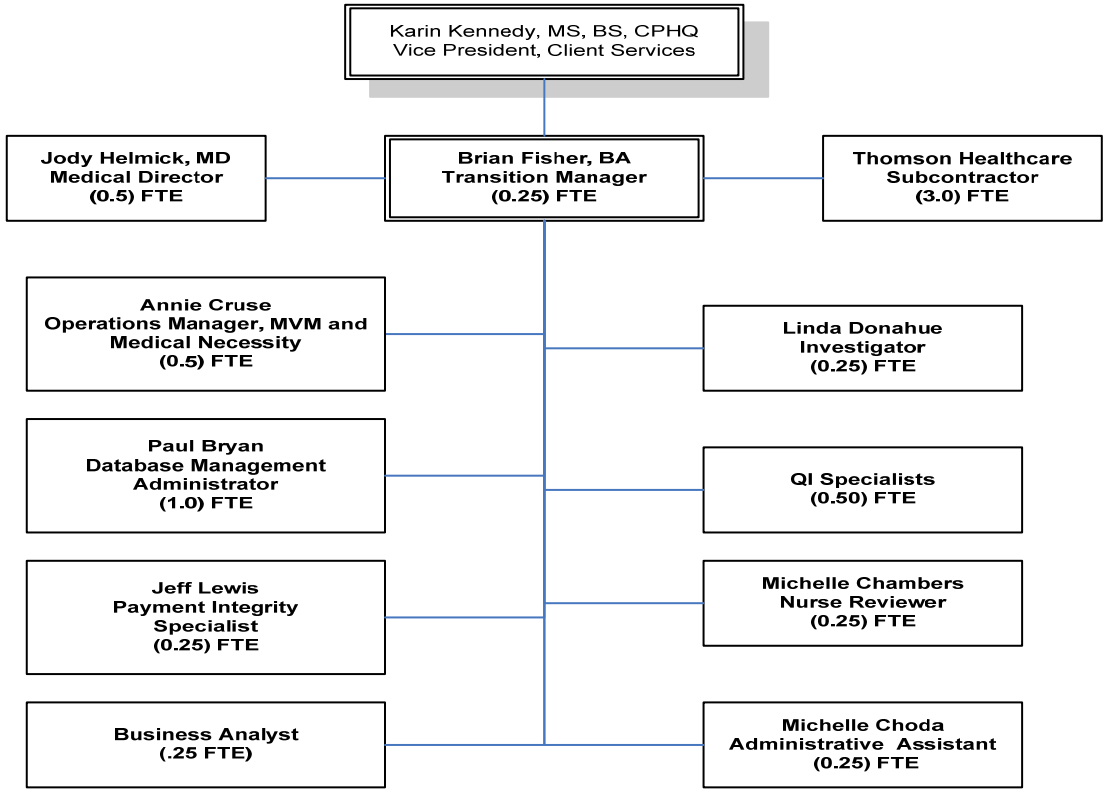
7.2.8 Project Organization

HCE is proposing a staffing model that exceeds the requirements referenced in **Section 6.1.1** of the RFP. Brian Fisher is the current Account Manager for the IME SURS contract and will continue in his role as Account Manager for the Program Integrity contract to insure continuity in operations. Mr. Fisher brings a wealth of knowledge and experience from the fraud and abuse arena, as well as experience within the Iowa Medicaid Enterprise. Our proposed subcontractor, Thomson Reuters, is a broadly experienced organization and is highly reputable nationally for its work with Medicaid and Medicare data mining, data analytics, and predictive modeling. Additional staffing considerations are outlined in the following sections.

7.2.8.1 Organization Charts

HCE's organizational charts for the transition and operations phases are detailed on the following pages.

Health Care Excel
Iowa Medicaid Enterprise Program Integrity
RFP MED-10-013
TRANSITION PHASE
Organizational Chart



Health Care Excel
Iowa Medicaid Enterprise Program Integrity
RFP MED-10-013
OPERATIONS PHASE
Organizational Chart

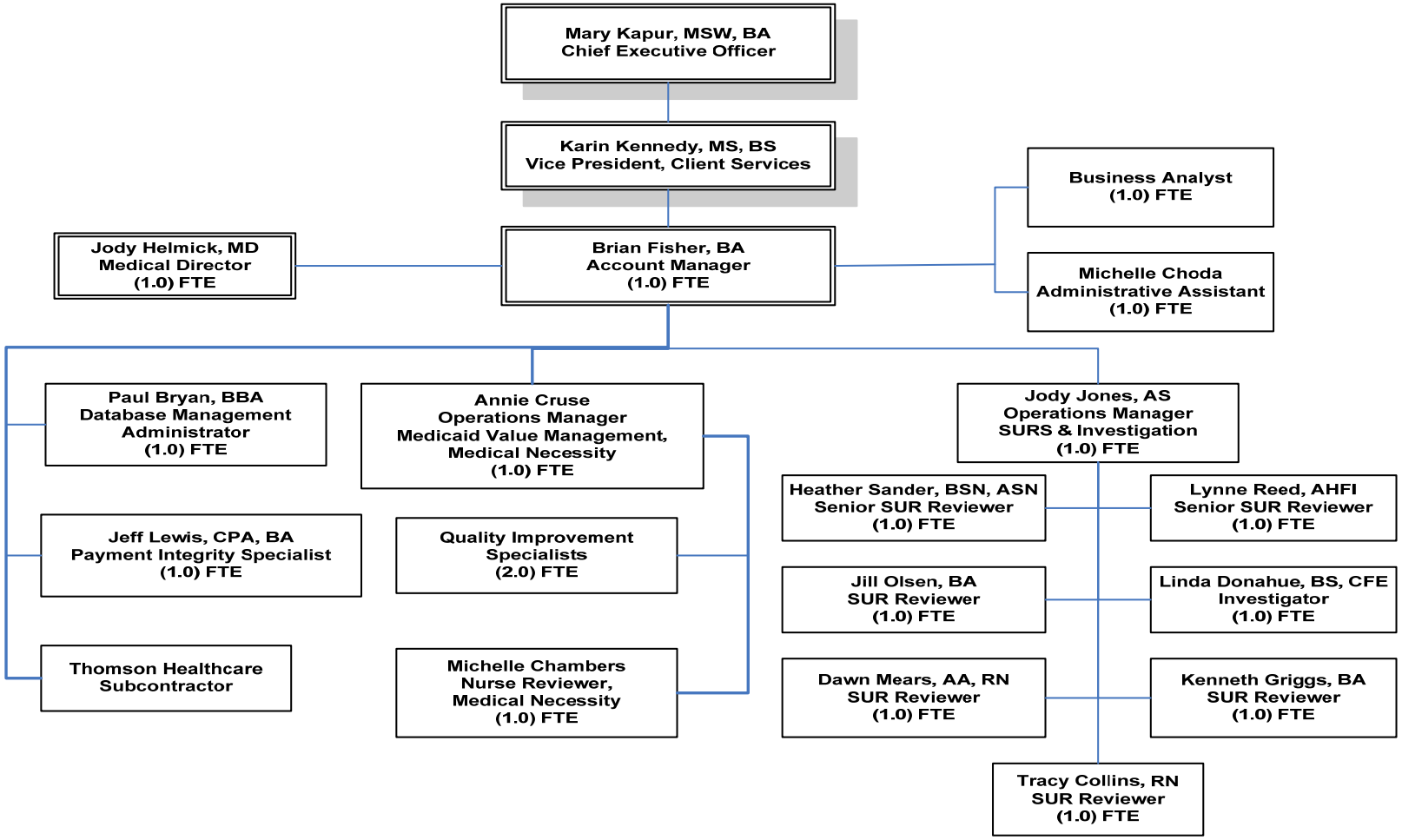
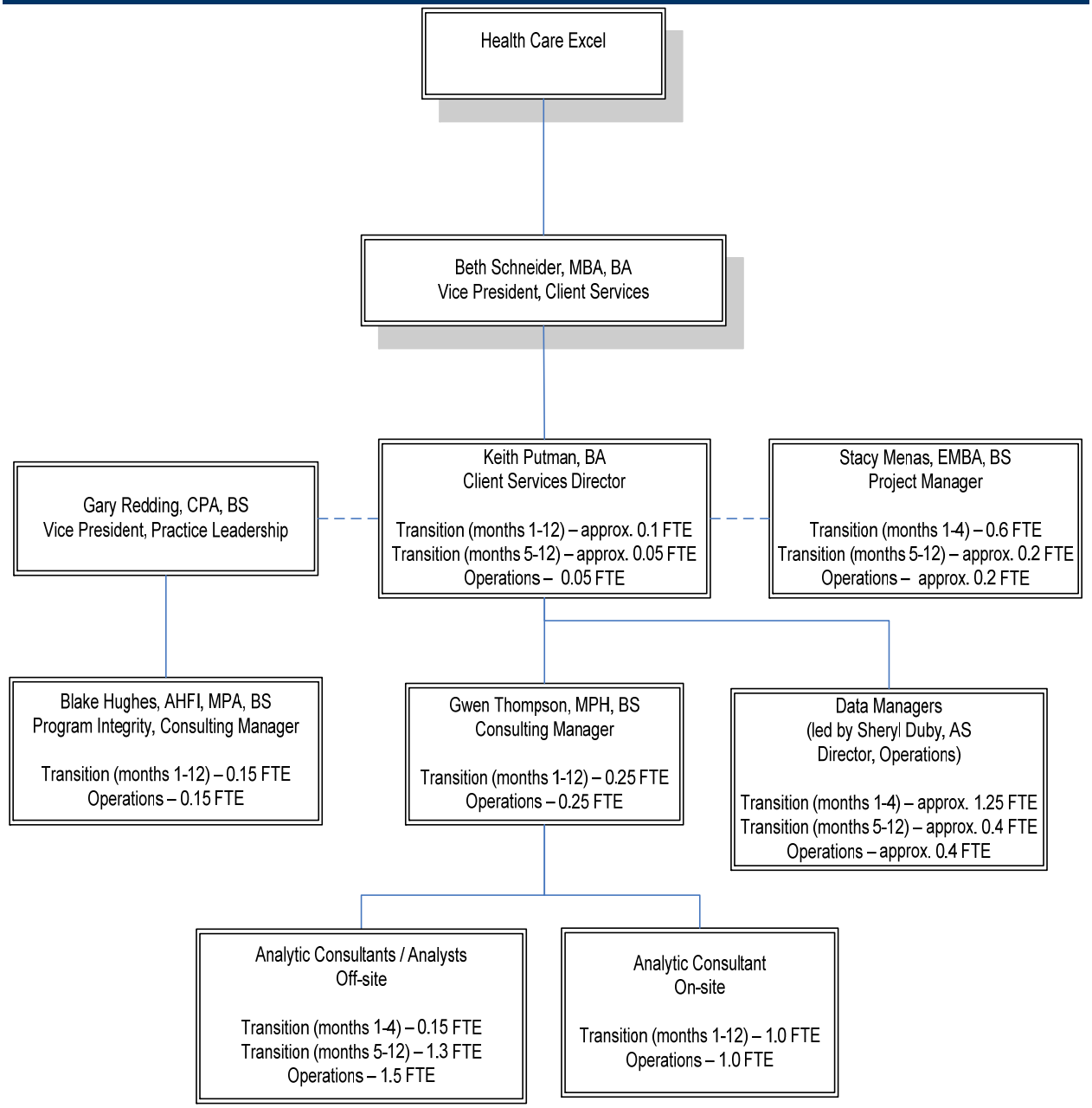


Figure 1 illustrates the organizational structure of our subcontractor, Thomson Reuters', Account Team that will support HCE and the IME Program Integrity contract in the Transition and Operations Phase.

Figure 1—Thomson Reuters Subcontractor Organizational Chart
Transition and Operations Phase



7.2.8.2 Staffing

HCE and Thomson Reuters are proposing a staffing model that incorporates all current HCE SURS staff members, utilizing the readily available skills of our Certified Fraud Examiners in the Investigation role. Beyond the key personnel, HCE current staff and Thomson Reuters proposed subcontracting staff include the following personnel.

Table 1—Current and Proposed Staffing

HCE and Thomson Reuters

Name	Current Title	Proposed Title	Role within SURS	Experience
Health Care Excel Staffing				
Paul Bryan, BBA	Database Management Administrator (DBA)	Database Management Administrator (DBA)	Supports information needs and systems for SURS function; performs data mining of SQL Server Medicaid claims data warehouse	IME experience for more than 5 years; Experienced in Iowa Medicaid data systems queries; Identified and recovered over $1,000,000 in overpayments from OCR errors
Jeff Lewis, CPA, BA	Payment Integrity Specialist	Payment Integrity Specialist	Researches strategies for cost avoidance and revenue enhancement; tracks and monitors status of all accounts receivable	Iowa Medicaid experience for more than 12 years; Critical role in preparing for MIG review of IME; Experienced in Iowa Medicaid data systems and queries; experienced in cost benefit analysis
Lynne Reed, AHFI	Senior SUR Reviewer	Senior SUR Reviewer	Serves as a back-up to the Supervisor; serves as a mentor to SURS reviewers; completes post-payment reviews; assists in the identification of aberrant billing practices	IME experience for more than 2 years; health care fraud investigation experience for more than 23 years; AHFI accreditation; CFE certification

Name	Current Title	Proposed Title	Role within SURS	Experience
Heather Sander, RN, BSN	Senior SUR Reviewer	Senior SUR Reviewer	Conducts on-site reviews and mentors SURS review staff; completes post-payment reviews; assists in the identification of aberrant billing practices	IME experience for nearly two years; Broad-based clinical experience; represents the Department in appeal hearings
Jillilyn Olsen, BA	SUR Reviewer	SUR Reviewer	Performs desktop and on-site reviews; represents the Department in appeal hearings; assists in the identification of aberrant billing practices	IME experience for two years; extensive experience in durable medical equipment field
Linda Donahue, BS, CFE	SUR Reviewer	Investigator	Performs desktop and on-site reviews; represents the Department in appeal hearings; assists in the identification of aberrant billing practices	IME experience for 16 months; background in investigations for more than 8 years; certification as a fraud examiner (CFE)
Dawn Mears, RN	SUR Reviewer	SUR Reviewer	Conducts desktop and on-site reviews; represents the Department in appeal hearings; assists in the identification of aberrant billing practices	IME experience for nearly 4 years; strong home health background, including management of home health care operations
Kenneth Griggs, BA	SUR Reviewer	SUR Reviewer	Conducts desktop and on-site reviews; represents the Department in appeal hearings; assists in the identification of aberrant billing practices	Background in investigations and analysis for more than 25 years; IME experience for nearly 2 years
Tracy Collins, RN	SUR Nurse Reviewer	SUR Nurse Reviewer	Conducts desktop and on-site reviews; represents the Department in appeal hearings; assists in the identification of aberrant billing practices	IME experience for more than 2 years; strong background in quality improvement and home health care

Name	Current Title	Proposed Title	Role within SURS	Experience
Michelle Choda	Administrative Assistant	Administrative Assistant	Monitors all outgoing communication for quality assurance purposes; backs up Payment Integrity Specialist for logging of checks in OnBase; supports all general SURS functions	IME experience for 1 year; strong background in office management and support
To Be Named	N/A	Quality Improvement Specialists	Facilitate MVM projects; coordinate with the MVM team and the Medical Director to assure follow-through on recommendations from projects	
To Be Named	N/A	Business Analyst	Participates in accounting period closing activities; prepares scheduled monthly reports; tracks and logs incoming recoupment payments	

Below we provide bios for the named members of the Thomson Reuters account team who will support HCE and the IME Program Integrity efforts.

Thomson Reuters Staffing		
Name	**Title**	**Experience**
Beth Schneider, MBA, BA	Vice President, Client Services	Ms. Schneider is the Vice President, Client Services at Thomson Reuters, with a focus on state Medicaid customers. She oversees the development and delivery of healthcare decision support services that help state Medicaid agencies achieve their strategic and operational objectives. She facilitates the sharing of best practices among account teams, supports the financial management of this market segment, and coordinates with Sales, Marketing, and Practice Leadership to define and implement new information solutions among current clients and in the market at large. She has many years experience in healthcare decision support and has been with Thomson Reuters since 1990. Prior to her current role, Ms. Schneider was a Client Services Director at Thomson Reuters. She led a team of consulting managers, analytic consultants, and data management professionals in providing healthcare decision support systems and consulting services to Medicaid agencies in states including Georgia, South Carolina, Florida, Massachusetts, New Hampshire, New Jersey, New York, and North Dakota. Through this work, she has developed an in-depth understanding of the health information needs of state Medicaid agencies. Prior to joining Thomson Reuters, Ms. Schneider served for seven years in analytic and project/account management roles at The Health Data Institute, a healthcare services and information company based in Lexington, Massachusetts. Ms. Schneider graduated with a B.A. in Psychology from the University of Wisconsin – Madison, completed doctoral level coursework in clinical psychology at Clark University in Worcester, Massachusetts, and received an M.B.A. through the Thomson Elite Scholars program at the New York Institute of Technology.
Keith Putman, BA	Client Services Director	Mr. Putman is a Client Services Director at Thomson Reuters, serving as the account manager for several state Medicaid customers. In this role, he is responsible for overseeing service delivery to continuously enhance customer satisfaction and assure customer referenceability and contract renewal. He has become familiar with many facets of Medicaid internal MMIS operations and participated in many of the Medicaid functional committees, including setting MCO policy, encounter data improvement, and the review and establishment of proper MMIS edits to ensure data quality improvement. Mr. Putman interacts with the highest levels of Medicaid management staff in the managing and supporting the Thomson Reuters databases.

Thomson Reuters Staffing		
Name	**Title**	**Experience**
		Mr. Putman joined Thomson Reuters in 1994 as a Senior Data Manager, and has also served as a Senior Data Management Consultant for Medicaid customers. In that role, he provided analytic support to a state Medicaid customer and led the data management effort for the design, installation, and testing of a State Medicaid Decision Support System for another customer. Before joining Thomson Reuters, Mr. Putman was a Senior Customer Support Specialist with Northern Telecom. He facilitated and managed Information Systems application installations, working directly with all levels of the Information Systems customer base during the planning, design, and implementation of applications ranging from simple to complex. He also worked for several years as a Senior Systems Specialist with Cognos Corporation, and a Systems Analyst with Consumers Power Company. Mr. Putman has a B.A. in Business and Organizational Development from Spring Arbor College.
Stacy Menas, EMBA, BA	Project Manager	Ms. Menas is a Project Manager who has been with Thomson Reuters since 2006. In this role, she performs end-to-end Project Management of enterprise-wide decision support systems for the Medicare/Medicaid market. She actively manages decision support projects with both primary and subcontract customers, and creates and maintains Project Management Work plans, status reports, and all project-related documentation. She supports customers by facilitating meetings, assisting in scope clarification, and providing project documentation. Prior to joining Thomson Reuters, she was responsible for end-to-end Project Management of enterprise-wide systems for corporate health benefits, risk management, and legal departments at Jeld-Wen, Inc. She has years of consulting experience and excels in the area of software training, testing, and support. Throughout her career she has had a strong healthcare industry focus that includes risk management and insurance. She has a background in healthcare claims processing, as well as human resource management, training, and software implementation. She earned an E.M.B.A. with a concentration in E-Business from National University, as well as a B.S. in Business Administration/Management from California State University. She is a Project Management Professional (PMP), certified by the Project Management Institute.
Gwen Thompson, MPH, BS	Consulting Manager	Ms. Thompson has been a Thomson Reuters employee since 2007. She has extensive experience working with healthcare data from an analytic and strategic perspective. In her role, she assists clients with data analysis, fraud algorithm design, and software use to recover overpayments or realize savings by cost avoidance. She is

Thomson Reuters Staffing		
Name	**Title**	**Experience**
		also responsible for leading a team of analytic consultants in ensuring that clients' healthcare information needs are met through the management of database and analytic services. Ms. Thompson is currently working with the states of Missouri, Ohio, and Kansas. Prior to her promotion to Consulting Manager, Ms. Thompson was a Senior Analytic Consultant at Thomson Reuters. Prior to joining Thomson Reuters, Ms. Thompson was a Senior Policy Analyst for seven years at the Altarum Institute in Ann Arbor, Michigan. In this role, she led a software development project for a Web-based communicable disease surveillance system. Additionally, she gathered and documented functional and technical requirements for program area modules and system enhancements for communicable disease surveillance. Ms. Thompson was instrumental in performing gap analyses, gathering and defining requirements, developing translator mapping specifications, developing test data, and analyzing output for claims and encounter transactions for a HIPAA administrative simplification project for a state Medicaid agency. She also assisted with the development and enhancement of a syndromic surveillance system to monitor emergency department data. Ms. Thompson served as functional lead and task leader to produce HEDIS measures for a commercial health insurer. She utilized functional and technical expertise to continually improve HEDIS rates by maximizing administrative data sources, reviewing billing practices and analyzing data. She has performed extensive data extraction and manipulated data from an Oracle database using SQL and PL/SQL. Ms. Thompson earned an M.P.H in Hospital and Molecular Epidemiology from the University of Michigan and a B.S. in Biology, also from the University of Michigan.
Sheryl Duby, AS	Director of Operations	Ms. Duby is a Director of Operations at Thomson Reuters. In this role, she manages all technical/operational aspects of the client project delivery process for State customers. Ms. Duby assumes overall responsibility for team quality control and process improvement and coordinates staff to ensure that projects are delivered on-time and within budget. In her previous position with Thomson Reuters, Ms. Duby was a Data Management Team Lead. She led a team of data managers responsible for installing, updating, and maintaining Thomson Reuters databases. Her team was responsible for data investigation, design, and construction, specifications, database installations, database testing, data quality assessment, and healthcare analysis. She provided leadership in defining and improving core production processes, managing client projects, and developing staff. Ms. Duby coordinated the design and implementation of work processes to meet client requirements consistently and efficiently.

Thomson Reuters Staffing		
Name	**Title**	**Experience**
		Prior to joining Thomson Reuters in 1997, Ms. Duby was an Account Manager for MedView Services in Farmington, Michigan, where she was responsible for selling value-add products and services, and ensuring clients received value from current products. Ms. Duby has an extensive medical billing background, having held management positions at several Southeastern Michigan medical entities. Ms. Duby earned an extended Associates Degree from Oakland Community College. She has also completed coursework in Nursing Studies at Madonna University.
Gary Redding, CPA, BS	Vice President Practice Leadership	Mr. Redding is the Vice President and Practice Leader of the Medicare/Medicaid business unit at Thomson Reuters. In this role, he primarily is responsible for the development and delivery of consulting solutions across the business unit. Mr. Redding has significant experience in state government administration, including the position of Commissioner of the Georgia Department of Community Health, where he was responsible for ensuring health care coverage for over two million Georgia citizens including state employees, teachers, retirees, Medicaid and S-CHIP recipients; the budget for the department exceeded $6 billion. In addition, Mr. Redding held the Medicaid Director's position in the department, and was the acting Commissioner for the Georgia Department of Human Resources. He also has held senior positions with several highly recognized professional services firms using his public sector healthcare expertise, including a previous role as Client Services Director with Thomson Reuters from 1997 to 1999. He served as Chairman of the State Agency Coordinating Committee in Georgia, Vice Chairman of the Council on Developmental Disabilities, and was a member of former HHS Secretary Tommy Thompson's Advisory Committee for Regulatory Reform. From 2003 to 2007, he served as Medicaid consultant and subject matter expert to the Georgia Alliance of Community Hospitals. Mr. Redding earned a Bachelor of Science degree in Business Administration from Auburn University, and he is licensed in Georgia as a Certified Public Accountant. Mr. Redding is also a member of the Georgia Society of CPAs and the National Association of State Medicaid Directors Alumni.
Blake Hughes, AHFI, MPA, BS	Program Integrity Consulting Manager	Mr. Hughes has been with the Healthcare business of Thomson Reuters since April 2005. He is responsible for leadership over analytic teams performing large scale data analyses aimed at identifying aberrant billing practices. Mr. Hughes has created and developed hundreds of innovative algorithms for state Medicaid Program Integrity, Office of Inspector General (OIG), and Surveillance and Utilization Review (SUR) units identifying aberrant billing practices with substantial savings and recovery. Mr. Hughes recently developed

Thomson Reuters Staffing		
Name	**Title**	**Experience**
		and implemented 100 algorithms for one state agency and made recommendations from results that were instrumental in the unit achieving over $25 million in cost savings in one year. Mr. Hughes and his team have worked with clients including the South Carolina Department of Health and Human Services, Kentucky OIG, the Nevada SUR and Attorney General's Medicaid Fraud Control Unit, the Tennessee OIG and TennCare, the Georgia Department of Community Health OIG and Program Integrity, Medi-Cal Audits and Investigations, Virginia Program Integrity, Ohio SUR, Missouri Program Integrity, and other state agencies. Prior to working with the Healthcare business of Thomson Reuters, Mr. Hughes worked for Health Net Program Integrity (TRICARE) for approximately six years as a Sr. Fraud Investigator, where he provided oversight to an investigative team of nurse reviewers and analysts, developed 47 written referrals to law enforcement, and identified over 100 new and emerging billing schemes using data analysis. He has extensive experience in conducting and overseeing provider audits and investigations, and recovery of overpayments in a program integrity environment. Mr. Hughes also has hands-on experience in claims processing, knows what is behind the claims data and how it relates to credible or non-credible recoveries and audit leads. Mr. Hughes previously served for 10 years in the United States Army's Criminal Investigation Command as an Economic Crimes Special Agent and Special Agent in Charge. He is an Accredited Health Care Fraud Investigator (AHFI) and holds an M.P.A. from Golden Gate University and a B.S. from Southern Illinois University at Carbondale.
To Be Named	On-site Analytic Consultants	We recognize that an effective solution critically depends on the dedication and qualifications of the people who support it. IME seeks a partner that will bring highly qualified and experienced staff who will deliver strong, consistent results throughout the course of the contract. As described in Section 6.2.4.2, Thomson Reuters will recruit and fill the on-site position in Des Moines, based on job skills and qualifications that meet their employment standards, and with IME input and approval on the final candidate. The ideal candidate will have a Masters in Public Health or similar advanced degree, a minimum of 3-5 years work experience in the healthcare industry (including healthcare claims data analysis), and experience in applying health analysis methods and measures utilizing basic statistical methods.

While the On-site Analytic Consultant is not identified as a "Key Personnel" in **Section 6.1.1** of the RFP, Thomson provides three sample resumes to show the exceptional caliber of the Thomson Reuters analytic staff. The three sample resumes that follow demonstrate the qualifications of our on-site staff working in other states. Following those three sample resumes are Position Descriptions for each HCE IME Program Integrity staff members and the Analytic Consultant.

Thomson Reuters Sample Resume #1
Analytic Consultant

EDUCATION

- M.A, University of South Carolina
- B.A., Ripon College

KEY COMPETENCIES

- Seven years analytical fraud and abuse detection experience
- Seven years hands-on experience in provider audits, recovery, and identifying fraud and abuse issues
- More than 15 years healthcare industry experience

PROFESSIONAL EXPERIENCE

THOMSON REUTERS (HEALTHCARE) INC., COLUMBIA, SOUTH CAROLINA
SENIOR ANALYTIC CONSULTANT, OCTOBER 2005 – PRESENT

- Develop, mentor, and train analysts in developing fraud algorithms as member of Practice Leadership.
  - Developed and implemented fraud algorithms associated with inpatient hospital, physician, physical therapy, Ambulatory Surgical Centers, and pharmacy. Identified over $8 million in aberrant billing in two states.
  - Provided fraud-specific training using DataProbe and ad hoc reporting.
- Work closely with State Medicaid Program Integrity team as on-site consultant to South Carolina Department of Health and Human Services.
  - Developed and implemented fraud algorithms to identify aberrant billing practices in the Medicaid program, including provider time studies, provider "hit and run" analysis, policy violation studies, and overpayments on Medicare cross-over patients. These algorithms led to the State recovering more than $11 million from Medicaid providers and recipients for overpayments and inappropriate use of benefits.
  - Completed analysis of post-payment edit results for early analytic deliverable prior to the implementation of Thomson Reuters data mining tools.
  - Analytic deliverables include citizen vs. non-citizen delivery rates, home uterine activity monitoring (HUAM), managed care disenrollment, provider rate analyses, gastric bypass surgery, and analysis of cost drivers for Medicaid program.
  - Implemented use of geographic mapping into analytic deliverables. Examples include the geographic representation of nursing home and community long-term care costs; rates of early and periodic screening, diagnostic treatment services to better target physician education; rates and costs of deliveries for citizens and non-citizens; and illustrate hotspots for providers identified in fraud algorithms.

TRICENTURION, COLUMBIA, SOUTH CAROLINA
MANAGER OF DATA ANALYSIS, MARCH 2004 – JULY 2005

- Provided direction and leadership to 28 data and clinical analysts throughout the company with a Medicare service area covering more than 10 states including Virginia, Florida, and South Carolina.
- Oversaw analytic activity that identified fraudulent infusion scheme in South Florida.
- Guided development of tools needed for identifying potentially aberrant providers.
- Directed Medicare-Medicaid data match project for Florida and Texas.
- Led corporate data analysis workgroup.
- Implemented and directed data analysis activity on Medicare-Medicaid Data Match projects in Florida and Texas.

TRICENTURION, COLUMBIA, SOUTH CAROLINA
SENIOR DATA ANALYST, SEPTEMBER 2002 – MARCH 2004

- Developed in-depth provider profile to identify areas of aberrant billing behavior for CMS and federal law enforcement.
- Developed and implemented training conferences for 20 data analysts on Medicare fraud teams.
- Led training for approximately 20 fraud investigators on the application of data analysis to fraud investigations,
- Worked closely with internal fraud investigators, CMS, and law enforcement in developing fraud investigations for aberrant providers.
- Developed policies for preparing samples used in creating fraud investigations.

CAROLINA CARE PLAN, INC., 1994 – 2002

PROJECT LEADER, OCTOBER 2000 – SEPTEMBER 2002

- Project leader for development of Multi-Dimensional Databases. Worked closely with SAS Institute to implement multi-dimensional profitability and utilization reporting and analysis tools.
- Integral member of team developing and implementing new data warehouse.
- Led project team for designing, programming, and implementing Internal Commission program for sales personnel.
- Developed comprehensive pharmacy cost analysis, including mail-order verses retail, utilization by cost tier, and utilization by co-payment levels.

SENIOR DATA ANALYST, OCTOBER 1998 – OCTOBER 2002

- Performed in-depth medical care analysis of key clients, reviewing groups' demographics and relating them to groups' experience.
- Performed in-depth analysis of premium trends for annual rate development.

PROJECT DEVELOPMENT LEADER, MARCH 1994 – OCTOBER 1998

- Project leader for annual HEDIS report during first four years of production.
- Worked with senior management and external actuaries to develop rates on standard benefit plans.
- Performed extensive analysis of client demographics.
- Prepared Requests for Proposal and Requests for Information.

TECHNOLOGICAL EXPERIENCE

HARDWARE:

- PC

SOFTWARE:

- Medstat Advantage Suite decision support system; DataProbe; Microsoft applications; MS Access; SAS in mainframe, UNIX, and PC environments; ESRI ArcGIS

Thomson Reuters Sample Resume #2
Analytic Consultant

EDUCATION

- M.S. coursework in Physics, University of Kentucky
- B.S., Physics and Mathematics, King College, Bristol, TN

KEY COMPETENCIES

- 16 years of healthcare industry experience
- 10 years of healthcare analytic experience, including work with the Kentucky Employees' Health Plan, Kentucky Medicaid, and a regional health plan based in Kentucky
- Data investigation and reporting experience
- Extensive hands-on work with data analysis and troubleshooting
- Considerable team leadership experience and management experience in the healthcare industry

PROFESSIONAL EXPERIENCE

THOMSON REUTERS (HEALTHCARE) INC., FRANKFORT, KENTUCKY
SENIOR ANALYTIC CONSULTANT, JUNE 2008 – PRESENT

- Primary point of contact for the Kentucky Medicaid contract.
- Manage the analytic agenda for the client.
- Develop program integrity algorithms and appropriate deliverable analysis of results. Investigate data quality issues to ensure accuracy of client deliverables
- Provide on-site support to customers utilizing Thomson Reuters' products.

KENTUCKY DEPARTMENT OF EMPLOYEE INSURANCE, FRANKFORT, KENTUCKY
MARCH 2000 – JUNE 2008

DEPUTY COMMISSIONER, JANUARY 2005 – JUNE 2008

- Responsible for the daily operations of the Department of Employee Insurance, which operates the Kentucky Employees' Health Plan.
- Directly responsible for operations of the Division of Financial and Data Services.
- Managed relationships with external vendors and third-party administrators, including decision support systems, application development, and medical and pharmacy benefits.
- Developed Request for Proposals for decision support system and services.
- Served as HIPAA security officer, including training for all employees.

HEALTHCARE DATA ADMINISTRATOR & BRANCH MANAGER
MARCH 2000 – JANUARY 2005

- Collected, compiled, and analyzed health benefits data from each of the participating vendors in the Kentucky Employees' Health Plan.
- Provided analytic support for the Kentucky Group Health Insurance Board.
- Supervised daily operations of the Data Analysis Branch.
- Responded to requests for information from the Kentucky General Assembly.

BLUEGRASS FAMILY HEALTH, LEXINGTON, KENTUCKY, APRIL 1996 – MARCH 2000

TECHNICAL SERVICES SUPERVISOR & NETWORK SYSTEMS ADMINISTRATOR
JULY 1997 – MARCH 2000

- Supervised the technical services division of the Information Technology Department.
- Responsible for administration and maintenance of 125-user TCP/IP based network, including AIX, Netware and Windows-based servers.

PROGRAMMER / ANALYST, APRIL 1996 – JULY 1997

- Developed programs, queries, and reports to analyze all areas of the health plan operation including enrollment, utilization, medical management, provider contracting, and financial management.
- Developed electronic enrollment/eligibility files for third-party vendors (prescription drug, dental, vision and mental health benefits) that were carve-outs from the medical plan.

OTHER RELEVANT EXPERIENCE

- Medical Claims Billing Representative, Central Baptist Hospital, Lexington, KY
- Specimen Processor, SmithKline Beecham Clinical Labs, Lexington, KY

TECHNOLOGICAL EXPERIENCE

HARDWARE:

- PC, RS/6000

SOFTWARE:

- Microsoft Office Suite, Medstat Advantage Suite, Medstat DataProbe, Business Objects/Crystal Reports

DBMS:

- MS SQL Server, Visual FoxPro, Microsoft Access

PROGRAMMING LANGUAGES:

- SQL

OPERATING SYSTEMS:

- Microsoft Windows 95/98, NT, XP, Vista; AIX 3.2.5 and 4.3.1; Novell Netware 3.12 and 5.0

Thomson Reuters Sample Resume # 3
Analytic Consultant

EDUCATION

- M.P.H., emphasis in Public Policy, Missouri State University (formerly Southwest Missouri State University)
- B.A., History, emphasis in American Cultural History, Arizona State University
- Public Health Epidemiology Certificate, Partnership between the Arizona Department of Health Services & Arizona State University
- Accelerated Leadership Development Certificate, Partnership between the Arizona Department of Health Services & Arizona State University

KEY COMPETENCIES

- 6 years of healthcare industry experience, including epidemiological methods and biostatistics
- Considerable data investigation and reporting experience
- Extensive hands-on work with data analysis and troubleshooting
- Experience in corporate compliance

PROFESSIONAL EXPERIENCE

THOMSON REUTERS (HEALTHCARE) INC., TOPEKA, KANSAS
ANALYTIC CONSULTANT, SEPTEMBER 2008 – PRESENT

- Provide consultation (information, benchmarks, and analysis) that enable clients to manage costs, improve performance, and enhance the quality of healthcare.
- Serve as a team leader and an analytic member of project teams in the design, application, and interpretation of comprehensive analyses.
- Provide on-site and/or telephone support (e.g., client inquiries, requests for ad hoc reporting assistance, miscellaneous research, advice on analytic methods) and training to end users.
- Lead analyst for our Medicaid and employer client in the state of Kansas, for which we have a large database combining Medicaid data, employer data, and private insurer data.

ARIZONA STATE UNIVERSITY, TEMPE, ARIZONA
HEALTH RESEARCH ANALYST, JANUARY 2008 – SEPTEMBER 2008

- Served as epidemiologist and public health expert for the Center for Health Information and Research, under Dr. William G. Johnson, professor of biomedical informatics.
- Developed and coordinated proposals and technical reports; assisted in development of scholarly papers. Worked cooperatively with principal investigators and data programmers in designing, coordinating, and conducting research activities, statistical studies, and data analysis using SAS software. Made recommendations to management, public/private sector representatives, and other external constituencies.

- Utilized physician licensing data and surveys to analyze attitudes toward electronic health records and health I.T. among Arizona physicians, as well as out-of-state physicians' attitudes on the physician work environment in Arizona.
- Wrote technical reports to be used by the executive leadership of Arizona's Medicaid program and the Arizona Hospital and Healthcare Association.
- Analyzed hospital, outpatient, and claims data to design and write a technical report on the epidemiology of methicillin-resistant Staphylococcus aureus in Maricopa County, AZ, including trends, disparities, and background literature.

ARIZONA DEPT. OF HEALTH SERVICES, PHOENIX, ARIZONA
SEPTEMBER 2004 – JANUARY 2008

LEAD CHRONIC DISEASE EPIDEMIOLOGIST, JANUARY 2006 – JANUARY 2008

- Consulted with chronic disease programs and social marketing personnel to identify target populations, describe disease burdens, develop intervention methods, and evaluate programs.
- Managed the epidemiology and data needs of the 15 programs in the bureau. Negotiated and managed budget allocation for epidemiology and data analysis among internal and external partners.
- Served on several statewide chronic disease coalitions and committees to strategize and coordinate goals, objectives, and tasks.
- Presented at national, state, and local conferences with a wide spectrum of audiences.
- Introduced Geographic Information Systems (GIS) technology to chronic disease programs; used GIS to identify gaps in service and geographic disparities in disease burden.
- Used/developed online tools to enhance communications among coalitions and outside partners.

DATA MANAGER, SEPTEMBER 2004 – MARCH 2006

- Supervised data entry staff and a medical filing system of over 25,000 files; maintained a complex database of over 80,000 records.
- Developed complex epidemiological and statistical reports for various audiences including governments, the American Cancer Society, the Division of Cancer Prevention and Control at the CDC, and various local community organizations.
- Wrote competitive grant proposals to organizations such as Susan G. Komen Breast Cancer Foundation.
- Enhanced program website to improve data dissemination to external partners.

PINAL COUNTY DIVISION OF PUBLIC HEALTH, FLORENCE, ARIZONA
PUBLIC HEALTH INTERN, JUNE 2004 – AUGUST 2004

- Assessed the immunization program in Pinal County and made recommendations for improvement.
- Created a survey to assess physician-patient education on diabetes management.
- Involved in a data sharing project with the Gila River Indian Community, to improve accuracy of disease rates and reduce duplication of services

OFFICE OF SPONSORED RESEARCH & PROGRAMS, MISSOURI STATE UNIVERSITY (FORMERLY SOUTHWEST MISSOURI STATE UNIVERSITY)
GRADUATE ASSISTANT FOR INSTITUTIONAL COMPLIANCE, MAY 2003 – MAY 2004

- Coordinated and tracked human subjects and other training opportunities for professors and students using Microsoft Excel and Access databases. Consulted professors and students on human subjects regulations, HIPAA, informed consent, and protected populations.
- Coordinated university research compliance committees, including membership and training.
- Worked with Director to develop an online HIPAA compliance program for researchers and students.

ST. JOHN'S REGIONAL HEALTH CENTER, SPRINGFIELD, MISSOURI
CLINICAL NUTRITION ASSISTANT, OCTOBER 2002 – MAY 2004

- Conducted nutrient analyses; calculated and prepared diet-specific tube-feeding requests. Educated patients, families, and nurses on nutritional issues.
- Handled calls and nutritional consultations for Spanish-speaking patients and families.
- Used Microsoft Excel to create a new tool that captured and organized the special diet orders during each shift, decreasing preparation time among clinical nutrition workers.

VAN ENTERPRISES, MERRIAM, KANSAS
REGULATORY COMPLIANCE ADMINISTRATOR, MARCH 2001 – AUGUST 2002

- Completed and filed detailed compliance reports with several state agencies. Coordinated insurance license and certificate renewals for agents and businesses nationwide.
- Translated customer-service calls for Spanish-speaking clients.

TECHNOLOGICAL EXPERIENCE

HARDWARE:

- PC

SOFTWARE:

- Microsoft Office Suite, Medstat Advantage Suite, Medstat DataProbe, SAS, ArcView GIS,

OPERATING SYSTEMS:

- Windows

PUBLICATIONS/PRESENTATIONS

- Arizona Department of Health Services. *Obesity in Arizona: prevalence, hospital care, utilization, mortality*. Phoenix, AZ: Arizona Department of Health Services, September 2006. Report available at azcvd.gov.
- Han J, Merritt R, Olmstead N. *The burden of cardiovascular disease in Arizona*. Phoenix, AZ: Arizona Department of Health Services, October 2007. Report available at azcvd.gov.

MEMBERSHIPS/ASSOCIATIONS

- Arizona Public Health Association, board member and section chair (2005 – 2008)
- Human Subjects Review Board, Arizona Department of Health Services, member (2006 - 2008)

Position Descriptions for all staffing for Health Care Excel and Thomson Reuters have been included in the following pages.

Position Description

Account Manager

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Account Manager
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

Requires a minimum of a bachelor's degree in health care administration, business administration, claims auditing, health care fraud and abuse, public health, nursing, health information administration, or related field, or the equivalent experience. Requires at least six years progressive experience in management for government or private sector health care entity. Previous experience preferred in supervising Medicaid and MMIS operations; knowledge of HIPAA rules and requirements, other cost-containment activities for a Medicaid program, other government health care program, or a large health care payer.

B. Duties and Responsibilities

1. Provides the oversight, leadership, management, and skills to effectively set and achieve Program Integrity objectives on a daily basis.

2. Ensures Program Integrity objectives are met as evidenced by contract monitoring reports.

3. Responsible for developing and coordinating cost-containment activities, surveillance and utilization review activities, and redrafting Iowa Administrative Code (IAC) as applicable.

4. Initiates communication and correspondence with the State, other contractors, and partners to include presentation when requested

5. Oversees surveillance of provider claims activity using parameter driven reports to identify fraudulent or abusive behavior. Refers cases of suspected fraudulent behavior to the Medicaid Fraud Control Unit (MFCU).

6. Manages and designs procedures to support Program Integrity activities in accordance with IME requirements.

7. Prepares Program Integrity annual, quarterly, and other reports in a comprehensive, accurate, and timely fashion in collaboration with staff.

8. Responsible for oversight of all aspects of the Program Integrity contract, including subcontractors and consultants.
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C. Supervision Received

Under the supervision of the Vice President, Client Services.

Position Description

Operations Manager—SURS and Investigation

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Operations Manager SURS and Investigation
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

Requires a minimum of a Bachelor's degree in health care programs, business administration or a related field and at least three years of relevant progressive experience. Requires familiarity with procedural and diagnostic coding systems. Supervisory experience strongly preferred. Experience in policy and data analysis is preferred. Must possess excellent written and oral communication skills. Must be detail-oriented.

B. Duties and Responsibilities

1. Responsible for oversight of all SURS and Investigation activities.

2. Assists Account Manager in the oversight of appeals in accordance with Iowa Administrative Code and Iowa Code, as well as other applicable State and Federal law and procedures applicable to provider appeals.

3. Attends full hearing and appeal conferences with providers in a professional manner and shares relevant, accurate information regarding the SURS operations and review results.

4. Takes the lead in the development and maintenance of appropriate letters, reports, procedures, and other techniques to support the SURS and Investigation functions.

5. Provides a final level of review on all external correspondence to assure all issues are stated accurately and succinctly.

6. Assists in the development of surveillance tools and techniques to prevent or identify aberrant or potentially fraudulent behavior as evidenced by the submission of recommendations as new tools or techniques are identified.

7. Uses software to accurately and efficiently track review progress and timeliness.

8. Works with the Account Manager to identify potential fraud and/or abuse issues for referral to the MFCU.

C. Supervision Received

Under the supervision of the Account Manager.

Position Description

Operations Manager—MVM and Medical Necessity

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Operations Manager Medical Necessity and Medicaid Value Management (MVM
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

Requires a minimum of a Bachelor's degree in health care programs, business administration or a related field and at least three years of relevant progressive experience. Requires familiarity with procedural and diagnostic coding systems. Supervisory experience strongly preferred. Experience in policy and data analysis is preferred. Must possess excellent written and oral communication skills. Must be detail-oriented.

B. Duties and Responsibilities

1. Oversees the completion of the State mandated post pay medical necessity reviews. Ensures the timely selection of the 200 claim random sample each month and mailing of medical record request letters. Monitors the reviews from the post pay sample to ensure they are completed in an average of 90 days from the date of receipt of all information needed to complete the review.

2. Responsible for all interaction and contracting with outside medical staff needed to complete the post pay reviews. Ensures process to distribute documentation for reviews by outside professionals is as efficient as possible and that it meets HIPAA standards.

3. Responsible for the timely submission of all State reports related to the post pay process.

4. Responsible for conducting all internal and external meetings related to the post pay process.

5. Works directly with the Medical Director to administer the MVM program. The manger and medical director will use nationally recognized benchmarks, utilization data and predictive modeling to increase the overall value of Medicaid programs.

6. Responsible for ensuring a minimum of five new projects are undertaken each quarter.

7. Report all MVM project results to the State in a format approved by the State.

8. Responsible for the completion of and maintenance all procedures related to these processes.

D. Supervision Received

Under the supervision of the Account Manager.

Position Description

Quality Improvement Specialist

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Quality Improvement Specialist
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

Requires knowledge of health care, customarily attained through course work associated with education as a registered nurse, or other allied health professional in addition to work experience. Requires, at a minimum, a degree in a health-related discipline. A registered nurse with two years of clinical experience and a bachelor's degree is preferred. Must possess good oral and written communication skills, be well organized, and be able to function as part of a team. Strong ability to be a team player is essential. Experience in computer usage—particularly e-mail systems and Microsoft Office Suite, knowledge of quality improvement methodologies and quality control processes desirable.

B. Duties and Responsibilities

1. Participate in MVM project team meetings.

2. Assist in developing and preparing reports on MVM projects or proposed projects for presentation at MVM project team meetings.

3. Update and maintain documentation of all MVM projects to ensure effective and efficient preparation of reports for the IME.

4. Review and update policies and procedures as appropriate for the Account Manager's review and submission.

5. Engage as an active member of IME-PI team, always listening, sharing, and supporting the efforts of others. Routinely provides useful ideas when participating in team discussion, actively looks for and suggests solutions to problems, and uses time wisely to meet deadlines providing the highest quality of work.

6. Provide positive customer service to both internal and external individuals and/or organizations. Strives to be helpful, courteous, knowledgeable, and a problem solver.

7. Demonstrate knowledge of quality improvement skills as it applies to the IME-PI contract. Works with other IME contractors to assure recommendations from MVM projects are followed through.

C. Supervision Received

This position is under the supervision of the Operations Manager, Medical Necessity and MVM.

Position Description

Nurse Reviewer, Medical Necessity

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Nurse Reviewer
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

Requires a bachelor's degree in nursing, public health, or a related area is preferred. Must hold an unrestricted nursing license for the State of Iowa. Requires at least two years experience in utilization review or billing analysis. Requires familiarity with procedural and diagnostic coding systems and policy and data analysis. Experience with Medicaid, other government health care programs, or private sector systems a plus. Must demonstrate effective communications skills. Must be a careful worker who pays close attention to detail.

B. Duties and Responsibilities

1. Performs tasks to identify and pursue overpayment related to issues of medical necessity of services. Extracts documentation to support conclusions and prepares reports within one business day

2. Performs desk audits for the purpose of analyzing, investigating, and profiling potentially aberrant practices.

3. Assists in the development of profiles of health care delivery and utilization patterns of providers and recipients based on defined parameters and other guidelines. Analyze and compare findings to peer groups to detect aberrant practices.

4. Creates correspondence and communication required by the contract. Manages paper and electronic documents in accordance with contract-specific and Health Care Excel document control guidelines.

5. Maintains a high level of expertise in the use of desktop applications to execute job functions. Maintains a high level of expertise in regard to use of spreadsheet and CD-ROM software, and the Internet.

6. Coordinates closely with the Medical Director and Data Analyst to assure timely selection of random sample of cases for review. Works with the Administrative Assistant to prepare and send out medical records requests to providers for selected cases.

7. Follows up with providers on medical records requests to assure timely submission of records, and to discuss ongoing issues as appropriate throughout the review process.

8. Is an active participant in Staff and Operations Assessment Committee meetings.

C. Supervision Required

Under the supervision of the Operations Manager, Medical Necessity and MVM.

Position Description

Medical Director

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Medical Director
Iowa Medicaid Enterprise Program Integrity Contract (IME-PI)

A. Education and Experience

Requires a four-year degree in health care management, patient safety, public health, or other appropriate field; medical degree required and be licensed in the State of Iowa. Must be able to function both independently and as a member of a team. Requires a minimum of five years progressive responsibility and preferred four years management or supervisory experience in an appropriate setting. Knowledge of health care delivery systems, Medicare Titles XVIII and XIX of the Social Security Act, Balanced Budget Act of 1997, and quality improvement methodologies are essential.

B. Duties and Responsibilities

1. Support the requirements to address patient harm for which there is evidence of how to improve safety by improving health care processes and systems.

2. Review and sign letters going out under the Medical Director's signature for Iowa Medicaid Enterprise PI contract. Act as a liaison with physician reviewers in assuring contract requirements for peer review are met and education is provided. Provide medical expertise in discussing review cases with health care providers and practitioners.

3. Facilitate open communication between clinical and management teams; assist with conflict resolution involving providers; and ensure open communication with and among providers in multiple settings.

4. Schedule regular meetings with the IME Medical Director and the Member Services Medical Director to assure coordination of activities.

5. Identify new developments and emerging trends in provider clinical practices, research, and federal and/or state policy that would impact theme activities.

6. Lead the MVM project team and assure reports and project recommendations are available and accurately portrayed for team meetings.

7. Works closely with the Operations Manager, Medical Necessity and MVM to assure contract goals are met.

C. Supervision Received

Under the supervision of the Account Manager.

Position Description

Senior SUR Reviewer

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Senior SUR Reviewer
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

Requires a degree and/or background in health care, business administration, health care fraud, or other related health care field. Minimum of three years experience in an appropriate setting is required. Requires extensive knowledge of basic coding, health care delivery systems, and utilization review or audits. Requires competence in use of standard office software programs, including MS Word and Excel, and ability to use the Internet for research. Experience in data collection, pattern analysis, and trending is preferred.

B. Duties and Responsibilities

1. Takes primary responsibility for on-site reviews as delegated by the Supervisor.

2. Assists the Supervisor with mentoring new review staff and with codes and issues review and routing process.

3. Serves as the clinical reviewer of findings letters in absence of the Supervisor. Fields review questions from Reviewers in the absence of the Supervisor.

4. Completes all assigned reviews paying attention to detail and uses appropriate judgment and analysis to draw conclusions (e.g., follow-up audits, referral to the Medicaid Fraud Control Unit (MFCU), etc.). Performs appropriate research for review findings information.

5. Prepares and presents organized and accurate letters to program management.

6. Conducts all appeals in accordance with Iowa Administrative Code and Iowa Code, as well as any other existing Iowa Law and procedures applicable to provider appeals.

7. Assists in the development and maintenance of appropriate reports, procedures, and other techniques to support the SURS function.

8.

C. Supervision Received

Works under the supervision of the Operations Manager SURS and Investigation.

Position Description

Investigator

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Investigator
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

A bachelor's degree in health care administration, nursing, business administration or related field required. Requires at least five years expedience analyzing health services utilization data. Certified Fraud Examiner (CFE) designation preferred. Broad and in-depth knowledge of government health care programs and provider types. Excellent oral and written communications skills, as well as the ability to interpret legal, regulatory, diagnostic coding systems, and medical terminology.

B. Duties and Responsibilities

1. Responsible for analysis of statistical data in identifying aberrances. Reviews and analyzes program utilization data and/or medical documentation and evaluates services provided or received to assess compliance with Medicaid program policies, standards, and appropriateness of services and/or medical necessity.

2. Acts as the point of intake on all referral received by the department. Must perform a preliminary investigation of each referral received.

3. Prepares reports from the findings of reviews and develop recommendations or intervention strategies to correct or prevent abusive practices.

4. Assists in the preparation of annual, quarterly, and monthly reports in a comprehensive, accurate, and timely fashion.

5. Assists in the development of surveillance tools and techniques to prevent or identify aberrant or potentially fraudulent behavior in provider and recipient groups.

6. Researches reimbursement and fraud topics to determine issues that may require education of the provider or recipient community. After approval of management, develops written educational material that at the direction of the State may be included in IME communications to providers.

C. Supervision Required

Works under the supervision of the Operations Manager, SURS and Investigation.

Position Description

SUR Reviewer

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: SUR Reviewer
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

Requires degree in nursing (with a current Iowa license), medical coding, business administration or related field. Minimum of two years experience in an appropriate setting is required. Requires knowledge of basic coding, health care delivery systems, and utilization review or audits. Requires competence in use of standard office software programs, including MS Word and Excel, and ability to use the Internet for research. Experience in data collection, pattern analysis, and trending is preferred.

B. Duties and Responsibilities

1. Performs on-site and in office medical record reviews of providers to analyze compliance with Iowa Medicaid policy, rules, and other guidelines.

2. Completes all assigned reviews paying attention to detail and uses appropriate judgment and analysis to draw conclusions (e.g., follow-up audits, referral to the Medicaid Fraud Control Unit (MFCU), etc.).

3. Prepares and presents organized and accurate letters to program management. Letters are submitted to management complete, accurate, and timely.

4. Conducts all appeals in accordance with Iowa Administrative Code, as well as any other existing Iowa Law and procedures applicable to provider appeals.

5. Updates database timely and accurately based on ongoing appeals activities and outcomes.

6. Researches billing guidelines along with State and Federal regulations for provider compliance. Makes appropriate referrals to Medical Services, Core Medicaid Management Information System or to the MFCU as necessary.

7. Assists in the identification of potential aberrant billing practices and makes appropriate audit recommendations.

C. Supervision Received

Works under the supervision of the Operations Manager SURS and Investigation.

Position Description

Database Administrator

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Database Management Administrator
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

Requires a minimum of a bachelor's degree in computer science, management information systems, or related field, and at least four years of relevant experience working in large health care information systems, or comparable systems. Experience in the development and the use of MS Access Databases and SQL is required. Knowledge of health care payment systems, utilization review, and quality review is desirable.

B. Duties and Responsibilities

1. Develops and performs queries, performs analysis, and generates reports that support cost avoidance initiatives and quarterly screening of all provider types.

2. Provides system support to perform activities relating to the Program Integrity business function as evidenced by maintenance of a comprehensive database. Database changes are researched and implemented into the master file.

3. Creates review spreadsheets for staff in a timely and accurate manner.

4. Develops queries to support the information system process, measured by the ability to generate the requested data in a timely and accurate manner. Performs analysis and generates reports in a comprehensive, accurate, and timely fashion.

5. Assists in the development and maintenance of policies and procedures to assure proper implementation, system security, control of operations, and integrity of data as evidenced by the submission of revisions to policies or procedures as changes to operations occur.

6. Functions as the contract expert in software including, but not limited to, Microsoft Office products, Decision Support Systems (DSS), and IME Medicaid Management Information System (MMIS).

C. Supervision Received

Under the supervision of the Account Manager.

Position Description

Payment Integrity Specialist

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Payment Integrity Specialist
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

Requires a bachelor's degree in accounting, finance, justice studies, health care programs, or a related field. Requires at least five years of experience working in a health-related field with specific experience in accounting, finance, utilization review, or billing analysis. Requires familiarity with Medicaid policy, procedural and diagnostic coding systems, and data analysis.

B. Duties and Responsibilities

1. Responsible for researching new or modified strategies that will result in cost avoidance or revenue enhancement for the IME-PI. Conducts research using quantitative or qualitative methods and analytical techniques that can be supported.

2. Responsible for creating and submitting reports to IME-PI and HCE weekly, monthly and quarterly that reflect the results of SURS review efforts.

3. Works closely with the IME-PI staff, Medicaid staff, and other contractors to identify and execute system changes that lead to improved efficiency and effectiveness of the Medicaid Management Information System (MMIS). .

4. Responsible for reviewing letters requesting overpayments created by SURS staff.

5. Researches and interprets Medicaid policies and legislation.

6. Analyzes data gathered, conducts impact and cost benefit analysis, and interprets data.

7. Participates in strategic planning.

C. Supervision Received

Under the supervision of the Account Manager.

Position Description

Business Analyst

HEALTH CARE EXCEL, INCORPORATED

POSITION DESCRIPTION

Position Title: Business Analyst
Iowa Medicaid Enterprise Program Integrity (IME-PI) Contract

A. Education and Experience

A Bachelor's or Associate's degree in accounting or finance with a minimum of three years relevant experience is required. Requires proficiency in accounting and computerized accounting systems. Must be proficient in the entry of data and generation of reports. Must be a thorough worker with the ability to work accurately and pay close attention to detail.

B. Duties and Responsibilities

1. Participates in accounting period closing activities including analysis of various accounts, accounts receivable, and cash receipts.

2. Prepares monthly forecasting, and scheduled tracking reports, including trend analyses. Monitors performance related to the contract obligations. Makes recommendations for any issues.

3. Tracks incoming payments from providers and identifies recoupments. Logs all incoming payments and assures all checks are processed within one business day of receipt.

4. Serves as the business analyst associated with Iowa Medicaid Enterprise Program Integrity (IME-PI) contract.

5. Ensures relevant entries and documentation for operations manual are current and accurate. Maintains files in accordance with standardized file structures and applicable contract requirements.

6. Conducts research to ensure the company is in compliance with applicable regulations.

7. Assists with the preparation of independent audits to include analysis of various accounts. Maintains documentation on the audit experience and ensures all issues are resolved timely and thoroughly.

C. Supervision Received

Under the direct supervision of the Account Manager.

Thomson Reuters

Position Description

VP, Client Services

Thomson Reuters
Position Description
VP, Client Services

Description

Lead and manage the Payer Unit market group's client services staff. Drive the delivery of leading-edge healthcare information services at the strategic partnership level of our clients' organizations. Enhance Thomson Reuters partnership with and value to each client through increased relationships with their middle and senior management.

Responsibilities

- Manage and mentor Director-level client services staff.
- Work effectively with VP-level customer contacts to ensure high level of customer satisfaction.
- Ensure delivery of cost effective and mutually beneficial solution packages.
- Employ high-level facilitation and negotiation skills to achieve overall client services objectives.
- Provide team building and coaching to all levels of client services staff.
- Manage financial and business objectives including contract revenue, value-add revenue, renewals, expenses and margins and accounts receivable targets.
- Manage evolving client expectations, needs and priorities, and collaborate with client team members to ensure effective integration with consulting and service delivery capabilities and priorities.

Qualifications

- Graduate level education, MBA, MPH, or equivalent education and experience.
- 15+ years of experience in healthcare information consulting/systems, with client contact at senior levels and demonstrated business development skills.
- Success at managing teams.
- Active involvement in HR industry/trade association.
- Demonstrated success at working with senior level management.
- Proven history of ability to capture the attention and respect of key decision makers in the customer environment by providing new and useful ways of managing healthcare costs and quality.
- Superior understanding of both new business development and consulting methodology.
- Ability to work across the organization, including product management, sales, and operations functions to ensure that both current and future customer needs are anticipated and met.

Thomson Reuters

Position Description

Director, Client Services (Medicaid)

Thomson Reuters
Position Description
Director, Client Services (Medicaid)

Description

Manage the strategic relationship and service delivery to a geographic region comprised of several state Medicaid agencies to ensure we fulfill all contractual obligations with a high degree of customer satisfaction. Manage assigned staff responsible for implementing and supporting decision support and consulting solutions. Meet revenue and profit targets.

Responsibilities

- Assist Medicaid agencies in using the products and services provided to help the customer manage the cost, quality, and access to healthcare for the statewide Medicaid program.
- Identify customer priorities and develop an analytic agenda that helps to support them.
- Manage financial and business objectives including contract revenue, value-add revenue, renewals, expenses and margins and accounts receivable targets.
- Lead client team to perform consulting engagements and engage in billable consulting activity, as appropriate and/or required.
- Manage evolving client expectations, needs, and priorities; collaborate with client team members to ensure effective integration with consulting and service delivery capabilities and priorities.
- Manage and monitor client satisfaction, and execute appropriate strategies, tactics and operational initiatives to continuously enhance client satisfaction.
- Continuously search for, recommend and implement process improvements; take a leadership role in fostering a quality improvement mindset.
- Manage and develop team members to their highest potential performance level. Provide regular and ongoing coaching around annual objectives and priorities as well as routine and unique business requirements. Provide formal feedback according to established performance management processes. Manage team interactions to obtain optimal team performance.
- Identify opportunities for better serving our customers and team with staff from operations, marketing, product support, practice leadership and product management to ensure offerings continually are responsive to the needs of Medicaid agencies.
- Lead the implementation of new contracts as assigned.
- Prepare value-add proposals as appropriate and respond to renewal RFPs.
- Support sales directors in securing new accounts.

Minimum Qualifications

- Graduate level education, MBA, MPH, or equivalent education and experience.
- 15+ years of experience in healthcare information-related field, with a strong appreciation for the use of technology to support decision-making.
- Proven history of ability to capture the attention and respect of key decision makers.
- Superior understanding of both new business development and consulting methodology.
- Superior presentation and communication skills.
- Experience supporting Medicaid agencies preferred.
- Experience with healthcare claims processing or other information technology preferred.
- Current or prior responsibility must have included revenue accountability in excess of $1M annually.
- Extensive staff development and supervision skills

- Ability to work across the organization, including Product Development, Sales, and Product Support functions to ensure that both current and future client needs are anticipated and met.
- Project management experience preferred.

Thomson Reuters

Position Description

Sr. Project Manager

Thomson Reuters
Position Description
Sr. Project Manager

Description
Work with client managers, the functional/matrix managers, and staff to ensure that projects are delivered on schedule and within budget, consistent with defined client expectations.

Responsibilities
- Create and maintain detailed work plan; communicate and review work assignments with team; manage day-to-day project activities
- Manage project scope, including project deliverables, timelines, and client responsibilities and expectations to pre-defined project financials.
- Identify opportunities for value-added revenue during installation projects and with currently installed clients.
- Manage multiple high visibility accounts.
- Coordinate product releases as assigned. Work with software development and management to establish release guidelines and general project plans based on the scope of the release. Provide release information to all functional areas.
- Manage beta releases by defining scope of beta testing, preparing beta project plans, managing client expectations, monitoring outcomes, communicating outcomes to the appropriate functional areas and obtaining resources for the internal beta test teams.
- Participate in proposal development and pricing estimates when needed.

Examples of responsibilities:
- Schedule and lead project kick-off meeting with client.
- Schedule and lead weekly status calls with client.
- Coordinate the execution of hold harmless agreements between client, data suppliers, and Thomson Reuters.
- Track and communicate project status to account teams and client.
- Drive resolution of project issues.

Minimum Qualifications
- Bachelor's degree or equivalent experience.
- 2+ years of internal project management experience or 5+ years of external project management experience.
- Experience implementing information systems within the healthcare field, or 5+ years experience in a management position in healthcare information.
- Demonstrated understanding of management of project scope and billing.
- Experience using project tracking tools (i.e., ABT Workbench, Microsoft Project, etc.).
- Experience managing staff in a matrix or direct reporting relationship.
- Excellent organizational and interpersonal skills.
- Excellent writing, verbal, and leadership skills demonstrated by activities performed in current or previous positions.

Thomson Reuters

Position Description

Team Lead, Data Management

Thomson Reuters
Position Description
Team Lead, Data Management

Description

Lead a team of data managers responsible for installing and/or updating and maintaining Thomson Reuters databases. Provide leadership in defining and improving core production processes, managing client projects, and developing staff. Work with other team leads/managers in the department to develop data management practices that enhance teamwork and effectiveness.

Responsibilities

- Recruit, hire, develop and supervise technically proficient and highly motivated team capable of designing and implementing products.
- Provide resource/time estimates to client teams for new projects and changes to existing client projects.
- Ensure follow-through on the project initiation process so all projects have clearly defined scope, delivery, budget and quality targets before the work begins.
- Recognize and manage out-of-scope activities so appropriate actions can be taken to reset client expectations or obtain additional revenue to support the work being done.
- Coordinate design and implementation of work processes capable of meeting customer requirements consistently and efficiently; coordinate staff to ensure that production projects are delivered on-time, within budget, and fit for use.

Examples of responsibilities:

- Mentor data management staff on complex DataStage logic.
- Mentor data management staff on troubleshooting DataStage errors.
- Provide assistance on Account Team data management questions.
- Provide guidance on standards and processes.
- Provide effort estimate for DataStage programs and extracts.
- Mentor data management staff on project logistics and management.

Minimum Qualifications

- Bachelor's degree or equivalent experience.
- 3-5 years experience in building and maintaining healthcare information systems.
- Ability to develop, communicate and implement plans based on department objectives.
- Experience in developing and maintaining effective client and supplier relationships.
- Experience in designing work processes with clear roles, accountabilities and performance measures.
- Experience with Microsoft Office applications.

Thomson Reuters

Position Description

Consulting Manager

Thomson Reuters
Position Description
Consulting Manager

Description
Manage the analytic consulting support provided to assigned customers. Supervise analytic and training staff.

Responsibilities
- Work closely with the client to develop and implement an Analytic Agenda that outlines each client's healthcare information needs.
- Oversee all training activity provided for client.
- Oversee all analytic consulting projects related to health care issues, such as managed care evaluation, reimbursement strategies, and quality of care.
- Assists with the development and documentation of analytical results.
- Oversee the presentation of analytical results to clients.
- Responsible for meeting a defined value-add sales target.
- Proficient in proposal writing.

Examples of responsibilities:
- Evaluate health and productivity program ROI.
- Identify and develop proactive analyses from news reports.
- Formal supervisory responsibilities.
- Meet or exceed defined financial target for value-add revenue.

Minimum Qualifications
- Master's degree in Health Administration, Economics, Information Systems, Biostatistics, Applied Mathematics or related field or equivalent education and experience.
- 5+ years work experience in healthcare analysis and/or consulting.
- Demonstrated ability to convey complex ideas in an easily understood manner to aid audience through written or verbal communications.
- Outstanding project management skills.
- Experience in data evaluation, database development.
- Experience in applying health analysis methods and measures utilizing basic statistical methods.
- Demonstrated ability to understand industry issues and problems, relate them to clients needs, and propose appropriate solutions.
- Excellent oral and written communication skills and outstanding presentation skills.
- Knowledge of decision support theory and practice, applied in a healthcare environment.

Thomson Reuters

Position Description

Sr. Analytic Consultant

Thomson Reuters
Position Description
Sr. Analytic Consultant

Description
Responsible for design, application, and interpretation of comprehensive analysis. Serve as a team leader and an analytic member of project teams to deliver quality products and services to Thomson Reuters clients. Works independently to support fraud and abuse detection and analysis efforts.

Responsibilities
Organize the project team, work with project team to define production steps, define testing plans, and prepare a work schedule; track and communicate status to manager.

- Provide on-site and/or telephone support (e.g., client inquiries, requests for ad hoc reporting assistance, miscellaneous research, advice on analytic methods) and training to client end users.
- Clarify scope and design issues, communicate status and results, develop appropriate deliverable documentation, ensure that training is provided.
- Define problems and recommend appropriate solutions taking into account the project budget, the sophistication of the user and the intended use of project results.
- Operate independently with clients.
- Design an analytic project with an accurate estimate of effort in a project plan.

Examples of responsibilities:
- Perform risk analysis.
- Evaluate the effectiveness of a disease management program.
- Demonstrate ability to use analytic findings to make appropriate recommendations to clients.
- Prepare and present effective, polished presentations to clients.

Minimum Qualifications
- Bachelor's Degree in Health Administration, Economics, Information Systems, Biostatistics, Applied Mathematics or related field.
- 3-5 years healthcare industry and/or quantitative work experience.
- Demonstrated ability to convey complex ideas in an easily understood manner to guide audience through written or verbal communications.
- Outstanding project management skills.
- Experience in applying health analysis methods and measures utilizing basic statistical methods.
- Demonstrated ability to understand industry issues and problems, relate them to clients' needs, and propose appropriate solutions.
- Excellent oral and written communication skills and outstanding presentation skills.

Thomson Reuters

Position Description

Analytic Consultant

Thomson Reuters

Position Description
Analytic Consultant

Description

Work independently to provide analytic consulting support on projects and proposals. Responsible for task leadership and sub-task management on small to mid-size projects.

Responsibilities

- Conduct data analysis using basic skills in statistics and database management.
- Complete assignments on time and manages sub-tasks within budget.
- Interact with clients in a professional manner and respond quickly to client requests.
- Interact with project team in a collegial and professional manner; help foster teamwork to complete designated tasks.
- Provide on-site and/or telephone support (e.g., client inquiries, requests for ad hoc reporting assistance, miscellaneous research, advice on analytic methods) and training to client end users.

Examples of responsibilities:

- Modify or customize analytic project templates.
- Interpret key analytic findings.
- Draft presentations of analytic findings.
- Estimate level of effort for proposed projects.
- Manage own projects to meet time and resource budgets and to deliver on-time.

Minimum Qualifications

- Bachelor's degree in a quantitative field such as: Statistics, Biostatistics, Epidemiology, or Applied Mathematics.
- 2-3 years healthcare industry and/or quantitative work experience.
- Proven task management skills.
- Strong analytical skills and basic skills in statistical analysis.
- Excellent oral and written communication skills.
- Strong customer service orientation.

Thomson Reuters

Position Description

Analyst

Thomson Reuters
Position Description
Analyst

Description
Provide basic analytic and client support as part of team that delivers healthcare information and consulting services to large employer, health plan, or state Medicaid clients.

Responsibilities
- Works closely with the consultant and the Thomson Reuters client team to identify and understand clients' healthcare information needs.
- Executes analytic methodologies to support client actions and decision-making.
- Assists with the development and documentation of analytical results, and with the presentation of these elements to clients.
- Supports other team members with analytic activities, including assisting with the development and execution of test plans.

Examples of responsibilities:
- Generate multi-client analytic alerts.
- Run client-specific reports for multi-client norms.
- Run reports and produce dashboards.
- Identify key trends using client-specific data.

Minimum Qualifications
- Bachelor's degree requiring strong quantitative skills.
- 1-2 years healthcare industry and/or quantitative work experience or graduate level education.
- Excellent written and verbal communication skills; ability to communicate with individuals at various levels within the organization and with external clients.
- Good presentation, questioning and listening skills.
- Time management skills for managing multiple tasks simultaneously, while completing work within allocated time frames.
- Applies intermediate PC skills; experienced in Microsoft Office applications

Thomson Reuters

Position Description

VP, Practice Leadership

Thomson Reuters
Position Description
VP, Practice Leadership

Description
Own the development and delivery of consulting solutions across customer base. Design, test, market, and manage consulting services and solution packages consistent with strategic plans for the business.

Responsibilities
- Develop business plan for consulting services and new solutions consistent with direction of strategic plans.
- Lead consulting services and new solution development, packaging and rollout, including pricing, profitability, and positioning.
- Analyze new solution concepts and conduct opportunity analysis, and develop solution plan.

Minimum Qualifications
- Graduate level education, MBA, MPHA, or equivalent education and experience.
- 15+ years of experience in employee benefits management or consulting, human resources consulting, or healthcare information-related field, with a strong appreciation for the use of technology to support decision-making.
- Prior experience with integrated disability or managed disability required.
- Proven history of ability to capture the attention and respect of key decision makers in the client environment by providing new and useful ways of managing healthcare costs and quality.
- Superior understanding of both new business development and consulting methodology.
- Superior presentation and communication skills.
- Ability to work across the organization, including Product Development, Sales, and Product Support functions to ensure that both current and future client needs are anticipated and met.

In addition to the current staff members, HCE will retain the following. Additional new positions are detailed in the Key Personnel section in 7.2.8.3.

Table 2—Proposed New Staffing

Additional staff	Title	Primary Role
Michelle Chambers, RN	**Nurse Reviewer, Medical Necessity**	Perform Medical Necessity reviews and coordinate with the Medical Director as needed for medical expertise
	Quality Improvement Specialists	Coordinate quality improvement aspects of MVM projects, including coordination with other IME contractors to follow-through on recommendations
	Business Analyst	Works with the Payment Integrity Specialist to efficiently and effectively monitor all provider payments, develop and submit monthly and quarterly reports to the IME, and provide general accounting support for the Program Integrity contract

HCE is proposing to subcontract the Data Analytic function to Thomson Reuters to incorporate state of the art data mining and predictive modeling expertise within this contract.

Thomson Reuters Account Team

Thomson Reuters understands that skills and experience ensure a successful project. We seek out the best in the industry, and our employees are consistently identified by customers as a key reason for selecting and developing long-term relationships with us. Thomson Reuters staff has a reputation for rigorous data development and analytical work, and exceptional customer service.

The following positions will be included in the Thomson Reuters Account Team that supports the IME:

- **Client Services Director:** The Client Services Director will manage the relationship between HCE and Thomson Reuters for the IME Program Integrity project, and is responsible for the quality of that relationship. The Client Services Director also leads the team that supports IME, and is responsible for ensuring that IME is entirely satisfied with the services, products, and solutions provided by Thomson Reuters.

- **Project Manager:** The Project Manager develops a clear understanding of the business and technical aspects of the project in order to define, organize, develop, and manage a team to successfully and efficiently deliver services. The Project Manager also manages all aspects of the initial database build of the Data Analytics system and the evolving expectations, needs, and priorities for the project. The Project Manager collaborates with Account Team members to ensure effective integration with consulting and service delivery capabilities and priorities.

- **Consulting Manager:** The Consulting Manager provides expertise for both clinical and statistical data analysis using DataProbe (and optionally Advantage Suite) and actively participates in the identification of business needs, as well as the design of the database and reports to support those business needs. The Consulting Manager develops an analytic agenda to support IME's strategic objectives, scoping analytic projects to manage project delivery time and ensure deliverables of the highest quality. In addition, the Consulting Manager translates analytic work to proactively assist IME and answer related questions.

- **Analytic Consultant (on-site):** The on-site Analytic Consultant provides analytic support and expertise for both clinical and statistical data analysis using Thomson Reuters solutions. The on-site Analytic Consultant is solely dedicated to providing IME with extensive standard and ad-hoc reporting and interpretation to meet IME and CMS requirements.

- **Analytic Consultant:** The Analytic Consultant provides analytic support and expertise for both clinical and statistical data analysis using Thomson Reuters solutions. The Analytic Consultant actively participates in the identification of business needs, as well as the design of the database and reports to support those business needs. The Analytic Consultant will provide Data Analyttic support for the SURS, Data Analytic, Medical Necessity Review, Medicaid Value Management, and Investigation tasks.

- **Team Lead, Data Management:** The Data Management Team Lead is responsible for leading the updating and maintenance of the IME database. The Data Management Team Lead provides leadership by ensuring follow-through, so that all projects have clearly defined scope, delivery, budget, and quality targets before the work begins. This team member is also responsible for providing resource/time estimates to client teams for new projects and changes to existing client projects.

- **Database Architect:** The Database Architect develops a clear understanding of the database design and construction, data quality assessment, and healthcare analysis in order to define, organize, develop, and manage a team to successfully and efficiently provide project deliverables. The Database Architect also manages all aspects of the database production process and takes overall responsibility for team quality control and process improvement. In addition, this individual is responsible for the design, development, and testing of the data transformation routines.

- **Practice Leaders:** The Practice Leadership Group owns the development and delivery of consulting solutions across the Thomson Reuters customer base that are consistent with the direction of the marketplace and customer-specific strategic plans. Practice leaders also work across the organization to ensure that customer needs are anticipated and met. On a routine basis, the practice leaders ensure the innovation and quality of Thomson Reuters consulting and analytic services. They also work with topical experts to further analytic methodologies and transform analytics into actionable and practical business strategies.

Additional Support

It is important to note that the Account Team members are not the only Thomson Reuters employees who will provide support to the IME. Other Thomson Reuters staff assists them as needed, including programmers, product specialists, computer operations personnel and technical support staff. Additional specialists provide service at key times throughout the contract term. For example, most of Thomson Reuters' state Medicaid clients utilize the advice of their consulting practice leaders, clinicians, and product specialists to consult on program approaches, metrics, and analytic techniques.

The on-site data analyst will receive support from Thomson Reuters' data analysts and consulting managers in other locations. These analytic staff members have extensive experience in Medicaid data analysis in the areas of cost and quality management and program integrity. We will leverage these individuals' expertise on a project-by-project basis, to meet the unique study requirements. For example, we can draw on analysts with specific expertise in quality and utilization measurement, Medicaid policy analysis, overpayment and program integrity analysis, program evaluations, return on investment calculations, and other focus areas.

Thomson Reuters currently has two full-time Medical Directors on staff, as well as a clinical knowledge management expert, a variety of clinicians (e.g., nurses), and healthcare researchers (e.g., biostatisticians and epidemiologists). These staff members are regularly involved in developing standard clinically-based reports, measures, and methodologies. When needed and appropriate, they consult with Thomson Reuters customers to support them in the development of their own clinical management systems.

7.2.8.3 Key Personnel

Please reference in **Tab 5**, **Section 6.1.1.1.2** for resumes of key personnel and **Section 6.1.1.1.3** for references for key personnel. The following table details the key personnel HCE proposes for this contract.

Table 3—HCE Key Personnel for Program Integrity

Key Person	Qualifications	Start Date	Special Requirements
Account Manager—Brian Fisher	Has been in account management and supervisory roles with Cahaba and Health Care Excel since 2003. Currently oversees the HCE SURS contract within the IME. Strong background in Medicaid, and is knowledgeable of HIPAA regulations and other Iowa Medicaid rules and regulations.	Contract signing date	Mr. Fisher is currently employed by Health Care Excel and will be dedicated 100% to the Program Integrity contract.
Transition manager	Brian Fisher will also serve as the Transition Manager. He has been in account management and supervisory roles with Cahaba and Health Care Excel since 2003. Currently oversees the HCE SURS contract within the IME.	Currently employed	Mr. Fisher will also serve as Transition Manager
Medical Director—Jody Helmick, MD	Dr. Helmick currently serves as the Medical Director for Principal Financial Group in Des Moines, Iowa. She has been with Principal Financial since 1997, with key roles in medical necessity and investigative reviews, as well as developing criteria and medical policy.	30 days before operations phase	Dr. Helmick will serve solely in this capacity within the IME Program Integrity contract.
Operations Manager, SUR and Investigations—Jody Jones, RN	Ms. Jones is a Registered Nurse and has served in a supervisory capacity within the HCE SURS contract since 2007. She has been responsible for overseeing the review functions within the SURS contract, as well as providing mentoring support to staff, particularly in the area of the appeals process.	Currently employed	Ms. Jones is a current HCE SURS employee and will be 100% dedicated to the IME Program Integrity contract.
Operations Manager, MVM and Medical Necessity—Annie Cruse, RN, BS	Ms. Cruse is a Registered Nurse with a Bachelor's Degree in Psychology. She has four years of experience in managing medical review functions with a Government contractor (Cahaba) and has served in a nurse consultant and quality improvement capacity within this organization.	30 days before operations phase	Ms. Cruse will begin work with HCE by June 1, 2010, for purposes of education and training prior to implementing operations. She will be 100% dedicated to the IME Program Integrity contract.

7.2.8.4 Subcontractors

HCE proposes to subcontract with Thomson Reuters to provide services related to the Data Analytic function of the Program Integrity contract, as well as to provide data mining, data analysis, and predictive modeling services support to other Program Integrity functions, such as SURS, Medical Necessity, Medicaid Value Management, and Investigations.

a. Subcontractor name and address
   Thomson Reuters
   777 E. Eisenhower Parkway
   Ann Arbor, Michigan 48108

b. Subcontractor qualifications

Thomson Reuters is the world's leading source of intelligent information for business and professionals. Thomson Reuters combines industry expertise with innovative technology to deliver critical information to decision makers in the healthcare, financial, legal, tax and accounting, scientific, and media markets, powered by Reuters, the world's most trusted news organization. Each day, one billion people around the globe use a Thomson Reuters information product.

The Healthcare business of Thomson Reuters (originally known as Medstat), is the leading provider of content-rich decision support solutions that help organizations across the health industry improve clinical and financial performance. Its continually-updated solutions inform healthcare decisions affecting more than 150 million people in the U.S. These systems are used to mine billions of rows of Medicaid, Medicare, and private sector healthcare claims data in support of customers' program integrity efforts, with a sharp data analytic focus on both cost containment and quality of care.

In addition to extensive list of commercial customers, Thomson Reuters has contracts with all major Federal government healthcare agencies and 26 state Medicaid programs. For its government customers, it provides large data warehouse and decision support solutions with advanced healthcare analytics. The company currently serves state Medicaid programs and CMS with proven, yet customizable systems and services across the entire range of decision support needs – including program integrity, medical policy, quality assurance, budgeting and forecasting, performance measurement, program planning, and benefit modeling.

The company is a nationally recognized expert at designing and developing healthcare information databases, applying methodologies to the data, and developing successful algorithms for fraud detection and program integrity purposes. Many Medicaid agencies use Thomson Reuters algorithms to produce meaningful, valid provider and member reports to recover overpayments. They identify system vulnerabilities or policy changes using their preventive measure recommendations. As a result, their customers save money and prevent further fraud, abuse, or overpayment.

The firm's DataProbe and Advantage Suite systems are proven healthcare decision support solutions providing broad capabilities, including:

1. Data mining
2. Data analytics
3. Predictive modeling
4. Automated claim overpayment and underpayment review
5. Identification of suspected fraud, abuse or waste
6. Dashboard displays of selected data and results of analyses on web pages

In addition, the Advantage Suite system has received CMS-certification for SUR and MAR functions in multiple state Medicaid programs.

c. Work that the subcontractor will perform

Thomson Reuters will perform the data mining, profiling, and predictive modeling for the Data Analytic function, as well as support the SURS, medical necessity, MVM, and investigation components of the contract for all data-related tasks. Thomson also will provide the data mining solution for these components through DataProbe, and offers the IME an option of a replacement for the current MAR/SUR subsystems through its AdvantageSuite product.

d. The estimated percentage of total contract dollars for the subcontract is 24%.