

Volusia County

Medicare Cost Reporting and Medicaid Reimbursement Consulting Services

RSQ #: 21-SQ-119BB

June 16, 2021

Rebecca Bishop, Sr. Procurement Analyst
123 West Indiana Avenue, Room 302
DeLand, FL 32720-4608

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5.0 PROPOSAL FORM

June 16, 2021

TO: County of Volusia, Florida
Office of Purchasing and Contracts Director
123 W. Indiana Avenue, Room 302
DeLand, FL 32720-4608

The undersigned hereby declares that [firm name] Public Consulting Group LLC
has carefully examined the specifications to furnish **Medicare Cost Reporting & Medicaid Reimbursement Consulting services**, for which proposals were advertised to be received **no later than 3:00 p.m., EST, on Wednesday, June 16, 2021**, and further declare that the firm will furnish the services according to specifications contained herein.

Please respond to the following pertaining to the cost of services:

Sole Proprietor YES NO Total number of employees 2765

Respondents shall complete the Proposal Form and Exhibit B, Fee Schedule and submit in Tab 3.

Contractor agrees to execute Volusia County business Associate Agreement, as written
 YES NO

Prompt Payment Discount, if applicable: _____ % _____ Days; Net 45 Days

Do you accept electronic funds transfer (EFT)? YES NO

Do you offer a discount for electronic funds transfer (EFT)? YES NO

Have you supplied all the Submittal Requirements outlined below?

- Tab 1 - Qualification data, Submittal Letter and/or Memorandum of Authority
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 - If you have a physical location in Volusia County, submit one of these:
Current **Business Tax Receipt OR Proof of Exemption** Form
 - Professional Certification/Licenses
 - Proof of Insurance
 - Hold Harmless Agreement and/or Notice of Election to be Exempt, if required
 - Conflict of Interest Form
 - Tax Identification Number Form
 - Drug Free Workplace Form
 - Certification Regarding Debarment (Prime) Form
 - Certification Regarding Debarment (Sub) Form
 - Certification Regarding Scrutinized Companies

The County of Volusia reserves the right to reject any or all proposals, to waive informalities, and to accept all or any part of any proposal as they may deem to be in the best interest of the County.

I hereby certify that I have read and understand the requirements of this Request for Statements of Qualifications No. **21-SQ-119BB, Medicare Cost Reporting & Medicaid Reimbursement Consulting services**, and that I, as the Respondent, will comply with all requirements, and that I am duly authorized to execute this proposal/offer document and any Agreement(s) and/or other transactions required by award of this RSQ.

Further, as attested to by below signature, I will provide the required insurance, per Section 3.22, Insurance Requirements above, upon notification of recommendation of award.

The Respondent acknowledges that information provided in this proposal is true and correct:

x 

Authorized Signature

William S. Mosakowski

Printed Name

President & CEO

Title

June 16, 2021

Date

Public Consulting Group LLC

Company Name

148 State Street, 10th Floor, Boston, Massachusetts 02109-2589

Full Address

617-426-2026

617-426-4632

wmosakowski@pcgus.com

Telephone

Fax

E-mail Address

18-282-6909

04-2942913

Dun & Bradstreet #

Federal I.D. #



Tab 1. Qualification Data

1.A. Submittal Letter

1.B. Profile of Firm

TAB 1. QUALIFICATION DATA

1.A. Submittal Letter

A submittal letter signed by an authorized agent of the firm, as listed on the Florida Department of State, Division of Corporations' Sunbiz report available at www.sunbiz.org (Sunbiz), shall be required. If anyone other than the officers listed on the Sunbiz website will be signing this RSQ, a memorandum of authority signed by an officer of the firm allocating authorization shall be required. If firm is not currently registered as a vendor in the State of Florida (Sunbiz), include documentation designation of contracting authority. The memorandum of authority shall be on the firm's letterhead and shall clearly state the name, title and contact information for the individual designated by the firm.



June 16, 2021

Rebecca Bishop, Sr. Procurement Analyst
County of Volusia
Business Services, Purchasing and Contracts
123 West Indiana Avenue
Room 302
DeLand, FL 32720-4608

Dear Ms. Bishop:

Public Consulting Group LLC (PCG) is pleased to present a response to Volusia County, *Medicare Cost Reporting and Medicaid Reimbursement Consulting Services, RSQ 21-SQ-119BB*.

PCG has developed a proven methodology to provide the most comprehensive set of consulting and cost reporting services for the Public Emergency Medical Transportation (PEMT) program, the Managed Care (MCO) program, and the Medicare Cost Survey. Through our experience with the PEMT program, we have developed internal processes to accurately and efficiently complete and analyze the data included in the PEMT cost report. In addition, our strong and well-developed relationship with the Agency for Health Care Administration (AHCA) allows us to represent our client's interests and navigate current and future intricacies of the PEMT and MCO program in the State of Florida. Due to our prior experience working with Volusia County and the majority of participating PEMT providers across Florida, we are the most qualified team to provide the services outlined in the Request for Statement of Qualifications (RSQ).

PCG will perform all work as outlined in the RSQ. As an overview of our response, we have showcased some important highlights to reinforce why we are best positioned to partner with Volusia County.

We are Leaders in National EMS Revenue Reimbursement Programs

PCG currently works nationwide with multiple state Medicaid agencies and EMS providers, including Texas, Massachusetts, Colorado, Oklahoma, Maryland, Washington, District of Columbia, and Florida, to develop, implement, and/or administer EMS revenue enhancement initiatives. PCG's team of EMS cost reporting experts have managed EMS supplemental payment programs across the country from planning through obtaining federal approval and complying with program requirements after implementation.

We Have the Most Florida PEMT Program Experience

Since the inception of the FL PEMT program in 2016, we have worked with over 60 fire departments and ambulance services providers within the state to identify reimbursable costs and assemble cost reports. Our Florida experience allows us to better understand specific challenges faced by providers in meeting stringent state and federal program regulations. Last year alone PCG submitted over \$26.5 million in reimbursement settlements for our Florida providers.

We have developed a close relationship with AHCA by serving as a liaison for our participating providers during implementation of the program, cost report submission, and compliance reviews. In preparation for FY16 cost report submission, PCG organized and facilitated a PEMT summit for EMS providers to gain awareness and ask AHCA questions about the program. With extensive experience in raising programmatic issues and responding to compliance review inquiries, we will meet and exceed the County's need for a

competent and reliable voice with the administering agency of the PEMT. PCG will work with AHCA on behalf of Volusia to ensure a successful experience and get expedited resolution when issues or questions arise.

We Developed a Web-Based Cost Reporting Tool to Facilitate Compliance

PCG is the only vendor that uses a web-based cost reporting tool in addition to the hands-on analysis from a team of cost reporting experts. While serving as the hub for data collection, our proprietary system also implements real-time validation checks for quality assurance and accuracy. Before a cost report can be certified, the system requires a response or edit on any validation check that is triggered. Any significant fluctuations in data would require confirmation from the County. This additional measure of compliance is an important component in our plan to prepare the most accurate and compliant cost reports for Volusia County.

We Provide Unmatched Value-Added Services

Our cost report preparation and cost settlement support will allow Volusia County to generate maximum allowable revenue while mitigating audit risk. Through a full-service delivery model, we offer cost reporting expertise that optimizes revenue and reduces the administrative burden on EMS providers. We will provide full support to the County throughout AHCA's compliance review process, drafting letters and providing supporting documentation to meet AHCA's requirements and expedite settlement payments. Comprehensive reviews will be conducted of all cost settlement files, performing detailed analysis of billing reports to ensure that all allowable charges and payments are included in the calculation of the final settlement. One of the system's more beneficial data validation components is the ability to conduct year-to-year comparisons of cost report data (e.g., significant trends in billing and financial data).

Our Team Draws on Subject Matter Expertise

PCG is comprised of financial and programmatic subject matter experts with a focus on EMS reimbursement programs. The experienced professionals from our revenue enhancement team have worked with thousands of state and local governmental entities and have successfully recovered hundreds of millions of dollars for clients. We have extensive experience with Centers for Medicare and Medicaid Services (CMS) cost reporting requirements. We are prepared to hit the ground running and provide Volusia County with unmatched cost reporting services.

With over 14 years of experience working with EMS agencies across the country and more than 30 years of experience working with state-operated facilities on Medicare cost reports submission, we understand the operations and cost structures of EMS departments, which enables us to ensure that the CMS Medicare cost survey is completed accurately and properly in accordance with Medicare regulations.

PCG will draw on a host of cost reporting experts from around the country. The County can rest assured that the project team for this engagement will be readily accessible. Your dedicated project team will maintain close contact with the County's officials throughout the life cycle of this important engagement.

Summary

Outlined in this proposal is the background, experience, and qualifications, as well as our cutting-edge approach to PEMT, MCO, and Medicare Cost Survey services.

The principal contact to answer questions or provide additional information for this proposal is James Dachos:

James Dachos
Public Consulting Group LLC
816 Congress Ave, Suite 1110
Austin, TX 78701
jdachos@pcgus.com
512-287-4675

We appreciate the opportunity to assist Volusia County again and look forward to your review of our proposal.

Sincerely,



William S. Mosakowski
President & CEO
Public Consulting Group LLC
148 State Street, 10th Floor
Boston, MA 02109

1.B. Profile of the Firm

A brief profile of the firm, including:

- 1. A brief history of the business;*
- 2. Organizational structure of business;*
- 3. Designation of the legal entity by which the business operates (i.e., sole proprietorship, partnership, limited liability partnership, corporation, limited liability corporation, etc.) including documentation from the appropriate state's agency confirming firm's legal entity type. For non-Florida businesses, submit documentation from the state in which the business was formed and documentation from the State of Florida providing authorization to perform business in the state of Florida;*
- 4. A Florida Department of State, Division of Corporations' Sunbiz report available at www.sunbiz.org; If firm is not currently registered to do business within the State of Florida (Sunbiz), proof of registration shall be submitted prior to award.*
- 5. Ownership interests;*
- 6. Active business venues (counties, states, etc.);*
- 7. Present status and projected direction of business;*
- 8. The overall qualifications of the business to provide the services requested; and,*
- 9. The qualifications of the firm's employees who will work on the resulting Agreement, including resumes demonstrating the experience of the personnel that will be directly involved with this project.*

A Brief History of the Business

Founded in 1986 and headquartered in Boston, Massachusetts, Public Consulting Group LLC (PCG) has over 2,500 professionals in over 50 offices around the U.S., in Canada, and in Europe who are dedicated to delivering leading consulting approaches and technologies to public sector clients.

PCG is a management consulting firm that primarily serves public sector education, health, human services, and other state, county, and municipal government clients. Because PCG has dedicated itself almost exclusively to the public sector for over 30 years, the firm has developed a deep understanding of the legal and regulatory requirements and fiscal constraints that often dictate a public agency's ability to meet the needs of the populations it serves. We have helped numerous public sector organizations to maximize resources, make better management decisions using performance measurement techniques, improve business processes, improve federal and state compliance, and improve client outcomes.

PCG has five designated practice areas which each have a proven track record of achieving desired results for clients. The firm often combines resources from two or more practice areas to offer a multidisciplinary approach to solve a client's challenge or pursue an opportunity. PCG has over 3000 active projects as of December 2020.

Organizational Structure of Business

PCG is wholly owned by Public Consulting Group Holdings, Inc., a Delaware Limited Liability Company.

Designation of the Legal Entity by which the Business Operates

Please see next page with Certificate of Formation/Conversation attached.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A MASSACHUSETTS CORPORATION UNDER THE NAME OF "PUBLIC CONSULTING GROUP, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "PUBLIC CONSULTING GROUP, INC." TO "PUBLIC CONSULTING GROUP LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF DECEMBER, A.D. 2020, AT 10:18 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2020.




Jeffrey W. Bullock, Secretary of State

4578989 8100F
SR# 20208791924

Authentication: 204445560
Date: 12-30-20

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY
COMPANY ACT

- 1.) The jurisdiction where the Corporation first formed is Massachusetts.
- 2.) The jurisdiction immediately prior to filing this Certificate is Massachusetts.
- 3.) The date the corporation first formed is December 4, 1986.
- 4.) The name of the Corporation immediately prior to filing this Certificate is
Public Consulting Group, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of
Formation is Public Consulting Group LLC.
- 6.) The effective date of this Certificate of Conversion shall be December 31, 2020.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
30th day of December, A.D. 2020.

By: /S/ WILLIAM S. MOSAKOWSKI
Authorized Person

Name: William S. Mosakowski
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PUBLIC CONSULTING GROUP LLC" FILED IN THIS OFFICE ON THE THIRTIETH DAY OF DECEMBER, A.D. 2020, AT 10:18 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2020.



4578989 8100F
SR# 20208791924

You may verify this certificate online at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State

Authentication: 204445560
Date: 12-30-20

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Public Consulting Group LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 614 N. DuPont Highway, Suite 210 (street), in the City of Dover, Zip Code 19901. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is TRAC – The Registered Agent Company

3.) The effective date of this Certificate of Formation shall be December 31, 2020.

By: /S/ WILLIAM S. MOSAKOWSKI
Authorized Person

Name: William S. Mosakowski
Print or Type

State of Florida, Department of State, Division of Corporations' Sunbiz Report

Please see next page with Florida Certificate of Good Standing attached.

State of Florida

Department of State

I certify from the records of this office that PUBLIC CONSULTING GROUP LLC is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on February 22, 2021.

The document number of this limited liability company is M21000002153.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021 and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Ninth day of June, 2021*



Laundre
Secretary of State

Tracking Number: 5300717449CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Ownership Interests

PCG is wholly owned by Public Consulting Group Holdings, Inc., a Delaware Limited Liability Company.

Active Business Venues

PCG has over 40 offices and does business in all 50 states.

Present Status and Projected Direction of Business

Please see the next page with PCG's Financial Stability statement attached.



Solutions that Matter

Public Consulting Group LLC (PCG), a privately held Company, was founded in 1986 by its current President and CEO, William S. Mosakowski. PCG has more than 2,500 employees in more than 50 offices. PCG has over 2,000 contracts and operates throughout all fifty states, Canada, the European Union, and the United Kingdom

PCG has consistently maintained a strong and stable financial position while experiencing steady growth, even in challenging economic environments. For the fiscal years ended 2020 and 2019, PCG's Revenue exceeded \$526 million and \$512 million, respectively. In addition, PCG has achieved double digit growth rates nearly every year for over three decades and expects to continue to growth revenue in fiscal year 2021. PCG has also remained profitable throughout its history and expects to remain profitable in fiscal year 2021.

PCG has a very strong balance sheet as evidenced by over \$90 million of cash on hand and in excess of \$50 million in trade receivables, its low debt (approximately \$54 million), and a \$50 million unused revolving line of credit with a group of regional and national banks. Management is confident that PCG has the resources and capacity to fund both near term operations and future growth.

With many of the services PCG provides classified as essential by PCG's government clients PCG's business has been stable through the COVID crisis. In addition, multiple states have awarded PCG new work to support their contact tracing efforts.

Title: CFO & Treasurer: *Daniel T. Heaney*

Overall Qualifications

Public Consulting Group LLC (PCG) brings an unmatched familiarity with the Florida Public Emergency Medical Transportation (PEMT), an established relationship with Florida's Agency for Health Care Administration (AHCA), and the experience of being the national leader in Emergency Medical Service (EMS) revenue maximization projects.

We draw on each of these strengths to continuously deepen our experience with Florida's program from cost reporting trends to nationwide best practices.

Our Experience with the Program is Evidenced Through our Successful Florida Engagements

We are the lead vendor assisting Florida's EMS providers in program implementation and preparation of cost reports. Since the implementation of this program in 2016, with PCG supporting Florida's PEMT program, EMS providers working with us have realized more than \$62 million in additional revenues.

In this effort, we have worked with over 60 Florida EMS providers to implement the PEMT program. In working with some of the State's largest fire departments, stand-alone EMS providers, smaller cities, and hospital and health districts, we have identified the unique challenges and requirements that providers face throughout program implementation. From our first-hand experience, we can develop a customized approach to meet each client's distinct needs.

Having helped over 60 Florida EMS providers realize more than \$85 million in revenue through our PEMT implementation and reporting services, PCG's experience and qualifications far exceed those required by the County.

We are Intimately Familiar with EMS Cost Reporting

PCG has the most qualified subject matter experts (SMEs) in Medicaid cost reporting. Our staff have designed and built cost reporting programs for several state Medicaid agencies. Additionally, they have managed the development and submission of hundreds of annual federal cost reports for public service providers. For example, our project team working with Palm Beach County has had prior experience working in Florida on the PEMT program and directly with the County in previous years.

Florida is Strengthened by PCG's Nationwide Medicaid Expertise

PCG has deep roots in PEMT and includes an established, nationwide consulting firm with over 40 offices and a presence in all 50 states. PCG has experience working with various Medicaid provider settings, including hospitals, ambulance service providers, school districts, public health agencies, and behavioral healthcare agencies.

The PCG team that will serve the County has many staff with healthcare regulatory expertise, proficiency in financial management, as well as strong technical and operational skills. We have successfully recovered hundreds of millions of dollars for our clients. PCG professionals are experts in OMB Supercircular (2 CFR Part 200) and Medicare/Medicaid principles of reimbursement and CMS cost reporting requirements.

Our Relationship with AHCA Keeps our Qualifications and Experience Current and Relevant

PCG has cultivated a relationship with the Florida Agency for Healthcare Administration (AHCA), the state agency overseeing PEMT, and understood the specific requirements and procedures of the program. This relationship is continuously strengthened through our work on behalf of our Florida provider clients.

PCG is Engaged Throughout the Entire Cost Reporting Process

By working with more than 30 Florida clients to file their reports in the inaugural round, we played an integral role to appropriately interpret Federal CMS regulations, translate our client's working data (as regulated by

Florida statutes, chapter 401) into the AHCA template, and monitor updated guidance as it became available.

In addition to using our knowledge to the maximum benefit of the County, we will act as a liaison to AHCA throughout any ongoing program updates, cost report submission, and payment processes. Responses will be expeditiously drafted to address questions that arise during AHCA desk reviews, and we will work with AHCA to accelerate supplemental payments to the County.

PCG's Already Supports AHCA and Volusia County with Medicaid Managed Care

In addition to managing the Fee-for-Service Certified Public Expenditure project, we are helping support the Florida Medicaid agency in the Managed Care Organization (MCO) reimbursement process. PCG has been working with Florida Fire Chiefs Association (FFCA), AHCA, and the participating providers to include MCO transports in the PEMT reimbursement program. PCG worked closely with the FFCA and the State Medicaid agency to achieve Centers for Medicaid and Medicare (CMS) approval for an MCO supplemental payment program. PCG can continue to assist Volusia through the ongoing operations of the MCO program.

PCG's Knows Medicare

With over 15 years of experience working with EMS agencies across the country and more than 30 years of experience working with state-operated facilities on cost reports submission, we understand the operations and cost structures of EMS departments. Our understanding enables us to ensure that the Medicare Ground Ambulance Data Collection (MGADC) is completed accurately and properly in accordance with Medicare regulations. Our experience and expertise in the preparation of cost reports ensures reports that accurately reflect the cost structure of the facilities and abide by Medicare cost accounting principles, while providing expert guidance to our EMS clients. We have proprietary tools and documents that have been created to train and assist clients with collecting the raw data accurately and entering it into the CMS Instrument via their web-based portal.

Relevant Experience

PCG has been providing PEMT cost reporting services since inception of the program. All of the 62 providers we worked last year with utilized our web-based system, including Volusia County.

PCG is pleased to include references of our relevant experience with PEMT cost reporting services in the state of Florida and Texas within this proposal. We have worked with all of these providers for at least four years in PEMT and GEMT cost reporting.

Qualifications of Firm's Employees

PCG brings a robust team to serve Volusia County. As illustrated in *Figure 1* below with our organizational chart and resumes, PCG will be able to meet and exceed all of the County's requirements as listed in the RSQ.

Organization Chart

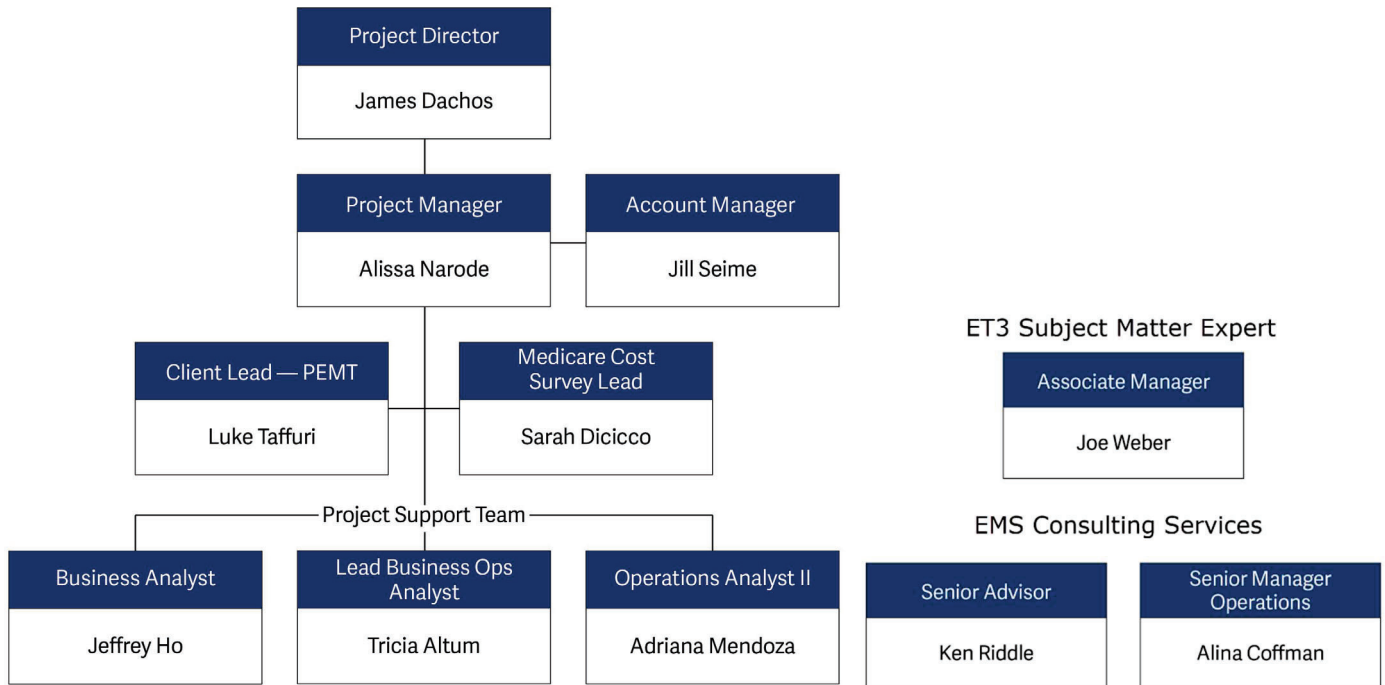


Figure 1. PCG's Proposed Staffing for Volusia County

PCG's Project Team

JAMES DACHOS

James Dachos, a Manager at PCG based in the Austin, TX office, currently serves as the program director for EMS Cost Recovery and Compliance initiatives for multiple states including Texas, Florida, Washington, Colorado, and Oklahoma. As the program director, Mr. Dachos is directly responsible for the development, design, implementation, cost reporting, and ongoing administration of EMS reimbursement programs. He currently oversees ambulance supplemental payment services for over 70 clients across the state of Texas, more than 60 ambulance providers in Florida, and over 70 providers in the state of WA. Mr. Dachos also oversees the project team dedicated to providing statewide EMS consulting, cost collection, and auditing service on behalf of the state of Colorado.

ALISSA NARODE

Alissa Narode is a Senior Consultant based in the Albany, New York office and will serve as the Project Manager on this engagement. Ms. Narode has extensive experience managing statewide projects and comprehensive knowledge on rate setting and rate study projects. Ms. Narode serves as the Project Manager on the Florida Public Emergency Medical Transportation (PEMT) program working with over 60 providers on their Medicaid cost reports and also is the Project Director for the Iowa Ground Emergency Medical Transportation (GEMT) program where she oversees a team to assist multiple EMS providers in completing Medicaid cost reports.

JILL SEIME

Jill Seime is an Account Manager based in the Austin, Texas office and will serve as a Technical Advisor on this engagement. Ms. Seime has extensive experience work with Volusia County since 2017 and has worked with over seven other providers in the State of Florida. Ms. Seime also oversees the Iowa GEMT and Texas ASPP programs.

LUKE TAFFURI

Luke Taffuri, a Consultant in our Austin, Texas office, will serve as the Client Lead on this engagement. Mr. Taffuri is engaged in numerous projects throughout the country that support EMS providers in revenue maximization, Cost reporting, and Analytics. Mr. Taffuri supports providers through multiple states including Texas, Florida, and Washington in the cost report compilation and data analysis.

SARAH DICICCO

Sarah DiCicco is a Senior Consultant in our Austin, Texas office, will service as client lead for the Medicare Cost Survey services. Ms. DiCicco has over 10 years of experience working with public sector clients at the federal, state, and local levels. She is a project lead for Emergency Medical Services (EMS) cost recovery and revenue maximization initiatives and manages statewide Medicaid cost settlement efforts for state health Medicaid agencies. Ms. DiCicco contributes to revenue generating engagements for governmental ambulance service providers participating in the Arkansas Ambulance Supplemental Payment Program (ASPP). She works closely with some of the State's largest providers, assisting with the preparation of annual cost reports and other key deliverables. In addition, she serves as a subject matter expert and drives the Medicare Ground Ambulance Data Collection effort for public and private providers.

JEFFREY HO

Mr. Ho, a Business Analyst in our Austin, Texas office, will serve as part of the project team. Mr. Ho is engaged in numerous projects throughout the country that support EMS providers in revenue maximization, Cost reporting, and Analytics. Mr. Ho supports providers through multiple states including Texas, Florida, and Iowa in the cost report compilation and data analysis.

TRICIA ALTUM

Ms. Altum, Lead Business Operations Analyst in our Austin, TX office, who will serve as part of the project support team. She leads the Data Management and Operations Team (DMOT) within PCG's Health Service Practice Area. DMOT supports cost reporting activities in the emergency medical services and school-based health services product lines for twelve states.

In her career, Ms. Altum has developed and refined processes, visualizations, models, and tools for calculations central to projects across the Health practice area and championed the use of data visualization tools for internal analyses and client reporting. In addition to her work on specific calculations, she has supported business operations on the project or product line level by implementing file management, QC and documentation standards and developing and training project teams on templates and tools for data transformation, reporting and QC, culminating in the creation of the DMOT.

She has extensive experience in the area of health care financing, have worked in projects dealing with Medicaid upper payment limits (especially for physician services and ambulance services), behavioral health rate setting, DSH calculations and Medicaid and Medicare hospital cost reporting, and fiscal impact of rate or methodology changes for a variety of Medicaid and other state-funded programs.

ADRIANA MENDOZA

Adriana Mendoza, Operations Analyst II located in our Austin, TX office, who will serve as part of the project support team. Ms. Mendoza works within DMOT to support cost reporting activities in EMS services. Ms. Mendoza develops data tools, Tableau visualizations, and Excel cost reports alongside ad-hoc data

analysis to be included in desk reviews, audits, and billing data processing. Ms. Mendoza manages multiple EMS state projects as DMOT state lead in Oregon, Oklahoma, Florida, and Illinois.

PCG's Subject Matter Expert Team for Additional Services

JOE WEBER

Mr. Weber, and Associate Manager at PCG based in the Albany, NY office, has an intricate understanding of both federal and state regulations governing cost accounting and third-party compliance reporting. Mr. Weber is leading the new federal EMS initiative on behalf of PCG called Emergency Triage, Treat, and Transport also known as ET3 to test integrated care models and value-based payment for Medicare Fee for Service beneficiaries.

KEN RIDDLE

Chief Ken Riddle has over 40 years of experience in EMS and fire services. He retired from the Las Vegas Department of Fire & Rescue (LVF&R) after 28 years of service. He served as the Assistant Fire Chief and the Deputy Fire Chief of every division including the Operations Division, Emergency Medical Services Division, Support Services Division, and the Fire Prevention Division, where he served as the Fire Marshal. While serving in those positions, he designed and developed several major programs, including a comprehensive in-house firefighter health and wellness program and a fire-based EMS ambulance transport service. Chief Riddle has served as the Executive Director of the Nevada Fire Chiefs since 2007.

Chief Riddle has been extremely active in national fire and EMS issues since 1992, serving as an elected officer on the Executive Committee for the International Association of Fire Chief's (IAFC) EMS Section including the chairman of the Section and as the International Director for EMS on the IAFC Board of Directors. He also served as the President of the Southern Nevada Fire Chiefs Association.

ALINA COFFMAN

Alina currently oversees project implementations for all Public Safety Consulting Projects (PSCS). She also works with EMS providers in FL and IA to facilitate the Medicaid cost reporting process and provide audit support.

Resumes

JAMES DACHOS - MANAGER

James Dachos, a Manager at PCG, currently serves as the program manager for EMS Cost Recovery and Compliance initiatives for five states including Texas, Florida, Washington, Colorado, and Oklahoma. As the program manager, Mr. Dachos is directly responsible for the development, design, implementation, cost reporting, and ongoing administration of EMS reimbursement programs. He currently oversees ambulance supplemental payment services for over 70 clients across the state of Texas, more than 60 ambulance providers in Florida, and over 60 providers in the state of WA. Mr. Dachos also oversees the project team dedicated to providing statewide EMS consulting, cost collection, and auditing service on behalf of the state of Colorado and Massachusetts.

Mr. Dachos has worked closely with state Medicaid departments in the design, development, and gain federal approval for cost based EMS and school based services (SBS) programs. He has worked with CMS on behalf of numerous states responding to requests for information pertaining to the State Plan Amendment and other related program components. He has also led comprehensive SBS and Local Health Jurisdiction (LHJ) assessments on behalf of state health departments.

Mr. Dachos is responsible for the annual cost reporting process for over 1,000 school districts across the states of Wisconsin, Kansas, Arizona, Colorado, Georgia, and North Carolina, including the collection and desk review of all submitted cost reports and the analysis of district actual costs. He also has led training efforts for school district staff on cost reporting procedures and PCG's web-based cost reporting and Medicaid reconciliation system.

Relevant Project Experience

Houston Fire Department, Dallas Fire-Rescue Department, MedStar (Tarrant County), Montgomery County Hospital District, Galveston County Health District, and Garland Fire Department (among approximately 50 active clients), State of Texas

Ambulance Supplemental Payment Program (August 2012 - Present): Program Director

Mr. Dachos: Contracted by multiple providers throughout the state of Texas to provide consulting services to design, gain approval for, and implement the Ambulance Supplemental Payment Program (ASPP). Manage the preparation of annual cost reports and provide comprehensive support throughout the State's desk reviews. PCG prepared and submitted the Federal Fiscal Year 2011 through 2016 cost reports for PCG's providers, which has generated significant revenue for the programs.

Miami-Dade Fire Rescue, Orange County Fire Rescue Department, Hillsborough County Fire Rescue, Tampa Fire Rescue, Palm Beach County Fire Rescue (among approximately 45 active clients), State of Florida

Ground Emergency Medical Transport Program (May 2016 - Present): Program Director

Mr. Dachos: Contracted with 45 departments across the state of Florida to administer consulting services around program design, implementation, cost reporting, and compliance for the Ground Emergency Medical Transportation (GEMT) program. Mr. Dachos leads a team of 20 staff to facilitate the compilation of the annual cost report and provide audit support. Mr. Dachos and his team developed a web-based cost reporting solution to facilitate cost reporting analysis and help ensure compliance.

State of Washington – Approximately 60 public EMS providers

Ground Emergency Medical Transport Program (May 2016 - Present): Program Director

Mr. Dachos: Contracted with 60 departments across the state of Washington to administer consulting services around program design, implementation, cost reporting, and compliance for the Ground Emergency Medical Transportation (GEMT) program.

Oklahoma Ambulance Association (OKAMA), State of Oklahoma

EMS Cost Recovery Program (March 2014 - Present): Program Director

Mr. Dachos: Contracted with OKAMA to establish the most appropriate and effective EMS Cost Recovery Program for the Oklahoma EMS provider community. Responsible for designing, gaining state and federal approval, designing, and administering the program for all eligible participating EMS departments across the state of OK.

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

EMS Supplemental Reimbursement Initiative (December 2016 – Present): Program Director

Mr. Dachos: Contracted to design cost-based reimbursement program for public ambulance providers across the state of Colorado. Gained federal approval and currently in the process of implementing program on implementing program on behalf of HCPF. Developed web-based cost report portal with pre-payment audit controls.

Arizona Health Care Cost Containment System, State of Arizona

School Based Health Services: Claiming Program Design and Implementation (October 2010 – Present):
Project Manager

Mr. Dachos: Assisted the state in designing and implementing a cost-based reimbursement methodology for the school based health services program. Developed the SPA document outlining the new methodology and all accompanying documents including the cost report and cost reporting guide. Prepared responses to CMS' Requests for Additional Information pertaining to the SPA and other related documents. Conducted financial trainings to assist the LEAs in completing the annual cost report. Serves as project manager.

Department of Community Health, State of Georgia

Children's Intervention School Services (October 2010 – Present): Project Manager

Mr. Dachos: Oversees team dedicated to Medicaid state-wide cost reporting and cost settlement operations. Serves as project manager responsible for client management, execution of contract deliverables, subject matter expertise, and the supervision of the processing of school-based cost reports under Medicaid State Plans. Assisted the state in developing and executing audit plan for quarterly Local Education Agency monitoring. Enforces program compliance and revenue maximization. Oversees training efforts for 145 school districts on cost reporting procedures for web-based Medicaid cost reporting and claiming system.

Kansas Department of Health and Environment, State of Kansas

School Based Services Cost Reporting / Reconciliation Initiative (October 2010 – Present): Project
Manager

Mr. Dachos: Oversees team dedicated to Medicaid state-wide cost reporting and cost settlement operations. Serves as project manager responsible for client management, execution of contract deliverables, subject matter expertise, and the supervision of the processing of school-based cost reports under Medicaid State Plans. Enforces program compliance and revenue maximization. Developed and executed audit plan for annual school district monitoring. Oversees training efforts for school district staff on cost reporting procedures for web-based Medicaid cost reporting and claiming system.

Department of Health Services, State of Wisconsin

School Based Services Cost Reporting / Reconciliation Initiative (October 2010 – Present): Project
Manager

Mr. Dachos: Prepared responses to CMS' requests pertaining to School Based Services program methodology approval. Oversees team dedicated to Medicaid state-wide cost reporting and cost settlement operations. Serves as project manager responsible for client management, execution of contract

deliverables, subject matter expertise, and the supervision of the processing of school-based cost reports under Medicaid State Plan. Enforces program compliance and revenue maximization. Developed and executed audit plan for annual school district monitoring. Overseas training efforts for over 400 school districts on cost reporting procedures for web-based Medicaid cost reporting and claiming system.

Department of Social Services, State of Missouri

School Based Services Cost Reporting Initiative (December 2015 – Present): Project Manager

Mr. Dachos: Project lead responsible for identifying how the State of Missouri can maximize school based Medicaid funding streams, while maintaining the utmost level of compliance. Team is contracted to review Missouri's current school district transportation reimbursement methodology and providing recommendations on how Missouri could maximize federal reimbursement. Additionally, is reviewing school based clinic models around the country as an approach to maximize federal funding streams.

Health Care Authority, State of Washington

Financial Audit of Local Health Jurisdiction Medicaid Administrative Claiming (September 2013 – March 2014): Project Manager

Mr. Dachos: Conducted a multi-faceted analysis of the Medicaid Administrative Claiming (MAC) program for the State's Local Health Jurisdictions (LHJs). The audit focused on five key review areas: MAC invoice, Certified Public Expenditures, funding offset, indirect cost rate, and Federally Qualified Health Center encounter rate. Analysis and recommendations were derived from a comprehensive data analysis, on-site interviews with LHJ staff, and an examination of pertinent federal and state regulations. Findings and recommendations pertaining to each of the key review areas were presented in the final report.

Professional Background

Public Consulting Group, Boston, MA

December 2006 – Present

Watson Wyatt Worldwide, Newton, MA

September 2004 – May 2006

Education

Clark University, Worcester, MA

Masters of Business Administration, 2011

Bates College, Lewiston, MA

Bachelor's Degree, Sociology, 2004

ALISSA NARODE - SENIOR CONSULTANT

Alissa Narode is a Senior Consultant based in the Albany, New York office and will serve as project manager on this engagement. Ms. Narode has extensive experience managing statewide projects and comprehensive knowledge on rate setting and rate study projects. Since joining PCG, Ms. Narode has supported and led several key initiatives. For the State of Illinois, Ms. Narode has conducted independent rate studies on Community Care Programs. For the New York State Department of Health School Supportive Health Services Program, Ms. Narode serves as the project manager and assists in reviewing completed Medicaid cost reports to identify possible reporting errors and works closely with Local Education Agencies (LEAs) to ensure that finalized reports are completed accurately and in compliance with all reporting requirements. Ms. Narode also serves as the Project Manager on the Florida Public Emergency Medical Transportation (PEMT) program working with over 60 providers on their Medicaid cost reports and also is the Project Director for the Iowa Ground Emergency Medical Transportation (GEMT) program where she oversees a team to assist multiple EMS providers in completing Medicaid cost reports. On behalf of the Wisconsin Department of Health Services, Ms. Narode works hand-in-hand with county-based health service providers to ensure the accuracy and completeness of annual Medicaid cost reports, including conducting trainings and completing comprehensive desk reviews on completed cost reports. In addition, Ms. Narode served as the project manager for the Wisconsin Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) rate setting project. Ms. Narode joined PCG with broad policy and healthcare experience including more than three years with the New York State Assembly Ways and Means Committee where she served as the Principal Health Budget Analyst. In her role with the New York State Assembly, Ms. Narode acquired extensive knowledge of the state budgeting process, health and public policy, working with data sets and completing research.

Relevant Project Experience

Department of Health, State of New York

School Supportive Health Services Program (SSHSP) (May 2015 – Present): Project Manager

Project: Implemented a cost-based reimbursement methodology for the school-based health services program known as SSHSP. Conducted financial trainings to assist the Local Education Agencies (LEAs) in completing an annual cost report. Provided support to school districts and counties in the completion of the fiscal year 2014 through 2017 Medicaid cost reports to identify the Medicaid allowable and non-allowable costs for school-based health services.

Ms. Narode: Reviews completed reports for accuracy and reasonability. Provides support to LEAs throughout the preparation and review of cost reports. Conducts in person and WebEx trainings to LEAs on how to complete cost reports.

Public Emergency Medical Transportation (PEMT) Program, State of Florida

FL EMS (PEMT) Program (January 2017 – Present): Project Manager

Project: Oversee the completion of our over 60 providers Medicaid cost reports annually which includes obtaining data from the facilities in order to properly analyze charges, revenue, and expenditures. Complete a thorough review of all expenditures to ensure that all allowable costs were captured and reported in the cost reports. Provide comprehensive audit support to providers.

Ms. Narode: Manages the PEMT program on behalf of all our Florida providers. Works with the State of Florida's Agency for Health Care Administration (AHCA) and the Florida Fire Chiefs Association (FFCA) to support the PEMT program and assist in implementation of the Managed Care program. In addition, she facilitates ongoing support between the EMS providers and AHCA.

Office for the Aging, State of New York

Cost Allocation Consulting Services (February 2020 – Present): Project Manager

Project: Perform a brief review of the Area Agencies on Aging (AAAs) and Independent Living Centers (ILCs) professional staff activities related to implementing the NY Connects system and NYSOFA's existing cost allocation efforts and time study processes to ensure compliance with federal requirements. Review

and assess NY Connects operations and direct administrative costs and advise NYSOFA, AAA and ILC staff on how to distinguish between eligible and ineligible administrative activities. Develop a federally compliant CAP for NYSOFA. Negotiate with state and federal agencies responsible for approving the CAP and, if necessary, draft and negotiate MOUs with other state entities.

Ms. Narode: Leads the review of AAA and ILC documentation and operational/financial processes to inform the development of a federally compliant cost allocation plan for the NY Connects program.

Ground Emergency Medical Transportation (GEMT) Program, State of Iowa

IA GEMT Program (November 2019 – Present): Project Director

Project: Oversees the project team and the completion of our providers Medicaid cost reports annually which includes obtaining data from the facilities in order to properly analyze charges, revenue, and expenditures. Complete a thorough review of all expenditures to ensure that all allowable costs were captured and reported in the cost reports. Provide comprehensive audit support to providers.

Ms. Narode: Oversees the GEMT program on behalf of all our Iowa providers. Works with the State of Iowa's Department of Human Services (DHS) to support the GEMT program and assists in facilitating ongoing support between the EMS providers and DHS.

Ground Emergency Medical Transportation (GEMT) Program, State of Illinois

IL GEMT Program (October 2019 – Present): Project Director

Project: Oversees the project team and the completion of our providers Medicaid cost reports annually which includes obtaining data from the facilities in order to properly analyze charges, revenue, and expenditures. Complete a thorough review of all expenditures to ensure that all allowable costs were captured and reported in the cost reports. Provide comprehensive audit support to providers.

Ms. Narode: Oversees the GEMT program on behalf of all our Illinois providers. Works with the State of Illinois Department of Healthcare and Family Services (HFS) to support the GEMT program and assists in facilitating ongoing support between the EMS providers and HFS.

Department on Aging, State of Illinois

Rate Study for the Community Care Program (January 2018 – September 2019): Team Lead

Project: Conducting independent rate studies on four Community Care Programs as part of complying with the renewal of their Medicaid Home and Community-Based Services (HCBS) waiver program including Emergency Home Response Services (EHRS), Adult Day, Adult Day Transportation, and In-Home Care Services.

Ms. Narode: Lead team in reviewing how In-Home Care and EHRS services are currently administered, determined if the current rates are adequate, efficient, cost effective, and allow for services to be delivered by an array of providers. In addition, Ms. Narode compared current rates to other state's rates and to rates paid by other public or private payors for services and provided recommendations to change current reimbursement rates as appropriate.

Department of Health Services, State of Wisconsin

Wisconsin Medicaid Cost Reporting (WIMCR) (May 2015 – Present): WIMCR Support

Project: Collaborated with Wisconsin DHS to implement a WIMCR reporting methodology which consolidates twelve Medicaid reimbursable programs into a single web based financial report. Supported county-based providers in cost report completion within a web-based cost reporting tool. Drafted State Plan Amendment (SPA) language and supported the state in obtaining CMS program approval.

Ms. Narode: Developed guidance documents for counties to aid in the completion of WIMCR reports. Provided support to DHS in ongoing State Plan Amendment (SPA) discussions with the federal Centers for Medicare and Medicaid Services (CMS). Works closely with county providers to assist in annual Medicaid cost report completion, including conducting in person trainings.

Department of Health, State of New York

1115 Medicaid Waiver Compliance (January 2016 – Present): Project Support

Project: Assist the Department of Health in calculating final Medicaid payments under the 1115 Waiver to ensure that programs saved the federal government Medicaid dollars under the waiver program. Obtain data from the Department to calculate final payments. Provide support to the Department during CMS discussions.

Benton County Fire Protection District #2, Benton County Fire Protection District #4, Grant County First District #8, Kittitas Valley Fire Rescue, State of Washington

WA EMS Ground Emergency Medical Transportation (GEMT) Program (February 2018 – June 2018):

Team Lead and Project Support

Project: Prepare Medicaid cost reports on behalf of four governmental EMS providers. Obtain data from the facilities in order to properly analyze charges, revenue, and expenditures. Complete a thorough review of all expenditures to ensure that all allowable costs were captured and reported in the cost reports. Provide comprehensive audit support to providers.

Ms. Narode: Reviews completed reports for accuracy and reasonability to determine Medicaid allowable costs. Facilitates ongoing support between the EMS providers and the Washington State Health Care Authority (HCA).

Department of Health Care Policy and Financing, State of Colorado

Pay for Performance Application Review (July 2016 – April 2019): Project Analysis and Support

Project: PCG was contracted to review, evaluate and validate Pay-For-Performance (P4P) applications and supporting documentation submitted by Colorado nursing facilities to determine whether each facility is eligible for additional reimbursement. The P4P application provides evidence of the facility's performance in establishing measures designed to improve quality of life and quality of care for residents and measures designed to improve facility management.

Ms. Narode: Reviews completed reports for accuracy and reasonability. Completed on-site visits of nursing facilities. Assisted in making changes and improvements to the P4P application and process for future years.

Department of Health Services, State of Wisconsin

Federally Qualified Health Center (FQHC) Prospective Payment System (PPS) Rate Setting (October 2015 – July 2017): Project Manager

Project: Public Consulting Group (PCG) has been charged with transitioning the FQHC reasonable cost reimbursement system (alternative payment methodology) to a prospective payment system (PPS) reimbursement methodology for non-tribal FQHCs. To date, PCG has developed rates for non-tribal FQHCs and developed scope change policy. Additionally, PCG determined which individual PPS rate reimbursement policy considerations would be the best fit for the Department and presented recommendations to FQHC stakeholders. Lastly, PCG also analyzed multiple years of claims data to determine shifts in services and intensity and developed data profiles of each FQHC with future, current and historical cost information.

Ms. Narode: Completed site visits of all non-tribal FQHCs in Wisconsin to discuss their organization, address their concerns and review compiled data. Conducted and presented extensive research relating to policy options, national best practices and state and federal requirements. Provided policy recommendations to the Department of Health Services and worked collaboratively to establish a policy direction. Created an enhanced cost report for FQHCs to complete to establish new PPS rates. Reviewed cost reports and completed desk reviews for accuracy, completeness and to mitigate audit risk.

Department of Health and Human Services, State of Michigan

Lakeshore Regional Entity (LRE) Program Audit (September 2015 – November 2015): Project Reporting, Analysis and Support

Project: Partnered with Beacon Health Options to conduct a comprehensive review of the Lakeshore Regional Entity Prepaid Inpatient Health Plan (LRE PIHP), with a focus on managed care function review, risk management strategy review, and review of conflict of interest policies. The audit was completed over an eight-week period from Friday, September 11, 2015 to Friday, November 6, 2015.

Ms. Narode: Participated in meetings with a variety of stakeholders including LRE staff, board members, providers and patients. Drafted four bi-weekly status reports in order to familiarize the MDHHS Project Manager with the activities performed. Drafted several components of the final report including the conflict of interest subsection.

Department of Health, State of New York

Capital Restructuring Financing Program (CRFP) (June 2015 – September 2015): Application Review Team Lead

Project: Under the CRFP program, healthcare providers will be awarded up to \$1.2 billion over a seven-year period to support capital projects that increase access to health services. The grant program is run in coordination with the Delivery System Reform Incentives Payment Program (DSRIP).

Ms. Narode: Ms. Narode served as an application review team lead for the Capital Restructuring Financing Program (CRFP). In this role, Ms. Narode lead a team of Department of Health staff in reviewing CRFP funding applications; coordinated project timelines to ensure that all reviews are completed within the required timeframe; completed additional reviews of CRFP applications and compared completed application reviews for all team members to identify any discrepancies. Additionally, Ms. Narode lead team meetings to resolve inconsistencies in reviewer scores and develops summary reports for each reviewed CRFP application.

Professional Background

Public Consulting Group, Albany, NY
New York State Assembly, Albany, NY

May 2015 – Present
January 2012 – May 2015

Education

State University of New York at Binghamton, Binghamton, NY
Master of Public Administration, Health Policy Concentration, 2010

State University of New York at Cortland, Cortland, NY
Bachelor of Science, Athletic Training, 2006

SARAH DICICCO - SENIOR CONSULTANT

Sarah DiCicco is a healthcare consultant in our Austin, Texas office, and has over 10 years of experience working with public sector clients at the federal, state and local levels. As a Senior Consultant, she provides reimbursement and claim solutions services to state and local governments and supports ambulance service providers. She is a project lead for Emergency Medical Services (EMS) cost recovery and revenue maximization initiatives, as well as manages statewide Medicaid cost settlement efforts for state health Medicaid agencies. Ms. DiCicco contributes to revenue generating engagements for governmental ambulance service providers participating in the Arkansas Ambulance Supplemental Payment Program (ASPP). She works closely with some of the State's largest providers, assisting with the preparation of annual cost reports and other key deliverables. In addition, she serves as a subject matter expert and drives the Medicare Ground Ambulance Data Collection effort for public and private providers.

Relevant Project Experience**Centers for Medicare and Medicaid Services (CMS) Medicare Ground Ambulance Data Collection System** (February 2020 – Present): Program Manager

Project: Led PCG program development for application organization, project management, quality assurance, and submission for EMS clients selected for participation in the Medicare Ground Ambulance Data Collection System.

Arkansas EMS Providers, State of Arkansas

Arkansas EMS ASPP Program (February 2020 – Present): Client Lead

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the Ambulance Supplemental Payment Program (ASPP), a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Education**University of Texas Austin, Austin, TX**

Executive Masters of Business Administration, 2021

University of San Francisco, San Francisco, CA

Bachelor of Science Business Administration, 2004

LUKE TAFFURI - CONSULTANT

Luke Taffuri, a Consultant in our Austin, Texas office, is engaged in numerous projects throughout the country that support EMS providers in revenue maximization, Cost reporting, and Analytics. Mr. Taffuri supports providers through multiple states including Texas, Florida, and Washington in the cost report compilation and data analysis.

Relevant Project Experience**Florida EMS Providers, State of Florida**

Florida EMS PEMT Program (July 2017 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the Public Emergency Medical Transportation (PEMT) Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients. Work on establishing Managed Care (MCO) supplemental payment programs.

Mr. Taffuri: Manage client interactions and data collection. Prepare the annual cost reports, data analysis, and provide comprehensive support throughout the State's desk reviews. Develop a MCO funding model and implementation methods for the state.

Texas EMS Providers, State of Texas

Texas EMS ASPP Program (October 2017 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the Ambulance Supplemental Payment Program (ASPP), a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients. Work on establishing Managed Care (MCO) supplemental payment programs.

Mr. Taffuri: Compile detailed documents in order to conduct data analysis and generate intuitive visualizations. Manage the preparation of annual cost reports and provide comprehensive support throughout the State's desk reviews. Develop a MCO funding model and implementation methods for the state.

Washington EMS Providers, State of Washington

Washington EMS Supplemental Payment Program (January 2018 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the EMS Supplemental Payment Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Mr. Taffuri: Manage client interactions and data collection. Prepare the annual cost reports, data analysis, and provide comprehensive support throughout the State's desk reviews.

Professional Background

Public Consulting Group, Austin, TX

July 2017 – Present

Education

University of San Diego, San Diego, CA

Bachelors in Accountancy, Bachelors in Finance, 2017

JILL SEIME - ACCOUNT MANAGER

Ms. Jill Seime is a healthcare professional with 25+ years of experience in Medicaid who uses innovative ideas, collaborative approaches and leadership skills to manage projects and develop new programs. She is experienced in health care finance, policy and audit management. Previously responsible for development of rate setting and audit controls for physician, ambulance and hospital Medicaid supplemental payment programs for the State of Texas, successfully managing financial audits totaling over \$1 billion annually and supplemental payments to Uncompensated Care (UC) Providers of \$8.5 billion per year. Ms. Seime is highly skilled in Medicaid budget forecasting, actuarial analysis, medical policy fiscal impact analysis, claims adjudication analysis, cost report analysis and clinical outcomes analysis.

Relevant Project Experience

Since 2014, responsible for providing oversight of hospital cost reporting services and Disproportionate Share Surveys/Audits for state psychiatric facilities in five (5) states, project management of public EMS cost reporting services in two (2) states, and currently serves as PCG's subject matter expertise for compilation of public EMS cost reporting services in four (4) additional states:

**Hospital Cost Reporting Services and Disproportionate Share Surveys
Department of Health Care Finance, District of Columbia**

DC Saint Elizabeths Hospital Cost Reporting Services: **Project Lead**

Office of Behavioral Health (OBH), Department of Health, State of Louisiana

OBH Cost Reporting Services, DSH and Financial Services Reporting: **Project Lead**

- ▶ Central Louisiana State Hospital (2552-10)
- ▶ East Louisiana State Hospital (2552-10)
- ▶ Southeast Louisiana State Hospital (2552-10)
- ▶ Louisiana Department of Health – Home Office Cost Report (CMS 287-05)

Agency for Health Care Administration, State of Florida

Cost Reporting Services for State Psychiatric Hospitals: **Project Lead**

- ▶ Florida State Hospital
- ▶ Northeast Florida State Hospital
- ▶ South Florida State Hospital

Department of Health Services, State of Arizona

Medicare and Medicaid Cost Reporting Services: **Project Lead**

- ▶ Arizona State Hospital

IL Department of Human Services, State of Illinois

Medicare and Medicaid Reimbursement & Cost Reporting Services: **Project Lead**

- ▶ Alton Mental Health Center
- ▶ Chicago-Read Mental Health Center
- ▶ Choate Mental Health Center
- ▶ Elgin Mental Health Center
- ▶ Madden Mental Health Center
- ▶ McFarland Mental Health Center

Public EMS Cost Reporting Services

Ground Emergency Medical Transportation Program (IA GEMT), State of Iowa
Cost Reporting Operations and Policy, **Project Manager**

Ambulance Supplemental Payment Program (TX ASPP), State of Texas

Cost Reporting Operations and Policy, **Project Manager**

Public Emergency Medical Transportation Program (FL PEMT), State of Florida
OHCA CPE Public Ground Ambulance Program, State of Oklahoma
Ground Emergency Medical Transportation Program (MO GEMT), State of Missouri
Ground Emergency Medical Transportation Program (WA GEMT), State of Washington
Policy and Cost Report Compilation, **Subject Matter Expert**

Other Relevant Project Experience**Texas Health and Human Services Commission (HHSC) / Hospital Rate Setting Department**

Texas Medicaid Upper Payment Limit (UPL) and 1115 Waiver Uncompensated Care (UC) Supplemental Payment Programs (February 2009 – July 2014): Team Lead

Project: As Team Lead for Medicaid UPL and Uncompensated Care (UC) Programs, coordinated staff of three (3) in developing health policy and payment methodology for the timely processing of Medicaid hospital supplemental payments totaling \$3.9 billion annually for the State of Texas. Identified and implemented new payment methodology for six (6) UPL programs that eliminated end-of-year reconciliations, reducing provider recoupments by 75% and increasing UPL reimbursement to Texas hospitals by 18%.

Ms. Seime:

- Drafted Medicaid state plan amendments, Administrative Code rules, HHSC policy and procedures and financial controls to ensure state compliance with CMS rules and regulations while increasing provider participation and revenue. Successfully coordinated “zero findings” audits of UPL Programs with Federal Office of Investigations (OIG) and State Auditor’s Office.
- Delivered program goals on budget and on schedule. Coordinated creation of quarterly state and federal CMS-37 and CMS-64 rate setting budgets for DSH, UC and DSRIP programs totaling \$7.6 billion per year. Managed budget variances for the 1115 Waiver UC and DSRIP programs, GME, and Medicaid Disproportionate Share Program, providing explanations to CMS and Legislative Budget Board.
- Collaborated effectively with providers to communicate changes to supplemental payment methodologies, analyze UC data applications and CMS 2552 cost reports, recover 98% of accounts receivables, reconcile supplemental payments to CMS-64 federal match reports, and resolve payment issues.
- Coordinated CMS compliance reporting, documented payment processes, and worked with HHSC Accounts Payable and Fund Accounting to reduce turnaround time for processing supplemental payments from 8 to 5 weeks.
- Developed and presented complex program policy issues to healthcare executives, state associations and community stakeholders. Guest Speaker at Regional Health Plan Summit in August 2012 for 1115 Waiver Payments.

Affiliated Computer Services, Inc. (ACS) / Texas Medicaid Healthcare Partnership, TX

Claims Administrator/Fiscal Agent for Texas Medicaid Program (October 2003 – January 2009):

Health Policy Research Analyst

Project: Managed technical projects and created operational reporting on behalf of Decision Support Services (DSS) for ACS/Texas Medicaid Healthcare Partnership (TMHP), the Claims Administrator for the Texas Medicaid Program.

- As Business Objects Ad Hoc Query Trainer, developed curriculum and provided training to state and internal users on best practices for querying and analyzing provider enrollment, client eligibility and adjudicated claims data in the Medicaid MMIS Data Warehouse.

- Selected by state leadership to fast track creation of technical training for 250+ state users of a new Compass 21 Encounters Data Warehouse. Received accommodation letter from HHSC for successful implementation in August 2008.
- Updated business requirements for MCO standard reports for monitoring network adequacy and access to care, financial reporting statistics and clinical utilization. Identified and analyzed encounter data integrity issues, performing user acceptance testing (UAT) to resolve provider submission and reporting problems.
- Researched and mediated medical policy and claims adjudication issues associated with CMS/OIG Payment Error Rate Measurement (PERM) audits. Evaluated and updated hard-coded logic of claim edits/audits. Verified Medicaid eligibility for service and appropriateness of medical coding and billing.
- Compiled, analyzed, evaluated and reviewed 1) proposed legislative changes in Medicaid eligibility, programs or services; 2) rate adjustments and fiscal impacts associated with changes in medical policy; and 3) accuracy of UB04, CMS 1500 and 837 transactions, TIERS client eligibility, and MCO Premium Payable files.

National Heritage Insurance Company (NHIC) / an EDS Company, TX

Claims Administrator/Insured agent for Texas Medicaid Program (February 2001 – October 2003):
Financial Risk Management Team Leader

Project: Supervised Finance department of seven (7) staff to ensure NHIC's compliance with external financial reporting requirements of the Texas Medicaid Claims Administrator contract. Directed creation of key performance indicators and actuarial projections for premium rate setting negotiations between NHIC and HHSC for the Texas Medicaid Fee for Service and Managed Care Programs.

Ms. Seime:

- During new MMIS system implementation, defined business requirements and specifications for creating and testing MARS/STAT Financial Reports to ensure the accuracy and appropriateness of DRG, HCPCS and ICD-9 coding used in per member per month (PMPM) projections.
- Evaluated changes in Medicaid policy for impact to actuarial projections, financial operations and back-end reporting systems. Created financial model for identifying \$11.2M in medical policy savings through claims analysis.
- Identified clinical utilization patterns by risk group and communicated trends to HHSC, OAG and other stakeholders. Collaborated with state and NHIC Medical Directors to negotiate cost-effective MS-DRG reimbursement and case rates with out-of-state Medicaid providers.
- Developed medical fiscal impact analyses for annual HCPCS, DRG & ICD-9 project implementations.

Professional Background

Public Consulting Group, Austin, TX

September 2014 – Present

TX HHSC, Austin, TX

February 2009 – July 2014

Affiliated Computer Services/Xerox, Austin, TX

October 2003 – January 2009

NHIC/EDS, Austin, TX

February 2001 – October 2003

HCIA, Inc., Baltimore, MD & Austin, TX

December 1997 – September 1999

Seton Healthcare Network, Austin, TX

May 1995 – December 1997

Brackenridge/Children's Hospital, Austin, TX

June 1992 – May 1995

Education

University of Houston – Clear Lake, Houston, TX

Master of Business Administration / Master of Healthcare Administration, 1993

University of Texas at Austin, *Austin, TX*

Bachelor of Journalism, Broadcast Journalism, 1985

Certifications / Publications / Special Skills

Proficient with Microsoft Excel, Word, PowerPoint, Outlook, Access, Visio, Business Objects 6.5 SP2 /
Webi, SQL, SharePoint, Kintana, BIDesigner, Turbo Project.

JEFFREY HO – BUSINESS ANALYST

Jeffrey Ho, a Business Analyst in our Austin, Texas office, is engaged in numerous projects throughout the country that support EMS providers in revenue maximization, Cost reporting, and Analytics. Mr. Ho supports providers through multiple states including Texas, Florida, Oklahoma, Colorado, Iowa and Oregon in the cost report compilation and data analysis.

Relevant Project Experience

Austin Dispatch Equity & Optimization Efficiency Study, Austin, TX

Jefferson Parish Feasibility Study (May 2021 – Present):

Project: PCG was contracted by the City of Austin to conduct a dispatch equity study and optimization efficiency study and provide recommendations to improve equitable health outcomes in the community; promote efficiency and effectiveness within and across City departments; and address the City's budget constraints.

Mr. Ho: Providing ongoing data analysis on public input surveys and EMS/Fire Dept. surveys relevant to the studies.

Jefferson Parish Feasibility Study, Jefferson Parish, LA

Jefferson Parish Feasibility Study (Nov. 2020 – Present):

Project: PCG was contracted by Jefferson Parish Department of Purchasing to provide a feasibility study and report, relative to the provision of public emergency medical services (EMS) within and for Jefferson Parish Hospital Service District No. 1 and Jefferson Parish Hospital Service District No. 2.

Mr. Ho: Providing ongoing analysis centered on the departments financial objectives and utilization that yielded valuable information for EMS planning for the department.

Florida EMS Providers, State of Florida

Florida EMS PEMT Program (July 2020 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the Public Emergency Medical Transportation (PEMT) Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Mr. Ho: Assist in client interactions and data collection. Prepare the annual cost reports, data analysis, and provide comprehensive support throughout the State's desk reviews.

Texas EMS Providers, State of Texas

Texas EMS ASPP Program (January 2021 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the Ambulance Supplemental Payment Program (ASPP), a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Mr. Ho: Compile detailed documents in order to conduct data analysis and generate intuitive visualizations. Assist in managing the preparation of annual cost reports and provide comprehensive support throughout the State's desk reviews.

Iowa EMS Providers, State of Iowa

Iowa EMS Supplemental Payment Program (July 2020 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the EMS Supplemental Payment Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Mr. Ho: Assist with client interactions and data collection. Prepare the annual cost reports, data analysis, and provide comprehensive support throughout the State's desk reviews.

Oklahoma EMS Providers, State of Oklahoma

Oklahoma EMS Supplemental Payment Program (July 2020 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the EMS Supplemental Payment Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Mr. Ho: Assist with client interactions and data collection. Prepare the annual cost reports, data analysis, and provide comprehensive support throughout the State's desk reviews.

Oregon EMS Providers, State of Oregon

Oregon EMS Supplemental Payment Program (July 2020 – Present): Cost Report Compilation and Data Analysis

Project: Work with fire departments and ambulance providers to design, gain approval for, and implement the EMS Supplemental Payment Program, a federally approved program that provides additional reimbursement for governmental providers that serve Medicaid and Uninsured patients.

Mr. Ho: Assist with client interactions and data collection. Prepare the annual cost reports, data analysis, and provide comprehensive support throughout the State's desk reviews.

Southeast Weld Fire Department Cost of Service and Rate Analysis, State of Colorado

Southeast Weld Fire Department Cost of Service and Rate Analysis (2020):

Project: PCG was contracted by Southeast Weld Fire Department (SWFD) to provide a comprehensive Cost of Service Analysis and Rate Study. PCG provided analytical services that benefited SWFD operations and budget planning.

Mr. Ho: Provided analysis centered on the departments financial objectives and utilization that yielded valuable information for EMS planning for the department.

Fountain Fire Department Cost of Service and Rate Analysis, State of Colorado

Fountain Fire Department Cost of Service and Rate Analysis (2020):

Project: PCG was contracted by Fountain Fire Department (FFD) to provide a comprehensive Cost of Service Analysis and Rate Study. PCG provided analytical services that benefited FFD operations and budget planning.

Mr. Ho: Provided analysis centered on the departments financial objectives and utilization that yielded valuable information for EMS planning for the department.

Professional Background

Public Consulting Group, Austin, TX

July 2020 – Present

Education

Cornell University, Ithaca, NY

B.S. in Human Biology, Health and Society, 2020

TRICIA ALTUM - LEAD BUSINESS OPERATIONS ANALYST

Ms. Altum stood up and leads the Data Management and Operations Team (DMOT) within PCG's Health Service Practice Area. The purpose of the DMOT is to provide operational support tasks and data management under a centralized team of data professionals for a broad portfolio of projects using a consistent set of tools and processes. Currently the DMOT supports cost reporting activities in the emergency medical services and school based health services product lines for twelve states.

In her career, Ms. Altum has developed and refined processes, visualizations, models and tools for calculations central to projects across the Health practice area and championed the use of data visualization tools for internal analyses and client reporting. In addition to her work on specific calculations, she has supported business operations on the project or product line level by implementing file management, QC and documentation standards and developing and training project teams on templates and tools for data transformation, reporting and QC, culminating in the creation of the DMOT.

She has extensive experience in the area of health care financing, have worked in projects dealing with Medicaid upper payment limits (especially for physician services and ambulance services), behavioral health rate setting, DSH calculations and Medicaid and Medicare hospital cost reporting, and fiscal impact of rate or methodology changes for a variety of Medicaid and other state-funded programs.

Relevant Project Experience

Multiple Clients in the States of Kansas, Wisconsin, Arizona, Georgia and Colorado

School Based Services Cost Reporting (August 2016 to Present): Lead Operations Analyst

Projects: Assisted local school districts in multiple states in completing cost reports in order to determine supplemental payments up to the cost of providing services. Provided and maintained a website for cost reporting submissions and provided desk review, technical support and training, and reporting services to the states and to local districts.

Ms. Altum: Leads a team of operations support staff who field provider communications, perform desk and monitoring reviews, and generate cost settlement documents for annual cost reports. Worked to bring together Education and Health Practice Area development teams in order to set up a direct connection to cost reporting data. Developed and supported Tableau-based visualizations for internal analyses and client reporting.

Additional States: Worked with North Carolina SBS Staff to develop automate tools for completion and validation of cost reports.

Multiple Clients in the States of Texas, Florida, Washington, Oregon, Iowa, Missouri and Oklahoma

EMS Cost Reporting (December 2016 to Present): Lead Operations Analyst

Projects: Worked with local fire and EMS providers and state agencies in completing cost reports in order to determine supplemental payments up to the cost of providing ambulance services. Contracted with individual EMS providers to assist in completing the cost report

Ms. Altum: Leads a team of operations support staff who process and categorize provider data into approved state templates, generate both Excel and Tableau cost reports, communicate with consulting staff and track cost report completion. Created and continues to develop tools used in these operations, including centralized processing of billing data, Tableau visualizations of cost report data and automated categorization of data. Worked with development staff to create centralized SQL database of EMS cost reporting data. Created and delivered trainings for team members and clients on program specifics, tools and cost report completion.

Additional States: Worked with the Massachusetts EMS team to develop Tableau visualizations for statewide cost reporting data.

Department of Assistive and Rehabilitative Services, State of Texas

Comprehensive Rehabilitation Services (CRS) Program Redesign (April 2014 – June 2016): Operations Analyst

Project: Directed an effort to assist the agency in redesigning and implementing service arrays for the traumatic brain injury and spinal cord injury programs including the development and implementation of a rate setting methodology and contracting approach.

Ms. Altum: Carried out an initial utilization review applying a graphical analysis of utilization patterns to help develop expectations for a new tiered rate system. Created and demonstrated a model for adjusting current rates by provider type using Bureau of Labor statistics data and Relative Value Units. Prepared a report on the feasibility of Utilization Review mechanisms for the DARS program, including an initial Utilization Review

Department of Health Services, State of Arkansas

Rate Setting Effort (September 13 – August 2014): Operations Analyst

Project: Working as a subcontractor to HSAG, assisted the AR DHS in consolidating 4 mental health programs with disparate fee schedules into a single unified fee structure based on a survey of peer states, including financial and impact modelling and modeling various state-specific adjustments.

Ms. Altum: Review, coordinated and consolidated fee schedules; Developed financial impact and rate setting models, including state specific adjustments; Wrote the report and delivered recommendations, including visual data analysis presentations using Tableau.

Department of Mental Health, District of Columbia

Rate Analysis Survey (February 2012 – February 2013): Operations Analyst

Project: Conducted a cost survey, performed in-depth analysis, reported all findings, and made rate-setting suggestions for DC DMH.

Ms. Altum: Served as point of contact for survey respondents. Performed data analysis and modeling of rates based on survey results.

Department of Medical Assistance, State of North Carolina

Physician Upper Payment Limit (December 2012 – Present): Operations Analyst/Senior Operations Analyst

Projects: Administered revenue maximization to the upper payment limit for physician practice plans. Performed Average Commercial Rate calculations, processed quarterly supplemental payments and annual reconciliations, and provided audit support.

Ms. Altum: Researched and contributed to the development of new calculation methodologies to maximize revenues and improve accuracy and defensibility. Contributed to the development of new databases incorporating improved methodologies. Performed annual ACR calculations, quarterly calculation and annual reconciliations. Developed QC processes and report formats. Updated documentation and file management.

Education

Middlebury College, Middlebury, VT

Bachelor of Arts in Chinese Literature and Language

Certifications / Publications / Special Skills

- Microsoft Office Suite (Word, Access, Excel, PowerPoint, Outlook)
- Tableau Visual Analytics

ADRIANA MENDOZA – OPERATIONS ANALYST II**Professional Experience****Operations Analyst II****July 2019 – Present****Public Consulting Group | Austin, TX**

- Lead the Data Management Operations Team (DMOT) in the Emergency Medical Services Medicaid cost reporting product line, main channel of communication between various states' progress and Lead Business Operations Analyst and Project Managers
- Train staff on nuances of state cost reporting policies and best practices regarding data requirements, tools, cost report entry
- Process and perform quality assurance on data, data tools, Tableau visualizations, and Excel cost reports
- Assist client leads and consultants with ad-hoc data analysis needs to include desk reviews, audits, billing data processing
- Manage multiple EMS Medicaid state projects as DMOT state lead in Oregon, Oklahoma, Florida, Illinois and support DMOT members leading Washington, Oklahoma, Iowa state projects
- Supervise two members of the Data Management Operations Team
- Lead Texas Ambulance Supplemental Payment Program as DMOT state lead
- Trained new DMOT staff and client leads on data requirements, data processing, data tools, and best practices
- Collaborated with direct supervisor, Lead Business Operations Analyst, in developing excel tools for cost reporting projects

Professional Background**Public Consulting Group, Austin, TX**

October 2018-Present

Health Informatics and Health IT Program – UT Austin, Austin, TX

July 2018

Scribe America, El Paso, TX

April 2016 - May 2018

Education**University of Texas at Austin –Red McCombs School of Business**

Health Informatics and Health Information Technology Certificate, 2018

Texas State University at San Marcos

Bachelor of Science in Biology, Minor in Chemistry, 2015

Certifications / Publications / Special Skills

- MS Excel, Access, PowerPoint, Word
- Tableau
- Bilingual, Spanish
- Medical Terminology
- MySQL
- R Studio
- HIPAA Certified

JOSEPH WEBER, PMP - ASSOCIATE MANAGER

Mr. Joe Weber is an Associate Manager located in the Albany, New York office. Mr. Weber has an intricate understanding of both federal and state regulations governing cost accounting and third-party compliance reporting. Mr. Weber has previously led PCG's efforts as the WIMCR program coordinator, overseeing the efforts of PCG's project team through the audit and reporting processes. Mr. Weber also led PCG's efforts in reviewing the reimbursement methodology for county based public health services on behalf of the Georgia Department of Public Health and assisted the Colorado Office of Behavioral Health in establishing a web-based cost reporting application to be used in capturing financial data of community-based substance use disorder providers and to calculate provider and service specific cost per unit rates.

In addition to his experience working with community based public health and behavioral health providers, Mr. Weber has extensive experience assisting states in developing and implementing cost-based reimbursement methodologies for school-based health service programs. He is currently leading PCG's efforts in assisting the New York State Department of Health in implementing a certified public expenditure (CPE) reimbursement methodology for pre-school and school-based health services.

Mr. Weber is currently leading PCG's efforts to support the North Carolina State Health Plan for Teachers and State Employees to design and develop alternative payment models (APMs). PCG has been tasked with identifying potential services or populations that would be best suited for an APM pilot. Following the identification of potential APM pilot opportunities, PCG was tasked with developing all elements of the APM pilot including cost and quality benchmarks and targets, member attribution, and payment strategies.

Relevant Project Experience

State Health Plan for Teachers and State Employees, State of North Carolina

Alternative Payment Model Services (July 2020 – Present)

Project: Assisting the State Health Plan with the design and development of Alternative Payment Models (APMs).

Mr. Weber: Mr. Weber is currently leading this initiative for PCG. The State Health Plan engaged PCG to assist in the design, development, and implementation of alternative payment model (APM) pilots as Phase II of the Plan's Clear Pricing Project intended to secure the Plan's financial future and to promote quality, accessible health care. PCG has completed initial design of four APM pilot programs for the Plan to consider from which two pilots have been chosen for comprehensive development efforts. PCG is currently completing detailed playbooks outlining key financial and programmatic components for a primary care, total cost of care pilot and for a behavioral health pay for performance (P4P) pilot.

Department of Health, State of New York

Delivery System Reform Incentive Payment (DSRIP) Program Independent Assessor (August 2014 – December 2020): Engagement Manager

Project: Assisting the state with the implementation of the DSRIP program, including the development of an application and scoring methodology for Performing Provider Systems (PPS). Developing validation review protocols and policies to conduct ongoing assessments of PPS performance for the purpose of determining performance payments. Providing ongoing support through the development of policy guidance. Facilitating statewide PPS Learning Symposiums to share the best practices being implemented across the state. Assisting the state in completing mandatory reporting requirements on quarterly progress to CMS.

Mr. Weber: Manage the overall project effort for all tasks associated with PCG's role as the DSRIP Independent Assessor. Provide technical assistance to the state in ensuring all aspects of the program are implemented consistent with the waiver. Monitor financial aspects of the program including calculation of semi-annual performance payments.

Department of Health, State of New York

1115 Waiver Budget Neutrality Consulting (September 2017 – Present): Engagement Manager

Project: Assisting the state to complete quarterly budget neutrality calculations for submission on the CMS-64 reports. Supporting the state in reviewing proposed waiver amendments for budget neutrality impacts and developing budget neutrality models to support amendment submissions. Providing ongoing technical assistance related to federal changes to budget neutrality reporting requirements.

Mr. Weber: Manage the overall project effort for all tasks associated with PCG's role for the engagement. Monitor federal budget neutrality guidance to support the state's budget neutrality reporting.

Department of Health Services, State of Wisconsin**Web-Based Cost Report Tool Development** (April 2014 – Present): Engagement Manager

Project: Assist the state to develop a new web-based cost reporting tool for WIMCR. Facilitated meetings with state and county agency staff to get buy-in on proposed cost report changes. Worked with state staff to determine most appropriate approaches for identifying and reporting direct costs and for allocating overhead costs in the new cost report tool. Established a consistent approach for cost reporting for all participating county agencies that streamlined the amount of work for county agency staff. Provided comprehensive training for county agency staff on the new cost report tool and cost reporting requirements. Provide ongoing support to county agency staff throughout the cost reporting period.

Mr. Weber: Manage the overall project effort of PCG's project team. Completing desk reviews of all completed cost reports. Assist in generating the Provider Summary Report (PSRs), the Maintenance of Effort (MOE) calculations, and the County Treasury Reports (CTRs) for all county agencies upon completion of the cost reports and desk reviews.

Department of Health Services, State of Wisconsin**WIMCR Cost Reporting** (June 2013 – Present): Engagement Manager

Project: Assisted the state in the coordinator of the WIMCR program including the completion of desk reviews of all WIMCR cost reports, the review of Provider Summary Reports (PSRs), the calculation of the Maintenance of Effort (MOE), and assistance in determining final payment amounts. Provided technical support to state and county agency staff throughout the annual WIMCR cost reporting process.

Mr. Weber: Manage PCG's project team's effort in conducting desk reviews of all WIMCR cost reports. Oversee the review of Provider Summary Reports (PSRs), the calculation of the Maintenance of Effort (MOE), and assistance in determining final payment amounts.

Department of Health, State of New York**Pre-School and School Supportive Health Services Program Design and Implementation** (November 2013 – Present): Engagement Manager

Project: Assist the state in designing and implementing a cost-based reimbursement methodology for the school based health services program known as SSHSP.

Mr. Weber: Assisted in developing the SPA document outlining the new methodology and all accompanying documents including the cost report and cost reporting guide. Prepared responses to CMS' Requests for Additional Information pertaining to the SPA and other related documents. Conducted trainings for school districts across the state to introduce the new methodology and all of the new program requirements. Conducting financial trainings to assist the LEAs in completing the annual cost report.

Fire Department of New York (FDNY)**GEMT Program** (January 2019 – Present): Engagement Manager

Project: Supporting the Fire Department of New York (FDNY) to obtain approval for a supplemental payment program for Medicaid emergency medical services. Engaging with the New York state Department of Health to prepare and review state plan amendment documents. Completing financial modeling to determine the potential fiscal impact for FDNY and the state.

Mr. Weber: Oversees the project team working with FDNY and New York DOH. Provides technical guidance on programmatic and financial questions throughout program design and CMS negotiations.

Ground Emergency Medical Transportation (GEMT) Program, State of Illinois

IL GEMT Program (October 2019 – Present): Engagement Manager

Project: Oversees the project team and the completion of our providers Medicaid cost reports annually which includes obtaining data from the facilities in order to properly analyze charges, revenue, and expenditures. Complete a thorough review of all expenditures to ensure that all allowable costs were captured and reported in the cost reports. Provide comprehensive audit support to providers.

Mr. Weber: Oversees the GEMT program on behalf of all our Illinois providers. Works with the State of Illinois Department of Healthcare and Family Services (HFS) to support the GEMT program and assists in facilitating ongoing support between the EMS providers and HFS.

Department of State Hospitals, State of California

Charge Description Master Update and Cost Reporting for State Hospitals (June 2018 – March 2020): Engagement Manager

Project: Assisting the state in completing a review of current revenue cycle management processes and policies for the five state-operated hospitals. Reviewing current charge master and inpatient per diem rates and recommending updates based on current utilization and expenditure data. Completing Medicare cost reports for the two Medicare certified hospitals.

Mr. Weber: Providing oversight of all project activities and deliverables under this scope of work. Providing technical assistance to the state on federal regulations regarding state operated psychiatric hospitals.

Department of Human Services, Office of Behavioral Health, State of Colorado

Standardized Coding, Unit Costing, Reimbursement Rate and Web Solution for Substance Use Disorder (May 2012 – June 2014): Project Manager

Project: Assisted the State in completing a review of current coding standards for substance use disorder (SUD) providers and in developing a new, standardized coding manual for SUD services.

Mr. Weber: Reviewed the existing cost reporting methodology for SUD providers and developed revised cost reporting guidelines and template to more accurately capture the actual cost of providing SUD services. Assisted in the development of a web-based cost reporting form and user guide to be used by all SUD providers in the state for completing the annual cost reports that will be used to inform rate setting efforts.

Department of Health and Human Services, Bureau for Medical Services, State of West Virginia

School Based Health Services Program Design and Implementation (July 2011 – June 2015): Project Manager

Project: Assist the state in designing and implementing a cost based reimbursement methodology for the school based health services program. Work with the Department of Education to develop consistent practices for the reporting of indirect costs across the state's 57 LEAs.

Mr. Weber: Assisted in developing the SPA document outlining the new methodology and all accompanying documents including the cost report and cost reporting guide. Conducted trainings to introduce the new methodology and all new program requirements to the LEA and RESA staff.

Division of Medical Assistance and Health Services, State of New Jersey

Special Education Medicaid Initiative Program Design and Implementation (July 2011 – Present): Cost Settlement Project Manager

Project: Assist the state in designing and implementing a cost based reimbursement methodology for the school based health services program known as SEMI.

Mr. Weber: Assisted in developing the SPA document outlining the new methodology and all accompanying documents including the cost report and cost reporting guide. Prepared responses to CMS' Requests for Additional Information pertaining to the SPA and other related documents. Conducted financial trainings to assist the LEAs in completing the annual cost report.

Department of Public Welfare Pennsylvania Department of Education, Commonwealth of Pennsylvania

School Based Access Program Cost Settlement Implementation (July 2013 – September 2014): Cost Settlement Project Manager

Project: Assist the Commonwealth in implementing a cost-based reimbursement methodology for the school-based health services program known as SBAP. Conducted a review of the recently approved SPA to identify implementation requirements. Worked with DPW and PDE to conduct trainings on cost settlement requirements.

Mr. Weber: Assist in development of a web-based cost reporting template and cost report instructions for the LEAs. Implemented a comprehensive desk review and auditing protocol to support DPW audit efforts.

Department of Community Health, State of Georgia

School Based Health Services Program Design and Implementation (July 2010 – December 2011): SPA and Cost Settlement Lead

Project: Assist the state in designing and implementing a cost-based reimbursement methodology for the school-based health services program known as CISS.

Mr. Weber: Assist in development of the SPA document outlining the new methodology and all accompanying documents including the cost report and cost reporting guide. Prepared responses to CMS' Requests for Additional Information pertaining to the SPA and other related documents. Conducting financial trainings to assist the LEAs in completing the annual cost report.

District of Columbia Public Schools, District of Columbia

Medicaid Cost Settlement Reports (April 2007 – September 2011): Cost Settlement Lead

Project: Prepared and submitted the Special Education Medicaid Cost Settlement Report on behalf of the District of Columbia Public Schools for fiscal years 2004 through 2009.

Mr. Weber: Assisted in analysis of all costs incurred by the District of Columbia Public Schools in the provision of special education services to Medicaid eligible students. Identified the Medicaid allowable and non-allowable costs for school-based health services.

Department of Health Care Finance, District of Columbia

School Based Health Services Program Design and Implementation (January 2009 – September 2011): Project Manager

Project: Assisted DHCF in developing and implementing a cost-based reimbursement methodology for the school-based health services program.

Mr. Weber: Helped prepare the SPA document as well as the cost report template and instructions. Prepared responses to CMS questions to gain approval of the SPA. Conducted cost reporting trainings for DC Public Schools and DC Public Charter Schools to inform the schools of the new methodology and cost reporting requirements.

Department of Community Health Division of Public Health, State of Georgia

Reimbursement Improvement in Public Health Departments (July 2010 – October 2011): Project Manager

Project: Conduct a comprehensive review of Georgia's public health cost accounting system.

Mr. Weber: Facilitated stakeholder meetings with local public health department representatives. Completed an analysis of the current cost accounting system to identify the system strengths and weaknesses. Reviewed the current methodology for time reporting and allocation. Assisting DPH to develop a revised cost reporting template and time reporting method for public health services.

Department of Children and Families, State of Florida

Crisis Stabilization Unit Reimbursement Conversion (May 2012 – March 2013): Project Manager

Project: Assisted the Department in an evaluation of the current capacity-based reimbursement methodology for crisis stabilization unit (CSU) services as directed by a legislative proviso. Developed

options for a utilization based reimbursement methodology for CSU services for Department consideration. Conducted an analysis of CSU provider costs compared to existing rates.

Mr. Weber: Assisted the Department in conducting monthly workgroup meetings with providers and other stakeholders. Provided the Department with a final report detailing proposed options for a utilization based reimbursement methodology, recommendations for a preferred methodology, and important considerations for implementation.

Department of Mental Health, Commonwealth of Massachusetts

Federal and State Cost Reporting Compliance (July 2005 – June 2013): Project Manager

Project: Received training on required federal and state cost reports including Medicare (CMS-2552), Medicaid (DHCFF-403), and ICF/MR Medicaid (DHCFF-403a) cost reports. Prepared Medicare CMS-2552 and Medicaid 403 cost reports on behalf of the facility. Obtained specific information from the facilities in order to properly analyze detailed charges, revenue, and expenditures.

Mr. Weber: Completed diligent analysis of the facility expenses to ensure all allowable costs were captured and reported in the cost reports.

Department of Mental Health, State of Missouri

Various Projects (January 2006 – June 2013): Financial Analyst, Project Manager

Projects:

- **Physician Billing Conversion Analysis:** Provided consulting services related to the implementation of a cost-based physician reimbursement system in four state owned and operated teaching hospitals. Methodology will switch these providers from the fee for service system to a cost-based reimbursement system under the Medicare program.

- **Medicare TEFRA Exception Appeals:** Prepared FY 2000-FY 2003 Medicare TEFRA appeals and supporting documentation on behalf of the five state-owned and -operated psychiatric facilities. Appeal submissions included all necessary calculations and written language providing justification for the appeal.

- **Federal and State Cost Reporting:** Prepared the CMS-2552 cost reports for Medicare and Medicaid on behalf of the nine state-operated psychiatric facilities. Obtained specific information from the facilities in order to properly analyze detailed charges, revenue, and expenditures. Completed a thorough review of all expenditures to ensure that all allowable costs were captured and reported in the cost reports. Conducted an analysis of the current rates set for Medicaid services and the current Disproportionate Share Hospital (DSH) calculation for the state facilities.

Mr. Weber: Assisted DMH with submission of patient logs and provider negotiations with the intermediary. Oversaw completion and submission of all Medicare and Medicaid cost reports on behalf of the DMH state operated facilities.

Health and Human Services Commission, Department of State Health Services, State of Texas

Study of the Texas Public Behavioral Health System (July 2011– October 2012): Financial Analysis Lead

Project: Conducted a review of the current public behavioral health system in Texas. Assessed the system's strengths and weaknesses programmatically and financially to assist in making recommendations for system redesign. Conducted seven public stakeholder forums to gather stakeholder input on the current behavioral health system.

Mr. Weber: Met with mental health and substance abuse providers, advocacy groups, and other stakeholders. Provided the State with a report on the current system. Developed recommendations for system redesign in preparation for federal health care reform as it currently stands. Conducted an additional seven public stakeholder forums to gain stakeholder feedback on the proposed recommendations. Produced a final report for the State outlining recommendations for system redesign in three key areas: service delivery system, governance and oversight, and funding and financing.

Utah State Legislature, Executive Appropriations Committee, State of Utah

Study on the Feasibility of Privatization of Parts of the Utah State Hospital and Utah State Developmental Center (April 2010 – September 2010): Financial Analysis Lead

Project: Conducted an assessment on the feasibility of privatizing the Forensic Unit at Utah State Hospital (USH) and the semi-secure units at the Utah State Developmental Center (USDC). Conducted a peer state analysis of like facilities and prepared a financial analysis illustrating potential areas for cost savings through privatization.

Mr. Weber: Produced a final report for the state on the feasibility of privatizing the units identified.

Department of Mental Health, State of Ohio

Administrative Cost Reduction Study (May 2010 – August 2010): Financial Analysis Lead

Project: Conducted a study of the administrative cost structure of the Ohio behavioral health system. Reviewed functions as state, county board, and provider levels to identify administrative inefficiencies.

Mr. Weber: Provided the state with a final report detailing areas for administrative cost reduction and recommendations for improving efficiency in the behavioral health system.

Bureau of Behavioral Health and Health Facilities, State of West Virginia

Bureau of Behavioral Health and Health Facilities Redesign (July 2005 – June 2007): Financial Analyst

Project: Provide financial review component of a comprehensive redesign of the Bureau for Behavioral Health and Health Facilities under DHHR.

Mr. Weber: Review funding system for services provided in the community and recommend changes to better support community programs and to maximize federal revenues.

Department of Health Care Policy and Financing, State of Colorado

Nursing Facility Pay for Performance Reviews (April 2009 – June 2013): Project Manager

Project: Reviewed, evaluated, and validated whether nursing facilities that applied for additional reimbursement related to the Pay-For-Performance program implemented, and were in compliance with, performance measures, as defined by the Department, that provide high quality of life and high quality of care to their residents.

Mr. Weber: Successfully provided final evaluation results of the Pay-For Performance applications to the Department and a report detailing the recommendations to the Department for continuing and improving this project.

Division of Health Care Finance and Policy, Commonwealth of Massachusetts

Various Projects (July 2005 – Jun 2011): Audit Team Leader

Projects:

- Uncompensated Care Pool Audit and Data Analysis: Performed data analysis on discrepancies between UB92 claims and aggregate charge data reported on UC Forms and between UB92 claims and free care applications.
- Health Safety Net Compliance Review: Conducted field audits of 25 providers to ensure compliance with Health Safety Net eligibility and claiming regulations. Areas of review included allowable bad debt, Health Safety Net as secondary payer, reporting of bad debt recoveries, reporting of free care income, and service code eligibility.

Mr. Weber: Analyzed charge optimization strategies by providers and compared UCP payment levels to other government and private payers. Conducted field audits of fifteen providers based on the results of the data analysis. Prepared a final report detailing all findings of the field reviews and recommendations for enhanced compliance.

Department of Human Services, State of North Dakota

Rebasing Medical Services Payment Rates (February 2008 – October 2008)

Project: Developed a cost survey to determine the current costs of providing Chiropractic and Dental services in North Dakota.

Mr. Weber: Calculated cost based Medicaid rates for Chiropractic and Dental services based on provider costs and utilization data. Conducted an analysis of the current Medicaid fee schedule and the projected

cost based rates to determine the additional funding needed by the state to support a rebasing of Medicaid rates to cost.

Professional Background

Public Consulting Group, Albany, NY

July 2005 – Present

Education

Clark University, Worcester, MA

Masters of Business Administration, 2009

College of the Holy Cross, Worcester, MA

Bachelor of Arts in Economics, 2005

Certifications / Publications / Special Skills

Professional Associations

Healthcare Financial Management Association (HFMA)

Project Management Institute, National and Upstate New York Chapters

KENNETH RIDDLE - SENIOR ADVISOR

Chief Ken Riddle has over 40 years of experience in EMS and fire services. He retired from the Las Vegas Department of Fire & Rescue (LVF&R) after 28 years of service. He served as the Assistant Fire Chief and the Deputy Fire Chief of every division including the Operations Division, Emergency Medical Services Division, Support Services Division, and the Fire Prevention Division, where he served as the Fire Marshal. While serving in those positions, he designed and developed several major programs, including a comprehensive in-house firefighter health and wellness program and a fire-based EMS ambulance transport service. Chief Riddle has served as the Executive Director of the Nevada Fire Chiefs since 2007.

Chief Riddle has been extremely active in national fire and EMS issues since 1992, serving as an elected officer on the Executive Committee for the International Association of Fire Chief's (IAFC) EMS Section including the chairman of the Section and as the International Director for EMS on the IAFC Board of Directors. He also served as the President of the Southern Nevada Fire Chiefs Association.

Relevant Project Experience**Medical Transportation Management (MTM), Inc.**

State Education, Training, and Outreach Coordinator (2016 – 2019)

Project: Responsible for community outreach to medical facilities in the states of Nevada and Idaho, working with case managers, social workers, and other medical professionals regarding non-emergency medical transportation services for Medicaid recipients.

Nevada Fire Chiefs Association

Executive Director (2007 – Present)

Project: Member of the Board of Trustees. Responsible for the day-to-day administration and management of a non-profit member driven organization. Manage three federal grants for the recruitment and retention of volunteer firefighters in rural Nevada.

Riddle & Associates, Nevada

Independent Fire and EMS Consultant (2006 – 2019t)

Project: Served as an independent contractor for fire and EMS studies for a few select fire/EMS consulting firms including the Abaris Group, the Ludwig Group, FACETS Consulting, and a few others.

Completed several fire and EMS studies including the following:

City of Tukwila (WA) Fire Station Location Study (2017)

City of Houston (TX) Fire Department Operational Assessment (2016)

City of Phoenix (AZ) Fire Department Ambulance Deployment and Staffing (2016)

Fort Wayne (IN) Fire Department EMS Transport Feasibility Study (2016)

City of San Antonio (TX) Fire Department EMS Study

Orange County (FL) Fire Department Consolidation

Study New York Power Authority EMS Study

Sugar Foods Corporation (CA) Fire Safety Study

EMD Pharmaceuticals-Cyanide Antidote Medical Advisory Member

US Fire Administration-Coordinated the rewrite of the EMS Safety and Infection Control Manuals

Fire and Emergency Television Network Researched and developed two national training programs, Fire Department response to Bomb incidents and Cold and Ice Water Rescue.

Several Telephone Consulting projects for investment or equity firms related to fire/EMS and ambulance services, SCBA, software, safety equipment, ePCR, PPE and use of unmanned aircraft systems

National Fire Protection Association, Massachusetts**Fire Service Training Consultant** (2010 – 2011)

Project: Subject matter expert in developing training programs for fire and EMS response to emergencies involving electric and hybrid vehicles. Participated as a team member to develop the NFPA's Emergency Response to hybrid and electric vehicle incidents.

The Abaris Group, California**Senior Consultant** (1999 – 2013)

Project: Lead consultant on several fire and EMS studies:

State of Colorado EMS Department Regional Emergency and Trauma Advisory Councils (RETAC) assessment and strategic planning

City of Spokane (WA) Fire Department EMS Study

City of Great Falls (MT) Fire Department EMS Assessment

El Paso (TX) Hospital Study regarding the impact of EPFD establishing hospital destination policy

City of Clinton (IA) EMS Study

Santa Clara County (CA) EMS Study

City of San Diego (CA) Fire Department EMS Study

Merced County (CA) EMS Ambulance RFP Evaluator

Monterey County (CA) EMS Ambulance RFP Evaluator

Sonoma County (CA) EMS Study and Development of Ambulance RFP

Multnomah County (OR) EMS Ambulance RFP Evaluator

Hamilton County (OH) Fire Department EMS Study

Town of Pahrump (NV) Fire Department EMS Study

Washington D.C. Fire Department EMS System, Consultant, and Subject Matter Expert for Mayor's Office
Researched and wrote the 2011 edition of *Trends in the Ambulance Industry* for The Abaris Group

Las Vegas Fire & Rescue**Various Operational and Management Positions** (1978 – 2006)

Deputy Fire Chief/Administration (2006): Responsible for administrative duties, including Human Resources, Emergency Management, and Fire Training.

Deputy Fire Chief/Fire Marshal (2002): Responsible for Fire Prevention Division, including Fire Protection Engineering, Fire Investigations/Bomb Squad Services.

Deputy Fire Chief/Medical Services (1999): Responsible for EMS, Health & Wellness, Critical Incident Debriefing Management program, Metropolitan Medical Response System, and Safety programs.

Deputy Fire Chief/Operations (1997): Responsible for emergency operations, including fire suppression, EMS, and hazardous materials response services.

Deputy Fire Chief/Administration (1995): Responsible for administrative duties, including personnel management, Emergency Management, Support Services, Fire Communications, and Finance/Budget Division.

Assistant Fire Chief/Operations (1993): Assigned to Operations Division, responsible for Hazardous Materials, EMS, Fire Investigations and Bomb Squad, Fire Training, and Safety programs.

Battalion Chief/EMS Coordinator (1991): Responsible for all aspects of the EMS Division, including policies and procedures.

Captain/Emergency Medical Services Training Officer (1986): Responsible for emergency medical training for firefighters and paramedics.

Firefighter/Paramedic (1978): Responsible for the operations of an emergency response unit and provision of advanced-level patient care and firefighting duties.

Education**Cogswell Polytechnical College, Cupertino, CA**

Fire Administration (Part-Time Upper Level courses, No Degree), 2001 – 2006

National Fire Academy, Emmitsburg, MD
Executive Fire Officer Program, 1995 – 1999

Clark County Community College, North Las Vegas, NV
Associates of Applied Science – Fire Service Management, 1982 – 1986

Clark County Community College, North Las Vegas, NV
Associates of Applied Science – Fire Service Technology, 1982 – 1986

Professional Background

IAFC On Scene- EMS Update Column (Intermittently): Writer	1995 – 2006
Mobile Healthcare Network: Vice-President of Operations	2012 – 2017
Fire Chief Recruiters: Senior Recruiter	2012 – 2013
Las Vegas Fire News: Writer	1993 – 2006
City Of Las Vegas Department of Fire & Rescue: Various Positions	1978 – 2006
International Association of Fire Chiefs: Board of Directors	1993 – 2006

ALINA COFFMAN - SENIOR OPERATIONS MANAGER

Alina Coffman has over 15 years' experience working with public sector clients at the state, regional, and local level. She's led projects to implement technical solutions, developed processes to improve efficiencies, and provided technical assistance, consulting, and training services. Alina currently oversees project implementations for all Public Safety Consulting Projects (PSCS). She also works with EMS providers in FL, and IA to facilitate the Medicaid cost reporting process and provide audit support.

Relevant Project Experience**Public Safety Consulting Services Project Management**

- Travis County Emergency Services District No. 2 *Dispatch Study* (April 2021 – Present)
- City of Austin, TX *Dispatch Equity and Optimization Efficiency Study* (October 2020 – June 2021)
- Jefferson Parish, LA *EMS Feasibility Study* (September 2020 – Present)
- Pueblo of Sandia, NM *Fire/EMS Feasibility Study* (December 2019 – May 2020):
- Placentia Fire and Life Safety Department, CA *Implementation of New Fire and Life Safety Department* (July 2019 – June 2020).

EMS Cost Reporting, FL, OK and IA

Public Emergency Medical Transportation Program (July 2019 – Present): Client Lead

Project: Work with EMS and fire departments to collect and analyze data; and develop cost report to help providers maximize revenue reimbursement. Provide comprehensive support throughout the State's desk review process.

Education Consulting, Project Management, and Implementation

State Level Work (May 2011 – June 2019): Implementation Lead

Projects: Implemented several state-wide education projects with state departments of education including online instructional assessments with the Arizona Department of Education, professional learning system and content development with the Oklahoma State Department of Education, and a digital library for the Nevada Department of Education.

Professional Background

Public Consulting Group, Austin, TX
Texas Education Agency, Austin, TX
University of Texas, Houston and Austin, TX

May 2011 – Present
October 2005 – January 2011
February 2002 – June 2005

Education

University of Texas at Austin, Austin, TX
Master of Public Affairs, 2005

Honors College at the University of Houston, Houston, TX
Bachelor of Science, Human Development and Family Studies, 2002

Certifications / Publications / Special Skills

Project Management Professional (PMP) 2015 – Current



Tab 2. Project Management and Approach

- 2.A. Project Management
- 2.B. Medicare Cost Surveys
- 2.C. Medicaid Managed Care Organizations (MCO) Public Emergency Medical Transport (PEMT) Program Continuity
- 2.D. Medicaid Fee for Service Public Emergency Medical Transportation (PEMT) Cost Report
- 2.E. Additional Services

TAB 2. PROJECT METHODOLOGY AND APPROACH

PCG's Project Plan

At Public Consulting Group LLC (PCG), we bring a uniquely experienced team with exceptional organization, planning, and coordination skills. This ensures that whether we are providing support relating to Managed Care policy, Medicaid cost reporting, Medicare cost surveys, or additional services, we will act in a consistent and reliable way as a harmonized team.

At the onset of each new engagement, PCG will develop a detailed project plan. The project plan will address a myriad of factors crucial to the success of the scope outlined by Volusia County. In particular, the project plan will include a risk assessment, a communication plan, and a detailed workplan.

PCG's project plan will also include both a workplan and project timeline. We recognize that as part of the initial project planning efforts, our team will need to work closely with Volusia County to develop the specific workplan and project timeline that will reflect the specific goals and milestones of this engagement. With these goals in mind, there are some key project management principles that are reflected in this example work plan that we will implement if awarded the contract.

- 1) **High Level of Detail:** Our workplan will include key steps needed to complete each milestone as well as a timeline and dependencies. Completing a detailed project planning exercise up front will be crucial to ensuring all stakeholders and other considerations are addressed as part of our project plan.
- 2) **Staff Responsibilities:** The PCG team will ensure that it is clear who will complete each task. We will meet with the County early on to discuss all tasks including those assigned to the Volusia County team and ensure we are on the same page about timelines for data collection and the County reviews.
- 3) **Continuous Updates:** As changes in tasks, milestones, and timelines occur, PCG will continuously update the workplan. This will ensure that we maintain the correct balance of flexibility and accountability. As policies, goals, and circumstances shift, the workplan will be modified to reflect the current scope of work.

PCG's Consistent Procedures

Although the scope of work included within this RFP varies greatly, there are a handful of principles and procedures that the PCG team will bring to all components of this engagement. These principles include:

- 1) **Client Communication:** Ensuring our clients are well informed about progress, challenges, and programmatic changes is a key priority of the PCG team. This will be particularly valuable as it relates to newer programs like Medicare cost surveys and Medicaid Managed Care. PCG will stay ahead of all policy changes and keep our clients informed as new information is rolled out. We will work closely with key staff at Volusia County to define a consistent schedule for meetings and reports, which maximizes transparency and preparedness while minimizing the administrative burden placed on the county.
- 2) **Quality Assurance:** Whether we are completing a Medicaid cost report or a Medicare cost survey, PCG understands that a thorough quality assurance process is essential to program success. We are prepared for the possibility of a future state or federal audit. Each report is reviewed by the project team as well as our data analytics team to ensure consistent and accurate reporting.

- 3) Data Visualization:** At PCG, we take information sharing to the next level with data visualization reports, which highlight data trends and summarize reported information. Our unique approach to data visualization allows our clients to gain insights into their cost, response, and billing data. We will work with Volusia County to drill down to the most relevant information and present it in an intuitive and user-friendly way.

Project Schedule

PCG has provided an estimated timeline below in *Figure 2.1* that breaks down tasks by milestones and deliverables.

Project Schedule		
Key Tasks		Estimated Start and Finish
1	PEMT Cost Reporting Services	
1.1	Organize/Plan/Kick Off Meeting	July to November each year.
1.2	Project Check-In Meetings	
1.3	Review and Analysis of FY Data	
1.4	Categorization of FY Data	
1.5	Detailed trip analysis	
1.6	Comparative Analysis of FY Data to Prior Year	
1.7	Data Entry into the ASCR and Review	
1.8	Develop and Present PCG Recommendations Report	
1.9	Review and Finalize Submission	
2	Medicaid Managed Care Consulting Services	
2.1	Support Volusia County in the legal and fiscal requirements to participate and ensure compliance	January to December as these tasks are a year-round process.
2.2	Monitor claims and cash flows of Managed Care program	
2.3	Assist with the reconciliation of payments against actual payments and transports	
2.4	Review the MCO model annually and recommend any adjustments to AHCA	
3	Medicare Cost Report Services	TBD
3.1	Organize/Plan/Kick Off Meeting	Pending date selection of Volusia County for Medicare cost reporting period.
3.2	Project Check-In Meetings	
3.3	Review and Analysis of FY Data	
3.4	Detailed Data Analysis	
3.5	Preparation and Audit of Medicare Cost Survey	
3.6	CMS Submission	
3.7	Federal Audit Support	

Figure 2.1. Estimated project schedule with milestones and deliverables

2.A. Project Management

1. *The Consultant shall review all County materials, data and all required cost reports to ensure compliance with all state and federal reporting guidelines.*
2. *The Consultant shall keep the County informed of imminent changes related to all Medicare and Medicaid cost-reporting policies.*
3. *Beginning in 2021, ground ambulance providers and suppliers must submit Medicare cost reports. The Consultant shall provide the County any updates on this program, highlighting reporting requirements, as they become available. When selected to report, the Consultant shall provide Medicare cost-reporting services and audit assistance to meet reporting requirements.*
4. *Consultant shall consider all data provided as confidential information. Consultant shall not release any confidential information without prior written consent from the County. Consultant shall inform the County, according to Health Insurance Portability and Accountability Act (HIPAA) guidelines, of any breach of confidential information. This includes unintentional data breaches such as mailing to unintended recipients. Consultant activities shall comply with the Standards for Privacy and Individually Identifiable Health Information, Health Insurance Reform Security Standards published by the HIPAA, and Gramm-Leach-Bliley Act (GLB) and Business Associate Agreement – Exhibit B.*

Review County Materials, Data and Cost Reports

The PCG team will apply project management best practices to review County materials, data, and all required cost reports to ensure compliance with all state and federal reporting guidelines.

Detailed Data Request

To ensure appropriate and compliant data is used during the cost reporting efforts, the data request is a vital element. The PCG team is prepared to walk through all data request components with the Volusia County team, address questions relating to individual data elements and how they are used, and to share examples of each data component.

Our data request is carefully crafted to collect information that is reported directly into the PEMT cost report template as well as supporting documentation, which may be requested in the event of a state or federal audit.

Since 2017, PCG has been a trusted partner to Volusia County. We have collaborated to collect accurate, consistent, and comprehensive data needed to complete and review the PEMT cost report.

Figure 2.2 below shows PCG's FY21 FL PEMT Data Request.

PCG FY21 FL PENT Data Request









	Expenditures by Cost Center	Annual detailed actual expenditures broken out by cost center for 7/1/2020 to 6/30/2021
	Computer Aided-Dispatch System Information	CAD data for medical and fire/other responses from 7/1/2020 to 6/30/2021
	Depreciation Report	Asset number, description, date placed in/out of service, useful life, and cost for assets used between 7/1/2020 to 6/30/2021
	Federal Funds	Award documentation and other supporting information regarding federal funds expended between 7/1/2020 to 6/30/2021
	Capital Usage	Total square footage for all MTS and Non-MTS buildings
	Billing Data	List of all transports with their payment, charges and payors, broken down by quarter from 7/1/2020 to 6/30/2021
	Indirect Cost Rate Proposal	Cost Allocation Plan or Indirect Cost Rate proposal from the provider's county/city/town to incorporate additional overhead costs
	Full-Time-Employees (FTE) Hours	List of each of the personnel at the department and their total worked hours by title from 7/1/2020 to 6/30/2021

Figure 2.2: PCG FY21 FL PENT Data Request.

The PCG team has developed detailed examples highlighting relevant fields needed for each component of our data request. We understand that every client has implemented a distinct approach to monitoring, measuring, and storing data. We aim to provide examples that highlight the relevant information which the PCG team is looking to obtain but provide flexibility for our clients to apply those examples to their own reporting capabilities.

Since 2017, PCG has refined our data collection processes with Volusia County and has built a clear understanding of Volusia County's reporting capabilities. This allows us to streamline and customize our request to align with data readily available to the Volusia County team. *Figure 2.3* below demonstrates an example of expenditure data which highlights relevant data fields.

	Council Budget	Current Budget	Expenditures YTD
552 Fire			
610 PERSONNEL SERVICES			
6103 Classified Salaries	\$ 459,493.00	\$ 496,108.00	\$ 497,422.00
6104 Civil Service Salaries	\$ 33,799,563.00	\$ 34,831,088.00	\$ 34,855,880.00
6106 Certification Pay	\$ 1,144,404.00	\$ 1,314,525.00	\$ 1,247,605.00
6109 Comp Plan Contingency	\$ 1,327,181.00	\$ -	\$ -
6111 Overtime	\$ 1,924,550.00	\$ 3,065,614.00	\$ 3,108,960.00
6113 Longevity	\$ 241,484.00	\$ 241,378.00	\$ 242,995.00
6121 RSP	\$ 1,241,060.00	\$ 1,267,010.00	\$ 1,270,121.00
6122 TMRS	\$ 6,654,514.00	\$ 7,352,840.00	\$ 7,092,283.00
6123 Group Insurance- Health	\$ 5,426,064.00	\$ 5,432,583.00	\$ 5,422,110.00
6125 Group Insurance- Life	\$ 342,590.00	\$ 272,442.00	\$ 235,909.00

Figure 2.3: Expenditures Data Example.

Secure Data Collection

Once relevant reports and data fields are compiled by the Volusia County team, PCG will work closely to facilitate secure data sharing. We currently offer a web-based reporting tool which has easy-to-use upload functionality. Our goal is to facilitate the data collection and data sharing processes for our clients. Consequently, we will work with the Volusia County team to offer data sharing options including the use of our web-based reporting tool.

Figure 2.4 below shows PCG's Supporting Documentation upload screen within our web-based reporting tool.



Figure 2.4: Upload Secure Documentation.

Comprehensive Data Review

PCG's detailed project management approach will include a step-by-step workplan outlining the data collection and review steps. Once data is received, PCG will employ a multi-pronged review process, which will focus on the following key areas outlined in Figure 2.5 below.

PCG's Data Review Steps	
Compliance	First and foremost, we will review for compliance with state and federal reporting requirements.
Outliers	We will address any outliers compared to prior year data or statewide averages.
Year-Over-Year Shifts	Each data element will be reviewed in comparison to data from prior reporting periods to identify any unexpected changes and to document significant shifts over time.

Statewide Comparison

The PCG team will review Volusia County data in comparison to other providers across the State of Florida to identify any areas where Volusia County's data or classifications are outside of expected ranges.

Figure 2.5: PCG's Data Review Steps.

Keep Volusia County Informed

At PCG, we take pride in our ability to stay ahead of programmatic and policy changes which may impact our clients. We believe it is our responsibility to keep our clients informed of immediate or future changes.

PCG's experienced team is very well prepared to keep Volusia County informed of imminent changes related to all Medicaid and Medicare cost reporting policies.

Putting Updates in Context of What Matters to Volusia County

Not only do we track all relevant information stemming from the State of Florida Agency for Health Care Administration (AHCA) and the United States Centers for Medicare and Medicaid Services (CMS), we also put these updates in context. We make it our mission to track and summarize programmatic updates while providing information relating to the impact those updates may have on each of our clients, including Volusia County.

In particular, we will look at each update and its impact on the following key areas:

- ▶ **Revenue:** We recognize that the revenues gained from participation in PEMT and MCO supplemental payment programs are crucial to the essential services our clients provide to their communities. We will continuously assess the impact of all programmatic and policy updates on expected revenues.
- ▶ **Timing:** We are familiar with the nuances of local government and public fire rescue department budgeting and accounting. We understand that a slight delay in payment could have a significant impact if a payment is postponed into a future fiscal year.
- ▶ **Administrative Burden:** We will work to outline any programmatic changes that may require additional administrative support or data collection from Volusia County.

Maintaining Key Relationships

Since 2016, we have developed a rapport with the AHCA which ensures that we are well informed of updates as they become available. We have met with the AHCA team on a continuous basis throughout the implementation of the MCO supplemental payment program over the last two years.

Additionally, we have worked closely with the Florida Fire Chief's Association (FFCA) to track updates and keep our clients and all FL fire departments informed of changes.

Lastly, PCG has decades of experience supporting our clients in implementing and complying with CMS requirements. We are well versed in all relevant federal guidance and continuously monitoring changes to the Medicare and Medicaid programs which may impact our clients. Additional information on PCG's approach to Medicaid Cost Reporting is available in *Sections 2.C and 2.D*.

Provide Volusia County Written Updates on the Medicare Program

Medicare cost reporting is a key competency of the PCG team. Our experienced Medicare cost reporting experts are monitoring all information from CMS relating to the Medicare cost survey on an ongoing basis. As new information becomes available, our team is working closely with clients across the nation to ensure that the EMS providers we support are prepared to meet all programmatic requirements.

Additional information on PCG's approach to Medicare cost surveys is available in *Section B: Medicare Cost Surveys* of this response.

Written Updates

At this stage in the introduction of the Medicare cost survey requirement, PCG's top priority is ensuring our clients are well informed. The work we do now will help our clients establish the tools needed to meet programmatic requirements when selected. Additionally, remaining ahead of programmatic requirements will alleviate future challenges and pitfalls.

At PCG, we understand that Medicare is a key source of revenue for Volusia County. Medicare revenue helps to ensure the county has adequate resources to continue to make essential EMS services available to the communities served by Volusia County. We understand that a 10% cut to Medicare revenue stemming from failure to meet programmatic requirements is simply not an option. **We will work tirelessly to keep our clients informed of all requirements to ensure complete and total compliance and reduce the risk of financial penalty.**

To that end, PCG will develop a written report template which provides all information needed to comply with programmatic requirements for Volusia County since they have already been selected. Once a template format is agreed upon, the PCG team will complete and distribute updates prior to status calls.

If CMS releases new information regarding Medicare cost survey requirements, the PCG team will also carve out time on status calls to review the written Medicaid cost survey update and address any questions or concerns raised by key staff from Volusia County.

Medicare Cost Reporting

Since Volusia County has been selected already to submit Medicare cost survey data, PCG will work closely with key staff from Volusia County to ensure all necessary reporting processes are in place and identify gaps in data availability. This will streamline the data collection process going forward should CMS decide to eventually develop a standard Medicare cost report for ambulance providers, much the way it has for hospitals, long term care and other providers.

PCG will work with Volusia County to collect and review all necessary cost survey data. We will provide ongoing support to the Volusia County team via phone and email. Our team will complete a preliminary desk review of all submitted data to ensure reasonableness.

Additional information on PCG's approach to Medicare cost surveys is available in *Section B: Medicare Cost Surveys* of this response.

Audit Assistance

PCG will apply our expert project management skills to prepare Volusia County for a future audit of reported Medicare Cost Survey data. All data entered into the cost survey instrument will have detailed supporting documentation maintained by the PCG team in our web-based reporting tool.

In the event of an audit, PCG will be on hand to provide records and develop written responses to any and all questions raised by the audit team. We will also be able to quickly access data utilized in the completion of the Medicare cost survey.

Throughout all of our cost reporting and data collection project work, PCG operates under the assumption that an audit is imminent. This mentally enables us to preemptively raise issues and concerns which may come up during an audit prior to the submission of a Medicare cost survey. By the time an audit occurs, PCG will have detailed desk review responses and supporting documentation on hand to guide in the development of audit documentation.

Data Privacy

PCG will consider all data provided by Volusia County as confidential information. We will not release any confidential information without prior written consent from Volusia County. In accordance with HIPAA guidelines, we will inform Volusia County of any breach of confidential information, including unintentional breaches such as mailing to unintended recipients. PCG activities will comply with the Standards for Privacy

and Individually Identifiable Health Information, Health Insurance Reform Security Standards published by the HIPAA, and Gramm-Leach-Bliley Act (GLB) and Business Associate Agreement – Exhibit B.

2.B. Medicare Cost Surveys

1. *The Consultant shall conduct a preliminary preparedness study to ensure all required cost survey data is being captured by the County and municipalities within the County who perform transports under authority of the County by contract. The Consultant shall provide recommendations and help implement processes for collecting any missing information.*
2. *The Consultant shall complete the Medicare cost survey on the County's behalf which shall include preparation and audit of the Medicare cost survey and all necessary and required supporting documentation. This shall also include the final report and supporting documentation submission to the Center for Medicare and Medicaid Services (CMS).*
3. *The Consultant shall collect all data necessary from the County and municipalities within the County who perform transports under authority of the County by contract to complete the Medicare cost survey.*
4. *The Consultant shall provide detailed data analysis on expenditures assessment, unallowable costs adjustments, and utilization statistics verification.*
5. *The Consultant shall complete the Medicare cost survey development submission package on behalf of the County.*
6. *The Consultant shall provide all necessary federal audit support.*
7. *The Consultant shall provide full access to a web-based portal and training resources.*

Centers for Medicare and Medicaid Services Medicare Ground Ambulance Data Collection Instrument (MGADC)

PCG's Medicare Experience

With over 15 years of experience working with EMS agencies across the country and more than 30 years of experience working with state-operated facilities on cost reports submission, we understand the operations and cost structures of EMS departments. In this, it enables us to ensure that the Medicare Ground Ambulance Data Collection (MGADC) is completed accurately and properly in accordance with Medicare regulations. Our experience and expertise in the preparation of cost reports ensures reports that accurately reflect the cost structure of the facilities and abide by Medicare cost accounting principles, while providing expert guidance to our EMS clients. We have proprietary tools and documents that have been created to train and assist clients with collecting the raw data accurately and entering it into the CMS Instrument via their web-based portal.

Description of Approach

PCG is the nation's leader in providing ASPP (i.e., PEMT) and Medicare cost reporting services. We leverage our extensive knowledge and experience to guide our partners on allowable costs, provider charges, prospective payments, and appeals for Medicare. Additionally, we have developed a proprietary web-based solution to streamline the process, similar to the CMS MGADC Instrument, which vastly reduces the administrative burden, and maximizes reporting compliance and accuracy.

Our services include training, cost survey preparation, and compilation of all supporting documentation as required by CMS. This supporting documentation includes complex billing data, CAD/dispatch reports, CAFR/annual financial reports, payroll reports, mileage reports, technician reports, and other relevant

financial data. We understand the operations and cost structures of EMS departments, which enables us to ensure that cost surveys are completed accurately and properly in accordance with Medicare regulations. The below *Figure 2.6* shows an overview of PCG’s timeline for completing the MGADC scope of work listed in RSQ.

Sample Timeline for Selection Year

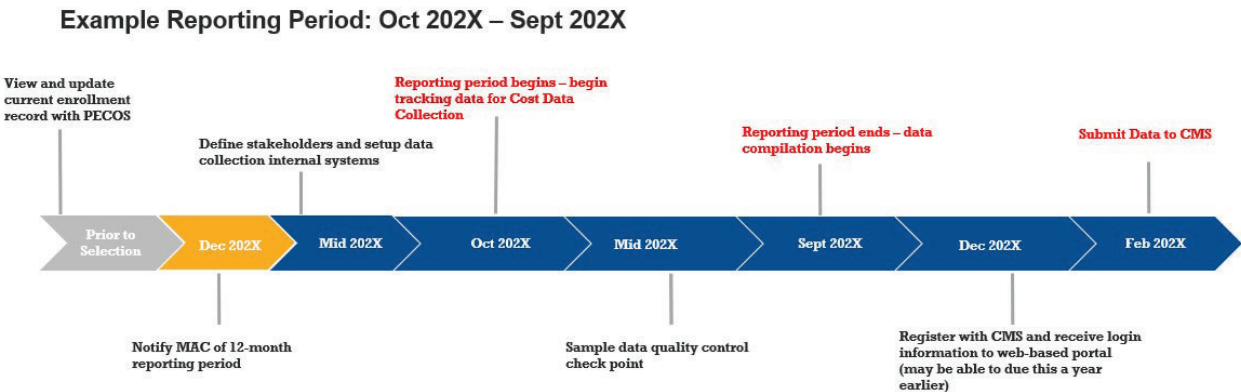


Figure 2.6: Sample MGADC Reporting Timeline.

Since Volusia County has already been selected to participate in the MGADC, PCG will work with Volusia County to coordinate and submit the milestones seen in this section of the RSQ. The County can choose to collect data for twelve (12) consecutive months based on the calendar year or fiscal year, and the timeline above will be adjusted based on that selection accordingly. PCG will remain adaptable in scheduling should CMS announce any changes to the MGADC program or timelines. Any and all changes to the timeline of deliverables will be discussed and agreed upon by both PCG and Volusia County.

Technical Specifications

In this preliminary phase, PCG will work with Volusia County to establish the Department contacts that will be involved in the MGADC surveying process. Once the contacts are identified, we will schedule a project kickoff meeting with the appropriate individuals to discuss project expectations and specific roles and responsibilities. We will also work with the Department to form a communication plan to establish protocols and timeframes for future status meetings based on Volusia County’s preferences.

Figure 2.7 below is a sample work plan that aims to promote open communication while providing Volusia County an exceptional customer experience.

Volusia County CMS Medicare Ground Ambulance Data Collection (MGADC) Selection Year – Proposed Project Milestone Schedule Overview			
Phase	Task	Task Description	Staff
Phase 1: Project Kickoff and Implementation	1.1	Schedule kickoff meeting	PCG
	1.2	Hold kickoff meeting to discuss project expectations and specific roles and responsibilities	PCG, Volusia

	1.3	Training on data collection: understanding the format and elements	PCG, Volusia
	1.4	Ask for participation from outside revenue and cost contributors	PCG, Volusia
Phase 2: Data Collection Preparation	2.1	Collect provider information securely via electronic submission	PCG, Volusia
	2.2	Upload data into PCG's web-based cost survey tool (ASCR)	PCG
	2.3	Gain department sign-off during pre-determined status meetings per the communication plan established in the kickoff meeting	PCG, Volusia
Phase 3: Data Collection Compilation and Submission	3.1	Prepare MGADC submission package by completing all thirteen sections in the Medicare MGADC	PCG
	3.2	Review MGADC with Department to identify and address audit risks	PCG, Volusia
	3.3	Supply Volusia County with MGADC submission package that includes the completed cost survey, supporting documentation of financials, and any additional documentation requested by Volusia County	PCG

Figure 2.7: MGADC Project Milestone Schedule.

Data Collection Preparation

Prior to the start of the County’s 12-month collection period, an assessment tool will be provided to determine which of the data elements are currently being collected accurately and what gaps there may be to fill. It is also key to our success that Volusia County understand the data elements and how to report them based on the CMS Instrument. A review of the County’s internal accounting process may be necessary to ensure data is being captured correctly. Pulling sample data reports periodically can be a helpful process to review the implementation of the best practices that PCG has developed.

From Collection to Submission

To explain the data that must be collected, CMS has chosen a web-based tool (which it calls the “instrument”), though that tool is not yet available in its final version. Until CMS releases the final version of the online tool, it has provided a [PDF version of the instrument](#).

This document reveals the format, scope, and criteria of what an agency must collect. It is essential that Volusia County familiarize themselves with the data requirements laid out in the instrument, and ensure they have appropriate mechanisms in place to track this data throughout the collection period.

PCG will train and support appropriate parties in collecting the data. In addition, outreach to revenue and cost contributors will need to take place to ensure Volusia County is being provided the correct data in the correct format.

To prepare Volusia County for the CMS MGADC, PCG will perform the following tasks:

- ▶ Review the data collection requirements in detail to evaluate the current availability, access, and format of the required data;
- ▶ Select the appropriate payer category for billing ambulance transports;
- ▶ Identify sources of revenue and cost categories;
- ▶ Coordinate with internal and external stakeholders to source needed data;
- ▶ Identify data requirements that are not currently tracked or that are not reported to the level of detail as required in the Ground Ambulance Data Collection Instrument; and
- ▶ Based on analysis, evaluate if it is necessary to revise processes for data collection, access new systems to obtain information, and/or coordinate with other staff.

In summary, our dedicated team of EMS Consultants are prepared to provide the necessary hours of assistance regarding cost survey data collection, compilation, MGADC Instrument reporting, and submission. Our PCG Help Desk EMS Consultants are available via both telephone and e-mail. Volusia County's dedicated PCG team will review existing cost allocation plans and indirect cost rates to ensure they are compliant with 2 CFR 200 and the Medicare Provider Reimbursement Manual.

Through to PCG's development of our Ambulance Service Cost Reporting (ASCR) online tool/portal, our EMS Consultant are experts at identifying, accounting for, entering, and submitting all necessary data into the thirteen (13) sections within the MGADC Instrument, including tracking and uploading the necessary supplemental documentation to CMS. PCG knows that federal EMS reporting can require additional assistance, and our EMS Consultants will be available to field any follow-up questions related to the completed MGADC Instrument.

PCG will submit all worksheets and needed documentation to Medicare and Volusia County, as well as provide copies of all submitted information including the final confirmation, associated worksheets, and supporting documentation to Volusia County upon completion.

Summary of Data Collection Elements

In broad terms, CMS is looking for:

- ▶ Total costs related to ground ambulance services;
- ▶ Total revenue from ground ambulance services; and
- ▶ Total ground ambulance service utilization.

The below *Figure 2.8* summarizes the data elements for the MGADC Instrument:

Component (Data Collection Instrument Section)	Description
Ground ambulance organization characteristics (2-4)	Information regarding the identity of the organization and respondent(s), service area, ownership, response time, and other characteristics; broad questions about offered services to serve as screening questions
Utilization: Ground ambulance service volume and service mix (5 and 6)	Number of responses and transports, level of services reported by HCPCS code
Costs (7-12)	Information on all costs partially or entirely related to ground ambulance services
• Staffing and Labor Costs (7)	Number and costs associated with EMTs administrative staff, and facilities staff; separate reporting of volunteer staff and associated costs
• Facilities Costs (8)	Number of facilities; rent and mortgage payments, insurance, maintenance, and utility costs
• Vehicle Costs (9)	Number of ground ambulances; number of other vehicles used in ground ambulance responses; annual depreciation; total fuel, maintenance, and insurance costs
• Equipment & Supply Costs (10)	Capital medical and non-medical equipment; medical and non-medical supplies and other equipment
• Other Costs (11)	All other costs not reported elsewhere
• Total Cost (12)	Total costs for the ground ambulance organization included as a way to cross-check costs reported in the instrument
Revenue (13)	Revenue from health insurers (including Medicare); revenue from all other sources including communities served

Figure 2.8: MGADC Data Elements.

CMS is not restricting the data to those services that were billable to Medicare.

Accordingly, CMS recognizes that some agencies share operational costs with fire departments, other public service organizations, air ambulance services, hospitals, and other entities. This is applicable to Volusia County because cost must be appropriately allocated to EMS operations.

Such interwoven costs can make it difficult to accurately discern the costs specifically associated with the provision of ground ambulance services. To address this, CMS has proposed to further refine three separate categories:

- ▶ Cost and revenue components partially related to ground ambulance services;
- ▶ Cost and revenue component entirely related to ground ambulance services; and
- ▶ Cost and revenue components completely unrelated to ground ambulance services (these would not be reported)

Within this, there are several components that CMS will evaluate:

- ▶ **Organizational characteristics:** Agency info, service area, ownership, response time, etc.
- ▶ **Utilization statistics:** Responses, transports, service levels by HCPCS
- ▶ **Staff and labor costs:** Clinical, administrative, facilities, volunteer
- ▶ **Facilities cost:** Mortgage, insurance, maintenance, utility
- ▶ **Vehicle costs:** Annual depreciation, fuel, maintenance, and insurance
- ▶ **Equipment and supply costs:** Capital medical and non-medical
- ▶ **Other costs:** Anything not reported, e.g., marketing, travel, professional
- ▶ **Total cost:** To cross-reference what is reported in the instrument
- ▶ **Revenue:** Billing data (by payor), membership fees, grants, etc.

PCG will be available throughout the data collection process to answer questions that will prompt the County to record the required information accurately. Once all components of the data elements have been passed to PCG, we will take on the responsibility of compiling it and submitting the final Instrument to CMS.

Data Analysis

PCG will communicate with the County throughout the data review process with status updates and any clarification questions regarding the data during status meetings for updates. The cost surveying work will focus on compliance and audit risk minimization. After the data is reviewed, PCG will provide the Volusia County team with a decision summary for sign off before beginning the process of MGADC preparation. During this step, we will draw on our access to and history with EMS providers across the country to provide guidance on necessary determinations such as allowable and shared costs. Our tool combined with our book of clients across the country allows us to provide Volusia County with benchmark data. The Department may have an interest in seeing how their cost per transport compares to departments of similar size or with a comparable call volume.

As a bonus, the approach to unify reporting into a single tool will create a comprehensive audit package with all relevant data stored in the multifunctional system.

We will provide a detailed data analysis on all expenditures, unallowable costs adjustments and utilization statistics verification. Because all data is stored in this system, an audit trail is created as the MGADC Instrument is completed.

Completion of Instrument

Submission of the MGADC will be completed through a CMS web-based portal. As of today, CMS anticipates the release and opening of registration for the portal to be in December 2021. From preliminary information gathering, PCG believes that we will have the capability to serve as a proxy for Volusia County and access the portal on the County's behalf. In December of 2021, CMS is also expected to release additional training resources on how to navigate the tool.

Once a login is created for the CMS web-based portal, PCG will be able to enter data directly into the tool. The format should mimic the Data Collection Instrument Printable version. The caveat is that this tool has not been fully developed by CMS yet, so its contents and parameters are subject to change. We do know that the tool will use skip logic, and includes reporting in multiple choice, text field entry, and data table formats.

Federal Audit Support

CMS has the authority to deem submitted MGADC Instruments as insufficient or incomplete, which will lead to a 10-percent payment reduction for a one-year period to the Medicare payments under the Medicare Part B ambulance fee schedule. It has been stated the Secretary will establish a process under which a provider may seek an informal review to determine whether that provider is subject to the payment reduction.

In the event this occurrence comes to fruition, PCG will provide Volusia County with additional support services to guide the County through the process. PCG has years of experience in this area and will be prepared to submit obtained records/raw data, explanation of data elements, and utilization statistics verification. However, the overall checks and balances throughout the MGADC process that PCG has developed yields a high level of accuracy that should meet all CMS standards.

Web-based Portal and Training Resources

As mentioned above, CMS will open registration for their web-based portal and training in December of 2021. In addition to the tools/resources that CMS has and will provide, PCG will supply the County with access to its own web-based cost surveying tool, the ASCR, for the input of raw data. Our proprietary system will perform real-time validation checks for quality assurance and accuracy. No other vendor in the country utilizes a web-based surveying tool to compile, review, and audit all data components included in the cost survey prior to final submission.

MGADC training materials will be distributed through the County's designated support team as well as online. Formatting of material includes, but is not limited to, live information sessions, assessment checklists, and systematic presentations.

2.C. Medicaid Managed Care Organizations (MCO) Public Emergency Medical Transport (PEMT) Program Continuity

1. *The Consultant shall support the County in continuing the legal and fiscal requirements to participate in the MCO PEMT program and ensure compliance with the managed care reporting requirements.*
2. *The Consultant shall monitor claims and cash flows of the Managed Care program to ensure the County receives appropriate benefit from the program and has met documentation needs.*
3. *The Consultant shall assist with the reconciliation of payments against actual payments and transports. Specific steps included are as follows:*
 - a. *Review MCO patient data reports to compare actual supplemental payments to the final model used by the state Agency for Health Care Administration (AHCA).*
 - b. *Using the completed models, the Consultant shall provide a detailed projection so that the County can understand and evaluate the full fiscal impact of supplemental payment options;*
4. *The Consultant shall review the MCO model annually and recommend any adjustments to AHCA on behalf of the County based on interim payments and annual reconciliation.*

PCG's Medicaid Managed Care Organization Program Support

Our firm is prepared to continue to support Volusia with the Medicaid Managed Care Organization (MCO) program. Over the past several years, PCG has partnered with Florida Agency for Health Care Administration (AHCA), Florida Fire Chiefs Association (FFCA), and Volusia in the establishment of the FL MCO program, which has substantially increased provider Medicaid reimbursement across the state. As a key component of this process, PCG worked closely with FFCA and the State Medicaid agency to achieve Centers for Medicare and Medicaid Services (CMS) approval for the MCO supplemental payment program, which occurred in early 2020. With ongoing successful participation in the MCO program, this requires operational support and guidance as the State is required to obtain annual approval of the program from CMS. No other vendor has the background and understanding of Volusia EMS operations and the MCO program in Florida to ensure a successful MCO program experience for the Department on an ongoing basis than PCG.

Support Volusia in Requirements to Participate in the MCO Program

Given PCG's vast experience with the design and rollout of the MCO program, we are fully prepared to support Volusia with all legal and fiscal requirements to participate in the program. In this preparation, we look forward to also ensuring Volusia meets all Managed Care reporting compliance standards and reporting requirements. Below is the list of program requirements for provider participation:

- ▶ Meet the definition of a government-owned ambulance provider consistent with the PEMT program requirements,
- ▶ Participate in the prior year PEMT program, for Year Three of the MCO program this means FY 2020- 21,
- ▶ Have an active NPI number and State Medicaid Provider ID number,
- ▶ Receive authorization to provide Intergovernmental Transfer (IGT) from governing body,
- ▶ Contract with all Medicaid MCOs within your region by signing a Letter of Agreement (LOA).

Volusia is part of the MCO Provider Region 4 and over the past year. PCG assisted Volusia in ensuring all LOAs were signed by communicating directly with the MCOs and with AHCA when some of the MCOs were unresponsive. PCG will continue to support Volusia in the future when the LOAs expire and they need to be re-executed.

Monitor Claims and Cash Flows

PCG is ready to assist Volusia in monitoring claims and cash flows to ensure all MCO payments have been made. PCG's approach will be twofold:

1. We will work with Volusia's billing vendor to pull a claims extract to ensure that Volusia's MCO paid transports are being accurately reported in the MCO model that AHCA develops, and
2. We will work with AHCA to ensure that we appropriately identify and address any discrepancies between the State's Medicaid data and Volusia's.

Assist with Reconciliation of Payments

PCG will work with AHCA and Volusia's billing data to track the MCO payments to ensure that all payments are paid in the amounts calculated by AHCA and that they are received in a timely manner. PCG will also assist AHCA in review of any annual payment reconciliation if it is determined that the transports used in the MCO model were either under- or over-stated with the current fiscal year. PCG will specifically ensure that we will review AHCA's Medicaid data and compare it to Volusia's to identify any significant variations. In addition, PCG will provide detailed projections to Volusia to forecast funding for future fiscal years.

Review MCO Model Annually and Provide Recommendations to AHCA

PCG has already provided Volusia with the projections for the third year of the MCO program. We remain committed to providing projections to the Department annually. PCG will also continue to provide email notifications and in-person and web-based informational sessions so that Volusia has the most up-to-date information on the program. This includes providing projections and models to help Volusia evaluate program options. PCG assists AHCA in providing the MCO projection model and can assist Volusia planning proactively for how much money the Department will need to set aside each year for the IGT.

2.D. Medicaid Fee for Service Public Emergency Medical Transportation (PEMT) Cost Report

- 1. The Consultant shall collect all data necessary from the County to complete the Emergency Medical Transportation Integrated Disclosure and Medicaid Cost Report ("PEMT cost report").*
- 2. The Consultant shall provide detailed data analysis on the information provided by the County to ensure a PEMT cost report that is complete and only includes eligible costs.*
- 3. The Consultant shall complete the PEMT cost report for submission to the State, including drafting letters and providing supporting documentation to meet Medicaid requirements and expediting settlement.*
- 4. Thirty (30) days prior to State submission deadline, the Consultant shall provide the completed PEMT cost report and provide feedback to the County regarding the report. The Consultant shall identify areas of concern and suggest modifications as necessary to comply with reporting requirements. The Consultant shall meet with the County team to discuss all feedback and develop a plan to finalize the PEMT cost report.*
- 5. The Consultant shall complete a consolidated supporting documentation file to accompany the cost report submission.*
- 6. Following submission of the report, the Consultant shall provide audit support during all state and*

federal desk reviews and audits.

Data Collection

The provider information will be collected per a data request during the kick off meeting with the County. This data request will include Provider-specific identifier numbers, Computer Aided Dispatch (CAD) Data, Capital Usage, General Ledger Expenditures, Employee data, Indirect Costs, Federal Grants, and Other EMS Revenues, Depreciation Schedules, and Patient Billing data. Because PCG has a prior history of completing the County's FL PEMT Cost Report, we will forward to the County each year's previous source files to facilitate the County's data collection effort. The purpose of collecting these data items is to determine the Medicaid shortfall between allowable costs to provide Medicaid transports and Medicaid reimbursement. The Medicaid shortfall calculated via the annual cost report represents the uncompensated care costs that Volusia is eligible to receive in All Funds reimbursement under the FL PEMT program for that fiscal year.

To determine allowable costs, all data must be reviewed and categorized into standard cost centers on the Medicaid cost report. The transmission, collection, and storage of this data in an electronic format has increased the focus and importance of creating appropriate security controls for data that is sensitive and/or protected. As a hosted solution vendor, we acknowledge and accept that it is incumbent on every vendor like PCG to maintain security controls for the management and safety of our data, and particularly for the data that we are entrusted to store on behalf of our clients.

PCG will take necessary steps to:

- ▶ Assure appropriate protections and controls are established and followed,
- ▶ Apply appropriate industry standards, and
- ▶ Comply with pertinent regulations governing the access to protected data such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act.

We recognize that having a robust security program is critical in minimizing the impact of threats inherent in today's computing environments. We are committed to maintaining a vigorous process of periodic audit and review of our program to ensure that we are accomplishing the County's goals and objectives in protecting sensitive data, and to assure that the plan evolves to address an ever-changing environment and threat landscape over time.

Once the requested data items are received by PCG, we will identify the need for additional data and communicate with the County to ensure a timely completion of the Medicaid cost report. When all required data are submitted by the County, we will provide the County a data summary for approval at a pre-determined status meeting.

Review Provider Information

Upon receiving the data, our team will identify variances and discuss their acceptance with the County. We can change the allowable variance limits to be aligned with updated guidance from AHCA or County preferences. We will give the County feedback on how their expenses compare in aggregate to other providers for benchmarking purposes. The paragraphs below describe this process and further benefits of using our processes. Once all data is received from the County, we will perform real-time validation checks for quality assurance and accuracy. PCG has developed a compliance process to ensure the accuracy of all reported financial information. The information collected will be used to satisfy the reporting requirements for all components of the PEMT program.



In addition to the analysis of the data, PCG will communicate with the County throughout the data review process with status updates and clarify any questions regarding the data during status meetings. The cost reporting work will focus on compliance and audit risk minimization, ensuring that all included costs meet

OMB Super Circular (2 CFR Part 200) federal requirements and are sufficiently accounted for in auditable financials. After the data is reviewed, we will provide the County with a decision summary for sign off before beginning cost report preparation. During this phase, we will draw on our access to and history with other Florida providers, as well as our established relationship with AHCA, to provide guidance on necessary determinations such as allowable and shared costs.

Our process, combined with our book of Florida clients, allows us to provide the County with blinded benchmark data. These benchmark data points include how the County's cost per transport compares to departments of similar size or with a comparable call volume. In addition, PCG already has multiple years of Volusia County's data, allowing us to provide year-over-year trend analysis and immediate verification of any variances.

PCG implements year-to-year comparisons of billing and expenditures data and will identify any areas in which significant changes occur. During the collection of the data an audit trail is created as the cost report is completed. In addition to the data trail created in the data collection and review process, it also allows us to create:

1. Supporting documentation (including a crosswalk to external files);
2. A crosswalk through allowable cost determination; and
3. Notes for any variances identified.

Because this is created as the cost report is completed, questions from AHCA or an audit request will not be a cause for concern. We will have the information ready to respond to additional requests without requiring surplus information from the County. PCG looks forward to using our cost reporting process, as well as the vast cost report experience mentioned above, to assist the County in the successful completion of the Medicaid Cost Report.

Cost Report Submission Review

Thirty days prior to the State submission, PCG will ensure that County staff is closely involved in the cost report review process before submission to AHCA. This review process will involve written feedback on the cost report, identifying areas for concern and suggested changes the County can make. This written feedback will be discussed with the County staff in order to develop a plan to finalize and submit the report.

Prepare Cost Report Submission Package

PCG will review all 10 schedules of the Medicaid Cost Report with the County to ensure that it is compliant and accurate for submittal to AHCA. We will utilize our cost reporting process to capture all the relevant data for the Cost Report to ensure accurate calculation of the allowable costs, transports, and revenues. Prior to submittal we will provide a preliminary cost report with anticipated settlement results.

Review Cost Report to Identify and Address Audit Risk

We will review the cost report and identify all outstanding potential audit risks with the County. We will suggest potential remedies to reduce audit risk and update the cost report accordingly as needed. During this stage, we will anticipate any possible desk review question of the costs reported by finalizing notes addressing potential questions or clarifications on the cost report. In addition, we will provide the County with supporting documentation linking the reported data to the documentation delivered during the data collection process.

Submit Completed Cost Report Package to AHCA

We will supply the County with a cost report submission package that includes the reviewed completed cost report, supporting documentation of financials, and any additional documentation requested by AHCA. In addition, we will provide the County with an in-depth final report review before submission. This ensures all stakeholders and the individual certifying the report sign off on the cost report before submission. After the

report is approved by the County, we will provide instructions for submission and will confirm AHCA's receipt and acceptance of the cost report.

Address Feedback of AHCA Review of Cost Report

AHCA's questions and findings will be addressed during the desk review process. This includes drafting responses, providing supporting documentation, and conducting comprehensive reconciliations should there be questions regarding the billing data. Leveraging a close working relationship with ACHA, we will be able to assist the County in swiftly resolving any issues that may arise during the State's review of the cost report. We will also be responsible for providing supporting documentation and drafting responses during a potential audit. We build and maintain a strong collection of supporting files that is well organized and readily accessible in the event of an audit.

We will work closely with the County to help maintain the highest levels of compliance and program integrity while optimizing the County's revenue under the FL PEMT Program. PCG will perform detailed analysis of all final-adjusted cost settlement files per state desk reviews, as well as review billing reports generated by AHCA to ensure all allowable charges and payments are encompassed in the calculation of the final settlement. Resolution of any audit adjustments will be incorporated into the following year's cost report to mitigate audit risk going forward. Ongoing in-depth assessment will be performed, and we will work with County staff to provide status updates and written reports for internal stakeholders.

Ongoing Support

We will continue to provide ongoing support to the County after the completion of the cost report and subsequent reviews. These ongoing tasks include:

- ▶ Continuing to provide policy updates from AHCA and Centers for Medicaid and Medicare Services (CMS) regarding any updates or changes to the program,
- ▶ Drafting written language on the County's behalf to meet Medicaid requirements and expedite settlements,
- ▶ Communicating any updates from AHCA regarding the date of anticipated reimbursement from the PEMT program, and
- ▶ Providing audit support in the event of an audit by other entities such as CMS or the Office of Inspector General (OIG).

Under this agreement, PCG also can provide the County with additional services aimed at increasing ambulance service revenues. In addition, we can provide charge master review services to ensure that the Department is optimizing charges to drive revenue generation. We understand the political complexities associated with increasing charges and provide the necessary support and analysis to present these changes to stakeholders.

PCG offers cost reporting expertise that optimizes revenue and reduces the administrative burden on the County.

PCG's cost report preparation and MCO program support will allow the County to **generate maximum allowable revenue while mitigating audit risk**. Through a full-service delivery model, PCG offers cost reporting expertise that optimizes revenue and reduces the administrative burden on the County. We will provide full support to the County throughout AHCA's compliance review process, drafting letters and providing supporting documentation to meet AHCA's requirements and expedite settlement payments. Comprehensive reviews will be conducted of all cost settlement files, performing detailed analysis of billing reports to ensure that all allowable charges and payments are included in the calculation of the final cost settlement.

2.E. Additional Services

If services are required, which are related to, but not included in the Scope of Services for the Medicare Cost Reporting and Medicaid Reimbursement Consulting Services, the County may request the Consultant to provide additional services. The County reserves the right to award additional similar services for, and updates to, the previously awarded Scope of Services. All additional services must be preapproved in writing through a written Amendment.

ET3 Implementation Services

PCG's Experience

PCG can assist Volusia in participating in ET3 programs, State or Federal. PCG's has assisted multiple municipalities in applying for the Medicare ET3 program in the state of Florida by providing comprehensive project management throughout the application process, compiling the necessary supporting documentation for the application, assisting in the completion of the application, and the submission of the final application. Our experience and expertise in the preparation of federal applications ensures a comprehensive understanding of Volusia's internal governance, policy, and procedures, as well as their clinical and operations protocols that may need to be adjusted to align with federal law and ET3 participation requirements. We provide expert recommendations and guidance around the ET3 programs and are dedicated to supporting Volusia to effectively participate in all ET3 programs.

Description of Approach

Following the application process, all municipalities PCG assisted were selected to participate in the Medicare ET3 pilot. In order to ensure that Volusia can successfully participate in any upcoming ET3 programs and meet all participation requirements, PCG can provide a wide range of services covering the three primary components of the ET3 pilot program. Given the current uncertainty around the formal initiation of the pilot, PCG will remain adaptable when scheduling project plan deliverable dates should CMS announce any changes to the ET3 program or its implementation timeline. Any and all changes to the timeline of deliverables will be discuss and agreed upon by both PCG and Volusia.

In this preliminary phase, PCG will work with Volusia County to establish the Department contacts that will be involved in implementing ET3. Once the contacts are identified, we will schedule a project kick off meeting with the appropriate individuals to discuss project expectations and specific roles and responsibilities. We will work with the County to form a communication plan to establish protocols and timeframes for future status meetings based on Volusia County's preferences.

On top of project managing the ET3 implementation process, PCG is prepared to support Volusia across three primary components for successful ET3 pilot participation—Health Information Exchange (HIE) connectivity, Performance Measurement Reporting, and Multi-Payer Strategy development. The following sections provide an overview of the activities that PCG can perform to support Volusia's ET3 implementation efforts.

1. Health Information Exchange (HIE) is required to determine the success of ET3 programs. PCG will provide a dedicated project manager to help organize, facilitate, and assist Volusia County with the following HIE services:

- a. PCG will organize weekly meetings (or with more frequency if needed) to check in on progress of Volusia implementation to ensure progress in a timely manner.
- b. PCG will facilitate meetings with key Volusia staff and stakeholders assigned ownership on certain sections of the ET3 Implementation Plan.

- c. PCG will track all action items as a result of weekly meetings to ensure Volusia ET3 program compliance.
- d. PCG will determine current Volusia system capabilities.
- e. PCG will build out ET3 Performance Measures via technical specifications.
- f. PCG will design Performance Measure coding identification efforts for Volusia ePCR and billing vendors.
- g. PCG will customize and integrate the HIE with Volusia needs.
- h. PCG will research issues or challenges that arise during the development of the ET3 model. PCG will provide information on best practices on items identified where more information is needed to make informed decisions on implementation.
- i. PCG will train Volusia staff and key stakeholders on Volusia Implementation Plan, as well as prepare and present findings.

2. ET3 Performance Measure Reporting is critical for successful implementation of the ET3 program. PCG will provide the following data reporting and analysis services:

- PCG will develop an ET3 Claims Data Request in order to develop a Volusia EMS Reporting Dashboard. PCG will work with the Volusia ePCR and billing vendors or other Volusia staff to develop the parameters of the Claims Data Request needed for extraction.
- PCG will develop Quarterly Reporting details including trip types, Alternative Destination/Treatment in Place via Telehealth ET3 trips, Performance Measure Reporting, Payer Reimbursement analysis, as well as Volusia return on investment (ROI) findings. Quarterly Reporting will be guided by the Volusia EMS Reporting Dashboard developed by PCG.
- PCG will manage data collection, conduct data analysis and ongoing monitoring of Volusia EMS Reporting Dashboard with associated data elements and variables.
- PCG will provide recommendations on the ET3 Performance Measure Reporting throughout implementation the ET3 model, as well as rational for adapted decisions.
- PCG will prepare findings and present Volusia staff and key stakeholders on Volusia Quarterly Reports.

3. The ET3 Multi-Payer Alignment Strategy is an important component for the sustainability of the pilot. PCG will design the Volusia's Multi-Payer Strategy in the ET3 Implementation Plan including the following:

- PCG will conduct a utilization rate analysis across all Volusia billable claims by payer, as well as a reimbursement rate comparison.
- PCG will conduct the financial modeling necessary to support negotiations with non-Medicare payers.
- PCG will use Utilization Rate Analysis to give Volusia meaningful topics for future conversations with commercial insurance carriers.
- PCG will prepare and present all findings in the Volusia's Value-Based Payment Blueprint.
- PCG will assist the Volusia in the negotiation of ET3 implementation for any additional payers engaged for ET3 implementation.

PCG will work alongside Volusia for their ET3 onboarding and throughout their participation in all ET3 programs.

EMS Consulting Services

Knowing the strengths and challenges facing an organization provides many distinct advantages for today's emergency service leaders. PCG's EMS consultants have over 60 years of fire/EMS leadership and

management experience; when combined with PCG's 34 years' experience providing services to the public sector, this powerful combination allows us to provide superior consultation services focusing on enhancement of existing service delivery models, cost control measures and generate additional revenues that support key public safety programs. PCG currently provides such services to over 500 fire and EMS organizations throughout the US including several organizations in Florida. We are uniquely placed in the fire and EMS industry and have built an unparalleled level of program knowledge, financial acumen, operational expertise, and technical capabilities. PCG has the experience and capabilities to provide the following additional fire and EMS consulting services:

Description of Additional Consulting Services

1. Alternative Revenue Programs – Includes first-responder fees, cost recovery programs, and ambulance membership programs can generate additional revenues that can be dedicated to Volusia public programs.
2. Rate Evaluation and Setting – Evaluation of fees and charges for Volusia services provided to the public, benchmark with similar agencies, and best practices.
3. Community Risk Reduction (CRR) Programs – Using NFPA 1300: *Standard on Community Risk Assessment and Community Risk Reduction Plan Development*, PCG can conduct a community risk assessment and develop a CRR program for Volusia.
4. Mobile Integrated Healthcare/Community Paramedic Programs – PCG can develop and implement customized programs that may include alternative destinations, telemedicine, treat and release, and implementing reimbursement strategies.
5. CAD Data Analysis – Analyze response times and benchmark with NFPA standards, analyze call volume and call type, identify peak call periods, and visually display data.
6. Operational Assessments – Benchmark Volusia's performance against national standards including NFPA 1710, ISO and CPSE CFAI program. Assessments may be related to program analysis, staffing analysis, capital improvement programs, and other services provided by Volusia.
7. Feasibility Studies – Customized to address concerns or problem areas identified by Volusia.
8. Station Location Studies – Using ARC GIS software, PCG can assist Volusia with future fire station locations as well as evaluate response effectiveness of current fire stations.

Our Highly Qualified Team

Our EMS consulting team is made up of highly qualified professionals and lead subject matter experts from across the country. Our well-rounded team includes former Fire and EMS chiefs with deep subject matter and practical expertise, staff skilled in conducting financial analysis for fire and EMS departments, senior consultants with program and health care policy evaluation and implementation expertise, data analysis expertise, as well as certified project management professionals who work together to successfully implement the project and develop targeted recommendations based on key findings. We firmly believe that the strength, skills, and experience of our team sets us apart from other consulting firms.

PCG relies on the experience and expertise of consultants, Fire and EMS Subject Matter Experts, and professionals from the Health Practice Area's Health Care Financing Solutions (HCFS) Team. Our staff have conducted studies and implemented projects focusing on:

- | | |
|--|--|
| ▶ Service delivery and performance assessments | ▶ Mobile integrated health care/community paramedic programs |
| ▶ Operational assessments | ▶ Value-based care and performance metrics |
| ▶ 9-1-1 Communications Center evaluations | ▶ Community engagement |
| ▶ Fire and EMS service delivery costs | ▶ Quality improvement |
| ▶ Feasibility analysis | ▶ Contract and network development |
| ▶ Fire station location studies | ▶ Strategic planning |
| ▶ Standards of cover and staffing analysis | ▶ Medicaid reimbursement strategies |
| ▶ Fire protection assessment | |
| ▶ Training needs evaluation and design | |



Tab 3. Cost



Exhibit B - Fee Schedule

Respondents shall propose a flat fee, the fee shall remain firm and fixed for the term of the resulting Agreement, inclusive of all labor, material and out-of-pocket expenses. There shall be no reimbursable expenses paid by the County. This fees is inclusive of any subconsultants' fees and all subsequent extensions to the Agreement. Respondent shall complete the Hourly Rate section, which will be used for any additional services not know at the time of the solicitation.

Annual Flat Fee for Medicare Cost Reporting	\$35,000.00
Annual Flat Fee for Medicaid Reimbursement Consulting Services	\$65,000.00

**The County of Volusia reserves the right to award one or more Contracts to provide the required services as deemed to be in the best interest of the County.*

Hourly Rates

Functional Title	Firm Fixed Hourly Rates
Manager	\$310.00
Associate Manager	\$290.00
Senior Consultant	\$270.00
Consultant	\$225.00
Business Analyst	\$175.00
Operations Analyst	\$135.00
Subject Matter Expert	\$200.00
	\$0.00
	\$0.00
	\$0.00

Public Consulting Group LLC
Vendor Name

William S. Mosakowski, President & CEO

Authorized Signator and Title



Tab 4. References

6.0 REFERENCES

Agency #1	Miami Dade Fire Rescue	
Address	9300 NW 41 St	
City, State, ZIP	Miami, FL 33178	
Contact Person	Scott Mendelsberg	
E-mail	Scott.Mendelsberg@miamidade.gov	Phone: 786-331-5121
Date(s) of Service	07/01/2015-present	
Type of Service	Medicare Cost Reporting and Medicaid Reimbursement Consulting Services	
Comments:	PCG is contracted with Miami Dade Fire Rescue to provide technical assistance in coordinating data collection and submission of their Medicare Ground Ambulance Data Collection Survey to CMS. PCG assists with collection, analysis and preparation of cost, utilization, revenue, and service characteristics information in accordance with the federal requirements. In addition, PCG provides cost reporting services to coordinate completion of the annual FL PEMT Medicaid FFS cost report and support participation in the Intergovernmental Transfer program for Managed Care patients. The project title is Medicare Cost Reporting and Medicaid Reimbursement Consulting Services for Miami Dade County and the value is \$199,999 annually.	
Agency #2	Orange County Fire Rescue	
Address	6590 Amory Ct	
City, State, ZIP	Winter Park, FL, 32792	
Contact Person	Alex Morales	
E-mail	Alex.Morales@ocfl.net	Phone: 407-836-9015
Date(s) of Service	07/01/2015-present	
Type of Service	Ambulance Supplemental Payment Programs Support	
Comments:	PCG provides cost reporting services to complete the annual State of Florida cost reimbursement forms for the Medicaid Fee for Service supplemental payment program and support participation in the Intergovernmental Transfer program for Managed Care patients. The project title is Ambulance Supplemental Payment Programs for Orange County and the value is 6% of the annual dollars received.	
Agency #3	Dallas Fire-Rescue, City of Dallas	
Address	1500 Marilla St., 7AS	
City, State, ZIP	Dallas, TX 75201	
Contact Person	Richard Ngugi	
E-mail	richard.ngugi@dallascityhall.com	Phone: 214-671-8038
Date(s) of Service	03/01/2012-present	

Type of Service	Ambulance Supplemental Payment Programs Support
Comments:	Since 2012, PCG has provided Cost Reporting and Audit Services to Dallas Fire-Rescue located in Dallas, TX in support of the Uncompensated Care Supplemental Payment Program for Public EMS providers in the state of Texas. In addition, PCG has enlisted Dallas Fire-Rescue and several other high-profile public EMS providers in a Stakeholder group to represent the interests of TX Ambulance Supplemental Payment Providers with the Texas Health and Human Services Commission to re-establish Medicaid supplemental payment programs for all public EMS providers. The project title is Ambulance Supplemental Payment Programs for the City of Dallas and the value is 6% of the annual dollars receive.



Tab 5. Financial Stability

PCG is prepared to supply a financial statement upon request from Volusia County.



Tab 6. Forms

- 6.A. Professional Certification/Licenses
- 6.B. Proof of Insurance
- 6.C. Conflict of Interest Form
- 6.D. Tax Identification Number Form
- 6.E. Drug Free Workplace Form
- 6.F. Certification Regarding Debarment (Prime) Form
- 6.G. Certification Regarding Scrutinized Companies

State of Florida

Department of State

I certify from the records of this office that PUBLIC CONSULTING GROUP LLC is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on February 22, 2021.

The document number of this limited liability company is M21000002153.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021 and that its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Ninth day of June, 2021*



Laundre
Secretary of State

Tracking Number: 5300717449CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2021

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													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <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> </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 F:														
INSURED Public Consulting Group LLC 148 State St. 10th Floor Boston MA 02109														

COVERAGES

CERTIFICATE NUMBER: 21-22 PCG 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	4/1/2021	4/1/2022	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 checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73540440	4/1/2021	4/1/2022	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 type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000			0311-2674	4/1/2021	4/1/2022	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			D95159837 Retroactive Date 2/27/1997	4/1/2021	4/1/2022	Each Claim/Aggregate:	\$10,000,000
							Retention:	\$500,000

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

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance	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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ACORD 25 (2014/01)

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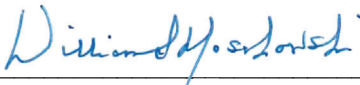
INS025 (201401)

10.0 CONFLICT OF INTEREST FORM

I HEREBY CERTIFY that

1. I, *(printed name)* William S. Mosakowski, am the *(title)* President and CEO and the duly authorized representative of the firm of *(Firm Name)* Public Consulting Group LLC whose address is 148 State Street, 10th Floor, Boston, Massachusetts 02109-2589, and that I possess the legal authority to make this affidavit on behalf of myself and the firm for which I am acting; and,
2. Except as listed below, no employee, officer, or agent of the firm have any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and,
3. This Bid Submittal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid for the same services, and is in all respects fair and without collusion or fraud.

EXCEPTIONS to items above (List): _____

Signature: 
Printed Name: William S. Mosakowski, President & CEO
Firm Name: Public Consulting Group LLC
Date: 06/16/2016

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Public Consulting Group LLC</p> <p>2 Business name/disregarded entity name, if different from above</p>	
		<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions. 148 State Street 10th Floor</p> <p>6 City, state, and ZIP code Boston, MA, 02109</p>	<p>Requester's name and address (optional)</p>
		<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
0	4	-	2	9	4	2	9	1	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Dan T. Henry</i>	Date ▶ 1/5/21
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions.

You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

11.0 DRUG-FREE WORK PLACE

The undersigned firm in accordance with Florida statute 287.087 hereby certifies that

Public Consulting Group LLC does:
(Name of Firm)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business’s policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will propose by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee’s community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

William S. Mosakowski, President & CEO
Name and Title

6/16/2021
Date


Signature

Public Consulting Group LLC
Firm

148 State Street, 10th Floor, Boston, Massachusetts 02109-2589
Street address City, State, Zip

12.0 CERTIFICATION REGARDING DEBARMENT (PRIME)

**Certification Regarding
Debarment, Suspension,
And Other Responsibility Matters
Primary Covered Transactions**

TO BE COMPLETED BY PRIME CONSULTANT

1. The prospective primary participant (Consultant) certifies to the best of its knowledge and belief, that it and its principals (Subconsultants and suppliers):
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b. Have not within a three (3) year period preceding this bid proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
 - d. Have not within a three-year period preceding this bid proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this bid proposal

William S. Mosakowski, President & CEO
Name and Title

6/16/2021
Date


Signature

Public Consulting Group LLC
Firm

148 State Street, 10th Floor, Boston, Massachusetts 02109-2589
Street address City, State, Zip

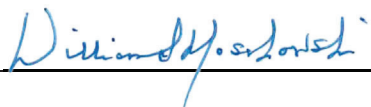
14.0 CERTIFICATION REGARDING PROHIBITION AGAINST CONTRACTING WITH SCRUTINIZED COMPANIES

I hereby certify that neither the undersigned entity, nor any of its wholly owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit have been placed on the Scrutinized Companies that Boycott Israel List created pursuant to s. 215.4725 of the Florida Statutes, or are engaged in a boycott of Israel.

In addition, if this solicitation is for a contract for goods or services of one million dollars or more, I hereby certify that neither the undersigned entity, nor any of its wholly owned subsidiaries, majority- owned subsidiaries, parent companies, or affiliates of such entities or business associations, that exists for the purpose of making profit are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473 of the Florida Statutes, or are engaged in business operations in Cuba or Syria as defined in said statute.

I understand and agree that the County may immediately terminate any contract resulting from this solicitation upon written notice if the undersigned entity (or any of those related entities of respondent as defined above by Florida law) are found to have submitted a false certification or any of the following occur with respect to the company or a related entity: (i) it has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, or (ii) for any contract for goods or services of one million dollars or more, it has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or it is found to have been engaged in business operations in Cuba or Syria.

Name of Respondent: William S. Mosakowski

By: 

(Authorized Signature)

Title: President & CEO

Date: 06/16/2021



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Foreign Limited Liability Company
PUBLIC CONSULTING GROUP LLC

Filing Information

Document Number M21000002153
FEI/EIN Number 04-2942913
Date Filed 02/22/2021
State DE
Status ACTIVE

Principal Address

148 STATE ST, 10TH FL
BOSTON, MA 02109

Mailing Address

148 STATE ST, 10TH FL
BOSTON, MA 02109

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title MGR

SKINNER, STEPHEN
148 STATE ST, 10TH FL
BOSTON, MA 02109

Title MGR

SHAUGHNESSY, JOHN
148 STATE ST, 10TH FL
BOSTON, MA 02109

Title MGR

BLAIR, GRANT
148 STATE ST, 10TH FL
BOSTON, MA 02109

Title MGR

FALLON, KATHLEEN
148 STATE ST, 10TH FL
BOSTON, MA 02109

Title MGR

HEANEY, DANIEL T
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BOSTON, MA 02109

Title MGR

KMETZ, MARK R
148 STATE ST, 10TH FL
BOSTON, MA 02109

Title MGR

MOSAKOWSKI, WILLIAM S
148 STATE ST, 10TH FL
BOSTON, MA 02109

Title MGR

MCLEAN BROWN, TONY
148 STATE ST, 10TH FL
BOSTON, MA 02109

Title MBR

PUBLIC CONSULTING GROUP HOLDINGS, INC.
148 STATE ST, 10TH FL
BOSTON, MA 02109

Annual Reports

No Annual Reports Filed

Document Images

[02/22/2021 -- Foreign Limited](#)

[View image in PDF format](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2021

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																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Great Northern Insurance Company</td> <td></td> <td>20303</td> </tr> <tr> <td>INSURER B: Federal Insurance Company</td> <td></td> <td>20281</td> </tr> <tr> <td>INSURER C: Allied World Assurance Co (U.S.) Inc</td> <td></td> <td>19489</td> </tr> <tr> <td>INSURER D: ACE American Insurance Company</td> <td></td> <td>22667</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </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 F:																					
INSURED Public Consulting Group LLC 148 State St. 10th Floor Boston MA 02109																					

COVERAGES

CERTIFICATE NUMBER: 21-22 PCG 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	4/1/2021	4/1/2022	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 checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73540440	4/1/2021	4/1/2022	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 type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			0311-2674	4/1/2021	4/1/2022	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 <input type="checkbox"/> 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			D95159837 Retroactive Date 2/27/1997	4/1/2021	4/1/2022	Each Claim/Aggregate:	\$10,000,000
							Retention:	\$500,000

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

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Insurance	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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Rebecca Bishop - [EX] RE: Clarifications regarding Exhibit B, Fee schedule

From: "Narode, Alissa" <anarode@pcgus.com>
To: Rebecca Bishop <rbishop@volusia.org>
Date: 7/12/2021 4:08 PM
Subject: [EX] RE: Clarifications regarding Exhibit B, Fee schedule
Cc: "Mosakowski, William" <WMOSAKOWSKI@pcgus.com>, "Dachos, James" <jdachos@...>

CAUTION: This email originated from outside Volusia County's email system. DO NOT CLICK links or attachments unless you recognize the sender and/or know the content is safe.

Good Afternoon Rebecca,

The Medicare survey is \$35,000 and is a one-time fee that would only be invoiced when the service is provided. The \$65,000 is annual and would be invoiced every year for our work on the Medicaid cost report and MCO program.

Please let us know if you have any other questions.

Thank you,
Alissa

From: Rebecca Bishop <rbishop@volusia.org>
Sent: Monday, July 12, 2021 3:41 PM
To: Narode, Alissa <anarode@pcgus.com>
Cc: Mosakowski, William <WMOSAKOWSKI@pcgus.com>
Subject: Clarifications regarding Exhibit B, Fee schedule

[EXTERNAL EMAIL] Be cautious when clicking links or opening attachments.

Ms. Narode,

Confirming my voice-mail message, the evaluation committee is seeking clarification regarding Exhibit B, Fee schedule. In Exhibit B, Fee Schedule lists the following:

Annual Flat Fee for Medicare Cost Reporting - \$35,000
Annual Flat Fee for Medicaid Reimbursement Consulting Services - \$65,000

The Medicare piece is only anticipated to be needed as a one time service, the assumption is that this would only be charged in the year(s) that the service is required. Is this the case, or would the \$35,000 be spread over the over the span of the contract, which is anticipated to be 3 years with 2 optional 1 year renewals, for a total of 5 years?

The Medicaid piece is quoted at \$65,000. Is that \$65,000 annually, or is \$65,000 the total cost over the span of the contract, i.e. \$13,000 annually for 5 years?

Thank you in advance for your timely response.

Kind Regards,

Rebecca Bishop, C.P.M.

Senior Procurement Analyst

County of Volusia

123 West Indiana Ave., Room 302

DeLand, FL 32720

☎ [386-822-5764](tel:386-822-5764)

