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**The State of New Hampshire
Insurance Department**

21 South Fruit Street, Suite 14
Concord, NH 03301
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TDD Access: Relay NH 1-800-735-2964

Christopher R. Nicolopoulos
Commissioner

David J. Bettencourt
Deputy Commissioner

February 17, 2021

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, LLC. (Vendor # 161843) of Boston, MA in the amount of \$137,498.00, for consulting services effective upon Governor & Council approval through December 31, 2022. 100% Other Funds.

The funding is available in an account titled Administration, as follows, for Fiscal Year 2021, and is anticipated to be available in Fiscal Years 2022 and 2023, with the authority to adjust encumbrances in each of the State fiscal years through the Budget Office if needed and justified:

	<u>FY2021</u>	<u>FY2022</u>	<u>FY 2023</u>
02-24-24-240010-252000000	\$34,375.00	\$68,750.00	\$34,373.00
-046-500464 Consultants			

EXPLANATION

NHID posted a Request for Proposal (RFP) on its website December 29, 2020. Notice of the RFP was emailed to past bidders on NHID contracts, companies known to do work in this field, and a list of general NHID industry contacts. NHID received four bids in response to the RFP. Staff familiar with project goals evaluated the bids based on the scoring system detailed in the RFP. After reviewing the bids, the Commissioner selected the Public Consulting Group (PCG) proposal as the most responsive and cost-effective based on RFP criteria.

The Life and Health Compliance unit will bear primary operational responsibility for the review of Qualified Health Plans (QHP) for Plan Years 2022 and 2023. The

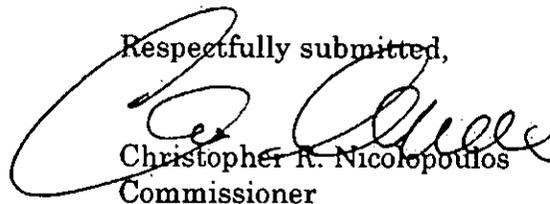
agreement will provide consulting services to the QHP certification process including the applicability of federal requirements updated by CMS each plan year.

The primary deliverables for PCG include:

1. Monitoring CMS issuance of new federal regulations and guidance documents related to QHPs and Federally-facilitated Exchange (FFE) 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 FFE;
3. Assisting with the preparation and review of QHP-related materials to be presented to carriers at an annual NHID Kickoff webinar. Providing technical assistance to support NHID staff in responding to carrier inquiries, including participation in the NHID Kickoff webinar and assistance in responding to periodic inquiries from carriers;
4. Providing training and guidance to NHID staff on an ongoing basis throughout the term of the contract, to support continued regulatory compliance and the development of in-house capacity in connection with all plan management functions; and,
5. Creating consumer-facing documents for NHID publication, including a plan comparison tool showing all individual and small group plans offered via the FFE and a summary document detailing hospital networks and hyperlinks to Provider Finder and Prescription Formulary resources.

The New Hampshire Insurance Department respectfully requests that the Governor and Council authorize funding for this consulting work. I appreciate your consideration of our request.

Respectfully submitted,



Christopher R. Nicolopoulos
Commissioner

Evaluation Committee Members: Jason Dexter, Tyler Brannen, Michelle Heaton, and David Schechtman

Evaluation Process: Every committee member reviewed and evaluated bids independently. On January 21, 2021 the evaluation committee met, and as a group assigned points to each bid per the "Specific comparative scoring process" described in the RFP.

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

REP/VENDOR	Contractor meets Specific Skills needed (40% of points)	Contractor meets qualifications and related experience (35% of points)	Bid Price	Cost for Contractor Time (25% of points)	TOTAL SCORE (100% of Points)	Score without \$B	NOTES
Plan Management Consultant for Plan Years 2022-2023							
NovaRest	20%	20%	\$129,000.00	25.00%	65.00%	40.00%	
PCG	35%	32%	\$137,498.00	23.45%	90.45%	67.00%	
Alvarez & Marsal Healthcare Industry	25%	25%	\$139,400.00	23.13%	73.13%	50.00%	
Risk & Regulatory Consulting	30%	28%	\$140,000.00	23.04%	81.04%	58.00%	

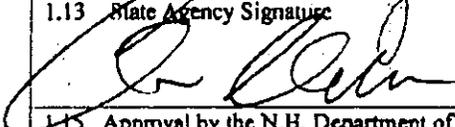
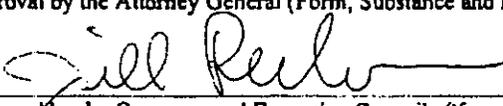
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

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, NH 03031	
1.3 Contractor Name Public Consulting Group LLC		1.4 Contractor Address 148 State Street, Tenth Floor, Boston, MA 02109	
1.5 Contractor Phone Number (617) 426-2026	1.6 Account Number 25200000-046-500464	1.7 Completion Date December 31, 2022	1.8 Price Limitation \$137,498.00
1.9 Contracting Officer for State Agency Christopher R. Nicolopoulos, Commissioner		1.10 State Agency Telephone Number (603) 271-3945	
1.11 Contractor Signature  Date: 2/18/2021		1.12 Name and Title of Contractor Signatory Marc Stauble Practice Area Director	
1.13 State Agency Signature  Date: 2/18/2021		1.14 Name and Title of State Agency Signatory Christopher R. Nicolopoulos, Commissioner	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 2/19/21			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

2. 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 B 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 1.17, 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 1.13 ("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 affected by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part. 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 reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source 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 C 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 applicable 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 employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property 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. The Contractor 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 cured, 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 give the Contractor a written notice specifying the Event of Default and 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 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

8.3. 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.

9. TERMINATION.

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State's discretion, 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 B. In addition, at the State's discretion, the Contractor shall, within 15 days of notice of early termination, develop and

submit to the State a Transition Plan for services under the Agreement.

10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

10.1 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.

10.2 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.

10.3 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.

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.

12.1 The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice, which shall be provided to the State at least fifteen (15) days prior to the assignment, and a written consent of the State. For purposes of this paragraph, a Change of Control shall constitute assignment. "Change of Control" means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.2 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State. The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

13. INDEMNIFICATION. Unless otherwise exempted by law, the Contractor shall indemnify and hold harmless the State, its officers and employees, from and against any and all claims, liabilities and costs for any personal injury or property damages, patent or copyright infringement, or other claims asserted against the State, its officers or employees, which arise out of (or which may be claimed to arise out of) the acts or omission of the

Contractor Initials 11
Date 2/18/21

Contractor, or subcontractors, including but not limited to the negligence, reckless or intentional conduct. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. 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 continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial 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 or excess; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 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 ten (10) days prior to the expiration date of each insurance policy. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

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. The 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. **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.

17. **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.

18. **CHOICE OF LAW AND FORUM.** This Agreement shall be governed, interpreted and 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. Any actions arising out of this Agreement shall be brought and maintained in New Hampshire Superior Court which shall have exclusive jurisdiction thereof.

19. **CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and/or attachments and amendment thereof, the terms of the P-37 (as modified in EXHIBIT A) shall control.

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 or modifying provisions set forth in the attached EXHIBIT A 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 with respect to the subject matter herof.

STATE OF NEW HAMPSHIRE
PLAN MANAGEMENT CONSULTANT for PLAN YEARS 2022 and 2023

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 Carrier and Dental Insurer 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 through calendar year 2022 for the review of the 2022 and 2023 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.

Pending Governor and Executive Council approval, it is anticipated the services under this contract will begin in late February 2020 and extend through December 31, 2022.

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 2022 and 2023 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 expects the majority of the project work to be performed off-site but reserves the right to request on-site meetings.

Electronic proposals will be received until 4 pm local time, on January 15, 2021, at the New Hampshire Insurance Department, 21 South Fruit Street, Suite 14, Concord, New Hampshire, 03301. Emails should be sent to marianne.m.sylvester@ins.nh.gov and include in the subject line: “Plan Management Consultant Services for Plan Years 2022 and 2023”.

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.

The budgets are not to exceed amounts, and will be included in the contract with the winning bidder. Actual payment amounts will be based on the per hour rate for staff assigned to the project and the actual billable hours, as approved by NHID, and may be invoiced on either a monthly or quarterly basis.

SERVICES REQUESTED

The contractor is expected to support the NHID in its review and regulation of the 2022 and 2023 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 Life and Health Division to support certification and regulation of QHPs by providing technical assistance, the Consumer Services Division to develop required consumer-facing tools, and NHID staff to offer training or guidance to develop in-house knowledge of health insurance. 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. Assisting with the preparation and review of QHP-related materials to be presented to carriers at an annual NHID Kickoff webinar. Providing technical assistance to support NHID staff in responding to carrier inquiries, including participation in the NHID Kickoff webinar and assistance in responding to periodic inquiries from carriers;
4. Providing training and guidance to NHID staff on an ongoing basis throughout the term of the contract, to support continued regulatory compliance and the development of in-house capacity in connection with all plan management functions;
5. Creating consumer-facing documents for NHID publication including a plan comparison tool showing all individual and small group plans offered via the FFM and a summary document detailing hospital networks and hyperlinks to Provider Finder and Prescription Formulary resources.

BACKGROUND INFORMATION

The NHID's Life and Health Division 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 through the SERFF system.

The 2021 NH Marketplace offered plans underwritten by 3 carriers in the on-exchange individual health market, 1 carrier in the SHOP market, and 4 dental carriers offering stand-alone dental plans.

For additional information on the NH Marketplace see:

https://www.nh.gov/insurance/consumers/mp_plans.htm;

<https://www.nh.gov/insurance/lah/2021-plan-year-qhp.htm>;

2021 Plan Comparison Tool: <https://www.nh.gov/insurance/consumers/documents/2021-plan-comparison-tool.pdf>; and,

2021 Hospital Network/Provider & RX Hyperlink tool:

<https://www.nh.gov/insurance/consumers/documents/2021-plan-hospital-grid.pdf>

The NHID periodically issues bulletins on subjects relating to QHP review. The most recent bulletin is located here: <https://www.nh.gov/insurance/media/bulletins/2020/documents/ins-20-018-ab-2021-plan-year-issuer-guidance.pdf>

EVALUATION OF BID PROPOSALS

Total Contract Price shall not exceed \$140,000.

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, and the operation of the FFM;
- 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.

35 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.

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 anticipated costs and specific timeline stated in the proposal.

25 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 January 7, 2021 at noon. Questions should be directed to Marianne Sylvester via email at Marianne.M.Sylvester@ins.nh.gov. Please include in the subject line: "Plan Management Consultant Services RFP for Plan Years 2022 and 2023."

A consolidated written response to all questions will be posted on the New Hampshire Insurance Department's website: www.nh.gov/insurance, on or about January 11, 2021.

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 on or about January 19, 2021 and the NHID plans to seek Governor and Council approval of the contract in February or March 2021. 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 CONSULTANT for PLAN YEARS 2022 and 2023

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 amount that does not exceed \$140,000
- ___ 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
 - ___ an estimate of the amount of time estimated to prepare required consumer-facing documents
 - ___ 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



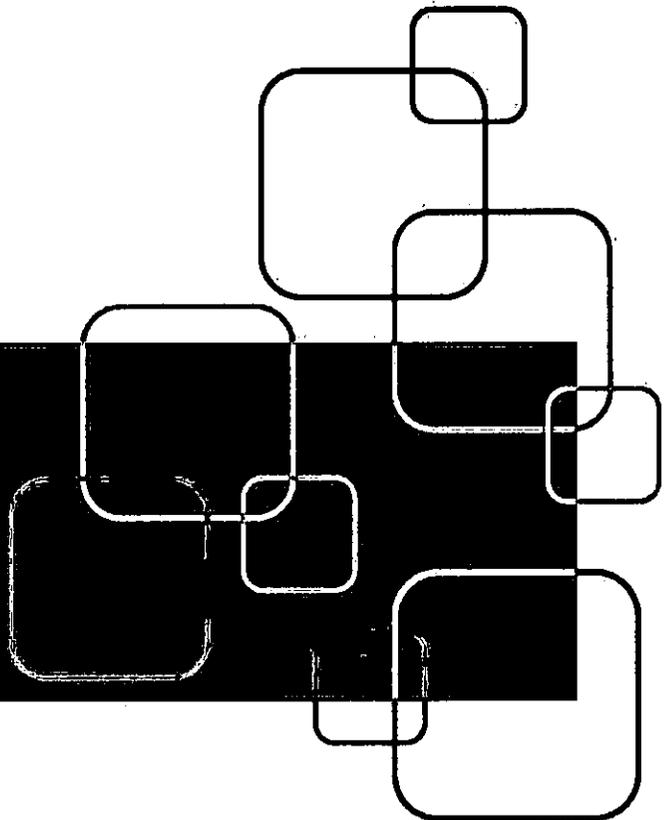
Solutions that Matter

New Hampshire Insurance Department

Plan Management Consultant
For Plan Years 2022 and 2023

January 15th, 2021

New Hampshire Insurance Department
21 South Fruit Street, Suite 14
Concord, New Hampshire, 03301



January 15, 2021

New Hampshire Insurance Department (NHID)
Plan Management Consultant
For Plan Years 2022 and 2023



Solutions that Matter

January 15, 2021
Attn: Commissioner Nicolopoulos
New Hampshire Insurance
Department 21 South Fruit
Street, Suite 14 Concord, New
Hampshire, 03301

Dear Commissioner Nicolopoulos,

Public Consulting Group LLC. (PCG) is pleased to present our submission to the New Hampshire Insurance Department's Request for Proposal (RFP) entitled Plan Management Consultant for Plan Years 2022 and 2023.

PCG very much values our work and relationship with the New Hampshire Insurance Department. Our collaboration has resulted in continual improvements to the Qualified Health Plan certification process and effective support of the Department.

As we outline in our response, PCG has extensive plan management consulting experience in New Hampshire as well as in many other states.

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 or 781-308-3251.

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

Sincerely,

A handwritten signature in black ink that reads "Marc Stauble". The signature is written in a cursive style with a large, stylized initial "M".

Marc Stauble,
Practice Area Director
Public Consulting Group LLC.

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Check List	PCG/Proposal Section
<p>Name and contact information of the person(s) we should contact should we have questions</p>	<p>Cover Letter 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.</p>
<p>A narrative addressing all of the objectives outlined in this RFP</p>	<p>Specific Ability to Perform the Scope of Work</p>
<p>A detailed timeline for the plan management project full term of the project</p>	<p>Project Work Plan and Cost Proposal</p>
<p>Clearly labeled "Not-to-Exceed" limit amount that does not exceed \$140,000</p>	<p>Project Work Plan and Cost Proposal Total Not to Exceed Scope Cost: \$ 137,498</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>Appendix A Project Manager: Margot Thistle Advisor: Lisa Kaplan Howe Consultant: Hargobind Khalsa Business Analyst: Alec Whipple</p>
<p>Derivation of cost for the Contractor including:</p> <ul style="list-style-type: none"> 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 An estimate of the amount of time estimated to prepare consumer facing documents 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 	<p>Project Work Plan and Cost Proposal The following staff will be available throughout the entire project engagement: Project Manager: Margot Thistle Advisor: Lisa Kaplan Howe Consultant: Hargobind Khalsa Business Analyst: Alec Whipple</p>

1. EXECUTIVE SUMMARY

Public Consulting Group LLC. (PCG) is excited to offer this proposal in response to the request for proposals (RFP) to support plan management functions for Plan Years 2022 and 2023.

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. 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.



Given the need to ensure both continuity in policy and process knowledge, our proposal team will be the same team that has historically assisted the Department with this scope, and other recent projects, including the Section 1332 State Relief and Empowerment Waiver development and operational planning scope and the ongoing scope for implementation of the waiver. Our core team will be our existing project lead - Margot Thistle, with regulatory 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. Our project team will also include the expertise and support of Hargobind Khalsa and Alec Whipple, who have worked with the Department throughout previous certification periods and provide critical data and technical expertise to our team.

These proposed team members have worked with the Department for multiple years. As a result, our ability to successfully fulfill the requirements of the Department has been demonstrated and continues to mature. 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.

PCG has provided ongoing support throughout the PCG/NHID partnership—supplying regulatory analysis, trainings to staff and carriers, review support tools and staff augmentation. 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.

We appreciate the thoughtful and hardworking partners within the Department and seek to continually improve and support the QHP certification process for their sake. Our team greatly appreciates the opportunity to respond to this RFP and hopes to preserve our existing relationship with the Department.

2. SPECIFIC ABILITY TO PERFORM THE SCOPE OF WORK

- *Monitoring CMS issuance of new federal regulations and guidance documents related to QHPs and FFM operations, and promptly creating summaries for NHID use.*
- *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.*

Federal Regulations and Guidance

With two health policy experts leading our leading team, Public Consulting Group LLC. (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 previous 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). Our work with the Department has included an annual analysis of the impact of the guidance on New Hampshire law as well as the certification review process. We translate this analysis into operational and policy guidance for both internal and external use.

We understand the necessity of extracting the operational and policy impacts from these documents and translating them into new requirements for both the state and its Marketplace insurance carriers. We are able to turn around thoughtful and informed analyses quickly, with detailed summaries focusing on changes from prior years and expert analysis, as a result of our longstanding familiarity with the subject matter. 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. Part of the analysis going forward must include understanding and communicating any impact on the state's Section 1332 Waiver / individual market reinsurance program, which PCG is well-positioned to do. Our team worked with the Department and New Hampshire Health Plan last year to draft and submit the waiver and are providing ongoing support relative to that waiver.

Preparation and Review of QHP-Related Bulletins

In addition to 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 acting as the vehicle for announcing policy changes at both the federal and state level. 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 the provided feedback. Having assisted with this bulletin every year since this bulletin was first released, we are uniquely situated to complete this process in a smooth and efficient manner.

We also have the benefit of being actively engaged in the development and ongoing implementation of the New Hampshire Section 1332 Waiver / individual market reinsurance program. Understanding the carrier requirements and expected impact of that waiver – including relative to individual market rates – we will be able to flag for the Insurance Department provisions it may want to consider including in its annual bulletin. Our direct working knowledge of that program will allow us to provide informed guidance for the Insurance Department's consideration, bridge discussions, as needed, with New Hampshire Health plan, which is implementing the waiver, and easily craft any desired language.

• *Assisting with the preparation and review of QHP-related materials to be presented to carriers at an annual NHID Kickoff webinar. Providing technical assistance to support NHID staff in responding to carrier inquiries, including participation in the NHID Kickoff webinar and assistance in responding to periodic inquiries from carriers*

Preparation and Review of QHP-Related Materials for Annual NHID Carrier Kickoff

Our team is experienced at providing technical assistance to Department staff, presenting information to carriers and responding to carrier requests - in particular, in support of the annual Carrier QHP Kickoff meeting. Throughout our partnership with the Department, PCG has focused on improving documents and guidance related to the plan management process, including the format of the annual NHID Carrier Kickoff webinar. We have helped the Department adapt the format of these meetings, from in person to pre-recorded meetings and lastly to a short live webinar to ensure the greatest utility for the issuer community. 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 and new policy initiatives, as well as updating existing workflows, timeline, and tools to comply with the new standards.

Our team's involvement in the annual Carrier QHP meeting involves 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 years' processes and requirements for both regulatory and filing instruction.
- ✓ Translating federal and state regulatory policy to operational support.
- ✓ Providing opportunity to collaborate with other applicable stakeholders on policies or programs that could affect the filing process; for example, the rate filing process for the State Relief and Empowerment Section 1332 Waiver submitted and approved during the Plan Year 2021 certification cycle.

Provision of Technical Assistance for NHID Staff

In addition to the annual kickoff meeting, our team is always available to provide research, consultation, and technical assistance throughout the QHP review process. In the past, our team worked directly with the examiners to respond to carrier questions and joined the weekly carrier calls that occurred.

We believe our work with the Department throughout our tenure 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. We have appreciated the thoughtful leadership and smooth transition as staff has been promoted and new employees have joined the compliance team. We look forward to learning and aiding the NHID team as it continues to grow and mature.

• *Providing training and guidance to NHID staff on an ongoing basis throughout the term of the contract, to support continued regulatory compliance and the development of inhouse capacity in connection with all plan management functions;*

Provide Training and Guidance to NHID Staff

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. This past year, we were tasked with creating a training to highlight major medical health insurance products and the requirements for plans in various market segments under both federal and state law. In addition to ensuring applicable and accurate information was provided, we drew on our expertise to create a virtual training that was both engaging and timely.

In the past we had the ability to provide this training in person, as well as one-on-one instructional sessions as needed, with new staff in particular. We worked to ensure the new members of the compliance team

were provided with the necessary background, as well as critical details to ensure they can successfully integrate into the certification process this upcoming plan year.

Although we no longer perform the tool review on behalf of the Department, we did work with the NHID staff tasked with this role to ensure data validity. In order to do so we ran all the QHP review tools and then compared results with those from the NHID. Our training with new staff included an overview of all tool functions, and a step-by-step tutorial about how to conduct tool review, including our industry leading best practices from our years of experience with the QHP review tools on behalf of New Hampshire and other states.

Lastly, we have and will continue to provide training and support to 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.

Given our involvement in the development and implementation of the state's Section 1332 Waiver and individual market reinsurance program, PCG is also uniquely qualified to advise the Department on the impact of that waiver, including relative to plan and rate filings. As part of the team working on the reinsurance program, PCG's staff stays current on the carrier requirements and expected impact of the waiver.

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.

- *Creating consumer-facing documents for NHID publication including a plan comparison tool showing all individual and small group plans offered via the FFM and a summary document detailing hospital networks and hyperlinks to Provider Finder and Prescription Formulary resources.*

Creating a Plan Comparison Document

At the direction of the Department, our team has created a plan comparison document for the past seven plan years. 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. As more plans have been added to the Marketplace, this document provides a simple overview of all options a New Hampshire consumer has when choosing a health plan. These views give consumers and the Department transparency and serve to educate consumers not only at the time of purchase, but also, as consumers utilize their health benefits. 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. Not only is this an easy guide for Consumer Services staff to use while on the phone with consumers, but consumers can also see which plan includes the hospital that they frequently use, making plan choice as easy as possible.

PCG worked with the Consumer Division this past year to update certain elements on the plan compare to ensure the greatest utility for New Hampshire consumers. These updates included making the document more visually appealing and user friendly since there was a large increase in the number of plan filings in Plan Year 2021. PCG created a more visually intuitive document by orienting the table by metal level, 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. Below are screenshots from the most recent version of the Plan Compare document and the Hospital Network Grid. Included below are *Figure A* & *Figure B* -two visual examples of the work done in Plan Year 2021 to assist the Department with the plan comparison tools.

Individual Market Networks
SMP Network

New Hampshire Insurance Department
75 North Main Street, 10th Floor
Concord, NH 03301
603-883-3131
www.nh.gov/insurance

This list is not a list of all hospitals, nor does it represent a list of all hospitals in the state.

Plan Name	2021	2022	2023
1. Anthem Preferred Blue PPO 7000 0 7000 w/ HSA	Y	Y	Y
2. Anthem Preferred Blue PPO 8500 0 8500	Y	Y	Y
3. Anthem Preferred Blue PPO 1000 10 7000	Y	Y	Y
4. Anthem Preferred Blue PPO 1500 10 7000	Y	Y	Y
5. Anthem Preferred Blue PPO 2000 0 6000 Rod	Y	Y	Y
6. Anthem Preferred Blue PPO 2000 10 4250 w/ HSA	Y	Y	Y
7. Anthem Preferred Blue PPO 2000 10 7000	Y	Y	Y
8. Anthem Preferred Blue PPO 3000 0 7000	Y	Y	Y
9. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
10. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
11. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
12. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
13. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
14. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
15. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
16. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
17. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
18. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
19. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
20. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
21. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
22. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
23. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
24. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
25. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
26. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
27. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
28. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
29. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
30. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
31. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
32. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
33. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
34. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
35. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
36. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
37. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
38. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
39. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
40. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
41. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
42. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
43. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
44. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
45. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
46. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
47. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
48. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
49. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y
50. Anthem Preferred Blue PPO 3000 0 8500	Y	Y	Y

Figure A: The Hospital Network Grid

Plan Year 2021 - Medical Small Group Plans

Insurance Company	Plan Name	Medical Level	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	Deductible	Max Out of Pocket
Anthem	Anthem Bronze Preferred Blue PPO 7000 0 7000 w/ HSA	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$7000 F: \$14000	I: \$7000 F: \$14000
Anthem	Anthem Bronze Preferred Blue PPO 8500 0 8500	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$8500 F: \$17000	I: \$8500 F: \$17000
Anthem	Anthem Gold Preferred Blue PPO 1000 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1000 F: \$3000	I: \$7000 F: \$14000
Anthem	Anthem Gold Preferred Blue PPO 1500 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1500 F: \$3000	I: \$7000 F: \$14000
Anthem	Anthem Gold Preferred Blue PPO 2000 0 6000 Rod	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$6000 F: \$12000
Anthem	Anthem Gold Preferred Blue PPO 2000 10 4250 w/ HSA	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$4250 F: \$8500

Figure B: The 2021 Plan Comparison Document

3. 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 Qualifications and Experience

PCG is a management consulting firm with over 30 years of experience in helping our public sector clients achieve their performance goals and better serve populations in need. PCG has dedicated itself almost exclusively to the public sector for over three decades. In this time, we have developed a deep understanding of not only legal, regulatory, and policy requirements, but also 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.

PCG's Health Practice Area will be exclusively completing work under this RFP. PCG Health helps state and municipal health agencies to respond optimally to reform initiatives, restructure service delivery systems to best respond to regulatory change, maximize program revenue, and achieve regulatory compliance. Currently, PCG Health works with 11 state insurance departments, including NHID. We have also worked with 42 state Medicaid agencies (including the District of Columbia's) and 21 state human service departments. Much of PCG Health's work with states over our 30-year history has centered around helping states strategize and implement policy initiatives that required authorization through a waiver.

Since 2013, PCG has worked with NHID in support of the state's Plan Management Partnership, as well as several other projects including the development of the Consumer Electronic Resource Tool and the Uniform Prescription Drug Prior Authorization Form, Operational Support for the 1115 Premium Assistance Program, and most recently collaborating on the Section 1332 State Empowerment and Relief Waiver. Our longstanding work in New Hampshire provides significant insight into both the unique features of the state's insurance market and the key stakeholders in the state.



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.

Historically, 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 is actively engaged with numerous Departments of Insurance across the country, including Massachusetts, the District of Columbia, Delaware, and Pennsylvania which allows us to bring forth ideas from other regulators as we seek to improve upon the process in place at NHID.

We have included the full details of our engagement with these states in the qualification section of this RFP response as *Appendix A: Qualifications*.

Members of our proposed team have reviewed the ACA and implementing 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 translated into the annual bulletin released in the Spring to advise issuers on compliance with state and federal major medical filing requirements. In addition to the annual bulletin, we provide technical operational guidance specific to New Hampshire, including timelines for form and rate review, where and how to submit templates in SERFF, and objections and FAQ's used by issuers throughout the certification period to inform their filings.

To that technical knowledge, we add our team's considerable experience in navigating the QHP certification process. 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 have troubleshoot issues 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. 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 considerable 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 must be addressed and/or communicated. Furthermore, 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.

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 demonstrated expertise in developing specialized tools to manage client needs.

PCG has unmatched working knowledge of the state's insurance market, plan management operations, applicable federal and state laws. This working knowledge is critical to ongoing success. PCG's continuing work will be informed by this institutional knowledge and the lessons learned through our 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* and for full applicable project experience please refer to *Appendix A: Qualifications*.

4. PROJECT WORKPLAN 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.

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.

Project Details

The cost proposal and timeline detail the specifics of the proposed approach and costs associated with the scope of work contained within this Request for Proposal response, including estimates of the amount of time each person might be expected to expend on the project. **All proposed staff will be available and engaged with the Department throughout the entirety of the contract period.**

The staff expects in person attendance (if PCG corporate policy allows for travel, which at such time is not allowed due to the ongoing COVID-19 health emergency) at the NHID will be necessary during critical implementation dates/periods, and as such we will be available in person during the following milestones:

- o QHP Kickoff/Bulleting Planning & Prep Meeting (likely Feb/March 2021)
- o QHP Kickoff Meeting (likely March/April 2021)
- o QHP Certification Pre-Filing Meeting (April 2021)
- o Two onsite meeting days during QHP certification period (April-August 2021)
- o Tools/Compliance Staff Training Event(s) (Late Fall 2021)

PCG will work with the Department to determine the onsite dates and requirements for Plan Year 2023.

We understand and expect work to be done in accordance with the draft (as of RFP finalization on 1/14/21) federal QHP certification time for Plan Year 2022 (included in *Figure C* below) and the Plan Year 2023 timeline, expected to be released in the winter of 2022.

QHP Timeline Plan Year 2022

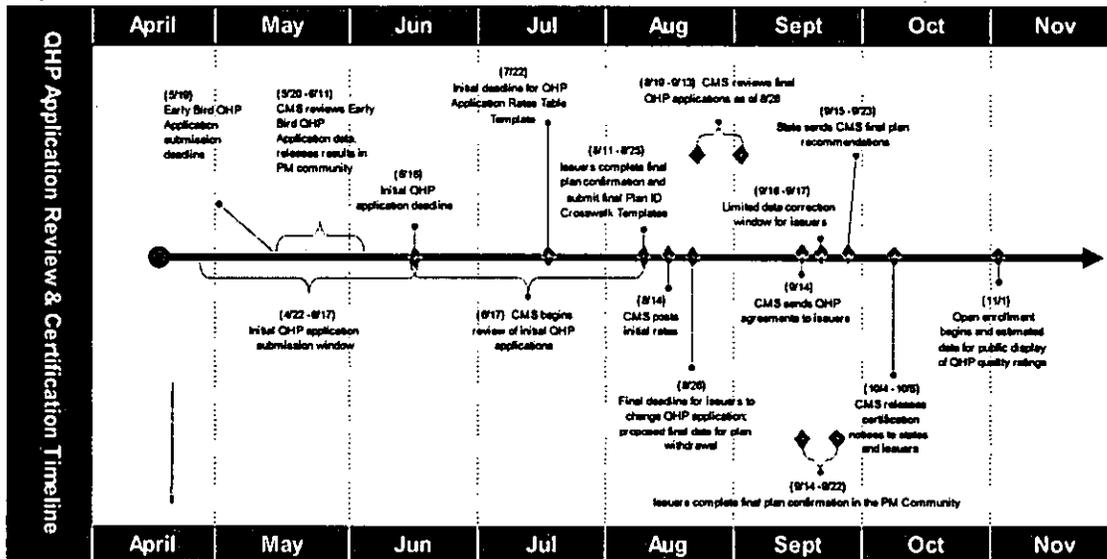


Figure C: QHP Certification Timeline

Public Consulting Group LLC (PCG) will be prepared to participate in a weekly call, as we have done in the past to ensure we are communicating deliverable progress and meeting the needs of NHID staff throughout the contract period.

For the full workplan and cost proposal, please refer to the detailed chart on the next page.

Cost Proposal

Phase	Timeframe	Personnel	Position	Hours	Key Tasks
I. Federal Regulations & Policy Monitoring	Main work will be completed between January- Late Spring of each contract year, depending on when the final letter and federal guidance is released	Staff: Margot Thistle, Lisa Kaplan Howe Support Staff: Alec Whipple	Senior Consultant /Advisor (SC): \$273.00 Consultant(C): \$226.00 Business Analyst (BA): \$175.00	SC: 28 hours C: 0 hours BA: 4.5 hours	Provide ongoing policy and regulatory support to the Department, specifically focused on periods following the release of significant federal guidance (including NBPP and the annual Letter to Issuers in the FFM).
	Ad Hoc: Ongoing throughout the project scope each year.				Ad Hoc: Provide regulatory review and support as new regulations and Executive Orders are promulgated under the new administration as needed.
				Total Estimate	\$ 8,432
III. Certification Preparation & Assistance	QHP Prep & Support January-September of each year.	Staff: Margot Thistle, Lisa Kaplan Howe	Senior Consultant /Advisor (SC): \$273.00 Consultant(C): \$226.00 Business Analyst (BA): \$175.00	SC: 100 hours C: 45 hours BA: 100 hours	Assist in 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.
	Plan Compare: August- November of each year Project Management: Ongoing throughout the project scope each year.	Support Staff: Hargobind Khalsa & Alec Whipple			Assist with the preparation and review of QHP-related materials to be presented to carriers at an annual NHID Kickoff webinar. Provide technical assist to support NHID staff in responding to carrier inquiries, including participation in the NHID Kickoff. Create consumer facing documents for NHID publication, including a plan comparison tool showing all individual and small group plans offered via the FFM and a summary document detailing hospital networks and hyperlinks to Provider Finder and Prescription Formulary resources. Participate in periodic check-in calls/meetings and project management discussions with NHID throughout the project.
				Total Estimate	\$54,970
III. Training	Training: Late Fall each year, and as requested by the Department	Staff: Margot Thistle Support Staff: Hargobind Khalsa & Alec Whipple	Senior Consultant /Advisor (SC): \$273.00 Consultant(C): \$226.00 Business Analyst (BA): \$175.00	SC: 10 hours C: 5 hours BA: 8.5 hours	Provide training and guidance to Department staff to support the NHID, including, development of a training plan and conducting training of NHID staff on an ongoing basis.
			Total Estimate		
				Total Proposal NOT TO EXCEED Per Year	\$ 68,749
				Total Project- Plan Year 2022 & 2023 NOT TO EXCEED	
				\$ 137,498	

5. CONFLICT OF INTEREST

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

Disclosure

PCG has no actual or potential conflicts of interest with this engagement.

APPENDIX A: QUALIFICATIONS

STATE OF NEW HAMPSHIRE PLAN MANAGEMENT CONSULTANTS FEBRUARY 2013 – DECEMBER 2020

SCOPE

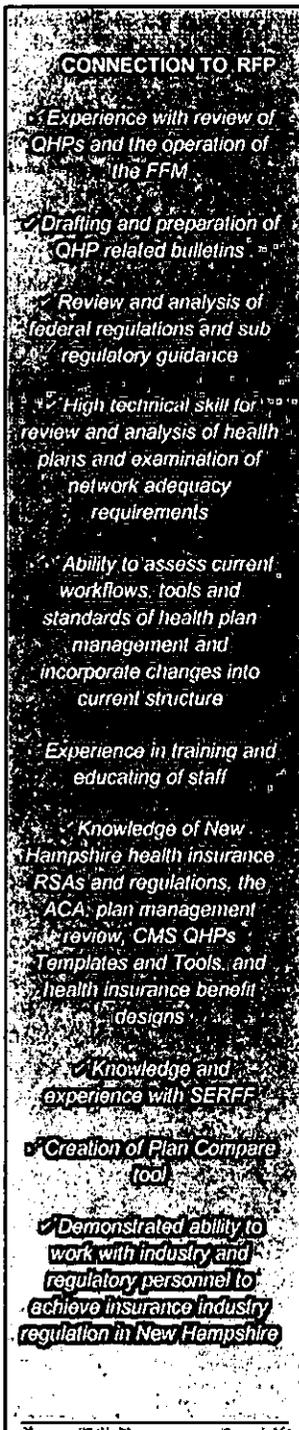
PCG is currently contracted to support the New Hampshire Insurance Department's efforts to design, develop, and implement processes to certify and monitor qualified health plans (QHPs) participating in the state's Federally-Facilitated Marketplace. Planning stages of this engagement included compiling 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.

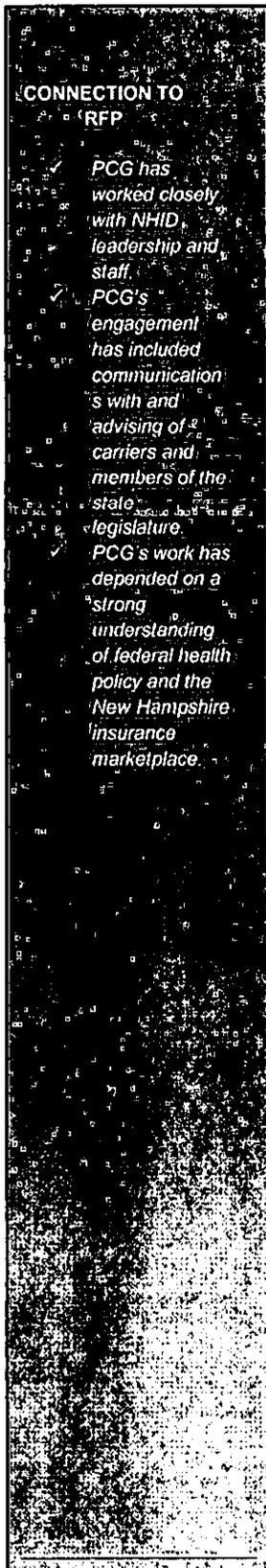
PCG provides onsite support during implementation phases and formal trainings on performance of necessary review processes. Additionally, PCG augments NHID staff capacity with technical QHP review operations and has developed tools used to inventory review requirements and track overall project completion. 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
- Five-fold increase in carrier applications
- Review of network adequacy on behalf of the Department
- Drafting bulletins and providing regulatory and policy analysis on behalf of the Department; including the annual QHP Certification bulletin and additional bulletins as requested
- Creation and maintenance of the annual Plan Compare tool
- Responsible for creation of materials to ensure compliance with RSA 420-N:5-a





NEW HAMPSHIRE HEALTH PLAN,

STATE OF NEW HAMPSHIRE

SECTION 1332 RELIEF AND EMPOWERMENT WAIVER DEVELOPMENT

OCTOBER 2019 – PRESENT

SCOPE

PCG was contracted to support the New Hampshire Health Plan's efforts in collaboration with the New Hampshire Insurance Department to facilitate all aspects of the development and approval of a Section 1332 Waiver to support the establishment a state-based reinsurance program aimed at stabilizing the state's individual health insurance market. PCG has worked with members of the New Hampshire Health Plan (NHHP), the New Hampshire Insurance Department (NHID), and NovaRest Actuarial Consulting to develop a waiver program, including facilitating decision-making, and has taken a lead in drafting the waiver application, supporting communication about the waiver, facilitating public input and facilitating communication and negotiation with CMS. PCG's contract has been renewed to include implementation support, including monitoring implementation, facilitating program communications both within the state and with the Centers for Medicare and Medicaid Services, drafting program documents and reports, and facilitating ongoing public input opportunities.

KEY ACHIEVEMENTS

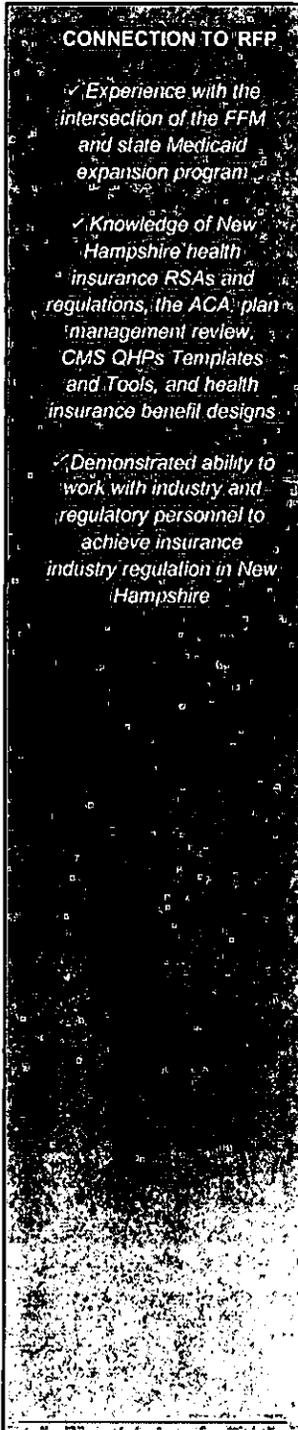
PCG leveraged its knowledge of New Hampshire and federal insurance policy as well as best practices nationally to facilitate decision-making regarding waiver design via weekly or more frequent discussions between NHID, NHHP, and NovaRest. As a result, the waiver application drafted by PCG received broad support from within the state and was approved by the Centers for Medicare and Medicaid Services (CMS) and the federal Treasury Department.

PCG has also facilitated New Hampshire's stakeholder input generally and the public comment period for the Section 1332 Waiver. PCG has supported all aspects of stakeholder input including the creation of a notice, drafting of an informational presentation, coordinating, supporting and documenting the two public hearings which had to be changed to virtual format due to the COVID pandemic and social distancing guidelines and overseeing the receipt of and response to public comments submitted to the Insurance Department. New Hampshire insurance carriers were actively engaged in the waiver development

PCG has helped NHHP and the NHID navigate various unexpected barriers and changes to the waiver and, as a result, the final waiver application was submitted to federal government shortly after the public comment period closes and the federal approval was granted in August of 2020, with plenty of time for implementation in 2021 as expected.

In addition to the listed responsibilities, PCG has also been in charge of numerous other facets of the Section 1332 Waiver development and implementation process. These include:

- Attending board meetings and legislative sessions to present on and discuss the proposed reinsurance program.
- Supporting the development of the Plan of Operations for the reinsurance program.
- Providing policy knowledge and acumen as needed throughout the process.



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

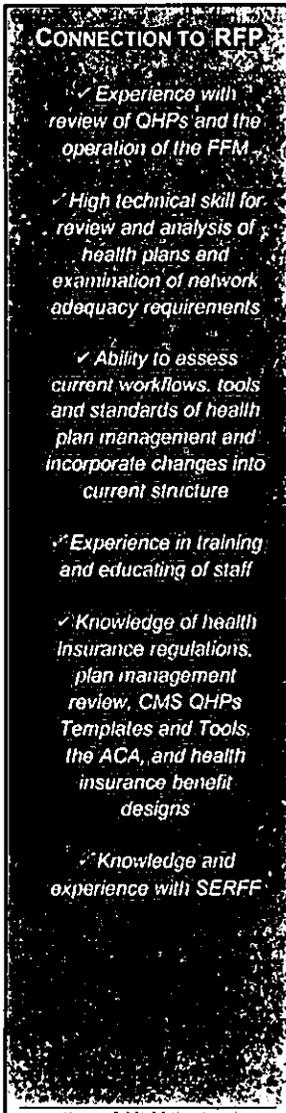
SCOPE

PCG has 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, considering and amending the authorizing legislation as well as the waiver drafting, submission and negotiation process. PCG also helped the Department plan to transition the expansion population from coverage via Managed Care Organizations (MCOs) under the State Plan to coverage via the 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



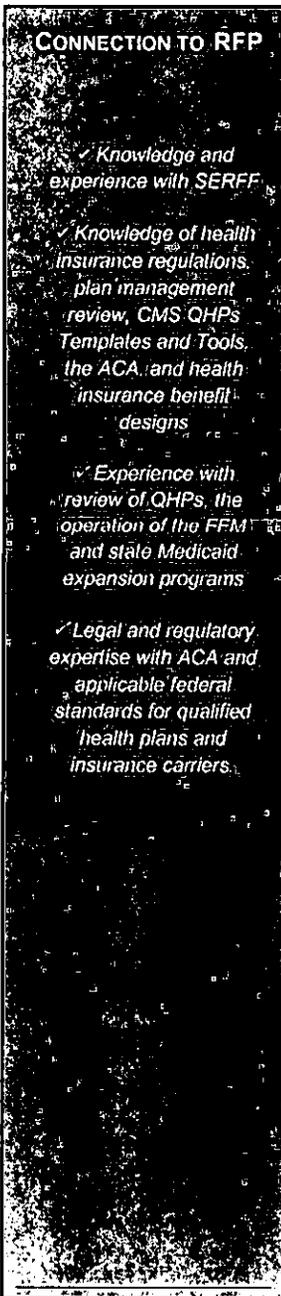
DEPARTMENT OF HEALTH AND SOCIAL SERVICES/DEPARTMENT OF INSURANCE, STATE OF DELAWARE
HEALTH INSURANCE MARKETPLACE PLAN MANAGEMENT
APRIL 2011 – PRESENT

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 works with state leaders to develop a variety of Marketplace policies, including the state standards for Qualified Health Plans (QHPs) that is included in sub regulatory 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



**DEPARTMENT OF INSURANCE, SECURITIES AND BANKING (DISB),
DISTRICT OF COLUMBIA**
MARKET REFORMS APPEALS AND PREVENTIVE SERVICES
SEPTEMBER 2017 – MARCH 2020

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

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

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

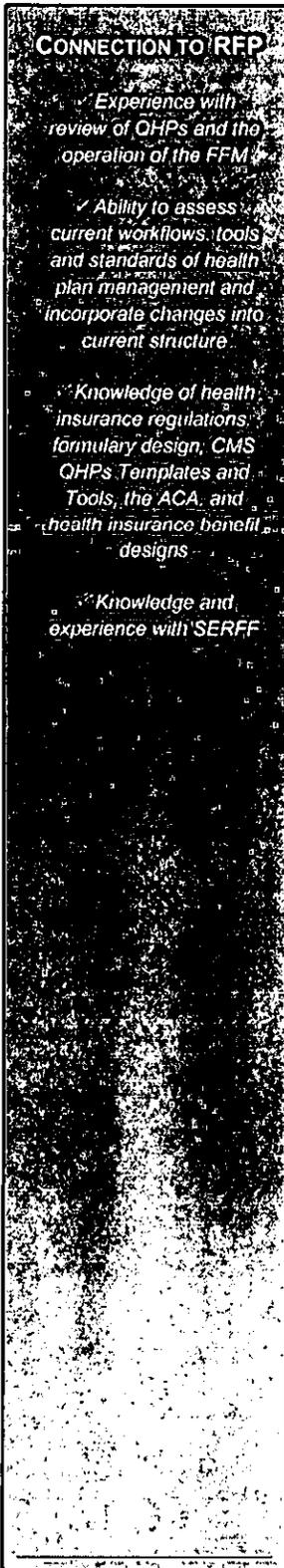
**INSURANCE DEPARTMENT,
STATE OF ARKANSAS**
HEALTH INSURANCE MARKETPLACE PLAN MANAGEMENT & RATE
REVIEW
APRIL 2012 – 2018

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
- Development of processes and requirements necessary for QHPs to report on their efforts to ensure quality healthcare is being delivered and their on-going quality improvement processes, including for pediatric populations
- Development of QHP rating system to include process, outcome, financial, market conduct, quality assurance and quality improvement criteria for individual and SHOP plans
- Development of processes and materials necessary for the education of consumers and small businesses about QHPs and the quality ratings associated with the plans



**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 and 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.



**INSURANCE DEPARTMENT,
COMMONWEALTH OF PENNSYLVANIA**
TECHNICAL ASSISTANCE WITH PREPARATION FOR CONDUCTING
QHP PLAN MANAGEMENT ACTIVITIES
APRIL 2016 – AUGUST 2016

APRIL 2020-AUGUST 2020

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. It 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.

APPENDIX B: RESUMES**MARGOT THISTLE, ESQ.****SENIOR CONSULTANT AT PUBLIC CONSULTING GROUP, INC.**

Margot Thistle has close to a decade's 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 led 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**Arkansas Department of Health, State of Arkansas****Arkansas Contact Tracing Program (July 2020 – Present): Program Manager**

Project: PCG has contracted with the state of Arkansas to provide contact tracing program implementation, operations, and management services. To date, in collaboration with the state and General Dynamics Information Technology we developed the tracing training curriculum, onboarded close to 300 contact tracers, and manage the day-to-day operations and staffing for all tracers.

New Hampshire Health Plan, New Hampshire**New Hampshire 1332 Waiver Program (October 2019 – Present): Project Manager**

Project: Assisted the New Hampshire Health Plan in collaboration with CMS and the New Hampshire Insurance Department with conceptualizing, drafting, stakeholder engagement and approval of a Section 1332 State Relief and Empowerment Waiver. This waiver will be in effect in January 2021.

Department of Insurance, Securities and Banking, District of Columbia**Market Reforms under Public Health Service Act (October 2017-March 2020): Project Manager**

Project: 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) and the tenants set forth in the DC Health People 2020 Framework. In particular, PCG is tasked with making recommendation and amendments to District laws and regulations to support PHSA, the external review process, and procedural or logistical modifications to health insurance filings to ensure compliance with existing federal and District laws. Additionally, PCG is leading a large-scale stakeholder outreach and education effort to ensure non-discrimination in the administration of certain health services by commercial insurance carriers in the District as well as inform recommendations and modifications in order to protect consumers.

Massachusetts Department of Insurance, Commonwealth of Massachusetts**Rate Review: Risk Adjustment and Prescription Drug Cost Study (January 2016– August 2018): 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 2015-2018): 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 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 – December 2020): 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-present
- Health Affairs Blog, April 25th, 2020. States Should Act Now to Mitigate Commercial Insurance Costs Associated with COVID-19. Margot Thistle, Hargobind Khalsa, Alec Whipple: <https://www.healthaffairs.org/doi/10.1377/hblog20200422.991599/full/>

LISA KAPLAN HOWE, ESQ.
SENIOR ADVISOR AT PUBLIC CONSULTING GROUP, INC.

Ms. Kaplan Howe (J.D.) is a Senior Advisor with nearly 2 decades of experience working in health law and policy. At PCG, she focuses on statutory and regulatory analysis and strategic advising related to health care policy and operations. Ms. Kaplan Howe has provided subject matter expertise to support state health care reform efforts, including policy development and regulatory support for Medicaid Waivers (including DSRIP Waivers) and State Innovation Waivers, health insurance Marketplaces and state insurance plan management efforts, and Medicaid expansion efforts. Ms. Kaplan Howe led PCG's work with the New Hampshire Insurance Department relative the state's Section 1115 Medicaid Waiver to provide coverage to newly-eligible adults through the Marketplace and provided policy support relative to the state's Marketplace plan management effort. Ms. Kaplan Howe continues to support the state's Section 1332 State Innovation Waiver development and implementation. In those roles, Ms. Kaplan Howe has served as the chief advisor and policy expert to the state, helping to identify, analyze and lead strategic consideration of federal opportunities and requirements. Ms. Kaplan Howe was also part of the team helping to design Colorado's Delivery System Reform Incentive Payment (DSRIP) program. Ms. Kaplan Howe 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 Health Plan, State of New Hampshire

Section 1332 Waiver Development (October 2019 – Present): Policy and Waiver Lead

Project: Assist with the development, drafting, negotiation and implementation of a Section 1332 State Relief and Empowerment Waiver. Tasks include policy analysis, facilitation of program decision-making and monitoring, drafting waiver application and reports, facilitation of Federal communications and negotiations, supporting carrier communications, facilitating public input process, drafting guidance and meeting facilitation.

Ms. Kaplan Howe: Lead on policy analysis and drafting. Lead client liaison and liaison to New Hampshire Insurance Department.

New Hampshire Insurance Department, State of New Hampshire

State Partnership Marketplace Plan Management (March 2015 – December 2020): Policy Advisor

Project: Provided 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: Conducted legal and regulatory research and analysis and provided strategic guidance. Participated in external discussions.

Consumer Services Desktop Reference Tool (January 2018 – October 2018): Policy Lead

Project: Created a desktop reference tool for the Department's consumer services staff to use in assisting consumers. Trained staff on the tool.

Ms. Kaplan Howe: Researched policy topics and develop reference manual language outlining regulatory requirements regarding health plans. Assisted with training staff on the tool.

Prescription Drug Prior Authorization Uniform Form and Regulations (July 2016 – March 2017): Project Manager and Policy Lead

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

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

Continuity of Coverage Policy (July 2014 – December 2015): Project Manager and Policy Lead

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 (March 2016 – June 2020): Policy Advisor

Project: Provided 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: Provided policy expertise and guidance. Conducted research and presented policy analysis, options and recommendations. Assisted with drafting concept paper and program documents.

Arkansas Health Insurance Marketplace, State of Arkansas
Advising regarding State Health Reform (October 2014 – December 2016): Policy Advisor

Project: Provided 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: Led research and analysis. Developed outline of opportunities for state consideration. Drafted reports and various other documents for consideration by the state.

Department of Medicaid, State of Mississippi
Health Care Delivery Transformation Consulting Services (June 2015 – October 2017): Policy Advisor

Project: Provided 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: Provided legal and policy advising services. Conducted 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 (January 2016 – October 2017): Policy Advisor

Project: Assisted with development of an amendment to the state's existing 1115 Medicaid Waiver. Tasks included research and developing and negotiating amendment.

Ms. Kaplan Howe: Provided 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 (March 2016): Policy Advisor

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 (November 2014 – June 2015): Policy Advisor

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 (July 2014 – Present): Policy Lead

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

Hargobind Khalsa**CONSULTANT AT PUBLIC CONSULTING GROUP, INC.**

Hargobind Khalsa has been with Public Consulting Group's health reform practice since July 2018, with the focus of his work being on New York's Delivery System Reform Incentive Payment (DSRIP) program, New Hampshire Insurance Department Plan Management, and Washington, D.C. Department of Insurance, Securities and Banking. Mr. Khalsa has had various roles in the three programs, including working with several stakeholders to design the portal through which DSRIP metrics would be reported and producing guidance documents to help steer the participating facilities. He has worked with varying datasets to analyze Network Adequacy and collaborating with varying levels of client stakeholders to achieve programmatic success.

RELEVANT PROJECT EXPERIENCE**Department of Health, State of Arkansas**

General Dynamics Information Technology (GDIT) and Arkansas COVID-19 Contact Tracing (July 2020 – Present): Project Manager

Project: Hire, onboard and maintain 50% of needed Contact Tracers and Clinician Agents which includes recruitment efforts, training, and onboarding, and maintaining workforce size. The State of Arkansas has contracted with GDIT who has in turn contracted with PCG to provide a contact tracing workforce for the entirety of the COVID-19 pandemic. PCG is responsible for all onboarding and training of contact tracers and clinician agents.

Mr. Khalsa: Is the acting Project Manager and oversees process improvements, documents changes, creates agendas for internal and daily client check-ins. Mr. Khalsa is responsible for managing workforce analytics and tracking the remote workforce employee engagement and satisfaction. Mr. Khalsa also serves as the meeting lead for all daily internal and client check-ins to ensure all processes are being executed in a timely fashion. Mr. Khalsa is also in charge of managing budgeting and client invoicing.

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

New York DSRIP VBP Transformation and State Supplemental Team (November 2018 – March 2020): Business Analyst

Project: Aid in the creation and oversight of the New York State Supplemental programs, which are programs totaling nearly \$3 billion in value that run concurrently to the main DSRIP program. These Supplemental Programs target specific facilities to assist those that may be struggling as a result of DSRIP program activities, and to help achieve the desired end results of the DSRIP program.

Mr. Khalsa: Create programmatic guidance documents on the supplemental programs in order to share pertinent information regarding these programs with the facilities, including information on how money can be earned and how the program will be governed. Collect data/reports submitted in order to keep records on how facilities are performing within the programs.

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

New York DSRIP (November 2018 – March 2020): Business Analyst

Project: Assist the Department of Health in developing program guidance and implementation of Patient Activation Measurement (PAM), and Palliative Care Surveys (IPOS) used for non-claims-based quality improvement measures.

Mr. Khalsa: Acted as the analyst in collecting Performing Provider Systems (PPS) survey and nonclaims based data to create the PAM and IPOS measure results which drive programmatic payments exceeding \$200 million. Mr. Khalsa also assisted the PPS in submittal issues, resolving problems and assisting in explaining and clarifying programmatic guidelines.

MassHealth, Commonwealth of Massachusetts

Delivery System Reform Incentive Payment (DSRIP) Independent Assessment (November 2018 – Present): Analyst

Project: Serve as an Independent Assessor for the Massachusetts DSRIP's program and assess effectiveness, impact, and value of the program. Collaborate with the University of Massachusetts to evaluate and understand measures and policies. Design, research, and produce a Midpoint Assessment report to measure the program's progress. Run desk reviews of submitted materials, design and implement surveys and analyze survey results, and gather data from interviews conducted with key informant and stakeholders.

Mr. Khalsa: Provide project support in desk reviews of ACO and BH and LTSS organizations (Community Partner (CP)s) budgets, create service area maps of the counties in which ACOs and CPs serve and assist in the writing of the Midpoint Assessment of the demonstration to date.

Department of Insurance, Securities and Banking, District of Columbia

Market Reforms Under Public Health Service Act (July 2018 –March 2020): Business Analyst

Project: 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) and the District's Behavioral Health Parity Act of 2018. In particular, PCG is tasked with making recommendation and amendments to District laws and regulations to support PHSA, the external review process, and procedural or logistical modifications to health insurance filings to ensure compliance with existing federal and District laws.

Mr. Khalsa: Leverage SERFF to collect and analyze Health Carrier compliance with District specific policies and analyze SERFF Federal and State templates for future policy developments. Mr. Khalsa also creates innovative technological tools which allow DISB to ensure compliance with relevant District laws specific to Network Adequacy and the DC Behavioral Health Parity Act. Assist business leads in policy research and provide relevant State policy for DISB to understand the federal landscape of certain policy measures. Mr. Khalsa has served as the lead data analyst in assisting DISB with assessing Health Carrier Compliance in behavioral health parity and network adequacy work for the 18 months. Mr. Khalsa designs analysis plans and monitors processes for quality and efficiency.

New Hampshire Insurance Department, State of New Hampshire

Plan Management Consulting (July 2018 –December 2020): Business Analyst

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

Mr. Khalsa: 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. Mr. Khalsa uses SERFF to develop Rate Analysis presentation slides, present the slides to the department. Improve existing consumer-facing tools for assessing Health Plan options. Mr. Khalsa also has assisted the Department in using the QHP tools to assess Health Carrier submissions for compliance with state and federal regulations.

PROFESSIONAL BACKGROUND

Public Consulting Group

Boston, MA July 2018 – Present

EDUCATION

Northeastern University

Boston, MA

Bachelor of Arts in Economics & International Affairs, 2018

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Health Affairs Blog, April 25th, 2020. States Should Act Now to Mitigate Commercial Insurance Costs Associated with COVID-19. Margot Thistle, Hargobind Khalsa, Alec Whipple.

<https://www.healthaffairs.org/doi/10.1377/hblog20200422.991599/full/>

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

Alec Whipple has been with Public Consulting Group's health reform practice since starting at PCG, with the focus of his work being on Colorado's Delivery System Reform Incentive Payment (DSRIP) program. Mr. Whipple graduated from Tufts University with a degree in political science and entrepreneurial studies, which has prepared him to conduct policy research and analysis at the state level. Mr. Whipple has had various roles in the Colorado DISRIP program, including working to design the reporting portal, Data Collection Tool, and program dashboard. Through these efforts, PCG assisted the Colorado Department of Health Care Policy and Financing in building the framework of the Hospital Transformation Program which will launch in 2021. Mr. Whipple has also played a key role in PCG's Contact Tracing Program in the state of Arkansas and in the drafting and development of a Section 1332 Waiver in New Hampshire.

RELEVANT PROJECT EXPERIENCE**Department of Health, State of Arkansas**

General Dynamics Information Technology (GDIT) and Arkansas COVID-19 Contact Tracing (July 2020 – Present): Business Analyst

Project: Hire, onboard and maintain 50% of needed Contact Tracers and Clinician Agents which includes recruitment efforts, training, and onboarding, and maintaining workforce size. The State of Arkansas has contracted with GDIT who has in turn contracted with PCG to provide a contact tracing workforce for the entirety of the COVID-19 pandemic. PCG is responsible for all onboarding and training of contact tracing and clinician agents on COVID-19 and Contact Tracing best practices. PCG also assists GDIT in managing tracers once they are a part of the active work roster and addressing technical and scheduling concerns.

Mr. Whipple: Provide support for the business team managing the Arkansas Contact Tracing efforts. Lead the oversight of tracer work attendance compliance and assist the Human Resources team in identifying noncompliant tracers. Manage the official project inbox, which is a resource for tracers to seek technical or work-related assistance.

New Hampshire Health Plan, State of New Hampshire

Section 1332 Waiver Development (October 2019 – Present): Business Analyst

Project: Assist with the development, drafting and negotiation of a Section 1332 State Relief and Empowerment Waiver. Tasks include facilitation of program decision-making, policy analysis, waiver drafting, federal negotiations, carrier communications, facilitating public input process, drafting guidance and meeting facilitation.

Mr. Whipple: Assisted with policy analysis and waiver drafting. Managed the stakeholder engagement process which culminated in two federally mandated public hearings for the proposed reinsurance program.

New Hampshire Insurance Department, State of New Hampshire

Plan Management Consulting (August 2019 – December 2020): Business Analyst

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

Mr. Whipple: Conducted a rate analysis for the New Hampshire Insurance Department and shared the summary of the findings with the Department. Contributed to creation of an insurance plan comparison tool for consumer use. Assisted with the annual QHP review process using the CMS provided tools.

Department of Insurance, Securities and Banking, District of Columbia

Market Reforms under Public Health Service Act (August 2019 – March 2020): Business Analyst

Project: 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) and the tenants set forth in the DC Health People 2020 Framework. In particular, PCG is tasked with making recommendation and amendments to District laws and regulations to support PHSA, the external review process, and procedural or logistical modifications to health insurance filings to ensure compliance with existing federal and District laws.

Mr. Whipple: Assisted in the collection of information using innovative technological tools which allow DISB to ensure compliance with relevant District laws. Assisted business leads in policy research and provided relevant State policy for DISB to understand the federal landscape of certain policy measures. Worked on creation of a database to collect relevant data for oversight of District laws.

Department of Health Care Policy and Financing, State of Colorado

Delivery System Reform Incentive Payment Waiver Development (August 2019 – July 2020): Business Analyst

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.

Mr. Whipple: Managed final CHNE report submission and review process. Constructed portal for DSRIP metric reporting and hospital program document uploads. Assisted with drafting program documents. Conducted policy research to analyze how recently passed legislation affected program requirements. Created the framework for both a program dashboard for data visualization and a Data Collection Tool for hospitals to report the initiatives and associated milestones for their programs.

PROFESSIONAL BACKGROUND

Public Consulting Group, Boston, MA, August 2019- Present

EDUCATION

Tufts University, Medford, MA- Bachelor of Arts in Political Science & Entrepreneurial Studies, 2019

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Health Affairs Blog, April 25th, 2020. States Should Act Now to Mitigate Commercial Insurance Costs Associated with COVID-19. Margot Thistle, Hargobind Khalsa, Alec Whipple.

<https://www.healthaffairs.org/doi/10.1377/hblog20200422.991599/full/>

**Plan Management Consultant Services for Plan Years 2022 and 2023.
Exhibit A**

Special Provisions Relating to Confidentiality

**New Hampshire Insurance Department
Contractor Confidentiality Agreement**

I, Marc Staublely, duly authorized to sign on behalf of Public Consulting Group LLC. ("Contractor"), hereby acknowledge the following:

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.

Marc Staublely
Printed Name of Contractor

2/18/2021
Date

Marc Staublely
Contractor Signature

Plan Management Consultant Services for Plan Years 2022 and 2023

Exhibit B

Scope of Services

The consultant is responsible to support the New Hampshire Insurance Department (NHID) in its review and regulation of the 2022 and 2023 QHPs, consistent with the plan management functions performed by NHID in conjunction with its Federally-facilitated Exchange (FFE) state-partnership agreement. The contractor(s) will work with the NHID's Life and Health Division to support certification and regulation of QHPs by providing technical assistance, the Consumer Services Division to develop required consumer-facing tools, and NHID staff to offer training or guidance to develop in-house knowledge of health insurance. 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.

Specific responsibilities include:

- I. Contractor will provide key staff to participate in the following meetings on or about the following dates:
 - a. QHP Kickoff/Bulletin Planning & Preparation meeting (Feb/March 2021 and 2022);
 - b. QHP Kickoff Meeting (March 2021 and 2022);
 - c. QHP Certification pre-filing meeting;
 - d. One meeting day per QHP certification period with the LAH Compliance team. The meeting shall be held on-site unless prohibited by travel restrictions;
 - e. Data Integrity Tool (DIT) Staff Training.
- II. Monitoring CMS issuance of new federal regulations and guidance documents related to QHPs and FFE operations, and promptly create summaries for NHID use;
 - a. 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 Letter to Issuers in the FFE;
 - b. Assisting with the preparation and review of QHP-related materials that will be presented to carriers at the annual NHID Kickoff webinar;

- c. Providing technical assistance to support NHID staff in responding to carrier inquiries.

III. Creating consumer-facing documents for NHID publication including:

- a. Plan comparison tool showing all individual and small group plans offered via the FFE
- b. Summary document detailing hospital networks and hyperlinks to Provider Finder and Prescription Formulary resources.

IV. Training

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

Plan Management Consultant Services for Plan Years 2022 and 2023 Exhibit C

Contract Price, Price Limitations and Payment

The services will be billed on the per hour rate assigned to staff as stated in the Contractors Proposal, as below, not to exceed the total contract price of \$137,498.00. The services shall be invoiced on a quarterly basis and identify the actual billable hours for the person or persons providing the service. Payment shall be made within 30 days of the date the service is invoiced.

PRICE AND PAYMENT SCHEDULE		
	Date Invoice Due	Total amount <u>not-to-exceed</u> \$137,498.00
Initial Invoice	6/30/2021	Actual billable hours
Quarterly Invoice	9/30/2021	Actual billable hours
Quarterly Invoice	12/31/2021	Actual billable hours
Quarterly Invoice	3/31/2022	Actual billable hours
Quarterly Invoice	6/30/2022	Actual billable hours
Quarterly Invoice	9/30/2022	Actual billable hours
Quarterly Invoice	12/31/2022	Actual billable hours

The rates set forth in the Cost Proposal with estimated allocation of billable hours, as stated in the Contractor's Proposal date January 15, 2021, detailed below:

Phase	Timeframe	Personnel	Position	Hours	Key Tasks
I. Federal Regulations & Policy Monitoring	Main work will be completed between January- Late Spring of each contract year, depending on when the final letter and federal guidance is released	Staff: Margot Thistle, Lisa Kaplan Howe Support Staff: Alec Whipple	Senior Consultant /Advisor (SC): \$273.00	SC: 28 hours	Provide ongoing policy and regulatory support to the Department, specifically focused on periods following the release of significant federal guidance (including Notice of Benefit and Payment Parameters (NBPP) and the annual Letter to Issuers in the Federally-facilitated Exchange (FFE).
			Consultant(C): \$226.00 Business Analyst (BA): \$175.00	C: 0 hours BA: 4.5 hours	
			Total Estimate	\$8,432	
II. Certification Preparation & Assistance	QHP Prep & Support January- September of each year Plan Compare: August- November of each year Project Management: Ongoing throughout	Staff: Margot Thistle, Lisa Kaplan Howe Support Staff: Hargobind Khalsa & Alec Whipple	Senior Consultant /Advisor (SC): \$273.00	SC: 100 hours	Assist in 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. Assist with the preparation and review of QHP-related materials to be presented to carriers at an annual NHID Kickoff webinar. Provide technical assist to support NHID staff in responding to carrier inquiries, including participation in NHID Kickoff meeting. Create consumer facing documents for NHID publication, including a plan comparison tool showing all individual and small group plans offered via the FFM and a summary document detailing hospital networks and hyperlinks to Provider Finder and Prescription Formulary resources. Participate in periodic check-in calls/meetings and project management discussions with NHID throughout the project.
			Consultant(C): \$226.00 Business Analyst (BA): \$175.00	C: 45 hours BA: 100 hours	
			Total Estimate	\$54,970	
III. Training	Training: Late Fall each year, and as requested by the Department	Staff: Margot Thistle Support Staff:	Senior Consultant /Advisor (SC): \$273.00	SC: 10 hours	Provide training and guidance to Department staff to support the NHID, including development of a training plan and conducting training of NHID staff on an ongoing basis.
			Consultant(C): \$226.00 Business Analyst (BA): \$175.00	C: 5 hours BA: 8.5 hours	
			Total Estimate	\$5,348	
Total Proposal-NOT TO EXCEED Per Calendar Year				\$68,749	
Total Project- Plan Year 2022 & 2023 NOT TO EXCEED				\$137,498	

**Public Consulting Group LLC.
Plan Management 2022 & 2023 QHP Review**

Acknowledgement of Confidentiality - NAIC Data and Data Systems

I, Marc Stauble, duly authorized to sign on behalf of Public Consulting Group LLC ("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 18 day of February 2021, by


_____, for
Public Consulting Group, LLC



Solutions that Matter

February 18, 2021

Christopher R. Nicolopoulos, Commissioner
New Hampshire Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301

Dear Commissioner Nicolopoulos:

This letter is to inform you that, on December 31, 2020, Public Consulting Group, Inc. underwent a corporate restructuring, pursuant to which Public Consulting Group, Inc., formerly a Massachusetts corporation, is now Public Consulting Group LLC, a Delaware single-member limited liability company. Public Consulting Group LLC is wholly owned by Public Consulting Group Holdings, Inc., a Delaware corporation.

Please note that the federal EIN for Public Consulting Group LLC remains the same as it was for Public Consulting Group, Inc. There has been no change in management or operations. Public Consulting Group LLC is the same entity that was formerly known as Public Consulting Group, Inc., which no longer exists. For all contracts and operations, Public Consulting Group LLC is now the correct entity.

We have been actively updating all 50 states' records with the respective Secretary of State offices to reflect the change and to correct all registrations to do business and other state-required documentation. Due to the pandemic and administrative delays, the process of updating all registrations is taking some time, but please note that it is in progress, with all documents having already been completed and submitted to each Secretary of State. We are now solely awaiting official certificates from each state, recognizing the change.

Specifically, all documents to update PCG LLC's registration to do business in New Hampshire have already been filed, and the only pending matter is for the Secretary of State's office to process the filing and issue our new certificate. We expect that to happen within the next 1-3 business days.

If you would like any additional information or documentation, please feel free to reach out anytime at ehogan@pcgus.com.

Best regards,

Eve Hogan

Eve Hogan
Corporate Counsel
Public Consulting Group LLC

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

Certificate Number: 0005248116



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 4th day of February A.D. 2021.

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

William M. Gardner
Secretary of State



PUBLIC
CONSULTING GROUP

Solutions that Matter
RECEIVED
NH INSURANCE DEPARTMENT

FEB 05 2021

CERTIFICATE OF SIGNATURE AUTHORITY

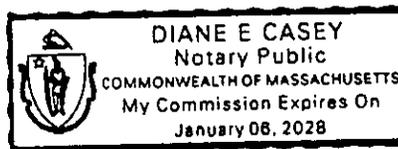
The undersigned Stephen P. Skinner, Secretary of Public Consulting Group LLC, a Delaware limited liability company (hereinafter "the Company"), does hereby certify that Marc Stauble, a Practice Area Director for the Company, is authorized to execute on behalf of the Company a contract with the State of New Hampshire for Plan Management Consultant Services for Plan Years 2022 and 2023, and associated documents, pursuant to authority confirmed by the Company Board of Directors at a meeting held remotely via Microsoft Teams on May 21, 2020, and that such authority has not subsequently been amended or modified, and continues to be in full force and effect as of this date.

IN WITNESS WHEREOF, the undersigned officer has executed this Certificate on this 4th day of February 2021.

Stephen P. Skinner
Secretary

Commonwealth of Massachusetts
County of Suffolk

On this 4 day of February 2021, before me Diane Casey, the undersigned officer, personally appeared Stephen P. Skinner, known to me to be the Secretary of Public Consulting Group LLC, and such 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)

2/4/2021

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).

PRODUCER Hays Companies Inc. 133 Federal Street, 4th Floor Boston MA 02110		CONTACT NAME: Courtney Mitchell PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: cmitchell@hayscompanies.com															
INSURED Public Consulting Group LLC 148 State St. 10th Floor Boston MA 02109		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Great Northern Insurance Company</td> <td>20303</td> </tr> <tr> <td>INSURER B: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER C: Allied World Assurance Co (U.S.) Inc</td> <td>19489</td> </tr> <tr> <td>INSURER D: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great Northern Insurance Company	20303	INSURER B: Federal Insurance Company	20281	INSURER C: Allied World Assurance Co (U.S.) Inc	19489	INSURER D: ACE American Insurance Company	22667	INSURER E:		INSURER F:	
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INSURER E:																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: 20-21 Master

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			35855036	4/1/2020	4/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea 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
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73540440	4/1/2020	4/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			0311-2674	4/1/2020	4/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A	71724811	12/31/2020	12/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Professional/Cyber Liability Claims Made			095159837 Retro Date: 2/27/1997	4/1/2020	4/1/2021	Each Claim/Aggregate: \$10,000,000 Retention: \$250,000

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

RE: Account #25200000-046-500464

CERTIFICATE HOLDER**CANCELLATION**

New Hampshire Insurance Department 21 S Fruit St #14 Concord, NH 03301	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/CEMITC 
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