of Filing Documents" in direct response to issuers' requests during the de-brief process. This document clarified where carriers could find documents and templates in SERFF in order to assist with what can be an overwhelming amount of state and federal certification requirements.

**With each successive certification period completed, we have increased our efficiency and developed new tools to assist clients.**

PCG is committed to continuing to work with the Department and the state's carriers to constantly improve the QHP certification processes to ensure that a more efficient, organized process is continually pursued.

*4. Providing technical assistance to support NHID staff in responding to carrier inquiries, including participation in Carrier QHP Kickoff and Weekly Meetings.*

## 2.1.1.1.1. Operational Support: QHPs for the 2019 QHP Cycle

Our team is experienced at providing technical assistance to Department staff in presenting information to carriers and responding to carrier requests, including in support of the annual Carrier QHP Kickoff meeting and during weekly meetings with carriers. The preparation for the annual Carrier QHP Kickoff is time consuming, and involves translating all the available federal guidance for the upcoming certification period into operational instructions, new policy initiatives, as well as updating existing workflows, timelines and tools to comply with the new standards. Additionally, as addressed in previous sections the annual QHP Certification Bulletin must be completed and made public prior to this event. PCG not only prepares all the materials for the kickoff but also presents and facilitates the half-day event. It has been the case in the past that large pieces of guidance were released the day before the event and we have had to turnaround edits in less than 12 hours to ensure accuracy of guidance and instructions.

Our team was responsible for responding to carrier questions submitted for the weekly carrier meetings, with short turnarounds and often requiring extensive research of federal requirements or operational requirements to respond accurately. This meant at times we were receiving ten or more detailed questions from various carriers that needed responses within 24 hours, and attending the calls to explain our responses and guidance to the carriers. Based on the carrier questions received, we generated frequently asked questions (FAQs) for areas needing additional clarity in particular around network adequacy and the use of NH specific review tools.

Our team also located regulatory or legal support for objections so that carriers could understand what was asked of them during certification review periods and make timely edits to their rates or forms. This was particularly important when assisting the Compliance Team with objections sent to carriers. PCG generates not only the objection but often the remedy required of the issuer in order to meet compliance standards. These responses directly impacted the filings as well as the issuers' certification by CMS. Our team's involvement also extends beyond just assistance with responding to carriers to ensuring the following:

- ✓ Compiling state and federal guidance into easily presentable materials for carriers, as well as guides for filing, which requires an understanding of previous year's process and requirements for both regulatory and filing instruction;
- ✓ Translating federal and state regulatory policy to operational support;
- ✓ Formulating, researching and compiling responses to carrier's questions on both policy as well as operational issues; and
- ✓ Providing policy briefs with citations of applicable codes and regulations, options and advisory comments.

We believe our work with the Department over the past five years has created positive working relationships and established clear lines of communication across and among Department staff that will continue to mature to the benefit of the Department.

6. Supporting NHID staff in continuing to integrate state network adequacy requirements with evolving ACA requirements and identifying provider and service area requirements to meet QHP standards, including:

- a. Providing support in collecting, examining and maintaining all network templates and supporting documentation from the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF) system;
- b. Providing technical assistance to NHID staff as they provide network adequacy standards guidance to issuers to assure adequate coverage for all residents; and
- c. Supporting NHID staff in complying with New Hampshire's requirement for public information sessions on the carriers' proposed marketplace networks prior to open enrollment.

In order to ensure accurate reviews and transparency for the Department and public, PCG has worked with the Department to create and communicate New Hampshire-specific issuer network adequacy submission requirements collected through SERFF. This work has included the creation of a New Hampshire-specific Network Adequacy Template. PCG crafted detailed instructions for issuer submittal of this template. This template also included a tab for dental networks, hospital coverage, and substance abuse disorder coverage. This past year, PCG assisted the Department with the creation of the New Hampshire Provider Template, used to examine the full provider listing of each carrier in order to ensure that New Hampshire Network Adequacy standards were met. Our work has included the review of all filings to ensure compliance with both federal and state standards of network adequacy, including the review of Essential Community Providers. We completed this review in the past by using PCG created review tools that ensure each issuer provided evidence that the required provider types met time and distance standards, or provided sufficient explanation as to why the standards were "NOT MET", including evidence of efforts to contract where applicable. Although the review process has evolved from years past, our historical insights into the issuers deficiencies and networks continue to assist the Department as we approach yet another certification cycle.

**This past year, PCG compared the 2017 and 2018 SUD template responses to see how issuers proposed SUD services expanded or were limited for this upcoming plan year, including percent change per category.**

Since 2014, our team has worked with the Department to increase transparency into the issuer's proposed networks. In 2016, our team revised the template to include a non-exhaustive list of substance abuse treatment (SUD) services in the state. This work included creation of a New Hampshire-specific data set of seven categories of SUD services to be completed by each issuer in order to gain a baseline for SUD. This past year, PCG compared the 2017 and 2018 SUD template responses to see how issuers proposed SUD services that expanded or were limited for this upcoming plan year, including percent change per category. This tool will continue to be of benefit to the state as they work to address issues of access to SUD services.

Each year, our team works to understand and incorporate into state guidance new CMS guidance by updating the requirements for network adequacy reporting with regards to: essential community providers

(ECPs) and issuer provider directories, as well as state specific geographic accessibility standards contained in New Hampshire's Network Adequacy rules.

For the past three years, our team has also reviewed online provider directories to ensure compliance, including issuing FAQs and drafting objections on behalf of the Department when carriers were not in compliance with federal standards. Since the enactment of RSA 420-N:5-a, PCG has assisted the Department with the content development and logistics related to multiple public information sessions related to provider networks. This is a time consuming data visualization exercise that allows consumers to see the access visually in the form of maps for each carrier and their proposed network and service area. The materials PCG creates for these sessions are invaluable tools for not only the Department but also the public, especially as more and more consumers are being impacted by network revisions and efforts to contain costs.

As CMS continues to consider instituting new federal baseline standards, we are also poised to assist the Department in understanding any impact on state standards and make any needed submission or template changes.

*7. Creating a plan compare document showing all individual and small group plans offered via the FFM.*

At the direction of the Department, our team has created a plan comparison document for the past five plan years. This document is sent to issuers for verification and is then posted both externally to assist consumers and used internally by the Consumer Division throughout the plan year. This comprehensive plan overview is especially important to consumers given the addition and removal of issuers to the Marketplace as well as service area changes and significant edits to pharmacy tier structures and provider contracting in 2018. Our team has also created a grid to display which New Hampshire hospitals are included in each network for a given plan year, which is continually updated to ensure accuracy as issuers make changes to their networks.

**Our team will continue to develop this useful and consumer-friendly tool based on submitted templates from inside SERFF throughout future plan management periods and to make any needed adjustments.**

PCG worked with the Consumer Division to update certain elements on the plan compare to ensure the greatest utility for New Hampshire consumers. Updates made include making the document more visually appealing and user friendly as well as adding links for the pharmacy benefits, plan brochures and schedule of benefits so consumers can access more information on each plan as needed.

PCG worked directly with the Consumer Division to help educate them on the plan compare document so they in turn may better educate consumers on health insurance choices.

*8. Providing training and guidance to NHID staff on an ongoing basis throughout the term of the contract, to support the development of in-house capacity in connection with all plan management functions.*

### Continuing Training



Throughout PCG's engagement with the Department, we have conducted multiple staff trainings focused on efforts to develop staff capacity in new areas and build and maintain knowledge within the Compliance Team – as well as the Consumer Division – related to the ACA.

Our team **creates in-depth training documents each year**, updating them to include best practices, lessons learned and new federal regulations and guidance. We have assisted in **one-on-one instructional sessions** with Department staff to ensure that staff understands the work our project team has conducted with templates that are part of QHP binders and the CMS QHP Review Tools to prepare the NHID to take this aspect of the work, specifically, in-house. Over the past five certification periods, PCG has further developed industry leading practices, which it will continue to share with the Department's staff. We also have provided formal and informal training to ensure the NHID staff is aware of policy changes that impact the work that they are doing.

As federal assistance for consumer outreach and education has dwindled, the Department has been relied more heavily upon us to assist consumers with understanding the Marketplace plan offerings, creating an additional need for training. We assisted the Consumer Division in understanding the plan compare documents we have created and training them on the Marketplace offerings to ensure they are able to provide consumers with needed information about the New Hampshire Marketplace offerings. This past plan year we provided an hour-long, Department-wide training on changes and updates for plan year 2018, including drafting an extensive marketplace guide for use by Consumer staff as well as legal, compliance and communication staff. We also have helped NHID staff to prepare for external trainings they are conducting, including public information sessions, issuer focused calls and materials.

PCG will continue to work with the Department to identify areas that we can provide training or guidance to ensure we are being as effective as possible, particularly as the Department takes more functions in-house. PCG hopes to continue to assist Department staff – and through them carriers and consumers – with training and guidance.

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# General Qualifications and Related Experience

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## GENERAL QUALIFICATIONS AND RELATED EXPERIENCE

*Knowledge of health insurance regulations, plan management review, CMS QHPs Templates and Tools, New Hampshire insurance laws, the ACA, and health insurance benefit designs. Knowledge or experience with the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF) system is essential. Good communication skills and a demonstrated ability to work with both industry and regulatory personnel to achieve appropriate and adequate insurance industry regulation in New Hampshire. Industry experience required. The proposal must include a summary of experience, including current curriculum vitae.*

PCG has dedicated itself almost exclusively to the public sector for over three decades. PCG pairs regulatory expertise with our position as one of the leading management and operations consulting firms in the country. In this time, we have developed a deep understanding of not only legal, regulatory and policy requirements, but the accompanying fiscal constraints that often dictate a public agency's ability to meet its charge and the needs of the populations, constituents and stakeholders it works with and/or serves. This understanding enables PCG to help public sector organizations in:

- ✓ Maximizing resources;
- ✓ Improving business processes;
- ✓ Enhancing federal and state compliance;
- ✓ Making better management decisions using performance measurement metrics; and
- ✓ Advancing client outcomes and goals.

PCG has an unparalleled combination of skills and experience that uniquely positions us to successfully assist the Department with this scope of work. Not only do we have **the historical knowledge of the New Hampshire Marketplace** that is unsurpassed by any other vendor, proposed team members have been working in New Hampshire's insurance market daily since 2013. We have established strong and trusting relationships not only with staff and leadership at NHID but also with key stakeholders in the state, including members of industry. More broadly, PCG is actively engaged with eleven Departments of Insurance across the country.

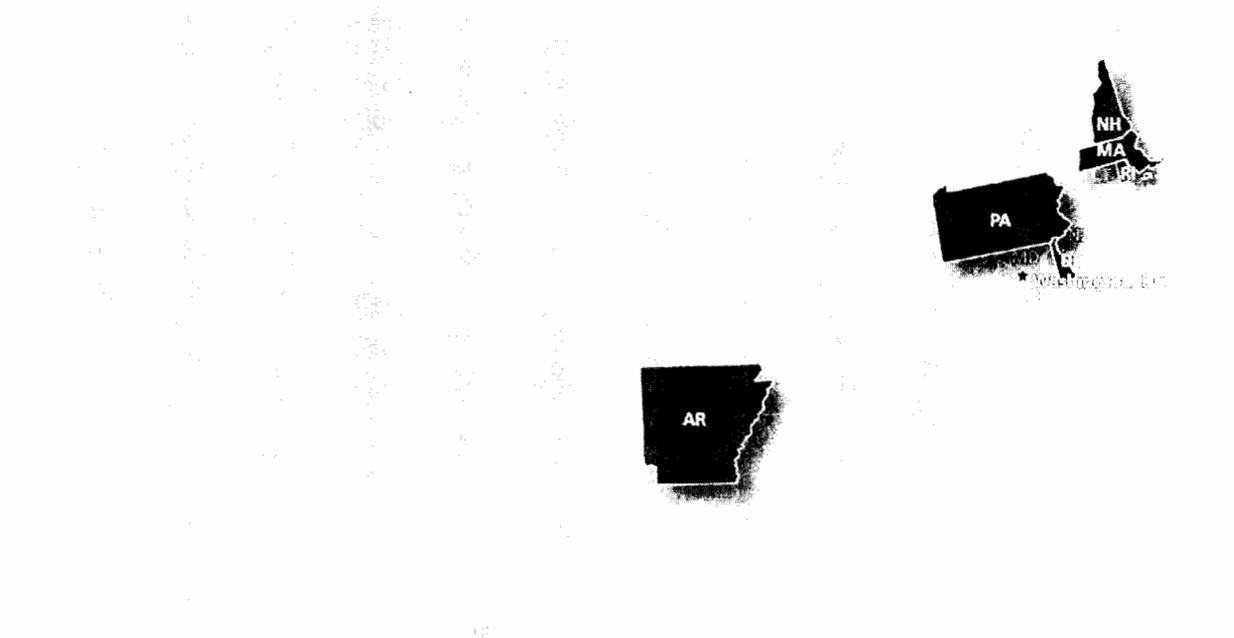
Since 2010, PCG has developed one of the nation's leading ACA consulting practices assisting states with health plan certification, policy interpretation, program oversight, project management of Marketplace technology, outreach and marketing, consumer assistance, grant applications and gate reviews. These services include: health plan certification, policy interpretation and management, project management of Marketplace activities and technology, outreach and marketing, consumer assistance, blueprint drafting, grant applications, gate reviews, professional services and program oversight.

**About 40% of all states have engaged with PCG for Health Care Reform, ACA and Marketplace consulting services.**

In particular, PCG has worked with State Insurance Departments

across the country, including Arkansas, Delaware, Massachusetts, Pennsylvania, Rhode Island, the District of Columbia, and New Hampshire on their ACA responsibilities. PCG has assisted these Departments with one or more of the following activities:

1. Conducting regulatory analysis of ACA market reforms and developing policy recommendations for state ACA implementation initiatives;
2. Developing end-to-end processes, tools and templates to support the review and recommendation for certification of Qualified Health Plans based on compliance with QHP standards in the ACA;
3. Reviewing adequacy of the provider networks carriers propose to use to deliver plan care;
4. Reviewing QHP premium rates;
5. Assuring compliance with insurance reforms, such as community rating, guaranteed availability/renewability and elimination of pre-existing condition provisions;
6. Reviewing coverage without cost sharing for all required preventive services specified in section 2713 of the PHSA;
7. Reviewing external review process and make recommendations for revisions;
8. Reviewing/comparing preventative services utilization and analyze trend data;
9. Reviewing health insurance coverage of preventive services and compare against utilization trends;
10. Providing expertise and training in the use of SERFF to review form rate and binder submissions;
11. Developing state specific automated review tools, in particular related to network adequacy, to streamline the process and provide greater transparency;
12. Reviewing issuers' formulary submissions for discrimination in formulary design and development and creation of state specific templates to improve review process;
13. Drafting nationally recognized QHP Best Practice Guides; and
14. Responding to consumer complaints against QHP issuers.



**Figure 2: Current projects with State Insurance Departments**

PCG is currently working with the Rhode Island Office of the Health Insurance Commissioner (OHIC) to review formularies for discrimination in formulary design and development. This highlights that states we have done traditional plan management work for are now looking to PCG for more sophisticated review of QHP plans and development of tools to enable them to perform state specific analysis. This work includes issuer formulary development, knowledge of the medical necessity and appropriateness of pharmaceutical treatment for disease and illness, pharmacy claims analysis, drug coverage utilization review, other data review skill sets to study the potential for discrimination in formulary design and development.

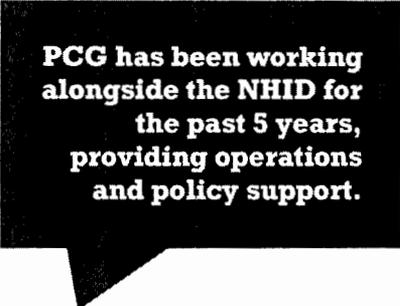
PCG recently began a project with District of Columbia Department of Insurance, Securities and Banking (DISB) to provide policy, legal and operational analysis services. PCG is contracted to review coverage without cost sharing for all required preventive services specified in Section 2713 of the Public Health Service Act and the District's Code as well as analyze utilization of said services and make recommendation on increasing access to preventive services.

These are just a few examples of how our traditional ACA and QHP certification review work continues or has been expanded upon given PCG's extensive expertise in health care reform consulting.

Members of our proposed team have reviewed the ACA and implemented regulations in depth – including all QHP and Marketplace related statutory and regulatory provisions. As the Department is aware we review major federal regulatory and guidance documents released on an annual basis including the Benefit and Payment Parameters and the Letter to Issuers in the Federally-Facilitated Marketplaces as

well as other one-off guidance. With each release, we have done a detailed review, extracting and analyzing applicable operational and policy developments that impact the certification process and plan requirements in New Hampshire. This guidance is further translated into technical operational guidance specific to New Hampshire, including timelines for form and rate review, where and how to submit templates in SERFF, objections and FAQs used by issuers throughout the certification period to inform their filings.

We add to that technical knowledge our team's significant experience in navigating the certification process. PCG has worked alongside the NHID Division of Compliance and Consumer Services since 2013, providing operations and policy support of the state's plan management partnership. As a part of this work, PCG has designed, developed, and implemented the QHP certification process, working with CMS QHP templates and tools. We have assisted in developing checklists and new tools to support this process and trouble-shoot as needed. This on-the-ground experience in conducting the review of health plans including running the federal review tools and providing exception and error reports in the form of objections to carriers provides us with unique insight into how the process works in practice. We also have a strong appreciation for the overlay of the QHP certification process with the Insurance Department's underlying regulatory and operational work and the NH benefit requirements, in particular past guidance clarifying the administration of preventative services, coverage of contraceptive, newborn coverage requirements and other issues that have been addressed during our tenure with the Department.



**PCG has been working alongside the NHID for the past 5 years, providing operations and policy support.**

The members of our team have unique experience with New Hampshire insurance regulations. Members of the PCG team, particularly lawyers and policy experts on our team, Margot Thistle and Lisa Kaplan Howe – have a detailed, working knowledge of the state's insurance statutes and regulatory requirements related to evaluating and certifying health plans. We have spent significant time reviewing and analyzing related state RSAs and sections of the INS to understand their content and intersection with federal statute and regulations. This has included annually completing a crosswalk and flagging issues of state-federal rule intersection that have to be addressed and/or communicated. Further, having participated directly in health plan review, our team understands how the existing rules – and their intersection with federal laws and regulations – play out in practice.

In addition to our experience implementing and reporting on manual review processes, PCG has demonstrated both within New Hampshire and in other states our expertise in developing specialized tools to manage specific client needs including the creation of all New Hampshire specific network adequacy data templates. In New Hampshire, PCG manages the data collection and analysis for existing federal health plan data templates. This process involves collection and management of a multitude of disparate data sources and requires organization and close management of data templates both across insurance carriers and across multiple versions of templates within a single issuer. Planning stages of this engagement included compiling of review processes needed to certify QHPs for offering in the state, including evaluating health plans for compliance with both state and federal insurance regulations. Once the review process is underway, our staff often communicates with industry personnel to communicate objections, clarify operational or regulatory guidance in addition to supporting Department examiners in their review of form and rate review submissions.

All our proposed staff is familiar with and has a highly sophisticated working knowledge of SERFF. We regularly attend SERFF trainings, participate in CMS webinars on changes related to the SERFF filing process in addition to related changes to federal review tools. Our proposed project manager attends all National Association of Insurance Commissioner meetings, and participates in discussions related to proposed changes applicable to federal marketplaces and guidance.

PCG has unmatched working knowledge of the state's insurance market, plan management operations, premium assistance program and federal and state laws that is critical to ongoing success. PCG's continuing work will be informed by this institutional knowledge and the lessons learned over the last five years of plan management work nationwide, allowing PCG to be nimble and eliminating the need for a learning curve. PCG will continue to meet productivity, timeliness, quality, decision-making and communication standards.

For detailed information of the proposed team, please refer to *Appendix B: Resumes*.

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# Project Work Plan and Cost Proposal

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**PROJECT WORK PLAN AND COST PROPOSAL**

*The proposal must include the hourly or daily rate for each person working on the project, an estimate of the amount of time each person might be expected to expend on the project, and the number of days, if any, each person is expected to be in attendance at the NHID during critical implementation dates. The proposal shall also specify for what time period each person will be available to the NHID, including the start date and end date in relation to the project timeline. Please identify and segregate all activities and costs associated with the support of the PAP program for CY2019.*

*Amounts for any material expenses related to performing the work (e.g. specialized computer hardware or software) and any expected out-of-pocket or travel expenses must be included within this not-to-exceed budget. No additional payments or benefits, other than payment for services included in the proposal consistent with this RFP, shall be provided by the NHID under the contract.*

We have included two cost proposals in an effort to balance your needs with any budget limitations. We propose to perform the same work under both proposals; the only difference would be regarding onsite presence. The first cost proposal (Cost Proposal #1) includes our historical onsite presence and the second proposal (Cost Proposal #2) outlines a more limited onsite presence. We do not anticipate any support or costs in this scope of work for the PAP program for PY2019. Based on our four plus years performing this scope of work and our existing relationships with the Department and key stakeholders, we are confident that we can accomplish the majority of required tasks and deliverables at the highest level of service offsite. To promote efficiency, under Cost Proposal #2, our onsite presence would be limited to support key milestones and meetings, as outlined below. In an effort to best meet NHID needs, PCG is willing to perform as outlined for whichever cost proposal you select.

**Cost Proposal #1**

Contains the Do Not Exceed Amount of: **\$ 228,104**

- Services and deliverables are outlined in the high level project work plan
- Onsite presence is outlined in the high level project work plan

Phase	Staff	Position	Time Period	On-site Presence	Hours
QHP Certification Preparation Activities: Federal Regulations Review and Guidance, Bulletin development and Pre-QHP Submission Preparation, Issuer Kickoff Meeting	Margot Thistle, Lisa Kaplan Howe Support Staff: Julia Sherman, Alejandra Garcia	Senior Consultant /Advisor	January - March	Estimated 3 days a month	140
		Business Analysts/ABA			210
<b>Total Estimate</b>					<b>\$ 61,350</b>
QHP Certification Period: Filing Review, QHP Tool Support, Correction Periods, Network Adequacy Data Templates updates, Public Information Session Support, and Staff Support	Margot Thistle Support Staff: Julia Sherman, Alejandra Garcia	Senior Consultant	April - October	Estimated 4 days a month	200
		Business Analysts/ABA			480
<b>Total Estimate</b>					<b>\$ 133,785</b>
Post Certification: Training, Plan Compare Preparation and PM Detail	Margot Thistle Support Staff: Julia Sherman, Alejandra Garcia	Senior Consultant	Late September - December	Estimated 2 days a month	40
		Business Analysts/ABA			90
<b>Total Estimate</b>					<b>\$ 32,369</b>
<b>Total Proposal</b>					<b>\$ 228,104</b>

Not to Exceed \$ 228,104.00

Resource	Role	QHP Certification Prep Period			QHP Certification- High Volume Period						Post-Certification Period			Rate	Staff Cost
		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16		
Lisa Kaplan Howe	Senior Advisor	20	20	20	10	10	10	10	10	10	10	10	10	\$ 255	\$ 38,250
Margot Thistle	Senior Consultant	20	30	30	20	20	20	20	20	20	10	10	10	\$ 255	\$ 58,650
Julia Sherman	Business Analyst	40	40	40	20	20	20	20	20	20	10	10	10	\$ 170	\$ 91,800
Alejandra Garcia	Associate Business Analyst	30	30	30	20	20	20	20	20	20	10	10	10	\$ 85	\$ 20,400
Total Hours		110	120	120	110	110	110	110	110	110	50	50	50		
Total Cost		\$ 19,550	\$ 20,900	\$ 20,900	\$ 19,550	\$ 19,550	\$ 19,550	\$ 19,550	\$ 19,550	\$ 19,550	\$ 16,485	\$ 16,485	\$ 16,484		\$ 228,104

**Cost Proposal #2**

Limited Onsite Presence: \$ 184,450

- Services and deliverables are outlined in the high level project work plan
- Onsite presence is limited to the following key milestones and events:
  - QHP Kickoff/Bulleting Planning & Prep Meeting (Feb 2018)
  - QHP Kickoff Meeting (likely March 2018)
  - QHP Certification Pre Filing Meeting
  - QHP Certification Filing Week/Intake
  - 3 additional onsite days during QHP certification outside of the day during filing week and final certification week (April-August)
  - Network Adequacy Review Meeting
  - Final QHP Certification Week
  - Plan Compare Training (October 2018)
  - Tools/NA Training (December 2018)

Phase	Staff:	Position	Time Period	Hours
QHP Certification Preparation Activities: Federal Regulations Review and Guidance, Bulletin development and Pre-QHP Submission Preparation, Issuer Kickoff Meeting	Margot Thistle, Lisa Kaplan Howe	Senior Consultant /Advisor	January-March	140
	Support Staff: Julia Sherman, Alejandra Garcia	Business Analyst/ABA		60
<b>Total Estimate</b>				<b>\$ 45,900</b>
QHP Certification Period: Filing Review, QHP Tool Support, Correction Periods, Network Adequacy Data Templates updates, Public	Margot Thistle	Senior Consultant:	April - October	200
	Support Staff: Julia Sherman, Alejandra Garcia	Business Analyst/ABA		470
<b>Total Estimate</b>				<b>\$ 119,850</b>
Post Certification: Training, Plan Compare, Policy & Procedure Updates and PM Debrief	Margot Thistle	Senior Consultant:	Late September-December	40
	Support Staff: Julia Sherman, Alejandra Garcia	Business Analyst/ABA		60
<b>Total Estimate</b>				<b>\$ 18,700</b>
<b>Total Proposal</b>				<b>\$ 184,450</b>

Resource	Role	Pre-Certification Period			OFF-CERTIFICATION HIGH VOLUME PERIOD								Hours	Rate	Staff Cost
		Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16			
Lisa Kaplan Howe	Senior Advisor	20	20	20	10	10	10	10	10	10	10	10	150	\$ 265	\$ 38,250
Margot Theriault	Senior Consultant	30	30	30	20	20	20	20	20	20	10	10	230	\$ 265	\$ 58,650
Juli Sherman	Business Analyst	20	20	20	40	40	40	40	40	40	40	40	440	\$ 170	\$ 74,800
Alejandra Garcia	Associate Business Analyst	10	10	10	20	20	20	20	20	20	10	10	150	\$ 85	\$ 12,750
Total Hours		80	70	70	90	90	110	110	110	110	50	50	970		
Total Cost		\$ 13,600	\$ 16,150	\$ 16,150	\$ 16,150	\$ 16,150	\$ 19,550	\$ 19,550	\$ 19,550	\$ 19,550	\$ 9,350	\$ 9,350	\$ 9,350	\$ 184,450	

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# Conflict of Interest

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**CONFLICT OF INTEREST**

*The applicant shall disclose any actual or potential conflicts of interest.*

Public Consulting Group, Inc. (PCG) has no actual or potential conflicts of interest with this engagement.

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# Appendix A: Qualifications

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**CONNECTION TO RFP**

- ✓ *Experience with review of QHPs and the operation of the FFM;*
  - ✓ *Drafting and preparation of QHP related bulletins*
- ✓ *Review and analysis of federal regulations and sub regulatory guidance*
- ✓ *High technical skill for review and analysis of health plans and examination of network adequacy requirements;*
- ✓ *Ability to assess current workflows, tools and standards of health plan management and incorporate changes into current structure;*
- ✓ *Experience in training and educating of staff;*
  - ✓ *Knowledge of New Hampshire health insurance RSAs and regulations, the ACA, plan management review, CMS QHPs Templates and Tools, and health insurance benefit designs;*
- ✓ *Knowledge and experience with SERFF*
- ✓ *Creation of Plan Compare tool*
- ✓ *Demonstrated ability to work with industry and regulatory personnel to achieve insurance industry regulation in New Hampshire*

**DEPARTMENT OF INSURANCE,  
STATE OF NEW HAMPSHIRE  
PLAN MANAGEMENT CONSULTANTS**

FEBRUARY 2012 – PRESENT

**SCOPE**

PCG is currently contracted to support the New Hampshire Insurance Department's efforts to design, develop, and implement processes to certify and monitor qualified health plans (QHPs) participating in the state's Federally-Facilitated Marketplace. Planning stages of this engagement included compiling of review processes needed to certify QHPs for offering in the state. These processes were then overlaid upon the Department's existing organizational capacity to integrate Affordable Care Act (ACA) compliant reviews into Department operations.

PCG provides onsite support during implementation phases and formal trainings on performance of necessary review processes. Additionally, PCG augments NHID staff capacity with technical QHP review operations and has developed tools used to inventory review requirements and track overall project completion. Project progress, milestones, risks, and necessary policy decisions are presented to the Department on a weekly basis. PCG has also assisted with the drafting of guidance and other public-facing documents.

PCG now serves as a trusted advisor in the state relating to ongoing plan management issues, including the certification requirements for Exchange plans, federal grant compliance and reporting, and policy considerations for future plan years.

**KEY ACHIEVEMENTS**

- Medical and dental certification recommendations for five consecutive certification periods
- Review of network adequacy on behalf of the Department including geo-mapping of substance abuse treatment providers, and acute care hospitals in the state
- Drafting bulletins, and providing regulatory and policy analysis on behalf of the Department; including the annual QHP Certification bulletin and additional bulletins as requested
- Created and maintains the annual Plan Compare tool as well as training internal users on the tool
- Responsible for creation of materials to ensure compliance with RSA 420-N:5-a

**CONNECTION TO RFP**

- ✓ *Experience with the intersection of the FFM and state Medicaid expansion program;*
- ✓ *Knowledge of New Hampshire health insurance RSAs and regulations, the ACA, plan management review, CMS QHPs Templates and Tools, and health insurance benefit designs;*
- ✓ *Demonstrated ability to work with industry and regulatory personnel to achieve insurance industry regulation in New Hampshire*

**DEPARTMENT OF INSURANCE,  
STATE OF NEW HAMPSHIRE  
CONTINUITY OF CARE CONSULTANTS  
MAY 2014 – DECEMBER 2015**

**SCOPE**

PCG is provided support to the New Hampshire Insurance Department with planning and implementing the state's version of Medicaid expansion. This expansion is unique to the rest of the country and was implemented in phases. The first phase involved State Plan Amendments that commenced expansion under standard Medicaid rules. Beginning in 2016, the expansion began operating as an 1115 Medicaid waiver that leverages Marketplace QHPs as the Medicaid delivery system.

PCG helped New Hampshire navigate the legislative process of drafting, consideration of and amending the authorizing legislation as well as the waiver drafting, submission and negotiation process. PCG also helped the Department to plan to transition the expansion population from coverage via Managed Care Organizations (MCOs) under the State Plan to coverage via to QHPs under the waiver program. Our project team in New Hampshire brought project management skills, subject matter expertise, legal knowledge, and prior involvements on maneuvering the 1115 waiver process.

**KEY ACHIEVEMENTS**

- Provided carrier integration guidance for MCOs entering the commercial market, including navigating the form and rate review process, and compliance with state and federal law;
- In conjunction with actuarial partners created a required model premium assistance program plan offering all issuers intending to operate on the NH Marketplace filed for 2016;
- Assisted with successful legislative enactment and obtaining federal approval of waiver as well as QHP offerings for expansion population.

**REFERENCES**

Michael Wilkey  
Compliance Director  
New Hampshire Insurance Department  
21 Fruit Street  
Concord, NH  
[michael.wilkey@ins.nh.gov](mailto:michael.wilkey@ins.nh.gov)

**CONNECTION TO RFP**

✓ Experience with review of QHPs and the operation of the FFM:

✓ High technical skill for review and analysis of health plans and examination of network adequacy requirements:

✓ Ability to assess current workflows, tools and standards of health plan management and incorporate changes into current structure;

✓ Experience in training and educating of staff:

✓ Knowledge of health insurance regulations, plan management review, CMS QHPs Templates and Tools, the ACA, and health insurance benefit designs;

✓ Knowledge and experience with SERFF

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES/DEPARTMENT OF INSURANCE, STATE OF DELAWARE**  
HEALTH INSURANCE MARKETPLACE PLAN MANAGEMENT

APRIL 2011 – PRESENT

**SCOPE**

PCG is providing specialized expertise in the planning, design, development, and implementation of Delaware's Health Insurance Marketplace and is serving as the state's "one-stop shop" for all relevant subject matter expertise. A key component of this work is leading the plan management work stream, including the review of QHP network adequacy.

**KEY ACHIEVEMENTS**

- Provides Affordable Care Act (ACA) subject matter and business process expertise to the Delaware Department of Insurance for all Plan Management-related Marketplace activities;
- Conducts federal and state regulatory analysis and work with state leaders to develop a variety of Marketplace policies, including the state standards for Qualified Health Plans (QHPs) that is included in subregulatory guidance;
- Development of Plan Management operational guidelines, processes, templates and other tools to support rigorous end-to-end compliance reviews;
- Provides QHP monitoring and Issuer Oversight;
- Development of a detailed, integrated work plan that identifies the work breakdown structure of tasks, timelines, dependencies, milestones, deliverables and resources needed to accomplish the work;
- Identifies and manages project issues and risks and escalates them to the Delaware Health Insurance Marketplace Steering Committee as necessary for review and resolution

**CONNECTION TO RFP**

✓ Knowledge and experience with SERFF

✓ Knowledge of health insurance regulations, plan management review, CMS QHPs Templates and Tools, the ACA, and health insurance benefit designs;

✓ Experience with review of QHPs, the operation of the FFM and state Medicaid expansion programs;

✓ Legal and regulatory expertise with ACA and applicable federal standards for qualified health plans and insurance carriers.

**DEPARTMENT OF INSURANCE, SECURITIES AND BANKING (DISB),  
DISTRICT OF COLUMBIA**

**MARKET REFORMS APPEALS AND PREVENTIVE SERVICES**

SEPTEMBER 2017 – PRESENT

**SCOPE**

Public Consulting Group, Inc. (PCG) has contracted with the District of Columbia Department of Insurance, Securities and Banking (DISB) to provide policy, legal and operational analysis services. This work is in support of the District's implementation of preventive service requirements under Part A of Title XXVII of the Public Health Service Act (PHSA). PCG will ultimately provide recommendations to the District based on its findings.

**KEY TASKS**

- Review coverage without cost sharing for all required preventive services specified in section 2713 of the PHSA and the District's Code;
- Review the District's external review process;
- Provide recommendations on coverage without cost sharing for all requirement preventive services;
- Provide recommendations on the external review process;
- Review health insurance coverage of preventive services and compare against utilization trends;
- Propose procedural or logistical modifications to current review of health insurance policies;
- Propose amendments to District laws and regulations to better implement PHSA market reforms under section 2713 and 2719;
- Propose potential amendments to District laws and regulations to maintain PHSA market reforms in the event the ACA is repealed.

**REFERENCES**

Philip Barlow  
Associate Commissioner for Insurance  
Department of Insurance, Securities and Banking  
District of Columbia  
[philip.barlow@dc.gov](mailto:philip.barlow@dc.gov)

**CONNECTION TO RFP**

- ✓ Experience with review of QHPs and the operation of the FFM;
- ✓ High technical skill for review and analysis of health plans and examination of network adequacy requirements;
- ✓ Ability to assess current workflows, tools and standards of health plan management and incorporate changes into current structure;
- ✓ Experience in training and educating of staff;
- ✓ Knowledge of health insurance regulations, CMS QHPs Templates and Tools, the ACA, and health insurance benefit designs;
- ✓ Knowledge and experience with SERFF

**INSURANCE DEPARTMENT,  
STATE OF ARKANSAS**

**HEALTH INSURANCE MARKETPLACE PLAN MANAGEMENT & RATE REVIEW**

APRIL 2012 – PRESENT

**SCOPE**

The Arkansas Insurance Department (AID) contracted with PCG to develop Arkansas guidelines and requirements relating to Qualified Health Plan (QHP) certification and subsequent activities such as network adequacy processes and review, recertification, decertification, interaction with the Private Option Medicaid expansion and development of plan quality metrics.

**KEY ACHIEVEMENTS**

- Development of issue briefs for the Plan Management Advisory Committee and Partnership Marketplace Steering;
- Annual drafting of rules and regulations codifying QHP criteria.
- Process development for certifying/recertifying/monitoring QHPs including network adequacy, in concurrence with federal standards;
- Develop approach and processes for ensuring QHPs include all services required by Arkansas's Essential Health Benefit benchmark plan;
- Methodologies employed for QHP quality rating determinations;
- Approach and plan development for solicitation of health plan submission;
- Recommendations on strategies for plan selection (active purchaser vs. open market);
- Development of the application for health plan submission;
- Development of the QHP evaluation methodology, to include enrollee satisfaction and monitoring of complaints and appeals;
- Timelines and criteria development for QHP certification;
- Development of materials to instruct issuers regarding the processes employed by the Department for health plan certification and QHP monitoring;
- Development of processes and the underlying requirements necessary to evaluate QHP's ability to support delivery of quality healthcare;

**REFERENCE**

Zane Chrisman  
Deputy Commissioner  
Arkansas Insurance Department  
1200 W 3rd St, Little Rock, AR 72201  
(501) 371-2600

**CONNECTION TO RFP**

- ✓ Experience with review of QHPs and the operation of the FFM;
- ✓ High technical skill for review and analysis of health plans and examination of network adequacy requirements;
- ✓ Ability to assess current workflows, tools and standards of health plan management and incorporate changes into current structure;
- ✓ Knowledge of health insurance regulations, CMS QHPs Templates and Tools, the ACA, and health insurance benefit designs;
- ✓ Knowledge and experience with SERFF

**OFFICE OF THE HEALTH INSURANCE COMMISSIONER,  
STATE OF RHODE ISLAND**  
HEALTH INSURANCE ENFORCEMENT AND CONSUMER PROTECTION  
PROJECT  
MARCH 2017 - PRESENT

**SCOPE**

The Rhode Island Office of the Health Insurance Commissioner (OHIC) contracted with PCG to provide pharmacy and therapeutics health insurance expertise to include insurer formulary development, knowledge of the medical necessity and appropriateness of pharmaceutical treatment for disease and illness, pharmacy claims analysis, drug coverage utilization review, other data review skill sets to study the potential for discrimination in formulary design and development. In addition, PCG is expected to provide access to the expertise necessary to be able to evaluate the economic impact and perform financial analysis to assess the impact of medical and behavioral health plan designs and formulary development.

**KEY ACHIEVEMENTS**

- Developed recommendations on additional issuer data/information that may address gaps in assessing issuer compliance with federal and state requirements, especially those pertaining to non-discrimination and mental health/substance use disorder parity. PCG also included two new data/information collection templates to support recommendations related to provider network analysis.
- Crafted a best practices and lessons learned deliverable on discriminatory benefit designs and preventive care issues which explored several tactics and approaches from other states and policy experts to promote issuer regulatory compliance.
- Shared observations on OHIC objections to issuer form filings.
- Provided comments, observations, and suggested changes to OHIC's internal form filing review tool.
- Developed a brief analysis on a recently enacted (March 2017) federal regulation pertaining to privacy and confidentiality of substance abuse disorder patients and the potential impact it may have on OHIC's ability to access information to support market conduct examinations.
- Identified potentially discriminatory practices for several plan design components. Provided an example for each discriminatory practice cited.

**REFERENCES**

Linda Johnson, Operations Director  
Rhode Island Office of the Health Insurance Commissioner  
1511 Pontiac Ave., Bldg. 69-1  
Cranston, RI 02920  
(401) 462-9642  
[Linda.Johnson@ohic.ri.gov](mailto:Linda.Johnson@ohic.ri.gov)

**CONNECTION TO RFP**

✓ Experience with review of QHPs, the operation of the FFM and state Medicaid expansion programs;

✓ Ability to assess current workflows, tools and standards of health plan management and incorporate changes into current structure;

✓ Experience in training and educating of staff;

✓ Knowledge of health insurance regulations, CMS QHPs Templates and Tools, the ACA, and health insurance benefit designs;

✓ Knowledge and experience with SERFF

**INSURANCE DEPARTMENT,  
COMMONWEALTH OF PENNSYLVANIA**

**TECHNICAL ASSISTANCE WITH PREPARATION FOR CONDUCTING QHP  
PLAN MANAGEMENT ACTIVITIES**

APRIL 2016 – AUGUST 2016

**SCOPE**

The Pennsylvania Insurance Department (PID) contracted with Public Consulting Group, Inc. (PCG) to help prepare the Department to conduct plan management activities in connection with federally-facilitated Health Insurance Marketplace. PID has conducted traditional form and rate review for the individual and small group markets, and additionally will be conducting plan management activities on behalf of the FFM for the 2017 plan year and beyond. PCG is working with the PID's Bureau of Life, Accident, and Health Product Regulation to establish workflows, policies and procedures, and, as necessary, guidance to issuers and staff training to support PID review of Qualified Health Plans (QHPs).

**KEY ACHIEVEMENTS**

- PCG worked with PID to develop draft workflows which outline all of the necessary steps and dependencies built into the PID's current process for form and rate filing intake, form review, binder intake, and binder reviews. The PID also works with the Pennsylvania Bureau of Managed Care (BMC) for portions of the binder review, which include a review of an issuer's accreditation, service area, network access and adequacy, and essential community providers. PCG worked with PID to document these BMC dependencies and will circulate as a reference document for the entire PID QHP review team.
- PCG also developed a detailed QHP Review Tracker to guide the PID team through the QHP intake and review procedures. The tracker allows staff to review items for compliance and indicate the status of their review, and also provides the PID with a list of state-specific and federal standards and requirements to facilitate the review.
- PCG also developed a QHP Review Manual for the PID team in addition to training PID staff on the QHP Review tools and recommending changes to issuer guidance as appropriate.

**REFERENCE**

Johanna Fabian-Marks  
Special Deputy & Acting Director  
Pennsylvania Insurance Department  
Bureau of Life, Accident and Health Insurance  
1311 Strawberry Square, Harrisburg, PA 17120  
(717) 783-4335  
[jfabianmar@pa.gov](mailto:jfabianmar@pa.gov)

**CONNECTION TO RFP**

✓ Knowledge of health insurance regulations, CMS QHPs Templates and Tools, the ACA, and health insurance benefit designs;

✓ Knowledge and experience with SERFF including review of rate templates

✓ Industry expertise including working closely with insurance carriers

✓ Legal and regulatory expertise with ACA and applicable federal standards for qualified health plans and insurance carriers including provider contracts.

**MASSACHUSETTS DIVISION OF INSURANCE,  
COMMONWEALTH OF MASSACHUSETTS  
FACTORS UNDERLYING RATE INCREASES**

April 2016 – December 2016

**SCOPE**

The Massachusetts Division of Insurance (DOI) engaged PCG to evaluate the factors underlying rate increases requested by health insurers within rate filings. Specifically, DOI was interested in the impact of the risk adjustment payments and prescription drug prices on insurance rates. In order to assist DOI in improving its review of rate filings, PCG explored the following areas of interest:

- The most appropriate ways that carriers should calculate, document, and include reasonable risk adjustment and reinsurance estimates (RA) within submitted rate filings;
- The most appropriate ways that changes in provider risk-sharing arrangements should impact future elements of rate filings; and
- Emerging prescription drugs costs and other treatments (RX), particularly the most appropriate ways that carriers should calculate, document and include reasonable costs for emerging prescription drugs and treatments within submitted rate filings.

Information obtained through this effort is intended to help DOI bolster its rate filing requirements and internal infrastructure for collecting and reviewing rate information.

In completing this scope of work, PCG pursued two primary strategies. First, PCG created an inventory of Massachusetts rate filing requirements, with a particular emphasis on the requirements pertaining to risk adjustment and prescription drug costs. The requirements specific to Massachusetts were then added to an inventory of rate filing requirements across the United States. The second component of this scope involved administration of a survey requesting information pertaining to peer state practices in reviewing rate filings.

Research and survey findings were then summarized and incorporated onto two final reports addressing the role of risk adjustment and prescription drug prices in rate filings. Findings informed a list of recommendations for DOI addressing processes for collecting, reviewing, and using rate filing information in order to be more capable of evaluating the reasonableness of rating assumptions in future rate review periods.

**KEY ACHIEVEMENTS**

- Created inventory of public rate filing requirements and review standards for 45 states;

November 9, 2017

New Hampshire Insurance Department (NHID)  
Plan Management Consultants  
2019 QHP Review

- Developed and administered two surveys addressing state rate review data requirements and review processes, with specific emphasis on reviews relating to risk adjustment and prescription drug reviews;
- Incorporated public data and state survey responses into two final reports containing recommendations for improvements to Massachusetts' rate filing requirements and review processes.

**REFERENCE**

Kevin Patrick Beagan  
Deputy Commissioner, Health Care Access Bureau  
Massachusetts Division of Insurance  
1000 Washington Street, Boston, MA 02118  
(617) 521-7323  
[Kevin.Beagan@MassMail.State.MA.US](mailto:Kevin.Beagan@MassMail.State.MA.US)

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## Appendix B: Resumes

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**MARGOT THISTLE, ESQ.****SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.**

Margot Thistle has over eight years' experience working on health care reforms efforts starting with the passage of health care reform efforts in Massachusetts. Ms. Thistle has spent much of her career working directly on the impact and operation of Health Benefit Marketplaces, including extensive Health Marketplace policy consulting experience having lead the operational and policy planning for the state-based Marketplace in Vermont. Ms. Thistle has worked extensively with state insurance department during her time at PCG, including leading a project reviewing the impact of risk adjustment and prescription drug costs on health insurance rates in Massachusetts. Ms. Thistle also provides broad policy and regulatory support to PCG's other health care clients across the country, analyzing policy and regulatory developments, providing strategic advice relative to regulatory questions, and drafting policy briefs and position papers. Ms. Thistle is a managing editor of PCG's monthly health practice area newsletter, *Health Policy News*.

**RELEVANT PROJECT EXPERIENCE****District of Columbia Department of Insurance, Securities and Banking, District of Columbia****DISB Preventative Services and Market Reforms Review** (October 2017-Present): Project Manager

*Project:* PCG is working with DISB to provide policy, legal and operational analysis services. This work is in support of the District's implementation of preventive service requirements under Part A of Title XXVII of the Public Health Service Act (PHSA) and the broader goals of DC Healthy People 2020. PCG will ultimately provide written reports and make recommendations to the District based on its findings.

**Massachusetts Department of Insurance, Commonwealth of Massachusetts****Rate Review: Risk Adjustment & Prescription Drug Cost Study** (January 2016– Present): Project Manager

*Project:* In conjunction with consultants from INS, PCG researched the effects of risk adjustment and prescription drug costs on health insurance rates, which we used to develop a survey distributed in summer 2016 to twenty state insurance departments. This survey sought information related to the rate review process undertaken in other states, and in particular the treatment of costs associated with risk adjustment and prescription drugs. Our results will be translated into a report for the Department with a public released of findings planned.

**Arkansas Insurance Department, State of Arkansas****Arkansas Health Cost Transparency Website** (December 2015-present): Project Manager

*Project:* In response to the needs of the state as articulated in the recently passed Act 1233, the Arkansas Healthcare Transparency Initiative of 2015, PCG is assisting AID with the development of a consumer-facing website that increases transparency into the state's healthcare landscape for stakeholders. As project manager, I am responsible to ensure this project will assist in empowering consumers to seek out value-based health care treatment and coverage decisions. This project focuses on developing a public-facing website which provides consumers with unbiased, easy to understand information to assist in healthcare decision making, this includes information related to all three sides of the 'iron triangle' of healthcare – cost, quality and access.

**Ohio Department of Insurance, State of Ohio****Plan Management Consulting** (June 2014-present): Subject Matter Expert

*Project:* Authored papers for the Department of Insurance outlining Plan Management best practices. Our best practices included lessons learned in other states, regulatory analysis and

policy recommendations for the 2015 plan management review and approval process and most recently the 2017 plan management review process.

**Massachusetts Health Policy Commission, Commonwealth of Massachusetts**

Community Hospital Survey (November 2014 – April 2015): Policy and Regulatory Project Lead

*Project:* PCG is tasked with an analysis of acute care supply and identification of opportunities to support community hospitals' alignment of services with community needs and to support public and private sector health resource planning and investment.

*Ms. Thistle:* Providing expertise and recommendations on community hospitals capacity, the community need, care delivery, payment models, and barriers to transformation for the Massachusetts Health Policy Commission. Our qualitative analysis includes strategies to support structural transformation of community hospitals to inform policy initiatives and to facilitate hospital strategic planning and engagement in transformation.

**New Hampshire Insurance Department, State of New Hampshire**

Plan Management Consulting (December 2013 – Present): Project Manager

*Project:* Plan Management consulting work with the NHID.

*Ms. Thistle:* Manages the project and oversees the required State Partnership Health Insurance Marketplace functions. Currently working with the Division of Compliance and Consumer Services to evaluate existing workflows, provide policy recommendations on regulation of QHPs, and technical training and staff augmentation when needed to complete certification of QHP's. Additionally, we conduct Network Adequacy review on behalf of the Department.

New Hampshire Continuity of Coverage Consulting (February 2014 –December 2014): Project Lead

*Project:* Integrated Medicaid enrollees into the commercial insurance marketplace.

*Ms. Thistle:* Work stream lead on the integration of Medicaid enrollees into the commercial insurance marketplace, including legal and policy consulting on the drafting of 1115 Premium Assistance Waiver and potential 1332 State Innovation Waiver. Served as technical advisor for integration of commercial products onto current state Medicaid eligibility and enrollment portal. Additionally, conducting impact analysis of the department and undergoing change management activities in advance of the 1115 and 1332 waiver submissions.

**Department of Financial Regulation, State of Vermont**

Health Benefit Exchange (May 2012 – November 2013): Project Director

*Ms. Thistle:* For close to two years, served as the liaison between the Department of Financial Regulation and Vermont Health Connect for state based exchange plan management functionality, and commercial insurance integration.

Health Policy Experience: Provided policy, legal, and technical support for all Exchange requirements as a member of the Vermont Health Connect policy team. Served as the lead presenter to CMS for all plan management requirements and functionality.

Legal Research and Writing: Served as the legal lead for RFP's and contracts, including Electronic Trading Partner Agreements, necessary to bind carriers to Exchange requirements and policies. Lead the negotiation process with the three carriers qualified to offer plan on Vermont Health Connect.

Legal Research Experience gained through review and summary of all proposed regulations related to SBE Blueprint requirements, as well as public comment to the federal government on behalf of the state of Vermont. Provided policy briefs to director level members of state agencies, as well as the legislature and the independent board tasked

with oversight of Vermont Health Connect. Provided summaries, and presentations to the Medicaid and Exchange Advisory Board of proposed exchange policies, as well as requirements necessary to effectuate policies and procedures.

**PROFESSIONAL BACKGROUND**

**Public Consulting Group, Boston, MA**

December 2013 – Present

**Department of Financial Regulation, VT**

May 2012 – November 2013

**EDUCATION**

**New England School of Law, Boston, MA**

Juris Doctor, 2010

**Tufts University, Medford, MA**

Bachelor of Arts, 2004

**CERTIFICATIONS/ PUBLICATIONS/ SPECIAL SKILLS**

Massachusetts Bar, 2010

**LISA KAPLAN HOWE, ESQ.**

**SENIOR ADVISOR AT PUBLIC CONSULTING GROUP, INC.**

Ms. Kaplan Howe (J.D.) is a Senior Advisor with over 10 years of experience working in health law and policy. At PCG, she focuses on statutory and regulatory analysis and strategic advising, particularly related to health care policy. Ms. Kaplan Howe has provided subject matter expertise to support state health care reform efforts, including policy development and regulatory support for health insurance Marketplaces and state insurance plan management efforts, Medicaid expansion and Medicaid Waivers (including DSRIP Waivers) and State Innovation Waivers. Ms. Kaplan Howe led PCG's work with the New Hampshire Insurance Department relative to the state's Section 1115 Medicaid Waiver to provide coverage to newly-eligible adults through the Marketplace and continues to support the states' Marketplace plan management work. In those roles, Ms. Kaplan Howe has served as the chief advisor and policy expert related to Medicaid and private insurance law to the New Hampshire Insurance Department, helping to identify, analyze and lead strategic consideration of federal opportunities and requirements. Ms. Kaplan Howe is also part of the team helping to design Colorado's Delivery System Reform Incentive Payment (DSRIP) program. Ms. Kaplan Howe also provides broad policy and regulatory support to PCG's other health care clients across the country, analyzing policy and regulatory developments, providing strategic advice relative to regulatory questions, and drafting policy briefs and position papers. Ms. Kaplan Howe is a managing editor of PCG's monthly health practice area newsletter, *Health Policy News*.

Prior to joining PCG, Ms. Kaplan Howe served as Policy Director at New Hampshire Voices for Health, where she led legislative and regulatory analysis, strategic planning, and implementation of the organization's policy agenda. Her work included drafting bills, amendments, testimony, and communications and testifying at hearings. Ms. Kaplan Howe also held the positions of Private Market Policy Manager and Consumer Health Policy Coordinator at Health Care for All of Massachusetts. While there, she managed private insurance market policy work and was a member of the organization's internal health reform team. Ms. Kaplan Howe also practiced law in the Ropes & Gray health care department, advising health care provider and insurer clients.

#### **RELEVANT PROJECT EXPERIENCE**

##### **New Hampshire Insurance Department, State of New Hampshire State Partnership Marketplace Plan Management**

*Project:* Provide operational support and legal and policy advisory services to assist the New Hampshire Insurance Department in preparing for, receiving, reviewing and making certification recommendations relative to Marketplace plan filings; working with carriers; and overseeing plans for New Hampshire's State Partnership Marketplace.

*Ms. Kaplan Howe:* Conduct legal and regulatory research and analysis and provide strategic guidance. Participate in external discussions.

##### **Prescription Drug Prior Authorization Uniform Form and Regulations**

*Project:* Assist with the Department's efforts to create a draft uniform prior authorization form for prescription drugs and enacting regulations. Work includes research, drafting reports, facilitating stakeholder engagement and Department decision-making, drafting form and regulations and assisting with the rule-making process.

*Ms. Kaplan Howe:* Lead PCG's work, including research, facilitating Department " decision-making and drafting. Lead client liaison.

Continuity of Coverage Policy (Start Date – End Date): Role in Project

*Project:* Assisted the New Hampshire Insurance Department in the state's waiver, planning and implementation activities related to New Hampshire's Premium Assistance Title XIX Section 1115 Waiver demonstration project designed to cover the state's newly eligible MAGI population through premium assistance for the purchase of a Marketplace Qualified Health Plan.

*Ms. Kaplan Howe:* Provided legal and policy advising services related to the Section 1115 Waiver. Conducted research and analysis, provided strategic guidance and technical assistance, facilitated decision-making, and participated in external discussions relative to waiver development and implementation. Drafted legal and guidance documents. Served as lead client liaison.

**Department of Health Care Policy and Financing, State of Colorado**

Delivery System Reform Incentive Payment Waiver Development

*Project:* Provide technical assistance to support the development of the state's DSRIP initiative, including assisting the Department to identify the program's key goals and outcomes, to define eligibility criteria for the state's hospitals and to develop all program supporting documentation and evaluation criteria.

*Ms. Kaplan Howe:* Provide policy expertise and guidance. Conduct research and present policy analysis, options and recommendations. Assist with drafting concept paper and program documents.

**Arkansas Health Insurance Marketplace, State of Arkansas**

Advising regarding State Health Reform

*Project:* Provide subject matter expertise and policy analysis of the state's opportunities to strengthen its health care system and reform the Health Care Independence Program, including under Medicaid 1115 Waivers and ACA Section 1332 State Innovation Waivers.

*Ms. Kaplan Howe:* Lead research and analysis. Develop outline of opportunities for state consideration. Draft reports and various other documents for consideration by the state.

**Department of Medicaid, State of Mississippi**

Health Care Delivery Transformation Consulting Services

*Project:* Provide technical assistance and consulting services regarding the administration of the state's Medicaid and CHIP coordinated care programs, including research and analytical services in the design, development and implementation of new health care delivery initiatives.

*Ms. Kaplan Howe:* Provide legal and policy advising services. Conduct legal and policy research, analyze impact on state programs and initiatives, and provide strategic advice.

**Department of Health Services, State of Wisconsin**

Childless Adults Waiver

*Project:* Assist with development of an amendment to the state's existing 1115 Medicaid Waiver. Tasks include research, and developing and negotiating amendment.

*Ms. Kaplan Howe:* Provide legal and policy advising services related to the Section 1115 Waiver amendment. Conduct legal and policy research, analyze impact on amendment options, and provide strategic advice.

**Ohio Department of Insurance, State of Ohio**

Plan Management Consulting

*Project:* Authored paper for the Department of Insurance outlining Plan Management best practices. Our best practices included lessons learned in other states, regulatory analysis and policy recommendations for the 2017 plan management review and approval process.

*Ms. Kaplan Howe:* Contributed policy and regulatory analysis to best practices paper, including regarding the Small Business Health Options Program (SHOP) Marketplace and premium assistance programs.

**Massachusetts Health Policy Commission, Commonwealth of Massachusetts**

Report on Community Hospitals

*Project:* Researched and reported on community hospitals, including at identifying barriers to, and strategies to advance, structural transformation and policy initiatives to facilitate hospital strategic planning and transformation.

*Ms. Kaplan Howe:* Conducted legal and other research and analysis. Identified and analyzed policy needs and opportunities. Assisted with drafting report and other materials and reporting to client.

**PCG Health**

Practice Area Regulatory Support

*Ms. Kaplan Howe:* Maintain legal, regulatory and policy expertise and monitor regulatory developments. Analyze legal and regulatory standards and developments and draft reports. Provide strategic advice to PCG clients. Co-editor of *Health Policy News*.

**PROFESSIONAL BACKGROUND**

**Public Consulting Group, Inc., Boston, MA**

July 2014 – Present

**New Hampshire Voices for Health, Concord, NH**

November 2008 – July 2014

**Health Care for All, Boston, MA**

October 2006 – April 2008

**Ropes & Gray, LLP, Boston, MA**

May 2004 – October 2006

**EDUCATION**

**New York University School of Law, New York, NY**

Juris Doctor, 2005

**Tufts University, Medford, MA**

Bachelor of Arts, Community Health and Sociology, 2000

**JULIA SHERMAN**

**BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.**

Ms. Julia Sherman has been with Public Consulting Group's health reform practice since August 2016, with the focus of her work supporting the New York Medicaid Delivery System Reform Incentive Payment Program (DSRIP). Ms. Sherman has assisted in developing guidance and implementation materials for the Palliative Care and CG-CAHPS Projects and assisting in ongoing communication and progress reporting with Performance Provider System (PPS) leads. Through these efforts, PCG hopes to help PPS achieve their goals within the DSRIP program.

**RELEVANT PROJECT EXPERIENCE**

**New Hampshire Insurance Department, State of New Hampshire**

Plan Management Consulting (March 2017 – Present): Business Analyst

*Project:* Oversee the required state partnership Health Insurance Exchange functions, including Qualified Health Plan (QHP) certification.

*Ms. Sherman:* Conduct a thorough review of submitted plans by the various insurance providers in New Hampshire and ensure that all plans have networks that meet the state specific network adequacy standards.

**Department of Health & Office of Quality and Patient Safety, State of New York**

Account Support Team (August 2016 – Present): Business Analyst

*Project:* Assist in data collection and provider progress for the New York Medicaid Delivery System Reform Incentive Payment Program (DSRIP).

*Ms. Sherman:* Assist in communication and progress reporting with Performance Provider System (PPS) leads. Develop guidance and implementation materials for the Palliative Care Projects including a webinar series in order to PPS achieve their goals within the DSRIP program. Assist in ongoing guidance for the CG-CAHPS Projects including reporting requirements.

**New Hampshire Insurance Department, State of New Hampshire**

Uniform Prior Authorization Form Assistance (August 2016 – February 2017): Business Analyst

*Project:* Assist the New Hampshire Insurance Department with the creation of a uniform preauthorization form for prescription drugs and the adoption of rules specifying the contents and format of the uniform prior authorization form in both paper and electronic versions.

*Ms. Sherman:* Support the New Hampshire Insurance Department's efforts in the design of the form, including research on peer state and provider processes.

**Massachusetts Division of Insurance, State of Massachusetts**

Study of Rate Increase Factors Programs (August 2016 – December 2016): Business Analyst

*Project:* Analysis of state rate review practices to provide a more detailed understanding of significant future rate pressures than information found in actuarial studies.

*Ms. Sherman:* Collect and report information from states' insurance departments related to the rate review process emphasizing states' treatment of costs and rate filing impacts credited to risk adjustment and prescription drugs. Assist in incorporating findings related to peer state processes into recommendations for addressing the risk adjustment and prescription drug costs within rate reviews.

**Washington State Health Care Authority, State of Washington**

November 9, 2017

New Hampshire Insurance Department (NHID)  
Plan Management Consultants  
2019 QHP Review

DSRIP Project Toolkit Assistance (September 2016 – December 2016): Business Analyst

*Project:* Development of a project toolkit for the Medicaid Transformation Waiver intended to support interventions that will drive much of the improvement and change in WA's Medicaid program.

*Ms. Sherman:* Produce client deliverable changes to the original project toolkit, including the incorporation of stakeholder comments.

**PROFESSIONAL BACKGROUND**

**Public Consulting Group**, *Boston, MA*

August 2016 – Present

**EDUCATION**

**The University of Chicago**, *Chicago, IL*

Bachelor of Arts, 2016

**ALEJANDRA GARCIA**

**APPRENTICE BUSINESS ANALYST AT PUBLIC CONSULTING GROUP, INC.**

Ms. Alejandra Garcia has worked with Public Consulting Group in the health innovation policy and information technology (HIPIT) since July of 2017. As a Community Health graduate from Tufts University, Ms. Garcia has a strong academic background in health policy and undergraduate experience working in the Massachusetts Legislature as well as the Massachusetts Office of Health and Human Services.

**RELEVANT PROJECT EXPERIENCE**

**Department of Health, State of New York**

Delivery System Reform Incentive Payment Implementation (July 2017 – Present): Account Support Team Analyst

*Project:* Provide support to the Performing Provider Systems (PPS) in their efforts to reach DSRIP program requirements and objectives.

*Ms. Garcia:* Support the production of monthly deliverables used to track PPS progress for the Department of Health. Assist development of performance management strategies to ensure successful project implementation. Distributing meeting minutes to Relationship Leads, ensuring positive communication and accountability with PPS.

**Department of Health, State of New York**

Delivery System Reform Incentive Payment Implementation (July 2017 – Present): Analyst

*Project:* Created performance management tools to track PPS progress and ensure success in meeting monthly and yearly milestones. Through data management, create accountability, linking performance progress to financial rewards for DSRIP participants.

*Ms. Garcia:* Assist in the running of tools to track PPS progress. Provide support in data management for all 25 PPS and project performance metrics in DSRIP. Update data records monthly for all PPS performance metrics. Assist in the creation of deliverables related to performance metrics for monthly progress reporting.

**PROFESSIONAL BACKGROUND**

**Public Consulting Group, Boston, MA**

July 2017 – Present

**EDUCATION**

**Tufts University, Medford, MA**

Bachelor of Arts, Community Health, 2017

**STATE OF NEW HAMPSHIRE**  
**PLAN MANAGEMENT CONSULTANTS for Plan Year 2019**

**REQUEST FOR PROPOSALS**

**INTRODUCTION**

The New Hampshire Insurance Department (“NHID”) is requesting proposals for a contractor to provide plan management assistance to the NHID, in connection with Health Carriers and Dental Insurers filings for small group and individual product offerings on and off the federally-facilitated Health Insurance Marketplace (FFM) in New Hampshire

The NHID seeks technical assistance related to the ongoing plan management partnership operations during the final month of calendar year 2017 and through calendar year 2018 for the review of the 2019 Qualified Health Plans (QHPs). In addition, the contractor will be expected to assist with increasing NHID capacity, to the extent needed, as the NHID continues its transition to performing most plan management functions through in-house staff. During critical QHP review and carrier consultation timeframes, the contractor shall be provided temporary office space at the NHID, including workstations and support for such functions as copying and transfer of files.

Pending Governor and Executive Council approval, it is anticipated the services under this contract will begin in early December 2017 and extend through December 31, 2018.

**GENERAL INFORMATION/INSTRUCTIONS**

With its plan management experience, the contractor will provide technical assistance to the NHID in support of the certification and NHID approval processes of the 2019 issuers with focus on QHPs as described under the federal Patient Protection and Affordable Care Act (ACA), in conjunction with the federal Centers for Medicare and Medicaid Services (CMS). The NHID is seeking proposals from individual contractors or firms with a desire to provide services as described below. The NHID is open to a mix of on-site and off-site project work although we expect that during certain critical periods of the project, a majority of the tasks will require the work to be done on-site.

Electronic proposals will be received until 4 pm local time, on November 9, 2017, at the New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, New Hampshire, 03301. Emails should be sent to [alain.couture@ins.nh.gov](mailto:alain.couture@ins.nh.gov) and include in the subject line: “Plan Management Consultant Services for 2019.”

Proposals should be prepared simply and economically, providing a straightforward, concise description of bidder capabilities that satisfy the requirements of the RFP. Emphasis should be on completeness and clarity of content.

A successful proposal must include all of the objectives outlined in this RFP including a detailed timeline. Also, please see the attached Submission Check-Off list.

## SERVICES REQUESTED

The contractor is expected to support the NHID in its review and regulation of the 2019 QHPs, - consistent with the plan management function performed by the NHID in conjunction with New Hampshire's partnership marketplace. The contractor(s) will work with the NHID's Division of Compliance and Consumer Services to support certification and regulation of QHPs by providing technical assistance. In doing so, the contractor will assist the NHID with an increased capacity for achieving the milestones required of a plan management partnership Marketplace and assuring compliance with established federal and state laws and regulations.

The Contractor shall assist the NHID in performing the following functions or tasks:

1. Monitoring CMS issuance of new federal regulations and guidance documents related to QHPs and FFM operations, and promptly creating summaries for NHID use;
2. Assisting with the preparation and review of QHP-related bulletins including the NHID's annual bulletin outlining QHP filing requirements, consistent with CMS guidance and the annual CMS Notice of Benefit and Payment Parameters and annual CMS Letter to Issuers in the FFM;
3. Evaluating and updating as necessary existing NHID QHP and non-QHP review workflows, resources, production standards and tools, including:
  - a. Evaluating and updating as necessary existing NHID Compliance and Consumer Services Policies and Procedures; and
  - b. To the extent necessary based on revised or updated CMS standards, creating an implementation plan with new workflows, production standards and tools to support certification and regulation of QHPs, including
    - i. Implementing of new tools and standards;
    - ii. Implementing revised or new plan management processes and workflows;
4. Providing technical assistance to support NHID staff in responding to carrier inquiries, including participation in Carrier QHP Kickoff and Weekly Meetings;
5. Updating QHP-related and non-QHP-related documents and, to the extent necessary, creating new documents as needed in response to regulatory changes, including, but not limited to the following documents:
  - a. Filing Checklist for Individual and Group both On and Off the FFM
  - b. Filing Checklist for Dental Plans
  - c. CMS Tools Compliance Attestation Document
  - d. Master List of Filing Documents
6. Supporting NHID staff in continuing to integrate state network adequacy requirements with evolving ACA requirements and identifying provider and service area requirements to meet QHP standards, including:
  - a. Providing support in collecting, examining and maintaining all network templates and supporting documentation from the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF) system;

- b. Providing technical assistance to NHID staff as they provide network adequacy standards guidance to issuers to assure adequate coverage for all residents; and
  - c. Supporting NHID staff in complying with New Hampshire's requirement for public information sessions on the carriers' proposed marketplace networks prior to open enrollment;
7. Creating a plan compare document showing all individual and small group plans offered via the FFM;
  8. Providing training and guidance to NHID staff on an ongoing basis throughout the term of the contract, to support the development of in-house capacity in connection with all plan management functions, and

## **BACKGROUND INFORMATION**

The NHID's Division of Compliance and Consumer Services bears primary operational responsibility for the plan management function and will work most closely with the contractor providing these services. The NHID currently accepts rate and file forms using the SERFF system, an essential tool of the NHID.

The 2018 NH Marketplace is projected to offer plans underwritten by 3 carriers in the individual health market, 3 carriers for small businesses, 2 dental carriers and 2 small group carriers offering coverage exclusively outside of the Marketplace. During calendar year 2017, New Hampshire's Medicaid expansion population received coverage through QHPs, as part of the Marketplace Premium Assistance Program (PAP). For the purposes of this RFP, it should be assumed the Premium Assistance Program will continue in 2019. All activities and costs associated with the PAP program must be clearly identified and segregated in the proposal. See NH RSA 126-A:5, XXV for the authorization for years 2016 – 2018.  
<http://www.gencourt.state.nh.us/rsa/html/x/126-a/126-a-5.htm>

For additional information on the number of carriers and plans offered in the NH Marketplace for Calendar Years 2014, 2015, 2016, 2017 and 2018 as well as key dates for 2018 Marketplace Plan Review, please review the 2018 NHID Public Information Release Marketplace Issuer Networks document available on the NHID website at:  
[https://www.nh.gov/insurance/lah/documents/2017\\_na\\_pres\\_issuer\\_ntw.pdf](https://www.nh.gov/insurance/lah/documents/2017_na_pres_issuer_ntw.pdf)

The NHID periodically issues bulletins on subjects relating to QHP review. In particular, it may be helpful to review Bulletin INS-17-019-AB available on the NHID website at:

[https://www.nh.gov/insurance/media/bulletins/2017/documents/ins\\_17-019-ab.pdf](https://www.nh.gov/insurance/media/bulletins/2017/documents/ins_17-019-ab.pdf)

Also, an index of bulletins issued by NH is available at:

<http://www.nh.gov/insurance/media/bulletins/2017/index.htm>

## EVALUATION OF BID PROPOSALS

Evaluation of the submitted proposals will be accomplished as follows:

- (A) General. An evaluation team will judge the potential contractor capabilities and appropriateness for the services to the NHID.

Officials responsible for the selection of a contractor shall ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications.

Failure of the applicant to provide in its proposal all information requested in this request for proposals may result in disqualification of the proposal.

- (B) Specific. A comparative scoring process will measure the degree to which each proposal meets the following criteria:

(1) Specific skills needed for completing the following tasks:

- a) At least five years of experience in the area of insurance regulatory compliance and/or examination, including at least one year of experience relating to the review of QHPs, the operation of the FFM and state Medicaid expansion programs;
- b) High technical skill for review and analysis of health plans and/or high technical skill for examination of network adequacy requirements;
- c) Knowledge of NH accident and health RSAs and rules;
- d) Ability to maintain productivity standards and quality standards set by NHID;
- e) Ability to make decisions based on relevant facts, findings, federal and state laws, regulations and bulletins.
- f) Ability to meet timelines and coordinate effectively with NHID staff;
- g) Ability to assess current workflows, tools and standards of health plan management; and the ability to identify the need for new workflows, tools and standards with the capacity to incorporate changes into current structure;
- h) Experience in training and educating of staff; and
- i) Proven written and oral communication skills.

40 percent

(2) General qualifications and related experience of the contractor:

Knowledge of health insurance regulations, plan management review, CMS QHPs Templates and Tools, New Hampshire insurance laws, the ACA, and health insurance benefit designs. Knowledge or experience with the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF) system is essential. Good communication skills and a demonstrated ability to work with both industry and regulatory personnel to achieve appropriate and adequate insurance industry regulation in New Hampshire. Industry experience required. The proposal must include a summary of experience, including current curriculum vitae.

30 percent

(3) Derivation of cost for the Contractor time:

The proposal must include the hourly or daily rate for each person working on the project, an estimate of the amount of time each person might be expected to expend on the project, and the number of days, if any, each person is expected to be in attendance at the NHID during critical implementation dates. The proposal shall also specify for what time period each person will be available to the NHID, including the start date and end date in relation to the project timeline. Please identify and segregate all activities and costs associated with the support of the PAP program for CY2019.

Amounts for any material expenses related to performing the work (e.g. specialized computer hardware or software) and any expected out-of-pocket or travel expenses must be included within this not-to-exceed budget. No additional payments or benefits, other than payment for services included in the proposal consistent with this RFP, shall be provided by the NHID under the contract.

The review committee will evaluate proposals based on the value of the contracted staff assigned, their expected efficiency levels, and the not-to-exceed limit, as that amount will be used in the state contract with the Contractor. The response required pursuant to this part shall be sufficiently detailed to create a general expectation of the staff and the contractor's ability to complete the project within the proposal's anticipated costs and specific timeline.

30 percent

(C) Conflict of Interest. The applicant shall disclose any actual or potential conflicts of interest.

(D) Other Information.

The New Hampshire Insurance Department will accept written questions related to this RFP from prospective bidders with the deadline being October 30, 2017 at noon. Questions should be directed to Alain Couture via email at [alain.couture@ins.nh.gov](mailto:alain.couture@ins.nh.gov).

Please include in the subject line: "Plan Management Consultant Services RFP for 2019."

A consolidated written response to all questions will be posted on the New Hampshire Insurance Department's website: [www.nh.gov/insurance](http://www.nh.gov/insurance), by November 1, 2017.

Potential contractors may be interviewed by the evaluation team of the NHID.

The successful bidder or bidders will be required to execute a state of New Hampshire Contract. A form P-37 contains the general conditions as required by state of New Hampshire purchasing policies and the Department of Administrative Services. Although this standard contract can be modified slightly by mutual agreement between the successful bidder and the New Hampshire Insurance Department, all bidders are expected to accept the terms as presented in this RFP. Any required modifications to the P-37 must be explicitly stated in the proposal. The contract award will be contingent on the availability of necessary funds.

All proposals will be publicly opened at the above stated date and time. Proposals received after the above date and time will not be considered. The state reserves the right to reject any or all proposals in part or in total.

The selection of the winning proposal is anticipated by November 13, 2017 and the NHID plans to seek Governor and Council approval of the contract on December 6, 2017. NHID will need to obtain all necessary documentation for the state contract approval from the winning bidder in an expedient manner in order to meet the contract closing date.

Bidders should be aware that New Hampshire's transparency law, RSA 9-F, requires that state contracts entered into as a result of requests for proposal such as this be accessible to the public online. Caution should be used when submitting a response so that trade secrets, social security numbers, home addresses and other personal information are not included.

**STATE OF NEW HAMPSHIRE**  
**PLAN MANAGEMENT CONSULTANTS for 2019**

**SUBMISSION CHECK-OFF LIST**

A successful proposal will include:

- \_\_\_\_ name and contact information of the person(s) we should contact should we have questions
- \_\_\_\_ a narrative addressing all of the objectives outlined in this RFP
- \_\_\_\_ a detailed timeline for the plan management project full term of the project
- \_\_\_\_ clearly labeled “Not-to-Exceed” limit amounts, with and without the deliverables to support PAP
- \_\_\_\_ name and role of every person working on the project to include a summary of experience and the individual’s curriculum vitae.
- \_\_\_\_ derivation of cost for the Contractor including :
  - \_\_\_\_ hourly or daily rate for each person working on the project
  - \_\_\_\_ an estimate of the amount of time each person might be expected to expend on the project
  - \_\_\_\_ the number of days, if any, each person is expected to be in attendance at the NHID during critical implementation dates
  - \_\_\_\_ what period each person will be available to NHID, including start date and end date in relation to the project timeline

**Public Consulting Group, Inc.  
Plan Management Consultants 2019 QHP Review**

**Exhibit B**

**Contract Price, Price Limitations and Payment**

The services will be billed at the rates set forth in the Contractors Proposal, dated November 9, 2017, not to exceed the total contract price of \$184,450. The services shall be billed at least monthly and the invoice for the services shall identify the person or person providing the service. Payment shall be made within 30 days of the date the service is invoiced.

**Public Consulting Group, Inc.  
Plan Management Consultants and NH Legislative Assistance**

**Exhibit C**

**New Hampshire Insurance Department  
Contractor Confidentiality Agreement**

As a contractor for the New Hampshire Insurance Department (Department) you may be provided with information and/or documents that are expressly or impliedly confidential. All contractors are required to maintain such information and documents in strict confidence at all times. Disclosure, either written or verbal, of any confidential information and documents to any entity or person, who is not in a confidential relationship to the particular information or documents will result in termination of your firm's services

The undersigned acknowledges she or he understands the foregoing and agrees to maintain all confidential information in strict confidence at all times. The undersigned further acknowledges that if she or he is unsure of whether or not particular information or documents are confidential, it is the undersigned's responsibility to consult with the appropriate Department personnel prior to any disclosure of any information or document.

Stephen P. Skinn

Printed Name of Contractor

11/15/2017

Date

Stephen P. Skinn

Contractor Signature

**Public Consulting Group, Inc.**  
**Plan Management Consultants 2019 QHP Review**

Acknowledgement of Confidentiality - NAIC Data and Data Systems

I, Stephen P Skinn, duly authorized to sign on behalf of Public Consulting Group ("Contractor"), hereby acknowledge the following:

Contractor is entering into an Agreement to perform certain services to assist the New Hampshire Insurance Department ("NHID") to implement a plan management health exchange, upon the terms and conditions specified in the Agreement and in consideration of payments by NHID of certain sums specified therein.

Section 9 of the General Provisions of the Agreement requires that Contractor maintain the confidentiality of, among other things, data and data systems to which it has access in order to perform the tasks specified in the Agreement.

As part of its work under the Agreement, Contractor may be required to use the System for Electronic Rate and Form Filing (SERFF), State Based System (SBS) and/or I-SITE to review carrier filings, annual reports and other data stored in National Association of Insurance Commissioners ("NAIC") data systems.

The NHID's access to and use of NAIC data systems is governed generally by a Master Information Sharing and Confidentiality Agreement (executed November 12, 2003) and by a Certificate of Confidentiality to the NAIC (executed May 13, 2008) certifying that the NHID has the ability under New Hampshire law to maintain the confidentiality of data available through NAIC proprietary systems and applications, including I-SITE.

Contractor acknowledges that under Section 9 of the General Provisions of the Agreement, it, and/or its subcontractors, are bound to maintain the confidentiality of all data sources, and specifically agrees that it is bound by the confidentiality provisions of the Master Agreement and the Certificate of Confidentiality with respect to any NAIC data or data systems to which it is given access.

Signed this 15<sup>th</sup> day of November 2017, by

Stephen P Skinn, for

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PUBLIC CONSULTING GROUP, INC. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on January 30, 1987. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 104752



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 6th day of July A.D. 2017.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State



Public Focus. Proven Results.™

RECEIVED BY  
NH INSURANCE DEPT.  
NOV 17 2017

### CERTIFICATE OF SIGNATURE AUTHORITY

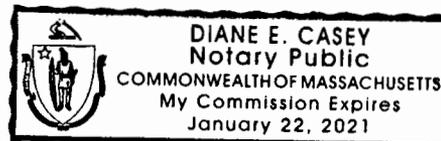
The undersigned Mark R. Kmetz, Assistant Secretary of Public Consulting Group, Inc., a Massachusetts corporation (hereinafter “the Company”), does hereby certify that Stephen P. Skinner, a Principal of the Company, is authorized to execute on behalf of the Company a contract with the State of New Hampshire, acting by and through the New Hampshire Insurance Department (NHID), to provide technical assistance to the NHID in support of the certification process for the 2019 Qualified Health Plans (QHPs); and that he is authorized to take any and all such actions, and execute, seal, acknowledge, and deliver on behalf of the Company any and all documents, agreements, and other instruments (and any amendments, revisions, or modifications thereto) as he may deem necessary, desirable, or appropriate to accomplish the same; and that the signature of Stephen P. Skinner affixed to any such instrument or document shall be conclusive evidence of the authority of Stephen P. Skinner to bind the Company thereby.

IN WITNESS WHEREOF, the undersigned officer has executed this Certificate on this 15th day of November 2017.

Mark R. Kmetz  
Assistant Secretary

Commonwealth of Massachusetts  
County of Suffolk

On this 15 day of Nov. 2017, before me Diane Casey, the undersigned officer, personally appeared Mark R. Kmetz, who acknowledged himself to be the Assistant Secretary of Public Consulting Group, Inc., and that such Assistant Secretary, being authorized to do so, executed the foregoing instrument for the purposes therein contained.

  
Notary Public



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/29/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hays Companies 133 Federal Street, 2nd Floor  Boston MA 02110  <b>INSURED</b> Public Consulting Group, Inc 148 State St. 10th Floor Boston MA 02109		<b>CONTACT NAME:</b> Michael Eaton <b>PHONE (A/C, No, Ext):</b> (617) 723-7775 <b>E-MAIL ADDRESS:</b> <b>FAX (A/C, No):</b>
		<b>INSURER(S) AFFORDING COVERAGE</b>
		<b>INSURER A:</b> Great Northern Insurance Co. <b>NAIC #</b> 20303 <b>INSURER B:</b> Colony Insurance Company <b>39993</b> <b>INSURER C:</b> Federal Insurance Co. <b>20281</b> <b>INSURER D:</b> Illinois Union Insurance Company <b>27960</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 17-18 GL Auto **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> No Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			35855036	4/1/2017	4/1/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ca occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Employee Benefits \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			73540440	4/1/2017	4/1/2018	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$			AR3461916	4/1/2017	4/1/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	(17) 71724811	2/18/2017	2/18/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<b>Professional Liability</b> Claims Made			EON G25611378 001 Retro Date: 2/27/1997	4/1/2017	4/1/2018	Each Claim/Aggregate \$ 1,000,000 Deductible \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Consultants NOC

<b>CERTIFICATE HOLDER</b>  NH Department of Insurance 21 S Fruit Street, Suite 14 Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  James Hays/CQUIRK
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## STANDARD EXHIBIT I

The Contractor identified as in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 and those parts of the HITECH Act applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the New Hampshire Insurance Department.

### BUSINESS ASSOCIATE AGREEMENT

(1) **Definitions.**

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.

- m. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. “Security Rule” shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. “Unsecured Protected Health Information” means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

**(2) Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
  - I. For the proper management and administration of the Business Associate;
  - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
  - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402 of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.
- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

**(3) Obligations and Activities of Business Associate.**

- a. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- d. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section (3)b and (3)k herein. The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- f. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- g. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- h. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- i. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

- j. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- k. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

**(4) Obligations of Covered Entity**

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

**(5) Termination for Cause**

In addition to standard provision #10 of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

**(6) Miscellaneous**

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, and the HITECH Act as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the

changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule and the HITECH Act.
- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section 3 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

The NIT Insurance Dept.

The State

Alexander K. Feldhebel  
Signature of Authorized Representative

Alexander K. Feldhebel  
Name of Authorized Representative

Deputy Commissioner  
Title of Authorized Representative

11/17/17  
Date

Public Consulting Group, Inc

Name of the Contractor

Stephen A. Skinner  
Signature of Authorized Representative

Stephen A. Skinner  
Name of Authorized Representative

Principal  
Title of Authorized Representative

11/15/2017  
Date