**State of Indiana RFS 24-76533**

**Hospital Price Benchmarking**

**Attachment C – Response Template**

Instructions:

Respondents shall use this template Attachment C to prepare their response to the RFS. In their responses, Respondents shall describe their relevant experience and explain the services they propose to provide and how they propose to provide said services, specifically answering the question prompts in the template below. Respondents should limit their responses to 30 pages total. Please note that requested supplementary documents will not be counted towards the response page limit.

Please review the requirements in the RFS Attachment A - Scope of Work carefully – the requirements in the RFS should inform how Respondents complete their responses in this template as the “Sections” referenced below correspond to the sections in the RFS Scope of Work.

Respondents should insert their text in the provided boxes which appear below the question/prompts. Respondents may reference attachments or exhibits not included in the boxes provided for the responses, so long as those materials are responsive to the prompts and are clearly referenced in the boxes in the template. The boxes may be expanded to fit a response.

**APPLICATION QUESTIONS**

**Section 1 - Applicant Information**

1. **Experience and Qualifications** - Please describe how your organization meets the qualifications set forth in RFS Attachment A – Scope of Work Section 1.2. Please submit documentation substantiating your adherence to the preferred experience and qualifications, as applicable. The State reserves the right to request additional substantiation.
2. Please include the legal form of your business organization, the state in which it was formed (accompanied by a certificate of authority), the types of business ventures in which the organization is involved, and a chart of the organization. Please enter your response below and submit documentation to corroborate your existence as an entity (*e.g.*, Certificate of Formation, Articles of Organization, 990, etc.). In addition, Respondent personnel signing the Executive Summary of the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority. A copy of corporate bylaws or a corporate resolution adopted by the board of directors indicating this authority will fulfill this requirement. Please enter your response below and indicate if any attachments are included.

**MILLIMAN RESPONSE:**

Milliman, Inc. is a corporation founded in Washington in 1947 and incorporated in the same state in 1957. The firm changed its name from Milliman & Robertson, Inc. to Milliman USA in 2001, and to Milliman, Inc. in 2004. These changes were in name only; no change in ownership or structure was involved. Please see “Attachment A. Appendix” 1.1.A. Certificate of existence (pg.2) for documentation of Milliman’s existence as an entity.

Milliman is the world’s premier actuarial consulting firm. We provide actuarial, risk management, and related technology and data solutions to clients across the globe. Our consulting and advanced analytics capabilities encompass healthcare, property and casualty insurance, life insurance and financial services, and employee benefits. We serve the full spectrum of business, financial, government, union, education, and nonprofit organizations. Please see “Attachment A. Appendix” 1.1.B. Milliman organizational chart (pg.3) for our corporate level organizational chart.

David Lewis and Luke Roth, the personnel signing the Executive Summary, are both principals in the firm and are authorized representatives of Milliman authorized to commit the organization contractually. Please see “Attachment A. Appendix” 1.1.C. Proof of signature authority (pg.5) for proof of authority from the office of the corporate secretary.

1. Please describe your organization’s current operation and experience in the healthcare pricing space. Please discuss your current provision of programming or services. Include copies of previous work completed such as reports and/or analysis conducted in the healthcare space.

**MILLIMAN RESPONSE:**

Milliman’s unique expertise in the healthcare pricing space includes:

* Developing, deploying, and utilizing complete Medicare pricing software through our Medicare Repricer and Medicare Reference Pricer solutions. Our solutions include data validation, all required claim groupers (e.g., MS-DRG and APC groupers), Medicare adjudication rules and the Medicare fee schedules. The software is updated quarterly and adjudicates claims to what Medicare would have allowed for the claim.
* Supporting the Department of Veterans Affairs (VA) in analyzing and reimbursing community care at Medicare rates through our cloud-based Medicare Reference Pricer software.
* Licensing Medicare pricing software to over 50 health care organizations nationally.
* A team of over 50 provider payment experts who support health systems, payers, and government entities in analyzing reimbursement rates and payments. This includes:
  + Stakeholder engagement
  + Benchmarking payments to Medicare fee-for-service payments
  + Payment system design
  + Developing and implementing claim payment groupers
  + Developing and implementing claim data validation and analytic processes
* •Serving more than 25 state agencies over the past two decades to assist them in providing health care coverage to their constituents.

Please see “Attachment A. Appendix” under 1.1.D. Sample report: Commercial reimbursement benchmarking (pg. 8) for an example of our reporting in the healthcare pricing space.

1. Please confirm your completion of the below requirements to do business within the State by the Indiana Secretary of State and the Indiana Department of Administration, as described in RFS Section 1.12 and 1.13. Respondents are required to initiate their registration process with IDOA and the Secretary of State prior to submitting their application. Respondents must also submit a completed Attachment F – W-9 Form and Attachment G – Direct Deposit Form, required to register with the State Comptroller as described in Section 1.5 of the Main Document. It is the Respondent’s responsibility to complete the required registrations. Please indicate the status of registration, if applicable. Please clearly state if you are registered and if not provide an explanation.

Department of Administration, Procurement Division

Respondents must be registered as a bidder with the Department of Administration, Procurement Division.

To complete the on-line Bidder registration, go to the Bidder Profile Registration website at [https://www.in.gov/idoa/procurement/supplier-resource-center/requirements-to-do-business-with-the-state/bidder-profile-registration/](about:blank). The Bidder registration offers email notification of upcoming solicitation opportunities, corresponding to the Bidder’s area(s) of interest, selected during the registration process. Respondents need to be registered to submit a proposal. Completion of the Bidder registration will result in your name being added to the Bidder’s Database, for email notification. The Bidder registration requires some general business information, an indication of the types of goods and services you can offer the State of Indiana, and locations(s) within the state that you can supply or service. There is no fee to be placed in Procurement Division’s Bidder Database.

Secretary of State

Respondents providing the products and/or services required by this solicitation must be registered to do business within the State by the Indiana Secretary of State. This process must be concluded prior to contract negotiations with the State. It is the successful Respondent’s responsibility to complete the required registration with the Secretary of State at [www.in.gov/sos](about:blank).

State Comptroller

Lastly, if awarded a contract, Respondents must be registered with the State Comptroller. The Respondent must submit a completed Attachment F - W-9 Form and Attachment G - Direct Deposit Form. Please adhere to the below instructions when completing the required forms:

W-9 Form:

* Form must be the current version of the IRS W-9
* Legal name, TIN, and legal entity must correspond with IRS records
* DBA names should be placed on line 2 (include only one DBA per W-9 form)
* Box 3 must be completed based off of the organization’s Federal tax classification
* If adding a remittance address, please list in “Requester’s name and address” box
* Address must be complete
* Provide only Social Security Number (SSN) OR Employer Identification Number (EIN) (do not provide both)
* Must be signed and dated within the last 6 months
* Signatures must be hand-signed, but electronic copies may be submitted for processing

Direct Deposit Form:

* Name must match name provided on W-9
* Address must match address provided on W-9
* If making a bank change, the full prior routing number and the full prior account number must be provided
* Valid Financial Institution, routing number, and account number must be provided
* Email address is required
* Must be signed and dated within the last 6 months
* Signatures must be hand-signed, but electronic copies may be submitted for processing

**MILLIMAN RESPONSE:**

Milliman is registered with the Department of Administration, Procurement Division and Secretary of the State. Please see “Attachment A. Appendix” under 1.1.E. Certificate of Existence from the Indiana Secretary of State (pg. 14), 1.1.F. W9 form (pg. 16),

And 1.1.G. Direct Deposit Form (pg. 18).

1. **General Information** - Each Respondent must enter your company’s general information including contact information.

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| **Business Information** |  |
| Legal Name of Company | Milliman, Inc. |
| Contact Name | David Lewis |
| Contact Title | Principal |
| Contact E-mail Address | david.lewis@milliman.com |
| Company Mailing Address | 1301 Fifth Avenue, Suite 3800 |
| Company City, State, Zip | Seattle, WA, 98101 |
| Company Telephone Number | 206.624.7940 |
| Company Fax Number | N/A |
| Company Website Address | www.milliman.com |
| Federal Tax Identification Number (FTIN) | 91-0675641 |
| Number of Employees (company) | 4,800 |
| Years of Experience | 75 |
| Number of U.S. Offices | 44 |
| Year Indiana Office Established (if applicable) | 1965 |
| Parent Company (if applicable) | N/A |
| Insurance Company that, directly or indirectly through an intermediary, controls or is controlled by, or is under common control with, the Respondent Company (if applicable) | N/A |
| Revenues ($MM, previous year) | $1,430 M |
| Revenues ($MM, 2 years prior) | $1,378M |
| % Of Revenue from Indiana customers | Revenue is not tracked by state. Healthcare consulting in 2021 constituted 38% of total revenue. |

1. **Contract Terms/Clauses** - Please confirm your willingness to provide the proposed services subject to the terms and conditions set forth in Attachment B - Sample Contract. If necessary, please include any proposed language changes to the Sample Contract and provide your rationale for requesting said changes.

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| Please see “Attachment A. Appendix” under 1.3.A. Exceptions to Sample Contract (pg.21) for Milliman’s requested changes and rationale for said changes. |

**Section 2 - Proposed Service Offering**

1. **Experience** **and Qualifications** - Please describe any previous experience providing analytical services or other large health care data collection and reporting services in professional services or research capacities. Please detail your qualifications relative to each of the items within SoW Section 1.2.

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| **Experience providing analytical or healthcare data collection and reporting services**  Founded in 1947, Milliman is the world’s premier actuarial consulting firm. We have over 75 years of experience providing actuarial, risk management, and related technology and data solutions to clients in the United States and across the globe. Our consulting and advanced analytics capabilities encompass healthcare, property and casualty insurance, life insurance and financial services, and employee benefits. We serve the full spectrum of business, financial, government, union, education, and nonprofit organizations. Our tools and services are used by almost all commercial, Medicare and Medicaid payers and risk-takers.  We are dedicated to the health and financial well-being of people everywhere. Our insights drive decisions that affect thousands of lives, and our innovative work is helping to revolutionize the financing and delivery of healthcare services. We advise clients on a wide range of issues—from assessing the impact of healthcare reform on organizations or populations to streamlining operations while advancing the quality of patient care. Our consulting work is supported by extensive databases and a powerful toolkit of data analytics solutions, informed by the most trusted, comprehensive set of cost guidelines in the industry.  **Experience reporting healthcare data analysis to technical and non-technical audiences**  Milliman as a firm serves more than 25 state agencies over the past two decades to assist them in providing health care coverage to their constituents. We integrate quantitative and qualitative expertise into all our work, and often provide our clients with interactive dashboards and other visuals. Our consulting approach combines the analytical skills of our actuaries with the acumen of our public health and clinical professionals. Our clients rely on us to share complicated, highly technical information with key stakeholders – from legislative bodies to community town halls.  Milliman research is widely recognized as the gold standard in the healthcare industry. Our products and published papers have been relied upon by governmental agencies, state Medicaid programs, healthcare providers, and even our competitors. We regularly build client specific dashboards, strategic roadmaps, posters, and stakeholder training presentations and materials as part of our project deliverables. We also have a robust catalog of products that draw on publicly available and proprietary data, including data from federal data sources. These products range from Milliman Health Plan Assist, a web based tool that educates employees about the financial aspect of the benefit selection process, to Milliman MedInsight, which provides the healthcare industry’s most powerful analytics on top of validated data sources.  With our client focused approach, we provide customized reporting and dashboards to our clients, as opposed to having cookie cutter solutions. The best way to display results is highly dependent on the data itself, the audience, and the types of insights the user hopes to gain from the data. We use Power BI and build web-based solutions that meet our clients’ needs. Two examples of publicly available interactive dashboards are the Milliman Medical Index and the Milliman Qualified Entity Report.  **Staff experience**  Milliman’s healthcare consultants offer clients a unique combination of actuarial, clinical and information technology consulting services. Consultants assist healthcare payers and providers such as hospitals, medical groups, ACOs, insurance companies, HMOs, governmental agencies, and support institutions. Our consulting approach combines the analytical skills of our actuaries with the acumen of our data scientist, public health, and clinical professionals.  Members of our health care provider payment team will be performing this work for the IDOI. Our team specializes in stakeholder engagement, reimbursement benchmarking, and Medicare repricing. The team:   * Includes over 50 provider payment experts who support health systems, payers, and government entities in analyzing reimbursement rates and payments. * Develops Medicare pricing solutions licensed by over 50 health care organizations nationally. * Includes experts in stakeholder engagement, benchmarking payments to Medicare fee-for-service payments, payment system design, developing and implementing claim payment groupers, and developing and implementing claim data validation and analytic processes.   **Data collection and storage**  Milliman takes its responsibilities as a business associate under HIPAA and HITECH very seriously. We understand that protecting the privacy and security of protected health information (PHI) is of utmost importance, and we have implemented comprehensive policies and procedures to ensure that we remain in compliance with all relevant regulations. To that end, Milliman conducts regular training sessions with employees to ensure that they are aware of their obligations under HIPAA and HITECH. We have also implemented administrative, technical, and physical safeguards to prevent unauthorized access, use, or disclosure of PHI that we receive from or on behalf of our clients. In addition, Milliman routinely enters into business associate agreements with our covered entity clients and business associate subcontractors in compliance with HIPAA and HITECH requirements. |

1. **Conflict of Interest** - Please note any financial obligations to and/or ongoing engagements with hospital systems and/or insurers. If you are unable to provide this information, please describe why.

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| We are not aware of any conflicts of interest regarding this engagement and the named team proposed to work for IDOI. Milliman is a global corporation owned and managed by our principals and comprised of individual practices which operate independently and maintain financial separation from each other but are not stand-alone legal entities. Financial revenues, losses, and profits are separate by practice. Milliman is not affiliated with any public accounting or brokerage firms. The consultants of the firm are not permitted to own stock in any insurance or reinsurance company, and client organizations, ensuring we provide analyses and opinions that are totally independent and objective.  Milliman maintains a need-to-know policy, meaning that no judgment or material factual information will be shared between Milliman consultants representing competing parties, unless Milliman is jointly retained by those parties, or such disclosure is approved by all affected clients. This policy restricts concurrent similar assignments from competing clients without sufficient physical separation of the consulting services for the competing clients.  We create internal structures so all information is kept strictly confidential to the specifically assigned client team. Milliman regularly builds walls between teams of consultants for projects with similar circumstances. We utilize separate teams of consultants and support staff, secure file storage, and a communication blackout between teams of consultants. By default, we restrict electronic access to project communications, analyses, and data files to only individuals actively engaged in the project and clear of any conflicts. In addition, any Milliman actuarial consultants leading each project are Members of the American Academy of Actuaries and are bound to confidentiality by the Actuarial Code of Conduct. |

1. **Data Collection and Analysis Process** - Please describe your plan for data collection, storage, and analysis, including the data elements you anticipate you will need to satisfy the requirements of Ind. Code 27-1-47.5-5 and Ind. Code 27-1-47.5-7. Please include the steps you will take to ensure data sets and final report will be in a consumer-friendly format (in compliance with Section 508). For further guidance, please refer to the expectations outlined in SoW Section 2.1.

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| **Data Collection**    Milliman has performed many Medicare pricing and reimbursement benchmarking analyses consistent with the type requested in this RFS. For these analyses, we have a uniform data file specification with a standard set of 205 input fields that we use as a starting point. Those fields are contained in “Attachment A. Appendix” under 2.3. A. Field inputs (pg.38) and will be included in the Data Submission Guide. While this is our preferred set of fields, we can adjust the data file specifications based on stakeholder feedback and the information available, and make simplifying assumptions to the Medicare pricing process. We will explore the need for changes during stakeholder engagement on the data collection process. Our data file specification can be modified based on stakeholder input, while ensuring IDOI approval and meeting the requirements of Ind. Code 27-1-47.5-5 and Ind. Code 27-1-47.5-7.    Once the data is collected, it will go through a quality verification process. While this can be considered part of the analysis described below, we may discover issues with the data we receive and need to complete another round of collection from the contributing hospital system.  **Storage**  All data received will be stored on Milliman’s secure servers with access only granted to Milliman personnel specifically working on this project. Our internal security processes are reviewed during our annual HITRUST audit. During preliminary data processing, data will be temporarily stored within Milliman’s secure and encrypted Microsoft Azure cloud environment, as described in the Tools and Technology section below.    **Analysis**  The analysis will consist of the following stages:  **I. Data receipt and verification**  Once the data is received from each of the contributing entities, it will go through an extensive review process. This will assess the presence and content of each of the fields to verify things such as coding accuracy, entry consistency, and reasonability of values. The process will also look at the data set as a whole and assess the distribution of data by type of service, month, and other factors. This latter check is to identify missing segments of the data.    The next step in verifying the data is generating control totals of the received. This will be sent back for the provider to verify that the volume of data expected was indeed contained within the data submitted. If this stage reveals any significant issues or gaps with the data, we may require a replacement data set.    **II. Preliminary calculations/results**  Once the data is verified, we will run it through the Milliman Medicare Repricer (described in detail below). We perform another round of data verification on the preliminary results of repricing. This assesses things such as the portion of data successfully repriced, issues for why data may not have been repriced, and the reasonability of the values produced. For example, if the claim repriced had a significantly understated allowed dollar amount from the hospital (perhaps a single per day amount was submitted rather than for the entire admission), that amount’s relation to the repriced Medicare amount would appear out of sync and would be flagged for review. Items that are flagged through this process will have associated sample claims identified with them. Depending on the significance of these issues, they may be addressed with the provider. In this instance, the provider will receive sample claims to assist them in researching the issue. Depending on the results of this assessment, we may require a new data set. If a new data set is received, it goes back through the data receipt and verification phase before the Milliman repricing tool is rerun.  The intent of this preliminary stage is to validate the data further and address any issues with the entity that submitted the data. Once complete, the results are assessed for their general reasonability, and consistency from the point of view of the required analysis. Only once these preliminary stages are complete and we are confident in the data are we ready to proceed to with the final output.    **III. Finalize results**  The analysis will result in the following key outputs as requested by this RFS:    **Report:** This report will summarize the percent of Medicare benchmarking results, walk through the process used, and address key considerations for users reviewing the report. It will be structured in a consumer-friendly format and describe the concepts being considered. Expressing these concepts in a straightforward, effective manner will be a key principle in the construction of the report. This and any reports will be delivered in PDF, MS Word, and MS Excel formats as appropriate and in compliance with Section 508 and Indiana accessibility policy for electronic reports.  **Database:** This data feed will include the service line level claim repricing results produced for the analysis. The data will be provided in a tab delimited text file format, or in an alternative format if requested by the IDOI. |

* 1. **Tools and Technology –** Be specific in any programs, platforms, or coding languages that will be used to collect, analyze and store data including any applicable ETL tools that will be deployed, and BI/reporting tools that will be utilized to generate the final reports.

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| Data collection, processing, and analysis will make use of a secure Microsoft Azure cloud environment and Milliman’s secure internal network resources. The tools and technologies we will use for data collection, analysis, and storage are detailed below:  **Data collection**  Identity management and authorization credentials for data contributors and stakeholders with access to reporting is managed through Microsoft Azure Active Directory with role-based permission levels and OAuth2.0 token-based security.  Data collection is offered to contributors via multiple technical methods to provide a flexible integration. Options for contributor data submission include:   1. Web browser-based data file upload, where data contributor staff log into a web portal and select files to submit directly for upload. 2. .NET application that can be configured and executed by contributors to upload data for processing. 3. Data submissions can be uploaded to an SFTP site.   In all cases, data is encrypted and secured during transit and at rest as described in the Data Security section below. After data is submitted, it is immediately validated for compliance with an acceptable, flexible data submission format. The contributor is notified if data does not meet minimum requirements, with detail of the deficiency, and may resubmit data after correction. Data intake is performed using Azure Data Factory and preliminary data validation procedures developed in C#.  **Storage**  Submitted carrier data and all granular processed pricing results are stored temporarily within Milliman’s secure Azure environment for preliminary processing. Accepted data file submissions are stored and final analysis performed on Milliman’s internal secure network, with data stored on NAS file store clusters in Milliman’s datacenter and within a Milliman managed secure SQL database.  **Analysis**  We will analyze results in SQL and C# pricing application processing. We will produce report tables and exhibits by using a combination of SQL, Excel, and other environments depending on the audience and delivery mechanism. |

* 1. **Data Submission Guide** - Detail your approach to creating the data submission guide for the hospitals.

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| Our approach to the Data Submission Guide is focused on transparency and clarity in the input data, data submission process, and process outputs. The goal of the Data Submission Guide is to enable organizations to successfully submit valid data and understand the process outputs. Milliman has experience preparing data submission guides for state Medicaid agencies, All Payer Claims Databases (APCDs), and our software solutions – which are used by hundreds if not thousands of healthcare organizations.  The Data Submission Guide will include:  **Input data specifications** (i.e., data dictionaries): We plan to use a single claim input table that includes the UB and CMS-1500 claim form data elements needed for assigning Medicare allowed and data validation.  **Output data specifications:** We will include detailed specifications for each process output including:   * Service line level claim validation and adjudication outputs. * Validation and summary reports: Our software provides over 20 validation and summary reports. Included with the validation and summary reports is a validation checklist that guides data submitters through the data validation process and provides transparency into how we will validate the data submission.   **Code sets:** The code sets will include:   * CMS Certification Number (CCN) listings for Indiana hospital systems. * Medical code sets, including HCPCS/CPT, ICD, specialty/taxonomy, discharge status, and type of bill. * Area code sets listing the valid ZIP code and county code values. * Output code sets that document the range of valid values for key process outputs, including: * Data validation warnings and error codes, * Medicare fee schedules codes (e.g., IPPS, APC, ASC, RBRVS, DME, etc), * Claim grouper code (e.g. MS-DRG and APC), * Claim status codes (e.g., APC status, RBRVS status),   **Processing guide:** Instructions for submitting data and obtaining and interpreting outputs.  **Change log:** The Data Submission Guide will be a living document and updated as CMS and other organizations release updates that affect the medical code sets and Medicare claim adjudication process. We will document updates in the change log. |

* 1. **Data Granularity** - Is collecting claims-level data required to fulfill the obligations listed under Ind. Code 27-1-47.5, or could the studies be completed without collecting claims-level data?

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| In general, collecting detailed claims-level data is required to determine “how much Medicare would have paid for the same services,” and therefore how each applicable non-profit hospital system’s commercial revenue comes to 285% of this amount. However, a simplified data submission could be used to estimate the Medicare allowed based on the billed charges and Medicare’s discount by provider, time period (e.g. year or quarter) and major type of service. We can explore the value of this simplified data submission (or data summary based on the detailed data) with the IDOI. It may be helpful in some aspects, for example in determining which hospital systems and lines of business may be exceeding the 285% benchmark, or to help focus review. |

* 1. **Data Standardization** - Describe how you plan to standardize data and ensure uniform collection requirements.

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| As our goal is to have a uniform specification that all hospital systems are confident they can achieve, data standardization and uniform collection requirements will be assessed during stakeholder engagement regarding data collection. With the exception of a few fields that may be hospital-specific, the data needed for the analysis consists of codes and information commonly used by all hospitals, so a standardized data set is a realistic goal. If a hospital has issues that may prevent it from providing key fields, we will discuss alternatives for handling that information while ensuring a reliable and consistent analysis for that hospital. |

* 1. **Data Privacy** - How will you address data privacy concerns?

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| We take our responsibilities around data privacy seriously, and plan to minimize the Protected Health Information (PHI) exchanged while still meeting the project objectives. All data will be exchanged using secure transfer methods. When feasible, we will use summarized and deidentified information, for example for data reconciliation and validation reports returned to submitters.  We will store project data in Milliman’s secure environment with internal access granted only to project staff, on a need-to-know basis. We maintain internal procedures for discovering, reporting, documenting, tracking, remediating and reporting (if necessary) data privacy concerns. Our internal process is reviewed during our annual HITRUST audit. |

* 1. **Data Security** - How will you protect data in your possession? What servers will you use to store the data securely?

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| We will store the data on encrypted enterprise NAS clusters within Milliman data centers. Data will be encrypted while in transit, internally or externally. All client data is logically separated and access to the data is monitored, logged, reviewed, and follows the principle of least privilege. Milliman maintains a robust security and compliance program which includes independent third-party review via HITRUST Certification. |

1. **Functionality** - Are there any changes to Ind. Code 27-1-47.5 that would increase the functionality and/or the effectiveness of the requested data and reports? If yes, include a recommendation of the necessary changes.

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| There is sufficient flexibility in the collected data required by Ind. Code 27-1-47.5 as it currently reads to produce effective data and reports. Two main data collection decisions will need to be made in collaboration with the IDOI and stakeholders:   1. If the data will be collected on a paid basis, e.g., all claims for the applicable revenue received by each hospital system in CY2021 for the CY2021 data collection period. 2. The level of granularity of the data collected. In general, this response assumes that service-line level claims data will be collected from each hospital system. |

1. **Stakeholder Engagement** - Please describe how you propose to work with hospital systems and insurers as detailed in SoW Section 2.2. Include a sample Stakeholder Engagement Plan with potential meeting dates and topics.

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| In our experience, engaging stakeholders in the early phases and throughout a project provides optimal results. Engaging the hospital systems subject to data sharing as well as the Indiana Hospital Association and the Insurance Institute of Indiana in the early phases will help identify and avoid potential issues, and will lead to a more successful engagement. We will work closely with IDOI to understand the objectives of engaging hospital systems and insurers and will develop a thoughtful stakeholder engagement plan accordingly. The plan will include the following elements:  **1. Establishing an internal State Stakeholder Engagement Workgroup (Workgroup)**  This will include the Milliman principal of stakeholder engagement, the Milliman project liaison, and appropriate staff from IDOI. This group will serve as a resource to advise Milliman in the development and execution of the stakeholder engagement plan and related materials and processes. For example, the Workgroup would be responsible for approval and execution of the stakeholder engagement plan, and would advise Milliman regarding the elements listed below:   * Key stakeholder groups, including but not limited to:   + Internal stakeholders such as leadership, liaisons, communications office(s), legislative relations staff, and other government agencies   + External stakeholders such as hospital systems subject to data sharing as well as the Indiana Hospital Association and the Insurance Institute of Indiana * Modes of stakeholder engagement, including but not limited to:   + Inbound engagement via surveys, focus groups, town halls, committee meetings and advisory boards, legislative briefings,   + Outbound engagement via webinars, IDOI website content, template articles for inclusion in association newsletters and webpages, legislative testimony, etc.   + Stakeholder meetings – on a monthly basis at minimum – ahead of the March 1, 2024, data reporting deadline. We also propose to continue holding at least monthly stakeholder meetings throughout the duration of the initial reporting year (through December 2024). * Timing and frequency of stakeholder activities * Other key processes and materials, including but not limited to:   + Development of communication plan, stakeholder engagement project plan(s) and other planning and management tools   + Planning for and coordination of meetings   + Development of meeting schedules, identification of participants, and selection of optimal locations   + Development and content of stakeholder engagement materials   **2. Establishing a stakeholder engagement plan**  This plan will address all internal and external stakeholder engagement activities, so that all stakeholder engagement activities can be considered holistically. Milliman will prepare the following stakeholder engagement planning tools for Workgroup feedback and approval:  Using Milliman tools and templates, Milliman will develop the following for Workgroup input and approval:   * Communication plan outlining target audiences and for each audience, any outbound messages to convey, any inbound feedback to solicit, mode of engagement for each, and other key information * Stakeholder engagement project plan(s), detailing the work steps to be conducted, the responsible party and start and end date for each, the status of each task, and other key information such as a risk log noting anticipated risks and mitigation strategies   We will submit a series of draft documents for Workgroup review and input. These documents will include but not be limited to a preliminary list of key internal and external stakeholder groups, possible modes of stakeholder engagement, and possible meeting locations. Milliman will use these final lists as inputs when developing the stakeholder engagement planning tools.  For some inputs to the stakeholder engagement plan, we will submit to the Workgroup an information request to gather information about, for example, key standing meetings and committees that IDOI may want to leverage for stakeholder engagement activities. Milliman will reference the information gathered when developing the stakeholder engagement planning tools.  We will present each of the above materials to the workgroup during a Workgroup meeting and will facilitate a discussion about each document. The Workgroup’s feedback can be provided orally during a workgroup meeting or, if the State prefers, in writing. Milliman will draft meeting notes for review and approval by workgroup members.  **3. Executing an external stakeholder engagement plan**  Milliman will serve in a project manager role to assure that each party understands its responsibilities (both tasks and timing) and to update the plan as needed. We will track the status of each task and provide the Workgroup with status updates. We will proactively notify the Workgroup of risks and potential delays, along with proposed approaches to mitigate those risks or rectify delays where possible. We outline below some but by no means all of the key tasks and anticipated responsible parties. In all cases, Milliman will seek IDOI approval before executing any tasks.   * Milliman will draft content for internal and external stakeholder engagement materials such as website content, newsletter articles, survey tools, press releases, focus group guides and the like and submit to the Workgroup for approval. * Milliman will develop draft meeting agendas and materials for advanced communications and submit for Workgroup comment and approval. Milliman will provide draft meeting agendas and materials at least two weeks prior to each stakeholder meeting and will finalize materials based on Workgroup feedback and approval. * Milliman will participate in external stakeholder meetings. Based on our experience, it may be beneficial for one or more IDOI representatives to co-present: provide introductory remarks, overviews of the rate setting project plans and goals, or facilitate, depending on the preferences of the Workgroup. * IDOI staff will generally facilitate all internal and legislative stakeholder meetings, while Milliman will participate and present as requested. * Milliman will work with the Workgroup to develop meeting schedules, identifying and inviting participants, and determining optimal locations and forums (advisory groups, focus groups) for conducting stakeholder engagement. Milliman will notify IDOI of each meeting time and location at least two weeks in advance. * Milliman will work with IDOI to coordinate all meeting logistics, such as sending meeting notices or invitations, arranging meeting space, distributing materials to participants in advance of or at the meetings and providing other meeting logistics. All stakeholder meetings will have a virtual option for attendees and will comply with Indiana’s Open Door Law. * Milliman will develop for Workgroup input and approval a Frequently Asked Questions (FAQ) document for each of several audiences. * Milliman will document the discussions and input received during all external stakeholder meetings or from other sources. We will then summarize those documents using a format that can be distributed and digested by IDOI, internal and, as appropriate, external stakeholders. * As appropriate, Milliman will be available to document discussions and input received during all internal stakeholder meetings and to create summaries.   **4. Determining actionable steps based on stakeholder feedback**  Milliman will work with IDOI to evaluate and analyze feedback from both internal and external stakeholders over the course of the engagement and to make a determination of how that feedback will be considered throughout the rest of the engagement, including but not limited to potentially modifying the project plan. If stakeholder feedback is not incorporated for consideration in the projects, it may be necessary to provide stakeholders with an explanation of the final disposition of the feedback.  Milliman will not engage with any external stakeholders, or any internal stakeholders outside of IDOI, without prior approval from IDOI.  **Sample Stakeholder Engagement Plan**  As described above, we propose to hold at least monthly stakeholder meetings throughout the first reporting year (through December 2024). As requested, we provide the following sample schedule of stakeholder engagement topics for the first reporting year. This sample schedule is subject to change based on the development of a final stakeholder engagement plan in coordination with IDOI and the Stakeholder Engagement Workgroup. We will also work with IDOI and the Stakeholder Engagement Workgroup to develop a stakeholder engagement plan for the second reporting year, which will be informed by lessons learned from the initial reporting year.   |  |  | | --- | --- | | Month | Focus areas | | November, 2023 | Overall project timeline; introduction to data requirements; solicitation of stakeholder input on data collection process | | December, 2023 | Proposed approach for data collection process and solicitation of stakeholder input | | January, 2024 | Finalization of data collection process; proposed detailed data submission specifications and solicitation of stakeholder input | | February, 2024 | Finalization of detailed data submission specifications; introduction to Milliman’s data validation process and solicitation of stakeholder input | | March, 2024 | Review of data submissions; early findings related to data validation; resolving any potential outstanding data issues | | April, 2024 | Update on data validation; introduction to benchmarking methodology and solicitation of stakeholder input | | May, 2024 | Resolution of data validations; lessons learned from data submission process; review of stakeholder input related to benchmarking methodology | | June, 2024 | Finalization of benchmarking methodology; introduction to reporting approach and solicitation of stakeholder input | | July, 2024 | Review of stakeholder input related to reporting approach | | August, 2024 | OPTIONAL, SUBJECT TO IDOI DISCRETION: Review of findings and solicitation of stakeholder input | | September, 2024 | OPTIONAL, SUBJECT TO IDOI DISCRETION: Review of findings and solicitation of stakeholder input | | October, 2024 | OPTIONAL, SUBJECT TO IDOI DISCRETION: Review of findings and solicitation of stakeholder input | | November, 2024 | Solicitation of stakeholder input related to lessons learned from initial reporting year | | December, 2024 | Review of stakeholder input related to lessons learned from initial project reporting year; proposed updates to process based on stakeholder input; proposed timeline and process for second reporting year | |

1. **Contractor Staff** - Please describe your plan to dedicate the required staff members as stipulated in SoW Section 3.1. If you need to hire additional employees to support the required positions, please elaborate on how you will hire those individual(s). Please be sure to include resumes as required by SoW Section 3.1. Resumes will not count towards total page count.

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| Milliman has all necessary staff resources to cover the required staff positions as outlined in section 3.1 Contractor Staff to manage the SOW requirements. The table below lists our proposed project team. Please see “Attachment A. Appendix” for staff resumes under 2.6.A Staff Resumes (pg.42).   |  |  |  | | --- | --- | --- | | Position | Individual | Title | | Full-Time Project Manager | Benjamin Lipson, PMP | Project manager | | Project Manager | Ashleigh Ballard, MHA, PMP | Project Manager | | Full-Time Privacy & Security Advisor | Mike Huard | Principal & Director of IT | | Full-Time Outreach Liaison | Christopher Polonka | Sr. Healthcare Management Business Analyst | | Full-Time Quality Assurance Specialist | Shalini Prakash | Sr. Manager – Healthcare Analytics | | Full-Time Data Scientist/Analyst | Brian Allen, ASA, MAAA | Associate Actuary | | Full-Time Data Scientist/Analyst | Jordan Boswell | Associate Data Scientist | | Principal of Data Collection and Analysis Process | David Lewis | Principal | | Principal of Stakeholder Engagement | Luke Roth | Principal & Sr. Healthcare Consultant | | Policy Subject Matter Expert and Actuary | Ben Diedrich, FSA, MAAA | Principal & Consulting Actuary | | Medicare Repricing Subject Matter Expert and Actuary | Drew Osborne, FSA, MAAA | Consulting Actuary | | Medicare Repricing Subject Matter Expert and Actuary | Charlie Mills, FSA, MAAA | Principal & Consulting Actuary |   Should the need arise for additional staff or replacement positions, we have a vast number of experienced, qualified employees. If necessary, we will look externally to ensure staffing of full-time team members for the following positions (as required). Our plan for recruitment strategies (should a need arise), and timelines for each role are described below:  Throughout any hiring process, Milliman will ensure that each position's qualifications and skills align with the outlined descriptions of each position. Additionally, we will maintain clear communication with candidates and stakeholders, and be prepared to adjust the hiring timeline as needed to secure the best talent for each role.  **1. Full-Time Project Manager:**  Position Description:   * Lead project management role responsible for overseeing and coordinating all aspects of actuarial projects.   Recruitment Strategy:   * Post the job opening on the company website and reputable job boards. * Utilize professional networks and industry-specific platforms. * Engage a recruiting agency with experience in hiring project managers.   Timeline:   * Currently staffed. No new hiring required. * Aim to complete any future as needed new hiring process within 1 month.     **2. Full-Time Privacy & Security Advisor:**  Position Description:   * Privacy and security expert responsible for ensuring compliance with relevant laws, especially HIPAA, safeguarding sensitive data and other applicable Federal and State laws.   Recruitment Strategy:   * Focus on candidates with specific expertise in healthcare privacy and security. * Advertise the position on job boards, including those specializing in healthcare compliance. * Collaborate with legal and compliance experts to identify suitable candidates.   Timeline:   * Currently staffed. No new hiring required. * Aim to complete any future as needed new hiring process within 1 month.     **3. Full-Time Outreach Liaison:**  Position Description:   * Manage communications with hospitals submitting data and other stakeholders involved in actuarial projects.   Recruitment Strategy:   * Look for candidates with strong communication and stakeholder management skills. * Advertise the position on job boards and use social media channels.   Timeline:   * Currently staffed. No new hiring required. * Aim to complete any future as needed new hiring process within 1 month.     **4. Full-Time Quality Assurance Specialist:**  Position Description:   * Ensure adherence to the Quality Management Plan for actuarial projects, focusing on data accuracy and process quality.   Recruitment Strategy:   * Seek individuals with prior quality assurance experience, preferably in actuarial or related fields. * Use online job portals and quality control networks.   Timeline:   * Currently staffed. No new hiring required. * Aim to complete any future as needed new hiring process within 1 month.     **5. Full-Time Data Scientists/Analysts:**  Position Description:   * Analyze and interpret data, perform statistical modeling, and generate insights from data sets relevant to actuarial projects.   Recruitment Strategy:   * Attract candidates with strong data analysis and modeling skills. * Leverage data science job boards, academic networks, and professional organizations.   Timeline:   * Currently staffed. No new hiring required. * Aim to complete any future as needed new hiring process within 1 month.   **6. Full-Time Position requiring experience in hospital billing or claims’ processing:**  Position Description:   * Utilize experience in hospital billing or claims processing to contribute to actuarial projects.   Recruitment Strategy:   * Look for candidates with prior experience in hospital billing or claims processing. * Advertise on healthcare job boards and tap into industry networks.   Timeline:   * Currently staffed. No new hiring required. * Aim to complete any future as needed new hiring process within 1 month. |

1. **Reporting Requirements** - Please detail how you will meet the meeting & reporting requirements outlined in SoW Section 3.2.

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| Milliman client relationships are intentionally collaborative. Our primary goal as consultants is to advise our clients in achieving their objective. Our project plan involves an internal, collaborative Workgroup with IDOI, as well as regular checkpoints throughout the project. The Milliman principals assigned to this project will serve as the main points of contact and provide leadership for the team. In addition to the Milliman principals, we will assign a designated project manager who can coordinate the development of agendas and available meeting times for the IDOI Executive Team and Deputy Commissioner for the Cost of Healthcare Division. Ensuring that there is a shared common vision between the IDOI staff and the Milliman client team is our top priority -- a successful client engagement is when we achieve the project objectives on time and within budget.  Ideally the IDOI will also designate a primary point of contact. Having this connection can help eliminate a good deal of back and forth to get the necessary meetings scheduled. The lead Milliman principal will be responsible for incorporating regular updates or including other Milliman team members for the purpose of presenting results and providing progress status reports. Our project management staff will also support in planning and developing of internal milestones as well as identifying changes needed to the work plan.  The data collection portion of this engagement will benefit from frequent and regular check-in meetings. We recommend a weekly meeting with those contributors who are more involved in the details of the work. These weekly touchpoints will flow into the monthly meetings with the IDOI Executive Team and a biweekly meeting with the IDOI Deputy Commissioner for the Cost of Healthcare Division. The Milliman philosophy is to have multiple layers of touchpoints to the client relationship. We aim to always include the most appropriate team member contributing to the project.  On occasion, situations arise that cause delays and deliverables are not delivered according to the date established in the original project plan developed around the scope of work. We always work to minimize these occurrences, and will clearly communicate any issues to IDOI when they arise and discuss any impact on deadlines immediately. Solutions to these situations can involve moving the deadline or changing our approach or scope for the project if the deadline has no flexibility. Our team has a long history of collaborating with state clients and we understand the various layers of review and stakeholder engagement at times required after the analysis is delivered. When a barrier is identified, we will not hesitate to work with IDOI and all stakeholders in order to achieve the project objective. |

1. **Reporting Recommendations -** Ind. Code 27-1-47.5-6 provides reporting requirements. What is your recommendation for the additional information required under Ind. Code 27-1-47.5-6(a)(1)? What are your recommendations for the manner and format that the Department should prescribe to ensure the most value is gained from the data required in Ind. Code 27-1-47.5-6(a)(2)? Please describe any challenges with using the currently posted data and describe your recommendations for how to address those concerns.

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| Regarding Ind. Code 27-1-47.5-6, our reporting recommendations are as follows:   * + - 1. **Milliman’s recommendation for the additional information that will be requested from the hospital system, specifically in regards to the manner and format that the Department should be issuing the request**   This will be part of discussions during stakeholder engagement surrounding data collection, but our initial recommendation is that hospital systems attempt to leverage their current data submission to use for this analysis. The data needed for this analysis is expected to require more detail around claims coding, and other attributes than they are likely submitting now, so some expansion of that current submission would be required. However, in order to keep this analysis efficient and requiring minimal additional effort from the hospitals, we plan to use the current submission’s layout and the method of submitted that data assuming it provides the accuracy and quality necessary.   * + - 1. **Milliman’s recommendation for how the Standard Charge Information required by CMS should be leveraged to ensure the most value is gained**   Other than expanding on the file specifications of what is currently submitted to CMS, the Standard Charge Information could be used to reconcile against data received for this engagement, and ensure the data volume and accuracy are consistent with expectations. We are familiar with the hospital required data from CMS, its content, and some limitations (e.g., service mix differences). We know our request will better align with the billed charges that are associated with the payment amounts we are collecting.   * + - 1. **Potential challenges with using the currently posted data and Milliman’s recommendations for addressing these concerns.**   The main challenges we anticipate are around the additional data elements that will likely be needed for this analysis. As described above, the additional detail around coding fields, and other elements needed for this analysis are likely more than is currently being included in the currently posted data. There is still great efficiency to be gained by providers starting with those current submission layouts and building up to the expanded data requirements for this analysis. |

1. **Quality Management** - Please highlight your approach to Quality Management as detailed in SoW Section 3.3. Please include a sample Quality Management Plan in your response.

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| There are two key components to the quality management Milliman employs on a project such as this:  **1. Analysis-driven quality management**    For the analysis-driven quality management, the Milliman Medicare Repricer includes an extensive series of data validation and quality checks. As described in the Data Collection and Analysis Process section, validation and data quality summaries are part of the software outputs, and the Milliman team will apply a uniform process for reviewing both the data received (including the content and reasonability of all fields), and the output of the analysis (including the reasonability of the values). These validation and data quality checks are reviewed by multiple people on the team following the Milliman review standards described below. As part of Milliman’s review, we produce internal documentation on all steps taken in the analysis. Since the Milliman Medicare Repricer is licensed by healthcare organizations nationally, the software includes a process for tracking each validation and data quality checks, including a description of the check, where to find the metrics needed to complete the check, and tracking of when and whom performed the check.    Following these guidelines addresses three of the four purposes for the quality management plan stated in this RFS requirement (items 1, 2, and 4). Regarding item 3 on what additional teams outside the core group will support these, the core team consists of people at multiple levels performing these reviews. Given the nature of this assignment, Milliman internal review standards also require an external review by a senior Milliman consultant that is not part of the core team. This independent review is performed to ensure the quality of the analysis and output.    **2. Milliman’s internal quality management requirements:**  Milliman builds on a strong ethic of peer review that is employed in any project undertaken. Our peer review consists of two major components: pre-release peer review and post-release peer review.  All consulting work with substantive content is subject to pre-release peer review, and it must be directed by an individual with signature authority. Signature authority is only granted within Milliman after a careful review of an individual’s work by a qualified consultant from another Milliman office and after approval by Milliman’s health steering committee. Peer reviewers are individuals who are familiar with the project but have not performed significant work on the project. This requirement allows for impartial review and the opportunity for additional insight.  Peer review includes a secondary review of the work performed, reports prepared, and overall project management. It also includes review of the methodology, review of the file documentation, analysis of the results and review of compliance with Actuarial Standards of Practice. The review is structured to identify any outstanding issues that were not addressed, to ensure that the information is presented in a logical and complete manner, and to ensure that the overall quality of the work meets Milliman’s high quality standards.  Post-release peer review is a process Milliman has put in place to ensure that each practice follows the firm-wide guidelines for pre-release peer review, security protocols, and general quality of work. Every Milliman practice is reviewed every three years at minimum, confirming that peer review and signature authority procedures are followed and documented, and that files are appropriately compiled. A practice’s communications are also reviewed for procedural and technical content. Failure to meet Milliman standards for peer review and work quality is considered a serious matter by the Milliman board; rehabilitation plans are put in place for any practices not in compliance.  Based on our foundation of peer review, the other significant internal control Milliman has in place is the ability to escalate the management within a project when additional support is needed. Project leads work diligently to address as many issues as possible during the project management phase. The workflow management process generally involves the pre-release peer reviewer throughout the project to ensure that the scope of work is being appropriately completed and there are no outstanding issues with the final work product. If management needs to be escalated, additional layers of credentialed actuaries can be involved in both peer review and project management.  Milliman’s billing controls include preparation and peer review by independent individuals. Each month, the billing supervisor extracts all time charges relating to the contract. Both the account manager and project lead review the charges associated with each individual project to ensure that only individuals authorized to complete the work are involved, and that reported resources are reasonable for the scope of work produced. Once the review is complete, the billing supervisor prepares and finalizes the monthly invoice, organizing the charges by work order. Each work order is assigned a designated code to track against budget. |

1. **Corrective Actions -** Please acknowledge your intention to adhere to SoW Section 3.4.

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| Milliman acknowledges the steps for corrective action as listed by IDOI and intends to adhere to those steps. We appreciate IDOI’s intent to collaborate. Accuracy and client satisfaction are our highest priorities in any engagement, and client-focused service is written into Milliman’s mission. Our reputation for high quality work and customer satisfaction is built on a strong ethic of peer review, clear documentation, and responsive communication. Our project management processes ensure we avoid conflict or the need for corrective action.  At the individual client level, we tailor our procedures to client needs. For this engagement with the IDOI, we plan to monitor the IDOI’s satisfaction “face-to-face” through regular meetings with the IDOI staff including:   * Regular collaborative touchpoints with the IDOI team – these are expected to be weekly initially and during the stakeholder engagement, data collection, data processing, and reporting work periods; * Biweekly meetings with the IDOI Deputy Commissioner; and * Monthly meetings with IDOI Executive Team.   Our high client retention ratios attest to the satisfaction of our clients. |

1. **End of Contract -** Please describe how you will adhere to the Turnover Plan outlined in SoW Section 3.5.

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| Milliman acknowledges and is committed to developing and implementing a comprehensive Turnover Plan for IDOI or a successor contractor(s) when the Contract is complete or terminated early. We will oversee the successful implementation of the Turnover Plan, when transitioning operational activities to either IDOI or a successor contractor. Key activities of our team that will ensure adherence include:   * Maintaining documentation of all operational processes, including data submission and collection, data validation, and stakeholder reporting. * Clear documentation of stakeholder requirements and how these are requirements are met by the project’s operational processes. * Training of stakeholders and IDOI staff on the applicable operational processes and data.   Milliman agrees to adhere to the (4) Phase Plan and the corresponding Tasks associated. This plan will ensure a smooth and organized handover process. |

1. **Timeline** - Please propose a projected timeline with sample dates for required meetings and milestones for the duration of the Contract period.

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| Please see Fig.1 Project Timeline (below) for our proposed project timeline.  Key Milestones:   * December 2023: Complete initial decisions for:   + Definition of Medicare   + Data submission process   + Validation and reconciliation sources (e.g., hospital financial statements) * January 2024: Complete draft Data Submission Guide * January 2024: Begin stakeholder engagement process * February 2024: Finalize Data Submission Guide and data submission process for production * March 2024: Hospital systems begin data upload; begin data validation * April 2024: Begin percent of Medicare calculations * July 2024: Finalize percent of Medicare calculations * July 2024: Finalize report |
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| Tasks | NOV | DEC | JAN | FEB | March | April | May | june | july | aug | sept |
| Planning and initial decisions with IDOI |  |  |  |  |  |  |  |  |  |  |  |
| Data Submission Guide |  |  |  |  |  |  |  |  |  |  |  |
| Stakeholder engagement |  |  |  |  |  |  |  |  |  |  |  |
| Data submission |  |  |  |  |  |  |  |  |  |  |  |
| Data validation |  |  |  |  |  |  |  |  |  |  |  |
| Percent of Medicare Calculations |  |  |  |  |  |  |  |  |  |  |  |
| Report development and finalization |  |  |  |  |  |  |  |  |  |  |  |

**Fig. 1. Project Timeline**

* 1. **Contract Term** - What differences do you anticipate or recommend between contract years 1 and 2?

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| We do not anticipate a great difference between the contract terms and timeline of years 1 and 2. In the second year, the data process will be streamlined and may include changes based on stakeholder feedback and the prior years’ experience. |

1. **Challenges** - Please describe the specific challenges involved with calculating the prices that would have been paid had care been provided under Medicare. Describe how you would address each challenge. Be sure to address and include:

* Differences in what care is covered
* Non-fee for service payments

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| |  |  | | --- | --- | | Potential Challenge | Milliman’s solution | | Services covered by commercial plans but not present on Medicare fee schedules. | * For services that are priced by MACs, but not available on the published national fee schedules, MAC pricing will be used. | | Services covered by commercial plans but not covered by Medicare. | * Publicly available Medicare-equivalent gap pricing can be used for some services. For example, the Department of Veteran’s Affairs publishes Relative Value Units (RVUs) for some non-covered services under the that are on a Medicare basis and can be used to calculate estimated Medicare allowable levels. | | Non-fee for service payments is not captured through repricing claims data. | * We will perform a separate analysis modeling non-FFS payment Medicare equivalents for the commercial experience being evaluated for each hospital system. | | Critical Access Hospitals, Long-term acute care hospitals and Psychiatric hospitals are not paid under the Medicare IPPS and OPPS methodologies and must be priced under the specific systems for those service types. | * The Medicare Repricer is capable of pricing all these special facility types to Medicare. | | Multiple claims can be priced under a single payment, for example inpatient continuous stay claims with interim bills. | * The Medicare Repricer includes logic to combine claims consistently with Medicare pricing methodologies to ensure the appropriate rate is applied. | |

1. **Barriers and Risks** - Describe any barriers or risks you anticipate encountering, including but not limited to, missed deadlines, missing data, lack of participation by hospital systems, *etc.* How do you propose to address these unexpected challenges?

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| |  |  | | --- | --- | | Potential risk | Milliman’s PROACTIVE solution | | Delays that could impact timeliness | * Early stakeholder engagement, maintaining a detailed project schedule, automated data validation and checking processes, and providing a clear and concise data submission guide are key features of the Milliman solution that will help reduce the risk of delays. * While stakeholder engagement should ensure the data collected is consistent between all hospitals, timing variations between hospitals on when the information is provided are possible. Therefore, Milliman will provide the IDOI and, as appropriate, the hospital systems an ongoing process status report. * Similarly, quality of the data received, and if issues are discovered requiring a replacement, can impact timelines. If the hospital system cannot correct the data as needed, steps could be discussed on potential edits to the data to correct issues in order for it to be usable in the analysis. To help mitigate the impact of specific hospital system delays on the overall project timing, Milliman will performing tasks in tandem to accommodate the overall project deadline (e.g., each hospital system’s data will be processed in parallel). | | Lack of participation by hospital system | * Ensuring the appropriate hospital system representation is present in stakeholder meetings and is included in stakeholder communication. * Providing information through multiple (and appropriate) mediums, including face-to-face meetings, email, website posting. This will help minimize potential obstacles such as geography, accessibility of meeting locations, or meeting times. * Establishing a process with the appropriate and rigorous methodology fallback options. For example, if some of the hospital system’s data is of insufficient quality to be adjudicated to Medicare allowed, then alternatives can be explored, such as ways to update, or adjust the data to support valid comparisons. If those are not feasible, an alternative method of representing the hospital in the analysis can be explored with the hospital system and the IDOI. | | Issues with the technical process of our work | * The data validation and checking processes underlying Milliman’s software solutions and peer review process are designed to identify any potential issues with the technical process of our work. * We propose providing initial data validation and processing results back to each hospital system to enable their own review. As part of this process, Milliman will answer each hospital system’s questions about their own data and results. In our experience, this collaboration will surface data issues not identified through our standard checks or results that do not align with the hospital system’s understanding if its own reimbursement rates. | | Addressing issues that require consultation with stakeholders to provide guidance or ensure alignment with stakeholder preferences | * Raise potential issues with the appropriate stakeholders in a timely manner, to discuss the issue and ensure mutual understanding, identify next steps, and set up a timeline for resolving the issue. * As appropriate, to communicate the issue to affected parties. * Follow up with stakeholders to ensure that the issue is resolved. | | Failing to acknowledge and consider information brought forth by stakeholders | * Similar to issues raised by stakeholders - if a stakeholder provides information, then it is important to acknowledge the information and explain how the information is or is not considered in the hospital benchmarking process, and why. * Our proposed approach will assure that we consider stakeholder input in a rational and thoughtful way. Also, we propose to prepare summaries of stakeholder input which the IDOI may elect to distribute publicly. * Through these steps, we can help to create an environment where participating stakeholders understand that their input is considered seriously, which in the long term can build trust in and commitment to the process. | |

1. **Business Continuity and Disaster Recovery** - Please describe your business continuity and disaster recovery plan including your proposed method to inform the State of any issues.

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| Business continuity and disaster recovery are critical elements of Milliman’s strategy to safeguard client information and ensure timely service delivery. Milliman business units have disaster recovery programs that are regularly tested. Milliman’s wide area network has multiple points of redundancy to ensure prompt recovery of telecommunications services. This includes but is not limited to a fully meshed network, multiple firewalls configured for high availability, and 24/7 support from Verizon. Each business unit develops its own disaster recovery plan according to the Milliman template for Disaster Recovery and addresses the specific needs and threats to that business unit’s location. Each business unit includes procedures in its plan for data backup and recovery, equipment recovery, and business restoration. Milliman’s business units can operate independently in the event of a business outage of another unit. |

1. **Security Certificates** - Please list the relevant security certificates you possess.

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| The Milliman office responding to this RFS is HITRUST certified. Please see “Attachment A. Appendix” for our most recent letter of certification, under 2.16.A HITRUST letter of Certification (pg. 55) |