

ORIGINAL

Nebraska Department of Health and Human Services

Nebraska Medicaid Claiming | RFP 110145 03

Technical Proposal

December 15, 2021 @ 2:00PM CST

Holly Glasgow | Jennifer Crouse
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509

December 15, 2021

Holly Glasgow /Jennifer Crouse
Department of Health and Human Services
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509

RE: RFP 110145 03 / Nebraska Medicaid Claiming

Dear Holly Glasgow and Jennifer Crouse:

Public Consulting Group, LLC. (PCG) is pleased to submit our proposal for Nebraska Medicaid Claiming to the Department of Health and Human Services (DHHS). As the nation's largest provider of school-based Medicaid services, we bring DHHS unmatched experience and expertise with school-based Medicaid Administrative Claiming (MAC) and Annual Cost Settlement programs. Since 1992, we have partnered with state agencies and school districts to provide the resources, technology, and expertise needed to recover the optimal amount of allowable reimbursement. We strive not only to help our clients meet and exceed the stated goals of their program, but also commit ourselves to delivering the highest level of client service while continuing to innovate and identify new areas of program efficiency while ensuring compliance with pertinent state and federal regulations. Our entire firm is excited for the opportunity to do the same for the Medicaid in Public Schools (MIPS) and Nebraska Education Based Medicaid Administrative Claiming (NEBMAC) programs.

Since we last submitted a bid for this work in 2017, we have remained committed to a continued focus on Random Moment Time study (RMTS), MAC and Annual Cost Settlement program improvement in the areas of operational efficiency, program integrity, and reimbursement recovery. We made enhancements to our PCG Claiming System for processing quarterly and annual claims and payments that have been proven to reduce risk and administrative burdens on both State agency staff and school districts. We integrated our customer support platform within the PCG claiming System to make it quicker and easier for school districts to receive technical assistant and program information in the fastest time possible. We have also successfully transitioned the Kentucky and Illinois school-based Medicaid programs to our client base. Additionally, we have assisted our Arizona, Colorado, Georgia, Illinois, Kentucky Michigan, and New Jersey statewide clients grow and evolve their statewide school-based Medicaid programs through program expansion in the areas of additional reimbursable services as well as an expansion of the recipient population with the implementation of Free Care services.

We look forward to building on this foundation of success and bringing DHHS a new perspective and approach to managing school-based Medicaid reimbursement that takes the MIPS and NEBMAC programs to the next level of efficiency and effectiveness. As we highlight below, we believe it is essential for DHHS and PCG to work together to benefit Nebraska school districts and their providers as well as MIPS and NEBMAC program beneficiaries.

PCG is the largest, most comprehensive, and experienced school-based Medicaid vendor in the nation. This national claiming expertise and perspective provides DHHS a partner to help identify potential issues that could affect the success of the MIPS and NEBMAC programs, implement necessary changes, explore opportunities to expand and make the programs more efficient. Our ability to successfully execute the scope of work in this RFP is evident in our current client base nationwide.

- ▶ We administer statewide school-based Medicaid Administrative Claiming initiatives in Indiana, Kentucky, Michigan, Pennsylvania, Oklahoma, and South Dakota.
- ▶ We administer statewide school-based Medicaid Administrative Claiming and Annual Cost Settlement initiatives in Arizona, Colorado, Georgia, Illinois, Kansas, New Jersey, Utah, West Virginia, and Wisconsin. We also administer the time study and process annual cost settlements for Delaware and New York.
- ▶ We administer statewide Direct Service billing program initiatives in New Jersey, Oklahoma, and Pennsylvania. We also act as the Third Party Administrator (TPA) and process all direct service claims on behalf of the Arizona Medicaid Agency for school districts.
- ▶ We provide Direct Service billing, technology, and other consulting services to over 1,700 school districts across twenty-five states.
- ▶ We complete individual Medicaid annual cost reports on behalf of school providers throughout North Carolina and Texas.
- ▶ We support Medicaid Administrative Claiming programs at the district level in the states of California, Massachusetts, Nevada, North Carolina, Rhode Island.

PCG is offering a proven web-based technology solution that ALREADY complies with all requirements in the RFP. The PCG Claiming System has been configured for the MIPS and NEBMAC and program and is ready for review by DHHS. The knowledge and experience gained from working in 20 states with RMTS has allowed us to build functionality into our system to account for many of the potential changes that could be required in Nebraska based on requests made to other states from CMS and/or the OIG. We highlight these features as well other unique features other vendors have elected to NOT incorporate into their system in our response.

PCG is offering a proven and differentiated approach for the transition and ongoing management of the Nebraska MIPS and NEBMAC program. PCG has successfully helped Arizona, Kentucky, Kansas, Illinois, New Jersey, Pennsylvania, and Wisconsin transition their MAC and/or Annual Cost Settlement programs from an incumbent vendor to PCG. The key to these successful transitions has been to employ a proactive, client-focused project management approach, that focuses on strong, industry standard project management document, tools and performance metrics. This proven and differentiated approach helps ensure we deliver high quality services on time and fosters higher levels of client satisfaction. We also bring executive and project advisory oversight reviews in addition to project management to help ensure projects are being performed using best industry practices, prudent management decision-making, and effective and transparent project controls and reporting methods.

PCG is the ONLY vendor with statewide Free Care program development in multiple states. The Nebraska MIPS and NEBMAC programs today is vastly different from the program

of the past. We are confident it will continue to grow and evolve and anticipate the program will be very different at the end of the contract term resulting from this RFP. School-based Medicaid programs are changing at the national level. Several states have begun modifying their State Plan Amendments (SPA) and Time Study Implementation Guides (TSIG) to allow school districts to bill for Free Care Services. PCG is the only vendor to work with several states to develop a statewide Free Care methodology. The impact of Free Care, if not done correctly, can increase the administrative burden as well as lower the overall reimbursement. It is critical, that the Medicaid School-Based Claiming contractor understand and have experience in this area.

- ▶ We have helped the states of Colorado, Georgia, Michigan, and North Carolina gain approval of the SPA and TSIG.
- ▶ We have also helped New Jersey gain approval of its TSIG.
- ▶ Our experience further includes helping Arizona, Kentucky, Illinois submitted revised SPAs and TSIGs for Free Care. The SPA in Illinois also included transitioning the Fee-For Service program to an annual Cost Settlement model.

PCG is committed to meeting industry standards and best practices, continual improvement and helping our clients meet their compliance and audit needs. Each year we engage an independent audit firm to complete a SOC 1 Type 2 report on the PCG Claiming System and associated operational controls for processing quarterly MAC and Annual Cost Settlement claims and payments. All PCG statewide MAC and/or Annual Cost Settlement clients are included in the resulting report. The overall result from the most recent report for the period of July 1, 2020 to June 30, 2021 verified that we have an established internal process and control structure that facilitates the processing of accurate and reliable Medicaid claims and payments. **Further, the auditors identified zero exceptions.** Upon contract award, PCG would include the Nebraska MIPS and NEBMAC programs in the report.

PCG has enhanced how we support school districts and state agencies. We pride and commit ourselves on delivering the highest-level of client support not only to the state but also to the participating school districts. We have implemented a new integrated customer service platform within the PCG Claiming System. Coordinators will be able to initiate support from us across multiple channels directly in the PCG Claiming System, including phone, live messenger chat and submitting a support ticket. Coordinators will be able to initiate support outside the system via the existing toll-free hotline and email address. We see this as a real investment into improving how Coordinators use the system. Improvements to the way we support Coordinators helps us provide the best answers to their questions in the fastest time possible. The new platform will allow us to better report on inquiries by topic, by district, by channel, by day of the week/time of day, and by Coordinator. This visibility will help us identify gaps and take action to help DHHS make the MIPS and NEBMAC programs run more compliantly and effectively.

PCG is a strong, growing firm with national experience and resources. In these tough economic times, which have forced many companies to reduce staff, cut services to clients or close their doors, PCG has continued to grow and reinvest in our service offerings. PCG closed FY 2021 with over \$600 million in annual revenue and a double-digit growth rate. DHHS needs a vendor that not only has the financial capacity to provide the current scope of services in the RFP, but also a firm with the resources to meet the demands of the future.

PCG has extensive experience working with the Department of Health and Human Services. PCG has a proven track record working with the state of Nebraska. We have worked closely with DHHS over the past 5 years on several important engagements including eligibility verification services, cost allocation services, and modernizing Medicaid system services. We understand the landscape of the state and have built trusted relationships at many different levels. This has given us insight into the issues facing the agency on multiple fronts and will allow us to help the agency from both a micro focus on this project but also a macro focus to the entire state and DHHS. PCG's comprehensive experience in Nebraska further includes engagements in title IVE-E claiming, training, child service prevention, and vocational rehabilitation rates services.

PCG offers DHHS unmatched value. In selecting a vendor for this scope of work, DHHS must evaluate not only the contract cost, but the benefit derived. Other vendors may try and entice DHHS with a proposed price that is less than what PCG has proposed. DHHS may also get proposed pricing that is well above our offer. PCG has demonstrated the ability to successfully provide the services outlined in this RFP across the country. It is because we know all aspects of school-based MAC and Annual Cost Settlement programs, we have an efficient and compliant system and operational processes, and capable resources ready to be deployed, and an unmatched understanding of where the Nebraska program must grow and evolve, that we can offer DHHS the services we offer at the price proposed.

PCG is committed to making this a successful initiative for the state of Nebraska. We have prepared a proposal that is fully responsive to all requirements stipulated in the RFP. As a Manager of Public Consulting Group LLC, I am an authorized representative and able to commit the firm.

We appreciate the opportunity to assist the State of Nebraska on this most important engagement and our entire firm looks forward to the review of our proposal.

Sincerely,



Matthew Sorrentino

Manager

Email: msorrentino@pcgus.com

Cell: 617-842-4476

Office: 512-287-2663

Public Consulting Group LLC

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Form A
Contractor Proposal Point of Contact
Request for Proposal Number (####)Z1

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the contractor's name and address, and the specific person(s) who are responsible for preparation of the contractor's response.

Preparation of Response Contact Information	
Contractor Name:	Public Consulting Group LLC
Contractor Address:	816 Congress Ave. Suite 1110 Austin, TX 78701
Contact Person & Title:	Matt Sorrentino, Manager
E-mail Address:	msorrentino@pcgus.com
Telephone Number (Office):	512 - 287 - 2663
Telephone Number (Cellular):	617 - 842 - 4476
Fax Number:	512 - 407 - 9249

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Contractor Name:	Public Consulting Group LLC
Contractor Address:	816 Congress Ave. Suite 1110 Austin, TX 78701
Contact Person & Title:	Matt Sorrentino, Manager
E-mail Address:	msorrentino@pcgus.com
Telephone Number (Office):	512 - 287 - 2663
Telephone Number (Cellular):	617 - 842 - 4476
Fax Number:	512 - 407 - 9249

FORM B: REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

CONTRACTOR MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the contractor guarantees compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.


Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

____ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	Public Consulting Group LLC
COMPLETE ADDRESS:	816 Congress Ave, Unit 1110, Austin, TX 78701
TELEPHONE NUMBER:	512 - 287 - 2663
FAX NUMBER:	512 - 407 - 9249
DATE:	12/15/2021
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Matt Sorrentino, Manager

II. TERMS AND CONDITIONS


Contractors should complete Sections II through VI as part of their proposal. Contractor is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The contractor should also provide an explanation of why the contractor rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, contractor is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the contractor's commercial contracts and/or documents for this solicitation.

The contractors should submit with their proposal any license, user agreement, service level agreement, or similar documents that the contractor wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the contractor's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			PCG offers the the following addition regarding the PCG Claiming System. PCG will use its proprietary web-based PCG Claiming System to perform their duties under this contract, after demonstrating to DHHS that it is able to meet the system requirements described in the RFP, and subject to the terms and conditions of the PCG Claiming System License Agreement included in the Appendix of our response.

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Contractor's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or five (5) calendar days following deposit in the mail.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

C. NOTICE (POC)

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.


E. BEGINNING OF WORK

The contractor shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

F. AMENDMENT

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. CHANGE ORDERS OR SUBSTITUTIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

H. VENDOR PERFORMANCE REPORT(S)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.


I. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the

State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

K. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.


L. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

M. INDEMNIFICATION

Accept	Reject	Reject & Provide	NOTES/COMMENTS:
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(Initial)	(Initial)	Alternative within Solicitation Response (Initial)	
			

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY (Optional)

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this solicitation.

3. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

4. SELF-INSURANCE


The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. ALL REMEDIES AT LAW

Nothing in this agreement shall be construed as an indemnification by one Party of the other for liabilities of a Party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this contract. Any liabilities or claims for property loss or damages or for death or personal injury by a Party or its agents, employees, contractors or assigns or by third persons, shall be determined according to applicable law.


- 6.** The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			


In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. LIQUIDATED DAMAGES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			In the unlikely event a deliverable date cannot met, PCG offers the following addition regarding cure. Contractor shall have the opportunity to respond and cure any identified failure to meet deliverables dates in Attachment 1 within ten business days from receipt of notice of deficiency. If the deficiency is cured within the ten business day cure period, then no liquidated damages will apply. If the deficiency is not cured within such period, then the State may impose liquidated damages. Under no circumstances will liquidated damages ever exceed an amount of the Contractor's quarterly invoice.

Failure to meet the dates for the deliverables outline in Attachment 1 as agreed upon by the parties may result in an assessment of liquidated damages due to the State, until the deliverables are approved. Refer to Attachment 1 for the deliverables and liquidated damage amounts. Contractor will be notified in writing when liquidated damages will commence. Liquidated damages shall be deducted from Contractor's invoice.


P. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

Q. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

R. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

S. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

T. OFFICE OF PUBLIC COUNSEL (Statutory)

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

U. LONG-TERM CARE OMBUDSMAN (Statutory)

Contractor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

V. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Contractor intentionally discloses confidential information;
 - h. Contractor has or announces it will discontinue support of the deliverable; and,
 - i. In the event funding is no longer available.

W. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:


1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;

5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)


If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the contractor's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.


If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at https://das.nebraska.gov/materiel/purchase_bureau/vendor-info.html
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			


Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			PCG offers the following addition to clarify proprietary rights. Such work product or deliverable does not include any Contractor Pre-existing Material, including but not limited to material that was developed prior to the Effective Date that is used, without modification, in the performance of the Contract. "Contractor Pre-existing Material" means materials, code, methodology, concepts, process, systems, technique, trade or service marks, copyrights, or other intellectual property right developed, licensed or otherwise acquired by Contractor, independent of the services to be rendered under this Contract.

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within two (2) years of termination or expiration of the contract, the contractor shall obtain an extended discovery

or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and two (2) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE		
COMMERCIAL GENERAL LIABILITY		
General Aggregate		\$2,000,000
Products/Completed Operations Aggregate		\$2,000,000
Personal/Advertising Injury		\$1,000,000 per occurrence
Bodily Injury/Property Damage		\$1,000,000 per occurrence
Medical Payments		\$10,000 any one person
Damage to Rented Premises (Fire)		\$300,000 each occurrence
Contractual		Included
XCU Liability (Explosion, Collapse, and Underground Damage)		Included
Independent Contractors		Included
Abuse & Molestation		Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>		
WORKER'S COMPENSATION		
Employers Liability Limits		\$500K/\$500K/\$500K
Statutory Limits- All States		Statutory - State of Nebraska
USL&H Endorsement		Statutory
Voluntary Compensation		Statutory
COMMERCIAL AUTOMOBILE LIABILITY		
Bodily Injury/Property Damage		\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability		Included
Motor Carrier Act Endorsement		Where Applicable
UMBRELLA/EXCESS LIABILITY		
Over Primary Insurance		\$5,000,000 per occurrence
COMMERCIAL CRIME		
Crime/Employee Dishonesty Including 3rd Party Fidelity		\$1,000,000
CYBER LIABILITY		
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties		\$10,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE		
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."		
MANDATORY COI LIABILITY WAIVER LANGUAGE		
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."		

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work. The Contract Manager's contact information will be provided upon contract execution.


These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS


The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

If Contractor breaches the contract or anticipates breaching the contract the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, and may include a request for a waiver of the breach if so desired. The State may, at its discretion, temporarily or permanently waive the breach. By granting a temporary waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

I. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

J. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.


K. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:

		
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The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

L. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			PCG offers the following addition to clarify on-site work. The parties agree that due to public health concerns related to the COVID-19 pandemic, the parties will discuss in good faith the appropriateness of using online means to conduct school district trainings and/or meetings with the State as opposed to having individuals attend in person or what conditions are necessary for in person school district trainings and/or meetings with the State to occur.

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

M. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

N. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)


Contractor shall review the Nebraska Technology Access Standards, found at <http://nita.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

O. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

P. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity.
Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

Q. WARRANTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. **Invoices shall be submitted quarterly to the DHHS Contract Manager identified upon contract execution. Invoices shall be submitted upon approval of the deliverables required under Section V and outlined in the Cost Proposal.** The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

E. PAYMENT (Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)



The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (0.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

Technical Approach

SECTION V. PROJECT DESCRIPTION AND SCOPE OF WORK

A. Project Overview

Public Consulting Group LLC (PCG) is the national leader in providing school-based Medicaid services to states and school districts. **PCG currently works with more states and school districts than all other vendors in this area combined.** Not only do we currently operate in more areas, we are also the only vendor that has successfully helped multiple states revise their program and achieve CMS approval. Given this experience, we are pleased to offer the state of Nebraska our strong statewide school-based Medicaid program management capabilities, successful record working with CMS and unmatched knowledge base for all components of school-based Medicaid programs.

Over the last few years, the environment facing school districts and how they deliver these needed medical services has changed and were heavily impacted by the pandemic. These changes have had an affect not only on how services are provided, but how schools receive reimbursement for those services as well. Changes in the environment have forced many states to look at how their programs are structured, what changes may need to be made and how to go about not only receiving approval for those changes, but also working with the participating school districts to position themselves to be ready to implement those changes to continue their access to the reimbursement for these services.

In this section, respondents are asked to discuss their understanding of the project's requirements. In the following paragraphs PCG discusses not only our understanding of the requirements but also some relevant and key factors for this initiative and why they matter and how PCG measures up in each.

B. Project Environment

The Nebraska Medicaid in Public Schools (MIPS) and Medicaid Administrative Claiming (NEBMAC) programs administered by Nebraska Department of Health and Human Services (DHHS) Division of Medicaid And Long-Term Care offer school districts an opportunity to recover Medicaid funding for providing mandated health-related special education services and eligible administrative activities. The MIPS program originally covered the provision of direct service occupational therapy, physical therapy and speech therapy but was expanded to cover additional services such as nursing, personal assistance, mental health, vision and specialized transportation services. The NEBMAC program covers administrative activities such as coordination of medical and mental health related services covered by Medicaid; linking students to Medicaid services; and monitoring the delivery of medical and mental health services performed in the community. These services are currently reimbursed through Random Moment Time Study (RMTS) and cost settlement conducted with Nebraska Schools Medicaid and Nebraska Association School Board consortiums.

As part of that expansion, DHHS also started taking steps in changing the direct service payment methodology from traditional Fee for Service (FFS) to a Medicaid cost settlement methodology. Under this model, school districts must file Medicaid cost reports at the end of each school year

that will serve as a tool to reconcile Medicaid FFS payments with the cost of providing these services. If Medicaid allowable costs reported exceed interim quarterly payments, the district receives the balance in a cost settlement. If a district receives more in interim quarterly payments than costs reported, the district is in a recoupment and owes back the difference to the State. Given the 259 participating public school districts in the state, it is critical that the program be structured and implemented in a manner that provides for an effective and efficient manner to obtain reimbursement while complying with all state and federal regulations.

PCG understands that there is a great deal of diversity in the districts in Nebraska with those districts varying greatly in size, geographic location as well as financial and other factors. We work in states that are very similar to Nebraska in these factors and understand that an approach needs to be flexible to meet the needs of these districts and the varying factors that affect them. We understand a need to meet them where they are and provide resources tailored to them. As you will see in our approach, PCG is committed to having resources to work with these participating districts and help them be as efficient and effective in their implementation as possible.

C. Project Requirements

UNDERSTANDING OF THE WORK

All of the aspects in the current environment combined at this time make this a very important project for DHHS. Based on the requirements listed in the Technical Approach of the RFP, PCG understands that Nebraska is looking for a partner to perform the following summarized scope of work.

- ▶ Administer both the MIPS and NEBMAC programs on a statewide basis
- ▶ Design and implement an Annual Cost Reporting and Settlement methodology for the MIPS program
- ▶ Implement an integrated, web-based system to facilitate all quarterly and annual cost settlement components of the program, including Random Moment Time Study, Quarterly Financial Collection and Claim Calculation and Annual Cost Reporting and Settlement Calculation
- ▶ Provide other key program support activities such as training, reporting, compliance audits and Provider Support
- ▶ Continuously look for new ways to optimize reimbursement, take advantage of new reimbursement opportunities available in Nebraska and at the national level, and find efficiencies or other financial savings
- ▶ Help ensure sure that all claiming processes, claims, technology tools, and supporting documentation meet the strictest compliance tests possible to minimize the risk of any audit or compliance issues

We constantly strive to review our processes with our clients and look for ways to improve our offerings. While DHHS has recently received approval for the program and the changes, we will also work with the agency to review those areas and identify if there are additional areas for improvement and increased reimbursement. PCG will also do a review from the perspective of the participating school districts to determine if there are any recommendations that could be made due to changes in their delivery model as a result of the pandemic.

RELEVANT AND KEY FACTORS

PCG believes DHHS should focus on three factors as considerations when selecting a partner to provide the services outlined in this RFP. They are:

- ▶ **Proven School Based Medicaid Program Management and Expertise**

- ▶ **Specific Capabilities in RFP Requirements**
- ▶ **Minimizing Client Risk**

We believe that PCG is the most compelling choice for DHHS when the scope of work outlined in the RFP is viewed through these three highly relevant and important factors.

Proven School Based Medicaid Program Management and Expertise

PCG is the national leading firm for assisting states to administer and enhance school-based Medicaid programs, while strictly adhering to state and federal compliance requirements. We have assisted over 18 statewide programs and 2,500 district level programs over the last 30 years in generating over \$9.5 Billion in federal Medicaid reimbursement for our clients. Over the years, PCG has developed broad and deep expertise with all components of the program, policy procedures and requirements necessary for successful claiming. This national experience will provide our team with the strongest possible understanding of the national and local Medicaid rules and regulations that will be important for this project. This will also allow us to pursue new reimbursement opportunities for the State of Nebraska.

Specific Capabilities in RFP requirements

PCG is perhaps one of the only firms in the country that has proven strength in every area that you are seeking. For us, school-based Medicaid is a business line that we have offered since 1992 and continues to be an area of growth for us. We believe that we continue to grow in this area because of our continued investment in our people, processes, and technologies. In this area, please consider the following:

- ▶ PCG operates statewide school-based Medicaid initiatives in 18 states. This breadth of experience allows us to develop national best practices, as we anticipate, if not experience, the potential pitfalls and traps that await our clients and that other states experience. We will bring this hard-earned experience to Nebraska that will greatly benefit your school-based Medicaid program.
- ▶ PCG has 30 years of experience and expertise assisting state agencies and school districts with all aspects of Medicaid Administrative Claiming (MAC). We understand the history of school-based Medicaid, developed the framework utilized across the nation and are helping shape the future of the program.
- ▶ Rate setting and Medicaid Cost Settlement is an area of strength for PCG. We have successfully assisted 15 states transitioning from changing the direct service payment methodology from traditional Fee for Service (FFS) to a Medicaid Cost Settlement methodology.
- ▶ PCG's integrated web-based Claiming System manages all aspects of Medicaid Administrative Claiming and Annual Cost Settlement programs, including Staff Pool Lists, sample generation, coding, financial collection and certification, quality checks, claim calculation, CPE forms and desk reviews in a secure and user friendly environment
- ▶ The PCG team has specific, hands-on experience performing audits on Medicaid school-based programmatic components across the country. Our comprehensive, multi-step auditing process has been proven to facilitate and promote school-based program compliance. These efforts not only confirm the integrity of the program but also provide an opportunity to provide one and one support with districts.
- ▶ PCG is experienced in providing training and provider support to state and school district coordinators as wells as time study participants. We currently provide support to 5,000 plus

school districts that encompasses over 300,000 participants. This experience will enable us to implement a training plan and provider support system quickly.

- ▶ PCG has helped states expand their programs to cover reimbursement for services beyond those students with and IEP or IFSP. Changes by CMS to their “Free Care” Rule have created opportunities for additional reimbursement. We have helped more than 6 states expand their Medicaid program in this area. While this may not currently be an area of interest in Nebraska, as additional states expand their programs that may change and PCG will be able to assist in this area.
- ▶ PCG understands the differences in school districts within Nebraska because they are common to other states we work with every day. We work to make sure how we operate and what we do consider the varying needs of diverse districts and the needs they have. We know that our approach and transition will allow the districts to make the transition to a new vendor with ease and great success.
- ▶ Managed Care Organizations play an important role in the delivery of services to children and it is important that there is collaboration between the MCOs, school providers and vendor. In the State of Tennessee, the school-based Medicaid program is not carved out of the managed care program. This requires intense collaboration between the schools and MCOs. In Tennessee, PCG not only provides a statewide web-based Special Education management system to all districts in the state, but we are also the billing vendor for the majority of participating school districts as well. We understand the need for collaboration and have demonstrated that in Tennessee as well as our other states. We know the importance of this for the success of the program and will bring our experience and that understanding to Nebraska.
- ▶ In addition to program expansion, CMS has been talking about releasing new guidance for school-based Medicaid programs. While we are not certain when that guidance will be released, it is critical for Nebraska to have a vendor that has not only extensive experience in running school-based programs, but one that has developed, implemented, and obtained CMS approval. This includes having a depth and breadth of resources to be able to quickly review any guidance upon release and work with DHHS to evaluate the impact and develop new policy and processes to address any changes.

Minimizing Client Risk

PCG is asking that you choose us as a partner for these services based on our ability to demonstrate superiority in designing and administering school-based Medicaid programs. But in making that decision, DHHS also needs assurances that it is not taking undue risk in replacing an existing vendor that is providing these services. DHHS also needs assurances that the selected vendor has proven statewide implementation experience, not just experience taking over ongoing administration of a statewide program. Lastly, we understand price is an important component in DHHS’ decision process. We have worked to provide a structure that will provide the greatest value to Nebraska and the participating districts. PCG has a vested interest in the State of Nebraska, we currently maintain several contracts with DHHS as well as other agencies in the state. We have made a commitment in staffing and focus to Nebraska and the award of this work will be another example of our commitment. Having this commitment to the state has allowed us to create efficiencies that you will see translated into our proposed pricing. These efficiencies allow us to expand our role and provide a value to the state that cannot be matched. While we realize that this RFP is only for this specific scope of work, our national presence and focus is on Nebraska and all the work we do with the state.

Our proposal demonstrates our ability to efficiently implement the necessary infrastructure (staff, policies, procedures, and technology) on a statewide basis without disrupting program operations.

PCG has designed, implemented, and administered ongoing large projects of the same scale and complexities. We have transitioned more states than all other vendors combined. We understand that change is not always welcome at the district level once they get used to an approach, but we have been able to successfully transition states in many places with minimal impact on the districts. In the last two years we transitioned three states from other national vendors to PCG successfully. Our clients will tell you that all these implementations and transitions have been solidly both smooth and successful. We will work with all Nebraska districts to proceed with a smooth transition and limit any impact on them. Our transition plan includes several areas in which we will be communicating with the districts to not only answer any questions but to also minimize any work they need to do on their end. PCG has worked to be able to transition data from previous vendors, so districts access our site with information that they have provided in the past available to them. Our training options are also designed to limit any apprehension about the change and quickly get district staff educated and ready to be able to complete the tasks necessary for their participation.

Lastly, our proposal demonstrates our ability to minimize risk by employing a rigorous and structured project management methodology, leveraging our teams more than 100 years of combined experience in providing consulting services to local school districts, state Medicaid agencies, and state Education agencies. Given our extensive experience, our proposal demonstrates our commitment to assigning the appropriate level of project leadership and project staff to provide answers and technical support to questions raised by DHHS, Nebraska school districts and their providers. The combination of PCG's successful national experience, large, complex implementations of similar projects, statewide rollout experiences, and high caliber staff who will be assigned to this project, coupled with our competitive pricing, provides Nebraska unmatched value within our proposal.

SECTION VI. CORPORATE OVERVIEW

A. Contractor Identification and Information

The contractor should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the contractor is incorporated or otherwise organized to do business, year in which the contractor first organized to do business and whether the name and form of organization has changed since first organized.

IDENTIFICATION AND INFORMATION

Public Consulting Group LLC (PCG) is headquartered at 148 State Street, Boston, Massachusetts. PCG is a Delaware limited liability company. PCG was first organized in 1986 as a Massachusetts corporation. In 2020, to reflect its growth, PCG restructured to become a Delaware LLC and changed its name from Public Consulting Group, Inc. to Public Consulting Group LLC.

ADDITIONAL COMPANY BACKGROUND

Public Consulting Group LLC (PCG) helps primarily public sector health, education, and human services organizations make measurable improvements to their performance and processes.

Our public sector focus means we have a deep understanding of the challenges our clients face—from economic constraints to demographic shifts to regulatory changes—and what it takes to surmount them.

For more than 35 years, we have helped our clients:

- ▶ Maximize resources
- ▶ Contain or cut costs
- ▶ Make better management decisions
- ▶ Streamline their business processes
- ▶ Implement and improve their technology solutions
- ▶ Improve federal and state compliance
- ▶ Optimize client outcomes

We have approximately 1,000 open contracts at any given time, and experience in all 50 states, 6 Canadian provinces, and the European Union. Our 2000+ employees around the world bring a wide range of public and private sector experience and subject matter expertise, ranging from management consulting to Medicaid, special education to technology, workforce empowerment to financial services and beyond

PCG has four practice areas, each with a proven track record of achieving results for clients. We often combine resources from two or more practice areas to offer a multidisciplinary approach to solve our clients' challenges, and favor long-term client relationships, because they allow us to work toward systemic, sustainable solutions that do more good over the long run.

- ▶ **Education** is committed to helping schools, school districts, and state education agencies strengthen their performance, streamline their operations, and improve their programs and instruction—so that all students have what they need to succeed.
- ▶ **Health** is committed to helping our clients meet the financial, regulatory, and operational challenges of today's changing health care landscape so they can provide the best care, most effectively, to the people they serve.
- ▶ **Human Services** is committed to helping state and municipal human services and economic development agencies keep their promises to the children, adults, and families they serve—responsibly and sustainably. Together, we're building stronger communities.
- ▶ **Technology Consulting** is committed to helping with every phase of developing and deploying automated services and solutions to help your organization streamline its operations, achieve its strategic goals, and serve the public better and more cost-effectively.

B. Financial Statements

The contractor should provide financial statements applicable to the firm. If publicly held, the contractor should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the contractor's financial or banking organization.

If the contractor is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The contractor must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

The Audited Financial Statements for PCG are proprietary and confidential. Therefore, a copy of our most recent independently audited financial statements is included as a separate document to this proposal. **Please do not share these Statements: they contain sensitive and confidential PCG business information.**

C. Change of Ownership

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the contractor should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded contractor(s) will require notification to the State.

As of the submission date of this proposal, PCG does not foresee any ownership changes in the upcoming 12 months. Upon award of this contract, we will notify the state of any changes of ownership.

D. Office Location

The contractor's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

PCG maintains numerous offices across the nation that implement and manage statewide Medicaid Administrative Claiming (MAC) and Annual Cost Settlement projects. Due to the public concerns related to the COVID-19 pandemic over the last eighteen months, PCG has implemented remote working models in several of these offices. The proposed project team is based out of the Austin, Chicago, Phoenix and Remote offices. The office location responsible for performance resulting from an award of contract is **816 Congress Ave, Unit 1110, Austin, TX 78701**.

E. Relationship with State

The contractor should describe any dealings with the State over the previous five (5) years. If the organization, its predecessor, or any Party named in the contractor's proposal response has contracted with the State, the contractor should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

PCG has comprehensive experience working with the state of Nebraska over the last five years. Over this time, PCG has worked on seven separate and unique initiatives, six of them are still ongoing. Our work in Nebraska has included projects that showcase our abilities to perform similar services outlined in this RFP. Specifically, since August of this year, we have worked with DHHS on cost allocation and Random Moment Time Study work, which correlates well with what is asked for in providing these services for school providers. Below you will find further detail highlighting our Nebraska specific experience over the last five years.

Client	Nebraska Title IV-E Training Claiming
Project	Title IV-E Training Claiming
Contract #	Expired contract
Timeframe	March 1, 2016 – June 30, 2016
Scope	<ul style="list-style-type: none"> PCG conducted Project Review & Management and provided budgets related to cost centers and reporting process reviews for Title IV-E University programs in Nebraska to assist in meeting administrative budget requirements.

Client	Department of Health and Human Services Medicaid and Long-Term Care Division
Project	Modernizing Systems Consulting Services
Contract #	87262(O4)
Timeframe	August 2019 - Present
Scope	<ul style="list-style-type: none"> DHHS has selected PCG as to provide a broad range of consulting services and assist with establishing and managing multiple transformational initiatives PCG delivers services in the areas of strategy and policy advisory, project management, business consulting, and technical assistance including establishing frameworks and standards rooted in industry best practices and methodologies, as well as executing on those frameworks, administering governance processes, and collaborating with all parties throughout the federally mandated life cycle frameworks Consulting support is also focused on the DHHS organization and its business performance PCG also provides staff augmentation services for business and technology projects, and business operations

Client	NE Department of Health and Human Services
Project	Cost Allocation and Random Moment Time Study Services
Contract #	ADSP016-130651
Timeframe	8/18/2021 – 1/31/2023
Scope	<ul style="list-style-type: none"> • Development and implementation of web-based cost allocation software • Development and implementation of web-based Random Moment Time Study software • Ongoing maintenance and hosting of cost allocation and Random Moment Time Study software

Client	Nebraska Department of Health and Human Services
Project	Asset Verification Services (AVS)
Contract #	#82746-O4
Timeframe	September 2018 - Present
Scope	<ul style="list-style-type: none"> • PCG managed the implementation and deployment of its Asset Verification Services (AVS) electronic portal to aid the State in verifying the financial resources of Aged, Blind and Disabled (ABD) applicants and beneficiaries

Client	Nebraska Department of Education, Vocational Rehabilitation
Project	Cost Methodology Study to Establish Rates for Nebraska VR's Supported Employment Program.
Contract #	42124
Timeframe	August 2021 - Present
Scope	<ul style="list-style-type: none"> • The Nebraska Department of Education, Vocational Rehabilitation, contracted with PCG to develop methodology-driven reimbursement rates for Supported Employment services in compliance with Federal Regulation 34 CR 361.50 (c) (1). • This study includes conducting a comprehensive review of supported employment activities currently provided, research of industry standards, collection, and analysis of provider costs and, development of rate recommendations for planned service changes.

Client	Nebraska Department of Education, Vocational Rehabilitation
Project	Cost Methodology Study to Establish Rates for Nebraska VR's Supported Employment Program.
Contract #	42124
Timeframe	August 2021 - Present
Scope	<ul style="list-style-type: none">• The Nebraska Department of Education, Vocational Rehabilitation, contracted with PCG to develop methodology-driven reimbursement rates for Supported Employment services in compliance with Federal Regulation 34 CR 361.50 (c) (1).• This study includes conducting a comprehensive review of supported employment activities currently provided, research of industry standards, collection, and analysis of provider costs and, development of rate recommendations for planned service changes.

F. Bidder's Employee Relations to the State

If any Party named in the contractor's proposal response is or was an employee of the State within the past three (3) years, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the contractor or is a Subcontractor to the contractor, as of the due date for proposal submission, identify all such persons by name, position held with the contractor, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the contractor may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

In our proposal response, PCG has not included any party that is or was an employee of the State within the past three years.

G. Contract Performance

If the contractor or any proposed Subcontractor has had a contract terminated for default during the past ten (10) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the contractor's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the contractor or litigated and such litigation determined the contractor to be in default.

It is mandatory that the contractor submit full details of all termination for default experienced during the past ten (10) years, including the other Party's name, address, and telephone number. The response to this section must present the contractor's position on the matter. The State will evaluate the facts and will score the contractor's proposal accordingly. If no such termination for default has been experienced by the contractor in the past ten (10) years, so declare.

If at any time during the past ten (10) years, the contractor has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

In the last ten years, PCG has not had a contract terminated for default, nor a contract terminated early for non-performance or non-allocation of funds, and terminations for convenience are not consistently tracked. But the most recent contract termination for convenience was for the sole purpose of awarding PCG a more expansive and valuable contract. Specifically, effective in July 2019, PCG entered a one-year contract with the Mississippi Department of Rehabilitation Services (MDRS), to provide individualized pre-employment transition services (Pre-ETS) for students with disabilities. While the contract was renewed by MDRS, for an additional year, MDRS later sought to exponentially expand Pre-ETS and issued a new request for proposals. MDRS again awarded PCG the expanded procurement. As a result, in February 2021, MDRS (i) executed a new Pre-ETS contract with PCG that both incorporated its old contract and the new procured services and (ii) terminated for convenience the original Pre-ETS contract with PCG. The expanded contract with MDRS remains in effect. Also, in the fall of 2019, PCG's contract with vendor TALX Corporation was terminated for convenience after a PCG Texas state client, for whom PCG provides asset verification services, directed PCG to no longer use the vendor's services/products in support of PCG's services. PCG's contract with the Texas state client remains ongoing.

H. Summary of Bidder's Corporate Experience

The contractor should provide a summary matrix listing the contractor's previous projects like this solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the contractor during its evaluation of the proposal.

The contractor should address the following:

1. Provide narrative descriptions to highlight the similarities between the contractor's experience and this solicitation. These descriptions should include:
 - a. The time period of the project;
 - b. The scheduled and actual completion dates;
 - c. The Contractor's responsibilities;
 - d. For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
 - e. Each project description should identify whether the work was performed as the prime Contractor or as a Subcontractor. If a contractor performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
2. Contractor and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as Subcontractor projects.
3. If the work was performed as a Subcontractor, the narrative description should identify the same information as requested for the Contractors above. In addition, Subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.

H.1 PROJECTS SIMILAR TO THIS SOLICITATION

PCG offers extensive experience and expertise in all the areas important for the success of this partnership. We currently hold 18 statewide contracts across the country of similar work to which Nebraska specifies in the RFP. On the following pages, contract information for three of these projects is included. We encourage contacting any of these clients to verify the quality of our work and ability to perform the requirements of this RFP.

Client	State of Colorado – Department of Health Care Policy and Financing
Project	School Health Services Program
A) Time Period	July 2006 – Present
B) Schedule and Completion Dates	A project management scheduler tool is used to manage daily, weekly, monthly, quarterly, and annual tasks. All contract deliverables as of the submission of this RFP have been delivered.
C) PCG Responsibilities	<ul style="list-style-type: none"> ▶ Administer the MAC and Cost Settlement programs on behalf of the Colorado Department of Health Care Policy and Financing ▶ Provide comprehensive on-site support throughout federal audits ▶ Training of district program staff throughout the state, via live or web-based training sessions, on program changes and enhancements including identification of eligible staff and collection of the required quarterly financial data ▶ Coordinate time study moment sampling, compliance, coding, and calculation of time study results ▶ Calculate quarterly claims for all participating districts ▶ Provide national best-practice perspective to the Department of Health Care Policy and Financing
D) Client Contact	<p>Ms. Shannon Huska Department of Health Care Policy and Financing School Health Services Program Administrator 1570 Grant Street Denver, CO 80203 (303) 866-3131 shannon.huska@state.co.us</p>
E) Additional Information	PCG performs this work as the prime contractor. Project completion is 6/30/2026 with renewals. The projected FY22 annual budget for PCG services is \$1,127,778.25.

Client	State of Kansas – Kansas Department of Health and Environment
Project	School District Administrative Claim (SDAC) Program and Cost Settlement and Reconciliation Services
A) Time Period	February 2006 - Present
B) Schedule and Completion Dates	A project management scheduler tool is used to manage daily, weekly, monthly, quarterly, and annual tasks. All contract deliverables as of the submission of this RFP have been delivered.
C) PCG Responsibilities	<ul style="list-style-type: none"> ▶ Administer the SDAC and Cost Settlement programs on behalf of the Division of Healthcare Finance in conjunction with the Kansas State Department of Education Finance ▶ Provide comprehensive on-site support throughout federal audits ▶ Training of district program staff throughout the state, via live or web-based training sessions, on program changes and enhancements including identification of eligible staff and collection of the required quarterly financial data ▶ Coordinate time study moment sampling, compliance, coding, and calculation of time study results ▶ Calculate quarterly claims for all participating districts
D) Client Contact	Rowena Regier Kansas Department of Health and Environment Division of Health Care Finance 900 SW Jackson #900 N Topeka, KS 66612 P: 785-291-3625 F: 785-296-4813 rregier@kdheks.gov
E) Additional Information	PCG performs this work as the prime contractor. Project completion is 1/31/2026. The initial contract was 5 years with a 5-year renewal. The projected FY22 annual budget for PCG services is \$867,000.

Client	Commonwealth of Kentucky – Department of Education
Project	School Based Administrative Claiming (SBAC) Program
A) Time Period	July 2008 – December 2014; July 2020 – Present
B) Schedule and Completion Dates	A project management scheduler tool is used to manage daily, weekly, monthly, quarterly, and annual tasks. All contract deliverables as of the submission of this RFP have been delivered.
C) PCG Responsibilities	<ul style="list-style-type: none"> ▶ Maintain, host and train KDE and District Coordinators on the PCG Claiming System and School-based Administrative Claiming (SBAC) program ▶ Prepare and submit quarterly claims ▶ Provide a toll-free telephone hotline and email to provide technical assistance to Local Education Agencies (LEAs) ▶ Facilitate biweekly status meetings, quarterly written status reports, and at minimum two onsite meetings to KDE ▶ Assist KDE in modifying the Time Study Implementation Guide (TSIG) for implementation of Expanded Care ▶ Support KDE and DMS in administering compliance monitoring ▶ Provide national best-practice perspective to KDE and the Department of Medicaid Services (DMS)
D) Client Contact	<p>Thelma Hawkins, Branch Manager Kentucky Department of Education Division of Budgets & Financial Management 300 Sower Blvd – 5th Floor Frankfort, Kentucky 40601 Phone: 502-564-1979 ext. 4361 Fax: 502-564-6771 Thelma.Hawkins@education.ky.gov</p>
E) Additional Information	PCG performs this work as the prime contractor. Project completion is 6/30/2022 with 2 one-year renewals. The projected FY22 annual budget for PCG services is \$300,000.

H.2 CONTRACTOR EXPERIENCE

PCG does not intend to utilize a contractor in any part of its performance.

H.3 SUBCONTRACTOR EXPERIENCE

PCG does not intend to subcontract any part of its performance.

ADDITIONAL RELEVANT MEDICAID SCHOOL-BASED CLAIMING EXPERIENCE

PCG has extensive and unparalleled experience with MAC as well as Annual Cost Settlement programs, having successfully designed, developed, implemented, and managed services like the ones described in this RFP in over a dozen states. We currently operate 18 statewide school-based Medicaid programs, provide Medicaid Fee-for-Service documentation and claiming services to more than 1,700 school districts in 25 states, and we also support school districts in

the administration of the Medicaid Administrative Claiming and/or Cost Settlement projects in 7 states. No other School-Based Medicaid vendor can claim the breadth and depth of national expertise and experience in School-Based Medicaid services that PCG can.

Reimbursement Success

PCG has a proven track record of providing innovative and compliant claiming solutions for optimizing reimbursement through the Medicaid program. Our industry experience with state agencies will enable DHHS and school districts to optimize reimbursement while remaining in compliance with federal and state Medicaid requirements. The chart below highlights PCG's national school-based Medicaid reimbursement experience.

State	Fee-For-Service	Administrative Claiming	Total
Alaska	\$1,870,193	n/a	\$1,870,193
Arizona	\$479,672,153	\$68,824,854	\$548,497,007
Arkansas	\$645,733	n/a	\$645,733
California	\$19,394,480	n/a	\$19,394,480
Colorado	\$399,169,781	\$47,167,685	\$446,337,466
Connecticut	\$434,023	n/a	\$434,023
Delaware	\$48,849,711	n/a	\$48,849,711
District of Columbia	\$120,000,000	n/a	\$120,000,000
Florida	\$32,105,470	n/a	\$32,105,470
Georgia	\$89,507,821	\$114,335,964	\$203,843,785
Idaho	\$971,005	n/a	\$971,005
Illinois**	\$516,604,195	\$292,184,042	\$873,380,262
Indiana	\$16,057,229	\$57,125,676	\$73,182,905
Kansas	\$154,881,613	\$128,712,682	\$283,594,295
Kentucky	\$1,500,115	\$31,966,406	\$33,466,521
Louisiana	\$4,500,000	n/a	\$4,500,000
Massachusetts	\$405,946,118	\$220,493,926	\$626,440,044
Michigan	\$1,206,317,086	\$286,241,762	\$1,492,558,848
Minnesota	\$178,778,471	n/a	\$178,778,471
Missouri*	\$2,000,000	\$3,000,000	\$5,000,000
Nevada	\$97,615,791	\$10,405,952	\$108,021,743
New Jersey	\$1,140,307,035	\$152,328,104	\$1,292,635,139
New York	\$195,165,471	n/a	\$195,165,471
North Carolina	\$612,971,328	\$110,475,772	\$723,447,100
Pennsylvania	\$594,022,318	\$256,581,851	\$850,604,169
Ohio	\$8,013,654	n/a	\$8,013,654
Oklahoma	\$1,642,042	n/a	\$1,642,042
Rhode Island	\$80,107,953	\$10,835,520	\$90,943,472
South Carolina	\$161,389,636	n/a	\$161,389,636
South Dakota	\$1,687,878	\$20,399,002	\$22,086,880
Tennessee	\$1,469,864	n/a	\$1,469,864
Texas	\$112,257,695	n/a	\$112,257,695
Utah	\$10,069,503	n/a	\$10,069,503
Virginia	\$158,200,706	n/a	\$158,200,706

Vermont	\$1,200,000	n/a	\$1,200,000
Washington	\$22,733,907	n/a	\$22,733,907
West Virginia	\$148,880,167	\$18,775,877	\$167,656,044
Wisconsin	\$457,864,463	\$183,516,377	\$641,380,840
Total	\$7,484,804,607	\$2,013,371,450	\$9,562,768,083

**Includes \$65M in Temporary Assistance for Needy Families (TANF) and \$2.6M in Supplemental Nutrition Assistance Program (SNAP) reimbursement.*

Statewide School-Based Medicaid Services

Our experience is vast, and we have successfully assisted Medicaid programs with all facets of administrative claiming, Medicaid cost settlement reimbursement methodologies, and fee for service claiming. Our statewide services include:

Random Moment Sampling (RMS) & Medicaid School-Based Administrative Claiming (SBAC) Services:

- ▶ Development of a proprietary web based PCG Claiming System to streamline and automate the administration and management of time study processes;
- ▶ Assisting states with the design and development of administrative claiming programs, including the drafting of approved implementation plans;
- ▶ Establishing a centralized coding methodology to ensure compliant coding;
- ▶ Deploying our proprietary PCG Claiming System to facilitate a streamlined process to collect financial data for the calculation of SBAC reimbursement, in addition to RMS information;
- ▶ Performing comprehensive SBAC training to school districts on how to properly complete RMS and financial reporting requirements;
- ▶ Providing ongoing school district support throughout the SBAC preparation and submission process;
- ▶ Performing comprehensive quality control measures on all submitted information; and
- ▶ Generating quarterly SBAC claims to determine district's net claim amount

Annual Cost Report and Settlement Services

- ▶ Performing Medicaid cost settlement feasibility analyses to determine project revenue potential;
- ▶ Program design efforts, which includes drafting Medicaid state plan amendments, Medicaid cost reporting forms, and cost report instructions;
- ▶ Assisting with obtaining Centers for Medicare and Medicaid Services (CMS) program approval;
- ▶ Deploying our proprietary PCG Claiming System to facilitate a streamlined process to collect Medicaid cost reports;
- ▶ Performing comprehensive Medicaid cost report training to school districts on how to properly complete Medicaid cost reports;
- ▶ Providing ongoing school district support throughout the Medicaid cost report preparation and submission process;
- ▶ Completing desk reviews and validation of Medicaid cost reports submitted for cost settlement; and
- ▶ Processing of Medicaid cost settlement amounts

Fee for Service Claiming

- ▶ Deploying our proprietary EasyTrac™ System to facilitate a streamlined process to schedule and record health-related service delivery as well as store claims supporting documentation;

- ▶ Providing an integrated approach to Medicaid Eligibility determination;
- ▶ Creating 270 and processing 271 Medicaid Eligibility Files;
- ▶ Maintaining Medicaid numbers for enhanced match processes;
- ▶ Generating multiple eligibility matches to identify all eligible;
- ▶ Verifying service documentation requirements are met before processing claims;
- ▶ Verifying staff licensure, physician authorization (where needed), parental consent, and supervision requirements prior to billing;
- ▶ Creating 837 claim files and submitting to state Medicaid Management Information System (MMIS);
- ▶ Processing 835 remittance files outlining claim payments, denials and pending claims;
- ▶ Reviewing denials and identifying claims in which adjustments can be made for resubmission;
- ▶ Providing detailed claiming and documentation reports to the school district;
- ▶ Calculating district specific or statewide procedure code rates where applicable

To substantiate our experience, the following table provides a listing of PCG's state-level work as it relates to this engagement.

State	Agency	Start Date	State Plan Development	MAC / RMTS Implementation	Random Moment Time Study Administration	MAC Claiming	Cost Settlements	Training to Providers	Audit Support
Arizona	Arizona Health Care Cost Containment System	2009	✓	✓	✓	✓	✓	✓	✓
Colorado	Department of Health Care Policy and Financing	2006	✓	✓	✓	✓	✓	✓	✓
Delaware	Department of Education	2011	✓	✓	✓		✓	✓	✓
Georgia	Department of Community Health	2010	✓	✓	✓	✓	✓	✓	✓
Illinois	Department of Healthcare and Family Services	2020	✓	✓	✓	✓	✓	✓	✓
Indiana	Department of Education	2010		✓	✓	✓		✓	✓
Kansas	Department of Health and Environment	2006	✓	✓	✓	✓	✓	✓	✓
Kentucky	Department of Education	2008	✓	✓	✓	✓		✓	✓
Michigan	Department of Community Health	2003	✓	✓	✓	✓		✓	✓
New Jersey	Department of Treasury	2011	✓	✓	✓	✓	✓	✓	✓
New York	Department of Health	2011	✓	✓	✓		✓	✓	✓
Oklahoma	Department of Education	2021	✓	✓	✓	✓		✓	✓
Pennsylvania	Department of Education	2012	✓	✓	✓	✓	✓	✓	✓
South Dakota	Department of Social Services	2013		✓	✓	✓		✓	✓
Utah	Department of Health	2021	✓	✓	✓	✓	✓	✓	✓
West Virginia	Department of Health and Human Resources	2011	✓	✓	✓	✓	✓	✓	✓
Wisconsin	Department of Health Services	2008	✓	✓	✓	✓	✓	✓	✓

Medicaid Technology Products

PCG offers industry leading technology that meets and exceeds the growing needs of the School-Based Medicaid arena. We have 2,500 districts utilizing the following Medicaid technology products:

► **EasyTrac™**

Robust and easy-to-use web-based service scheduling, service documentation, and service reporting tool that provides extensive benefits to both school administrators and providers.

► **UBS**

Proprietary web-based billing system that **manages each step of the billing process**. PCG also offers a **broad range of Medicaid claiming reports** to drive greater revenue and compliance.

► **PCG Claiming System**

Integrated web-based system for **managing all aspects of Medicaid Administrative Claiming and Annual Cost Settlement programs**, including Staff Pool Lists, sample generation, coding, financial collection and certification, quality checks, claim calculation, and CPE forms.

School District Medicaid Services

PCG has extensive experience providing Medicaid billing services to school districts across the country. To substantiate our experience, the table below provides a listing of PCG's efforts in assisting school districts with the administration of their School-Based Medicaid programs.

State	Fee for Service Claiming	Electronic Service Documentation	RMS Support and MAC Claiming	Cost Reporting and Settlement
Alaska	✓	✓		
California	✓	✓	✓	
Connecticut		✓		
Florida	✓	✓	✓	
Georgia	✓	✓		
Illinois	✓	✓		
Indiana	✓	✓		
Kansas	✓	✓		
Kentucky	✓	✓		
Louisiana	✓	✓	✓	✓
Massachusetts	✓	✓	✓	
Michigan	✓	✓		
Minnesota	✓	✓		
Nevada	✓	✓	✓	

New Jersey	✓	✓		
North Carolina	✓	✓	✓	✓
Ohio	✓	✓	✓	
Oklahoma	✓	✓		
Pennsylvania	✓	✓		
Rhode Island	✓	✓	✓	
South Carolina	✓	✓		
South Dakota	✓	✓		
Tennessee	✓	✓		
Texas	✓	✓	✓	✓
Virginia	✓	✓		✓
Washington	✓	✓		

Managed Care Experience

The State of Tennessee includes School-Based Health Services program in its contracts with the three Managed Care Organizations (MCOs). Since 2013, PCG has helped Tennessee school districts navigate the complexities that are unique to each of the three MCOs, beginning with provider enrollment. Prior to billing, each district and every individual provider must obtain the applicable state license and be approved by TennCare and enroll in the network with each of the MCOs. PCG facilitates this process by gathering and submitting the required documentation and tracking each provider through to completion regularly reporting progress to the district. Once enrolled and billing commences, PCG helps districts fulfill physician and prior authorization requirements, which differ among the three MCOs. Once a service is determined eligible for billing, PCG prepares the billing files unique to each MCO.

In the State of South Carolina, school districts are required to bill Rehabilitative Behavioral Health Services through Managed Care Organizations, as of July 1, 2016. There are five Managed Care Organizations and PCG has worked with them to obtain the individual billing requirements specific to each MCO.

I. Summary of bidder's Proposed Personnel/Management Approach

The contractor should present a detailed description of its proposed approach to the management of the project.

The contractor should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

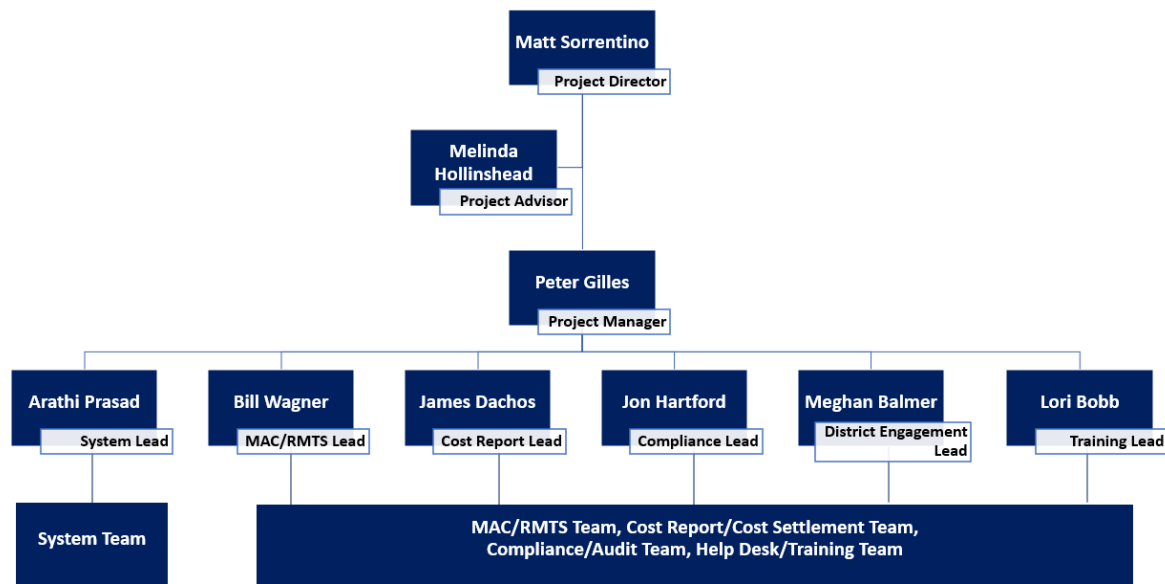
The contractor should provide resumes for all personnel proposed by the contractor to work on the project. The State will consider the resumes as a key indicator of the contractor's understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

Team Organization Structure

The professional assembled for this engagement understand all facets school-based Medicaid programs, leveraging over 100 years of combined experience in providing consulting services to local school districts, state Medicaid agencies, and state Education agencies. This experience allows us to be intimately familiar with the interconnected nature of the of the MIPS and NEBMAC programs in Nebraska.

Our organization chart is presented on the next page.



Resumes for each member of our team is included in [Appendix A](#).

Oversight

For PCG, project oversight begins during the planning phase of implementation and continues until project completion. The objective is to help ensure the project is being performed using best industry practices, prudent management decision-making, and effective and transparent project controls and reporting methods. The advantage PCG brings to DHHS is that it engages both project executive and project advisory level oversight reviews in addition to the project manager. We provide an overview of the specific roles for this project below.

- ▶ The project director strategically oversees, monitors, and manages the project from an executive level. The project director carries full authority to make key project decisions, adjust budgets and add resources and related project governance processes.
- ▶ The project manager is the key source for project status, health, and information that is reported to the project advisory committee and subsequently the project director in order to facilitate key decisions to maintain project integrity.
- ▶ The project advisory committee provides an independent perspective on crucial project decisions and mitigating and managing project risks over the course of the project.

J. Subcontractors

If the contractor intends to Subcontract any part of its performance hereunder, the contractor should provide:

1. Name, address, and telephone number of the Subcontractor(s);
2. Specific tasks for each Subcontractor(s);
3. percentage of performance hours intended for each Subcontract; and
4. Total percentage of Subcontractor(s) performance hours.

PCG does not intend to subcontract any part of its performance.

Attachment 3 Requirements Matrix Request for Proposal Number 110145 O3

Column Description	Bidder Responsibility
Req #	The unique identifier for the requirement as assigned by DHHS, followed by the specific requirement number. This column is dictated by this RFP and must not be modified by the bidder.
Requirement	The statement of the requirement to which the bidder must respond. This column is dictated by the RFP and must not be modified by the bidder.

Project Requirements

Business Requirements	
Req #	Requirement
PR-1	Bidder must meet all requirements in Section V.C.1., Develop and maintain a Random Moment Online System, in the Scope of Work. Describe how your solution will meet these requirements.
	<p>Develop and maintain a Random Moment Online System</p> <p>Public Consulting Group LLC (PCG) is pleased to offer the state of Nebraska the PCG Claiming System. This web-based comprehensive system serves the State, the school districts, and PCG as a “one stop shop” for Medicaid Administrative Claiming (MAC) and Cost Settlement programs. The PCG Claiming System was updated in 2014 based on feedback from users at the district and state level across our 24 client sites. The system incorporates the latest technology in data security and system functionality, as well as a robust architecture to support the needs of the Department from Staff Pool Lists (SPL) collection all the way through the most rigorous audits. It is maintained through frequent development releases and allows a tremendous amount of customization to meet the unique needs of every client. Additionally, it provides all the necessary documenting and reporting capabilities to ensure proper time study administration processes that comply with federal reporting requirements.</p>

The PCG Claiming System manages the following key MAC and Cost Settlement processes:

- ▶ Collection of the universe of participants and moments in the random moment time study;
- ▶ Generation and completion of random moments;
- ▶ Coding of random moments;
- ▶ Collection of quarterly financial data for quarterly Medicaid Administrative Claiming;
- ▶ Calculation of the Medicaid Administrative Claim;
- ▶ Generation of system audit checks for compliance oversight;
- ▶ Analysis of year-to-year reporting trends;
- ▶ Notifications of upcoming program deadlines;
- ▶ Collection of annual financial data for annual cost settlement;
- ▶ Calculation of annual cost settlement;
- ▶ Storage of supporting documentation;
- ▶ Support for questions and training needs; and
- ▶ Generation and collection of Certification of Public Expenditures forms.

The PCG Claiming System is currently used in Arizona, California, Colorado, Delaware, Georgia, Illinois, Indiana, Kansas, Kentucky, Michigan, Nevada, New Jersey, New York, North Carolina, Oklahoma, South Dakota, Pennsylvania, Utah, West Virginia, and Wisconsin to support school-based Medicaid claiming needs. On a quarterly basis, our Claiming System processes 45 plus cost pools, generates over 200,000 random moments and includes 300,000 participants across 5,000 districts. **No vendor in the country has more experience operating school-based, Medicaid-related programs using a web-based application than PCG.**

A site within the PCG Claiming System has already been created for Nebraska and can be fully configured to meet the requirements set by the State. In the remainder of this section, we outline features and functions for the RMTS and Financial Collection components including Certified Public Expenditures (CPEs) in our Claiming System.

Develop and maintain a Random Moment Online System in accordance with CPEs payment methodology

To claim reimbursement under both MAC and the annual Cost Settlement programs, a State must conduct statewide time studies on a quarterly basis with the participating school districts. The time study identifies the proportion of administrative time allowable and reimbursable under the MAC program and calculates direct service time allowable and reimbursable for the annual Cost Settlement program. School districts that participate in the time study must participate in both the MAC and Cost Settlement programs. The procedures and requirements that govern a Time Study are contained in the Implementation Guide that is approved by the Centers for Medicare and Medicaid Services (CMS).

PCG has offered districts the option to complete Random Moment Time Studies via a secure website for over a decade. To streamline the process, PCG launched its new Claiming System to clients in 2014, offering a more innovative way for districts to manage their Random Moment program. The PCG Claiming system is easy to use, securely stores data and provides all the necessary documenting and reporting capabilities to help ensure the time study process provides accurate and reliable samples that adhere to state and federal guidelines.

Collecting Random Moments

Sending RMTS queries to school employees - The PCG Claiming System sends auto generated email notifications to school participants and carbon copies district coordinators based on the timing intervals approved in the Time Study Implementation Guide. The text within the notifications can be customized by the state. The process is explained with system screen shots in more detail within *PR-2 Develop and Conduct a Statewide RMTS*, subsection *Using a Web-Based Random Moment Time Study (RMTS) System to Collect Data on Moments*.

When it is time for a participant to complete their Random Moment Time Study, they simply click the link contained in their email notification. Their unique link takes them directly to their Random Moment in the PCG Claiming System. They then read and click through a series of training screens that explain the MAC program and the Random Moment Time Study. A text box is available for the activity questions as set by the Department, which allows the participant to thoroughly explain what activity they were performing at the time they were selected and why. This gives greater detail to moment responses and allows the participant the freedom to explain much easier than a standard multiple-choice selection. This process is detailed in *PR-2. Develop and Conduct a Statewide RMTS*, subsection *Using a Web-Based Random Moment Time Study (RMTS) System to Collect Data on Moments*.

Allow school providers to certify financial data – School districts will certify their costs on a quarterly basis directly in the PCG Claiming System. The specific details of this process are outlined in section *PR-3*.

Allow each user to have their own username and password – All school district users will have a unique login and password to the PCG Claiming System. PCG will work with DHHS on the approval of appropriate user roles and permissions. These system configurations are customizable by state.

Allow school providers to upload rosters over the internet - Districts can upload and certify their SPLs (rosters) directly into the PCG Claiming System. SPLs can be edited/uploaded via an excel spreadsheet or manually by users. SPLs roll forward from current quarters to the prospective consecutive quarter which reduces the administrative burden on school districts when making quarterly updates. More details are provided in *PR-2. Develop and Conduct a Statewide RMTS*, subsection *Maintain a Web-Based System Districts Use to Submit and Certify Staff Pool Lists*.

Modify site content at the direction of the DHHS

Content on the PCG Claiming System is highly customizable for each client's needs. Text such as instructions for school users, RMTS email notification schedules, participant moment training screens, specific user permissions and many more options can be modified by DHHS.

Deliver all site content to the DHHS for review and approval

Upon receiving a notice for site content modification, PCG will make any necessary changes in a testing environment, and this will be made available to the Department for approval. PCG will work with the Department to confirm changes are appropriate in the testing environment.

Contractor shall not publicly post any content prior to DHHS's approval

PCG will obtain approval from DHHS on any requested changes in the testing environment prior to releasing the changes to the production site. The PCG Claiming System has the capability of two modes: running and maintenance, which allow the site to be made temporarily unavailable as changes take place, if necessary.

Contractor shall make the Random Moment Online System available in a testing environment

The PCG Claiming System has numerous testing sites available, allowing for the testing of bugs and implementing fixes, feature enhancements and training demonstrations. These testing environments can be updated to match the production

	<p>site and provide users the ability to test features of the PCG Claiming System before making changes to the production site.</p> <p>Contractor shall make the Random Moment Online System available in a production environment</p> <p>User access can be granted to individuals based on client needs and the permission level can be configured as needed. All clients are issued a production site, which is maintained constantly through regularly scheduled updates. This site is where district users will have access to manage their SPLs, random moment responses, cost reporting and audit requests.</p>
PR-2	<p>Bidder must meet all requirements in Section V.C.2., Develop and conduct a statewide RMTS, in the Scope of Work. Describe how your solution will meet these requirements.</p> <p>Develop and Conduct a Statewide RMTS</p> <p>In the next few pages, we will specifically outline how our system is configured and additional configuration options available to the State of Nebraska that not only meet the requirements outlined above but also exceed them. Our system is built in a way to allow for changes to be made easily that could occur either during the CMS approval process, through regulatory or statute changes that may occur once the program has been implemented, or a desire to implement additional controls to prevent errors or reduce the administrative burden on the participating school districts or the Department.</p> <p>Contractor shall plan, develop and conduct a statewide RMTS through an online system</p> <p>The first step in the MAC process is to collect SPLs in preparation for the RMTS. For the SPL, districts include staff that are engaged in MAC related activities as part of their job. These staff are then eligible to be selected for a survey moment in the RMTS. The SPL also dictates which staff the districts can later claim costs for during the quarterly financial collection.</p> <p>Our SPL collection process is described in the following pages, but we also wanted to describe two other essential parts of the RMTS preparation process; calendar and shift collection.</p> <p>The intervals of the RMTS will be done on a quarterly basis</p> <p>Update the Department's current RMTS methodology, materials and RMTS online system as necessary or as directed by the Department, by incorporating the most current guidance from CMS</p> <p>SPL collection is performed quarterly with updates to participant shifts and school district calendars. These updates help maintain program compliance as outlined by the state and approved by CMS in the Time Study Implementation Guide. As a partner, PCG will work with the state on updates that may occur to the policy and revise the system to meet all program</p>

regulations. The following two sub sections, *Calendars* and *Shifts* have been developed in the PCG Claiming System based on direct feedback from CMS.

Calendars

To ensure that participants are not selected for RMTS surveys on holidays or non-working days, PCG collects calendars from each school district. By collecting and incorporating this calendar information into the RMTS, we can achieve more accurate time study results since participants are selected for moments on days when they are actually working. While most districts share commonality in having time off for the Federal and State holidays, differences often exist around other time off during the year such as breaks, first and last days of schools, as well as other non-student attendance days. Our system allows districts to create a custom calendar to help define a more accurate sample universe and ensure that staff are not sampled on days they are not in session. If the Department desires, a single statewide calendar could be utilized in the system, but our system provides the added flexibility to create these district specific calendars.

As seen in Figures V.C.2.A through V.C.2.C, the calendar submission process is very user friendly for the districts. Prior to the start of each quarter, PCG sends an email to school district contacts informing them that the PCG Claiming System website is now available to make updates to the district's calendars, shifts, and staff pool list. The district updates their calendar by clicking on 'Calendar' on the top menu bar.

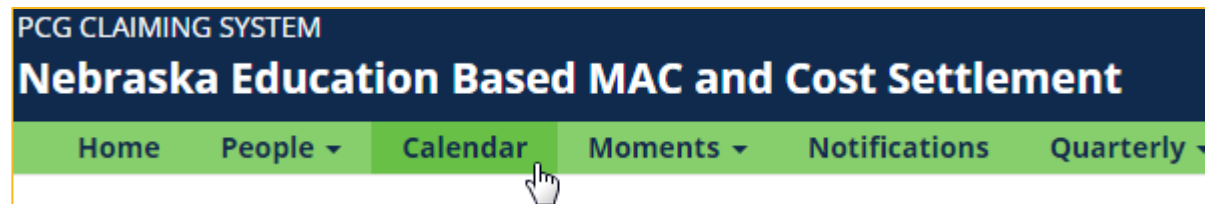


Figure V.C.2.A: PCG Claiming System Calendar Submission Process

Figure V.C.2.B shows the days available for participants to receive random moments in the upcoming quarter. The district contact uses this screen to identify days that staff are not working. This may include holidays, spring break, or days when school is not in session for the summer.

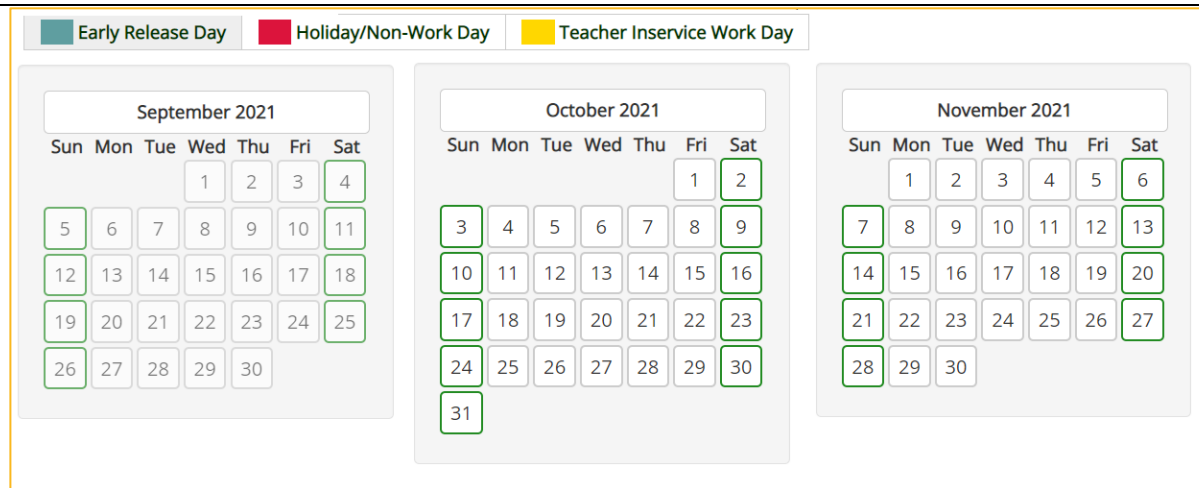


Figure V.C.2.B: PCG Claiming System Calendar Submission Process

As seen in *Figure V.C.2.C*, districts update their calendars by clicking on the days as needed. Below is a screenshot of a district with a day off on September 6th, days off for Thanksgiving on November 25th and 26th, and early release days on October 1st and November 24th.

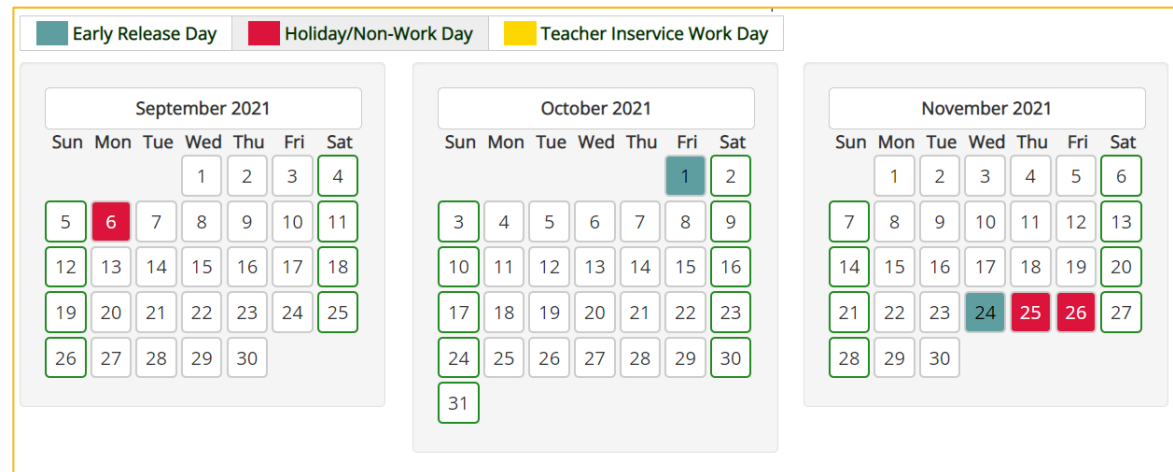


Figure V.C.2.C: PCG Claiming System Calendar Submission Process

After the district has identified all of the days that school will not be in session, they click 'Certify'. This will ensure that no participants on this district's staff pool list will receive random moments on these days. The benefit of staff not receiving random moments on days when they are not working is that this increases the likelihood of having a statistically valid sample of moments and reaching the required 2,401 working random moments per cost pool.

Shifts

The start and end times can be automatically set to meet the 7:00 am to 4:00 pm time frame outlined in the RFP. However, the ideal sampling setting is to identify the times that are specific not only to the participating school districts but the various staff members within those districts. Districts often have different start and end times for their school day. Also, schools within a district may have staggered start and end times as well. When a single time frame is used across the state, staff may be sampled at a time that they are not working. Additionally, recent findings from the Office of the Inspector General (OIG) suggest that alternatives to individual working hours, such as standard bell and latest start and earliest end time work schedules, do not cover the entire work period and support fewer hours/minutes that were worked by participants. Therefore, further suggesting that a sample is invalid when it does not represent 100% of the time worked by participating staff.

To help ensure that time study participants only receive moments during their individual working hours, the PCG Claiming System provides school districts with an option of including custom shifts by school, job category, or participant. For example, if a staff member only works Monday, Wednesday, and Friday, the district can capture their working time by creating a Shift for this person.

Shifts can be created at an individual level or for a group of staff members. Like the calendars, shifts help ensure that RMTS participants are selected for RMTS surveys during times they are actually working. If staff end their day at 4:00 pm, the overall statewide RMTS results would be negatively impacted should they receive a moment at 4:15 PM.

As seen in *Figure V.C.2.D*, to create Shifts in the PCG Claiming System, districts select 'Shifts' from the 'Configuration' drop down menu.

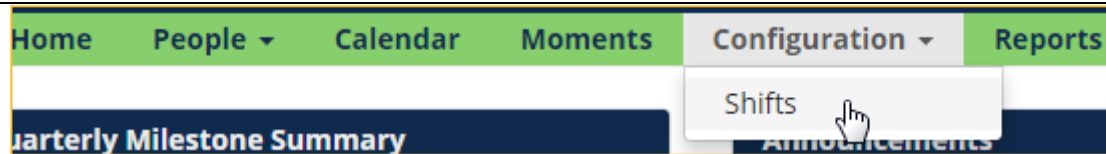


Figure V.C.2.D: Creating Shifts in the PCG Claiming System

Figure V.C.2.E shows the shifts that the district has previously created. In this example, the district setup a full time shift and multiple part time shifts for only certain days of the week. To add a new shift, the district selects 'Add New Shift'.

Add New Shift			
Id	Shift	Hours	Agency
326	Full Time	40 hours 0 minutes	Agency 1
336	PT M, W, F	22 hours 30 minutes	Agency 1
337	PT M, T	9 hours 0 minutes	Agency 1
327	PT T-TH	22 hours 30 minutes	Agency 1
341	PT M, T, TH	24 hours 0 minutes	Agency 1
(5 Shifts)			

Figure V.C.2.E: Creating Shifts in the PCG Claiming System

The district can now name the shift and identify the days of the week and the hours within the day that certain staff may work. Staff who have their shift type selected will not receive any random moments outside of the start and end time of that shift.

For example, the district may have contracted employees who provide services for the district only on Monday and Tuesday. The district can set a shift named 'Mon Tues' and select this shift type for any of their staff that work during this shift. Those participants will not receive any random moments on Wednesday, Thursday, or Friday.

The benefit of our shift feature is that it increases the compliance and number of working moments for the statewide sample since staff will not receive random moments outside of their shift. The below example, *Figure V.C.2.F*, is for the district Social Worker who works from 7:30 AM to 2:00 PM every day except on Tuesday and Wednesdays. This person will not receive any random moments on Tuesday or Wednesdays. Also, moments will not be sent before 7:30 AM or after 2:00 PM. When complete, the district contact selects ‘Create New Shift’.

Create New Shift

Shift:

PT M, TH, F

Position:

3827

☐ Inactive

Day of week	Begin Time	Duration	Delete
Monday	7:30am	6h 30m	✖
Thursday	7:30am	6h 30m	✖
Friday	7:30am	6h 30m	✖

Cancel

Create New Shift

Figure V.C.2.F: Creating Shifts in the PCG Claiming System

As mentioned, PCG’s system can accommodate a single statewide start and end time to be used by all districts to define the sample universe. However, our system does provide the flexibility to create unique start and end times to better define the sample universe. Currently, the 18 states that we provide RMTS support for (either at the state or district level) all allow the districts to utilize the shift functionality to better define the working time for their staff.

Collect RMTS rosters from participating school providers for consistency and any deviations from previous rosters

As noted above, the Staff Pool List (SPL) collection is one of the first steps in the MAC process and serves as the foundation of the program. The SPL dictates which staff will be participating in the time study and will be eligible to receive RMTS surveys. Additionally, the SPL dictates which staff members the district can report costs for during the quarterly financial collection process. The SPL collection process is described in the following pages.

As seen in *Figure V.C.2.G*, districts update their staff pool list by clicking the 'Staff Pool Positions' tab from the 'People' drop down menu as seen below. Employees from the previous quarter are pre-populated, so users only need to make updates. This reduces the administrative burden of school district staff by leveraging staff pool list data previously reported from the previous quarter. Staff pool lists are due approximately one month prior to the start of each quarter.

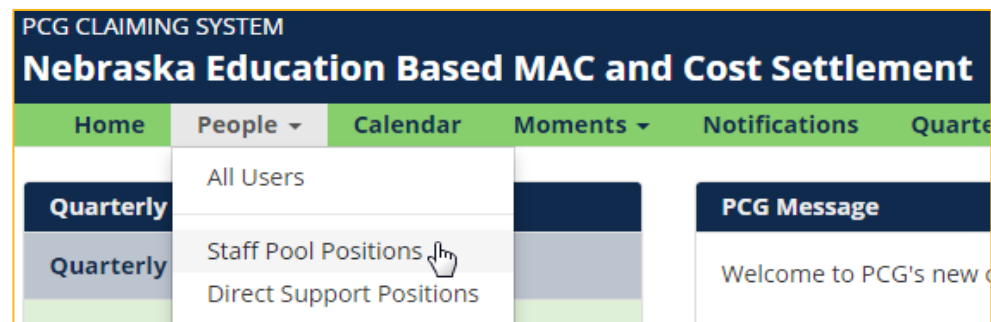


Figure V.C.2.G: Updating Staff Pool Lists

Figure V.C.2.H shows where districts can look up their active participants listed in the staff pool list. They can filter by cost pool, job category, email, first name, last name, vacancies, or even by the first letter of their first or last name.

Figure V.C.2.H: Updating Staff Pool Lists

To add a new participant to the staff pool list, the user clicks on the 'Add New Job Position' button (*Figure V.C.2.H*) at the top of the page.

Figure V.C.2.I: Updating Staff Pool Lists

The new participant screen (*Figure V.C.2.J*) includes the following required fields for the user to complete:

- ▶ Location
- ▶ Cost Pool
- ▶ Job Category
- ▶ Shift Type
- ▶ Employment Type

- ▶ Email
- ▶ First Name
- ▶ Last Name

In addition, the user has the following optional fields that they could include:

- ▶ Job Title
- ▶ Description
- ▶ Employee ID
- ▶ Middle Name
- ▶ Suffix
- ▶ Phone
- ▶ Email CC person

Location:	<input type="text"/>
	(Required)
Cost Pool:	<input type="text"/>
	(Required)
Job Category:	<input type="text"/>
	(Required)
Shift Type:	<input type="text"/>
	(Required)
Job Title:	<input type="text"/>
Description:	<input type="text"/>
Action:	<input type="button" value="Fill With New"/>

Start Date:	<input type="text" value="04/01/2011"/>
End Date:	<input type="text" value="mm/dd/yy"/>
Employment Type:	<input type="text"/>
	(Required)
Email:	<input type="text"/>
	(Required)
Employee ID:	<input type="text"/>
First Name:	<input type="text"/>
	(Required)
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
	(Required)
Suffix:	<input type="text"/>
Phone:	<input type="text"/>
Email CC Person:	<input type="text"/>

Figure V.C.2.J: Participant Screen

Districts also have the option of using PCG's export/import feature (*Figure V.C.2.K*). Through this feature, district users can add multiple participants at one time or make edits to existing participants. The user clicks 'Export' to download a Microsoft Excel document with the district's staff pool list.

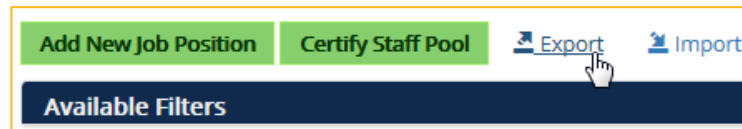


Figure V.C.2.K: PCG's Export/Import Feature.

The user selects the 'Import' icon to upload the amended list, as seen in *Figure V.C.2.L*.

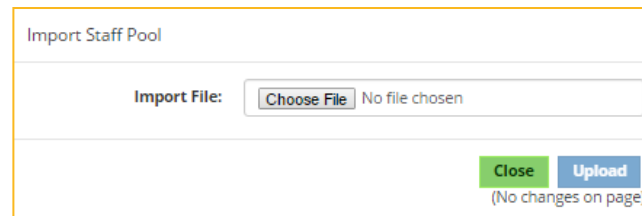
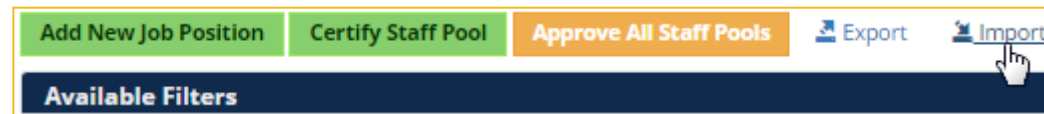


Figure V.C.2.L: PCG's Import Feature.

To find and edit a specific participant, the district contact can filter participants by cost pool, job category, Email, employee ID, first name, or last name. In *Figure V.C.2.M*, the user is looking for a participant with the last name Cooper. The user typed 'Cooper', clicked 'Filter', and the search results displayed below.

Agency:
Cost Pool:
Job Category:
Email:
Employee ID:
First Name:
Last Name:
Email Confirmed:
Vacancies:
Certified:

Filter Clear

Cost Pool	Email	Emp Id	Name ^	Job Category	Job Title
Admin	10773@test.com			School Counselors	School Counselors

Figure V.C.2.M: Filtering Participants.

After clicking on the participant’s name, the district contact is taken to a screen where they can edit the information and click ‘Save Changes’ as shown in Figure V.C.2.N.

Edit Job Position 1 / 1

Location: [Redacted]

Cost Pool: Administrative

Job Category: School Counselors

Shift Type: Full Time

Job Title: School Counselors

Description:

Employment Status	Employee ID	Email	Name	Start Date	End Date	Delete
District Payroll		10773@test.com	[Redacted]	07/01/2014		X

Action: Edit

Edit staff:

☐ Check to enable editing of last name/email ONLY if you are NOT performing a replacement. To perform a replacement please select an appropriate option above.

Employment Type: District Payroll

Start Date: 07/01/2014

End Date: mm/dd/yyyy

Email: 10773@test.com

Employee ID:

First Name:

Middle Name:

Last Name:

Suffix:

Phone:

Email CC Person:

< > Edit Another? Cancel Save Changes (No changes on page)

Figure V.C.2.N: Editing Participant Information.

After the district finishes making the necessary updates to their staff pool list, they must click 'Certify Staff Pool' as shown in *Figure V.C.2.O*. The list of participants that the district certifies will be the same list that appears on financials after the close of the quarter. This process ensures that the district is not claiming costs for ineligible employees and decreases any audit risks.

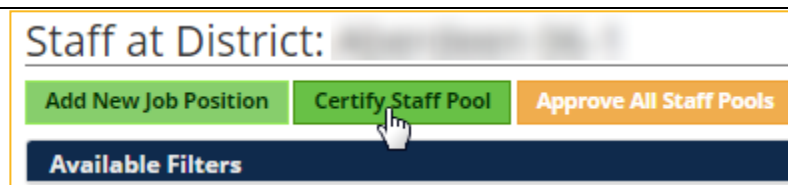


Figure V.C.2.O: Certifying Staff Pool.

Vet and analyze rosters collected from all participating school providers for consistency and any deviations from previous rosters

After clicking 'Certify Staff Pool' as shown in the previous figure, the district will be required to review the changes made to the current quarter's SPL as seen in *Figure V.C.2.P*. The district will need to 'Confirm' they have reviewed the changes from the previous quarter before being able to complete the certification process. This aggregated review process enables the rosters to be examined for discrepancies from the prior quarter.

Staff Pool List Certification

Job Category Review

Cost Pool	Service Type	Job Category	Previous Count	Current Count	Difference	% Difference	Status / Warnings
Direct Service Personnel	School Health Services (Nursing)	Registered Nurse (RN)	1	1	0	0.00%	No Change
Direct Service Personnel	Speech Pathology Services	Speech/Language Pathologist	2	2	0	0.00%	No Change
Other Direct Service Personnel	School Health Aide	School Health Aides	3	3	0	0.00%	No Change
Other Personnel	Administrative Personnel	Administrators	3	3	0	0.00%	No Change
Other Personnel	Administrative Personnel	Clinical Support Staff	3	3	0	0.00%	No Change
Other Personnel	Administrative Personnel	Other Administrative Personnel	6	5	-1	-16.67%	Low Change
Other Personnel	Administrative Personnel	School Counselors	1	0	-1	-100.00%	Job Category is now 0

Please indicate if you have reviewed the job category changes above. If the SPL is accurate as certified, please click the Confirm button. If changes are needed, please click the "Edit" button.

Confirm

Edit

Vacancy Review

Previous Vacancy Count	Previous SPL Total	Previous Vacancy %	Current Vacancy Count	Current SPL Total	Current Vacancy %	Change in Vacancies
0	19	0.00%	1	17	5.88%	1

As a reminder, vacancies should only be used if you intend to fill the positions. Please indicate if you have reviewed the vacancy counts and percentages above. If the SPL is accurate as certified, please click the Confirm button. If changes are needed, please click the "Edit" button.

Confirm

Edit

Certify Staff Pool

Figure V.C.2.P: Staff Pool List Certification: Job Category Review

Collect and distribute all RMTS data and information electronically. The Contractor shall do this through the use of email from previous rosters

As described in the previous sections, the entire time study preparation process is facilitated through our PCG Claiming System. Districts submit and certify calendars, shifts, and Staff Pool Lists in the system, and PCG staff use the system to review and process this data. Then, the PCG staff use the system to generate the Random Moment Time Study (RMTS) survey, or moments. After these moments are generated, reviewed, and approved, the actual time study also takes place in the PCG Claiming System.

In the following pages, we describe how our PCG Claiming System generates automatic email notifications, reminders, and late notices for the RMTS participants. We then describe the simple and convenient process that RMTS participants go through to complete their moments.

Completing a Random Moment - Notifications

The PCG Claiming System is customizable to send moment notifications at a variety of intervals.

The **Initial Moment Notification** can be sent multiple days prior to the sampled moment. The message includes the date and time of the moment, as well as the website hyperlink for the participant to access the moment after it occurs. Some states have now been required by CMS that notifications to staff cannot be sent prior to the moment. Our system is flexible and can accommodate any number of notifications at any desired time before or at the time of the moment based on what is approved in the final methodology by CMS.

Reminder Moment Notifications can be sent a few days and/or 24 hours before the sampled moment. These messages contain the same information as the initial moment notification message but are designed to reinforce the importance of employee participation in the program and remind them of the upcoming moment.

If a response is not received, a **Late Notice** can be sent any time after the moment. This message includes the date and time of the moment as well as the website hyperlink for the participant to access the moment. If the participant does not complete the moment within desired times of receiving the first late notification, a second reminder is sent out. The school district coordinator or appropriate supervisor is copied on this notice. Again, the system is flexible and reminder notifications can be sent out at various times and to various staff any time after the moment has occurred. In the future, if the Department desires additional reminders to be sent, the system can be easily modified to add or remove any reminders.

A **Final Notice** is sent out at a designated time before the moment is due to expire hours. The school district coordinator or appropriate supervisor is copied on this notice.

The automation and frequency of these notifications are essential contributors to the success of the time study. They help ensure that RMTS participants complete their moments in a timely fashion, which helps ensure that their answers are complete and appropriately detailed. The notifications also allow MAC coordinators to stay on top of the RMTS and their staff's participation.

Completing a Moment – Participant Documenting RMTS

When it is time for a participant to complete their RMTS moment, they simply click the link contained in their email notification. Their unique link takes them directly to their Random Moment in the PCG Claiming System. They then read and click through a series of training screens that explain the Nebraska school-based services programs and RMTS.

After completing the Program Overview screen, the participant is asked to complete the first question regarding their RMTS moment sample: 'Were you working during your sampled moment?' The participant selects the appropriate response, and then clicks 'Next' as shown in *Figure V.C.2.Q*:

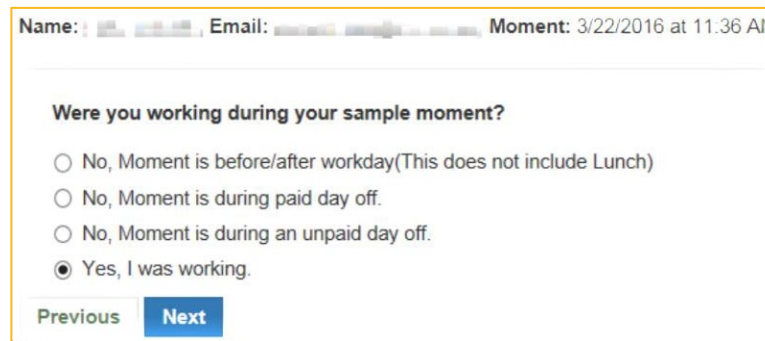
The screenshot shows a web interface for completing a Random Moment Time Study (RMTS) moment. At the top, it displays 'Name: [redacted]', 'Email: [redacted]', and 'Moment: 3/22/2016 at 11:36 AM'. Below this, the question 'Were you working during your sample moment?' is presented. There are four radio button options: 'No, Moment is before/after workday(This does not include Lunch)', 'No, Moment is during paid day off.', 'No, Moment is during an unpaid day off.', and 'Yes, I was working.' The 'Yes, I was working.' option is selected. At the bottom, there are two buttons: 'Previous' and 'Next'.

Figure V.C.2.Q: First Question Regarding RMTS Sample

If the participant selected 'Yes, I was working,' then they are asked to answer the questions listed in the screenshot below and click 'Next'. The first three questions are free text boxes, allowing the participant to fully describe their activity during the selected moment. If the participant declared that they were not working during the moment, then they would not be

required to add additional detail about the activity and would submit their moment. Once the participant has answered all the questions, the participant should click 'Next' as shown in *Figure V.C.2.R*.

The screenshot shows a web form titled 'Claiming System' with a dark blue header. Below the header, it displays 'Name: [redacted]', 'Email: [redacted]', and 'Moment: 3/22/2016 at 11:36 AM'. The form contains five numbered questions with corresponding text input fields or radio buttons. Question 1 asks for classifications of people present. Question 2 asks for a detailed description of the activity. Question 3 asks for a detailed description excluding job function. Question 4 is a yes/no/N/A question about the activity being for a student with an IEP or IFSP. Question 5 is a yes/no/N/A question about whether the activity is a requirement in the student's IEP or IFSP. At the bottom, there are two buttons: 'Previous' (green) and 'Next' (blue).

Claiming System

Name: [redacted] Email: [redacted] Moment: 3/22/2016 at 11:36 AM

1. Who was with you? Indicate classifications (Teachers, Speech Therapist, Student, Parent, etc.) rather than names.

2. Describe in detail the specific activity you were doing during the exact minute indicated in the time study.

3. Describe in detail, excluding the fact that it is likely included in your job function, why you were doing this activity.

4. Is the activity you were doing, as described above, with or on behalf of a student that has an IEP or IFSP?

☐ Yes
☐ No
☐ N/A

5. If the answer to 4 is yes, please indicate if the activity you were doing is a requirement in the student's IEP or IFSP. Select N/A if the answer to 4 is No or N/A.

☐ Yes
☐ No
☐ N/A

Previous Next

Figure V.C.2.R: Additional Detail Screen

After responding to the questions and clicking 'Next,' the participant reviews their answers for accuracy and checks the certification box at the bottom of the screen. This provides an additional opportunity for the participant to quality check their responses. Participants are required to attest to understanding the purpose of the Nebraska MAC program, their role in the program, and how to accurately complete a Random Moment Time Study. After checking the box, the 'Submit' button will appear, and the participant can complete the moment by clicking it. The 'Submit' button will not appear until the participant has checked the box. Participants can also click 'Edit' if they need to make any changes to their responses. The 'Edit' button will bring the participant back to the last page to make any changes to their answers before submitting the moment.

After the participant clicks 'Submit Moment', they will be brought to the next page confirming the Random Moment Time Study has successfully been completed, as seen in *Figure V.C.2.S*.

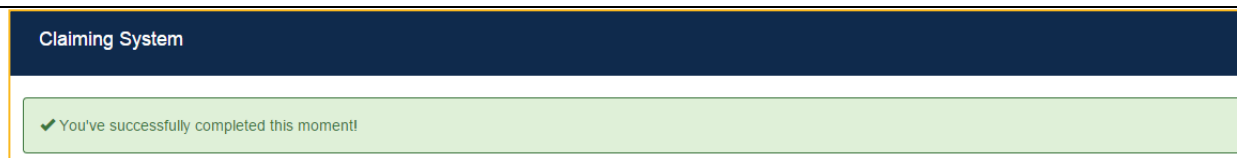


Figure V.C.2.S: Successful Completion Screen

If a participant has questions pertaining to the Random Moment Time Study, they can either email or call PCG. The hyperlink for the random moment can be resent upon request as well.

Responses are stored and backed up in the Claiming System website.

Establish a time frame for RMTS to be within 7:00am and 4:00pm

PCG has developed shift functionality so that school districts can appropriately assign shifts to their participants during working hours. This customizable feature includes the option to specifically assign a *7am to 4pm* shift time frame. Please see previous sub section of PR-2, *The intervals of the RMTS will be done on a quarterly basis*, for specific details about the shift functionality in the PCG Claiming System.

Code RMTS appropriately to demonstrate Medicaid allowable services and activities

To ensure consistency in coding and to alleviate any burden on the school district, PCG has an internal coding process to properly classify the moment. With PCG's "centralized coding" process, PCG staff read the random moment responses and appropriately code the moment. This approach reduces the burden on selected staff and minimizes the amount of training needed for participant and participant liaison staff. Additionally, the centralized coding ensures that activities throughout the state are coded consistently and accurately.

PCG reviews moments as they are submitted to ensure that the participant's response contains enough information to determine the appropriate activity code. The details are essential as the determination between two activity codes often is based on the clarity of the response and the level of information provided. Allowing the sampled participant to answer in a narrative format, vs. dropdowns, ensures that the person is not being "guided" to a specific activity as well as creating the necessary documentation needed for a review. Once the narrative response is certified by the sampled participant the moment is sent to PCG for the determination of the appropriate activity code.

Maintain all RMTS data for storing and analyzing all RMTS responses, data and information

PCG uses a mechanized process to aggregate the time study data on a quarterly basis. The process for aggregating the quarterly time study results is further explained in our Coding and Claim Calculation sections within this chapter.

Monitor and compile reports of participating schools' RMTS response compliance rate

PCG provides multiple tools within the PCG Claiming System that coordinators can use to monitor the program and track participants that are completing their random moments in a timely fashion. Each LEA coordinator is assigned a username and password for accessing LEA specific RMTS information. Here they can access real-time RMTS return compliance data through a number of on-demand reports:

► Individual Master Sample File

This report shows the time and dates of moments up to five days in advance of the sampled moment. This provides the coordinators an advance view of their participants with upcoming moments.

► Compliance Report

The compliance report is used to ensure that all moments have been completed and that all districts remain in compliance. The report shows all moments that have occurred up to when the report was run. It also displays the date and time the moment was submitted to PCG. Coordinators can easily view which participants have not completed their moments and conduct follow-ups with them to assure timely completion of the moment.

► Resending Moment Link

The 'Moments' tab on the Claiming System gives RMTS coordinators the power to resend RMTS hyperlinks to the staff. If a random moment is past due and the participant needs their link, the coordinator can have the Claiming System website auto-generate the email containing the hyperlink and have it sent to the participant with the push of a button.

Code and review the quality of RMTS responses in accordance with CMS approved methodology and calculate a time study percentage based on direct medical administrative services provided

Familiarity with CMS Approved Activity Codes

PCG has central coding experience with coding in over 20 states. We are intimately familiar with the CMS approved codes and our extensive experience allows us to quickly address nuances and intricacies in new states. On a quarterly basis, we

currently code over 140,000 moments in the aggregate in a quarter. This is more than our all of our competitions combined coding efforts.

Coding Monitoring Process

To minimize audit risk and support a well-documented and transparent process, PCG implements a robust time study coding process. Each moment goes through a two-step coding process before it is finalized within the system. The key phases to our process are highlighted below:

Primary Coding

During the quarter, sampled participants respond to their moments via the participant-specific random moment hyperlink. The response from the participant is evaluated to determine if there is enough information to code the moment. In 2019 PCG developed a proprietary Artificial Intelligence (AI) algorithm that reviews the response instantly of the sampled participant and validates it to determine if there is enough information in the moment to code the moment. If there is enough information to code the moment, an activity code is assigned to that moment.

That assignment can be done automatically with AI or by a coder. Typically, if the moment contains sufficient information for AI to assign a code, AI will recommend a code, assign a confidence score, and proceed on to be reviewed by a coder. If the moment is vague, or lacks enough information to assign an activity code, a follow-up is initiated by a coder.

This maximizes the potential of accurate responses in the case of a follow-up question for participants. Moments are coded in a timely fashion as they are submitted into the PCG Claiming System by participants. PCG may utilize a UK-based corporate affiliate for certain information technology development services. However, any offshore resources utilized by PCG in connection with this project would not have access to secure or sensitive data, or any client personal data. All client data is maintained in data centers and servers that are physically located in the United States and have obtained independent attestations (Service Organization Control (SOC) I Type 1 or SOC II Type 2 report) over their controls.

Moments Follow-up

If a participant attempts to submit a moment with insufficient detail, such as 'in a meeting' or 'with a student', or vague information to assign a code, they will receive a validation error message asking them to provide additional details to their survey questions. This automated Answer Bot feature provides real-time feedback to participants which has the following benefits:

- ▶ Immediate feedback before the participant can submit the moment
- ▶ Reduced lag time in follow-up questions so participants are more likely to provide details
- ▶ Less confusion for participants when they have moments close together and receive overlapping notifications and follow-up requests

The Answer Bot follow-up feature does not prohibit participants from submitting moments even if additional details are required to assign an activity code. The validation error will trigger no more than two times before a successful completion can be made. If there is still insufficient information to accurately code a moment, the participant will be contacted with a request to provide further details with a system generated follow-up email. **PCG's automated answer bot technology provides real-time feedback to participants while answering moments. PCG is the only vendor to utilize this proprietary technology.**

When the participant follows the random moment hyperlink in the email, they will see the moment requiring follow-up and answer the coder's question. For audit purposes, the participant cannot change the text that was submitted originally. The original response, the question(s) asked, as well as the additional response are then maintained in the system. If enough information is initially provided, or once the follow-up information is provided for the moment, it is reviewed, and the appropriate activity code is assigned. If the participant does not respond, or does not respond with enough clarifying information, a second follow-up email may be sent.

Quality Control Coding

When a moment is coded by the primary coder, a Quality Control (QC) coder reviews the moment. The QC coder reviews the response of the sampled participant along with the activity code assigned by the primary coder. If the QC coder and Primary Coder are in agreement, the QC coder will 'pass' the moment, which allows it to be completed in the system and will be used in the final time study calculation.

If the QC coder disagrees with the assigned activity code, they can 'fail' the moment. The QC coder provides reasons for their disagreement and the moment is sent back to the primary coder for review. **100% of all completed moments are reviewed by the QC coder.**

Any disagreement in activity codes and assigned moments are discussed between the AI, primary coder, QC coder, and Regional Coding Expert on a regular basis. Additionally, primary coders, QCers, and their supervisor meet frequently to review codes and guidelines from CMS. This step is another process to increase the consistency and accuracy of coding.

Coding Supervisor Review

Coding is a major risk factor in audits and other reviews. To mitigate this risk, PCG has added an additional review process. On a regular basis, our national coding supervisor samples at least 10 percent of moments from each cost pool that have been coded by the primary coder and given a 'pass' by the QC coder.

The national coding supervisor reviews the response of the participant as well as the activity code for consistency with CMS policy. Any moments for which the coding supervisor does not agree with the final activity code assigned are sent through the coding process again. This is rarely needed, but is a vital step for compliance and accuracy.

Our Regional Coding Expert is also located in Chicago where an additional 10% of moments are reviewed.

Once the review process is completed, moments are finalized for state review and calculation of the quarterly time study percentages.

CMS Approved Statistical Validity and Response Compliance

We typically design our time studies to operate a 95% confidence level with an error rate of +/- 2% which requires a minimum of 2,401 working moments must be in the sample to make it statistically valid. If the approved methodology in Nebraska specifies different confidence and error rate levels, we will make the necessary adjustments. To ensure that a valid sample is collected PCG over samples the number of moments. The over-sample allows for moments not returned or not accurately completed. These are only used if the return rate of valid moments is less than 85%. Then, all non-returned moments would be included and coded as non-Medicaid time.

The RMTS results will be finalized upon completion of the Nebraska sample review and approval. Upon approval, PCG runs statistical compliance reports to serve as documentation that the sample results have met the necessary requirements. The results of the code validation process indicate that **PCG meets or exceeds coding expectations**. These coding results are utilized to calculate time study percentages based on direct medical and administrative services provided.

The Contractor shall ensure the ability to duplicate each random sampling that is conducted

Once calendars, shifts, and staff pool lists are compiled, certified, and reviewed in the Claiming System, PCG staff use the PCG Claiming System to seamlessly integrate this data. During this process, each cost pool is sampled to identify participants in the time study. The sample is selected from each cost pool, along with the total number of eligible time study moments for the quarter. Using a statistically valid random sampling technique, the desired number of random moments is

	<p>selected from the total pool of moments. Next, each randomly selected moment is matched up, using a statistically valid random sampling technique, with an individual from the total pool of participants.</p> <p>The use of the district calendar and shifts allows for the most comprehensive sampling process. All moments in which at least one person is working are in the pool to be selected. However, a selected moment is only matched against a participant that, based on the district calendar and assigned shift, is working at that selected moment. Each time the selection of a minute and the selection of a participant occurs, both the minute and the participant are returned to the overall sample pool to be available for selection again per CMS sampling with replacement requirements.</p> <p>When generating the time study, PCG will apply the state implementation plan to meet the following guidelines.</p> <ul style="list-style-type: none"> ▶ Statistical Validity ▶ Sample Size ▶ Sampling Period <p>To ensure sample size is appropriate, PCG has developed a process with a series of action items necessary for sample generation and acceptance. Initial action items include confirming compliance of districts' staff pool lists, calendars, and shifts. In addition, PCG gathers specific information on moment selection dates and times such as earliest and latest moments, moments over holidays or breaks, and number of moments per month. PCG will continue to take the steps needed to achieve the highest level of accuracy, reliability, and compliance for Nebraska school districts throughout their participation in the MAC program.</p> <p>This process allows PCG to duplicate each random sampling of moments each quarter. Detailed reports also show each moment that was selected for a participant including the exact data and time of the moment.</p>
PR-3	<p>Bidder must meet all requirements in Section V.C.3., Develop and Maintain Cost Reporting Online System, in the Scope of Work. Describe how your solution will meet these requirements.</p> <p>Develop and maintain Cost Reporting Online System</p> <p>The PCG Claiming System is a dynamic web-based comprehensive system that would serve the Department and school providers as a “one stop shop” for all cost reporting needs. The system incorporates the latest technology in data security and system functionality, as well as a robust architecture that support the needs of its users. This includes housing the Staff Pool Lists (SPLs), to facilitating quarterly and annual cost reporting, all the way to supporting users through the audit</p>

process. This online solution is maintained through scheduled development releases and allows customization to meet the unique needs of our clients nationally and will be incorporated for Nebraska.

The Cost Reporting Online System shall contain all information require by the CPEs payment methodology

The PCG Claiming System has a proven track record and has been utilized in Arizona, California, Colorado, Delaware, Georgia, Illinois, Indiana, Kansas, Kentucky, Michigan, Nevada, New Jersey, New York, North Carolina, South Dakota, Pennsylvania, West Virginia, and Wisconsin to support school-based Medicaid claiming and reporting needs.

The PCG Claiming System contains all information required by the Certified Public Expenditures (CPE) payment methodology for both quarterly and annual cost reporting. With the housing of providers and differentiating personnel by cost pool, the PCG Claiming System uses the information reported by school providers, including salary and benefit information, and other financial and data elements to calculate claims using the approved CMS methodology. PCG looks forward to working with Department to customize the system for Nebraska.

School providers log into the PCG Claiming System through their own unique login which authorizes the user to view their district-specific information. Depending on their user type level (RMTS Coordinator, Financial District Level Viewer, Financial District Level Editor, Financial District Level Admin, etc.) that is customizable by state, they will be able to see and access certain pages in the PCG Claiming System for financial reporting, if allowed by their privileges (which vary by user). The 'Quarterly' and 'Annual' financial reporting pages can be easily accessed from the green menu bar from any page within the system:

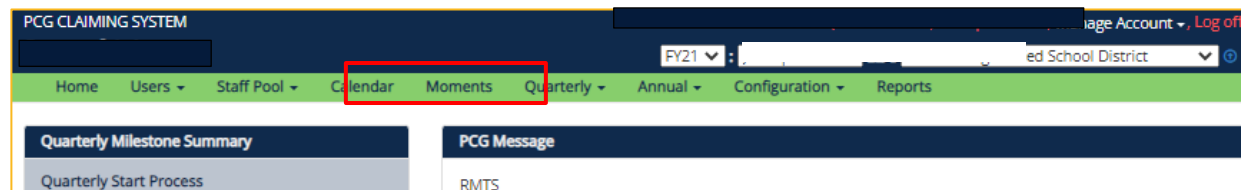


Figure V.C.3 1: PCG Claiming System User Pages

The Contractor shall develop an online system for completing required cost reporting at a minimum to include: 1. Allowing providers to report salaries, benefits, and other relevant financial information in accordance with the CMS approved methodology, 2. Calculates final CPEs numbers, 3. Calculates final settlement numbers

There are many financial reporting areas for the user to access from the 'Quarterly' menu options, that can include, but are not limited to:

- ▶ Salaried Staff
- ▶ Contracted Staff
- ▶ Salaried Support Staff
- ▶ Contracted Support Staff
- ▶ Other Costs by Service Type
- ▶ Quarterly Summary
- ▶ Claim Summary
- ▶ Funds
- ▶ CPE Form

PCG knows that different criteria exist across states. We offer a robust look at examples of financial reporting areas in the PCG Claiming System for quarterly reporting in the following sections.

Salaried Staff

In this area, school providers enter the salaries and benefits for SPL participants. To access this area, the providers select 'Salaried Staff' from the 'Quarterly' option from the green menu bar.

The PCG Claiming System then displays the information for Salaried Staff as seen below:

District Employee ID	Name (Last, First)	Job Category	Cost Pool	District Job Title	Job Span	Paid Hours	Salary	Employee Paid Benefits	Comp Act Rate / Non-Actable	Gross	Net
	Adams, Daniel	Personal Care Aide/Teacher's Aide	Direct	Significant Support Needs Para			\$5,494.50	\$1,807.22	\$3.00	\$8,298.00	\$8,298.00
	Beggs, Marissa	Personal Care Aide/Teacher's Aide	Direct	Transition Paraprofessional			\$3,800.40	\$1,040.14	\$0.00	\$5,122.62	\$5,122.62
	Berles, Denise	Special Education Teacher	Direct	Preschool Cert. Teacher/Administrator			\$18,902.41	\$4,224.81	\$0.00	\$23,127.22	\$23,127.22
	Minn-Mason, Amanda	Special Education Teacher	Direct	Special Education Teacher			\$12,775.25	\$5,226.14	\$0.00	\$18,001.40	\$18,001.40
	Lujan, John	Special Education Teacher	Direct	Preschool Special Education Teacher			\$15,271.80	\$4,549.06	\$7,872.48	\$17,948.38	\$17,948.38
	Wright, Kristina	Speech/Language Pathologist	Direct	Speech Language Pathologist			\$16,519.50	\$5,409.09	\$0.00	\$21,928.59	\$21,928.59

Figure V.C.3 2: PCG Claiming System Quarterly: Salaried Staff Page

To ease administrative burden for school providers, the salaried SPL participants' names and job position information are pre-populated and are pulled directly from the certified SPL and include:

- ▶ District Employee ID (optional)
- ▶ Name (Last, First)
- ▶ Job Category
- ▶ Cost Pool
- ▶ District Job Title (optional)
- ▶ Job Span

The job span shows the percentage of time the participant was active on the school provider's SPL. If a participant was only active for part of the quarter, replaced by an existing staff or left during the quarter, the span displayed is reduced to the time they were removed.

The school provider can enter the salary information by individually selecting each SPL participant or, alternatively, the school providers have the option to use an export and import function to update cost information. This is an often-used feature preferred by users. This function allows the users to edit their costs in a Microsoft Excel file and then import the results. At the top of the 'Salaried Staff' screen, the user clicks 'Export' to export a .CSV document that can be edited in Microsoft Excel.



Figure V.C.3 3: PCG Claiming System Quarterly: Export and Import Option

Leveraging this utility, the user can quickly enter all payroll information for every participant on their SPL. School districts, school providers, and other local education agencies in the states we have worked in have found it useful to create an export file from their accounting/financial reporting system to match the same headers on PCG's export file. This can decrease the burden on the school providers by reducing the overall manual data entry for the user. After completing this spreadsheet, the user can import it back into the PCG Claiming System.

Contracted Staff

After entering the 'Salaried Staff' information, the user can enter contracted staff costs for any contracted eligible SPL participant. We understand school providers employ contracted staff to provider services, and it is critical to capture those costs. To access these staff members, the school provider will choose 'Quarterly' from the green menu bar and then click 'Contracted Staff.'

A 'Contracted Staff' table will appear, which is very similar to the 'Salaried Staff' table. As with the 'Salaried Staff' area, the 'Contracted Staff' table is pre-populated with information from the certified SPL, including the District Employee ID, Name, Job Category, Cost Pool, District Job Title, Job Span, and Paid Hours:

 A screenshot of a web application interface titled "Quarterly: Contracted Staff". Below the title, there are "Export" and "Import" buttons. Below these is a blue bar labeled "Available Filters". Below the filters is a table with the following columns: Status, District Name, Contractor ID, Name (Last, First), Job Category, Cost Pool, District Job Title, Job Span, Paid Hours, Contracted Staff Costs, Comp Fed Rev / Non-Allowable, Gross, and Net. The table contains two rows of data, both with a green checkmark in the Status column.

Status	District Name	Contractor ID	Name (Last, First)	Job Category	Cost Pool	District Job Title	Job Span	Paid Hours	Contracted Staff Costs	Comp Fed Rev / Non-Allowable	Gross	Net
✓	Cherry Creek School District #5	68530	Test, Mary	Speech/Language Pathologist	Direct				\$9,025.65	\$3,674.95	\$9,025.65	\$5,350.67
✓	Cherry Creek School District #5	68551	Test, Will	Nurse, RN	Direct	Itinerant Nurse			\$10,561.19	\$2,379.13	\$10,561.19	\$8,182.06

Figure V.C.3 4: PCG Claiming System Quarterly: Contracted Staff Page

Similar to 'Salaried Staff,' a school provider would enter costs and any federal revenues/non-allowable costs by clicking on the contracted staff participant's name and saving changes:

Edit 1 / 2

Contractor ID: 65530

Name (Last, First): Test, Mary

Job Category: Speech/Language Pathologist

Cost Pool: Direct

District Job Title:

Job Span:

Paid Hours:

Contracted Staff Costs:

Compensation Federal Revenues

Compensation Federal Revenues / Non-Allowable Costs:

Gross Costs: \$9,025.65

Net Costs: \$5,350.67

Notes:

☐ Edit Another?

(No changes on page)

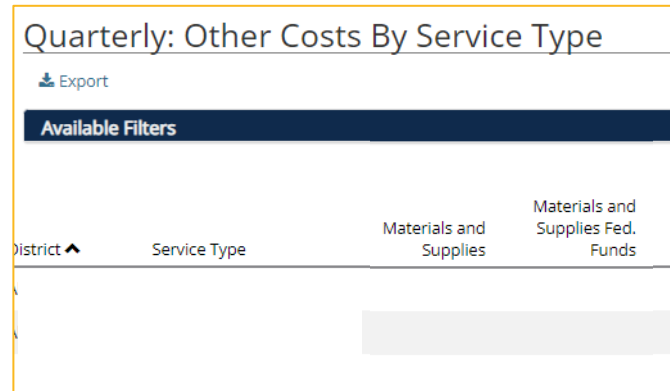
Figure V.C.3 5: PCG Claiming System Quarterly: Reporting Provider Costs

The school provider also has the option of using the 'Export' and 'Import' functionality as discussed in the 'Salaried Staff' section for ease of use.

Other Costs by Service Type

Other costs include those approved costs directly related to staff for the delivery of services, such as supplies and materials. These are often dependent on what is outlined in the State Plan Amendment. After the user enters costs for staff, the user

can enter these optional ‘Other Costs by Service Type.’ To access this page, choose ‘Quarterly’ from the green menu bar and then click ‘Other Costs by Service Type.’



Quarterly: Other Costs By Service Type			
Available Filters			
District ▲	Service Type	Materials and Supplies	Materials and Supplies Fed. Funds

Figure V.C.3 6: PCG Claiming System Quarterly: Other Costs by Service Type

These “Other Costs” are only allowed for a given service type if that service type is included in the SPL and if the school provider has entered salaries, benefits, or contracted staff costs for that service type. If a cost is all or partially federally funded, the appropriate portion of the cost is entered under the ‘Federal Funds’ column and the PCG Claiming System automatically subtracts it from the claimed amount.

Warnings

Thresholds for reporting reasonability are also set in the PCG Claiming System prior to cost report opening, so outliers are identified, evaluated, and confirmed or corrected in real time, before payment. As the school provider enters costs that are above thresholds or flag other potential issues, a ‘Warning’ is triggered. These warnings serve as an extra layer of review as they identify possible misreporting, some examples include:

- ▶ No salaries entered
- ▶ High salaries
- ▶ Benefits with no salaries

▶ Other costs without corresponding staff costs

▶ Costs paid with federal funds that exceed total costs reported for a specific cost category

If a warning is triggered, the user can either make necessary revisions to the financial data to eliminate the warning or the user is required to provide a written explanation. The system warnings are also prorated for staff that were not active for the entire quarter.

Quarterly Summary

Once all costs have been entered and reviewed, the user proceeds to the 'Quarterly Summary' page. This 'Quarterly Summary' page has three main sections:

▶ Certification

This is section where the user certifies the financial information

▶ Status Summary

This section highlights any warnings

▶ Cost Summaries

This section shows total costs by category

Prior to certification, the user reviews the 'Status Summary' and 'Cost Summaries' for accuracy.

Below is the 'Status Summary' section displaying any flagged items. This figure shows how many staff members have no data entered and how many warnings are triggered. At this point, the school provider would confirm that they have resolved all triggered warnings:






Status Summary							
Page	no data	 no warnings	 has warnings	 has severe warnings	 approved	 rejected	 excluded
Salaried Staff	0	411	119	244	0	0	0
Contracted Staff	0	1	0	0	0	0	0
Other Costs By Service Type	4	5	0	0	0	0	0

Figure V.C.3 7: PCG Claiming System Quarterly: Status Summary Page

In the 'Cost Summary' section, costs are totaled by service type and job category allowing the user to verify total costs prior to certifying. By allowing the school provider to view the total costs that will be included in the claim prior to submission, it helps the district confirm accuracy one final time prior to locking the data. 'Salaried Staff' are depicted below:

Salary and Benefits Summary by Service Type and Job Category							
Service Type	Count	Salaries	Benefits	Contracted Staff Costs	Staff Costs Subtotal	Comp Fed Rev / Non-Allowable	Net Staff Costs
➤ MAC	1	\$33,352.00	\$14,634.01	\$0.00	\$47,986.01	\$16,676.00	\$31,310.01
➤ Nursing Services	2	\$22,993.59	\$12,574.79	\$0.00	\$35,568.38	\$0.00	\$35,568.38
➤ Physical Therapy Services	1	\$17,537.75	\$3,890.43	\$0.00	\$21,428.18	\$0.00	\$21,428.18
➤ Speech Language and Hearing Services	1	\$14,088.20	\$5,706.81	\$0.00	\$19,795.01	\$10,988.80	\$8,806.21
➤ Personal Care Services	8	\$26,000.48	\$17,154.71	\$0.00	\$43,155.19	\$0.00	\$43,155.19
Totals	13	\$113,972.02	\$53,960.75	\$0.00	\$167,932.77	\$27,664.80	\$140,267.97

Figure V.C.3 8: PCG Claiming System Quarterly: Summary by Service Type and Job Category

After reviewing the information, the user clicks the 'Certify Quarterly Financials' button at the top left of the screen to certify the school provider's financials. Once costs have been certified, the quarterly financials are locked. Once this has been completed successfully, a timestamp appears at the top of the page with the certifier's name and date.

The PCG Claiming System stores which user in the district certified the data as well as a timestamp of when they certified. This is helpful in the case of an audit to verify exactly who within the district completed the certification. As mentioned, once a quarter has been certified, the user cannot edit any financial information without contacting PCG. This limitation enables PCG to control when school providers are making changes to certified financials. In certain situations, the school provider may realize that they incorrectly reported costs for a previous quarter. If they realize their error before the quarterly claim

	<p>has been generated, PCG has the capability to roll back the certification which allows the user the ability to make changes and certify again.</p> <p>However, in other cases, the school provider may want to make changes to their costs after the claim has been filed. The PCG Claiming System's quarterly amendment process allows for the school provider to make changes while still capturing the original certified data. It is important to track the original claimed data in case of an audit. All historical data is captured and stores securely for accurate claiming to and to ensure a clean audit trail. In addition, the newly amended data is captured to keep a trail of the most recent processed claim data.</p> <p><u>Claim Summary</u></p> <p>All the information that is entered and certified in the PCG Claiming System on the 'Quarterly' reports by school providers is used to calculate the claim and final CPE numbers. The PCG Claiming System shows these amounts for school providers through an easy to review display summary by total costs and cost pool summary under the 'Claim Summary' option under 'Quarterly':</p>
--	---

Claim Summary

Claim Calculation Summary

\$3,613.29

The claim calculation summary outlines the total net amount per FFP rate. Equations:
50% FFP = ((75% FFP Gross Claim Amount + 50% FFP Gross Claim Amount) * Indirect Cost Rate + Gross Claim Amount + Fixed Fee) * 50%
75% FFP = Gross Claim Amount * 75%
The Gross Claim Amount is the sum of the "Gross Claim Amount" column from each cost pool summary for that particular FFP rate.

	50 % FFP	75 % FFP	TOTALS
Gross Claim Amount	\$5,781.27	\$0.00	\$5,781.27
Indirect Costs (25 %)	\$1,445.32		\$1,445.32
Total Gross Claim Amount	\$7,226.59	\$0.00	\$7,226.59
FFP Rate	50 %	75 %	
Total Net Amount	\$3,613.29	\$0.00	\$3,613.29
State Costs Withheld (19.5 %)			\$704.59
Amount Owed to Provider			\$2,908.70

Exclusions

Cost Pool Summary: Administrative Service Providers Only

\$1,241.08

Cost Pool Summary: Direct Service Providers

\$4,540.19

Figure V.C.3 9: PCG Claiming System Quarterly: Claim Summary

The allowable costs by cost pool determine the allowable gross amount before other factors are considered. More on how to calculate the claim and the factors included in the calculation will be discussed in the 'Reporting Requirements' section.

CPE Form

Once the claim is approved by the Department, the CPE forms are released in the PCG Claiming System for school providers, with the correct authority, to review and sign the forms. The CPE forms are created electronically which streamlines the process for the school providers and allows all the data to be stored in a single location. If a district needs to modify a previously filed claim, the original and the amended CPE form will be collected and maintained in the PCG Claiming System. Depending on preference from the Department, the PCG Claiming System can accept CPE forms through a wet signature by having the school provider download the CPE form, sign the form, and upload their CPE form submission back into the system or PCG can enable electronic signatures, which function similarly to the 'Certification' feature.

Each section of the quarterly CPE Form can have data populated from various pages in the PCG Claiming System. This includes the total expenditure amounts, the total claimable Medicaid Administrative amount, the total indirect costs and fee, along with the total claimable costs, and other required fields.

Our proven track record has shown that the PCG Claiming System is comprehensive and all-encompassing when it comes to quarterly and annual cost reporting to meet the needs of the Department.

Annual Financial Reporting

In accordance with CMS approved methodology and as outlined in the approved State Plan Amendment (SPA), Medicaid reimbursement for allowable direct medical and medical transportation services delivered by the Nebraska Public School Districts (K-12 educational instructions and Educational Service Units) is determined using a cost-based methodology. Like the details under the 'Quarterly Financial Reporting' section, PCG hosts a fully integrated solution that would allow these school providers to report salaries, benefits, contracted costs, as well as other relevant financial information in accordance with CMS-approved methodology and the Department. Our solution, the PCG Claiming System, uses the reported data to calculate final CPE and final cost settlement numbers. Cost data and partial ratio data are entered into the PCG Claiming System by users, while PCG performs the annual cost reconciliation process by comparing the total gross interim payment amounts to the calculated CPE at each individual school provider level during the process. The cost reconciliation process makes certain each school provider receives a final settlement of the actual costs of providing Medicaid allowable services. If selected as the vendor, the PCG Claiming System would assist the Department in the annual CPE documentation process and would manage, review, and resolve interim payment inquiries from the school providers.

There are many financial reporting areas for the user to access from the 'Annual' menu options, that can include, but are not limited to:

- ▶ Salaried Staff (Cost Data)
- ▶ Contracted Staff (Cost Data)
- ▶ Contractor Costs
- ▶ Direct Medical Services Other Costs
- ▶ Transportation Salaried Staff (Cost Data)
- ▶ Transportation Other Costs

- ▶ Transportation Equipment Depreciation
- ▶ General and Statistical Information
- ▶ Interim Payments
- ▶ Cost Report
- ▶ CPE Form
- ▶ Cost Settlement

Examples of the robust financial reporting areas in the PCG Claiming System for annual reporting are described in the following sections.

Cost Data

Cost data is entered similarly to salaried and contracted staff on the quarterly reports through navigating to the annual specific pages. The school provider will choose 'Annual' from the green menu bar and then click 'Salaried Staff' or 'Contracted Staff,' respectively, which will only show their direct service providers as identified through their assigned cost pool. Cost data can easily be entered through the User Interface (UI) or via export of required format and import of completed blank fields, as shown in 'Quarterly Financial Reporting.' Edits triggered that require response can also be handled either through the UI or in the file import.

The PCG Claiming System is also unique as it promotes the reporting of accurate costs according to time on the SPL by displaying a 'Job Span' bar that visually displays the portion of the year that is allowable, In addition the system provides a 'hover-over' detailed explanation of the allowable time for direct service providers:

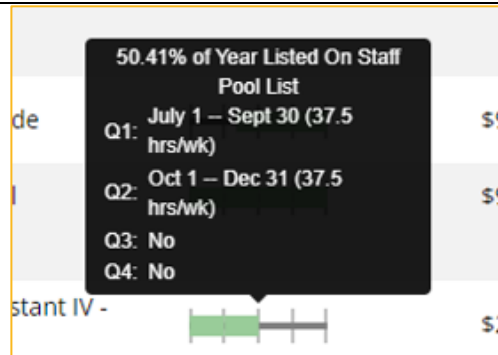


Figure V.C.3 10: PCG Claiming System Annual: Job Span Bar

Allowable Transportation Salaried Staff, including bus drivers, mechanics, and substitute drivers, also have their own page in the PCG Claiming System in which the user will report costs for annual cost settlement. To access these staff members, the school provider will choose 'Annual' from the green menu bar and then click 'Transportation Salaried Staff.'

We understand transportation requirements and policy can sometimes be confusing for school providers. Before the PCG Claiming System allows a school provider to enter any transportation costs, they are required to answer a series of 'Annual Financial Questions' that can confirm the school providers have documentation and reporting requirements in place before they are able to report transportation costs. PCG does this to ensure that school providers are confirming they have adequate documentation and met the requirements before entering data to alleviate concern of misreporting as transportation cost reporting does pose as an audit risk. PCG's 'Annual Financial Questions' can be, but are not limited to, the following:

- ▶ Will your district be entering transportation related costs?
- ▶ How is your district reporting your trip ratio denominator?
- ▶ Does your school district maintain detailed transportation (bus) logs?
- ▶ How will your school district be reporting transportation related costs?

Once the questions are answered appropriately, the transportation pages will be activated.

Transportation salaried staff members differ from salaried and contracted staff as they do not participate in RMTS and are not considered on a formal SPL. With this, school providers would manually add new transportation staff through 'Add New Line Item,' which does not appear for salaried or contracted staff, or they may add via the export and import function.

Annual: Transportation Salaried Staff (Opened)

Buttons: Add New Line Item, Review Questions, Clear Questions, Export, Import

Information: Please note that any data entered on this page will require the transportation related ratios to be entered on the General and Statistical Information page.

Available Filters

Status	Agency	Service Type	Job Cat	Emp Id	Name	Title	Emp Status	Hours	Salary	Employer-Paid Benefits	Comp Fed Rev / Non-Allowable	Gross	Net
✓	Specialized Transportation	Transportation Services (specialized trans)	Driver (specialized trans)	AL40130	Allen, Douglas	Bus Driver/Sped	Full Time	1326	\$26,155.55	\$6,532.31	\$0.00	\$32,687.86	\$32,687.86

Figure V.C.3 11: PCG Claiming System Annual: Transportation Salaried Staff

As the school providers add transportation staff to one fiscal year, the PCG Claiming System automatically rolls over the position to the next fiscal year, so the school providers are not required to enter every single transportation staff member each year. To remove a transportation salaried staff member, they would just 'Delete' the staff member. If a transportation staff member still needed to be included on the transportation cost report, but were not eligible that year, the school provider would simply put \$0 for their reported costs and enter an explanation as they will receive a warning from the PCG Claiming System.

Contractor Costs

Medically related purchased services outside of specific contracted staff is also an annual cost report page that has been utilized in various states that PCG has experience with. If contracted providers do not participate in RMTS, their total costs by vendor and service type can be reported. To access this page, the school provider will choose 'Annual' from the green menu bar and then click 'Contractor Costs.'

Annual: Contractor Costs 📄 ✓ ✓ ✓ ✓ ✓ (Opened)

[Add New Line Item](#) [Export](#) [Import](#)

Available Filters

Status	Agency ^	Service Type	Vendor	Contractor Costs	Contractor Costs Fed. Funds	Gross	Net	Delete
✓		Nursing Services	Vendor 1 Example	\$6,400.00	\$0.00	\$6,400.00	\$6,400.00	✗
✓		Occupational Therapy Services	Vendor 2 Example	\$39,326.00	\$0.00	\$39,326.00	\$39,326.00	✗
✓		Physical Therapy Services	Vendor 3 Example	\$24,062.50	\$0.00	\$24,062.50	\$24,062.50	✗

Figure V.C.3 12: PCG Claiming System Annual: Contractor Costs


The PCG Claiming System makes entering this data easy for school providers as they can add and remove vendors with the corresponding service type as they see fit. Additionally, like each cost report page, there is a column that can properly offset any federal funds or non-allowable costs to determine the net allowable.

Direct Medical and Transportation Costs

Allowable direct medical services and transportation other costs are easily entered by service type through the UI as well. School providers can seamlessly enter direct medical supplies, materials, and other costs, similarly to how they are entered under 'Quarterly Financial Reporting.' With transportation other costs, costs including fuel, maintenance and repairs, lease and rentals, and contracted services are entered within the PCG Claiming System in the same manner. Each cost category has the expenditure field followed by a corresponding field to enter the federally funded and/or non-allowable portion of those costs.

Annual: Transportation Other Costs

Review QuestionsClear QuestionsExport



Please note that any data entered on this page will require the transportation related ratios to be entered on the General and Statistical Information p

Available Filters

Status	Agency	Service Type	Maintenance and Repairs	Maintenance and Repairs Fed. Funds	Fuel and Oil	Fuel and Oil Fed. Funds	Lease/Rental	Lease/Rental Fed. Funds	Contract - Transportation Services	Contract - Transportation Services Fed. Funds
✓		Specialized Transportation	\$8,206.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Figure V.C.3 13: PCG Claiming System Annual: Transportation Other Costs

Transportation equipment depreciation is maintained year after year within the PCG Claiming System, like transportation salaried staff, which makes this transportation allowable cost user-friendly for school providers to maintain. Once a depreciable asset is entered to be included on the transportation equipment depreciation list, school providers only need to verify that the asset still meets program requirements, enter a date placed out of service (if applicable), and/or add new assets annually. The PCG Claiming System has the flexibility to retain depreciable assets within the system – even if routing requirements preclude them from qualifying as a depreciable asset for the year before reported- by utilizing the simple ‘exclude’ functionality.

Asset Type:	Buses
Unique Asset ID:	1GBJG316071250318
Description:	Physically altered bus
Cost Pool:	Transportation
Service Type:	Only Specialized Transportation
Placed In Service:	05/2008
Removed From Service:	mm/yyyy
Years Of Useful Life:	20
Cost:	51299
Federal Funds and Other Reductions:	0
Notes:	
	<input checked="" type="checkbox"/> Excluded

Figure V.C.3 14: PCG Claiming System Annual: Transportation Depreciation 'Exclude' Option

General and Statistical Information

The PCG Claiming System houses statistical data that is used to calculate the amount on the annual CPE form to determine annual cost settlement. The PCG Claiming System also is helpful as it informs school providers what they are responsible for reporting. To access this data, the school provider will choose 'Annual' from the green menu bar and then click 'General and Statistical Information.'

Variable	Value
Indirect Cost Rate	0.1176

Ratio	Numerator	Denominator	Ratio	Warning	Explanation
IEP Ratio	70	134	52.24%		
Specialized Transportation IEP Ratio	43	1377	3.12%		
Specialized Transportation Trip Ratio	640	2437	26.26%		

Submit Changes

Figure V.C.3 15: PCG Claiming System Annual: General and Statistical Information

If a school provider is not required to enter the information in the system as that information is gathered by PCG, the PCG Claiming System greys out the field (shown in Figure V.C.3 15 for the Indirect Cost Rate and the IEP Ratio).

Ratio	Denominator	Ratio	Warning	Explanation
IEP Ratio	2	20.18%		
Specialized Transportation IEP R		0%		
Specialized Transportation Trip Ratio		0%		

Submit Changes

Figure V.C.3 16: PCG Claiming System Annual: ‘Hover’ Definitions

As PCG always keeps updated training sessions, webinars, policy manuals, frequently asked questions, and other material on the homepage of the PCG Claiming System, the PCG Claiming System also has a helpful functionality for school providers to view definitions of the information they are reporting. If a school provider wants to know the definition of the IEP Ratio or the Trips Ratio, as an example, they can hover their cursor over each of the data points and a definition of the ratio is present, along with who is responsible for reporting it, as shown in Figure V.C.3 16. This feature has shown very helpful in guiding school providers.

Interim Payments

The PCG Claiming System also maintains the fee-for-service interim Medicaid payments that are used during the reconciliation process. To access this data, the school provider will choose ‘Annual’ from the green menu bar and then click ‘Interim Payments.’ Much like every other page in the PCG Claiming System, the ‘Interim Payments’ page can be customizable based on state. Examples include interim payments appearing as a bundled lump sum by cost pool, or broken out by service type.

Cost Report

Like the summaries detailed in the ‘Quarterly Financial Reporting’ section, the ‘Cost Report’ page provides a detailed summary of the cost report calculation. To access this data, the school provider will choose ‘Annual’ from the green menu bar and then click ‘Cost Report.’ Tables on the ‘Cost Report’ page include:

- Status Summary

	<ul style="list-style-type: none"> ▶ Total count of data reported and corresponding warning levels and statues by cost report page, including salaried staff, contracted staff, direct medical other costs, transportation salaried staff, and transportation other costs ▶ Direct Medical Salary and Benefits Summary <ul style="list-style-type: none"> ▶ Total costs reported by direct medical service type including summarized salaries, benefits, contracted staff costs, total costs, federal funds and other reductions, and net staff costs. Service type total can also be expanded to show cost totals by job categories within each service type ▶ Direct Medical Services Total Cost Summary <ul style="list-style-type: none"> ▶ Medicaid allowable cost determinations by service type after the indirect cost rate, RMTS results, and IEP Ratio are applied to net reported costs ▶ Transportation Salary and Benefit Summary <ul style="list-style-type: none"> ▶ Total costs reported by transportation category including summarized salaries, benefits, total costs, federal funds and other reductions and net staff costs. Like the Direct Medical Salary and Benefits Summary table, the service type totals can also be expanded to show totals by job categories within each service type ▶ Transportation Total Costs Summary <ul style="list-style-type: none"> ▶ Medicaid allowable costs determinations by service type after the indirect cost rate, transportation IEP Ratio, and the one-way trips ratio are applied to net reported costs
--	--

Status Summary

Page	no data	✓ no warnings	⚠ has warnings	⚠ has severe warnings	● approved	● rejected	⊘ excluded	total
Salaried Staff	0	50	7	0	0	0	0	57
Contracted Staff	0	17	21	0	0	0	0	38
Transportation Salaried Staff	0	17	0	0	0	0	0	17
Transportation Other Costs	1	1	0	0	0	0	0	2
Transportation Equipment	0	17	0	0	0	0	0	17

Direct Medical Services Salary and Benefits Summary

Service Type	# line items	Salaries	Benefits	Contracted Staff Costs	Total Costs	Fed Funds and Other Reductions	Net Total Costs Less Reductions
➤ Behavioral Health Services	2	\$0.00	\$0.00	\$768.00	\$768.00	\$0.00	\$768.00
➤ Nursing Services	8	\$171,158.15	\$54,614.24	\$31,694.00	\$257,466.39	\$0.00	\$257,466.39
➤ Occupational Therapy Services	10	\$0.00	\$0.00	\$108,461.05	\$108,461.05	\$0.00	\$108,461.05
➤ Personal Care Services	55	\$802,811.60	\$321,142.74	\$0.00	\$1,123,954.34	\$0.00	\$1,123,954.34
➤ Physical Therapy Services	4	\$0.00	\$0.00	\$43,519.82	\$43,519.82	\$0.00	\$43,519.82
➤ Speech Language and Hearing Services	16	\$201,477.20	\$61,141.20	\$64,404.87	\$327,023.27	\$0.00	\$327,023.27
		\$1,175,446.95	\$436,898.18	\$248,847.74	\$1,861,192.87	\$0.00	\$1,861,192.87

Direct Medical Services Total Costs Summary

Service Type	Net Direct Costs Less Reductions	Unrestricted Indirect Cost Rate	Indirect Costs	Net Direct Costs plus Indirect Costs	Direct Medical Percentage	Net DMS	IEP Ratio	Allowable Costs
Behavioral Health Services	\$768.00	0 %	\$0.00	\$768.00	52.59 %	\$403.89	60.89 %	\$245.93
Nursing Services	\$257,466.39	0 %	\$0.00	\$257,466.39	52.59 %	\$135,401.57	60.89 %	\$82,446.02
Occupational Therapy Services	\$108,461.05	0 %	\$0.00	\$108,461.05	52.59 %	\$57,039.67	60.89 %	\$34,731.46
Personal Care Services	\$1,123,954.34	0 %	\$0.00	\$1,123,954.34	13.78 %	\$154,880.91	60.89 %	\$94,306.99
Physical Therapy Services	\$43,519.82	0 %	\$0.00	\$43,519.82	52.59 %	\$22,887.07	60.89 %	\$13,935.94
Speech Language and Hearing Services	\$327,023.27	0 %	\$0.00	\$327,023.27	52.59 %	\$171,981.54	60.89 %	\$104,719.56
Totals	\$1,861,192.87		\$0.00	\$1,861,192.87		\$542,594.65		\$330,385.90

Transportation Salary and Benefits Summary

Service Type	# line items	Salaries	Benefits	Total Costs	Fed Funds and Other Reductions	Net Total Costs Less Reductions
➤ Transportation Services (not only specialized trans-general)	5	\$181,182.09	\$59,128.61	\$240,310.70	\$0.00	\$240,310.70
➤ Transportation Services (specialized trans)	12	\$304,646.08	\$107,346.25	\$411,992.33	\$0.00	\$411,992.33
		\$485,828.17	\$166,474.86	\$652,303.03	\$0.00	\$652,303.03

Figure V.C.3 17: PCG Claiming System Annual: Cost Report Summary

Cost Settlement

The PCG Claiming System provides a detailed summary of the cost settlement determination. The 'Cost Settlement' summary provides a table that outlines, but is not limited to, the following:

- ▶ CPE from the Annual Medicaid Cost Report
 - ▶ Total Medicaid Allowable costs from cost report page by service type
- ▶ Total Gross Interim Payments Amount
 - ▶ Total gross interim payments by direct medical and specialized transportation categories
- ▶ Difference between the CPE and the Gross Interim Payments Amount
- ▶ Federal Medical Assistance Percentage (FMAP)
 - ▶ FMAP split by percentage of overlapping State and Federal FYs applied to difference of CPE and gross interim payment amount
- ▶ Fee as determined by the Department
- ▶ Amount Owed To/Owed from Provider

1. Total Computable Direct Medical Service and Transportation Medicaid Costs

Service Type	Total Medicaid Costs	Include in Medicaid Cost Settlement	Final Medicaid Costs
Audiology Services	\$0.00		\$0.00
Behavioral Health Services	\$245.93		\$0.00
Nursing Services	\$82,446.02		\$0.00
Occupational Therapy Services	\$34,731.46		\$0.00
Personal Care Services	\$94,306.99		\$0.00
Physical Therapy Services	\$13,935.94		\$0.00
Speech Language and Hearing Services	\$104,719.56		\$0.00
Specialized Transportation	\$0.00	No	\$0.00
Total Medicaid Costs	\$330,385.90		\$0.00

1 - Only those direct medical service costs for which the LEA billed and received reimbursement for the dates of service within the cost reporting period are included in the Medicaid cost settlement calculation

Figure V.C.3 18: PCG Claiming System Annual: Cost Settlement

The Contractor shall modify site content at the direction of the Department

PCG's nationwide experience in almost twenty states ensures that the PCG Claiming System can be modified and customized in a way that meets the needs of the Department and the entire state of Nebraska. As each state's SPA is unique, PCG can develop site content at the direction of the Department. PCG has experience creating new sites from the ground up and has recently completed the process of creating two new PCG Claiming System sites for Utah and Oklahoma based on new contracts as well. Whether that's posting new development ideas after site creation or having documents, trainings, or other resources intended for school providers uploaded for easy access to content, PCG will have all site content reviewed and approved by the Department prior to posting on production.

The Contractor shall deliver all site content to the Department for review and approval

PCG's Medicaid experts and state leads are committed to always enhancing the PCG Claiming System and further developing features that make the cost reporting experience as seamless as possible. Every week, PCG quarterly and annual financial reporting teams meet with the site developers to discuss support, feature requests, and other development priorities, as well as brainstorm new and helpful ideas. The PCG Claiming System has numerous sprints that our team of highly skilled developers organize to release to testing sites prior to implementing fully on production. As the PCG Claiming System is a fully integrated solution to all school-based Medicaid needs, PCG is always working to make sure that not only

is the system remaining in compliance, but it is also easy to navigate and reduces any administrative burden on the Department, as well as school providers. PCG will deliver all site content to the Department for review and approval before releasing on the production site for school providers to access.



Figure V.C.3 19: PCG Claiming System: A Fully Integrated Solution

The Contractor shall not publicly post any content prior to the Departments' approval of that content.

As stated in the previous two sub sections of PR-3, *Develop and maintain Cost Reporting Online System*, PCG will not publish any content prior to the Department's approval.

The Contractor shall make the Cost Reporting Online System available to the Department in a testing environment.

With this, the PCG Claiming System has numerous testing sites available that simulate the production site. Depending on state need, PCG has staging environments that replicate the live site to test new features and has a data conversion site that PCG uses to modify and create 'demonstration districts' that are used for training purposes. The intent of the data conversion site compared to the testing or staging sites is so school providers and the Department can watch system demonstrations, without school provider specific information present. These testing environments are an important part of the PCG Claiming System process. PCG can make the staging sites available to the Department for testing purposes.

	<p>The Contractor shall make the Cost Reporting Online System available to the Department in a production environment.</p> <p>If selected to perform the scope of work outlined in this response, the Department will receive their own login credentials to access the production site. Based on our work and experience with other state departments, there are many ways other state departments use this information. The 'State Admin' credentials can have the Department access school provider specific contact information, review cost report numbers for future fiscal years for budgeting purposes, access needed information, such as quarterly milestone summaries, due dates, compliance statistics, among others. PCG is committed to ensuring transparency with the Department and having access to the production site is one of many ways PCG does that.</p> <p>PCG understands that the Department is seeking a qualified vendor with the necessary experience and expertise to maintain the statewide Medicaid School-Based Claiming program. As the unparalleled industry leader in school-based Medicaid, PCG is the best partner for this work. PCG's dynamic web based PCG Claiming System is the all-in-one solution that school providers will use for all data that is required for both quarterly and annual financial reports, if selected as the vendor. As outlined in this response, the PCG Claiming System is one of a kind as it seamlessly completes all components of the annual and quarterly clam calculations, with resulting information accessible for each individual school provider and the Department as well.</p> <p>The Contractor shall ensure the cost report template is available in an online format that is accessible to school providers</p> <p>As previously stated in the sub sections of PR-4, <i>Develop and maintain Cost Reporting Online System</i>, a cost reporting format is detailed as it exists in the online PCG Claiming System.</p>
PR-4	<p>Bidder must meet all requirements in Section V.D.4., RMTS and Cost Report Help Desks Report in the Scope of Work. Describe how your solution will meet these requirements.</p> <p>Response:</p> <p>RMTS and Cost Report Help Desks Report</p> <p>PCG understands the importance of transparency, communication, and data availability when it comes to addressing any of our clients' needs. As a customer service driven, public sector consulting firm, PCG is dedicated to providing our clients with sufficient forms of documentation, reports, and analysis that will assist all parties involved in understanding the full scope of the program.</p>

Written Monthly Reports

PCG acknowledges and accepts the Department's requirements for creating a written monthly Random Moment Time Study (RMTS) and Cost Report Help Desk report that contains the total number of calls and e-mails received by each help desk, as well as all the individual specifications included in the requirement. Our unique experience in various states not only with RMTS and cost reporting, but with each Medicaid school-based program's state requirements for reporting and data collection, has prepared PCG to tackle these specific requirements from the Department. Along with this, our integrated customer service platform for phone and e-mail for RMTS and Cost Reporting will assist in PCG's access to this data and information.

PCG has incomparable and extensive Medicaid experience with school-based services programs nationwide. PCG has not only successfully designed, developed, implemented, and managed the school-based services programs in over fifteen states, but we have also provided top notch customer service strategies through our contracted support. PCG has served each state and government agency with integrity and has met all reporting requirements and deliverables based on client need. PCG works with departments in retaining and implementing district support help desks, which has assisted us considerably in strengthening our relationship with many school district personnel. In school-based services programs, communication must be consistent. With our customer support, PCG has taken on the role of providing a trusted school support system for school districts and has successfully worked with over several thousands of school districts across the country.

Within the phone channel of our integrated customer service platform, PCG not only adds value to its work through accountability, team management, and scheduling, but we have increased our value to clientele through tracking call patterns, better servicing school providers through increased customer service and availability, and the ability to identify and analyze data and create reports through this system. Through our phone system, **we are able to provide a summary of calls through daily tracking statistics from callback, messaging, recording, and session history summary, along with managing live calls and archiving all messages sent or received.** Other notable functions of our phone channel of our integrated custom service platform are the ability to list all messages received and play back voicemails on PCG staff member's computers, show the history of calls per session, and review and manage contact information for each call. To instill confidence with our clients, we track and enter every call in our records. This system bolsters our customer service practices as we are able to monitor our response rates, track each call received, and it ensures each LEA that a PCG staff member will be there to address any questions or concerns.

We will provide the necessary information for generating valuable analysis and capturing the following necessary information:

- ▶ Number of calls received.
- ▶ Number of calls answered.
- ▶ Number of calls routed to voice mail.
- ▶ Number of calls routed to voice mail that were responded to within two (2) business days.
- ▶ Average call hold time.
- ▶ Average abandonment rate.
- ▶ Summary of subjects of calls and e-mails received.
- ▶ Summary of trends relating to the Help Desk information as described above.

PCG also administers established Cost Reporting and RMTS e-mail addresses to enhance our support to school districts. This e-mail support allows school districts to ask for clarification in a more informal manner. If a school district e-mails PCG for clarification, PCG staff promptly replies within 24 hours of the submission of the inquiry. Additionally, PCG maintains a comprehensive file of all e-mails received in conjunction with logging responses to school districts. This protocol will assist in completing RFP requirements, *vii.*, *viii.*, *ix.*, and *x.*, which are listed above. Furthermore, if PCG identifies trends in e-mail inquiries or phone support, our team is not only proactive in implementing one of our methods to address potential programmatic issues, but we will also note the trends to the Department in the monthly RMTS and Cost Report Help Desks Report. Additionally, we will analyze these trends to identify areas that could be used as a topic for future annual trainings. The integrated customer service platform will also allow school districts to send a message directly in the system. This will allow our staff to know where they were in the system and add context to their question. Our response to their message will go directly to their email. This feature will save them from having to log into their email to send us a message.

As exhibited, PCG has built a proven and respected customer service and support reputation with over 5,000 school districts throughout the country. Our dedicated group of professionals at PCG will ensure that all measurable areas are well-documented to meet and exceed the Department's standards.

Submitting Reports to the Department

PCG has ample experience in submitting reports and other deliverables in a timely manner to various government entities. As evidenced above, PCG is committed to following program guidelines and the Department's requests. PCG will submit the RMTS and Cost Report Help Desks Report to the Department in accordance with the requirements listed in the RFP.

PCG looks forward to working with the Department in developing Nebraska specific and tailored reports, as well as establishing timeframes to ensure the timely submission of the monthly report.

Available Reports

PCG understands that different forms of documentation formats are necessary for the Department to conveniently access all available information. PCG will comply with the requirement to make reports available in exportable documents. Below are examples of an export of customer support ticket data and our customer support monitoring dashboards.

ID	Status	Subject	Requester	Requested	Updated	Channel	Topic	Time Period	Year	Assignee
62380	Closed	Question about aides and educational minutes	Steve Jackson	8/16/2021 15:45	8/18/2021 16:02	Closed Ticket	Quarterly Financials	April-June	2021	John Miller
62380	Closed	Phone Call from: Caller +1 (779) 717-3167	Caller +1 (847) 917-4156	8/9/2021 17:31	8/11/2021 18:01	Phone call (inbound)	Abandoned Call	July-September	2021	Samantha Jones
62377	Closed	Phone Call from: Caller +1 (847) 917-4156	Caller +1 (847) 917-4156	8/9/2021 17:24	8/11/2021 18:01	Phone call (inbound)	Quarterly Financials	April-June	2021	John Miller
62450	Closed	Calendar	John Smith	8/10/2021 10:28	8/12/2021 14:03	Web Widget	Calendars	July-September	2021	Samantha Jones
62446	Closed	Voicemail from: Caller +1 (708) 339-4517	Caller +1 (708) 339-4517	8/10/2021 10:24	8/12/2021 14:03	Voicemail	Calendars	July-September	2021	John Miller
62416	Closed	Calendar	Sally Jones	8/10/2021 8:54	8/12/2021 14:03	Mail	Calendars	July-September	2021	John Miller
62320	Closed	Re: Training Notice for August	Lindsey Coffey	8/9/2021 13:39	8/12/2021 14:03	Mail	Training	July-September	2021	Samantha Jones
62558	Closed	Phone Call from: Caller +1 (708) 979-4327	Caller +1 (708) 979-4327	8/10/2021 15:57	8/12/2021 17:01	Phone call (inbound)	Quarterly Financials	April-June	2021	Samantha Jones
62636	Closed	Add Staff, Remove Staff	Tara Becker	8/11/2021 9:34	8/13/2021 14:03	Mail	Staff Pool List	July-September	2021	John Miller
62736	Closed	training	Valerie Wallin	8/11/2021 15:03	8/13/2021 16:02	Mail	Training	July-September	2022	Samantha Jones
62881	Closed	Voicemail from: Caller +1 (708) 450-2157	Caller +1 (708) 450-2157	8/12/2021 12:18	8/14/2021 14:03	Voicemail	Training	July-September	2021	John Miller
62928	Closed	Phone Call from: Caller +1 (779) 717-3167	Caller +1 (779) 717-3167	8/12/2021 14:46	8/14/2021 15:02	Phone call (inbound)	Quarterly Financials	July-September	2022	John Miller
62927	Closed	Phone Call from: Caller +1 (779) 717-3167	Caller +1 (779) 717-3167	8/12/2021 14:40	8/14/2021 15:02	Phone call (inbound)	Quarterly Financials	July-September	2022	Samantha Jones
62912	Closed	Voicemail from: Caller +1 (708) 450-2157	Caller +1 (708) 450-2157	8/12/2021 13:56	8/14/2021 15:02	Voicemail	Training	July-September	2021	John Miller

Figure V.D.4.A: Customer Support Ticker Data Export Example

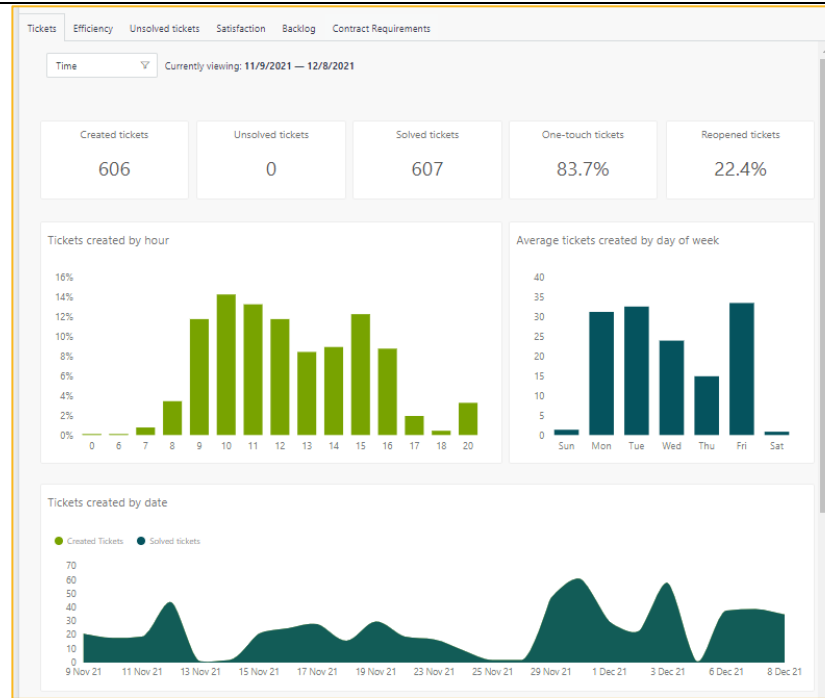


Figure V.D.4.B: Customer Support Monitoring Dashboard Example

Bidder must meet all requirements in Section V.C.5., Direct Service Provider Management, in the Scope of Work. Describe how your solution will meet these requirements.

Direct Service Provider Management

PR-5

PCG appreciates and understands the importance of assisting providers to enroll in the Nebraska Medicaid program to ensure school providers can access important Medicaid funds for eligible direct medical services provided in the school setting. Furthermore, as a leading national consulting firm, Public Consulting Group (PCG) serves as a Third Party Administrator (TPA) and fiscal agent for both Medicaid agencies and specific programs, as well as two Medicare Advantage plans. With this experience comes an intricate understanding of the provider enrollment and credentialing process. Our staff understand the nuances of the challenges often faced by providers and therefore we are in position to help them resolve issues and identify root causes for enrollment issues encountered.

The Contractor shall ensure that schools are using direct service providers that are enrolled in Nebraska Medicaid

PCG will implement several controls to ensure only enrolled Medicaid providers participate in the Medicaid program. PCG will first develop a comprehensive provider manual that outlines program participation requirements. PCG will also provide training to all school providers on program participation requirements to ensure they understand the specific requisites for direct medical service providers to participate. This effort will include specifics on the licensure requirements necessary to be recognized as a qualified Medicaid provider along with any other associated administrative requirements.

PCG will also review the Random Moment Time Study (RMTS) participant list identifying all direct medical service providers and verifying program requirements are met based upon requirement to populate registered identification numbers for all qualified staff by job category. If participants do not have registration identification data populated, PCG will follow up with school providers to request review of licensure to verify appropriate credentialing requirement are met. While PCG will proactively reach out to school districts to make any necessary corrections, as part of our compliance audit process, PCG will perform a sample review of both claims and direct medical service providers to ensure only those providers meeting licensure requirements are receiving reimbursement for direct medical services. Further information is described in more detail within the 'Audit Requirements' section of this response. PCG will proactively work with the Department to collaboratively identify other opportunities to ensure compliance with this important requirement.

The Contractor shall work collaboratively with the Department and its contracted Medicaid provider enrollment vendor to assist schools in enrolling direct service providers and troubleshoot any issues that may arise.

PCG understands that our team will provide important support to help school providers navigate the provider enrollment process. This includes working collaboratively with the Department and its contracted Medicaid provider enrollment vendor to help make the process a successful one and to resolve any issues that school providers may encounter. Given school providers are not traditional healthcare providers, it is common for schools to occasionally have challenges in understanding and managing this process, which is why having support from a trusted resource is critical. From going through the credentialing process, to completing any one or all necessary application requirements, to the submission of supporting documentation, the PCG team understands the nuances of these processes and can provide school provider staff with guidance. Furthermore, the ability to answer questions properly is a fundamental step to assisting providers at every level of the process. If issues arise, PCG will guide school provider staff to available resource information and provide information that will help the school provider understand the enrollment process.

PCG will also seek Department recommendations on specific issues that are not commonly encountered. In the rare event that a specific question or issue arises that we do not have experience with or unsure of the appropriate directive, the PCG

	<p>team will engage the Department and share our recommendations. Furthermore, PCG will establish liaison contacts with both the Department and Medicaid Managed Care Organizations (MCOs) to ensure answers and guidance is obtained efficiently and minimally disrupts Department staff resource time. We understand our role is to eventually achieve successful and appropriate enrollment and the PCG team will work to be that resource for school districts throughout the entire process.</p> <p>The Contractor shall collect and routinely analyze direct service provider enrollment issues schools may encounter.</p> <p>PCG will proactively work with school providers to troubleshoot provider enrollment issues. PCG staff will be the front line and intermediary to help facilitate discussions with the Department and Medicaid MCOs to resolve issues encountered. We will provide program information on how to enroll and guidance surrounding common issues encountered and will directly intervene on behalf of the district with the MCOs when more complicated issues arise. PCG will analyze issues and if specific trends are identified, PCG will bring these issues to the attention of the Department alongside recommendations to improve and streamline the enrollment process. This may include additional training to schools, as well as MCOs. School districts are unique in the healthcare provision space and therefore may need certain exemptions within the traditional enrollment process as appropriate. No matter the issue, PCG will work diligently and cooperatively to quickly and efficiently address and resolve while considering all stakeholders involved.</p>
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Auditing Requirements

Business Requirements	
Req #	Requirement
ADT-1	Bidder must meet all requirements in Section V.E. Describe how your solution will meet these requirements.
	<p>Meeting Auditing Requirements</p> <p>Public Consulting Group LLC. (PCG) understands the importance of programmatic compliance when it comes to school-based Medicaid reporting. PCG has comprehensive industry experience in this area and will share our expertise regarding our auditing processes to assist the Department in reviewing the myriad of different components of the program. Our overall audit experience is expansive, encompassing a wide variety of public providers, ranging across the health care landscape,</p>

from hospitals to school district providers. PCG welcomes the opportunity to discuss the best approach for developing a comprehensive plan in cooperation with the Department to fulfill the needs of the program.

PCG considers the overall auditing process to be one of the most critical steps in a successful program. That success requires all functional program areas be operationalized to align with state and federal program guidelines. The PCG team has specific, hands-on experience performing audits on Medicaid school-based programmatic components across the country. This process has been developed over time, refined as needed, and is often referenced by our clients due to its proactive and comprehensive approach. There are other firms that provide software auditing solutions with built in electronic checks, but with those firms, the quality assurance stops there. PCG has developed a comprehensive, multi-step auditing process that has been proven to facilitate and promote school-based program compliance across the country. Our auditing efforts not only confirm the integrity of program components reported and submitted by school providers, but also serves as an opportunity to provide one-on-one support as gaps in program understanding are identified during the audit process.

A prime example of our school-based auditing success has been proven with our work in the state of Kansas with the Kansas Department of Health and Environment (KDHE). From the inception of school-based Medicaid cost settlement work in Kansas, PCG has had an intense focus on auditing and compliance. We performed comprehensive desk review audits on school districts from the beginning, scrutinizing all costs and ratios reported. We provided in-depth training and support on this process and used our findings to share with school districts in an effort to serve as a teaching tool to increase their own compliance. We regularly discussed our findings with KDHE staff and issued statewide documentation when appropriate to address any issues found. Through our experience working directly with KDHE, and in addition to our comprehensive in-depth desk review audits, we established another level of review to ensure further compliance; our monitoring review audits.

Through our trusted relationship, KDHE and state of Kansas compliance staff joined PCG personnel in the process and experienced benefits first-hand. Program Integrity Analysts in Kansas are now a regular part of this process. These monitoring review audits have proven imperative to verify that costs are being reported accurately and in accordance with federal regulations, which serve as the foundation of confirming the Medicaid program is compliant. Reviews take place before cost settlement payments are issued, and districts are provided a comprehensive report detailing PCG findings. PCG can assure Nebraska that our compliance experience across the country will benefit all aspects of the program and that an audit process and plan would be developed for school providers that will ensure program compliance based on Centers for Medicare and Medicaid Services (CMS) requirements, guidance, and audit findings.

Audit Process and Plan

PCG will develop a sound audit process and plan in conjunction with the Department with the goal of promoting strong program compliance. This plan starts with education, but also includes elements of review to identify specific areas of concern

	<p>coupled with actions to remedy these concerns. School provider staff leave audits with a better understanding of how the Random Moment Time Study (RMTS) relates to the quarterly and annual cost reports, specific provider and claiming requirements, record keeping and retention requirements, allowable costs, and best practices for cost reporting as well as corrective actions and recoupments when necessary.</p> <p>PCG's experience in conducting audits has resulted in effective plans that integrate a logical validations process. The audit process and plan custom created for the Department to meet the needs of Nebraska school-based Medicaid will include at minimum:</p> <ul style="list-style-type: none"> ▶ A description of the procedures PCG will follow when performing claims reviews, audits of cost reports, and audits of the RMTS ▶ Audit methodologies PCG will use ▶ A process for determining which school providers will be placed on a corrective action plan and a plan for following up with those providers
ADT-2	<p>Bidder must meet all requirements in Section V.E. Describe the methodologies that will be utilized when creating the Audit Process and Plan.</p> <p>Methodologies for Audit Process and Plan</p> <p>PCG will perform audits in accordance with the approved audit plan. The audit plan will articulate all the program areas targeted for specific review. Direct service provider qualifications and claiming, RMTS staff and moments, and quarterly and annual financial reports. These are all very essential areas requiring examination to validate program compliance. The specific processes in which PCG conducts reviews will ultimately be outlined in the audit plan, but some insight on specific approaches of review including claims reviews, cost reports, RMTS moments, RMTS rosters' eligible categories, direct service provider qualifications, and annual and quarterly financial reports as outlined by the Department and included in the RFP are described in the following sections.</p> <p>Claims Reviews</p> <p>PCG has impressive experience and knowledge when it comes to auditing Medicaid Fee-For-Service (FFS) claims for school-based services and other programs. An established sampling process to review interim claims, even when paid at zero value, will be integrated in the audit plan submission. When reviewing claims, first the universe of claims is identified for a provider, then a sample will be drawn for examination to confirm appropriate reimbursement. PCG will review claims in accordance</p>

with the approved program manual, which will articulate the documents required to receive Medicaid reimbursement. The type of information under review will vary based upon the specific requirements for each billable service. PCG will discretely articulate the audit process and areas for review within our audit plan.

Cost Reports & Financial Reports

PCG has immense experience with cost reports related to both quarterly administrative claims and annual cost settlement for direct medical services. PCG reviews explanations provided for reported values that exceed determined expectations and completes a desk review on every annual cost report submitted. The PCG Claiming System retains all reported financial data and calculated claims which makes monitoring and tracking financials easily accessible,

In accordance with the approved audit plan, PCG will verify program compliance through a monitoring review process. These reviews contain several core auditing components that are aimed to identify current level of adherence while aiming to result in high program compliance. With the monitoring reviews, PCG can evaluate the reporting of expenditures reconciling back to financial system records and specific claiming activity by provider to verify accurate and appropriate reporting. PCG will develop a sampling and review process of all relevant data to meet and exceed the Department's expectation.

Validation of Payroll Information

Salary and fringe benefit information for staff members included on school provider RMTS staff pool list is reviewed against payroll files to ensure accuracy for selected direct service providers. This includes examining reported expenditures in payroll systems and financial ledgers and comparing against RMTS participation time frames.

Validation of Contracted Staff Costs

PCG reviews invoices pertaining to contracted staff costs, when appropriate, to make certain expenditures are allowable according to program methodology.

Validation of Funding Sources

A review of expenditures by funding code for the proper identification and exclusion of federal funding and other non-allowable sources. Identification of federal and non-allowable funds not properly identified prevents over claiming of administrative and annual cost settlement reimbursement.

Validation of Licensure Information of Direct Medical Staff

Licensure information for direct service providers under review is verified for qualification of service delivery. It is important that staff members and/or contractors meet Nebraska's participation requirements.

Validation of Medicaid Eligibility/Individual Education Program (IEP) Ratio

Individual Education Programs (IEPs) for students associated with claims paid for direct service providers under review are validated to ensure validity of claim adjudication and service delivery. It is critical that qualified providers are addressing student needs and that documentation is appropriately being maintained to support need as well as provision of services.

Validation of Specialized Transportation Costs

PCG comprehensively reviews specialized transportation costs for allowance and accuracy, including validation that costs for transportation are correctly identified under program guidelines.

Validation of Specialized Transportation Ratios

All ratios to determine appropriate reimbursement on non-emergency medical transportation are reviewed for accuracy according to approved methodologies of the allocating factors. This includes the review of a sample of bus logs and attendance sheets to adhere to CMS guidelines.

PCG will validate reported expenditure and statistical information according to source documentation. This will allow the Department to be assured school providers and direct service providers are compliantly participating in the program. The audit plan includes a review of selected direct service providers billing on behalf of school providers from participation in RMTS, to service delivery and billing, all the way through cost reporting and receipt of administrative and direct medical service reimbursement. In accordance with the audit plan, PCG will score each review to calculate level of compliance and outline corrective actions as appropriate.

RMTS Moments Review

Another critical element for program review is a detailed verification of RMTS moments and resulting assigned codes. PCG has a proprietary RMTS coding process that captures much of the information necessary to substantiate RMTS coding. Unlike other applications, which allow drop down selection of activities, PCG requires free form written responses, which provides PCG with all the necessary information and documentation to complete our centralized coding process. Please refer to the previous section, 'Developing and Conducting a Statewide RMTS', for the explanation of the extensive quality assurance and review processes in place for auditing RMTS moments.

RMTS SPLs' (rosters') Eligible Categories

PCG has unparalleled experience with RMTS rosters and eligible categories, also referred to as the SPL. In the PCG Claiming System, school provider program coordinators log in to update and certify their SPLs quarterly. In doing this, coordinators can make any time study participant additions, removals, or changes. Once the SPL is completed, school providers simply certify that the SPL is accurate and ready for the upcoming RMTS quarter.

For auditing purposes, when the coordinator attempts to certify their SPL, an edit check is displayed which identifies quarterly variances in SPL counts by job category. When the coordinator certifies, they attest to language that states the SPL variances they reviewed are accurate. A PCG reviewer follows up with coordinators when variances are larger than the pre-determined threshold. This additional follow up helps school providers to understand how to manage their SPL and the impact large variances have to their program. The picture below displays the automated variances page in the PCG Claiming System that appears when coordinators attempt to certify their SPL.

Staff Pool List Certification							
Job Category Review							
Cost Pool	Service Type	Job Category	Previous Count	Current Count	Difference	% Difference	Status / Warnings
Administrative Outreach Personnel	MAC	Administrator	1	1	0	0.00%	No Change
Administrative Outreach Personnel	MAC	Program Specialist	1	2	1	100.00%	
Administrative Outreach Personnel	MAC	Resource Specialist/Family Liaison	2	2	0	0.00%	No Change
Administrative Outreach Personnel	MAC	School Counselor	7	5	-2	-28.57%	

Figure C.3.1: Automated Variance Page in PCG Claiming System

Attestation language that follows confirmation of the job category variances on the SPL is pictured below:

Please Confirm

By clicking this button, I certify that I have provided all requested information, and to the best of my knowledge and belief the information provided is accurate and complete. Specifically, I certify that calendar and shift information is accurate and complete, and that the dates and times entered in the system cover ALL time that any staff listed on the Staff Pool list are scheduled to work (from the earliest start time each day to the latest end time each day). I understand this information is used to determine federal cost reimbursement, and is subject to audit. I also understand that if I have questions, I can contact the help line for assistance.

Cancel Confirm

Figure C.3.2: SPL Variance Attestation Language

Direct Service Provider Qualifications

With PCG’s vast experience with school-based claiming programs across the country, PCG has the appropriate resources available for auditing direct service provider qualifications. PCG has knowledgeable staff that evaluate provider qualifications throughout the year and have witnessed many unique situations that have enhanced and developed their experience with the school-based Medicaid program.

PCG reviews licensure for direct service providers based on federal requirements in conjunction with state specific program approvals. We understand the appropriate documentation needed for individuals to be considered qualified direct service providers and if those specific individuals are eligible for Medicaid reimbursement. For each reimbursable related service, a specific license is required for Medicaid participation and may result in the need for supervision for service delivery. PCG is aware of not only licensure requirements, but appropriate departments or agencies in each state needed for satisfaction of licensing requirements and what services are eligible for prescription by each qualified medical provider. Each state has their own licensing requirements and PCG is consistently kept up to date with new state and federal changes regarding licensure requirements or other direct service provider qualifications.

PCG looks forward to working with the Department to become experts in reviewing Nebraska licensing requirements. We will focus on direct service providers who are prescribing and/or delivering services to students in participating school provider locations and will adjust our auditing processes, as necessary, to meet the needs of the Department.

Annual and Quarter Financial Reviews

PCG conducts comprehensive compliance reviews, referred to as “monitoring reviews” on behalf of many of our clients. This includes Medicaid administrative services as well as direct service claiming and annual cost reconciliation. Notifications and claim samples are provided to the school provider to appropriately prepare all required documentation for each component under review.

Quarterly cost reporting reviews verify accuracy of reported costs for staff by cost pool for included staff on the RMTS SPLs according to payroll and payables information. For quarterly administrative cost reporting, PCG uses our prevalent audit experience in reviewing specific components of each school providers certified quarterly financials during audits. The auditing process for quarterly reporting involves a comprehensive list of edit checks and procedural review.

The following is a list of audit protocols that PCG typically performs:

- ▶ Review of explanations provided by school provider staff for flagged warnings or costs exceeding predetermined thresholds
- ▶ Comparison of employee benefit to salary ratios to statewide average quarterly benefit-to-salaries ratio as a benchmark for reasonableness
- ▶ Review of Medicaid Eligibility Ratio (MER)

The individual MER ratio is the statistic used to apportion administrative costs to the Medicaid program. PCG compares the ratio to statewide statistical information for reasonability purposes. PCG will work with the state of Nebraska to obtain the education population by school provider and verify this number against what is used in the quarterly claims.

Additionally, PCG conducts an extensive review using our Quarterly Claim Quality Review Tool of the resulting statewide quarterly Medicaid Administrative Claim (MAC) claim. This tool is designed to eliminate potential errors when calculating the quarterly administrative claim. The expenditures section of the tool includes a specific step that requires each reviewer to verify offset of the federal funds calculation in the cost reporting system. In addition to the expenditure section, the tool includes a claim variable review prior to the quarterly claim calculation:

- ▶ Population of correct MERs and Unrestricted Indirect Cost Rates (UICRs)
- ▶ Verification that time study results are finalized, achieved statistical validity, response requirements, and that the subsample is approved by the Department

▶ Verification that all school providers have certified their quarterly financials

▶ Validation that school providers' costs and time study results are aggregating correctly

The following claim inputs are reviewed quarterly after each claim calculation for each school provider included in the submission:

▶ Correct school providers are included

▶ Time study results were calculated correctly

▶ Quarterly financials were aggregated correctly

▶ MERs were input correctly

▶ UICRs were input correctly

Annual cost reporting audit methodology consists of reviewing each school provider's direct service provider reported costs as well as any reported specialized transportation costs for the applicable fiscal year under review. Annual cost reporting reviews also validate general and statistical data reported such as apportioning ratios like the IEP ratio and other applicable specialized transportation ratios.

Annual Financial Desk Reviews

PCG considers our "desk review" process to be one of the most critical steps of the cost settlement process. Since cost settlement was implemented, PCG has developed a robust desk review process, specifically suited to fit the needs of school providers in all states, and will be customized for Nebraska.

PCG understands the importance of programmatic compliance when it comes to school-based annual cost reporting. PCG has comprehensive industry experience in this area and will continue to share its expertise regarding the desk review process to assist school providers in reviewing submitted financial cost report data. Once cost reports are submitted and certified by school providers within the PCG Claiming System, and before cost settlement payments are processed by the Department, PCG verifies that the financial data for all school providers is reasonable and compliant.

The desk review was specifically constructed as a tool to identify outlier costs and variances against national and state averages. This process includes reviewing each edit triggered based on school provider submitted costs and data when compared against determined thresholds. Each response is carefully reviewed to verify accuracy and compliance with the

requirements and guidelines of Nebraska's school-based Medicaid program. PCG will work with the Department to develop desk review processes and procedures so that all parties understand areas of focus for review based on findings of the desk review process. The comprehensive desk review process is aimed at maintaining program integrity and compliance of the annual cost report and is addition to the formal audit process.

Once annual cost reports are certified, PCG begins the desk review process. During the review of the initial school provider response to each triggered edit, PCG either accepts the response as being sufficient, or follows up for further clarification and confirmation of the accuracy of data reported. School provider staff are asked to review the reported data, research to determine whether reported data is accurate according to program requirements, and respond, answering all questions thoroughly and completely. School provider staff can confirm data is reported accurately or request a rollback of the cost report to make corrections. This process allows for the proactive identification and resolution of potential reporting errors.

PCG has leveraged our national experience to review components of each cost report. This involves a comprehensive list of checks for this procedural review. The following is a sample of desk review protocols that PCG performs:

- ▶ Review salary and benefit data for reasonability
- ▶ Compare salary and benefit costs by service type
- ▶ Compare employee benefit to salary ratios for reasonability
- ▶ Review of IEP ratio for direct medical services
- ▶ Review of specialized transportation costs

The entire desk review process is conducted within the PCG Claiming System. Original cost report submissions and certifications retain record of the initial school provider response, and the desk review displays a complete list of each edit and all communications and actions taken during the desk review process.

#12 Completed

Edit: High Salary Threshold	Opened by Ward, John on 09/24/19 07:29 PM
Threshold: 82843.07	
Value: 86484.92 in salary entered for 100.00% of the year listed on the staff pool list. Salary: 86484.92	Accepted by Ward, John on 09/24/19 07:44 PM <i>This edit is now closed</i>
Job Title: (none entered) Employee ID: 12181 Job Span: Q1: 07/01/2018 - 09/30/2018 Q2: 10/01/2018 - 12/31/2018 Q3: 01/01/2019 - 03/31/2019 Q4: 04/01/2019 - 06/30/2019	
Edit Details: The Salary entered for this employee is outside the expected thresholds. An explanation is required.	
District Explanation: long term highly qualified emp/costs are coreect	

Figure C.3.3: Annual Cost Report Sample Desk Review Edit

After receipt of the school provider's desk review findings via a generated email by the system, school providers have a pre-determined number of business days to respond to all the desk review questions and submit the desk review back to PCG. Each response is reviewed to determine if any adjustments or actions are required. If adjustments are required, PCG re-opens the school provider's annual cost report in the PCG Claiming System and advises the school provider to correct identified costs and re-certify the report. If a desk review response is not received in a timely manner, PCG proceeds with continuous client service outreach, including phone calls and emails until all desk review edits have been responded to, reviewed, and accepted or resolved, and closed by PCG.

The desk review and the auditing processes associated with the annual cost report occur prior to the school provider receiving their final cost settlements eliminating the need for adjustments. All reported cost and apportioning ratio data identified in error because of audit is required to be corrected on the cost report within the PCG Claiming System prior to cost settlement and payment. Different than what PCG identifies as the desk review process, the formal annual audit requires submission of supporting documentation for the auditor's review.

Each component of the cost report is reviewed for selected direct service providers for school providers under review. PCG takes this opportunity to educate school providers on why the costs reported were unallowable to ultimately prevent future

cost reporting errors. Our established annual auditing process includes reviewing the various financial, statistical, and programmatic components of the cost settlement program.

The auditing process includes the validation of the following annual reviewed items:

- ▶ Administrative, direct service and transportation staff payroll information
- ▶ Contractor Costs
- ▶ General and statical data reported to calculate apportioning ratios
- ▶ Specialized transportation costs

PCG is an audit industry leader when it comes to compliance protocols for annual and quarterly financials. PCG fully understands the necessary components for a successful audit review, as well as the level of effort that is required to perform these reviews effectively. We are confident that we stand apart from other firms that do not have the auditing experience to meet and exceed the Department's expectations in performing these reviews.

Required Audit Review Materials

As discussed in the description of our previous experience with auditing requirements, PCG has incomparable knowledge when it comes to direct service claiming, RMTS and direct service provider participation and qualifications, as well as quarterly and annual cost reporting. In addition, PCG has unique experience when reviewing audit materials related to all those categories, including Medicaid Management Information System (MMIS) and educational records. With this, PCG acknowledges and accepts the requirement that we must review audit materials maintained in those specific areas as well as the responsibilities that are associated with the review of documentation of that sensitive nature.

PCG maintains all information relating to their cost reports, quarterly financial information, and RMTS information within the PCG Claiming System. Along with collection of financial and statistical data, the PCG Claiming System is also utilized by school providers to perform cursory checks on all reported costs. PCG audits the materials in the system through various quality controls and validations to verify compliance well.

RMTS participants are reviewed to ensure National Provider Identification information is populated to support their qualification to participate as a direct service provider prior to each quarter sample generation. PCG contacts all school providers who have included any direct service provider lacking required information. Additionally, extensive licensure review and RMTS participation is included in the formal audit process and plan for submission to the Department.

For specific MMIS claim information, PCG has successfully reviewed audit material relating to this area through appropriate documentation. Examples of documentation reviewed to determine appropriateness of claims are claims data submitted, IEPs supporting medical necessity, service documentation validating delivery of services being billed, and student attendance records.

Educational records including IEPs will be part of the audit process and plan. All staff related to this engagement at PCG are trained to handle and review this type of information with discretion and care. We understand the sensitivity and confidentiality requirements associated with this information. PCG looks forward to working with Nebraska in expanding our auditing when it comes to Nebraska specific educational records and IEPs.

This section, along with the performing audits section, speaks to PCG's ability to successfully fulfill the state of Nebraska's requirements for successful auditing related to MMIS, cost reports, RMTS, and educational records in the form of either desk reviews or claim reviews. PCG understands RMTS rosters' eligible categories, direct service provider qualifications, and quarterly and annual financial reports and is the vendor to choose for a successful and effective audit process and plan for your school providers.

Developing and Refining the Audit Plan methodologies

As part of refining the audit plan, PCG recognizes that the Department is looking to put in place a plan that clearly outlines the approach for selecting and auditing school providers. This plan will include at least fifty percent (50%) of all school providers that will be audited during each State Fiscal Year (SFY) and that each provider is audited at least once every three SFY's. This audit may be in the form of a site review, or desk audit and PCG looks forward to working with the state to define this criterion. PCG commits to fulfilling all requirements of the RFP in terms of developing and delivering an audit plan to the Department by June 1, which clearly articulates expectations. This plan will be updated annually, and subject to approval of the Department. PCG will assume full responsibility for developing and drafting the necessary documents and templates for performing, documenting, and reporting all audit activities. All of the associated required documents and templates will be submitted upon audit process and plan approval for Department review and approval and no documentation shall be submitted to school providers until Department approval is received.

Our firm has comprehensive experience working with our clients in crafting and refining audit plans that are best suited to meet the unique needs of the state. **We have worked with clients in support of both federal CMS and Office of Inspector General (OIG) audits to ensure successful outcomes.** We understand that rigid guidelines and procedures must be put into place to achieve programmatic compliance and success. We know the range of activities and complexities that need to be included as part of that plan. Financial auditing for cost reports will operate differently than reviews of RMTS moments and eligible providers. All aspects of the program are equally important. As part of the implementation phase of this initiative,

PCG will outline to the Department a comprehensive audit plan and timeline, encapsulating all necessary facets of the program, including RMTS, cost reports, MMIS, and qualifications for eligible providers.

In addition to determining the review categories, PCG will work with the Department to determine specific review procedures and processes. This includes developing a selection process, notification procedures, procedures to conduct the review, and plan for reporting the results. Further components of the monitoring review process are as follows:

Procedures for Sampling

Prior to selection, PCG will notify the Department of selected school providers based on approved audit processes as well as planned review dates for feedback as appropriate. Selection of school providers under review will focus on those suspected of dubious activity or erroneous reporting even if outside typical selection criteria outlined in audit plan.

Notification Process

Upon Department approval, PCG will send standardized notification correspondence on the announcement of the monitoring review process. This includes language on the timing of the review and a detailed list of the documentation that is required to perform the review.

Conducting the Monitoring Review Process

PCG has developed and used a comprehensive agenda when conducting the review. This includes the material and costs required to be reviewed, and the breakdown of the structure of what will be reviewed at a specific time.

Tracking and Reporting Results

PCG has standardized reporting templates, customizable for Nebraska, which will be used to issue both preliminary and final results of the validation process to both the school provider and the state. This report clearly indicates any changes needed to the cost report.

Follow-Up Processes

PCG drafts and develops necessary follow-up items because of the review results. This is particularly important for those school providers that performed poorly and may be required to pay back funds already received. Furthermore, this will include the appropriate next steps and corrective action plan requirements.

	<p>PCG will work in collaboration with the state to customize and configure the audit process to meet the specific needs of the Department. PCG strives to make the process as relevant and transparent as possible. We will keep all viable solutions in mind to identify the appropriate school providers for reviews, to best serve the state. PCG's comprehensive involvement with numerous audits nationwide for cost reports through this dual focus has made us one of the leading consulting firms in this area. PCG looks forward to implementing a successful desk review and monitoring review process in the state of Nebraska.</p>
--	--

Reporting Requirements

Business Requirements	
Req #	Requirement

RR-1	Bidder must provide a sample quarterly update report, quarterly cost report, annual cost report and RMTS and Cost Report Help Desk Report for evaluation.
------	---

RMTS Quarterly Updates

Public Consulting Group LLC (PCG) offers a suite of reports that detail all the components required above. PCG's reports are designed to provide the state with an accurate picture of the factors that make up the claim and the compliance of participating districts. We will work closely with Department of Health and Human Services (DHHS) to perform additional analyses and provide customized reports and updates as requested. PCG's quarterly reports include:

► Master Sample File Report

The master sample file is sent after each quarter's moments are generated. It includes participant statistics and details such as cost pool, job category, and moment date. It includes all generated moments for the quarter, including vacant moments. Vacant moments are moments assigned to a position on the staff pool list which has not been filled.

► Time Study Report

In addition to being provided at the end of the quarter, this report is available "on demand" from the Claiming System to provide a snap shot of statistics during the time study. It contains all the information as the Master Sample file plus: moment submission date/time and shows valid moment coding.

► End of Quarter Reports

For each engagement, PCG creates customized reports in a format that best suites the needs of our clients. We will incorporate the RMTS data into our claim report to detail how the RMTS elements impacted the claim and show an over time comparison between quarters. Our experience is that quarter to quarter comparisons are valuable, but that the most value is often gathered by comparing quarters year to year (1st Qtr 20 with 1st Qtr 21).

In addition to the above reports, PCG provides compliance reports on a regular basis (usually weekly).

► Compliance Reports

PCG generates and sends reports on the district's compliance, including raw compliance percentages, to district coordinators each week. PCG will copy DHHS on the reports, and PCG will keep DHHS up to date on overall statewide compliance via periodic teleconferences (usually biweekly). These reports allow DHHS and PCG to identify districts who may be low on compliance early on. PCG will then provide outreach to assist the district in improving their compliance and ultimately positively affecting the overall time study. DHHS and districts are also able to download this information at any time. Lastly the PCG Claiming System dashboard provides each district with a snapshot of their compliance, as seen in

Figure D.1.A.1 and D.1.A.2

District	# of Moments	# of Moments Submitted	Compliance %
Statewide	7065	6738	95.4%
District 1	7	7	100.0%
District 2	19	19	100.0%
District 3	17	14	82.4%
District 4	1	1	100.0%
District 5	1	1	100.0%
District 6	4	4	100.0%

Figure D.1.A.1: Compliance Reports.

District	# of Moments	# of Moments Submitted	Compliance %
Administrative Cost Pool	3497	3403	97.3%
Direct Service Cost Pool	3568	3335	93.5%
Statewide	7065	6738	95.4%

Figure D.1.A.2: Compliance Reports.

PCG provides multiple tools within the Claiming System that district coordinators and state administrators can use to monitor the program and ensure participants are completing their random moments in a timely fashion. Each district coordinator and state administrator is assigned a username and password for accessing district and state specific RMTS information within the Claiming System. They can access real-time RMTS return compliance data through several on-demand reports and resources:

► **Individual Master Sample File**

This report shows the time and date of moments occurring in the next five days from the time the report is run. This provides the coordinators an advanced view of their participants with upcoming moments.

► **Individual Compliance Report**

As stated above, this is a live-updating report that shows which participants have outstanding moments, allowing district coordinators to monitor time study compliance at any time.

► **PCG Claiming System Dashboard**

The homepage on the Claiming System dashboard provides districts with a breakdown of the district's compliance.

an example of dashboard report.

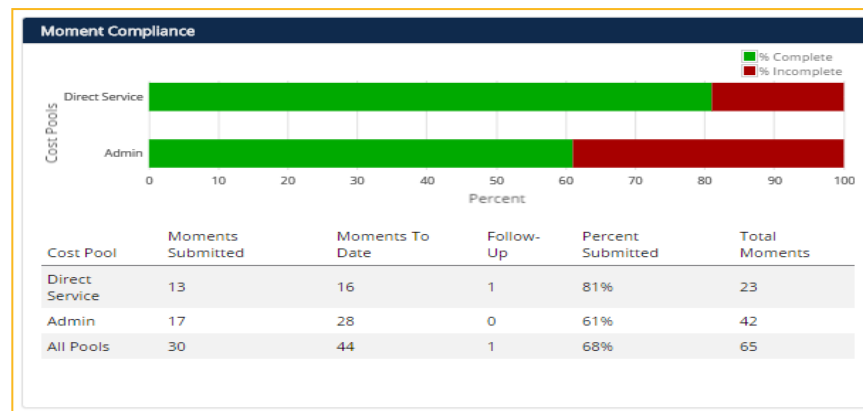


Figure D.1.B.1: Compliance Reports.

CMS Report

PCG currently provides a quarterly RMTS report to clients for CMS. A sample report has been included below:

Department of Health Care Policy and Financing
Quarterly Random Moment Time Study Report
April 2021 – June 2021

The April 2021 through June 2021 (AJ21) quarter for the Colorado School Health Services (SHS) Program Random Moment Time Study (RMTS) was completed successfully with the Direct Service and Administrative time study meeting statistical validity.

Active Participants

The “COLORADO SCHOOL HEALTH SERVICES PROGRAM TIME STUDY IMPLEMENTATION GUIDE FOR DIRECT SERVICES, AND ADMINISTRATIVE CLAIMING” mandates that all school district employees identified by the district’s SHS Program RMTS Coordinator as being qualified to provide Direct Services or Administrative activities participate in a RMTS. Rosters are updated by Coordinators on a quarterly basis to ensure accuracy in the time study. The table below shows the number of participants in the Direct Service and Administrative Outreach Personnel time study staff pools at the beginning of the quarter.

April 2021 – June 2021	
Direct Service	9,316
Administrative Outreach Personnel	1,554

Sampling Requirements

To achieve statistical validity, maintain program efficiencies, and reduce unnecessary district administrative burden, the Department of Health Care Policy and Financing (Department) implements a consistent sampling methodology for all activity codes and groups to be used. The Department has constructed the RMTS sampling methodology to achieve a level of precision of +/- 2% (two percent) with a 95% (ninety-five percent) confidence level for activities.

Statistical calculations show that a minimum sample of 2,401 completed moments each quarter, per cost pool, is adequate to obtain this precision when the total pool of moments is greater than 3,839,197. Additional moments are selected each quarter to account for invalid moments.

Moment Response

For the Direct Service cost pool, 3,400 moments are generated per quarter. For the Administrative Outreach Personnel cost pool, 3,000 moments are generated per quarter. As previously stated, participants must return at least 2,401 valid responses a quarter in each cost pool to achieve statistical validity.

For each of the two cost pools, more moments are generated than are needed for statistical validity, as allowed by the Time Study Implementation Guide approved by the Centers for

Medicare and Medicaid Services (CMS). This oversample allows for the occurrence of invalid moments, which are observations that cannot be used for analysis (i.e., moments selected for staff no longer at the school district, who changed jobs and are no longer in an allowable position and their old position has not been filled or were not working and were unpaid).

The tables below demonstrate that the Direct Service and Administrative Outreach Personnel time study achieved statistical validity in the AJ21 quarter. The response rate reflects the number of valid responses received divided by the total number of valid moments generated per cost pool per quarter.

Direct Service

Quarter	Moments Generated	Valid Moments	Valid Responses Received	Response Rate
April 2021 – June 2021 Total Moments	3,400	2,986	2,941	98.49%

Administrative Outreach Personnel

Quarter	Moments Generated	Valid Moments	Valid Responses Received	Response Rate
April 2021 – June 2021 Total Moments	3,000	2,814	2,799	99.47%

As these results illustrate, the Direct Service and Administrative Outreach Personnel time study reached statistical validity for the quarter with more than 2,401 valid responses received.

Figure D.1.B.2: CMS Report

Quarterly Cost Reporting

PCG's web-based Claiming System is also used to collect financial information for the calculation of the Medicaid Administrative Claim (MAC) as well as the completion of each district's Medicaid Annual Cost Report. The system employs the latest web-based tools and a robust architecture to support the needs DHHS from participant expenditure collection all the way through the most rigorous audits.

Medicaid Administrative Claiming Functionality: Quarterly Cost Reporting

After a quarter's RMTS is completed, PCG initiates the financial process which allows school district coordinators to begin entering financial data into the PCG Claiming System. Depending on the state's cash or accrual accounting basis, the quarterly

data could be used for *both* the Quarterly Claim and for Annual Cost Settlement, reducing redundant reporting of data. The allowable MAC quarterly financial data typically falls into the following categories:

- ▶ Salaries and benefits for SPL participants
- ▶ Contracted staff costs for SPL participants
- ▶ Support staff if approved
- ▶ Quarterly Other Costs by service type (ex. supplies, travel, training, etc.)

District coordinators have found that the PCG Claiming System's quarterly financial component is very comprehensive in allowing districts to submit all claimable costs (See *Figure V.D.2.C*). In addition to being comprehensive, PCG has built in automated requirements allowing for immediate corrections. These safeguards provide reassurance district coordinators that costs were submitted accurately. This is only the first step PCG takes to prevent any potential audit risks from occurring in the future. The system's built-in warnings assist districts in submitting costs in a complete and accurate fashion. The system was also designed to track events as they happen. There are numerous areas for coordinators to take notes if they feel there a non-typical situation they would want to document. Lastly, placing major emphasis on PCGs ability to provide data retention, certification tracking, and high-quality help desk services methodology are very useful in the event of an audit ever occurs.











Quarterly: Quarterly Payroll Information



📄 ✓ ✓ ✓ ✓ ✓ (Opened)

📄 Export 📄 Import

Available Filters

Status	District	Employee ID	Name	Job Category	Cost Pool	Title	Job Span	Hours	Salaries	Benefits	Federal Funds Amount	Gross	Net	Clear
✓				School Administrators - Principals and Assistant Principals	Admin	School Administrators - Principals and Assistant Principals			\$7,012.56	\$534.22	\$0.00	\$7,546.78	\$7,546.78	
✓				Program Specialist	Admin	Program Specialist			\$6,432.11	\$439.23	\$0.00	\$6,871.34	\$6,871.34	
✓				Teacher	Admin	Teacher			\$5,733.21	\$254.98	\$0.00	\$5,988.19	\$5,988.19	
✓				School Administrators - Principals and Assistant Principals	Admin	School Administrators - Principals and Assistant Principals			\$7,529.28	\$254.11	\$0.00	\$7,783.39	\$7,783.39	
✓				Teacher	Admin	Teacher			\$6,234.54	\$276.22	\$1,500.00	\$6,510.76	\$5,010.76	
✓				Program Specialist	Admin	Program Specialist			\$1,877.01	\$255.99	\$0.00	\$2,133.00	\$2,133.00	
✓				School Counselors	Admin	School Counselors			\$10,243.56	\$365.78	\$0.00	\$10,609.34	\$10,609.34	

Quarterly: Quarterly Payroll Information           (Opened)

 Export  Import

Available Filters

Status	District	Employee ID	Name	Job Category	Cost Pool	Title	Job Span	Hours	Salaries	Benefits	Federal Funds Amount	Gross	Net	Clear
✓				School Administrators - Principals and Assistant Principals	Admin	School Administrators - Principals and Assistant Principals			\$7,012.56	\$534.22	\$0.00	\$7,546.78	\$7,546.78	
✓				Program Specialist	Admin	Program Specialist			\$6,432.11	\$439.23	\$0.00	\$6,871.34	\$6,871.34	
✓				Teacher	Admin	Teacher			\$5,733.21	\$254.98	\$0.00	\$5,988.19	\$5,988.19	
✓				School Administrators - Principals and Assistant Principals	Admin	School Administrators - Principals and Assistant Principals			\$7,529.28	\$254.11	\$0.00	\$7,783.39	\$7,783.39	
✓				Teacher	Admin	Teacher			\$6,234.54	\$276.22	\$1,500.00	\$6,510.76	\$5,010.76	
✓				Program Specialist	Admin	Program Specialist			\$1,877.01	\$255.99	\$0.00	\$2,133.00	\$2,133.00	
✓				School Counselors	Admin	School Counselors			\$10,243.56	\$365.78	\$0.00	\$10,609.34	\$10,609.34	

Figure V.D.2.C: Quarterly Payroll Information Screenshot.

Salaried Staff

The salaried Staff Pool List participants' names and job position information are pre-populated and are pulled directly from the certified Staff Pool List, which include:

- ▶ Employee ID (if used)
- ▶ Employee Name
- ▶ Job Category

	<ul style="list-style-type: none"> ▶ Cost Pool ▶ Job Span - The job span shows the percentage of time a participant was an active participant on the district's Staff Pool List. If a participant was only active for a portion of the quarter, was a replacement for an existing staff member, or left during the quarter the span displayed is reduced. The edit checks are prorated for staff that were not active the entire quarter <p>Users enter the following financial data:</p> <ul style="list-style-type: none"> ▶ Salaries ▶ Group Insurance ▶ Unemployment Compensation ▶ Social Security Contributions ▶ Workers Compensation ▶ Other Employee Benefits ▶ Compensation Federal Revenues ▶ Notes <p>The above cost categories can be customized for Nebraska. Some states ask for the benefits to be reported in discrete categories such as Health Insurance, Dental Insurance, Unemployment, etc. Other states allow districts to report all benefits in a single "Benefits" category for reporting. The flexibility of the system gives DHHS options to increase the level of comfort with the accuracy and level of detail in which costs are reported.</p>
--	---

Edit Line Item 1 / 52

Employee ID:

Employee Name: [REDACTED]

Job Category: Registered Nurse (RN) / Advanced Registered Nurse Practitioner

Cost Pool: DS

Salaries:

Benefits

Group Insurance:

Unemployment Compensation:

Social Security Contributions:

Workers Compensation:

Other Employee Benefits:

Federal Funds

Compensation Federal Revenues:

Gross Costs: \$7,577.35

Net Costs: \$7,577.35

Notes:

☐ Edit Another?

(No changes on page)

Figure D.2.D: Entering Participant Data

To enter data for a participant, the user clicks on the participant's name from the 'Salaried Staff' table. This brings up a detail of the costs associated with that participant.

The user clicks into each cost area and enters the salary and benefit information. In this example, the user entered a quarterly salary of \$7,003.51, and then entered costs for Unemployment Compensation, Social Security, Workers Compensation and Other Benefits.

From this screen (Figure V.D.2.D), the user can also enter the amount of costs that were paid using federal funds. In this case, the user entered \$0, indicating that the participant's position is funded using only state and local funds. If a participant is partially federally funded, the user enters the amount paid from federal funds under Compensation Federal Revenues. This amount is then subtracted from the Gross Costs.

Gross Costs reflects the total costs entered. Net Costs reflects the total costs minus any federal funds entered. In the example to the right, no federal funds were entered so the Gross and Net Costs are equal.

If needed, the user can enter information into the Notes field. This field is very useful for recording information that may be needed later, particularly in the event of an audit.

To save this information, the user clicks 'Save Changes' at the bottom of the page.

The system is designed to capture costs at the individual provider level. We feel this provides a more accurate collection process and is easier to identify potential risks or errors. This also allows a clear demonstration of costs associated with staff that were included on the staff pool list and part of the quarterly sample pool. In the event of an audit, districts will have to provide detailed information about these costs at the provider level, as a result this process helps ensure that districts are maintaining this information as part of their audit records.

Capturing data at the provider level provides additional controls as well. The system is built with a series of "Warnings" or "Error Checks". These warning are designed to alert the user of potential errors that may have occurred during the financial collection process or costs that may be outside of the expected range. Warnings are designed to identify costs that are typically above an expected range, which is usually set at 1 standard deviation from the mean. These thresholds are typically updated each year to account for the natural changes in costs from year to year. These warnings can be set at the provider type level. In other words, there can be a different set of warning thresholds for Speech Therapists versus Occupational Therapists versus Administrators. These warning can not only be configured at the provider level, they can be created at the district level as well. In other words, a set of Thresholds could be set for the larger / urban school districts as well as a set for small / rural districts. This allows these warnings to be more applicable and not to flag costs unnecessarily.

As the user enters costs, it is possible that 'Warnings' will be triggered (See *Figure V.D.2.E*). Potential errors such warnings a coordinator might encounter are listed as follows:

- ▶ No salaries
- ▶ High salaries
- ▶ High benefits
- ▶ High benefit to salary ratio
- ▶ Benefits with no salaries
- ▶ Federal revenues exceed total costs reported

If a warning is triggered, the user can either make necessary revisions to the financial data in order to address the warning, or the user can provide a written explanation in the notes field. PCG staff review the costs submitted by the districts as well as the explanations entered. If an extremely high cost is entered, PCG staff follow up with the district about the entered costs even if the district asserts that the cost is accurate in the explanation.

Gross Costs: \$123,876.00

Net Costs: \$123,829.00

Notes:

Warnings:

- Salary is very high for job *

Explanation:

☐ Edit Another?

Figure V.D.2.E: Warning Trigger

While some it may be easy for some smaller districts with only a handful of staff to enter costs individual by individual directly into the system, we also realize that is not feasible for larger districts with a significant number of staff on their quarterly report. For that reason, the system also allows for the export and import of the financial expenditure data. This allows districts to then merge the report with the information stored in their accounting system and import the data for all staff back into the system, removing the need for data entry directly in the system.

Quarterly Financials Export and Import Function

Alternatively, districts have the option to use our export and import function to update cost information. This function allows the users to edit their costs in a Microsoft Excel file and then import the results.

At the top of the Salaried Staff screen the user clicks 'Export' to export a .CSV document that can be edited in Microsoft Excel (See *Figure V.D.2.F*).

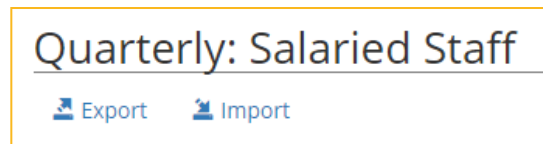


Figure V.D.2.F: Exporting Quarterly Financials

A .CSV document is opened in Microsoft Excel with the corresponding columns from the 'Quarterly Payroll Information' page, as seen in *Figure V.D.2.G*. At this point, the user should save the file in an Excel format: either .XLS or .XLSX.

G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	
LastName	FirstName	JobCategc	CostPool	JobTitle	HoursPaid	Salary/Co	Group	Ins	Unemploy	Social Sec	Workers C	Other Em	Compensi	Notes	Explanatic	Warnings
Administ	Administ	Administr	Administr	Administrators												
Administ	Administ	Administr	Administr	Administrator												
Administ	Administ	Administr	Administr	Administrators												
Administ	Administ	Administr	Administr	Administrators												
Administ	Administ	Administr	Administr	Administrators												
Administ	Administ	Administr	Administr	Administrators												
Administ	Administ	Administr	Administr	Administrator												
Administ	Administ	Administr	Administr	Administrator												
Administ	Administ	Administr	Administr	Administrator												

Figure V.D.2.G: Quarterly Payroll Information Page

Leveraging this utility, the user can quickly enter all payroll information for every participant on their staff pool list. Some districts

have found it useful to create an export file from their accounting/financial reporting system to match the same headers on PCG's export file. This can decrease the burden on the school district by reducing the overall manual data entry for the user. After completing this spreadsheet (See Figure V.D.2.H), the user can import it back into the PCG Claiming System.

G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	
LastName	FirstName	JobCateg	CostPool	JobTitle	HoursPaid	Salary/Co	Group	Ins	Unemploy	Social Sec	Workers C	Other Em	Compens	Notes	Explanatio	Warnings
John	Smith	Administr	Administr	Administr	424	19492.5	870	29.37	1478.19	76.32	0	0				
Jennifer	Smith	Administr	Administr	Administr	371	17796.9	870	27.76	1327.93	69.69	0	0				
John	Smith	Administr	Administr	Administr	424	21328.74	1245	28.02	1421.91	83.52	0	0				
John	Smith	Administr	Administr	Administr	430	21052.26	1245	29.31	1481.65	82.44	0	0				
John	Smith	Administr	Administr	Administr	430	21046.26	870	30.42	1534.92	82.41	0	0				
John	Smith	Administr	Administr	Administr	424	21187.5	870	31.14	1569.45	82.98	0	0				
John	Smith	Administr	Administr	Administr	424	17656.26	1245	24.57	1256.34	69.15	0	0				
John	Smith	Administr	Administr	Administr	351	15669	870	23.34	1188.18	61.35	0	0				
John	Smith	Administr	Administr	Administr	437	19209.99	1245	27.39	1383.63	75.24	0	0				

Figure V.D.2.H: Completed Quarterly Payroll Information Page

To import this document back into the PCG Claiming System, the user returns to the 'Salaried Staff' screen and clicks 'Import.'

A dialogue box appears, and the user clicks 'Choose File' and then locates the saved .XLS or .XLSX document. Lastly, the user clicks 'Upload' (See Figure V.D.2.I).

Import Payroll Staff

Import File:
No file chosen

(No changes on page)

Figure V.D.2.I: Importing Quarterly Financials

If the district's file and data are in the appropriate format, the 'Salaried Staff' page will be updated with the financial information entered into the import file.

The system can be configured, if DHHS desires, to capture costs at the job category level instead of the individual level. In other words, a single line can be created to enter all costs for the Speech Therapists. If DHHS were to choose to go this route, the warnings would still be able to be run in the system at an aggregated level. For example, the warning would just look at the

average salary reported (total salaries reported for Speech Therapists divided by the number of Speech Therapists on the Staff Pool List.) The warnings would still be able to be adjusted by provider type as well as by district.

Contracted Staff

After entering the 'Salaried Staff' information, the user can enter contracted staff costs for any contracted staff pool list participants. To access these staff members, choose 'Quarterly' from the green menu bar and then click 'Contracted Staff.' Entering costs for a contracted staff participant is very similar to how they would enter costs for a salaried staff member. The user selects participant's name, enters the contracted staff costs, and any compensation federal revenues used to pay those costs.

A 'Contracted Staff' table (See *Figure V.D.2.J*) will appear, which is very similar to the 'Salaried Staff' table:

Quarterly: Contracted Staff

[Export](#)

Available Filters (filtered)

Status	District	Employee ID	Employee Name	Job Category	Cost Pool	Job Span	Contracted Staff Costs	Compensation Federal Revenues	Gross	Net
✓			Benjamin Rodriguez	Special Education Teachers	Admin		\$13,846.08	\$0.00	\$13,846.08	\$13,846.08
✓			Dawnell Jones	Special Education Teachers	Admin		\$12,946.44	\$0.00	\$12,946.44	\$12,946.44
✓			Allegre Smith	Special Education Teachers	Admin		\$14,583.03	\$0.00	\$14,583.03	\$14,583.03

Figure V.D.2.J: Contracted Staff Table

As with the 'Salaried Staff' area, the 'Contracted Staff' table is pre-populated with information from the certified staff pool list: Employee ID, Employee Name, Job Category, Cost Pool, and Job Span.

To enter costs for a contracted staff participant, the user clicks their name, as seen in *Figure V.D.2.K*:

Edit Line Item 1 / 22

Employee ID:

Employee Name: [Redacted]

Job Category: Special Education Teachers

Cost Pool: Admin

Contracted Staff Costs:

Federal Funds

Compensation Federal Revenues:

Gross Costs: \$13,846.08

Net Costs: \$13,846.08

Notes:

☐ Edit Another?

Figure V.D.2.K: Entering Costs for Contracted Staff Participant

The user enters the Contracted Staff Costs and any Compensation Federal Revenues used to pay those costs. Once the costs are entered, the user clicks 'Save Changes.'

Salaried Support Staff and Contracted Support Staff

The PCG Claiming System has a feature for collecting support staff costs. Should the approved methodology allow for these costs, PCG will make available to the participating Nebraska school districts.

After entering salaries, benefits, contracted staff costs, and federal fund information for each staff pool list participant, districts have the option of entering Support Staff Costs. Support Staff can be 'Salaried Support Staff' if they are employees of the district or 'Contracted Support Staff' if they are contracted to work for the district but are not actual district employees.

Before entering Support Staff costs, districts must understand the criteria for being considered Support Staff. First, Support Staff must serve in an administrative, clerical, or secretarial support role. Second, Support Staff must support a staff person that is listed on the staff pool list. This support relationship should be documented in a district organizational chart or job description. Third, a Support Staff person cannot already be listed on the staff pool list. Finally, do not include Support Staff that are 100% federally funded.

If a district identifies staff that meet the criteria to be considered Support Staff, the district can enter salaries, benefits, and contracted staff costs for these staff. To enter the costs for a Support Staff person, the district clicks 'Quarterly' from the green menu bar and chooses either 'Salaried Support Staff' or 'Contracted Support Staff.'

Figure V.D.2.L shows the 'Salaried Support Staff' screen:

Quarterly: Salaried Support Staff

Export

Available Filters

Status	District	Employee ID	Employee Name	Job Category	Job Title	Job Span	Salaries	Group Insurance	Unemployment Compensation	Social Security Contributions	Workers Compensation	Other Employee Benefits	DS	Admin	None	Total	Compensation Federal Revenues	Gross	Net	Clear
✓				Direct Support Staff	Secretary		\$6,497.16	\$0.00	\$8.58	\$497.04	\$25.44	\$0.00	0	100	0	100	\$0.00	\$7,028.22	\$7,028.22	
✓				Direct Support Staff	Secretary		\$5,542.21	\$1,494.00	\$7.30	\$423.98	\$21.71	\$0.00	0	100	0	100	\$0.00	\$7,489.20	\$7,489.20	
✓				Direct Support Staff	Secretary		\$4,965.53	\$913.50	\$5.93	\$348.53	\$19.44	\$0.00	0	100	0	100	\$0.00	\$6,252.93	\$6,252.93	
✓				Direct Support Staff	Secretary		\$5,887.08	\$1,314.00	\$6.39	\$374.75	\$23.06	\$0.00	0	100	0	100	\$0.00	\$7,605.28	\$7,605.28	

Figure V.D.2.L: Salaried Support Staff Screen

If a Support Staff person was entered in a previous quarter, their name will appear in the following quarters. If a new Support Staff person needs to be entered, the user can do so by choosing 'People' from the green menu bar and clicking 'Direct Support Positions.'

To enter costs for a 'Support Staff' person, click their name. Similar to the other areas of the financial site, the individual's costs will be open for editing.

	<p>Users can enter salaries and benefits like they would in the other sections of the PCG Claiming System.</p> <p>However, there is an important difference for Support Staff: users must also enter Cost Pool Allocation percentages. As mentioned above, Support Staff people must support someone on the staff pool list. In that vein, users must report what percentage of time the Support Staff person supports staff pool participants in the Administrative Cost Pool or Direct Service Pool, or staff that are not in either pool.</p> <p>The PCG Claiming System uses the allocation percentages to allocate the salary and benefits costs to the appropriate cost pool. In <i>Figure V.D.2.M</i>, the Support Staff person spends all of their time supporting someone from the Administrative Cost Pool.</p> <p>After entering cost pool allocation percentages, the user can enter 'Compensation Federal Revenues' and then click 'Save Changes' if ready.</p> <p>The process for entering 'Contracted Support Staff' is nearly identical, except that the user enters contracted staff costs rather than salaries and benefits.</p>
--	--

	<div><div>Edit Line Item 1 / 15</div><div><div>Employee ID:</div><div>Employee Name: Wardner, Regina</div><div>Job Category: Direct Support Staff</div><div>Job Title: Secretary</div><div>Salaries: <input type="text" value="6497.16"/></div></div><div><div>Benefits</div><div><div>Group Insurance: <input type="text" value="0"/></div><div>Unemployment Compensation: <input type="text" value="8.58"/></div><div>Social Security Contributions: <input type="text" value="497.04"/></div><div>Workers Compensation: <input type="text" value="25.44"/></div><div>Other Employee Benefits: <input type="text" value="0"/></div></div></div></div>
--	--

Figure V.D.2.M: Allocation of Salary and Benefit Costs

% Allocation

DS:

0

Admin:

100

% Alloc

No Cost Pool:

0

Total Percent:

100

Federal Funds

Compensation Federal Revenues:

0

Figure V.D.2.N: Entering Other Costs

Other Costs by Service Type

After the user enters salaries, benefits, and contracted staff costs for Staff Pool List participants, the user can enter 'Other Costs by Service Type' (See *Figure V.D.2.N*). In this area of the PCG Claiming System, the user enters other costs associated with the various service types listed in the district's Staff Pool List. 'Other Costs' includes items such as staff travel and training costs. Other Costs must be related to the MAC program and must tie back to specific people/positions on the Staff Pool List.

In this area of the PCG Claiming System, the user enters other costs associated with the various service types listed in the district's staff pool list. Some states allow for the collection of these non- compensation costs while other states do not. If Nebraska gains approval to include these costs, these categories can be modified to capture non- compensation costs. These 'Other Costs' in other states typically include:

- ▶ Staff travel and training costs
- ▶ Staff professional dues and fees

► Materials and supplies

Quarterly: Other Costs by Service Type 📄✅📁 (Filed)

[Export](#)

Available Filters

Status	District	Service Type	Staff Travel and Training Costs	Staff Professional Dues and Fees	Materials and Supplies	Compensation Federal Revenues	Gross	Net	Clear
✅	██████████	Nursing Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
✅	██████████	Speech Language and Hearing Services	\$1,291.46	\$0.00	\$0.00	\$0.00	\$1,291.46	\$1,291.46	
✅	██████████	SDAC	\$1,135.03	\$0.00	\$0.00	\$0.00	\$1,135.03	\$1,135.03	
✅	██████████	Physical Therapy Services	\$538.05	\$0.00	\$0.00	\$0.00	\$538.05	\$538.05	
✅	██████████	Psychological Services	\$547.36	\$0.00	\$0.00	\$0.00	\$547.36	\$547.36	
✅	██████████	Occupational Therapy Services	\$307.95	\$0.00	\$0.00	\$0.00	\$307.95	\$307.95	
✅	██████████	Social Work Services	\$390.13	\$0.00	\$0.00	\$0.00	\$390.13	\$390.13	

(7 Line Items)

Figure V.D.2.O: Other Costs by Service Type

Other Costs must be related to the SDAC program and must tie back to specific people/positions on the staff pool list, as seen in *Figure V.D.2.O*. Districts are only allowed to report Other Costs for a given service type if that service type is included in the staff pool list and if the district has entered salaries, benefits, or contracted staff costs for that service type.

To enter other costs for each service type, the user clicks the service type.

The user then enters appropriate Other Costs associated with that service type, as seen in *Figure V.D.2.P*. If a cost is partially federally funded that portion of the cost is entered under 'Compensation Federal Revenues' and the PCG Claiming System automatically subtracts it from the claimed amount. In the example below, Staff Travel and Training costs associated with the Physical Therapists on the staff pool list have been entered.

Edit Line Item 4 / 7

Service Type: Physical Therapy Services

Cost

Staff Travel and Training Costs: 538.05

Staff Professional Dues and Fees: 0

Materials and Supplies: 0

Federal Funds

Compensation Federal Revenues: 0

Gross Costs: \$538.05

Net Costs: \$538.05

Notes:

< > ☐ Edit Another?

Cancel Save Changes

(No changes on page)

Figure V.D.2.P: Entering Other Costs Associated with Service Type

Once the costs have been entered, the user clicks 'Save Changes' to save this information.

These costs shown in *Figure V.D.2.Q* have been successfully saved for Physical Therapy Services and are now saved in the system (See *Figure V.D.2.R*).

Status	District	Service Type	Staff Travel and Training Costs	Staff Professional Dues and Fees	Materials and Supplies	Compensation Federal Revenues	Gross	Net
✓		Physical Therapy Services	\$538.05	\$0.00	\$0.00	\$0.00	\$538.05	\$538.05

Figure V.D.2.Q: Successfully Saved Costs

Quarterly: Other Costs By Service Type								
Export								
Available Filters								
Status	District	Service Type	Staff Travel and Training	Staff Professional Dues and Fees	Materials and Supplies	Federal Funds Amount	Gross	Net
✓		Physical Therapy	\$1,000.00	\$150.00	\$0.00	\$0.00	\$1,150.00	\$1,150.00
✓		Administrative	\$500.00	\$250.00	\$100.00	\$0.00	\$850.00	\$850.00
✓		Nursing	\$250.00	\$200.00	\$600.00	\$0.00	\$1,050.00	\$1,050.00
✓		Occupational Therapy	\$1,500.00	\$0.00	\$300.00	\$0.00	\$1,800.00	\$1,800.00
(4 Line Items)								

Figure V.D.2.R: Successfully Saved Costs in the Reporting System

Quarterly Summary and Certification

Once all costs have been entered and reviewed, the user proceeds to the last step, 'Quarterly Summary' (See *Figure V.D.2.S*).



Figure V.D.2.S: Selecting Quarterly Summary

The 'Quarterly Summary' page has three main sections:

- ▶ Certification – where the user certifies the financial information
- ▶ Status Summary – which highlights any warnings
- ▶ Cost Summaries – showing total costs by category

Prior to certification, the user reviews the 'Status Summary' and 'Cost Summaries' for accuracy. PCG trains district users to review every line item and every cost, but many districts find these summaries to be a very useful review tool.

Figure V.D.2.T shows the 'Status Summary' section displaying any flagged items. The table shows users how many staff members have no data and how many warnings were triggered. At this point, the district can confirm that they have resolved all triggered warnings.

Status Summary







Page	no data	 no warnings	 has warnings	 has severe warnings	 approved	 rejected	 excluded
Salaried Staff	0	50	1	1	0	0	0
Contracted Staff	0	0	0	0	0	0	0
Salaried Support Staff	0	17	0	0	0	0	0
Contracted Support Staff	0	0	0	0	0	0	0
Other Costs by Service Type	0	7	0	0	0	0	0

Figure V.D.2.T: Status Summary

In the Cost Summary sections, costs are totaled by job category allowing the user to verify total costs prior to certifying. Allowing the district to view the total costs that will be included in the claim prior to submission allows for the district to confirm accuracy one final time prior to locking the data. Salaried Staff are depicted below:

Salaried Support Staff and Other Costs (See *Figures V.D.2.U and V.D.2.V*) are also displayed for review prior to certification.

Salaried Staff										
Job Category	Count	Salaries	Group Insurance	Unemployment Compensation	Social Security Contributions	Workers Compensation	Other Employee Benefits	Compensation Federal Revenues	Gross	Net
Administrators	14	\$277,785.96	\$5,595.00	\$348.19	\$20,139.54	\$1,087.77	\$0.00	\$0.00	\$304,956.46	\$304,956.46
Licensed Psychologist / Certified Psychologist	4	\$61,345.90	\$3,219.00	\$77.72	\$4,528.37	\$240.24	\$0.00	\$0.00	\$69,411.23	\$69,411.23
Special Education Teachers	2	\$23,356.94	\$1,480.50	\$28.60	\$1,670.07	\$91.48	\$0.00	\$0.00	\$26,627.59	\$26,627.59
Licensed Audiologist	1	\$5,423.52	\$0.00	\$7.14	\$414.90	\$21.24	\$0.00	\$0.00	\$5,866.80	\$5,866.80
School Counselor	4	\$58,113.28	\$2,985.00	\$72.93	\$4,188.10	\$227.57	\$0.00	\$0.00	\$65,586.88	\$65,586.88
Licensed Occupational Therapists	1	\$11,928.58	\$996.00	\$14.14	\$827.83	\$46.70	\$0.00	\$0.00	\$13,813.25	\$13,813.25
Bilingual Assistants	1	\$15,061.23	\$870.00	\$19.02	\$1,108.83	\$58.98	\$0.00	\$0.00	\$17,118.06	\$17,118.06
Licensed Clinical Social Workers	10	\$117,316.00	\$6,720.00	\$145.11	\$8,466.78	\$459.41	\$0.00	\$0.00	\$133,107.30	\$133,107.30
Licensed Physical Therapists	1	\$12,659.21	\$0.00	\$15.10	\$882.82	\$49.58	\$0.00	\$0.00	\$13,606.71	\$13,606.71
Registered Nurse (RN) / Advanced Registered Nurse Practitioner	5	\$58,385.37	\$2,115.00	\$72.72	\$4,240.42	\$228.61	\$0.00	\$0.00	\$65,042.12	\$65,042.12
Licensed Speech Language Therapists	9	\$99,102.05	\$1,131.00	\$125.27	\$7,290.85	\$388.08	\$0.00	\$0.00	\$108,037.25	\$108,037.25
Total									\$823,173.65	\$823,173.65

Figure V.D.2.U: Salaried Support Staff and Other Costs

Salaried Support Staff											
Job Category	Cost Pool	Count	Salaries	Group Insurance	Unemployment Compensation	Social Security Contributions	Workers Compensation	Other Employee Benefits	Compensation Federal Revenues	Gross	Net
Direct Support Staff	Direct Service Personnel	15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Support Staff	Administrative Personnel	15	\$91,574.48	\$6,979.08	\$114.46	\$6,674.06	\$358.64	\$0.00	\$0.00	\$105,700.72	\$105,700.72
Total										\$105,700.72	\$105,700.72

Other Costs by Service Type							
Service Type	Count	Staff Travel and Training Costs	Staff Professional Dues and Fees	Materials and Supplies	Compensation Federal Revenues	Gross	Net
Occupational Therapy Services	1	\$321.30	\$0.00	\$0.00	\$0.00	\$321.30	\$321.30
Physical Therapy Services	1	\$414.40	\$0.00	\$0.00	\$0.00	\$414.40	\$414.40
Psychological Services	1	\$382.57	\$0.00	\$0.00	\$0.00	\$382.57	\$382.57
SDAC	1	\$544.84	\$0.00	\$0.00	\$0.00	\$544.84	\$544.84
Social Work Services	1	\$284.73	\$0.00	\$0.00	\$0.00	\$284.73	\$284.73
Speech Language and Hearing Services	1	\$564.98	\$0.00	\$0.00	\$0.00	\$564.98	\$564.98
Total						\$2,512.82	\$2,512.82

Figure V.D.2.V: Salaried Support Staff and Other Costs

After reviewing all of the district's costs, the user clicks the 'Certify Quarterly Financials' button (See *Figure V.D.2.W*) at the top left of the screen to certify the district's financials.



Figure V.D.2.W: Certify Quarterly Financials Button

After reviewing all of the district's costs, the district coordinator clicks the 'Certify Quarterly Financials' button at the top left of the screen to certify the district's financials. The system time stamps and locks the financial data with the name of the user (See *Figure V.D.2.X*). This is helpful in the case of an audit to verify exactly who within the district completed the certification.

Quarterly Financial Summary



Claim: Original

Certify Date: 02/03/2015 4:26 PM

Certify User: Morford, Matt (mmorford@usd073.org)

Figure V.D.2.X: Quarterly Financial Summary Time Stamp

The system stores which user in the district certified the data as well as a timestamp of when they certified. This is helpful in the case of an audit to verify exactly who within the district completed the certification.

As mentioned, once a quarter has been certified, the user cannot edit any financial information without contacting PCG. This limitation enables PCG to control when districts are making changes to their certified financials. In certain situations, the district may realize that they incorrectly reported costs for a previous quarter. If they realize their error before the quarterly claim has been generated, PCG has the capability to roll back the certification and allow the district contact to make their changes and certify again.

However, in other cases, the district may want to make changes to their costs after the claim has been filed. The PCG Claiming System's quarterly amendment process allows for the district to make changes while still capturing the originally certified data. It is important to track the originally claimed data in case of an audit. All historical data is captured and stored securely for accurate claiming and to ensure a clean audit trail. In addition, the newly amended data is captured to keep a trail of the most recent processed claim data.

Claim Calculation Process

PCG's claim calculation process is fully integrated into the Claiming System. This simplifies numerous process, reduces duplication of entry, and significantly reduces the opportunity for error.

PCG will calculate and submit quarterly MAC claims for each participating school district upon the schedule and file format specified by DHHS. The major steps in the claim calculation process include:

- ▶ Collecting and reviewing claim inputs (Time Study Results, MER, ICR, Quarterly Financials)

- ▶ Calculating the net claim amount
- ▶ Performing final review of claim inputs, claim calculating process, and results
- ▶ Submitting State claiming file to DSS
- ▶ Submitting Amendments to previously filed claims, if needed
- ▶ Distributing and collecting of Certified Public Expenditure forms

Claiming Inputs

At the end of each quarter, PCG will collect and review the following claiming inputs to generate a claim for each participating school district.

- ▶ School district reported financial data
- ▶ Statewide Random Moment Time Study results
- ▶ School district specific Medicaid Eligibility Rate
- ▶ School district specific Unrestricted Indirect Cost Rate

Our approach for processing each claim input is described in detail below.

As discussed in section **Quarterly Cost Reporting**, districts report quarterly financial Data in PCG's Claiming System for participants on the staff pool list during the quarter. The financial data is based on actual expenditures incurred during the quarter and are typically obtained from actual detailed expenditure reports generated by the school district's financial accounting system. These costs undergo rigorous quality control checks through PCG's Claiming System.

Random Moment Time Study Results

These results are compiled using our claim calculator to identify the percentage of time participants in each cost pool spend performing reimbursable activities. This percentage is used to calculate each district's net claim amount for a given quarter.

The time study codes are assigned indicators that determine whether it's a reimbursable or non- reimbursable activity, the Federal Financial Participation (FFP) rate, and Medicaid share. A code may have one or more indicators associated with it.

The time study code indicators are:

Application of FFP rate	50 percent	Refers to an activity that is allowable as administration under the Medicaid program and claimable at the 50 percent non-enhanced FFP rate.
	75 percent	Refers to an activity that is allowable as administration under the Medicaid program and claimable at the 75 percent non-enhanced FFP rate.
	U	Unallowable – refers to an activity that is unallowable as administration under the Medicaid program. This is regardless of whether or not the population served includes Medicaid eligible individuals.
	TM	Total Medicaid – refers to an activity that is 100 percent allowable as administration under the Medicaid program.
	PM	Proportional Medicaid – refers to an activity, which is allowable as Medicaid administration under the Medicaid program, but for which the allocable share of costs must be determined by the application of the proportional Medicaid share (the Medicaid Eligibility Rate). The Medicaid share is determined as the ratio of Medicaid eligible students to total students.

			R	<p>Reallocated – refers to those general administrative activities which must be reallocated across the other activity codes on a pro rata basis. These reallocated activities are reported under Code 10, General Administration.</p>	
<p>The Medicaid Eligibility Rate (MER) is a critical component of the claim as it is applied to the proportional Medicaid codes (5b, 6b, 7b, 8b and 9b). PCG will work with DHHS to determine the most efficient way and schedule to collect the MER.</p> <p>The final component necessary in calculating the quarterly is the Unrestricted Indirect Cost Rate (UICR).</p> <p>We will work with DHHS to determine the most efficient way and schedule to collect the UICR.</p> <p><u>Claim Calculation</u></p> <p>Our system is fully integrated to calculate the quarterly NEBMAC claim directly in the system. Our claim calculator integrates all of the necessary claim components, including the Quarterly Financial Expenditure Data, Time Study Results, Medicaid Eligibility Rate, Unrestricted Indirect Cost Rate, and Federal Financial Participation Rate.</p> <p>In the steps below we outline the calculation steps in greater detail:</p> <ul style="list-style-type: none"> ▶ Calculating the quarterly MAC claim starts with the quarterly financial expenditure data that was reported and certified by the LEA in the web-based financial collection system. The expenditures are aggregated by cost pool and incorporated into the claim calculation. ▶ The time study results from the random moment time study are integrated into the claim calculation. The activity percentage for each code is determined by the number of moments coded to an activity code divided by the total number of working moments. ▶ The quarterly expenditures are allocated by time study code. This is done by multiplying the time study percentage for a code by the total quarterly expenditures. ▶ For Codes that are reduced by the Medicaid Eligibility Rate (MER), the MER is applied to the calculation. ▶ ICRs are applied to the claim in order to partially account for overhead costs associated with MAC- related activities 					

performed by RMTS participants.

- ▶ The FFP is applied to determine the net federal share of the claim.

Should Nebraska's approved methodology require any revisions to this formula we will make the appropriate changes in our Claiming System.

Claim Quality Assurance

It is essential that PCG accurately calculates MAC claims. PCG has designed rigorous quality checks to help sure accurate claims are calculated.

First, PCG staff will help ensure that all the claim data is finalized and ready for use. This includes:

- ▶ Obtaining MERs and ICRs
- ▶ Ensuring that Time Study Results are finalized and approved
- ▶ Ensuring that all districts have certified their quarterly financials
- ▶ Verification that districts Costs and Time Study Results are aggregating correctly

Then, PCG staff QC every claim input. This includes:

- ▶ Confirming that the correct districts are included
- ▶ Time Study Results were calculated and aggregated correctly
- ▶ Quarterly Financials were aggregated and aggregated correctly
- ▶ MERs were inputted correctly
- ▶ ICRs were inputted correctly

The process is relatively straightforward, but all PCG staff are trained on appropriate QC measures so that the risk of human error is mitigated as much as possible. If an issue is found, corrections are made to the claim and the QC process starts over.

After claims are calculated, PCG staff conduct additional Quality Checks:

Claim by hand. PCG calculates 5% of district claims by hand and compares the results to the actual claim. This QC step helps to ensure that all our automated systems and process are working properly.

Past Claim Comparison/Analysis. PCG staff compare the current claim to the previous quarter's claim and the previous year's claim. If a high level of variance is found, PCG staff analyze what may have caused the variance. If an anomaly or issue is discovered, PCG staff take appropriate action.

Only after all QC steps are completed and documented will PCG submit the claim to DHHS. Once the claims are approved by DHHS, the final claim amounts are available to the districts in the system.

As seen in *Figure V.D.2.Y*, the system can show the overall claim summary that has been generated.

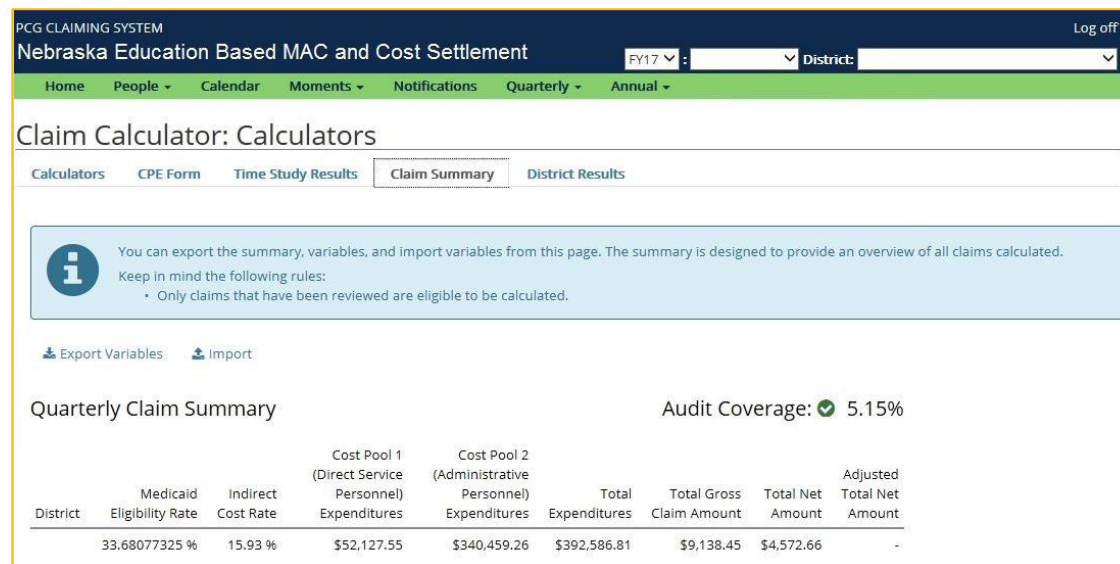


Figure V.D.2.Y: Overall Claim Summary

The claim summary provides a high level overview, as seen in *Figure V.D.2.Z*. However, we want to make sure that the districts have a complete understanding of how the claim is generated which is why we provide additional detailed information in the claim calculator.

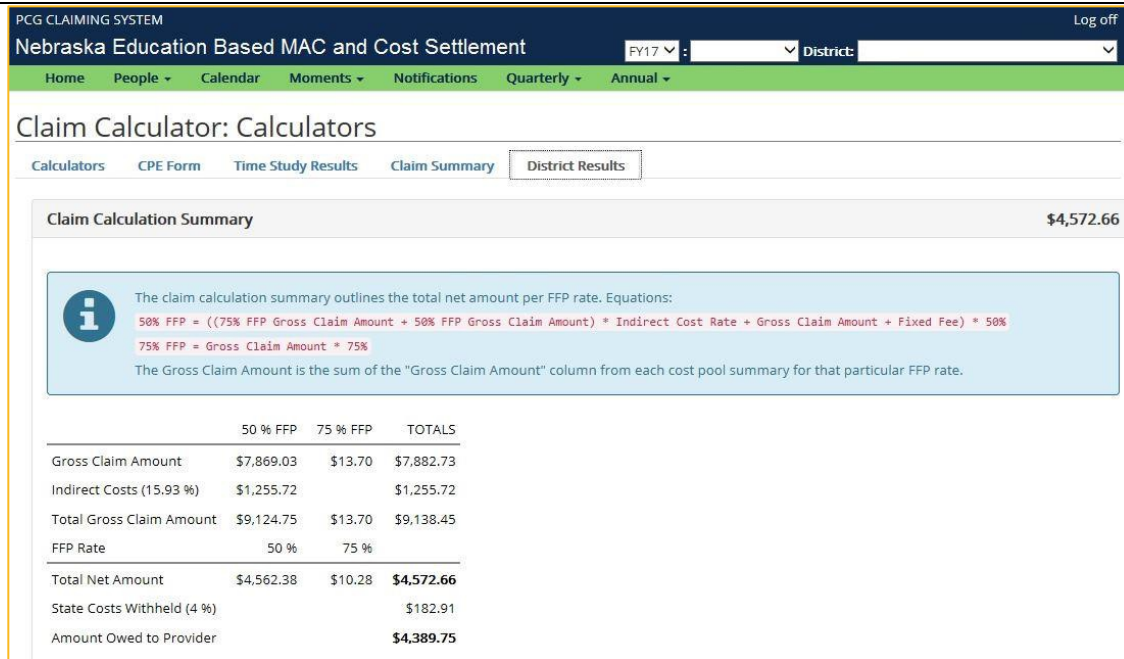


Figure V.D.2.Z: Overall Claim Summary High Level Overview

The claim calculator (*Figure V.D.2.AA*) provides additional detail on the breakdown of the claim by each of the cost pools that make up the claim as well.

Cost Pool Summary: Administrative Personnel

\$4,967.88



The cost pool summary outlines the claim calculation for a specific cost pool. Only valid codes are considered for the activity percentages, so invalid codes and non-work/non-paid codes will have an activity percentage of 0%.

Code	Activity Percentages	Cost Pool \$	Medicaid Eligible Factor	Gen. Admin OH Factor	Gross Claim Amount	FFP Rate	Net Claim Amount
1A-NMOUTRC	0.0358380121849 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
1B-MOUTRCH	0 %	\$340,459.26	100 %	100 %	\$0.00	50 %	\$0.00
2A-FANMP	0.2269740771712 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
2B-FMED	0.0597300203082 %	\$340,459.26	100 %	100 %	\$203.36	50 %	\$101.68
3-SREA	68.0563851391709 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
4A-NIEPDM	1.6127105483216 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
5A-TRNMS	0.1194600406164 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
5B-TRMS	0.0119460040616 %	\$340,459.26	33.68077325 %	100 %	\$13.70	50 %	\$6.85
6A-NMTRANS	0.3942181340342 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
6B-TRANSMS	0.0119460040616 %	\$340,459.26	33.68077325 %	100 %	\$13.70	75 %	\$10.27
7A-NMPPPIC	0.9556803249313 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
7B-MSPPPIC	0.0597300203082 %	\$340,459.26	33.68077325 %	100 %	\$68.49	50 %	\$34.25
8A-NMEDTR	0.9078963086847 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
8B-MEDTRN	0.2628120893561 %	\$340,459.26	33.68077325 %	100 %	\$301.36	50 %	\$150.68
9A-NMRCM	0.1194600406164 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
9B-MEDRCM	2.9028789869789 %	\$340,459.26	33.68077325 %	100 %	\$3,328.71	50 %	\$1,664.36
10- GA	20.9055071078724 %	\$340,459.26	100 %	1.4591708587826 %	\$1,038.56	50 %	\$519.28
11- NOWORK	0 %	\$340,459.26	0 %	0 %	\$0.00	0 %	\$0.00
4B-IEP-DMS	3.3568271413212 %	\$340,459.26	0 %	100 %	\$0.00	0 %	\$0.00
	100 %				\$4,967.88		\$2,487.37

Figure V.D.2.AA: Claim Calculator

Claim Submission to DHHS

Once all district's claims are calculated and reviewed, PCG summarizes the claim amount for each district and will send the claim information to DHHS for inclusion on the quarterly CMS-64. The claim data can be provided to DHHS in a number of

formats (Excel, PDF, Word, etc.). DHHS can then use this information to make payments to the participating school districts. The claim data will also be available for DHHS staff to view in the system.

Certified Public Expenditures

Certification of Public Expenditure forms are generated after the claim is calculated and are electronically distributed to school district financial officers, collected by PCG personnel, and filed in the PCG office. All CPE forms are securely archived for audit purposes. Copies or originals can be provided directly to DHHS.

Once the claim is approved by DHHS, the CPE form is available to be completed by the district. *Figure V.D.2.BB* shows a sample format in which the CPE form can be created for the district financial contact to complete. The form can be modified as needed as well.

Quarterly CPE Form

Sign Date: 02/27/2018 4:22 PM
Sign User: [User Name]

Certification of Public Expenditures (CPE) Form

District Name: [District Name]
Reporting Period: April - June 2017

Instructions
This statement of expenditures that the undersigned certifies are allocable and allowable to the State Medicaid program under Title XIX of the Social Security Act in accordance with all procedures, instruction and guidance issued by the single state agency and in effect during the state fiscal year. Please review Section 1 below.

Section 1

Item #	Item	Amount
1.	Total Expenditures	\$1,871,434.75
2.	Total Computable Allowable Medicaid Expenditures	\$99,628.79
3.	Federal Share of MAC Claim (Line 2 multiplied by FFP rate)	\$49,875.14
4.	Net Reimbursement to School District (Line 3 multiplied by 35%)	\$17,456.29

Certification Statement By Officer of Provider

- I have examined this statement, the accompanying supported exhibits, the allocation of expenses and services, and the worksheets for the above information and to the best of my knowledge and believe they are true and correct statements prepared from our books and records in accordance with instructions.
- The expenditures included in this statement are based on the actual recorded expenditures.
- The required amount of state and/or local funds (Item #1) were available and used to pay for total computable allowable expenditures (Item #2) included in this statement, and such state and/or local funds were in accordance with all applicable federal requirements for the non-federal share match of expenditures; the funds were not Federal funds in origin, or are Federal funds authorized by Federal law to be used to match other Federal funds, and that the claim was not used to meet matching requirements under other Federally funded programs.
- Federal matching funds are being claimed on this report in accordance with the quarterly financial reporting instructions provided by the New Jersey Human Services, Division of Medical Assistance & Health Services effective for the above indicated reporting period.
- I am the officer authorized by the referenced government agency to submit this form and I have made a good faith effort to assure that all information is true and accurate.
- I understand that this information will be used as a basis for claims for Federal funds, and possibly State funds, and that a falsification and concealment may be prosecuted under Federal or State civil or criminal law.

Name of Signer (Please Print) _____ Signature of Signer _____

Figure V.D.2.BB: CPE Form

Our system allows the CPE forms, should DHHS approve, to be created and electronically signed directly in the claiming system. This streamlines the process for the school districts and allows all of the data to be stored in a single location. In the event that a district needs to modify a previously filed claim, the original and the amended CPE form will be collected and maintained in the system.

Claim Amendments

Occasionally districts will need to make changes to their quarterly financial reports. When this occurs PCG works with the district to verify any updated information. PCG then files a claim adjustment. The same reporting, claiming and quality check processes

are followed when calculating claim adjustments. The adjusted amount is then reflected as an addition or subtraction on the next MAC payment to the district from the state. An updated CPE from will be generated and available for certification of the adjusted claim amount.

Annual Cost Reporting

PCG has shown proven success in partnering with many state Medicaid agencies across the nation to collect annual cost reports, calculate cost settlements, collect Certified Public Expenditures (CPEs), and submit the annual cost reconciliation in approved cost settlement workbooks or via export from the PCG Claiming System. PCG's vast school-based annual cost settlement experience exists in Arizona, Colorado, Delaware, Georgia, Kansas, New Jersey, New York, North Carolina, Texas, Wisconsin, and West Virginia. We have also recently added annual cost settlement to our resume in Utah and Illinois. Our clients trust PCG, and we appreciate the relationships we have built. As a trusted school-based Medicaid annual cost settlement partner, PCG knows what it takes to run a successful program, from hitting all deadlines to delivering high quality results.

The implementation of cost settlement offered the state of Nebraska the opportunity to optimize federal funding by calculating allowable costs expended to provide direct medical services to Medicaid eligible special education students. As a result, all participating school providers complete and submit a direct services annual cost report by October 1st each year. To meet the required deadline, the annual cost report will open on August 1st to collect relevant data for the applicable year, or another specified date determined by the Department. PCG's experience in many states demonstrates that we have the proper procedures in place to collect the direct service annual cost reports from each school provider by the deadline. This requirement is met through the submission of school provider's cost report via the dynamic online PCG Claiming System. ***Our success in administering the Claiming System nationally has drastically reduced the administrative burden on school provider staff.*** The PCG Claiming System in a proven, all-in-one portal that contains all the information needed to complete the cost report and adhere to a CPE payment methodology. All Staff Pool List (SPL) direct service providers are Random Moment Time Study (RMTS) participants within the PCG Claiming System separated by cost pool. Information is then reported by school providers for eligible providers for allowable time periods, as well as other financial and data elements to calculate claims using the approved methodology set forth by the federal Centers for Medicare and Medicaid Services (CMS).

Approved direct medical service costs, including salaries and benefits for licensed direct medical service providers as outlined in the SPA, will be reported in the PCG Claiming System. In addition to direct medical service costs, school providers are permitted to report transportation salaried staff and allowable other costs for medical transportation if the school providers meet requirements. This data is captured and apportioned in the following manner:

- ▶ Annual cost reports are completed and certified by the appropriate school provider

- ▶ Nebraska Department of Education Cognizant Agency Unrestricted Indirect Cost Rate (UICR) is applied to net reported costs
- ▶ Annual direct medical percentage is applied to the direct medical service providers costs as determined through the statewide RMTS results
- ▶ School provider specific Individualized Education Plan (IEP) ratio is applied to direct medical costs
- ▶ Allowable transportation costs are included in resulting reported plus indirect costs
- ▶ School provider specific transportation costs are isolated to the solely specialized transportation costs using approved reporting categories and/or ratios
- ▶ School provider specific one-way trips ratio is applied to all reported transportation costs reported

Once the total Medicaid allowable costs are calculated, PCG subtracts the portion already received through interim payments to determine the annual cost settlement, unique to each school provider. If Medicaid allowable costs reported are more than the amount of interim payments received, the school provider receives the balance in a cost settlement payment. If Medicaid allowable costs are less than interim payments received, then the school provider is in a recoupment situation and owes back the difference to the Department in accordance with the SPA. PCG understands that the Department now calculates cost settlement quarterly in an effort to reduce the potential for large recoupment at the end of each fiscal year and for better management of claiming activity. PCG is familiar with this type of quarterly reconciliation and has experience using quarterly costs to estimate annual cost settlement determination in the state of Georgia. As a firm, we are proud of being very transparent in reporting results to school providers, and the state.

PCG not only understands the cost settlement process, but also the federal regulations governing cost settlement methodologies. In accordance with the current approved SPA, the process for completing cost reports begins after completion of the applicable reporting year with comprehensive trainings, both in-person and via webinar. PCG has completed thousands of these types of trainings nationally. School providers must complete and certify their cost reports by the outlined due date each year to meet submission timelines to the Department per the SPA. Following the school provider certification of their annual cost report, PCG would conduct comprehensive reviews or audits and then would prepare and submit the cost settlement results to the Department. Upon approval of the cost settlement claim, PCG would distribute/collects the appropriate funds to/from the provider.

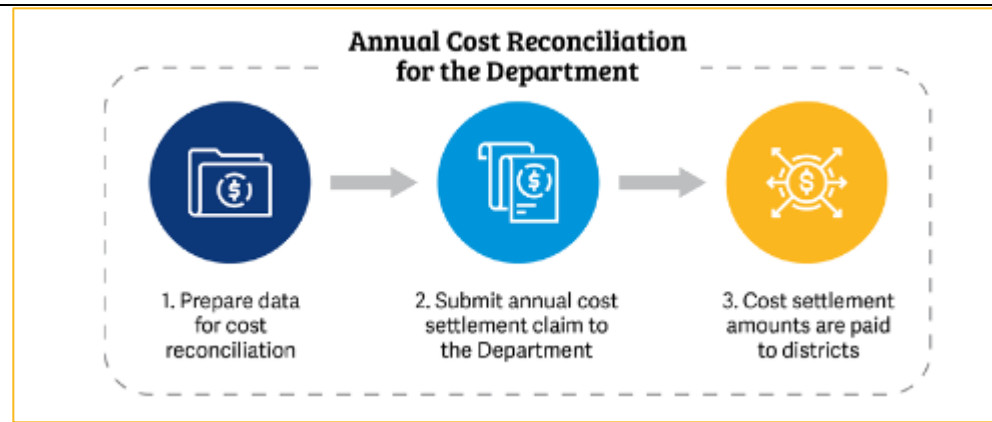


Figure V.D.3.A: Annual Cost Reconciliation Overview

Throughout the following pages, we detail our comprehensive approach to cost reporting collection and cost settlement to exceed expectations in the response. These sections not only outline our expertise in the process but show our deep knowledge in school-based cost settlement methodology.

Annual Cost Report Collection

Annual cost report data is collected from the school providers via the PCG Claiming System. Once the annual cost report is opened for cost data collection, all individual registered users are notified via an electronic notification from the PCG Claiming system and are able to login to the PCG Claiming System. The notification of the opening of the cost reports to all school providers will also include links to helpful training materials and user guides.

As the timeline for cost report completion progresses, the PCG Claiming System sends email reminders to school providers reminding them to complete their annual cost report in accordance with established timeframes. PCG will work with the Department to determine the frequency and content of reminders to ensure adherence to established timelines. In addition, PCG will provide status reports in accordance with an agreed upon frequency to the Department articulating the status of cost report completion by the school providers. If providers are approaching established reporting deadlines with little demonstrated progress, PCG will deploy a proactive outreach effort to ensure all school providers meet submission deadlines. Our work is not just limited to the system, as we are always willing to email or engage a school provider in a phone call or meeting. If a school provider is unresponsive, PCG will notify the Department in an effort to escalate concern.

Despite the most robust cost reporting training programs, it is inevitable that school providers will have questions throughout the cost report preparation process. As a result, PCG provides comprehensive customer support throughout the annual cost report completion process. Specifically, and in accordance with the RFP requirements, PCG will establish and maintain a toll-free hotline that will be supported by staff with Medicaid cost reporting expertise on the Nebraska specific annual cost settlement methodology. We have shown our ability to do this successfully across the states we work in. Staff will be available to answer questions and help school providers submit accurate cost reports in accordance with the approved methodology. Furthermore, if common issues are identified that require clarification, PCG will proactively bring these issues to the Department with recommended solutions, such as the development of frequently asked questions or focused cost report policy guidance documents. PCG will also maintain email support to allow for multiple avenues for school providers to seek clarification and cost report completion guidance. PCG will be responsive to these inquiries in accordance with the RFP response requirements.

Annual Cost Data Collection

The PCG Claiming System is an all-in-one solution that utilizes participant data entered during the RMTS process related to allowable positions as well as the associated time frame for cost reporting. Cost data and allocation information is collected in the PCG Claiming System. This system also calculates annual cost settlements through a robust and comprehensive process, reducing administrative burden on school providers. Resulting cost settlement information is accessible to each individual school provider. Data is reviewed by experienced PCG staff for accuracy and compliance through system validation checks and edit explanations, as well as through formal audits as discussed in 'Audit Requirements' and will always be shared proactively with the Department.

Direct Medical Cost Collection

As part of the cost reporting process, school providers report allowable salaries and benefits as well as contracted costs for eligible providers who filled positions within the RMTS throughout the year. Costs are only allowable if associated with services provided within participation time frames, highlighted within the PCG Claiming System. Our system is extremely user friendly, and utilizes a visual 'green action bar' as well as text of exact participation dates by quarter and percentage of year so the school providers know the eligible time for which the participant was in the time study and eligible for cost reporting. All portions of payment that are federally funded or non-allowable are reported in a separate field and the PCG Claiming System calculates net allowable costs for each participant. As school providers complete the annual cost report, they can view the appropriate individual's names to enter corresponding salary and benefit payroll information or can easily export the eligible provider list for cost data entry via Excel for re-import of the completed data.

Like the quarterly cost reporting process, once cost data is collected for direct medical staff, all values that exceed expected thresholds are triggered for explanation. These thresholds are established for each specific job category and ratio at the school

provider level whenever enough staff have full quarter participation to create a statistically valid expectation. If the school provider does not have enough staff for a particular job category, the statewide averages are used. The PCG Claiming System sets these thresholds using standard deviations from the mean and each edit triggered requires an explanation prior to certification of annual cost report for any data point that exceeds two standard deviations from the mean. For the annual cost report, all explanations provided are reviewed in detail by experienced PCG staff.

Transportation Salaried Staff Cost Collection

In addition to direct medical service costs, PCG will collect allowable medical transportation data for the annual cost report including allowable costs as outlined by the SPA for:

- ▶ Bus drivers
- ▶ Mechanics
- ▶ Substitute drivers

The first year, school providers would be required to enter all transportation staff that meets requirements within the PCG Claiming System. However, after the first year, the previous year's list of transportation salaried staff providers populates for easier update of staff information and data entry. The list of eligible transportation staff must be reviewed and updated annually by school provider staff since these provider types do not participate in the quarterly RMTS. This includes adding and removing providers as appropriate and verifying and assigning the appropriate cost reporting category according to approved methodology. These job categories are also subject to explanations for any cost data that exceed expectations which are reviewed by PCG staff.

Transportation Other Costs Collection

In addition to transportation salaried staff costs, PCG collects allowable medical transportation other cost data for the annual cost report including allowable costs for:

- ▶ Maintenance and repairs
- ▶ Fuel and oil
- ▶ Lease/rentals

▶ Contracted services

All cost data is entered within the appropriate cost reporting category and is categorized according to actual vehicle routing associated with the incurred costs during the reporting year by category according to approved methodology.

Transportation Equipment Depreciation Cost Collection

PCG also collects allowable transportation equipment depreciation cost data for the annual cost report. A straight-line annual depreciation value is calculated within the PCG Claiming System using the following data entered for each eligible specialized transport vehicle:

- ▶ Purchase price (as well as federally funded portion)
- ▶ Date placed in / taken from service if applicable
- ▶ Years of useful life

All cost data would be entered within the appropriate cost reporting category according to actual vehicle routing during the reporting year by category according to approved methodology.

General and Statistical Data Collection

PCG and school provider staff enter general and statistical data needed to allocate and calculate final cost settlement determinations for each school provider according to approved methodology including:

- ▶ Unrestricted Indirect Cost Rate (UICR)
- ▶ Direct medical percentage
- ▶ Federal Medical Assistance Percentage (FMAP)
- ▶ State administrative fee
- ▶ IEP ratio numerator and denominator
- ▶ Transportation apportioning ratios as applicable

PCG has comprehensive experience working with school providers to populate required data and/or populating information on behalf of school providers as supplied by the Department or other agencies if/when necessary.

Annual Cost Report Certification

Once all cost report data is collected and all edits are addressed, the school provider must certify the cost report. Annual cost reports can only be certified by the user granted rights according to title and authority. Certification includes confirmation of the review of reported costs and data, allowability and accuracy of reported data as well as confirmation of authorization to submit the statement. As discussed in the 'Cost Reporting Online System,' section of this response, the Cost Report page within the PCG Claiming System displays aggregated financial costs reported, along with the application of key ratios and resulting Medicaid allowable costs reported for the school provider. Before the school provider certifies the cost data reported they are able to easily review all data and certify by selecting the button labeled 'Certify Annual Financials'. This action within the PCG Claiming System locks all data from further editing, protecting the integrity of the final submission.

Cost Report (Opened)									
Certify Annual Financials Export Options									
Status Summary									
Page	no data	✓ no warnings	⚠ has warnings	⚡ has severe warnings	✅ approved	❌ rejected	🚫 excluded	total	
Salaried Staff	158	0	0	0	0	0	0	0	158
Contracted Staff	1	0	0	0	0	0	0	0	1
Transportation Salaried Staff	104	0	0	1	0	0	0	0	105
Transportation Other Costs	2	0	0	0	0	0	0	0	2
Transportation Equipment	0	38	0	0	0	0	0	0	38
Direct Medical Services Salary and Benefits Summary									
Service Type	# line items	Salaries	Benefits	Contracted Staff Costs	Total Costs	Fed Funds and Other Reductions	Staff Costs		
➤ Nursing Services	48	\$1,953,074.77	\$495,935.43	\$0.00	\$2,449,010.20	\$1.00	\$2,449,009.20		
➤ Occupational Therapy Services	15	\$825,476.81	\$191,761.46	\$0.00	\$1,017,238.27	\$0.00	\$1,017,238.27		
➤ Physical Therapy Services	4	\$160,027.19	\$33,936.28	\$0.00	\$193,963.47	\$0.00	\$193,963.47		
➤ Psychological Services	25	\$1,378,904.06	\$304,390.66	\$11,518.20	\$1,694,812.92	\$0.00	\$1,694,812.92		
➤ Social Work Services	16	\$630,652.34	\$153,840.75	\$0.00	\$784,493.09	\$0.00	\$784,493.09		
➤ Speech Language and Hearing Services	51	\$3,005,620.18	\$681,416.34	\$0.00	\$3,687,036.52	\$0.00	\$3,687,036.52		
		\$7,953,755.35	\$1,861,280.92	\$11,518.20	\$9,826,554.47	\$1.00	\$9,826,553.47		

Figure V.D.3.B: Annual Cost Report Certification

Certification language that appears once the 'Certify Annual Financials' button is selected can be customized based on Department input, however sample certification language can be found below:

"I am an authorized representative of the school district, charged with the duties of supervising the administration of the provision and billing for the school district's Medicaid School-Based Claiming Program activities provided under Title XIX (Medicaid) of the Social Security Act, as amended. I hereby certify, under penalty of perjury, that the school district's expenditures reported are accurate, complete and identify all federal sources appropriately. I also certify that the school district's certified expenditures were incurred in accordance with provisions of Nebraska's policies. These certified expenditures are separately identified and supported in our accounting system and the appropriate financial documentation is maintained. I understand that for any reimbursement received from the State or Federal Government that results from errors or omissions are subject to recoupment."

In the rare event that an issue was identified, school provider staff can contact PCG for assistance to resolve the issue or for provision of necessary clarification. While the cost report is locked after certification preventing the ability to edit information, if a report has been submitted in error, school provider staff can contact PCG to request rollback of the cost report for revisions to be made. Once all cost reports are certified, PCG begins the comprehensive desk review process, discussed in-depth in the 'Audit Requirements' section. Upon completion of the desk review and other necessary auditing requirements as outlined in this response, PCG will perform the annual cost settlement calculation.

Annual Cost Settlement Calculation

Once all cost report auditing requirements are met, PCG will begin the determination of the final district-by- district Medicaid cost settlement calculation. Ultimately, the PCG Claiming System will calculate Medicaid annual cost settlement amounts by school provider by comparing Medicaid allowable costs as determined in accordance with the CMS approved cost settlement methodology to Medicaid interim payments. Medicaid interim payments will be aggregated and imported into our PCG Claiming System. PCG will work in collaboration with the Department to specify the data needed to aggregate the Medicaid interim payments. As a leading national Medicaid consulting firm supporting a comprehensive array of financial management services from rate setting to cost settlement calculations, we have extensive experience working with Medicaid Management Information System (MMIS) payment data. Additionally, PCG would manage, review, and resolve interim payment inquiries from school providers as well.

PCG understands the importance of developing and submitting this information on an annual basis to the Department. This information is imperative to determine final reimbursement to school providers for their participation in the process. The accuracy

of this critical financial claim data is of crucial importance. The cost settlement calculation results will be provided to the Department in accordance with the timelines established in our approved project work plan. In addition, all reports regarding the cost settlement process will be given to the Department in an exportable format to review. All data that is housed in the PCG Claiming System can be exported via reports that are the starting point to calculating the cost settlement claim. Additionally, cost settlement extracts would be made available once the Department has approved the format as we incorporate the workbook as a customization in the PCG Claiming System. This information is available under the statewide view in the PCG Claiming System, on the 'Cost Report' page.

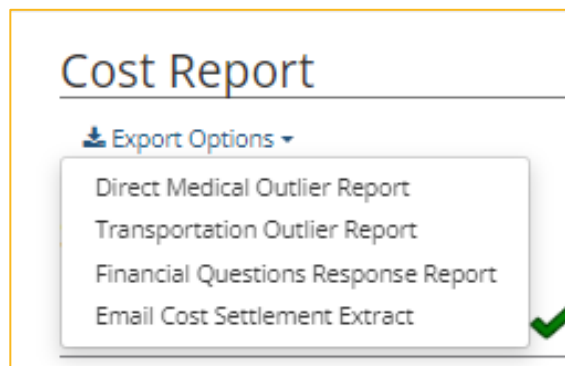


Figure V.D.3.C: Annual Cost Report Cost Settlement Calculation Export Options

These exportable reports, have all the necessary data to calculate individual school provider's cost settlement. Data includes reported costs (salary and benefit information, allowable 'other costs,' and any applicable offsets), and all reported ratio information, including school provider specific UICRs, IEP ratios, and transportation ratios. If selected as the vendor, PCG will customize the system in an approved format by the Department, in which cost settlement results are provided in detail articulating results on a school provider basis as determined by the Department. The Medicaid cost settlement school provider specific results are contained in a comprehensive Microsoft Excel document as shown with the Direct Medical Outlier Report example in Figure V.D.3.D. Final cost settlement determinations including transportation if applicable are included within the full cost settlement extract. This detailed spreadsheet allows the Department to drill down and understand school provider specific calculation results. This is important for analysis of all school providers but particularly useful for those in a payback situation attempting to identify root cause of the recoupment.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
ReportDate	ParentAgencyName	AgencyName	FY	StatusId	Status	CostPool	ServiceType	HoursPaid	Salary	Benefits	GrossSalary	SalaryOffset	NetSalary	Contracted
#####	Nebraska MAC & Cost Settlement Program	School District 1	FY21	2	Opened	Direct Service Personnel	Nursing Services	0	0	0	0	0	0	0
#####	Nebraska MAC & Cost Settlement Program	School District 1	FY21	2	Opened	Direct Service Personnel	Occupational Therapy Services	0	0	0	0	0	0	93709.48
#####	Nebraska MAC & Cost Settlement Program	School District 1	FY21	2	Opened	Direct Service Personnel	Physical Therapy Services	0	0	0	0	0	0	48564.67
#####	Nebraska MAC & Cost Settlement Program	School District 1	FY21	2	Opened	Direct Service Personnel	Psychological Services	0	0	0	0	0	0	169604.6
#####	Nebraska MAC & Cost Settlement Program	School District 1	FY21	2	Opened	Direct Service Personnel	Social Work Services	0	0	0	0	0	0	0
#####	Nebraska MAC & Cost Settlement Program	School District 1	FY21	2	Opened	Direct Service Personnel	Speech Language and Hearing Services	0	0	0	0	0	0	116003.1

Figure V.D.3.D: Annual Cost Report Direct Medical Outlier Report Example

PCG takes pride in the validation checks performed to ensure back-end data calculations, along with the supporting workbook match to the penny. If selected, the information contained in the final claim is validated on several levels against the information contained and reported in the PCG Claiming System. This includes, but is not limited to:

- ▶ Verifying raw source data to each school provider's reported information
- ▶ Confirming all desk reviews have been completed and closed out
- ▶ Comparing the reported data to the cost settlement extract
- ▶ Comparing the reported data with school provider specific cost settlement pages

Once the cost settlement has been calculated and validated using our multi-tiered check of all data to the final claim, PCG presents the claim to the Department for validation and verification. Once the results are reviewed and approved by the Department, PCG continues the claim process, including the release of CPE forms and cost settlement approval by school provider staff amounts before officially filing the claim within the PCG Claiming System.

PCG also performs analytical work to summarize the general findings of the Medicaid cost settlement results, particularly for those school providers that are in payback, or recoupment, situations. Our team identifies and explains the reason(s) for recoupment, such as billing for services in which services were funded primarily with federal funds that were offset in reported costs, failing to include all permissible costs within the cost report, or cost base being simply lower than the current interim rates, as a few examples. In addition, PCG performs year to year cost settlement comparisons to validate results are consistent with prior year settlements. PCG will also provide suggestions on the type of analytical information we have provided to other state Medicaid agencies, which they have found to be beneficial and informative.


PCG knows that the Department's needs may change, specifically if we were selected as the vendor. With this, PCG is always willing to work towards developing tools and deliverables that will meet the Department's needs and will always strive to make the process seamless and compliant for all parties involved. Finally, PCG will also present the results of the cost settlement in

detailed working meetings with the Department to explain the cost settlement results and support the Department's review process, if requested. This assists with the process as questions may arise and PCG would support and answer questions until the necessary clarification is provided, and the calculation results are approved.

PCG stands behind the accuracy and integrity of our work and we will support the Department throughout any review or audit process regarding the final claim. This will include providing the necessary documentation to support the Medicaid cost settlement calculation results, as well as provide our national Medicaid programmatic expertise to defend the currently approved methodology. If selected, it would be our goal to provide the state of Nebraska with a high quality and comprehensive final reconciliation claim that would exceed the Department's expectations.

Annual Cost Settlement Certification of Public Expenditures and Approval

During the final stages of the cost settlement process, once the cost settlement claim is approved by the Department, each school provider must certify their CPE form and approve the cost settlement within the PCG Claiming System. Both actions are seamless, and easily made by the appropriately authorized representative by the click of a button. The CPE form informs school providers of their final calculated Medicaid costs, along with the comparison to interim payments and calculated the final cost settlement. PCG tracks and manages the collection of the CPEs on behalf of the Department and the school providers. Only those school providers in which a CPE form has been properly completed and submitted are able to proceed with the processing of the Medicaid cost settlement. All CPE forms are archived securely for audit purposes, uploaded as a document in the PCG Claiming System, and copies are also provided to the Department if desired or requested. PCG has developed the ability to capture electronic signatures and store CPE forms electronically within the PCG Claiming System or they can be printed, signed, and uploaded to the PCG Claiming System, as discussed in the 'Cost Reporting Online System' section, and shown below:

Id: 1460
Agency:
Name: Original
Date Submitted:
Claim Amount: \$33,123.33
Date Paid: 
Payment Amount:

Documents


Name	By	Date	Time
Signed CPE Form	Kyrstyn Richardson	11/16/2021	08:01 PM 

Figure V.D.3.E: Annual CPE Form in PCG Claiming System Example

After the CPE is signed by the school provider and the claim is released, the school provider has visibility to the Cost Settlement page that provides a summary of all costs reported as well as the application of all allocation statistics and paid claims data and fees. At this point, the school provider sees the final amount due or owed and must approve after reviewing or bring to PCG's attention any questions/concerns they have with the final calculation. Once approved, monies are collected or distributed as applicable to make the annual cost settlement final.

PCG will support all questions related to the results of the cost settlement calculation process and PCG will inform the provider of any appeal rights, if applicable. If necessary, PCG can file amendments to the annual cost settlement claim in the PCG Claiming System to correct any errors identified after payment, as confirmed by the Department. While not common, the amendment process is sometimes necessary and amended filing within the PCG Claiming System is simple. The PCG Claiming System preserves the original claim, in addition to the amended claim, which is important for auditing purposes. As in the same instance of an original claim, PCG would provide exportable cost reports and school provider results from the PCG Claiming System in accordance with agreed upon formats with the Department for the amended claim as well.

Project Planning and Management Requirements

Business Requirements	
Req #	Requirement
PMR-1	Bidder must meet all requirements in Section V.F.1. Describe how your solution meets these requirements.
	<p>OUTREACH</p> <p>PCG is committed to assisting the Department in its efforts to increase participation of school district providers in the Medicaid in Schools (MIPS) program. PCG understands that increasing program participation will generate additional revenue, which will allow school districts to receive reimbursement and additional funding to support the provision of health services in their schools. Our experience in school-based Medicaid programs, at all levels of maturity, has taught us that to successfully increase participation in the program, non-participating districts must be educated about the program and its benefits. The following sections highlight our experience leading outreach initiatives in similar programs and describe the types of outreach and communication efforts we recommend to engage non-participating school districts. The PCG team will work collaboratively with the Department to create program specific materials and implement outreach plans that support program goals and objectives.</p> <p><u>Quarterly Outreach</u></p> <p>Once a quarter, as required in the scope of work, PCG will conduct outreach efforts to non-participating school districts on behalf of the Department. Based on our experience facilitating similar initiatives in Colorado and Georgia school-based health programs and the requirements set forth in the scope of work, PCG proposes a comprehensive multi-channel approach to successfully engage non-participating districts.</p> <p>Outreach efforts should include information that details the benefits and advantages of MIPS participation, in addition to appropriately outlining the level of effort required to comply with reporting requirements and deadlines. PCG will facilitate this outreach effort through several proven communication channels and methods.</p> <p>Email Communication</p> <p>PCG will assist the Department to develop email content to promote the MIPS program. The content will include high-level statistics on the benefits of the program, links to publicly available information on where to learn more about the program, and</p>

a high-level overview of how to enroll in the program. In addition, we will provide up to date contact information for the purposes of receiving additional information. Emails will be generated and sent to relevant school district program staff and messaging may vary based upon the target audience. For example, PCG will tailor its messaging directed at various administrative staff, district executives, and business level officials, as directed by the Department.

Newsletters

Newsletters are another mechanism PCG will use to create interest in the MIPS program. Newsletters can be used to highlight program accomplishments, upcoming conference calls, or information sessions, as well as testimonies from participating school districts on the benefits of the MIPS program. PCG will develop newsletter content in collaboration with the Department to determine what topics should be included.

Conference Calls

Another proven outreach method is to hold periodic conference calls to provide a live presentation and overview of the MIPS program to non- participating school districts. PCG will work with the Department to develop PowerPoint presentations, which can be used to facilitate the discussion of the benefits of the MIPS program. PCG staff will lead or support the Department throughout these conference calls as directed by the Department. The content of the presentation will focus on some of the same themes outlined within the email communication process, but will allow for expanded discussion on key topics and limited interaction from meeting participants. We will work closely with Department staff to develop appropriate content to ensure the messaging is aligned with the goals and objectives of the Department in executing these sessions. Furthermore, PCG will provide WebEx services so that any presentations shared with interested school districts can be viewed during the conference call sessions and/or viewed as a recording after the session has ended.

Mock Cost Reports

As interest in MIPS program participation increases, it is equally important to provide potential MIPS providers with tools to evaluate and validate the benefits of program participation. One such tool is to provide an Excel-based mock cost reporting form that will allow the district to estimate the financial impact of the MIPS program through analysis of costs and potential reimbursement. We have successfully developed similar forecasting tools and through coordinated efforts with state program administrators to identify the minimum amount of data needed to create useful tools for potential providers. PCG will develop this tool to empower interested school districts to make informed decisions around program participation and provide insights to other stakeholder groups such as local school boards, parent organizations and district staff. The mock cost reporting tool will allow the school districts to estimate reimbursement that can be generated both through the MIPS program. The calculation methodologies incorporated within the mock cost reporting tool will be fully vetted with the Department to ensure appropriate

estimates are provided, as well as clear documentation of any broad or district-specific assumptions within the tool. It is important to document assumptions to minimize the risk of confusion if actual revenues generated are lower than initial estimates previously provided. PCG will streamline the tool to the greatest extent possible and pre-populate relevant information, such as the statewide average ratios or benchmarks, based upon prior periods. The tool will collect the necessary information to provide interested MIPS providers with a good estimate of potential additional revenues.

Receiving and Answering Provider Questions

If, during the evaluation process, school districts have questions or need support to assess the benefits of program participation, PCG staff will provide this support. PCG maintains a dedicated hotline, as well as a dedicated email address, that can be provided to interested school districts for outreach communications. PCG will be readily available to promptly respond to inquiries, as well as to collaborate with the Department on responses or facilitate presentations when necessary.

Program Fact Sheets and Marketing Materials

PCG will develop relevant marketing documents and outreach materials to inform interested school districts about the MIPS program. These marketing documents can be used and distributed at conferences and other venues to provide facts about program participation. PCG will work with the Department to determine the various needs for additional outreach materials and to develop marketing content and fact sheets as necessary.

Submission and Approval of Outreach Materials

PCG is committed to delivering all the above-mentioned outreach materials within timeframes established in the scope of work. PCG will develop a timeline which will allow the Department at least ten (10) business days to adequately review and approve the materials before dissemination. PCG will make any requested revisions to these documents as needed and promptly resubmit them until final approval from the Department is obtained.

PCG looks forward to the opportunity to partner with the Department to establish effective outreach practices which will educate and support non-participating districts interested in joining the MIPS program. PCG also looks forward to the opportunity to providing ongoing assistance and program support to new districts that choose to participate in the program. Our firm is unmatched in our ability to develop robust tools and materials to broaden the base of participating providers and provide quality support to promote program compliance and retention. We have extensive experience in supporting state administrators with relevant strategies that promote increased participation in school-based Medicaid programs.

PMR-2	Bidder must meet all requirements in Section V.F.2. Describe how your solution meets these requirements.
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ONGOING DISTRICT EMAIL COMMUNICATION

To support various project components, timelines, and tasks, PCG will utilize ongoing e-mail communication with providers and district staff to disseminate information about various program processes through dedicated email accounts, in addition to the notifications housed in the PCG Claiming System. Our goal is to provide effective program support and oversight of program requirements to providers.

Ongoing Provider Email Communication

PCG will administer program specific Cost Reporting and RMTS email accounts to enhance support and- active communication with school districts and administrators throughout the Medicaid cost reporting process. E-mail communication allows school districts and Department staff to easily ask for clarification on MIPS program related issues in an informal manner. Ongoing e-mail communication will allow PCG to easily communicate important deadlines and specific program requirements with school districts. Outside of a committed email account for school provider inquiries and for PCG staff follow-up on specific program components, when necessary, the PCG Claiming System sends emails that are informative, helpful, and serve as gentle reminders for school providers and staff to complete necessary tasks timely.

PCG Claiming System Reminders

The PCG Claiming System sends electronic notifications and reminders for direct service providers and employees on all facets of the program. This includes all requirements as requested:

- ▶ Submission deadlines for provider RMTS
- ▶ RMTS rosters and Staff Pool Lists
- ▶ Cost report openings, certification timelines, reminders, overdue notifications, and other important deadlines for entering staff salaries and benefits, and other required financial data and certifying financial data

PCG's commitment to ensuring all parties involved in the MIPS program are notified of each of their required actions helps the program move along to meet all necessary deadlines. The PCG Claiming System has 70 notifications that can be configured on a per-state site's basis, so the Department can choose which notifications are to be active or inactive. Examples outside of the ones listed in the requirements include a school provider's cost settlement approval is needed, CPE forms are released for signatures, school provider specific calendar reminders which include informing school provider administrators that their calendar is open for collection is ready, and desk review notifications which include when the desk review has been calculated and released for school provider's review and explanations, among others. Additionally, the PCG Claiming System notifies

school providers when importing their data was successful for cost reporting and for other administrative tasks, such as needing a password change. Below are some examples of the emails that can be sent from the PCG Claiming System to participants and school provider contacts:

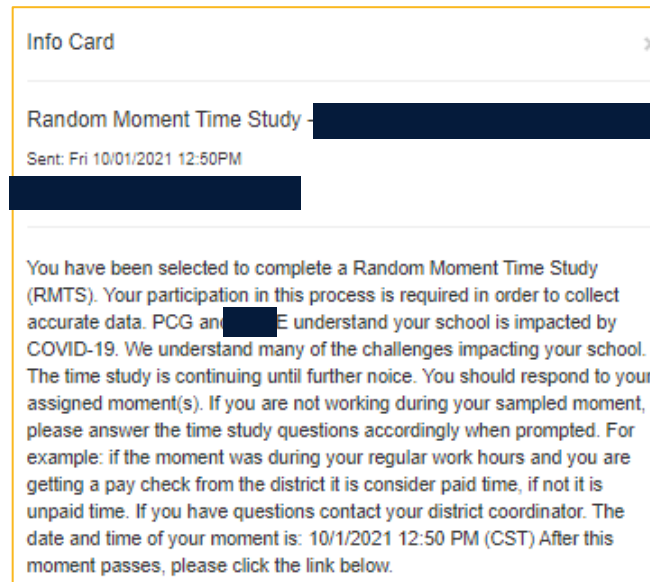


Figure V.F.2.a: Submission Deadlines for RMTS Example

Figure V.F.2.a notifies the participant of their moment and provides steps, along with submission deadlines, for their moment, which is important to determine the RMTS results used to determine reimbursement. It also ensures compliance and makes certain that statistical validity is met.

January-March 2022 Calendar and Staff Pool List are now open for updates

Sent: Mon 11/01/2021 3:55PM
To: [REDACTED]

Hello, The Claiming System Site is now open for Calendar and Staff Pool List (SPL) updates for the January-March 2022 quarter. Please be aware of the new deadline submission policy starting with the Jul-Sep 21 quarter. This policy was emailed to all contacts and can also be found under the Resources section of the claiming system home page. To Update your Calendar and Staff Pool List: 1. Go to the Claiming System Site:

Figure V.F.2.b: RMTS Rosters and Staff Pool Lists Example

Figure V.F.2.b notifies school providers that their calendar and Staff Pool Lists are ready for updates. This notification includes instructions, location of resources, in addition to contact information if there are questions at time of task completion.

Andover | 385 Annual Medicaid Cost Report Open

Sent: Fri 10/01/2021 11:15AM
To: afarthing@bcsbo.org

Dear Andover | 385, The FY21 Annual Medicaid Cost Report for Andover | 385 is now open for collection. The report must be completed and certified by December 15th, 2021. Please utilize the link below to access your Annual Cost Report: <https://claimingsystem.pcgus.com/ks> As always, do not hesitate to contact us at kscostreport@pcgus.com with any questions regarding the Annual Medicaid Cost Report. There is also an "Annual Cost Report FAQs" resource on the home page of the Claiming System. Thank you, Public Consulting Group kscostreport@pcgus.com 877-395-5015 option 3

Figure V.F.2.C: Annual Cost Report Opening Example

Figure V.F.2.c outlines important information that is useful for the school providers. This includes the certification deadline, information on resources to assist in reporting salary and benefit information such as compiled ‘Frequently Asked Questions,’ in addition to contact information if school providers have district specific questions.

Outside of the 70 notifications, which include some of the exemplified figures, PCG can further customize notifications. With the help of our highly skilled PCG Claiming System developers, PCG can add new notifications as needed and as requested by the Department.

Email Communication Assurance and Additional Support

Outside of the PCG Claiming System notifications, PCG will communicate compliance requirements related to time study participation as well as other related program participation requirements. For example, when a school provider logs into the PCG Claiming System, they will immediately find their moment compliance overview that outlines the moments that have been sent out per cost pool and which ones have been completed or are currently incomplete:

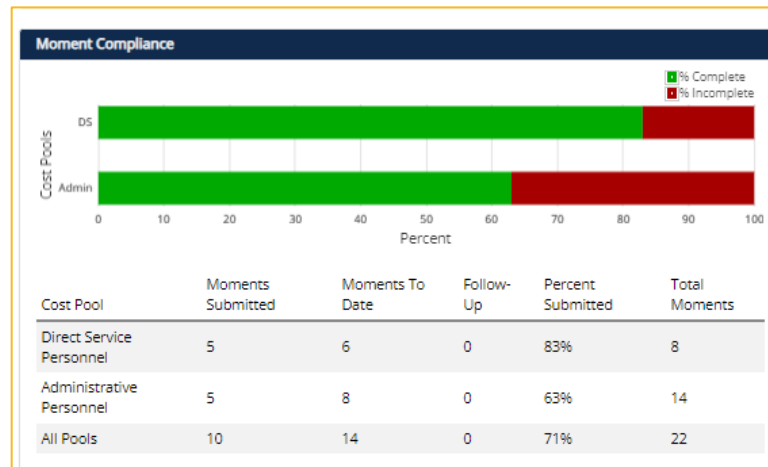


Figure V.F.2.D: Moment Compliance Visual Example.

Additionally, school providers can also run a ‘Coordinator Compliance Report’ to see who is missing their RMTS moment that can be accessed at any time during the quarter:



Figure V.F.2.E: Coordinator Compliance Report.

PCG is dedicated to administering an all-encompassing MIPS program, which includes all school providers understanding and compliance within the program. The availability of the moment compliance visual that is available to all school providers once they log into the PCG Claiming System, in addition to the 'Coordinator Compliance Report' achieves just that to increase knowledge of outstanding items and ensures heightened compliance.

Outside of the outlined requirements, PCG staff will promptly reply to all e-mail inquiries within 48 hours from the inquiry submission. In addition, PCG will maintain a comprehensive tracking file of all emails received and their associated responses. When policy issues or concerns are identified, PCG staff will be quick to engage the Department staff as appropriate to ensure proper guidance and communication is provided. If PCG identifies any trends in email inquiries, our team will proactively implement one of our training methods to address potential programmatic issues.

Communication Transparency

PCG will help ensure that all ongoing e-mail communication with school districts and administrators will be tracked for reference and be shared with designated Department representatives

PMR-3

Bidder must meet all requirements in Section V.F.3. Describe how your solution meets these requirements.

Consulting Services

PCG's experienced staff has worked with state agencies and local school districts throughout the country and has extensive experience providing consulting services on annual cost reporting, cost reconciliation and cost settlement processes. We understand both the education and Medicaid landscapes and will work as a trusted partner with the Department to provide support and recommendations to the MIPS program at every stage. No other vendor has the experience that PCG holds with school-based Medicaid reimbursement programs. Our wide range of experience across all levels of program maturity and strong working relationships with other state agencies on similar programs differentiates us from all other vendors.

Consulting services may include, but are not limited to the following:

- i. PCG understands federal regulations governing Medicaid reimbursement programs and will make recommendations that are in accordance with all federal guidelines and statutes.
- ii. PCG has extensive experience conducting multi-faceted analysis, assessments and evaluations of Medicaid reimbursement programs nationwide. We will use our robust experience to evaluate and assess the current MIPS and NEBMAC programs and identify areas for program improvement.
- iii. PCG will work hand in hand with the state to proactively research and identify any changes that may occur in federal policy or federal regulation. We will advise on any changes that result from federal reports or directives.
- iv. Any proposed changes to Centers for Medicare and Medicaid Services (CMS) regulations that have potential to impact Medicaid school-based claiming services within the state of Nebraska will be reviewed and assessed. PCG will advise the Department on all potential impacts resulting from any changes in federal policy, State Medicaid Directors letters, and final CMS rules.
- v. PCG's unique portfolio of experience positions us well to be able to make valuable, strategic recommendations regarding healthcare markets. PCG will provide the Department with recommendations that will allow the state of Nebraska to respond to changes in the healthcare market place and delivery system.
- vi. PCG understands the many intricacies of working with CMS to attain program approval, including responding in detail to any questions from CMS. Should there be questions from CMS related to the program, PCG will draft appropriate responses or review and provide feedback on the Department's responses.
- vii. Formal and informal requests from CMS for additional information may be requested. PCG will assist the Department in responding to these types of requests and provide any technical guidance needed to support such responses. PCG is

	<p>committed to providing ongoing support to assist the Department in their efforts to ensure prompt responses to any questions from CMS. Support will include preparing responses to CMS questions, completing requested analysis, and documenting compliance with federal regulations.</p> <p>viii. PCG will use a combination of national best practice research, materials review, review of experience in other states, and other attainable information sources to draft any required position paper in response to CMS questions. PCG's national level of experience working with school-based Medicaid reimbursement programs is unmatched by any other firm and we will utilize all of our available resources and experience to draft any required position paper or response to CMS questions.</p> <p>ix. Members of the PCG project team will be available to attend any scheduled meeting or conference call between the Department and CMS. A member of the PCG team will also be made available to attend any ad-hoc meeting or conference call with the Department and CMS. PCG prides itself on its ability to develop strong working relationships with the Department and its governing agencies, including CMS. Our team will maintain the highest level of professionalism in all interactions and discussions between the Department and CMS.</p> <p>x. If at any point changes to the school-based Medicaid claiming reimbursement methodology are made, PCG will provide comprehensive technical guidance to the Department to support such changes. PCG will substantiate any reimbursement methodology changes by comprehensively documenting other settings in which similar initiatives were implemented. This includes implementation by other Medicaid agencies across the country. PCG recognizes the importance of ensuring transparency and appropriateness of any recommended change in methodology and will work to provide as much technical guidance as needed on an ongoing basis.</p> <p>xi. PCG will provide expert guidance to the Department when the need to respond to questions from governing agencies is required. PCG will leverage its experience working with federal and state level agencies on Medicaid reimbursement programs to craft a communication strategy with the following organizations when questions arise:</p> <ul style="list-style-type: none"> ▶ Office of Inspector General (OIG) ▶ State and federal auditors ▶ The Nebraska governor's office ▶ The Nebraska General Assembly and its committees
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- xii. PCG will be available to provide subject matter expertise for the purpose of answering questions and providing guidance to the Department, particularly while navigating the CMS approval process. Throughout this process with CMS we will work closely with the Department to prepare responses and provide ongoing regulatory support.
- xiii. PCG stands by our clients during any and all audits and responses to CMS. PCG will treat all requests for information and questions from CMS, OIG, or any other federal government or state agency with the utmost importance and will assist the Department when called on for support. PCG has the experience and highly qualified staff to present the best defense in any CMS review.

Deliverable Due Dates for Consulting Work

PCG values the importance of adhering to established timelines and due dates for project deliverables in the scope of work. We will ensure that all deliverables are submitted to the Department for approval timely and within the scope of work as outlined in the RFP. PCG will begin any project work with a detailed work plan and timeline for deliverables. We will adjust the timeline for deliverables as needed to meet or exceed the agreed upon deadlines for project deliverables.

Requests for Additional Consulting Services

PCG is the most qualified vendor to provide the Department with the latest and most relevant trends that may impact the MIPS program. We will leverage what we have learned from our experience working with other states on school-based Medicaid reimbursement programs to provide superior consulting services to Nebraska DHHS.

Should additional consulting services be requested by the Department, PCG will evaluate the request and provide a written estimate of the number of hours necessary to complete the work, the resources needed to complete the work, as well as a detailed work plan identifying project tasks and milestones. The work plan will be submitted to the Department for approval within three (3) business days of receiving any such request and will include a timeline for completing each activity. In the event that contract funds are not available to complete any requested consulting work, PCG will refrain from providing services.

- i. Based on any request from the Department for additional consulting services, PCG will evaluate the request and assess the number of hours needed to complete each associated task.
- ii. In addition, PCG will identify the necessary activities needed to complete the request and develop a timeline for deliverables. This timeline will identify project milestones and be submitted to the Department for approval before the work begins.

iii. In order to support any request for consulting services, an initial assessment of work and resources required to complete such a request will be submitted to the Department for approval. Our goal is to provide effective support and oversight over the work required of any solicitation.

Should the work required exceed twenty hours as stated within the RFP, PCG will provide the following additional information to support the proposed estimate:

- ▶ A detailed description of all PCG staff resources that will be utilized to complete the work.
 - ▶ This will include the names, of each team member that will be responsible for completing any project related task or activity
 - ▶ The project work responsibilities assigned to each PCG team member.
 - ▶ The estimated number of hours that will be allocated for each team member to complete their assigned project tasks.
- ▶ PCG will further break down the above-mentioned timeline to include estimated dates of completion for each project task and deliverable.
- ▶ Additionally, we will provide an estimate of the number of hours that each project task will require for completion.

iv. We will submit a response to the Department for review within the timeframes outlined in the RFP. If the Department requests that additions or other edits be made to our response, PCG will evaluate the request and resubmit a response with all of the above-mentioned details included.

v. If the Department chooses to accept PCG's response to a request for additional consulting services, we will initiate a contract agreement and begin completing the work outlined in the request. PCG understands that approval of any such request is that the Department's sole discretion.

Approval of Additional Consulting Work

PCG will not perform any consulting work for the Department without appropriate written approval. PCG understands that a signed contract between the Department and PCG must be in place before the start of any consulting project requested by the Department.

Performance of Consulting Project

	PCG will not perform any consulting project for the Department for which funds are not available in the signed contract between the Department and PCG. The Department will confirm availability of funds when approving the performance of a consulting project.
PMR-4	Bidder must meet all requirements in Section V.F.4. Describe how your solution meets these requirements.
	<p>Cooperation with Other Entities and Programs</p> <p>Through our extensive national experience working with school-based Medicaid reimbursement programs, PCG understands the importance of collaborating with other agencies and programs that serve targeted MIPS populations. We are a leader in working with local health jurisdictions including public health and school-based health service providers, as well as Medicaid Managed Care Organizations. Our experience working directly and indirectly with these entities on statewide Medicaid initiatives on behalf of our clients is unmatched by any other vendor. We are confident that our experience in the realm will allow us to work cooperatively with the Department to achieve successful outcomes with all relevant stakeholders and/or partners.</p> <p>PCG will utilize all available resources to develop processes aimed at identifying partner organizations that will promote the growth and sustainability of the MIPS program. Our team will compile a list of contacts and resources at each partner organization which will serve as a foundation for creating collaborative partnerships. PCG will provide a focused effort to create partnerships that will improve access to medical services for Medicaid eligible students in the state of Nebraska.</p>

Implementation and End of Contract

Business Requirements	
Req #	Requirement
IEC-1	Bidder must provide a draft implementation plan that encompasses all elements of Section V.G.c.
	<p>IMPLEMENTATION</p> <p>Whether getting a program approved or transitioning an ongoing program from a previous vendor, Public Consulting Group (PCG) understands that an effective implementation is essential. Over the past 35 years, PCG has successfully implemented 21 school-based services initiatives including eight states with both Medicaid Administrative Claiming (MAC) and direct service cost settlement. PCG works in partnership with another 13 states to administer either MAC or annual cost settlement. Because of our experience and record of success, we are confident in our ability to develop an implementation plan that will set PCG, the Department, and the school providers up for success both in the short as well as the long term. Immediately, we will be prepared to hit the ground running on the 'go live' date and a strategic planning will lay a strong foundation for future success in terms of optimizing reimbursement while operating within the guidelines and procedures of Nebraska and the Centers for Medicare & Medicaid Services (CMS).</p> <p>Implementation shall begin upon contract award. The Implementation shall end on the contractor Start Date.</p> <p>An effective Implementation Plan is essential for all stakeholders:</p> <ul style="list-style-type: none"> ▶ For the Department, a strong implementation will lead to an effective partnership. ▶ For school providers, a strong implementation will help them be engaged and informed. This is important because we rely on the school providers to submit and certify accurate data. Additionally, school providers that are engaged and informed are more likely to optimize their Medicaid reimbursement. ▶ For direct service providers and school employees performing administrative activities, a strong implementation will lead to them completing their Random Moment Time Study (RMTS) surveys in an accurate, appropriate, and timely manner. ▶ For Managed Care Organizations (MCOs), a strong implementation will lead to proper processing and improved documentation. ▶ For PCG, a strong implementation will allow us to get successfully started right away. Additionally, it will help us to lay the foundation to operate efficiently and effectively within the policies and guidelines set forth by Nebraska and CMS. Additionally, a strong implementation will lay the groundwork for us to mitigate audit risk.

As indicated by this proposal, PCG understands that the start date shall not occur until PCG has completed all requirements of the implementation including, but not limited to, the completion of operational readiness review contained in the implementation plan unless otherwise approved by the Department. PCG understands and will comply with the stipulation that indicates that contract work outside implementation cannot begin before the contractor start date. If awarded this project, PCG will not seek payment for any period prior to the contractor start date.

Guiding Implementation Principles

When we approach implementation, we keep the following principles in mind:

Clarity and alignment on goals and desired outcomes

PCG and the department need to achieve virtually perfect clarity and alignment in terms of implementation goals and the overall project goals. This clarity and alignment will start with diligent efforts and extensive conversations on the front end, and this initial investment will pay off as the project progresses.

Time is of the essence

When starting, or transitioning a new engagement, it behooves PCG, the Department, the school providers, and all other stakeholders to work quickly and to meet agreed upon deadlines. Meeting deadlines is essential in terms of accomplishing the work, but also in the sense of building credibility, trust, and a reputation for success.

Organized work packages and workflow

The Request for Proposal (RFP) indicates that the Department is interested in reviewing virtually all the implementation deliverables and materials. While PCG welcomes this chance to collaborate, it will mean that PCG and the Department will need to carefully coordinate our efforts. We will need to ensure we meet deadlines, maintain constant communication, and exert a strong effort towards data management and version control.

Implementation Overview and Timeline

PCG would like to start by describing our general approach to implementation but would be happy to adjust this approach and our timelines to meet the needs of the Department and the school providers. Below is the initial recommended approach and timeline:

- ▶ Confirm start date goals with the Department. Per the RFP, we will collaborate with the Department to ready for the contractor start date of June 1, 2022. Based on our understanding of the RFP and its addendums, the first RMTS should begin on September 1, 2022. To have a successful first quarter, PCG believes that the implementation will need to be split into two

phases. Phase 1 will involve everything necessary to launch the RMTS on the 1st of September. Phase 2 will involve the remaining program components. It may be possible to work on both phases at once but given the extremely limited amount of time between the start date and September 1st, PCG and the Department will need to prioritize Phase 1 activities.

- ▶ Plan Phase 1 of implementation: the goal of Phase 1 will be launching the RMTS on September 1st, which will mean preparing the PCG Claiming System for Staff Pool List (SPL), calendar, and shift collection. School providers must be introduced to the basic concepts of MAC and annual cost settlement through training. Instruction to school providers will also specifically include how to update and certify SPLs, complete calendars, and assign shifts. During this time, PCG will focus on collection of SPLs, calendars, and shifts; following up on late certifications, reviewing certified information for appropriateness and reasonableness; finalization of all information required to generate the sample and then preparing the RMTS master sample file. These goals mostly encompass PCG and school provider actions, but it should be noted that the Department will also be very involved. It is our intention that PCG and the Department collaborate, review, and revise policy documents, training materials, and other program resources and processes together.
- ▶ As part of Phase 2, PCG will set the standards for a successful implementation by collaborating with the Department on operational readiness review standards. Using the operational readiness review as a tool to set the standards for implementation would ensure that PCG and the Department are aligned on the goals and desired outcomes of the implementation. This alignment would make for a smooth and efficient transition since both agencies would be clear on desired outcomes. Clear standards and direction are always important, but they are especially important when subject to tight timelines and when entities are working together for the first time.
- ▶ After the standards, goals, and outcomes are confirmed through the operational readiness review standards, PCG would propose an overarching implementation plan that would list the deliverables and other items noted in the RFP alongside the steps, timelines, and milestones to fully transition services and for PCG to be prepared for a successful start date. The implementation plan would include a list of deliverables organized by work packages and PCG would also confirm the expected process or method for document submission and review.
- ▶ After proposal of the implementation plan, the Department would have time to review and provide feedback to PCG. PCG would then adjust accordingly. This cycle of review and revision would continue until the implementation plan was agreed upon.

Execution of the implementation plan includes creation, submission, review, and revision of all implementation deliverables and other items needed for the implementation and contractor start ate, including but not limited to:

- a. Implementation risks and mitigation plan

b. Policies and procedures manual

c. Documents, forms, training materials, and any other necessary program resource, information, and protocol

- ▶ During execution, PCG actively monitors status and provides weekly status updates to the Department.
- ▶ Since PCG and the Department will have collaborated on the operational readiness review, conducting it will be easy. Previously, and based the implementation plan on this, and since PCG will have been providing weekly status updates on implementation, the goal is that the operational readiness review will be more of a formality and a chance to celebrate our shared achievements. Of course, if any complications arise or if PCG or the Department feel that a certain item or aspect of the program is not ready, this will be an opportunity to adjust. If PCG and the Department agree that PCG has met the standards of the operational readiness review, PCG will proceed as planned.

PCG will go live on start date as planned.

To achieve these goals, PCG has outlined a recommended, detailed schedule in our work plan for the project and would be more than happy to adjust the timelines in the work plan to meet the needs of the Department and the goals and outcomes agreed upon by PCG and the Department.

Implementation Deliverables

PCG understands the requirements of the RFP and has the expertise, experience, and resources necessary to fulfill these requirements.

Upon award and the implementation date, PCG would begin working on the implementation deliverables including:

- ▶ Policies and procedures manual for all systems and functions necessary for PCG to complete its obligations under the contract; and
- ▶ All documents, forms, training materials, and any other documents, information, and protocols that require Department approval

Policy and Procedures Manual

The Policy and procedures manual will contain high level policies to ensure that PCG and the Department operate within the guidelines of Nebraska and CMS. This manual will provide clear guidance on the program policies that govern MAC and annual cost settlement so that all stakeholders and contacts know what is required to appropriately participate. PCG will update these

manuals to be current as the program and or policies change. The manual will be on of the guiding reference tools for school providers as they navigate through the many functional program areas within the program.

Documents, Forms, Training Materials, and Other Items

In addition to the policies and procedures manual, PCG would prepare all documents, forms, training materials, and any other program resources, information, and protocols that require approval by the Department. Because of PCG's vast experience in many states, we have a wide variety of training materials, documents, forms, and other items that we could reference and adapt for Nebraska. Alignment with Nebraska-specific policies and procedures is our number one priority, but the library of materials from which we would draw would allow us to create materials quickly in time-tested ways based on proven results. The table below includes some ideas of the types of training materials, documents, forms, and other items that we could prepare for the Department, school providers, direct service providers, and school employees performing administrative activities.

Program Area	Type of Training Material
RMTS	<ul style="list-style-type: none"> ▶ Comprehensive training presentation ▶ RMTS PCG Claiming System user guide ▶ Other materials as needed and requested ▶ RMTS at-a-glance single page guide ▶ Recorded refresher trainings – SPL updates
Quarterly Financials	<ul style="list-style-type: none"> ▶ Comprehensive training presentation ▶ Quarterly cost reporting PCG Claiming System user guide ▶ Quarterly financials at-a-glance single page guide ▶ Recorded refresher trainings – quarterly cost reporting ▶ Other materials as needed and requested
MAC Claim and Certified	<ul style="list-style-type: none"> ▶ Claim overview for school providers

		Public Expenditures (CPE) Forms	<ul style="list-style-type: none">▶ CPE form completion PCG Claiming System user guide▶ CPE form completion instruction sheet▶ Annotated CPE form training materials▶ Other Materials as needed and requested	
		Annual Cost Reporting	<ul style="list-style-type: none">▶ Comprehensive training presentation▶ Annual cost reporting PCG Claiming System user guide▶ Recorded refresher trainings – annual cost reporting▶ Other materials as needed and requested	
		Annual Cost Settlement and CPE Forms	<ul style="list-style-type: none">▶ Claim overview for school providers▶ CPE form completion PCG Claiming System user guide▶ CPE form completion instruction sheet▶ Other materials as needed and requested	

The above list should be considered a starting point. It is quite possible that PCG and the Department would elect to create and release a smaller quantity of training materials with the plan of developing more materials as the need arises. Alternatively, it could be determined that more materials are needed. In either case, PCG would be happy to create and provide necessary materials for the Department. PCG can, and will, make many recommendations for materials, forms, documents, protocols, processes, and other items, and look forward to hearing from and collaborating with the Department, school providers, and other stakeholders.

IMPLEMENTATION PLAN

PCG understands the requirements of the RFP and has the expertise, experience, and resources necessary to fulfill these requirements.

PCG has a great deal of experience implementing MAC and annual cost settlement projects. We have experience starting projects from state plan approval as well as transitioning programs from previous vendors. Based on this knowledge, we are confident in our ability to create a comprehensive implementation plan inclusive of all the steps, timelines, and milestones necessary to fully transition services.

As mentioned previously, our recommended approach to implementation would be to start by creating and agreeing upon Operational Readiness Review (ORR) standards. However, we are open to other methods and would welcome feedback and suggestions from the Department.

To approach the creation of the implementation plan, we could consider the following program elements and create a robust plan to meet the needs and requirements:

- ▶ Policy in place (State Plan, Cost Allocation Plan to the Division of Cost Allocation)
- ▶ PCG Claiming System in place, designed to support policy, with procedural safeguards built in to encourage adherence to policy
- ▶ Data from districts: type, frequency, means of collection, means of review, means of finalization
- ▶ Data from state: type, frequency, means of collection, means of review, means of finalization
- ▶ Data from previous vendor: type, frequency, means of collection, means of review, means of finalization
- ▶ Procedures for state, school providers, and PCG Staff
- ▶ Training for state, school providers, and PCG Staff
- ▶ Customer service staff in place: training for school provider staff, software/hardware/Information Technology (IT) requirements, policies, procedures
- ▶ Communications plan: PCG, state, school providers, other stakeholders
- ▶ List of implementation plan deliverables

- ▶ List of MAC and annual cost settlement deliverables
- ▶ Work Breakdown Structure (WBS): list of deliverables and tasks once project is live
- ▶ Work plans, or an expanded WBS that contains due dates and time frames
- ▶ Risk mitigation plan
- ▶ Audit readiness

PCG has experience managing many different projects that vary greatly in terms of size and scope, and we are confident that we could manage the various requirements posed by this RFP, as well as other suggestions we may make along the way. In our experience, the creation of a clear and detailed project plan that includes steps, timelines, and milestones is very achievable once the list of project deliverables is clearly laid out. By agreeing upon the operational review Standards and then creating an Implementation Plan based on those standards, PCG and the Department will have done the due diligence and pre-work necessary to create a comprehensive and feasible plan. This plan will allow us to work efficiently and diligently towards the Go Live Date, ensuring a smooth start to the project and a strong foundation for the long-term.

Listing of Implementation Personnel

Upon award, PCG will be pleased to put our experienced team of professionals into action. As program goals and desired outcomes were discussed a more specific staff plan would be presented. However, at a basic level, the type/levels of staff that would work on MAC and annual cost settlement would be:

▶ **Legal team and Subject Matter Experts (SMEs)**

PCG has an incredible team of SMEs with many years of experience in the field of Medicaid and school-based services. These top level advisors would help the rest of the team design and evaluate policies to inform our actions to ensure that we operate within CMS and Nebraska guidelines.

▶ **Managers**

Managers from our education and health practice areas would oversee this project to ensure that policies are followed, and that deliverables and other project outcomes are error free, audit ready, and completed on time.

▶ **Senior consultants and consultants**

Staff members at this level would serve as project managers and supervisors for our claim analysts

► **Claim and business analysts**

These staff members would complete the day-to-day tasks of the MAC and annual cost settlement programs. This would include claim calculation, data collection and review, coding of RMTS moments, customer service, data analysis, and other tasks.

As mentioned, PCG would tailor a specific team to meet the needs of the Department.

Operational Readiness Review

As noted previously, PCG will make the operational readiness review the bedrock of implementation. That is, we would like to start implementation by working with the Department to define and agree upon operational readiness review standards, allowing PCG to work efficiently towards meeting those expectations throughout implementation.

Identifying and Mitigating Implementation Risks

Implementation of any project poses many risks, but at PCG we pride ourselves in our ability to foresee risks and to create policies and procedures that effectively mitigate risks. We have listed some areas of risks below, as well as potential ways to mitigate risk. Upon award, we would certainly discuss these risks with the Department and welcome additional thoughts and ideas about potential risks.

Risk: Timeliness

At the beginning of an engagement, timeliness is a huge risk, especially with an ambitious start date. However, we believe that PCG and the Department can successfully mitigate risk by creating 1) robust and thorough operational readiness review standards, and 2) a thorough implementation plan designed to meet those standards within the time agreed upon between both parties.

Risk: Lack of Policy and Procedure Knowledge

It is essential that school providers and their staff become very familiar with and knowledgeable about MAC and annual cost settlement. Lack of knowledge or incomplete understanding can lead to recoupment situations or more serious mistakes that result in audit risk or findings. PCG and the Department can mitigate this risk by creating high quality trainings and ensuring that school providers have access to these trainings.

Risk: Resistance to Change, Discontent Due to Disruption of Current Processes

One of the many lessons we have learned in the last 35 years is that people, schools, and school districts can be resistant to *any* change, no matter how positive the result of the change may be. This poses a risk for MAC and annual cost settlement since a great deal of the program relies on school providers and their staff complying with program requirements and providing high quality, accurate data. However, our experience has also taught us that this resistance and discontent can be addressed through frequent communication that is clear and concise, excellent customer service, and high quality training.

Risk: Data Security

In the initial stages of a new project, it is often necessary to share a wide variety of data. While most of the data involved with MAC and annual cost settlement does not include data and information protected by the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA), it is essential that PCG, the Department, and any previous vendors handle data transfers appropriately. Our approach to risk mitigation in this area is to ensure that all PCG staff are thoroughly trained in these areas. Additionally, we will work with the Department and any previous vendors to ensure that secure File Transfer Protocol (FTP) sites are used to transfer sensitive data as needed.

Weekly Implementation Updates

Frequent communication is one of the most important keys to success during any kind of change or transition. PCG would provide weekly updates to the Department as requested.

Meeting Implementation Requirements and Deadlines

As noted, upon award PCG would be committed to meeting all implementation requirements so that we would be ready to perform all work by the start date. After focusing initially on the Phase 1 goal of launching the RMTS by September 1st, our detailed implementation plan and operational readiness review will help to ensure all stakeholders are completely prepared. Additionally, the weekly status update would help us stay on track and help us take care of any potential issues before they became actual issues.

Delivering the Implementation Plan

As detailed previously, PCG would deliver the implementation plan to the Department for review and approval. Our goal would be to provide this as early as possible, but no later than the date outlined by the Department. In our vision for implementation, PCG would provide the implementation plan *after* agreeing upon the standards for the operational readiness review. If PCG and the Department start by agreeing upon the operational readiness review standards, it will make the rest of the implementation smoother since we will be on the same page in terms of goals and desired outcomes. This sort of alignment greatly increases the likelihood

of PCG submitting documents, plans, and ideas that the Department will look favorably on which should cut down on the number of iterations needed for any review- revise cycle.

As we work through the implementation there are several additional items that we address in other areas of the proposal in more detail but would be developed during the implementation plan process. These items are designed to cover the additional data elements that are critical for program success. It is crucial that these required data elements are identified at the beginning of the implementation process, so the system and other collection tools can capture that data for inclusion and necessary reports are developed to address any state reporting needs as well. Some of these items are simple creations of redundancies in our system, creation of a testing environment for future development and changes as well as supporting the state through the approval of the State Plan Amendment (SPA) and Time Study Implementation Guide (TSIG).

During the implementation process we will outline processes and activities for:

- ▶ Creating a test environment to collect the necessary RMTS and financial data for MAC and annual cost settlement
- ▶ Create the production environment that captures that required RMTS and financial data collection for MAC and annual cost settlement
- ▶ Develop the start-up, initial close out, initial audit, and initial training plans
- ▶ Develop a school provider manual and toolkit for school providers to reference all areas of RMTS, MAC and annual cost settlement
- ▶ Develop interim rates for direct service reimbursement

As we have mentioned, our goal is to create a true partnership with the Department and school providers to develop a program that meets and exceeds national standards. These items can help to reduce risk, optimize reimbursement, and minimize the administrative burden of the program for both the Department and the participating school providers. We will work with the Department to address these necessary items as well during the implementation in a proactive way so any changes that may arise can be effectively and efficiently communicated to the participating districts. We believe this additional planning and areas of support will help to reduce any anxiety at both the state and local level that might occur when the program is transitioned from the current vendor to PCG to help administer the school-based Medicaid program for the state of Nebraska.

Of course, PCG is open to other ideas and would look forward to understanding more about the Department's vision for implementation. PCG has the skills, experience, and mindset to successfully undertake implementation in virtually any form but

	values the opportunity to present suggestions and recommendations. PCG will ultimately conform to the desires and needs of the Department.
IEC-2	Bidder must provide a draft End of Contract Plan that encompasses all elements of Section V.G.d. and V.G.e.
	<p>END OF CONTRACT PERIOD</p> <p>Our goal is to develop a long-term partnership with the Department and the participating school providers. As partners, we will strive to deliver the very best quality, support, expertise, and value to all the Nebraska stakeholders. Many of our clients have been our partners for several years and have continued to find that we provide the best value to them. However, we do realize that situations could arise that may cause the need to transition our services. We recognize that transitions are, often, stressful as well-established processes and relationships move to a new chapter in the program's history and to a new set of contacts. As such, PCG is committed, as a partner to the Department and the local school providers to work to make that transition, should it ever need to occur, as smooth and seamless as possible. Our team of experienced subject matter and logistical experts will provide full assistance and support to the Department to ensure the transfer of all final deliverables, methodologies and technologies used throughout the duration of this project.</p> <p>If the contract is not renewed or is terminated early, PCG will work to ensure a smooth transition to any new entity replacing our services. We understand the risks and stress involved in a transition from one vendor to another vendor or in-house service. PCG is committed to providing the State of Nebraska our full assistance and support to ensure the transfer of all data and deliverables.</p> <p>We would submit a detailed closeout plan that complies with the requirements of the RFP to the Department for approval within 30 days of the contract effective date. We understand that at the expiration of this Contract, or if at any time the Department desires a transition of all or any part of the duties and obligations of PCG to the Department or to another vendor after termination or expiration of the contract, the Department shall notify PCG of the need for transition. If a new contract has not been awarded prior to the contract expiration date, as may be extended, we will continue the contract under the same terms and conditions until a new contract can be completely operational, as long as this transition period does not extend more than ninety (90) days beyond the expiration date of the contract.</p> <p>During the End of Contract Period, PCG will:</p> <ul style="list-style-type: none"> ▶ Implement the most recent end of contract plan or end of contract plan update that has been approved by the Department and complete all steps, deliverables and milestones contained in the most recent End of Contract Plan or End of Contract Plan Update that has been approved by the Department

- ▶ Provide to the Department, or any other contractor at the Department's direction, all reports, data, deliverables, and other information reasonably necessary for a transition as determined by the Department or included in the most recent end of contract plan or end of contract plan update that has been approved by the Department
- ▶ Ensure that all responsibilities under the contract have been transferred to the Department, or to another contractor at the Department's direction, without significant interruption
- ▶ Notify any subcontractors of the expiration/termination of the contract, as directed by the Department
- ▶ Notify all school providers that PCG will no longer be the school-based claiming services contractor as directed by the Department. PCG shall create these notifications and deliver them to the Department for approval.
- ▶ Once the Department has approved the notifications, PCG shall deliver these notifications to all school providers, but in no event, shall PCG deliver such notification prior to approval of that notification by the Department
- ▶ Continue meeting each requirement of the contract as described in the Department approved and updated end of contract plan, or until the Department determines that a specific requirement is being performed by the Department or another contractor, whichever is sooner. The Department will determine when a specific requirement is being performed by the Department or another contractor and will notify PCG of this determination for that requirement.

Upon notice of non-renewal or termination PCG will perform the following additional activities as approved by the Department in our end of contract plan:

- ▶ Designate the PCG project lead as the end of contract coordinator to ensure all requirements, steps, timelines, milestones, and deliverables are completed in accordance with the end of contract plan.
- ▶ Code all random moments remaining in the current quarter, if applicable.
- ▶ Finalize financial data collection for any quarter already initiated within the PCG Claiming System.
- ▶ Unless directed otherwise, complete and submit any claim for which we have initiated financial data collection.
- ▶ Within 45 days of notification, PCG will deliver to the State of Nebraska or its designated representative:
 - ▶ Contact information for each district including: full name, title, district, email address, and phone number (if provided)
 - ▶ The most current SPLs of participants in the RMTS. Data will include the: full name, employed or contracted, assigned

	<p>cost pool, job title, job category, most recent financial information (pay, benefits, contracted cost, etc.), and shift (if different from standard shift)</p> <ul style="list-style-type: none"> ▶ If the new entity is to process a quarterly claim, we will provide the appropriate: coded RMTS, financials (if collected), status of each district deliverable and whether they submitted previously requested data, indirect cost rate (if already provided to PCG), and Medicaid Eligibility Rate, or MER (if already provided to PCG) ▶ If the new entity is to process an amended quarterly claim, we will provide the appropriate changes submitted by the school provider. This is typically in the form of an amendment to the costs previously submitted and certified. ▶ Prepare and have approved by the Department notifications to be sent to school providers informing them of the change. Notifications will be sent on a date to be specified by the Department and will be on Department letterhead. ▶ Upon request, transfer the toll-free number and email addresses to the Department <p>Even after a contract ends, our commitment to the Department and the Nebraska school-based Medicaid program does not. We will continue to maintain and safeguard all data we have received from the State of Nebraska and its school providers and stand ready to support the state and school providers in the event of a federal audit. At least 60 days prior to the appropriate future date, PCG will notify the Department of our intent to destroy records in accordance with state and federal records retention rules.</p> <p>At least annually, PCG will review the end of contract plan with the State of Nebraska, identify any changes required, and draft an updated end of contract plan to submit for approval.</p> <p>While it is our desire that this partnership continues for many years to come, we hope that the Department realizes that our commitment to the State of Nebraska would continue through the need for a transition and that we will provide all the information and support necessary for a successful transition.</p>
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Contractor Communication

Business Requirements	
Req #	Requirement
CC-1	Bidder must meet all requirements in Section V.H.1. Describe how your solution meets these requirements.

CONTRACTOR COMMUNICATION

In collaboration with the Department, PCG will create a comprehensive School Provider Manual that will assist school providers with school-based claiming. This will serve as a resource to provide all information necessary to promote compliance in program reporting requirements. PCG has significant experience developing and maintaining provider manuals for school-based Medicaid programs across the country and understands the importance of creating reference documentation that clearly and concisely outlines program regulations, best practices, and requirements. School district provider manuals consist of several detailed sections, including but not limited to:

- ▶ Glossary of key terms and definitions and abbreviations
- ▶ Program overview
- ▶ School provider enrollment
- ▶ Direct medical service eligibility
- ▶ Covered services
- ▶ Direct service provider qualifications
- ▶ Random Moment Time Study (RMTS) overview, including:
 - ▶ Program features and processes
 - ▶ Approved time study implantation guide
 - ▶ Record keeping and documentation
 - ▶ Claims submission and billing
 - ▶ Interim payments and reimbursement
 - ▶ Annual cost reporting & Annual cost reconciliation and final payment
- ▶ System guides for the PCG Claiming System (including quarterly and annual cost reporting),

	<ul style="list-style-type: none"> ▶ Quality assurance and program reviews, and; ▶ Program features and processes pertaining to Medicaid Administrative Claiming (MAC). <p>School Provider Manual</p> <p>School provider manuals are a vital program support document for both school providers and program coordinators. These manuals promote a solid understanding of various components of the program and the associated compliance requirements. In addition, the individual sections of provider manuals also serve as an easy-to-locate valuable resource to support new or existing Medicaid coordinators on specific requirements of the Medicaid school-based program. This allows coordinators to seek guidance on how to align their internal processes with the program compliance expectations. Many sections of the manual provide comprehensive detail regarding some of the most critical or complex requirements of the program. This includes specialized transportation costs, Individualized Education Program (IEP) ratios, the cost settlement and reconciliation calculation, and unit billing guidelines for direct medical services. In our experience, these sections of the school-based Medicaid program manuals have aided in reducing reporting errors and helped to ensure all necessary backup documentation is kept by school providers.</p> <p>In addition to the provider manual, PCG also develops user guides for the PCG Claiming System. User guides provide a page-by-page walkthrough, including screenshots and click-step navigation, of the RMTS, quarterly cost reporting, and annual cost reporting sections of the system. These supplemental resources paired with a program manual have traditionally been used regularly by school providers and program coordinators as a reference or how-to guide when completing program requirements in the online system. PCG will leverage our experience and expertise gained while working in other states to partner with the Department and successfully create a school district provider manual that will prove as an invaluable resource to school providers and program coordinators.</p> <p>PCG understands that all versions of the school provider manual and other supplemental resources must be approved by the Department prior to making the manual available to direct service providers or school employees performing administrative activities. Initial drafts and any subsequent updates will be submitted to the Department for administrative review and approval. After feedback from the Department is incorporated and final approval of a revised draft is received, an electronic version of the manual will be posted to the homepage of the PCG Claiming System and any other approved internet site as appropriate. The claiming system dashboard is an easily identifiable location for school providers and Medicaid coordinators to access the manual and other resources. PCG will update the school provider manual as requested by the Department and electronically publish each approved version promptly.</p>
CC-2	Bidder must meet all requirements in Section V.H.2. Describe how your solution meets these requirements.

Newsletter

As required by the scope of work, PCG will develop and publish an electronic newsletter or “e-newsletter” for school providers at least once every quarter. PCG has produced and published school-based health services newsletters for numerous Medicaid school-based programs across the country. Successfully partnering with program administrators and stakeholders to create informative newsletters that feature relevant content of high quality is imperative for successful publications. Sections of previously created newsletters have included: RMTS processes, quarterly and annual cost report best practices, quarterly time study percentages, compliance, and oversight reminders, PCG Claiming System features and enhancements, training resources and session information, programmatic updates and changes, and upcoming program reporting reminders and deadlines. Hyperlinks to related online websites may also be included in quarterly newsletters to allow school providers and Medicaid coordinators to easily access the school provider manual and other important reference materials including links to register for trainings.

In addition, another potential section for newsletters is a frequently asked questions section. This section would feature information captured during training sessions or as a result of recently conducted compliance audits. PCG has found value in our experience with participating school districts of including a frequently asked questions section in the quarterly newsletters. This section facilitates knowledge sharing across the program and has the potential to significantly increase coordination and compliance amongst school providers and program coordinators. Disseminating this information in a formal program publication encourages school providers and Medicaid coordinators to review participant questions from past trainings and audits in an open and non-threatening way.

School provider newsletters allow school providers to stay up-to-date on the status of the Medicaid school-based program. This further ensures program guidelines are clear and consistently followed by school providers and Medicaid coordinators. For example, PCG has used program newsletters to make school providers aware of upcoming policy or process changes as well as important dates. An attractive and relevant newsletter has proven to reduce the number of non-compliance instances by school providers on required program requirements. The PCG team will partner with the Department to create purposeful newsletters that are designed to provide customer support required by school providers as well as to increase their general understanding of the programs and how to operate them efficiently. See *Figure V.H.2.1.* for a depiction of our newsletter development process flow.



Figure V.H.2.1: Newsletter Creation Process

PCG understands that school provider newsletters must be in a format and template approved by the Department and cannot be published without Department approval. PCG will collaborate with Department administrators to solicit and review feedback and will make required revisions prior to resubmission of an updated version. Once the content has been given final approval by the Department, PCG will publish the newsletter both on the PCG Claiming System homepage and on the approved state agency websites. PCG will work with the Department to determine the appropriate medium for newsletter publication and access.

Contractor Support

Business Requirements	
Req #	Requirement
CS-1	Bidder must meet all requirements in Section V.I.1. Describe how your solution meets these requirements.

Help Desk

PCG is committed to providing comprehensive customer service and support to school providers as they complete the Random Moment Time Study (RMTS), quarterly, and annual cost reporting processes. We have built a well-respected customer service and support reputation serving over 5,000 school districts throughout the country. The relationships we have fostered with school provider personnel nationally has resulted in school provider staff confidently relying on PCG's customer service and support. We know better than any other vendor the importance of providing comprehensive support to school providers as they complete their RMTS and cost reports.

PCG provides school providers with high-quality, responsive customer service and support through proven and dedicated methods. This support is critical to ensure that school providers have access to experienced Medicaid program experts from whom they can obtain clear guidance when they have questions about program requirements. PCG takes this responsibility seriously, as proper, and comprehensive support improves program comprehension and compliance. Our program staff understands the intricacies of school-based programs and Medicaid cost reporting, which enables us to provide efficient support and guidance to school providers. Our staff are trained to understand the details of policy and program requirements for school-based Medicaid cost reporting and RMTS. PCG's customer service and dedicated support personnel regularly assist school providers, often on an individual basis. The daily support we provide includes regularly monitored email service, a toll-free customer service hotline, and a state-specific, web-based PCG Claiming System.

We are continuously striving to increase the customer support we bring to our clients. Recently we have implemented a new integrated customer service platform within the PCG Claiming System. Coordinators will be able to initiate support from us across multiple channels directly in the PCG Claiming System, including phone, live messenger chat and submitting a support ticket. Coordinators will continue to be able to initiate support outside the system via the existing toll-free hotline and email address. We see this as a real investment into improving how Coordinators use the system. Improvements to the way we support Coordinators helps us provide the best answers to their questions in the fastest time possible. The new platform will allow us to better report on inquiries by topic, by district, by channel, by day of the week/time of day, and by Coordinator. This visibility will help us identify gaps and take action to help the state make their school-based Medicaid programs run more effectively.

Below we outline each of the program support functions that PCG provides in greater detail

Toll-Free Hotline

PCG will provide Nebraska school providers a toll-free, dedicated telephone hotline and help desk that is accessible from 8:00am-5:00pm Central Standard Time to accommodate the school district working hours. This hotline provides schools with access to necessary support to complete program requirements. PCG staff assigned to this line will be trained on the details of the Time

Study, Quarterly and Annual Cost Reporting for Nebraska's MIPS Program in order to be able to provide schools with the proper support.

Calls to the dedicated toll-free helpline are answered immediately. If all of the trained Medicaid customer service staff are serving other callers or if it is after or before the service times, the caller will be directed to the Nebraska specific helpline voicemail. Voicemails are checked as soon as staff return to their desks, including when arriving at the start of the day, prior to lunch, after lunch, and prior to going home at the end of the day. Hotline calls are the top priority of PCG support personnel, and PCG staff promptly reply to inquiries. The integrated customer support platform will allow them to call directly from their computer while logged into the PCG Claiming System. School districts will also be able to initiate support outside the system via the toll-free hotline.

Within the phone channel of our integrated customer service platform, PCG not only adds value to its work through accountability, team management, and scheduling, but we have increased our value to clientele through tracking call patterns, better servicing school providers through increased customer service and availability, and the ability to identify and analyze data and create reports through this system. Through our phone system, **we are able to provide a summary of calls through daily tracking statistics from callback, messaging, recording, and session history summary, along with managing live calls and archiving all messages sent or received.** Other notable functions of our phone channel of our integrated custom service platform are the ability to list all messages received and play back voicemails on PCG staff member's computers, show the history of calls per session, and review and manage contact information for each call. To instill confidence with our clients, we track and enter every call in our records. This system bolsters our customer service practices as we are able to monitor our response rates, track each call received, and it ensures each LEA that a PCG staff member will be there to address any questions or concerns.

Dedicated Email Support

PCG will establish RMTS and cost report email addresses to enhance our support to school providers throughout all school-based Medicaid program processes including RMTS and quarterly and annual cost reporting. The email support allows school providers to ask for clarification in a more informal manner. **The integrated customer service platform will also allow them to send a message directly within the PCG Claiming System.** This allows PCG staff to know what page and process school provider staff are working on within the PCG Claiming System adding context to their question. A bonus is that PCG response to their message will be sent directly to school provider staff's email for record of the online conversation. This feature saves school provider staff time by eliminating the need to log into their email system to send PCG a separate message.

If a school provider emails PCG a question for clarification, PCG staff usually reply within an hour, but will reply within 24 hours at the latest. In addition, PCG keeps a comprehensive file of all emails received and our responses. When policy issues or concerns are identified, PCG staff are quick to engage school provider staff as appropriate to ensure proper guidance and communication is provided. Furthermore, if PCG identifies trends in email inquiries or phone support, our team is proactive to implement one of our

training methods to address potential programmatic issues. School providers will continue to be able to initiate support outside the system via the dedicated RMTS and cost reporting email addresses.

Chat Support

Like most websites these days, the new integrated customer service software allows school provider staff to chat live with one of our help desk staff. Instead of sending a question via email or making a phone call, they can chat with a help desk person and get instant answers to their questions in real time. This is an additional service option since we realize some staff still prefer the traditional phone or email, but this feature provides school provider staff options to choose from to decide what best suits their preferences.

Web Based Support Through the PCG Claiming System

PCG maintains a comprehensive, updated list of school provider contacts via the 'All Users' page. This list is used to email school providers memorandums from the Department, training information program updates, monitoring review correspondence, and other pertinent communication regarding the program. At the Department's discretion, the school provider administrator can update contact information at any time. This functionality is a viable resource for all communication. PCG can provide the most up to date information at a moment's notice to all established contacts.

PCG continues to strive for efficient and thorough customer service and support. PCG prides itself in being equipped with the knowledge and experience with the Nebraska programs. PCG's highly qualified staff and effective email, telephone, and online resource services lead to proficient school districts with demonstrated success in Nebraska. We are confident we can continue to support the Department successfully and adequately and Nebraska school providers throughout their participation in the school-based Medicaid program.

District Support Quality Assurance

Of further value, PCG employs comprehensive internal quality monitoring processes and works tirelessly to ensure that internal validation processes are in place. These processes are used to monitor customer service efforts to ensure that the information PCG provides is accurate and that the customer service we provide is exceptional. These monitoring processes also ensure that district staff experience a high level of satisfaction with PCG's customer service and support. For each call received, PCG documents all the following: name of the school provider or direct service provider, school district in which the direct service provider practices, general nature of the call, and resolution to the call.

As part of this internal quality monitoring process, senior staff members regularly review call logs and meet with support staff daily to discuss any outstanding concerns or issues. PCG will ensure that all calls and questions are promptly responded to within two business days. Furthermore, PCG will escalate any identified systematic issues to the Department for program integrity purposes.

	<p>Based on our national experience, PCG has identified following up via email with relevant school providers after a call has taken place as a best practice in monitoring our hotlines. This ensures a paper trail is kept and validates that the school provider's needs have been met.</p> <p><u>Help Desk Performance Standards</u></p> <p>PCG is committed to exceeding all performance standards requested under this contract. The call detail information will be tracked according to the RFP requirements:</p> <ul style="list-style-type: none"> ▶ Name of school provider or direct service provider ▶ School district in which the direct service provider practices ▶ The general nature of the call (disposition) ▶ The resolution to the call <p>RMTS and cost report e-mails and voicemails will be responded to within two business days of receipt. Emails received during heavy traffic periods will initially be addressed via a message receipt confirmation within 48 hours, along with a follow up email that directly addresses the contact's request/inquiry within two (2) business days from receipt of the initial email message from the school provider contact. If in rare cases the help desk is not staffed, all voicemails and e-mails received by the RMTS and cost reporting help desks will be addressed immediately upon help desk staff return.</p> <p>PCG has comprehensive nationwide experience in implementing and monitoring customer service efforts for all aspects of the school-based Medicaid program. PCG's highly qualified staff and effective email, telephone, and online resource options lead to proficient school districts with demonstrated programmatic success across the country. We are confident that we can successfully support school providers throughout their participation in RMTS and Medicaid cost reporting in Nebraska.</p>
CS-2	<p>Bidder must meet all requirements in Section V.I.2. Describe how your solution meets these requirements and provide a draft training plan to document how this will be achieved.</p> <p>Training</p> <p>PCG understands the importance of training and continuous provider support offered on an ongoing basis. Given our extensive work with school-based Medicaid programs, we understand routine and extensive training is critical to program compliance. With</p>

this, we are prepared to implement a training program that fits the needs of this RFP. PCG is committed to assigning the appropriate level of staff to provide answers and technical support to questions raised by DHHS, Nebraska districts, and their providers.

Annual Training Plan

PCG understands that it is imperative that school providers comprehend the program components as their understanding will directly impact their reimbursement. Each functional program area is interconnected in a cost-based methodology which is why PCG focuses heavily on training. PCG's approach to training is both proactive and reactive depending on current events.

Throughout the years working with numerous states, PCG has placed great emphasis on providing comprehensive training to educate coordinators, special education directors, and financial administrators about program requirements and operational procedures. PCG recognizes the importance of training as a critical component to program compliance, which is why national and local expertise are leveraged from within the PCG organization to produce valuable training products and experiences. PCG's training strategy executes a training cycle using a collaborative approach within the program's functional areas that starts with the identification of needs, planning, and designing relevant training. Throughout training and after completed sessions, PCG assesses the target audiences' level of understanding which initiates the evaluation of the effectiveness of trainings. This proven method helps trainers know when to adjust or re-train as necessary.

Trainings are primarily driven by program policy following federal and state guidelines. Program compliance is often the center of training content, and all training materials will be submitted and approved by DHHS before they are published to school providers or posted on the PCG Claiming System for accessibility.

Number of Training Classes

PCG appreciates and understands the importance of training for all participants in the school-based services reimbursement program. Training is a critical component that leads to programmatic compliance and success. For over twenty years, PCG has worked with Health and Education departments in multiple states to provide, enhance, and optimize training for the Random Moment Time Study (RMTS), quarterly administrative claiming, and cost reporting processes. During this period, PCG has conducted hundreds of trainings ranging in size, scope, structure, and content, based on the needs of the school providers and state. Our goal is to engage school district personnel so that training can be focused, interactive, and informative.

PCG will provide both in-person and online training sessions to Nebraska school providers. A minimum of five (5) in-person training classes will be conducted each year. PCG has experience in all contracted states conducting a week's worth of in-person training sessions and have coordinated locations and times with school providers, hotels, or other facilities, depending on availability. PCG refers to these in-person training sessions as our annual training sessions. These trainings have either been all encompassing as it includes all functional program area content, such as the RMTS, Staff Pool List (SPL), quarterly and annual cost reporting, or are

topic specific, such as the categorization of transportation costs and the importance of apportioning ratios. The format of these in-person training sessions will also be discussed with DHHS as PCG has experience presenting content throughout a full day, broken up in different sessions based on topic, and within a two-to-three-hour block of time.

Additionally, PCG will offer a minimum of three (3) quarterly (fall, winter, and spring) online system trainings annually. Training topics will focus on navigation of the PCG Claiming System, quarterly and annual cost reporting, the RMTS, and audit program requirements, such as compliance or desk reviews. Additionally, PCG has vast experience in training on some of the more extensive areas of the program, many of which overlap with the topics desired by the State of Nebraska, which will be covered during our comprehensive trainings. These areas include, but are not limited to:

- ▶ Changes to the RMTS, cost report, PCG Claiming System, audit process or requirements
- ▶ Importance of being able to tie back quarterly and annual costs reported to supporting documentation and how to prepare and maintain an “audit file”
- ▶ New district coordinator: preparation, helpful hints, and best practices for program participation
- ▶ Trends, common issues, and what we are seeing broadly across the program

PCG believes strongly in the benefits of training and recognizes the importance of developing relevant and customized material based on the needs of the state, which has made us successful in our school-based services trainings in almost twenty state-wide programs. The appropriate content for our trainings is assembled from our experience working with school providers throughout the year via help desk support, audit findings, email exchanges, past trainings, feedback from post-training surveys, areas of need based on results from interactive activities, and other interactions. We provide school providers with general and targeted comprehensive training, in addition to support and ongoing help, to ensure that all approved methodologies are clearly understood and can be effectively executed.

Training Topics

PCG’s training topics cover all facets of the program, depending on the need of the Department and the school providers. Below are some examples of the program area and specific training topics that PCG has presented on throughout the last few years across many states.

		Functional Program Area	Training Topics	
		RMTS	<ul style="list-style-type: none"> ▶ Managing SPL participants ▶ Provider qualifications ▶ Leave status procedures ▶ Creating/updating shifts ▶ Training new school provider coordinators ▶ Updating/certifying calendars/SPLs ▶ PCG Claiming System feature enhancements ▶ Important milestones, due dates ▶ Response return rate percentage (85% min) ▶ Time Study Implementation Guide ▶ Coordinator roles and responsibilities ▶ Quarterly/annual RMTS results trends ▶ Moments: follow-up status, notification schedule 	

		Medicaid Administrative Claiming	<ul style="list-style-type: none"> ▶ Claim factors ▶ Reporting costs in the PCG Claiming System: Export/import method of reporting, edit explanations ▶ PCG Claiming System feature enhancements ▶ Quarterly financial submission process ▶ Quarterly reimbursement trends ▶ Accounting methodology ▶ Financial user roles ▶ Unallowable/Federal Funds ▶ Reporting allowable other costs 	
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		<p>Annual Cost Reporting / Cost Settlement</p> <ul style="list-style-type: none"> ▶ Allowable salary and contracted costs ▶ Unallowable/Federal Funds ▶ Reporting direct medical other costs ▶ Accounting methodology ▶ Claim factors ▶ Transportation cost categorization determination (specialized vs. not-only specialized) ▶ Transportation documentation ▶ Transportation apportioning ratios ▶ General and statistical data requirements ▶ Cost settlement calculation ▶ SPL exclusions ▶ Special Education Cooperative reporting expectations ▶ Annual cost settlement reimbursement trends ▶ Desk reviews ▶ Edit explanations/district specific thresholds ▶ Recoupment training/counseling 	
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Program Compliance

- ▶ Provider credential requirements
- ▶ Common annual and quarterly cost reporting findings
- ▶ Documentation and record keeping
- ▶ Individualized Education Plan (IEP) requirements (scope, frequency, duration)
- ▶ Corrective Action Plans to set up for future program success
- ▶ Strategic Interventions Trainings for non-compliance found during a review
- ▶ Telehealth
- ▶ Pre-payment reviews
- ▶ Electronic signatures

Figure V.I.2.1: Training Topic Examples.

For newly participating school providers, the learning curve can be challenging. To maximize school provider and program success, PCG has also implemented mentorship programs in several of our statewide programs for providers at newly participating districts. This program was crafted specifically to address the unique challenges experienced by this group of program participants and offer them additional individualized guidance throughout the critical first year of the program. PCG will work with the Department to develop training materials focused on school provider areas of need, which will be identified and tracked throughout the year as outlined in more detail in the next few pages. PCG is skilled in creating targeted trainings, and our experience implementing programs from their inception has provided staff with the unique perspective to ensure school providers are continuously engaged and able to grasp the best practices for operational and program compliance. Outside of the proposed training topics, below are additional training components PCG can engage in to meet additional necessary requirements:

Materials

PCG will draft training presentations and instruction manuals that will be shared with the Department for review and approval prior to conducting training sessions. These documents will be made available as resources for state and school provider staff in order to guide them through the required processes.

Active Participation

PCG staff understands the best-practice techniques for adult education

and learning and applies them in all of our training environments. We also know that not all participants will respond to training in the same way. PCG takes special care to ensure that all staff feel confident at the end of training, and we are committed to providing personalized support as needed. PCG has found that active and engaged participation during training sessions leads to better program results. Some training approaches that foster active participation are:

- ▶ Pre- and post-questions to measure growth
- ▶ Training surveys
- ▶ Live and real-time polling activities
- ▶ Hands-on activities
- ▶ Games with incentives

PCG has learned that providing interactive activities for participants leads to greater learning, and giving individuals the opportunity to ask questions, along with specific program breakouts, leads to increased understanding and program competency. Again, PCG will work tirelessly with the appropriate DHHS personnel to ensure that our training practices are customized to fit the needs of the State of Nebraska.

PCG trains school provider coordinators/financial administrators as end users to the systems they navigate to meet program milestones and due dates. In addition, a train-the-trainer approach is utilized for policy and program training where school providers will transfer their knowledge to other school provider participants. This layered approach coupled with a library of resource materials across all functional program areas has proven to be successful over the years. Training materials are posted to the dashboard of the PCG Claiming System where school providers manage their RMTS and cost report data. This has made accessing training content convenient for school provider personnel.

The Department's Input and Approval

PCG employs a collaborative approach to planning the learning objectives and goals of each facilitated training session. Preparation for in-person training sessions begin months in advance when PCG researches and organizes topics to be covered as well as the logistics for on-site locations and web-based training. All training materials will be submitted to DHHS for review and approval before delivering content to school providers. PCG encourages DHHS involvement to meet Nebraska's school providers' needs, this includes potentially modifying topics covered, the materials used, as well as the location or timing of any proposed training class in the Annual Training Plan. This helps ensure PCG is providing accurate and suitable trainings while significantly reducing the risk of misinterpreting state and or federal regulatory guidelines as compared to a vendor with less local experience and knowledge of stakeholders involved.

Accessibility of Training Material

As stated earlier in this response, PCG will offer additional web-based training to reinforce our comprehensive face-to-face trainings. As noted, PCG is committed to holding a minimum of three quarterly online system trainings each year. Web-based trainings that complement the face-to-face trainings aim to reinforce participants' understanding and comprehension. These trainings are shorter in duration and focus on a specific topic. A couple examples of this type of training may be targeted toward compliance, the RMTS, or ensuring that the correct direct medical providers are included on the cost report. PCG assures the State of Nebraska that, based on our experience nationwide, school districts in Nebraska will be provided with exceptional web-based training opportunities modeled on years of industry experience.

Online trainings will be hosted and recorded with secure access. Prior to the online trainings, school providers will receive an email invitation from PCG with the details of the training, and the opportunity to sign up and submit any comments or questions to be addressed during the training session. Upon sign-up, participants are provided with login credentials, including a secure password to access the training. Typically, participants' lines are muted (to not interfere with the training) and will be unmuted to allow participants to ask questions. In addition, at any time, participants can submit questions to the presenter in an instant message format. These trainings are recorded for program integrity and can be shared with participants and those unable to attend.

PCG is cognizant of programmatic changes that may occur throughout the year. To address this possibility, PCG will work with the Department to provide the opportunity for targeted, ad hoc trainings that may be held throughout the year, with a focus on relevant issues or concerns. These trainings are typically hosted in an online setting, for a duration of approximately 30 to 60 minutes, with time allotted for questions and answers. These trainings will also be recorded and posted on the PCG Claiming System so that the appropriate school provider staff can access them at their convenience. In our experience, these ad hoc trainings can lead to greater understanding of specific programmatic issues, which in turn leads to increased compliance.

	Outside of the recording of live training sessions, PCG includes relevant materials that are posted to the dashboard of the PCG Claiming System for school providers. Easy access to the materials, such as a PDF of the presentation, is helpful as the school providers are able to follow along with the slides and take notes during a recording of the presentation. These recorded trainings, along with any other training materials, can also be made available to the DHHS for publishing on their own website, if requested.
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APPENDIX A: RESUMES

Matthew Sorrentino, PMP, MBA

*Manager and Shareholder at Public Consulting Group LLC
Project Director for the Nebraska Medicaid Claiming Engagement*

RELEVANT PROJECT EXPERIENCE**School & County Based Cost Reporting and Cost Settlement****State of Wisconsin****Department of Health Services**

Lead compilation and settlement of initial school-based cost reports under new Medicaid State Plan. Assume management responsibility of integrated random moment time study process for both direct services as well as administrative claiming. Compile time study rosters. Train school district staff on revised procedures. Implement web-based cost reporting and Medicaid reconciliation system. Manage processing of over 400 school district desk audits and processing of Medicaid cost settlements. Served as initial Project Manager and has since transitioned to Engagement Manager, responsible for oversight of Project Manager and execution of all project deliverables.

State of Kansas**Kansas Department of Health Environment (KDHE)**

Develop cost reimbursement methodology for services provided by school districts and covered under Medicaid program. Develop public notice and Medicaid state plan amendment. Assist KDHE in responding to CMS questions and requests for additional information. Design web-based cost reporting application to facilitate Medicaid cost settlement process. Manage trainings to school districts on new annual cost reporting process. Direct processing of Medicaid cost settlements. Develop interim rates. Develop onsite field audits of LEAs to validate cost reports and supporting documentation.

State of Georgia**Department of Community Health (DCH)**

Implement Medicaid cost settlement program. Lead development and assist DCH to obtain approval of Medicaid state plan amendment to implement a cost settlement methodology. Develop cost reporting form and instructions. Implement Medicaid Cost Reporting and Claiming System to automate submission of Medicaid cost reports. Train providers on how to complete cost reports. Calculate Medicaid cost settlements. Develop onsite and remote audit program to validate cost reports.

State of Arizona**Arizona Health Care Cost Containment System (AHCCCS)**

Implement Medicaid cost settlement and reconciliation process. Lead development and assist AHCCCS in obtaining approval of Medicaid State Plan Amendment to implement cost settlement methodology. Develop cost reporting form and instructions. Implement Medicaid Cost Reporting and Claiming System to automate submission of Medicaid cost reports. Train providers on how to complete cost reports. Calculate Medicaid cost settlements. Develop onsite and remote audit program to validate cost reports.

Commonwealth of Pennsylvania
Department of Public Welfare

PDW contracted with PCG to implement a Medicaid cost settlement and reconciliation process. Lead the development and design process to implement a cost settlement methodology. Developed cost reporting form and instructions, implemented the Medicaid Cost Reporting and Claiming System to automate the submission of the Medicaid cost reports, trained providers on how to complete cost reports, and calculated Medicaid cost settlements. Responsible for the oversight and project management of all program functions.

State of Wisconsin
Department of Health Services

Manage review and submission of county Medicaid cost reports for eligible Medicaid services, including mental health, developmental disabilities, and long term supports. Assist in transforming cost allocation methodology, including deploying a robust web-based cost reporting application to facilitate cost reporting and settlement services. Served as Project Director and was responsible for oversight of Project Manager and execution of all cost settlement project deliverables.

PROFESSIONAL BACKGROUND**Public Consulting Group**
Austin, TX**EDUCATION**

Clark University
Worcester, MA
Master's in Business Administration, 2006

Bentley College
Waltham, MA
Bachelor of Science in Finance, 2002

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

- ▶ Project Management Professional
- ▶ Microsoft Access, Excel, Word, PowerPoint
- ▶ KPMG CMS Cost Reporting Suite
- ▶ Training: SAS Visual Analytics, 2015

REFERENCES

Krista Willing
Assistant Administrator of Systems, Fiscal, and Operations
Wisconsin Department of Health Services
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Thalia Sirjue
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NJ Department of Health
PO Box 001, Trenton, New Jersey, 08625
(732) 991-6622

Matt Zavadsky
Chief Transformation Officer
MedStar Mobile Healthcare
2900 Alta Mere Dr, Fort Worth, TX 76116
(817) 991-4487

Peter Gilles*Manager at Public Consulting Group LLC**Project Manager for the Nebraska Medicaid Claiming Engagement***RELEVANT PROJECT EXPERIENCE****Public Consulting Group LLC, Director of Revenue Services**

Provide executive leadership and direction for the firm's school-based Medicaid practice, including Medicaid Administrative Claiming, Cost Settlement and Fee for Service projects in 30 plus states across more than 5500 districts.

State of Kansas**School District Administrative Claim & Cost Settlement Program**

Project Director for the Kansas SDAC and Cost Settlement Projects since contract award in 2006. Coordinated the implementation of the electronic RMTS system for the State of Kansas. Oversee the project staff and coordinate efforts to improve efficiency on the project. Worked with the State to create a methodology for Cost Settlement for the School-Based Services program, submit methodology for CMS approval, and implement to all participating school districts.

State of South Dakota**Medicaid Administrative Claim (SDAC)**

Project Director for the South Dakota Medicaid Administrative Claim Program. Worked with the State to implement the Random Moment Time Study (RMTS) for use in the calculation of program quarterly claims. Worked with the State to develop the updated program methodology that was submitted to the Center for Medicare and Medicaid Services (CMS) for approval.

Commonwealth of Kentucky**School Based Administrative Claim (SBAC) Program**

Project Director for the Kentucky School Based Administrative Claim Program. Worked with the Department of Education to revise the program methodology and gain approval from the Center for Medicare and Medicaid Services (CMS) after the program claims were disallowed. Implemented the Random Moment Time Study (RMTS) for use in the calculation of program quarterly claims. Introduced new claiming software to the participating school districts to streamline the collection of the required quarterly financial expenditure data.

State of Arizona**Medicaid Administrative Claim/Program Cost Settlement for School Based Services**

Worked with the Arizona Health Care Cost Containment System (AHCCS) to develop and implement the Medicaid Administrative Claim Program and Cost Settlement for School Based Services methodology. Helped develop the Time Study Implementation Guide and assisted in the program approval with the Center for Medicare and Medicaid Services (CMS).

State of Colorado**Medicaid Administrative Claim/Program Cost Settlement for School Based Services**

Worked with the Colorado Department of Health Care Policy and Financing (HCPF) to develop and implement the Medicaid Administrative Claim Program and Cost Settlement for School Based Services methodology. Helped develop the Time Study Implementation Guide and assisted in the program approval with the Center for Medicare and Medicaid Services (CMS). Worked with HCPF

to evaluate the benefits of modifying the School Based Billing Program to allow billing for Free Care Services.

State of Indiana**Medicaid Administrative Outreach Program**

Work with the office of Medicaid Policy and Planning (OMPP) and Indiana Department of Education to receive final approval for MAC program for Indiana School Corporations. Reviewed submitted methodology and CMS responses and recommended program modifications and responses based on national trends and experience. Participated in conference calls with CMS to finalize program methodology for approval and implementation.

State of Wisconsin**Medicaid Administrative Claim/Program Cost Settlement for School Based Services**

Worked with the State of Wisconsin to develop and gain approval for the School Medicaid Administrative Claim Program and Cost Settlement for School-Based Services. Assisted in the development of the State implementation plan and State Plan Amendment. Oversee the coordination of implementation of the program with the 400+ participating districts throughout the state. Manage the project staff, ensure deliverable completion, and coordinate activities with clients at the Wisconsin Department of Human Services for this program.

State of New Jersey**Medicaid Administrative Claim/Program Cost Settlement for School Based Services**

Coordinated the implementation of the electronic RMTS system for the State of New Jersey. Worked with the state to eliminate paper documentation and clinician annual training through the implementation of a web-based notification and documentation system with centralized coding for the Administrative Claim program. Assisted the state in the required modifications to the Time Study Implementation Guide as well as changes to the State Plan to implement the cost settlement program. Worked with the state to make changes to the State Plan to implement billing for Free Care Services.

State of Michigan**Administrative Outreach Program**

Manage the financial collection and financial data quality review component for the Statewide Administrative Outreach Training Program. Develop and implement financial review procedures for the data received from the 620 participating districts. Reviewed state accounting code structure and indirect cost rates to develop claiming formats. Conduct quality reviews of state claiming calculator. Conducted financial training for business officers statewide.

State of Texas**Medicaid Administrative Claim (MAC) Program**

Coordinated the MAC program for a consortium of districts in Texas. Worked with the district staff to collect the necessary quarterly data to calculate the MAC claim. Oversee the project staff and coordinate efforts to improve efficiency on the project. Oversee the calculation and submission of claims.

Chicago Public Schools**Medicaid Reimbursement**

Provided local management of the Health Services Management Program for CPS, which includes Medicaid billing for Fee-For-Service and administrative outreach claims that result in

more than \$40 million in annual revenue to CPS. Coordinated the Fee-For-Service Program, including data collection and processing, performance management and reporting, IEP compliance tracking and reporting, training, and communication coordination.

PROFESSIONAL BACKGROUND

Deloitte Consulting

EDUCATION

Clark University

Worcester, MA

Master's in Business Administration

Loyola University, Chicago

Chicago, IL

B.B.A. Finance and Marketing, Minor in Psychology

REFERENCES

Rowena Regier

Institutional Reimbursement Manager

Kansas Department of Health and Environment Division of Health Care Finance

900 SW Jackson #900 N Topeka, KS 66612

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Kentucky Department of Education

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Melinda Hollinshead*Senior Advisor at Public Consulting Group LLC**Project Advisor for the Nebraska Medicaid Claiming Engagement***RELEVANT PROJECT EXPERIENCE****Arizona Health Care Cost Containment System****Medicaid School Based Claiming Program**

Health Policy and Program Manager. Managed the administration of the Medicaid School Based Claiming program for Arizona, which included direct oversight of all functions performed by the contracted Third-Party Administrator. Provided ongoing analysis of federal requirements for participation in the Medicaid School Based Claiming program and directed all policy development associated with changes and improvements to the program. Developed the Request for Proposal and participated in proposal review and vendor selection for the Medicaid School Based Claiming program competitive contract award in 2003 and 2010. Provided direct oversight of the development, submission and approval of a State Plan Amendment updating the payment methodology for the Medicaid School Based Claiming program from a traditional fee for service methodology to a cost-based reimbursement methodology. Conducted regular compliance reviews of the operational requirements placed on the vendor. Maintained Intergovernmental partnerships of the program, including those with the Arizona Department of Education, the Local Education Authorities and the Centers for Medicare and Medicaid Services.

Balanced Budget Act Managed Care Implementation**Health Policy and Program Manager**

Conducted analysis and recommended actions to comply with changes to managed care requirements resulting from the amendments of the Balanced Budget Act of 1997.

Arizona State University School of Public Affairs Urban Data Center**Academic Associate**

Conducted evaluation research for a Rockefeller Institute of Government grant that funded a national study evaluating the state's capacity to implement Welfare and Medicaid managed care. As a lead evaluator for Arizona, conducted program evaluations, interviews, and data collection for several reports and issue briefs on Arizona's Medicaid, welfare, and food stamp programs. Conducted research and wrote briefs on budget issues facing Arizona state government. Assisted in background research for additional Urban Data Center studies.

Red Tape, Ltd.**Governmental Affairs Consultant – Program Manager**

Provided consulting services and program support to state and local government entities and non-profit organizations. Evaluated and advised on program development and improvement. Researched and prepared grant proposals. Conducted focus group research and advised on outcome-oriented improvements. Researched and wrote briefs outlining policy and regulatory issues to assist in client decision making.

United States House of Representatives**Honorable Thomas S. Foley, Speaker****Legislative Assistant**

Researched and responded to constituent inquiries. Participated in research to assist senior staff with legislative analysis. Administered various office functions. Organized ceremonial functions hosted by the Speaker's office.

EDUCATION

Arizona State University

Doctor of Philosophy, Public Administration, concentration in social & health policy and intergovernmental relations

Dissertation Title: "The Health and Welfare of the Medical Safety Net: A Ten State Study on the Introduction of Managed Care to Medicaid"

Arizona State University

Master of Public Administration

Virginia Commonwealth University

Bachelor of Arts in English

PROFESSIONAL ASSOCIATIONS

National Alliance for Medicaid

Member, Policy and Procedures Committee 2015-present

Chair, Policy and Procedure Committee 2008-2015

Regional Medicaid Representative, 2006-2015

REFERENCES

Alex Mays

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Hazel Health

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Michael Weatherbee

Lead Resilience Engineer

Nike

(602) 466-5736

Arathi Prasad*Manager IT Products at Public Consulting Group LLC**System Lead for the Nebraska Medicaid Claiming Engagement***RELEVANT PROJECT EXPERIENCE****Public Consulting Group LLC****Director of Software Development**

Provide leadership and direction for the software team in developing quality software for Revenue Services and Case Management Business Line (RSCM). Manage design, development, testing for Admin Claiming, Medicaid Billing, and EDPlan product suite. Rearchitected the new Admin Claiming Platform that provides customizable and configurable solutions for different states. Admin Claiming is used by 16 states. The EdPlan System is currently used by over 3,500 School Districts.

Large scale implementation experience

Rolled out our new enhanced Admin Claiming across multiple states MI, AZ, CO, CA, IN, WI, NJ. Implemented EdPlan product line for several statewide clients and large districts such as NJ, DC, Miami, NH, NC, Indiana, TN.

Reporting Solutions

Experience with rolling out state and federal reports for Special Education. Lead the effort to seamlessly integrate Business Objects SAP into the RSCM platform.

Hosting EDPlan

Responsible for the Revenue Services and Case Management Products hosting. Over 15 years of experience with hosting web-based applications, scaling applications and providing good performance from our applications and hosting centers.

Budget/Vendor Management

Responsible for managing the development and hosting budget of nearly \$5 Million. Works closely with vendor contract negotiation and payment approvals.

PROFESSIONAL BACKGROUND**Apogee Networks, Laurence Harbor, NJ**

Designed and developed an invoice process to produce a customer's bill.

Lucent Technologies, Murray Hill, NJ

Lead developer implementing the Jini Lookup service to find service within the distributed system. Designed and developed a man machine language (MML) translator. MML commands are used to control the access and testing of lines in an International 5ESS Switch using the Subscriber Line Measurement unit, hence eliminating manual testing of the lines.

EDUCATION**Duke University, NC**

Master's in Business Administration

University of New Haven, West Haven, CT
Master's in Computer Science

U.V.C.E, Bangalore, India
Bachelor of Engineering, Computer Engineering

REFERENCES

Donna Mitchell
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Director of Funded Research
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(540) 557-7556

Divya Amin
Director, Financial Compliance
2225 Birchleaf Ln, Blacksburg VA 24060
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Bill Wagner*Senior Consultant at Public Consulting Group LLC**MAC/RMTS Lead for the Nebraska Medicaid Claiming Engagement***RELEVANT PROJECT EXPERIENCE****Public Consulting Group LLC****National Lead, School-Based Medicaid Administrative Claiming**

Coordinate best practices to statewide and district Medicaid Administrative Claiming programs across 20 plus states. Provide project management and national perspective during new statewide program start-up. Manage the firm's SOC 1 Type 2 (SSAE-18) audit efforts for Medicaid Administrative Claiming. Manage the ongoing development and maintenance of the PCG Claiming System utilized to manage all components of Medicaid Administrative Claiming and Annual Cost Settlement program components.

State of Illinois**School Based Health Services Program**

Project Manager for the Illinois Administrative Claiming and Annual Cost Settlement project since contract award in August 2020. Coordinated the transition of program operations and management from the State's prior vendor. Worked with the State to revise the State Plan and Time Study Implementation Guide to support the implementation of Free Care and an Annual Cost Settlement model. Manage the client relationship. Coordinate with the PCG project team leads on all activities and deliverables.

State of Kentucky**School Based Administrative Claiming Program**

Project Manager for the Kentucky School Based Administrative Claiming project since contract award in July 2020. Coordinated the transition of program operations and management from the State's prior vendor. Worked with the State to revise the Time Study Implementation Guide to support the implementation of Free Care. Manage the client relationship. Coordinate with the PCG project team leads on all activities and deliverables.

State of Utah**School Based Medicaid Program**

Project Manager for the Utah School Based Medicaid Program project since contract award in July 2021. Coordinated the transition of program operations and management from the State's prior vendor. Worked with the State to revise the State Plan and Time Study Implementation Guide to support changing the time study from daily logs to a Random Moment Time Study as well other changes to the Annual Cost Settlement payment model. Manage the client relationship. Coordinate with the PCG project team leads on all activities and deliverables.

State of Oklahoma**School Based Health Services Program**

Project Manager for the School-Based Health Service Program project that implemented changes and enhancements to the statewide Fee-For-Service program from July 2017 to June 2019. Worked with the State to provide outreach and training to reinforce school districts understand of program requirements and benefits, make program changes to physician authorization and prior authorization processes, and implement a service documentation tool and billing process for Part C students. Managed the client relationship. Coordinated with the PCG project team leads on all activities and deliverables.

PROFESSIONAL BACKGROUND

Beacon Analytics LLC

Manager

Directed school-based health service Medicaid reimbursement school district programs (including Fee-For-Service, Medicaid Administrative Claiming, Cost Reporting and Settlement and Special Transportation) in Louisiana, Michigan and Tennessee. Programs encompassed over 4,000 therapists and generated over \$16 million a year in total revenue. Managed client relationships and project staff. Improved health related service tracking and reporting, claiming support processes, and compliance monitoring efforts. Implemented corrective action plans to increase time study response rates. Worked with school district staff to adapt their existing accounting process to meet needs of the annual cost report. Served as the school district liaison with the state.

Alvarez and Marsal Public Sector Services

Senior Consultant

Launched the firm's initial school-based Medicaid consulting offering. Surveyed school-based Medicaid experts from the National Alliance for Medicaid in Education (NAME) to identify industry and regulatory trends regarding the overall state of the school-based Medicaid claiming marketplace for the Cambium Learning Group. Developed the business case and implementation plan for Chicago Public Schools to begin claiming for personal care services. Presented a detailed implementation plan and draft state plan amendment language for the Puerto Rico Department of Education to initiate a statewide school-based Medicaid reimbursement program projected to generate over \$25 million in new revenue.

MAXIMUS, Inc.

Manager

Served as the project manager for statewide Community Based Medicaid Administrative Claiming (CBMAC) projects in Indiana and Oklahoma. Managed the client relationships and quarterly development of rosters, sample generation, coding, financial collection, claim calculation and the submission of over \$34 million in claims in total on an annual basis. Provided project support, claim calculations and analysis for statewide Alabama, Connecticut, Florida, Illinois, New Jersey and New Mexico MAC projects. Created training curriculum and provided training to state management, provider management and participant staff on MAC requirements, including roster development and the RMTS and financial reporting processes. Conducted compliance and business process reviews to implement operational redesigns and ensure all firm MAC projects

met Federal and State rules and regulations. Developed state specific MAC desk procedure manuals and performed compliance monitoring.

EDUCATION

Dickinson College

Carlisle, PA

Bachelor of Arts in Political Science

REFERENCES

Todd P. Loftin

Deputy Superintendent of Special Education

Oklahoma State Department of Education

2500 N. Lincoln Blvd., Ste. 412 Oklahoma City, OK 73105

405-522-3237

Lindsey Kimbleton

Federal Program Specialist

Division of Budgets and Financial Management

Kentucky Department of Education

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502-564-1979, ext. 4343

Sarah Caruso

Chief Financial Officer

Jefferson Parish Public School

501 Manhattan Blvd Harvey, LA 70058

504-349-7625

James Dachos*Associate Manager at Public Consulting Group LLC**Cost Report Lead for the Nebraska Medicaid Claiming Engagement***RELEVANT PROJECT EXPERIENCE****State of Texas****Houston Fire Department, Dallas Fire-Rescue Department, MedStar (Tarrant County), Montgomery County Hospital District, Galveston County Health District, and Garland Fire Department (among approximately 50 active clients)**

Leads program to prepare and submit Federal cost reports for PCG's providers, resulting in significant revenue for programs. Provide consulting services to design, gain approval for, and implement Ambulance Supplemental Payment Program (ASPP). Manage preparation of annual cost reports and provide comprehensive support through State's desk reviews.

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

Leads a team of 20 staff to facilitate the compilation of annual cost report and provide audit support. Developed a web-based cost reporting solution to facilitate cost reporting analysis and help ensure compliance. Administer consulting services around program design, implementation, cost reporting, and compliance for Ground Emergency Medical Transportation (GEMT) program.

State of Washington**Approximately 60 public EMS providers**

Acts as Program Manager and is responsible for all aspects of the program. Administer consulting services around program design, implementation, cost reporting, and compliance for Ground Emergency Medical Transportation (GEMT) program.

State of Oklahoma**Oklahoma Ambulance Association (OKAMA)**

Acts as Program Manager and is responsible for all aspects of the program. Establish appropriate and effective EMS Cost Recovery Program for Oklahoma EMS provider community. Design, gain state and federal approval for, and administer programs for all eligible participating EMS departments across the State of Oklahoma.

State of Colorado**Colorado Department of Health Care Policy and Financing (HCPF)**

Acts as Program Manager and is responsible for all aspects of the program. Design cost-based reimbursement program for public ambulance providers across the state. Gain federal approval and implement program on behalf of HCPF. Develop web-based cost report portal with pre-payment audit controls.

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

Acts as project manager and oversees client management, execution of contract deliverables, subject matter expertise, and supervision of processing of school-based cost reports under Medicaid State Plan. Enforce program compliance and revenue maximization. Executes annual

audits of school districts to ensure program compliance. Oversees training efforts for school districts on cost reporting and cost settlement procedures. Perform as School Health Services (SHS) program, which allows public schools, Board of Cooperative Education Services (BOCES) and state K-12 educational institutions to receive Medicaid funds for amounts spent providing health services through public schools to students who are Medicaid enrolled.

State of Arizona**Arizona Health Care Cost Containment System**

Acts as Program Manager and is responsible for all aspects of the program. Design and implement cost-based reimbursement methodology for school-based health services programs. Develop SPA document outlining new methodology and all accompanying documents including cost report and cost reporting guide. Prepare responses to CMS' Requests for Additional Information pertaining to SPA and other related documents. Conduct financial trainings to assist LEAs in completing annual cost report.

State of Georgia**Department of Community Health**

Oversees team dedicated to Medicaid state-wide cost reporting and cost settlement operations. Serves as project manager and is responsible for client management, execution of contract deliverables, subject matter expertise, and supervision of processing of school-based cost reports under Medicaid State Plans. Assisted in developing and executing audit plan for quarterly Local Education Agency monitoring. Enforces program compliance and revenue maximization. Oversees training efforts for 145 school districts on cost reporting procedures for web-based Medicaid cost reporting and claiming system. Design, develop, and implement Medicaid administrative claiming program and Medicaid cost settlement process for Administrative Claiming for Education (ACE) & Children's Intervention School Services (CISS) program.

State of Kansas**Kansas Department of Health and Environment**

Serves as project manager responsible for client management, execution of contract deliverables, subject matter expertise. Perform Medicaid state-wide cost reporting and cost settlement operations. Process school-based cost reports under Medicaid State Plans. Enforce program compliance and revenue maximization. Develop and execute audit plan for annual school district monitoring. Oversee training efforts for school district staff on cost reporting procedures for web-based Medicaid cost reporting and claiming system.

State of Wisconsin**Department of Health Services**

Serves as project manager responsible for client management, execution of contract deliverables, subject matter expertise, and the supervision of the processing of school-based cost reports under Medicaid State Plan. Lead compilation and settlement of initial school-based cost reports under new Medicaid State Plan. Assume management responsibility of integrated random moment time study process for both direct services as well as administrative claiming. Compile time study rosters. Train school district staff on revised procedures. Implement web-based cost reporting and Medicaid reconciliation system. Manage processing of over 400 school district desk audits and processing of Medicaid cost settlements.

State of Missouri**Department of Social Services**

Acts as Project Manager and is responsible for identifying how state can maximize school- based Medicaid funding streams, while maintaining utmost level of compliance. Review current school district transportation reimbursement methodology and provide recommendations on how the state could maximize federal reimbursement. Review school-based clinic models around country as an approach to maximize federal funding streams.

State of Washington**Health Care Authority**

Acts as Project Manager and is responsible for all aspects of the project. Conduct analysis of Medicaid Administrative Claiming (MAC) program for State's Local Health Jurisdictions (LHJs), including MAC invoice, Certified Public Expenditures, funding offset, indirect cost rate, and Federally Qualified Health Center encounter rate.

PROFESSIONAL BACKGROUND**Public Consulting Group**

Boston, MA

December 2006 – Present

Watson Wyatt Worldwide

Newton, MA

September 2004 – May 2006

EDUCATION**Clark University**

Worcester, MA

Master of Business Administration, 2011

Bates College

Lewiston, MA

Bachelor of Arts, Economics, 2005

REFERENCES**Shannon Huska**

Financing Unit Manager

Colorado Health Care Policy and Financing

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Division Chief, Innovation and Delivery System Reform
Office of Health Care Financing
Maryland Department of Health
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Steve Bechtel
Chief Financial Officer
Commonwealth of Kentucky
Department for Medicaid Services
275 E. Main St. 6W-C Frankfort, KY 40621
(502) 564-4321, ext. 2032

Jonathan Hartford*Senior Consultant at Public Consulting Group LLC**Compliance Lead for the Nebraska Medicaid Claiming Engagement***RELEVANT PROJECT EXPERIENCE****State of Arizona****Arizona Health Care Cost Containment System**

Enforces program compliance and revenue maximization by training school district staff on cost reporting procedures for web-based Medicaid cost reporting and claiming system. Process school-based cost reports under Medicaid State Plan. Execution of Medicaid state-wide cost reporting and cost settlement operations efforts. Developed comprehensive training materials for Local Education Agencies throughout the state. Led statewide trainings on cost settlement methodology.

State of Georgia**Department of Community Health**

Led statewide trainings on Medicaid state-wide cost reporting and cost settlement operations. Process school-based cost reports under Medicaid State Plan. Developed training material for the school-based cost reports under approved Medicaid State Plan. Enforces program compliance through monitoring validation review efforts and by training school district staff on state and federal regulations on cost reporting procedures.

State of Kansas**Department of Health and Environment**

Led team in statewide school-based services cost settlement efforts. Process school-based cost reports under Medicaid State Plan. Developed comprehensive trainings materials and led statewide trainings along with conducting monitoring reviews. Spearheaded efforts in developing statewide compliance material.

State of North Carolina**Department of Health and Human Services, Division of Medical Assistance**

Assessments including inpatient and outpatient hospitals, IMDs, pharmaceutical services and CAP MR-DD providers. Assisted the State to obtain approval for hospital assessment and to evaluate other assessment initiatives. Contributed to analytical efforts to determine the feasibility of implementing a variety of provider assessments.

State of North Carolina**School Based Services Medicaid Cost Reporting**

Process school-based cost reports under Medicaid State Plan. Facilitated efforts to ensure the completion of participating district's specific cost reports throughout the state to validate accuracy and ensure program compliance. Ensured quality control efforts were followed to verify and compile requires statewide Medicaid cost reports.

State of Wisconsin**Department of Health Services**

Executed efforts relating to Medicaid state-wide cost reporting and cost settlement operations. Developed material for statewide school based services audit guide for the Department. Led

training efforts for statewide auditors and developed comprehensive training materials and facilitated trainings for all school districts.

State of Missouri**Department of Social Services**

Feasibility study and assessment on potential opportunities to increase federal reimbursement for school-based specialization transportation providers and school-based health clinics. Provided subject matter expertise based on current national work, along with conducting intense research on Medicaid programs nationally. Co-authored feasibility study.

State of Kansas**Kansas Emergency Medical Services Association**

Performance of a feasibility study on EMS providers throughout the state to identify opportunities for further federal reimbursement. Spearheaded efforts with the Kansas Emergency Medical Services Association (KEMSA) and the Kansas Department of Health and Environment (KDHE).

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

Work directly with clients to gather and analyze data for cost report submittal to the Agency for Health Care Administration (AHCA) in the state of Florida. Serves as the client lead for several public EMS and Fire Department providers, including Broward County.

State of Missouri**Ground Emergency Medical Transportation (GEMT) Program**

Work directly with clients to gather and analyze data for cost report submittal to the Department of Social Services (DSS) in the state of Missouri. Serves as the client lead for several public EMS and Fire Department providers.

PROFESSIONAL BACKGROUND**Public Consulting Group**

Austin, TX

EDUCATION**St. Anselm College**

Manchester, NH

Bachelor of Arts, Politics, 2004

Clark University

Worcester, MA

Master of Business Administration, 2014

REFERENCES

Rowena Regier
Institutional Reimbursement Manager
Kansas Department of Health and Environment, Division of Health Care Finance
900 SW Jackson #900 N, Topeka, KS 66612
(785) 291-3625

Steve Milioto
Bureau of Fiscal Accountability & Management, Division of Medicaid Services
Wisconsin Department of Health Services
1 West Wilson Street, Madison, WI 53701
(608) 266-3802

Jason White
Missouri Emergency Medical Services Association Board
P.O. Box 243, Linn, MO 65051
(816) 215-8524

Meghan Balmer*Account Manager at Public Consulting Group LLC**District Engagement Lead for the Nebraska Medicaid Claiming Engagement***RELEVANT PROJECT EXPERIENCE****State of Arizona****Medicaid School Based Claiming Program**

Manage state-wide Third-Party Administrator (TPA) project for Medicaid Direct Service Claiming (DSC) and Medicaid Administrative Claiming (MAC) on behalf of Arizona Health Care Cost Containment System (AHCCCS). Manage reimbursement to districts for direct medical and outreach services provided to the Medicaid student population in a school-based setting. Prepare and present status reports to clients on a semi-monthly basis. Lead presentations during state-wide regional training sessions and ad hoc training to school districts on all aspects of the program. Developed and implemented program compliance measures for quality claiming practices. Worked with the state to develop and implement a cost-based methodology for the DSC program. Assist the state in drafting policy for a State Plan Amendment to expand health services (Free Care) to all Medicaid enrolled students.

State of Colorado**School Health Services Program**

Oversight of the operations of Medicaid School Health Services (SHS) reimbursement program for the Colorado Department of Health Care Policy and Financing. Activities include state-wide training, cost reporting, rate setting, and managing operations of the quarterly random moment time study (RMTS). Developed and implemented internal quality assurance procedures for accurate federal claiming. Worked with school district staff to ensure compliance with all state and federal reporting requirements for maximum compliance as well as maximum allowable reimbursement. Assist the state in drafting policy for a State Plan Amendment to expand health services (Free Care) to all Medicaid enrolled students.

State of California**School-Based Medi-Cal Administrative Activities**

Managed the implementation and technical requirements of the RMTS system in all LECs and LGAs in the state of California. Worked closely with all stakeholders, including the state Department of Health Care Services (DHCS) involved in the implementation. Supported stakeholders during regular scheduled status meetings and training. Developed and trained hundreds of Local Education Agencies (LEAs) during the implementation phase of RMTS.

LEA Medi-Cal Billing

Reviewed direct service claims for compliance against state Medicaid and billing requirements for California school districts. Utilize data analysis tools to ensure claiming quality assurance.

State of Washington**School-Based Health Care Services Program**

Reviewed direct service claims for compliance against state Medicaid and billing requirements for Washington school districts. Utilize data analysis tools to ensure claiming quality assurance.

PROFESSIONAL BACKGROUND

Public Consulting Group

Phoenix, AZ

MAXIMUS

Chicago, IL

Family Credit Management

Rockford, IL

EDUCATION

Clark University

Worcester, MA

Masters in Business Administration

University of Nebraska

Lincoln, NE

Bachelor of Arts

REFERENCES

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Vice President

MGT Consulting

7549 Bullseye Drive Canal Winchester, OH 43110

(316) 214-3163

Lori Bobb*Senior Consultant at Public Consulting Group LLC**Training Lead for the Nebraska Medicaid Claiming Engagement***RELEVANT PROJECT EXPERIENCE****State of Arizona****Arizona Health Care Cost Containment System (AHCCCS)**

Serves as the annual cost reporting and compliance lead. Third Party Administrator for AHCCCS to help administer school-based Medicaid reimbursement utilizing cost-based reimbursement methodology. Works with Local Education Agencies (LEAs) across state to educate relevant contacts on Medicaid School-Based Claiming requirements and to verify programmatic compliance in all areas of program. Developed training, established claim samples, oversaw, and conducted compliance reviews, calculated findings, and recoupment, and reported findings to AHCCCS through creation of status reports and deliverables. Played integral role in creation of current compliance methodology and was active in identifying and making changes as necessary to existing compliance review process. Participated in quality assurance of Random Moment Time Study coding and creation of statewide quarterly Medicaid Administrative Claims.

State of California**Department of Health Care Services**

Served as the implementation specialist configuring PCG Claiming sites to meet unique needs and training coordinators on how to appropriately update and manage each site. Implementation of Random Moment Time Survey for eight (8) participating Local Education Consortia, Local Governmental Agencies, and Regions while working closely with DHCS during plan approval process. Worked with system developers to develop features to meet unique State nuances in rapidly changing implementation environment. Created system guides and provided client support to participating agencies to assist with daily managerial functions.

State of Colorado**Department of Health Care Policy & Financing**

Serves as project manager and annual cost reporting and settlement lead. In conjunction with the Department, PCG helps to administer school based Medicaid reimbursement utilizing cost based reimbursement methodology. Manages timely submission of project work items. Creates and participates in training for district personnel as well as stakeholders across several regions. Invoices client. Helped to implement quality assurance measures for team. Helps to collect annual cost data, analyze cost data for accuracy and reasonableness, and calculate annual cost settlement determination for participating districts.

State of North Carolina**Division of Health Benefits**

Helped customize two unique websites using PCG's proprietary software for collection of annual cost reporting data used to calculate cost reports for all participating LEAs in State of North Carolina. Cross Practice Area partnership to administer school based Medicaid reimbursement utilizing cost based reimbursement methodology. Specifically, work includes de-duplication of active student service rosters, comparison of quarterly staff pool lists to quarterly financial data for import into PCG Claiming System and annual cost report creation. Assisted with improvement of processes to better isolate unique list of students with active services used in approved methodology to apportion costs for settlement as well as processes associated with analyzing

cost data and populating state-approved cost report template. Documented revised procedures to include thorough quality assurance measures.

State of Missouri**Department of Social Services (DSS)**

Compilation of expenditure, revenue, and trip count by payor type data to complete and submit annual cost reports on behalf of public GEMT providers. Interpretation and application of revenues to appropriately offset or adjust as applicable as well as appropriately identify allowable and relevant costs to determine reimbursement. Support participating providers in audit responses. Calculates and submits GEMT cost reports on behalf of participating providers.

State of Colorado**Colorado Department of Health Care Policy and Financing (HCPF)**

Emergency Medical Services (EMS) Supplemental Reimbursement Initiative Senior Project Manager. Acts as Senior Project Manager ensuring all deliverable timelines and quality standards are met. Administration of cost-based reimbursement program for public ambulance providers across state. Helped to garner federal approval and implement program on behalf of the Department. Developed web-based cost report portal with pre-payment audit controls, trained and assisted users and conduct desk reviews and audits on behalf of the Department.

PROFESSIONAL BACKGROUND**Public Consulting Group**

Phoenix, AZ

EDUCATION**Arizona State University**

Phoenix, AZ

Bachelor of Arts, Elementary Education, 2008

Clark University

Worcester, MA

Master's in Business Administration, 2017

REFERENCES

Lisa Dewitt

Accounts Manager

Arizona Health Care Cost Containment System

801 E. Jefferson St., MD 8200, Phoenix, AZ 85034

(602) 417-4771

Tracy Gonzales

Program Assistant

State of Colorado, Health Care Policy & Finance

1570 Grant St., Denver, CO 80203

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APPENDIX B: ACKNOWLEDGEMENTS

PCG acknowledges receipt of the following project documents associated with **Nebraska Medicaid Claiming**.

- ▶ Request for Proposal
- ▶ Attachment 1 - Deliverables Liquidated Damages
- ▶ Attachment 2 - Provider Listing
- ▶ Attachment 3 - Requirements Matrix - Revised
- ▶ Attachment 4
- ▶ Evaluation Criteria
- ▶ Addendum One- Questions and Answers

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

PUBLIC CONSULTING GROUP, LLC

**a Delaware limited liability company is authorized to transact business in
Nebraska;**

**all fees, taxes, and penalties due under the Nebraska Uniform Limited
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has
been filed by the Secretary of State;**

**the Secretary of State has not revoked the Company's Certificate of Authority
and has not filed a notice of cancellation.**

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

July 2, 2021



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State