

Paul Houchens, FSA, MAAA

Principal and Consulting Actuary



EDUCATION

Bachelor of Science, Actuarial Science
Ball State University – 2002



PROFESSIONAL QUALIFICATIONS

Member, American Academy of Actuaries (MAAA) – 2005
Fellow, Society of Actuaries (FSA) – 2006



OVERVIEW OF EXPERIENCE

Paul Houchens is a Principal and Consulting Actuary with Milliman. He joined the firm in 2002, and has significant experience providing actuarial services to state Medicaid agencies. Paul has provided industry presentations on several Medicaid topics, including Medicaid expansion, medical loss ratio calculations, and substance abuse disorders.

In addition to Paul's strong technical skills, he has demonstrated through his numerous publications the ability to communicate difficult concepts in concise, accurate, and an understandable manner. He regularly communicates with state Medicaid personnel, representatives from managed care organizations (MCO), and federal officials in both written and oral mediums. Paul regularly participates in work group meetings involving state and MCO personnel to discuss the rate setting process and other state Medicaid initiatives.

Recently, he has been focused on assisting state Medicaid clients with understanding emerging experience from the ACA's Medicaid expansion population, navigating new Medicaid managed care regulations, and mitigating adverse financial impacts from COVID-19. Additionally, he has provided consulting services to multiple states, including Oklahoma, Colorado, and Idaho related to Section 1332 State Innovation Waivers.



RELEVANT WORK EXPERIENCE

- **Commonwealth of Kentucky, Department for Medicaid Services:** Provide comprehensive managed care consulting services, including rate development, risk adjustment, design and implementation of new encounter data validation program, financial and budget analysis. (2020 to Present)
- **Commonwealth of Kentucky, Department for Medicaid Services:** Performed financial feasibility analysis of basic health plan, including assessment of impacts from additional funding attributable to the American Rescue Plan. (2020 to Present)
- **State of Illinois, Department of Healthcare and Family Services:** Provided consulting services related to the financial modeling of multiple health insurance proposals, including: basic health program, state premium and cost-sharing subsidy enhancements, public option, and Medicaid buy-in (2020 to present)

- **State of Idaho, Department of Health and Welfare:** Enrollment and financial projections for ACA Medicaid expansion. [\(2018 to 2019\)](#)
- **State of Illinois, Department of Healthcare and Family Services:** Provided required budget neutrality appendices for the state's 1115 demonstration that would extend Medicaid coverage for post-partum women from 60 days to 12 months, the first such waiver approved in the nation. [\(2019 to present\)](#)
- **State of Illinois, Department of Healthcare and Family Services:** Performed benchmarking of managed care organization pharmacy costs to fee-for-service delivery system, identifying approximately \$30 million in annual excessive spending that was removed from the base experience used to develop managed care capitation rates. [\(2019 to present\)](#)
- **State of Idaho, Department of Health and Welfare:** Provided financial feasibility analysis for dual Section 1115 / 1332 waiver to expand federal premium assistance to "gap" population by creating a new Medicaid eligibility class for medically needy population. [\(2017 to 2019\)](#)
- **State of Illinois, Department of Healthcare and Family Services:** Provide consulting services for managed care procurement that included development of financial model for competitive bidding, model contract language, and assistance with responding to bidder questions. [\(2017\)](#)
- **State of Oklahoma, State Department of Health:** Provided actuarial certification and economic analyses demonstrating federal deficit neutrality for the state's Section 1332 State Innovation Waiver. [\(2017\)](#)
- **State of Illinois, Department of Healthcare and Family Services:** Development of capitation rates for acute care and long-term supports and services (LTSS) for TANF, Disabled, and ACA Adult populations, including risk adjustment, encounter data validation, and analysis of policy changes. [\(2016 to Present\)](#)
- **State of Illinois, Department of Healthcare and Family Services:** Development and implementation of risk adjustment for nursing facility rate cell payments based on beneficiary RUG scores. [\(2016 to Present\)](#)
- **State of Illinois, Department of Healthcare and Family Services:** Assistance with the budget implications of potential program and policy changes. Evaluation of prospective utilization and unit cost trends. [\(2016 to Present\)](#)
- **State of Illinois, Department of Healthcare and Family Services:** Provided required cost effectiveness worksheets for the state's 1915(b) waiver for its Managed Long-Term Supports & Services program and the implementation of managed care for foster children and special needs children populations. [\(2016 to present\)](#)
- **State of Illinois, Department of Healthcare and Family Services:** Provided leadership in the development of quarterly cost report data collection and review process, reconciliation of reported data to NAIC financial statements, creation of program financial dashboards, and presentation to client and MCO stakeholders. [\(2016 to present\)](#)
- **State of Ohio, Department of Medicaid:** Development of capitation rates for acute care managed care program, including TANF, disabled, and ACA adult populations, including

risk adjustment calculations, encounter data validation, and analysis of policy changes. (2015 to 2016)

- **State of Ohio, Department of Medicaid:** Provide quarterly dashboard reports for financial performance of managed care plans participating in each program, including oral presentation of key findings and observations. (2015 to 2017)
- **State of South Carolina, Department of Health & Human Services:** Development of trend assumption during rate development process for dual demonstration managed care program. (2014)
- **State of Michigan, Department of Health & Human Services:** Participated in the development of excel and Qlikview-based capitation payment tracking model for specialty services managed care program. (2012 to 2016)
- **State of Michigan, Department of Health & Human Services:** Developed and certified capitation rates for applied behavior analysis services under 1915(i) waiver for children with autism and autism-related disorder. (2013 to 2016)
- **State of Michigan, Department of Health & Human Services:** Evaluation of incentive payment methodology to improve outreach to foster children with serious emotional disturbances. (2012 to 2015)
- **State of Michigan, Department of Health & Human Services:** Assess revenue impacts to MCOs participating in managed care specialty services program resulting from changes in the risk adjustment methodology used in the capitation rate development process. (2011 to 2015)
- **State of Michigan, Department of Health & Human Services:** Development of capitation rates for specialty services managed care program, including evaluation of encounter and financial cost data, monitoring of eligibility changes, evaluation of risk adjustment variables. (2002 to 2016)

PROFESSIONAL CONTRIBUTIONS

VOLUNTEERISM

- Ball State Actuarial Science Advisory Board
- Milliman Mentorship Program
- Society of Actuaries Health Section, Medicaid Workgroup

RESEARCH AND PUBLICATIONS

- *Fifty States, Fifty Stories: A Decade of Health Care Reform Under the Affordable Care Act.* Research report authored for the Society of Actuaries (March 2020)
- *Evaluation of State Medicaid Scorecard Data: 2019 Scorecard Update*, Milliman Research report (February 2020)
- *Summary of individual market enrollment and Affordable Care Act subsidies*, Milliman Research Report (November 2019)
- *Evaluation of a Colorado Public Option. White paper authored for Kaiser Permanente* (October 2019)
- *New CMS guidance for Medicaid managed care medical loss ratio calculations*, Milliman white paper (June 2019)

- *Commercial health insurance: Detailed 2017 financial results and emerging trends*. Milliman research report ([May 2019](#))
- *Evaluating potential health insurance impacts from Cascade Care*. White paper authored for the Association of Washington Health Plans ([February 2019](#))
- *2016 Commercial health insurance: Overview of financial results*, Milliman Research Report ([May 2018](#))
- *Medicaid buy-in: Section 1332 Innovation Waivers, state options, and top ten considerations*, Milliman White Paper ([May 2018](#))
- *The individual mandate repeal: Will it matter?* Milliman White Paper ([March 2018](#))
- *Best practices for implementing a state Medicaid managed care program* White paper authored for the Oklahoma Association of Health Plans ([January 2018](#))
- *Reinsurance and high-risk pools: Past, present, and future role in the individual health insurance market*, Milliman White Paper ([June 2017](#))
- *2015 Commercial health insurance: Overview of financial results*, Milliman Research Report ([March 2017](#))
- *Summary of individual market enrollment and Affordable Care Act subsidies*, Milliman Research Report ([March 2017](#))
- *Cost-Sharing Reduction Plan Payments Under the ACA*, Milliman white paper for Association for Community Affiliated Plans ([February 2017](#))
- *Encounter data standards: Implications for state Medicaid agencies and managed care entities from final Medicaid managed care rule*, Milliman White Paper ([May 2016](#))
- *ACA insurance marketplaces: Evaluating market growth*, Milliman White Paper ([April 2016](#))
- *2014 Commercial health insurance: Overview of financial results*, Milliman Research Report ([March 2016](#))
- *Expansion of ASD treatment to a Medicaid EPSDT benefit*, Milliman White Paper ([May 2015](#))

INDUSTRY PRESENTATIONS

- *Fifty States, Fifty Stories: A Decade of Health Care Reform Under the Affordable Care Act*. Society of Actuaries Virtual Health Meeting ([June 2020](#))
- *Measuring value and performance: promoting value in state Medicaid programs*: Milliman Medicaid State Client Forum ([July 2019](#))
- *Medicaid buy-in*: Milliman Webinar ([December 2018](#))
- *Reinsurance and high-risk pools: Past, present, and future role in the individual health insurance market*, National Conference on the Individual and Small-Group Markets hosted by America's Health Insurance Plans (AHIP) ([March 2018](#))
- *2014 Medical Loss Ratio and Risk Corridor Reporting Overview of Plan Requirements*, Association of Community Affiliated Plans (ACAP) Webinar ([2015](#))
- *CMS IAP High-Intensity Learning Collaborative: Substance Use Disorders (SUD)*, CMS Webinar ([September 2015](#))
- *Medicaid Expansion, What Did We Get Right?* Society of Actuaries Annual Meeting ([2015](#))
- *2014 Ohio Marketplace - Insurer Participation and Initial Enrollment Outlook*, Ohio Association of Health Plans, Annual Convention ([2014](#))
- *2014 Exchange Marketplace: Insurer Participation and Initial Enrollment Outlook*, Society of Actuaries Webinar ([March 2014](#))
- *Medicaid, Employer Groups and the Exchange: How is That Going to Work?* Society of Actuaries Health Meeting ([2013](#))