

PROPOSAL FOR:

Arizona Health Care Cost Containment System

FFY 2025 Hospital Enhanced Access Leading to
Health Improvements Initiative (HEALTHII)
Performance Measure Calculations and Reporting
(AHCCCS TO# YH26-0071)

SUBMITTED BY:

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March 26, 2026, before 3 p.m. AT

Table of Contents

SECTION	PAGE
1 – Cover Letter	i
2 – Experience and Capacity of the Firm and Key Personnel	1
2.1 – BerryDunn Experience	1
2.2 – Key Staff	3
Dedicated Analytic Team	5
Project Support	7
2.3 – Capacity/Availability	8
3 – Methodology and Approach	10
3.1 – Proposed Methodology and Approach	10
3.2 – Mechanism(s) to Collect Data and Information	12
3.3 – Timeline	13
3.4 – Project Work Plan	14
3.5 – Conflict Resolution Process	15
3.6 – Optional Tasks	16
4 – Pricing	17
5 – Signed Amendment	19
6 – Security Protocols	20
Appendix A – Resumes	21

List of Figures

Figure 1: BerryDunn's Organizational Structure	4
Figure 2: BerryDunn Proposed Timeline	14
Figure 3: Our Approach to Responsive Issue Resolution	15

List of Tables

Table 1: Relevant Projects	1
Table 2: BerryDunn Pricing	17
Table 3: Bill Rate by Team Member	18

1 – Cover Letter *(Response to TO 9.1)*

March 26, 2026

Cynthia Smolens
Senior Procurement Specialist
AHCCCS Procurement Office
801 E. Jefferson, MD 5700
Phoenix, AZ 85034

Sent via email to: procurement@azahcccs.gov

Dear Cynthia Smolens:

Berry, Dunn, McNeil & Parker, LLC (BerryDunn, we, our) is pleased to submit this proposal to the Arizona Health Care Cost Containment System (AHCCCS) in response to Task Order (TO) # YH26-0071, FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting. BerryDunn holds Contract #CTR066532 with AHCCCS through the Healthcare and Employee Benefit Consulting contract, statewide solicitation BPM005207.

The individuals named in this proposal are the people AHCCCS will work with directly, not a bench of staff assembled after award. They are a cohesive, experienced team with a sustained track record on complex, multi-source performance measurement efforts for state health agencies. The team brings deep experience with the coordination HEALTHII requires, including reconciling AHCCCS claims and encounter data with self-reported submissions across varied internal workflows, and integrating supplemental clinical sources when validation requires it.

We structure our engagements to function as an extension of the state agency team. AHCCCS staff will have direct, responsive access to the people doing the work throughout the project. When data issues arise with hospital submissions, we will work through them collaboratively and transparently, keeping AHCCCS informed as issues are identified and resolved rather than waiting until formal milestone reviews. We are accustomed to the pace and communication cadence that state program offices require, and we structure our engagements accordingly.

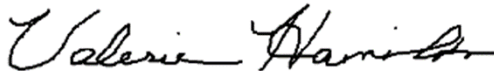
BerryDunn manages sensitive claims data and protected health information within its established HIPAA-compliant, SOC 2 Type II certified environment that supports secure state healthcare analytics. Additional details on our security controls are provided in **Section 6**.

We request the opportunity to negotiate the indemnification obligations contained in section 6 of the Business Associate Addendum contained in the RFP to reflect current market conditions. Specifically, we wish to add the below paragraph as Section 6.5:

- Notwithstanding the foregoing indemnification obligations, Business Associate's total aggregate liability to Covered Entity arising out of or relating to a Breach of Unsecured Protected Health Information or violation of the HIPAA Rules shall not exceed five (5) times the fees paid by Covered Entity to Business Associate in the twelve (12) months preceding the event giving rise to the claim. The limitation applies solely to amounts payable by Business Associate to Covered Entity and does not limit Business Associate's obligations or liability to any governmental authority, including the U.S. Department of Health and Human Services or any state attorney general.

We are prepared to begin work upon award and to deliver the quality, timeliness, and transparency that AHCCCS and the HEALTHII program deserve. We welcome the opportunity to continue our work with AHCCCS and are confident this team will support the program's goals from kickoff through final reporting.

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie Hamilton". The signature is fluid and cursive, with a long horizontal stroke at the end.

Valerie Hamilton
Principal | Berry, Dunn, McNeil & Parker, LLC
BerryDunn, 2211 Congress Street, Portland, ME 04102
Tel: 207.523.8662 | Email: vhamilton@berrydunn.com

2 – Experience and Capacity of the Firm and Key Personnel (Response to TO 9.2)

2.1 – BerryDunn Experience (Response to TO 9.2.1)

BerryDunn is the brand name under which Berry, Dunn, McNeil & Parker, LLC and BDMP Assurance, LLP, independently owned entities, provide services. Since 1974, BerryDunn has helped businesses, nonprofits, and government agencies throughout the U.S. and its territories solve their greatest challenges. The firm’s tax, advisory, and consulting services are provided by Berry, Dunn, McNeil & Parker, LLC, and its attest services are provided by BDMP Assurance, LLP, a licensed CPA firm.

BerryDunn is headquartered in Portland, Maine, and serves clients nationally through our eight other office locations: Phoenix, AZ, New Haven, CT, Kapolei, HI, Waltham, MA, Bangor, ME, Manchester, NH, Charleston, WV, and San Juan, Puerto Rico.

BerryDunn employs more than 950 staff members (including more than 350 in our consulting group) and has a long and successful history of working with state and local agencies across the country in support of Information Technology (IT) and management initiatives. BerryDunn has a dedicated Health Analytics Practice Group (HAPG) providing actuarial, health economics, and data management services.

Table 1 summarizes BerryDunn’s relevant experience supporting state Medicaid agencies and related public-sector clients on projects similar in scope and complexity to this engagement. The projects highlighted reflect work performed by the same team proposed here. All staff contributing to this effort joined BerryDunn with substantial professional experience in healthcare policy, analytics, public health, clinical operations, or government consulting, and bring that prior experience to their current roles. Together, these examples demonstrate the team’s ability to apply seasoned judgment, maintain clear accountability, and work closely with state agencies and healthcare stakeholders on complex, multi-source initiatives.

Table 1: Relevant Projects

Client	Project Description
Beacon Health ACO/Northern Light Health 10/8/2015 – 12/17/2023	BerryDunn developed five SAS data warehouses—each containing claims, member, and provider data for a distinct population—to support the Beacon Health Accountable Care Organization’s (ACO’s) analytics and reporting. Each data warehouse was initially built and operated within BerryDunn’s cloud environment and later transitioned to the client’s on-premise infrastructure. The warehouses were refreshed monthly with updated data and standard reports, Centers for Medicare & Medicaid Services (CMS) quality measures, Health Care Effectiveness Data and Information Set (HEDIS) measures, and provider attribution files were generated as additional analytic datasets. The BerryDunn team also fulfilled ad hoc analytic requests in support of the ACO. BerryDunn worked with Beacon Health analysts, data scientists, and accountable care program

Client	Project Description
	<p>administrators to understand what types of analyses and reports were needed to manage and monitor the ACO performance and to assist with population health initiatives. Based on these requirements, we developed data specifications and subsequently worked with public and private health plans/payers, and employee benefit providers that were part of the ACO to receive member, eligibility, pharmacy, claims, and provider data from each data partner. We also received data from the Northern Light health system electronic health record (EHR) system to incorporate into the member to provider attribution process.</p>
<p>Community Care Behavioral Health Organization (CCBH) 2001 – present</p>	<p>BerryDunn and its predecessor Compass Health Analytics, Inc. has provided consulting services for CCBH, a subsidiary of the University of Pittsburgh Medical Center Health System, since 2001. We have served as a trusted partner to CCBH, providing a range of services, and contributing to their success and growth.</p> <p>BerryDunn's health policy team has supported CCBH for over five years in designing, implementing, and evaluating value-based payment (VBP) models. Our recent work has focused on episodic, total-cost-of-care models that incentivize coordination of inpatient and outpatient care. We help define patient and provider populations, set policy objectives and thresholds, design incentive structures—such as shared savings and downside-risk—establish criteria for bonus payments, and identify performance measures. We also developed (social) risk-adjusted benchmarks that enabled the client to evaluate and compare provider performance over time on spending, readmission, and follow-up measures. To forecast and evaluate the financial impact of the VBP on total medical spending, BerryDunn actuaries, economists, clinical experts, and data analysts collaborated to define clinical episodes and total-cost-of-care. Our evaluation methodology included difference-in-difference research designs, development of multivariate regression models, and actuarial assumptions related to utilization and spending trends that enhanced our ability to make causal inferences. BerryDunn's interdisciplinary approach strengthened confidence in the robustness of our work when presenting to Pennsylvania's Medicaid agency, participating hospitals, and ambulatory providers.</p>
<p>Iowa Department of Human Services (DHS) 05/2022 – current</p>	<p>BerryDunn is actively supporting the development of the Iowa Quality Management System (QMS) Minimum Viable Product (MVP). Our work includes identifying target populations, designing appropriate measures for each population, and conducting data exploration and analysis to support measure development. We build population-specific interactive dashboards that enable ongoing monitoring of each measure, including quarterly benchmarks that provide actionable insights for continuous quality improvement.</p>

Client	Project Description
New Hampshire Insurance Department (NHID) Health Cost 06/2023 – 06/2026	Arisara Miller, Fei Zou, and Dina Nash are actively supporting the NHID Health Cost initiative by analyzing and synthesizing the healthcare cost and utilization data that power the website to provide cost transparency and enable consumers to make informed healthcare decisions. The team leverages New Hampshire Comprehensive Health Care Information System (CHIS) claims data and CMS quality measure datasets to conduct rigorous analysis, producing actionable data summaries and public-facing dashboards—including the Prescription Drug Cost and Utilization in New Hampshire dashboard , which highlights the costliest drugs prescribed, the most frequently prescribed drugs, and those with the highest year-over-year cost increases in the state, as well as supporting the High-Cost Prescription Drugs reporting on the NHID website. This work helps provide clear cost comparisons that empower consumers to make informed healthcare decisions and involves continuous engagement with NHID to help ensure the data is presented in a way that is both accurate and actionable.
West Virginia Department of Human Services (DoHS) 01/2020 – current	Arisara Miller, Fei Zou, and Dina Nash support the West Virginia DoHS in strengthening its child welfare system through enhanced data integration, quality assurance, and performance improvement. The team leverages a modular data store integrating more than 20 distinct data sources, spanning social services, education, behavioral health, Medicaid, and justice systems, to conduct rigorous analysis and produce actionable reporting for program leaders and the public. Key deliverables include automated dashboards and reports in Tableau and Power BI, monthly executive scorecards, weekly census reports, and a semi-annual Quality and Outcomes Report with dynamic data visualizations. This work has contributed to measurable system improvements, including a 25% reduction in Residential Mental Health Treatment Facility placements and expanded access to home and community-based services. The team maintains continuous engagement with West Virginia DoHS to help ensure the data infrastructure evolves alongside program needs and supports equitable, data-informed services for children and families.

2.2 – Key Staff *(Response to TO 9.2.2)*

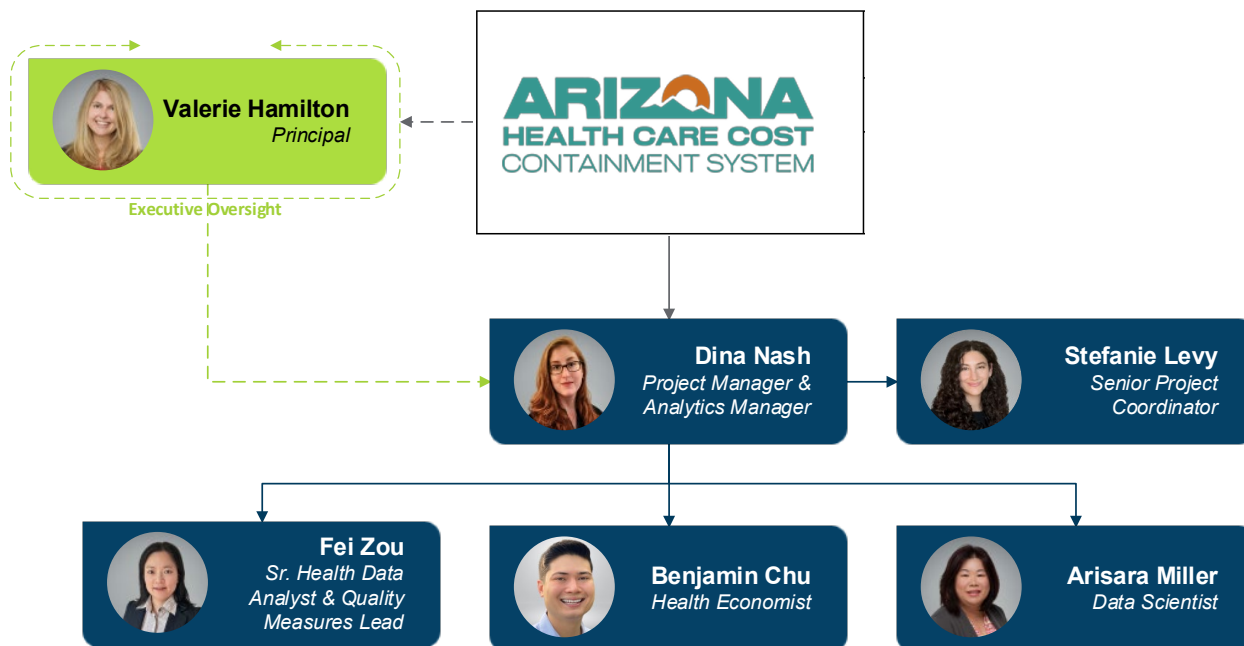
The proposed team has a strong track record of working together and brings energy and momentum that come from shared experience and mutual trust. Each team member contributes deep individual expertise, but they are even more effective as a group, combining their strengths to deliver work that is coordinated, efficient, and consistently high quality. Importantly, the project manager also serves as a strong subject matter expert, which helps keep the work grounded, anticipate issues early, and maintain steady progress throughout the project. Refer to [Appendix A](#) for more detailed staff resumes.

Our team brings extensive experience implementing healthcare performance measurements and regulatory reporting programs for federal agencies, state Medicaid programs, health systems, and health plans. Team members have led analytic initiatives at organizations including:

- CMS
- Mass General Brigham
- Boston Medical Center Health System
- Blue Shield of California
- BlueCross BlueShield of Massachusetts

Across these roles, we have developed analytic pipelines, dashboards, and reporting tools using claims data, member enrollment and coverage data, hospital-reported data, and EHR data to support quality measurement, utilization monitoring, and population health initiatives. We are highly experienced in translating complex measure specifications into reproducible analytic code, validating multi-source healthcare datasets, and producing transparent, well-documented performance reports for government and healthcare stakeholders. This experience positions our team to efficiently implement the HEALTHII measures and support AHCCCS with accurate, reliable performance reporting. Reference Figure 1 for a depiction of our organizational structure.

Figure 1: BerryDunn's Organizational Structure





Valerie Hamilton, JD, MHA, RN, Prosci®

Principal | Berry, Dunn, McNeil & Parker, LLC

Valerie Hamilton is the engagement principal and leads the Health Policy Analysis team that will perform the work for this project. She brings more than 30 years of healthcare experience across clinical operations, health policy and law, quality improvement, and healthcare management. Her background as a critical care nurse, combined with formal legal training and deep health policy expertise, supports practical, well-grounded analysis of complex healthcare programs.

As **principal**, Valerie is responsible for overall project oversight and quality, serving as the primary point of contact for contract management matters, reviewing and approving all deliverables, and participating in leadership-level discussions as appropriate. While she remains closely engaged, the core analytic work is led by the experienced team presented below, whose technical expertise, collaborative approach, and attention to detail will drive the day-to-day success of the engagement and help ensure results that meet AHCCCS expectations.

Dedicated Analytic Team



Dina Nash, MPH

Project Manager and Analytics Manager | Berry, Dunn, McNeil & Parker, LLC

Dina is an experienced manager who specializes in healthcare data analysis, claims, and clinical data. She works extensively with SAS, SQL, Excel, and Tableau to derive analytic insights that inform and drive decision-making. Dina develops interactive and informative dashboards that present complex data in an accessible and actionable format. She also supports health policy and regulatory analyses, including leading mandated benefit reviews (estimating the financial impact of pending mandated benefit legislation). Prior to BerryDunn, Dina was a senior healthcare data analyst at Mass General Brigham where she provided analytic support for population health and quality and patient experience programs.

As **project manager and analytics manager**, Dina will provide oversight for the project and maintain the overall responsibility for the quality of work, and she will also **serve as a primary point of contact** with the AHCCCS project manager. Dina will plan and properly allocate resources and determine project and process priorities and staff oversight as well as proactively identify project risks and issues and proposes recommended courses of action while promoting timely communications with AHCCCS. In addition, Dina will conduct quality assurance reviews of BerryDunn deliverables, if needed.



Arisara Miller, MS

Data Scientist | Berry, Dunn, McNeil & Parker, LLC

Arisara is a data scientist with over 20 years of experience supporting healthcare organizations, managed care plans, and public payers with Medicaid-focused data analysis, performance measurement, and reporting. Her background includes analytical roles with Blue Shield of California and Boston Medical Center Health System, where she worked extensively with Medicaid managed care data to support payment methodologies, program oversight, and performance monitoring. Arisara has deep experience working with claims and encounter data, eligibility records, and related reference files to apply standardized, claims-based algorithms and performance measure specifications. She has supported value-based purchasing and payment reform initiatives by translating technical specifications into repeatable, auditable analytic logic and helping ensure accuracy and consistency across reporting periods. She has led data validation and quality improvement through outlier analysis and discrepancy reconciliation, and documents methodologies in clear technical guidance and reports. Her technical expertise includes SAS, Tableau, and Power BI.

As **data scientist**, Arisara's responsibilities include conducting policy research and data analysis, evaluating economic data and identifying necessary adjustments, and developing impactful visualizations to deliver clear, data-driven insights.



Fei Zou, MS

Senior Health Data Analyst and Quality Measures Lead | Berry, Dunn, McNeil & Parker, LLC

Fei is an experienced analyst with more than 15 years' experience in the healthcare industry, including nine years with a major New England Medicaid managed care organization. She is proficient in SAS, SQL, and Excel, and is familiar with medical and pharmacy claims, the HEDIS, Center for Medicare & Medicaid Services/National Committee for Quality Assurance/Pharmacy Quality Alliance measures, diagnosis-related group, and risk adjustment. She has developed her skills in learning quickly, multitasking, and working both independently and on a team.

As a **senior health data analyst and quality measures lead**, Fei will be involved in the data collection phase to identify anomalies, data quality issues, patterns, and trends; assess data completeness and validity; and provide recommendations to improve data integrity. Fei will then translate measure requirements into detailed technical specifications by mapping data sources, defining logic, and validating calculation methodologies, while designing and developing dashboards and reports to support performance tracking. Fei will also support audits and validation processes and drive continuous quality

improvement through iterative refinement of data pipelines, measure implementation, and reporting outputs.



Ben Chu Ph.D.

Health Economist | Berry, Dunn, McNeil & Parker, LLC

Ben received his Ph.D. in economics with a research focus in health economics, health policy, and applied econometrics. He is a results-driven professional with more than eight years of experience in policy analysis, academic research, econometrics, machine learning, and statistical analysis. Ben is skilled in various programming languages for data science and is adept at drafting and presenting both statistical and legislative reports. He is experienced in researching Medicare and Medicaid policies and delivering presentations to diverse audiences, including both technical and non-technical stakeholders. Ben supported the development of VBP models for CCBH, helping design episodic and total-cost-of-care approaches that incentivize coordination between inpatient and outpatient care, including the development of benchmarks, performance measures, and incentive structures.

As a **health economist**, Ben will support comparative provider cost analysis relative to national and regional benchmarks; assist in evaluating economic impacts of regulatory and reimbursement policies, such as network adequacy requirements; and contribute to cost-containment strategies and policy recommendations.

Project Support



Stefanie Levy, MSW, MPH

Senior Project Coordinator | Berry, Dunn, McNeil & Parker, LLC

Stefanie is a public health social worker with experience supporting complex health policy and public health initiatives across government and community-based settings. Her background includes roles at Massachusetts' Medicaid agency, MassHealth, where she contributed to policy development and delivery system reform, and Maricopa County's Women, Infants, and Children (WIC) program, where she supported outreach for Medicaid-eligible populations. Her work has included conducting literature reviews, providing project management, and supporting the development of governmental policy. Stefanie's interdisciplinary training in social work and public health brings a practical, system-level perspective to complex health policy projects.

As **senior project coordinator**, Stefanie will schedule project meetings, provide artifacts and document meeting notes; prepare meeting agendas and take meeting notes; assist with the development of assessment and status reports; assist with the development of process and document reviews; track the initiation and completion of tasks and milestones; manage storage of project management materials, including project process and document

reviews and assessment and status reports; and track risks, issues, and action items. Stefanie is based in Phoenix and was selected to provide local project support and day-to-day coordination for the engagement.

We believe the proposed project team brings the right mix of experience, skills, and working relationships to successfully deliver this engagement, and we do not anticipate the need for additional staffing. At the same time, the team is supported by a deep and experienced bench within BerryDunn's Consulting Services group. As appropriate, key staff may draw on the expertise of more than 350 professionals, including physicians, pharmacists, Medicaid specialists, actuaries, data warehouse specialists, and project managers. This breadth of experience allows us to provide additional support if needed while maintaining continuity and focus within the core project team.

2.3 – Capacity/Availability *(Response to TO 9.2.3)*


BerryDunn has demonstrated our commitment to the State by opening a Phoenix office in 2017 to better serve clients in Arizona and the Southwest, and by sustaining long-standing relationships with AHCCCS through senior leaders such as Brandon Milton, a BerryDunn principal who has previously led engagements with the agency. While Brandon is not a member of the proposed project team, his prior experience working with AHCCCS supports continuity and relationship management, with all project leadership, analytic work, and delivery led by the proposed engagement team.

Our Commitment to Arizona

We are proud to have earned a solid reputation with the State through our work with the following clients:

- Arizona Department of Agriculture
- Arizona Department of Economic Security
 - Division of Developmental Disabilities
 - Division of Benefits and Medical Eligibility
- Arizona Department of Health Services
- AHCCCS
- Arizona State Land Department
- City of Avondale
- City of Buckeye
- City of Chandler
- City of Glendale
- City of Goodyear
- City of Mesa
- City of Phoenix
- City of Prescott
- City of Scottsdale
- City of Surprise
- City of Tempe
- City of Tucson
- Coconino County
- Judicial Branch of Arizona in Maricopa County
- Maricopa County
- Navajo Nation Judicial Branch
- Pima County
- Recreation Centers of Sun City West
- Town of Gilbert
- Town of Prescott Valley
- Town of Queen Creek
- Town of Sahuarita





BerryDunn and the proposed project team are deeply invested in both the outcomes of the HEALTHII Performance Measure Calculations and the manner in which the work is conducted. We approach this engagement as a partnership with AHCCCS, grounded in strong data governance, transparent communication with hospitals, and disciplined analytic practices. We believe that how the work is done is fundamental to producing results that are credible, defensible, and useful.

3 – Methodology and Approach *(Response to TO 9.3)*

3.1 – Proposed Methodology and Approach *(Response to TO 9.3.1)*

Calculating and reporting HEALTHII performance measures accurately requires careful coordination across data sources, clear accountability for each step in the analytic process, and close communication with both AHCCCS and participating hospitals. Our approach is built around five phases; project initiation and planning, data acquisition and preparation, measure specification implementation, validation and quality assurance, and reporting and technical support, each designed to address the practical challenges that arise in multi-source performance measurement projects. Our methodology integrates multiple data sources, including AHCCCS claims and encounter data, hospital self-reported data, and supplemental clinical data such as EHR extracts when available and appropriate.

Project Initiation and Planning

Within two to three weeks of task order award, the project team will meet with AHCCCS staff to align on project objectives, confirm scope and deliverables, and establish working communication protocols. We will use this kickoff meeting to confirm that our team is working from the most current publicly available specifications for each HEALTHII measure and to finalize a detailed project schedule that reflects realistic timelines for data acquisition, analysis, and review.

Data Acquisition and Preparation

Data requests will be submitted to AHCCCS within two weeks of kickoff. The claims and encounter data we receive will support calculation of the Patient Safety Indicators 90 (PSI 90) Patient Safety and Adverse Events Composite (CBE # 0531) and the 30-Day Hospital-Wide All-Cause Unplanned Readmission Measure (CBE # 1789). In parallel, we will establish a process to collect self-reported data from hospitals for the remaining HEALTHII measures including:

- Hospital-Based Inpatient Psychiatric Services (HBIPS)-3 Hours of Seclusion Use (Modified CBE # 0641)
- Percent of Residents Experiencing One or More Falls with Major Injury (Modified CBE # 0674)
- National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium Difficile Infection (CDI) Outcome Measure (CBE # 1717)
- Outpatient (OP)-18 Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients (CBE # 0496)

To support consistent hospital reporting, we will develop standardized submission templates with clear instructions identifying required data elements, formats, and deadlines. All submitted data will be received and stored in a secure analytic environment that meets HIPAA requirements and applicable State data protection standards.

Data security is not an afterthought in this project; it is built into how we handle information from the moment it is received. Access to project data will be limited to authorized personnel through role-based controls. We will encrypt data at rest and in transit, maintain audit logs documenting

access and processing activities, and use structured version control to track any updates to source files or hospital submissions. This allows us to trace the full lineage of every calculation and reproduce results at any point during or after the project.

Initial processing of all incoming data will include file structure validation, completeness checks, and confirmation that the variables required for each measure are present and correctly formatted. The incoming data will also be validated by comparing it with relevant publicly available reports when possible. When clinically relevant and appropriate, we may also incorporate supplemental sources such as EHR extracts to support validation of reported results.

Measure Specification Finalization and Implementation

We will research and apply the most current publicly available specifications from the relevant measure stewards before beginning any analytic work. If specification updates are released during the project period, we will bring these to AHCCCS's attention and work together to determine whether they should be incorporated into our calculations.

Analytic code for each measure will incorporate the inclusion and exclusion criteria, denominator definitions, and numerator calculations established by the measure developers. All code and underlying logic will be documented so that any member of the project team, and/or AHCCCS reviewers, can follow the calculation process from raw data to final results.

Performance measure rates will be calculated for the FFY 2025 measurement period (October 1, 2024, through September 30, 2025) and will be reported both at the individual hospital level and in aggregate.

Validation and Quality Assurance

Accurate results depend on more than correct programming; they depend on catching problems in the underlying data before they affect reported rates. Our validation approach includes automated logic checks, statistical outlier analysis, and cross-validation across available data sources.

When results fall outside expected ranges or data elements raise questions, we will reach out directly to the relevant hospital to review the submission. We may request supplemental clinical information, such as EHR extracts or facility-level reports, when that information would help confirm whether a result reflects a genuine performance pattern or a reporting issue. If errors or inconsistencies are identified, we will request corrected submissions and recalculate affected measures.

Reporting and Technical Support

Reporting deliverables will include hospital-level performance measure rate spreadsheets and narrative documentation describing the data collection process, measure specification logic, and calculation methodology for each measure. When recommending performance targets, we will examine the observed distribution of results across hospitals and review relevant national benchmarks to ground our recommendations in both the data and the broader context of Medicaid quality measurement.

Beyond formal deliverables, our team will be available throughout the project to answer questions from AHCCCS staff and participating hospitals, whether those questions involve interpreting a measure specification, resolving a data submission issue, or understanding what a particular result means in practice.

3.2 – Mechanism(s) to Collect Data and Information *(Response to TO 9.3.2)*

The project relies on three data collection channels: AHCCCS claims and encounter data, hospital self-reported submissions, and supplemental clinical data when validation activities require it.

AHCCCS Claims and Encounter Data

Following the kickoff meeting, we will coordinate with AHCCCS data staff to confirm file formats, required data fields, and transmission protocols for claims and encounter data. This data underpins calculation of the Patient Safety Indicators composite and the hospital-wide readmission measure. Upon receipt, we will verify file structure and completeness and confirm that all variables needed for measure calculation are present before beginning analytic work.

Hospital Self-Reported Data

We will provide hospitals with standardized submission templates and written guidance explaining exactly what to report and how. Submissions will be collected through a secure electronic process.

Every submission will go through automated validation checks on receipt. If missing values, formatting errors, or specification inconsistencies are identified, we will follow up with the submitting hospital directly to obtain clarification or a corrected file before proceeding with calculations.

Supplemental Data for Validation

If review of submitted data raises questions that cannot be resolved through the initial validation process, we may request supplemental clinical information such as EHR extracts or facility-level reports. Any requests will be coordinated with AHCCCS in advance to confirm alignment with program policies and to avoid placing unnecessary administrative demands on hospital staff.

Data Tracking and Documentation

We will maintain a centralized tracking log throughout the project documenting all data submissions, validation activities, revisions, and the final approved datasets used in performance measure calculations. This log provides an auditable record that supports transparency and reproducibility and provides AHCCCS with a clear picture of the data foundation underlying every reported result.

The timeline as shown in Figure 2 builds in enough room between phases for data collection delays, hospital follow-up, and any recalculation that validation activities may require.

3.3 – Timeline *(Response to TO 9.3.3)*

All project activities will be completed within the FFY 2025 performance measurement cycle. The timeline below reflects key milestones from kickoff through final submission; specific dates will be confirmed with AHCCCS during the kickoff meeting.

Project Initiation (Weeks 1 – 3)

- Meet with AHCCCS for project kickoff
- Confirm scope, deliverable expectations, and communication protocols
- Review current measure specifications and identify any recent updates
- Finalize the project schedule and data request plan

Data Acquisition and Setup (Weeks 3 – 6)

- Submit data requests for AHCCCS claims and encounter files
- Develop and distribute hospital reporting templates with submission guidance
- Stand up secure data transfer and storage environment

Data Collection and Preparation/Measure Specification Research and Finalization (Weeks 6 – 16)

- Receive and validate AHCCCS claims and encounter data
- Collect hospital self-reported data submissions
- Complete initial validation, completeness checks, and formatting review
- Use publicly available resources to research and finalize measure specifications

Measure Calculation and Analysis (Weeks 16 – 30)

- Program and execute performance measure calculations using current specifications
- Generate hospital-level and aggregate performance rates
- Run validation checks and flag potential outliers or data discrepancies
- Produce draft and final Technical Guidance Reports

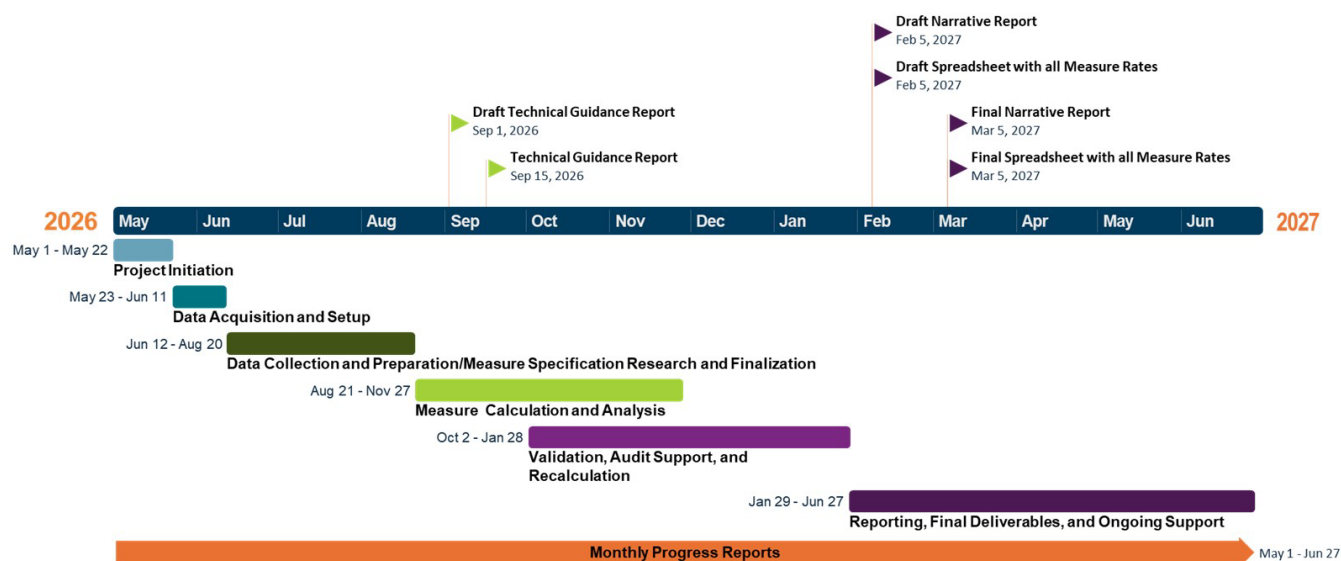
Validation, Audit Support, and Recalculation (Weeks 31 – 40)

- Conduct targeted hospital outreach to resolve data questions
- When requested by AHCCCS, we will support member-level record audits by reproducing calculations, tracing source data, and supplying documentation sufficient to validate individual numerator and denominator inclusion decisions
- Recalculate affected measures following any corrected data submissions

Reporting, Final Deliverables, and Ongoing Support (Weeks 41 – 62)

- Produce draft and final narrative reports for AHCCCS review and input
- Prepare draft and final performance measure rate spreadsheets
- Complete technical documentation covering calculation methodology and measure specifications
- Develop recommended performance targets based on observed results and available national benchmarks
- Provide ongoing support as requested by AHCCCS

Figure 2: BerryDunn Proposed Timeline



3.4 – Project Work Plan *(Response to TO 9.3.4)*

Project Management Structure

Day-to-day responsibility for this project will sit with a dedicated project manager who serves as the single point of contact for AHCCCS. This person will have direct visibility into where things stand across analytic work, quality review, and hospital communications. The project manager will coordinate across our internal team of analysts, Quality Analysis (QA) reviewers, and measure specification experts, keeping work moving and escalating issues before they affect deliverable timelines.

Status Reporting

We will provide AHCCCS with written status updates at least monthly throughout the project, or more often if AHCCCS prefers. Each update will cover completed activities, upcoming milestones, and anything on the horizon that could affect timeline or quality. Specifically, updates will address:

- Progress on scheduled tasks
- Status of outstanding data requests and hospital submissions
- Key findings from data validation and any unresolved issues
- Performance measure calculation progress
- Any emerging risks and how we plan to address them

Communication and Coordination

We expect hospital data submissions to generate questions about measure specifications, submission formatting, and how to handle edge cases. Our team will handle those conversations directly, keeping AHCCCS in the loop on anything that has implications for project timelines or reported results. When a data issue arises that requires AHCCCS input, we

will bring a clear summary of the problem and a recommended path forward rather than just flagging that something is wrong.

Continuous Monitoring of Project Progress

Internally, the project manager will maintain a working task tracker covering all active workstreams, deadlines, and team assignments. This will be reviewed regularly so that any delays in one area are caught and addressed before it cascades. The same discipline that applies to our analytic work applies to how we manage the project itself.

3.5 – Conflict Resolution Process *(Response to TO 9.3.5)*

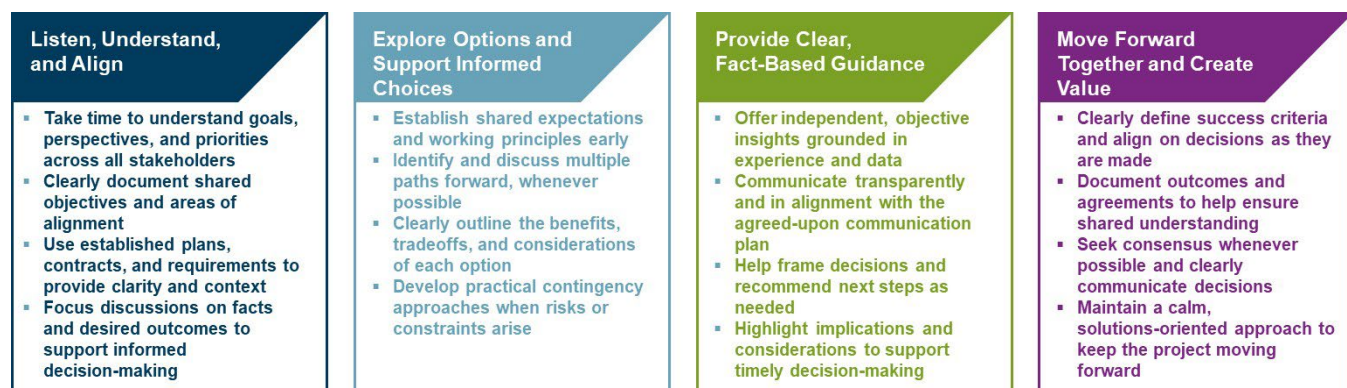
As part of our initial project planning with AHCCCS, we will partner with your team to establish clear, straightforward procedures for raising and resolving project questions or concerns. Our goal is to help ensure timely communication, proactive issue resolution, and a consistently high standard of service throughout the engagement.

Together, we will identify the appropriate BerryDunn and AHCCCS points of contact at each stage of issue resolution, including a clearly defined path for escalation when needed. Importantly, AHCCCS will have a direct line of communication to the Project Principal, helping ensure immediate access to senior leadership and decision-making support if an issue requires it.

When questions or concerns arise, BerryDunn will follow the agreed-upon escalation approach, maintain transparent communication, and document actions taken and outcomes achieved. This structured but flexible process allows us to address issues early, reduce disruption, and keep the project moving forward smoothly and collaboratively.

Figure 3 is a simple, step-by-step escalation framework that demonstrates how BerryDunn works collaboratively with clients to identify, assess, and resolve issues in a timely manner. The process emphasizes transparency, fact-based decision-making, and de-escalation, with clear access points to senior leadership, including the project principal, at every stage.

Figure 3: Our Approach to Responsive Issue Resolution



Our proactive, collaborative approach is designed to help ensure timely issue resolution, open communication, **and continuous support throughout the project life cycle.**

3.6 – Optional Tasks *(Response to TO 9.4)*

BerryDunn is prepared to perform the following optional tasks at AHCCCS's direction. No optional work will begin without explicit written authorization from AHCCCS. When optional tasks are authorized, BerryDunn will provide a specific hours and cost estimate for AHCCCS review and approval before work commences.

Evaluate Performance Measures

Upon request, BerryDunn will evaluate current HEALTHII performance measures and potential replacement measures to provide guidance on their appropriateness for the selected population(s). This may include reviewing measure steward updates, assessing alignment with Medicaid program goals, and providing written recommendations to inform AHCCCS decision-making.

Additional Performance Measures

If AHCCCS elects to include additional performance measures during the performance period, BerryDunn will perform the following activities:

- **Measure Specification Research:** We will research and obtain the most current specifications for any newly identified measures using publicly available measure steward resources, applying the same rigor used for the core HEALTHII measures.
- **Performance Measure Rate Generation:** We will calculate performance measure rates using the most appropriate data sources, which may include claims and encounter data, EHR data, instrument-based data, management data, paper medical records, standardized patient assessments, and Health Information Exchange data. Where necessary, we will coordinate directly with participating facilities and providers to obtain required data.
- **Multiyear Rate Calculation:** In coordination with AHCCCS, we will generate measure rates for the appropriate measurement years, including baseline year rates (if and when applicable) and performance year rates, inclusive of historical rates capturing data from program initiation if and when applicable.
- **Performance Target Recommendations:** We will develop recommended performance targets for each additional measure based on observed rates, accompanied by a description of the criteria and benchmarks used to evaluate results and inform target recommendations.

4 – Pricing (Response to TO 9.4)

BerryDunn proposes to complete the project on a not-to-exceed basis, with pricing presented by project phase for planning purposes as shown in Table 2. The phase-level amounts are provided as estimates to support transparency and project management. Actual effort may vary by phase based on project needs; however, BerryDunn may reallocate effort across phases as necessary, provided the total cost does not exceed the overall not-to-exceed amount without prior written approval from AHCCCS.

Table 2: BerryDunn Pricing

Deliverable	Proposed Hours	Proposed Cost
Project initiation, kickoff meeting, ongoing AHCCCS coordination, and monthly progress reporting	160	\$55,200
Data acquisition setup: hospital reporting templates, secure data environment, and AHCCCS data request submission	200	\$69,000
Measure specification research and finalization; development and documentation of analytic code for all HEALTHII measures	280	\$98,000
Performance measure calculation, validation and quality assurance, hospital outreach, and recalculation of affected measures	530	\$172,400
Final deliverables: hospital-level and aggregate rate spreadsheets, technical methodology documentation, and recommended performance targets	280	\$96,600
HEALTHII FFY 2025 Total	1,450	\$491,200

This pricing assumes timely access to AHCCCS data and reasonable participation by hospitals. BerryDunn will notify AHCCCS promptly if circumstances arise that could materially affect the project scope or cost.

BerryDunn's cost estimate is grounded in a clear set of assumptions, and we are committed to transparency with AHCCCS about what is and is not included in our scope, so there are no surprises during execution.

Our proposed approach includes rigorous validation of all self-reported hospital data and AHCCCS claims. Where values appear inconsistent, implausible, or discrepant across sources, we will flag them proactively and work directly with the relevant hospital or AHCCCS data staff to investigate and resolve them before they affect reported rates. This is not a passive check; it is an active quality assurance process built into every phase of our work.

Our base scope does not include a formal audit tracing reported values back to providers' internal records or source documentation. Should AHCCCS determine that record-level audit support is needed for any measure or hospital, we are equipped to provide it and would scope that work collaboratively as an optional task under [Section 3.6](#).

We understand that the required tasks are based on the six currently established HEALTHII measures. Any measures added or modified during the performance period would be addressed through the optional task structure under **Section 3.6**, helping ensure AHCCCS retains full control over scope and cost as the program evolves.

Our proposed bill rates by level are shown in Table 3.

Table 3: Bill Rate by Team Member

Team Member/Position	Bill Rate
Valerie Hamilton Principal	\$290
Dina Nash Project Manager and Analytics Manager	\$290
Arisara Miller Data Scientist	\$290
Fei Zou Senior Health Data Analyst and Quality Measures Lead	\$290
Ben Chu Health Economist	\$290
Stefanie Levy Senior Project Coordinator	\$170

Total Not-to-Exceed Price for Optional Section 3.6 Tasks

BerryDunn proposes a not-to-exceed budget of \$158,000 for optional tasks under **Section 3.6**, encompassing up to 425 hours to be authorized and billed at AHCCCS's direction. No optional hours will be incurred without explicit written direction from AHCCCS, giving the agency full discretion over if, when, and how this capacity is used.

We recognize that the scope of optional **Section 3.6** work, including the number, type, and complexity of any additional performance measures, cannot be fully defined in advance. Rather than locking in a rigid task structure, we propose a collaborative scoping process: when AHCCCS identifies new measures for inclusion, we will provide specific hours, and an associated cost estimate for review and approval before any work begins. This approach protects AHCCCS from cost uncertainty while preserving the flexibility to respond to program needs as they emerge.

Our team has direct experience standing up new quality measures in Medicaid contexts, and we are prepared to move quickly when additional measures are authorized, without requiring a lengthy ramp-up or renegotiation of terms.

5 – Signed Amendment

Reference the following pages for BerryDunn’s signed Amendment 1.

TASK ORDER SOLICITATION

AMENDMENT #1

YH26-0071 FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting	Task Order due date: Thursday, March 26, 2026, 3:00pm, Arizona Time	Procurement Officer: Cynthia Smolens Email: procurement@azahcccs.gov
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A signed copy of this amendment must be submitted with your Task Order solicitation response.

This Task Order Solicitation is amended to only include the consolidated Questions and Answer Form

Paragraph # or Title	Page #	Amendment
Answers	N/A	Consolidated Answers to Questions form is attached.
OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.		THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: <i>Valerie Hamilton</i> <small>Valerie Hamilton (Mar 24, 2026 16:29:57 EDT)</small>		SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Valerie Hamilton		TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE: Principal		TITLE: Chief Procurement Officer
DATE: 3/26/2026		DATE:



QUESTIONS AND ANSWERS FORM

Task Order #YH26-0071

FFY 2025 HEALTHII Performance Measure Calculations and Reporting

Questions shall be submitted electronically on this form to Procurement@azahcccs.gov no later than

March 5, 2026, 3:00 PM Arizona Time

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	AHCCCS Response
1.	HSAG	4	2	Is there a contractor/incumbent currently doing this work? If so, can AHCCCS provide: <ul style="list-style-type: none"> • The name of the current contractor(s)/incumbent(s), and • The current contract value. 	Yes. The current vendor for the AHCCCS HEALTHII program is Milliman Inc. The current contract value is \$549,465.00.
2.	HSAG	5.2.3	4	HSAG anticipates the approximate number of hospitals that will be included in the hospital-level performance measure rates to be around 120. Can AHCCCS confirm whether this approximation is accurate?	The approximate number of hospitals will be 120 – 140.
3.	HSAG	5.4.4	4	Will the Contractor need to determine the payment amount that each participating hospital is eligible for based on performance?	The Contractor will not need to determine the payment amount that each participating hospital is eligible for/will receive.
4.	HSAG	5.5.2.3	4	Historically, as part of this activity, how many meetings on average are conducted with participating hospitals/managed care plans? Would the Contractor be expected to meet with all participating hospitals and managed care plans individually or would larger group meetings be acceptable?	The Contractor is expected to meet with participating hospitals individually upon request to provide technical assistance related to measure data submission or issues related to measure specifications. AHCCCS may request the Contractor to participate in additional meetings with participating hospitals or stakeholders as needed.



QUESTIONS AND ANSWERS FORM

Task Order #YH26-0071

FFY 2025 HEALTHII Performance Measure Calculations and Reporting

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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for Response
5.	HSAG	6.2	4	<p>Will AHCCCS request for additional PMs to be included in the current year hospital assessment, or would the Contractor develop measure information for implementation in future hospital assessments?</p> <p>If AHCCCS decides to include additional PMs for the current year, when would AHCCCS anticipate informing the Contractor of these measures?</p>	Related to 6.2, AHCCCS may request for additional PMs to be included in the current year hospital assessment; AHCCCS will provide the Contractor information about the additional PMs during the project kickoff meeting or shortly thereafter.
6.	HSAG	8.2	5	<p>For item 8.2, the Task Order includes the statement, "Submit a technical guidance report as described in 5.4 to AHCCCS by September 15, 2026, for HEALTHII Year 6 (FFY 2027)."</p> <p>Can AHCCCS confirm whether the Contractor should submit a draft version of the technical guidance report for AHCCCS' review prior to submitting a final report?</p> <p>If so, does the September 15, 2026, date reflect the due date for the final report?</p>	AHCCCS requests that the Contractor submit a draft version of the Technical Guidance Report for review prior to submitting a final Technical Guidance Report before or on September 15, 2026.
7.	HSAG	8.3 – 8.6	5	<p>For items 8.3 and 8.4, the two draft deliverables (i.e., spreadsheet with all measure rates and narrative report) are due to AHCCCS by January 25, 2027, and for items 8.5 and 8.6, the two final deliverables are due to AHCCCS by February 22, 2027.</p> <p>How long does AHCCCS anticipate needing to review each of the draft deliverables?</p>	AHCCCS anticipates a review period of two (2) weeks to review the draft deliverables (specified in 8.3 and 8.4).
8.	HSAG	8.6	5	<p>To assist with deriving benchmarks, when does AHCCCS anticipate the FFY 2024 measurement year hospital-level final spreadsheet will be available?</p>	AHCCCS anticipates that the FFY 2024 measurement year data will be available by April 15, 2026.



QUESTIONS AND ANSWERS FORM

Task Order #YH26-0071

FFY 2025 HEALTHII Performance Measure Calculations and Reporting

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Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for Response
9.	HSAG	9.4	6	Can AHCCCS provide an estimated budget for this work?	AHCCCS will not provide a budget amount but will review the proposals with the projected budget from each Contractor that submits a proposal. The Contractor should submit a Pricing proposal as required in section 9.4 of the Task Order.
10.	Netlogx			Is there an approved budget, budget range, or not-to-exceed amount for this project that can be shared?	Please see the response to question number 9.
11.	Netlogx			Is the anticipation that this work can be done remotely or is in-person work required? If hybrid, please indicate percentage of remote vs onsite work expected.	AHCCCS does not expect that the work will be done on site. The requested work will be completed remotely.
12.	Netlogx			If a subcontractor was not part of the initial contract award, can they be added for this project specifically? If yes, please advise next steps to do so.	The Contractor shall specify the use of a subcontractor in their proposal as specified and required in section 9.2.2 of the Task Order. After award, questions would be addressed with the Awardee.
13.	Netlogx			What data gathering tool(s) have been utilized by the State or incumbent previously?	AHCCCS claims and encounter data has been shared with Contractors through secured file transfers. Provider self-reported data has been shared with Contractors through secured email and/or web portals.



QUESTIONS AND ANSWERS FORM

Task Order #YH26-0071

FFY 2025 HEALTHII Performance Measure Calculations and Reporting

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March 5, 2026, 3:00 PM Arizona Time

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for Response
14.	Netlogx	9.2	6	Does a response to this specific Task Order have to include one or more of the Key Personnel identified as part of the initial award on the Statewide Healthcare and Employee Benefit Consulting Contract?	As outlined in section 9.2, AHCCCS requests that the vendor details the experience and resume(s) of all proposed key staff members who will be working on this Task Order.
15.	BerryDunn	5.2.1.1	3	The prior report contained self-reported hospital data from 114 hospitals. It is assumed that the same number will be used for this report; can you please confirm?	The approximate total number of hospitals participating in the HEALTHII program will be 120 – 140. AHCCCS anticipates that the total number of hospitals self-reporting data will be similar to the total number of participating hospitals.
16.	BerryDunn	5.2.1.2	3	In what format and structure will AHCCCS claims and encounter data be delivered (e.g., flat files, relational database tables, secure data warehouse access), and what core fields will be included (e.g., member ID, admission/discharge dates, diagnosis codes, procedure codes, provider identifiers)?	The AHCCCS claims and encounter and member data have been provided in a flat file format based on mutual agreement with previous contractors. The format and structure of this data may change based on discussions with and needs of the Contractor. AHCCCS expects the Contractor to review measure specifications to determine core fields that should be included for measure calculations.
17.	BerryDunn	9.4 Pricing Proposal	6	To help vendors propose an approach that is appropriately scoped, can the State share whether there is an anticipated budget range or not to exceed amount for this engagement?	Please see the response to question number 9.



QUESTIONS AND ANSWERS FORM

Task Order #YH26-0071

FFY 2025 HEALTHII Performance Measure Calculations and Reporting

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March 5, 2026, 3:00 PM Arizona Time

Question #	VENDOR NAME	Paragraph # or Title	Page #	Vendor Question	Leave Blank for Response
18.	BerryDunn	5.3	3	Does AHCCCS have existing data validation rules or thresholds that should be applied when evaluating hospital-reported data (e.g., acceptable ranges, minimum denominator sizes, suppression thresholds)?	<p>No. AHCCCS' expectation is that the Contractor will set data validation rules or thresholds based on the measure specifications and previous hospital performance to identify trends, outliers, etc.</p> <p>It is AHCCCS' expectation the Contractor apply the CMS suppression policy for any data/reporting that will be publicly available (i.e., provide suppressed and unsuppressed versions of measure rate reporting).</p>
19.	BerryDunn	5.2.1.2	3	Will AHCCCS provide member eligibility files (including enrollment spans and program categories) to support denominator construction and risk adjustment for the claims-based measures?	AHCCCS anticipates including member eligibility information within the claims and encounter files, based on the Contractor's review of measure specifications and proposed fields for measure calculations (to be identified and agreed upon during project meetings).

6 – Security Protocols

BerryDunn has extensive experience performing security risk assessments and penetration testing for state and local governments. Our work is grounded in widely recognized frameworks and standards, including NIST SP 800-53, the NIST Cybersecurity Framework, CIS Critical Security Controls, OWASP, HIPAA, PCI DSS, and related regulatory and industry requirements.

We support clients through security controls assessments, regulatory compliance reviews, vulnerability scanning and penetration testing, and the evaluation of enterprise security technologies and applications. This experience includes reviewing and assessing existing policies and procedures and developing IT security roadmaps to strengthen the security and integrity of organizational information systems.

BerryDunn places a strong emphasis on information security, confidentiality, and the integrity of client data. As a professional services firm, we routinely handle sensitive and confidential information and restrict access to such data on an as-needed basis. The firm maintains deliberate, well-defined controls to safeguard confidential client information. Key elements of our information security program include the following:

- Secure file and message transfer system [Citrix ShareFile]—all data encrypted in transit and at rest
- Secureworks Taegis XDR for incident response and advanced threat detection
- SOC 2 Type II certification, demonstrating our continued commitment to the confidentiality, security, and integrity of client data through independently audited operational controls and processes
- Locking down certain files on our server, as warranted, to restrict access to those who are approved to view the data
- Mobile computers are encrypted with pre-boot authentication
- AES encryption standard for Virtual Private Networking in conjunction with two-factor authentication
- Data is stored on a network utilizing physical firewalls with antivirus and intrusion detection capabilities, and all workstations have antivirus software, host-based intrusion detection, and a software firewall
- Storage Area Network (SAN) technology with redundant switching, and virtual technology configured in a redundant high availability configuration
- Battery backup system, backup cooling, and a generator
- Managed firewall with an Intrusion Prevention System, malware protection, application control, and web filtering
- SE EventWatch®, which delivers proactive security management and incident response, 24x7, to capture and stop malicious network activity, delivered from SE's SOC II compliant facilities
- Network segmentation—segmenting sensitive data
- Endpoint protection software installed with auto update and reporting
- Regular patching/updates of all operating systems and software
- User access control using Microsoft Active Directory
- Database access logging and monitoring
- Third-party penetration testing and security audits
- Conditional access for role, group, attribute, and data type
- Archiving retention policies, data loss prevention monitoring
- 24x7 system monitoring and alerting
- System/appliance/service redundancy to help ensure high availability
- Restricted Protected Health Information user access controls

Appendix A – Resumes

Valerie Hamilton

JD, MHA, RN, Prosci® CCP

Principal | Berry, Dunn, McNeil & Parker, LLC



KEY QUALIFICATIONS

- Senior health policy professional
- Over 30 years of healthcare experience

EDUCATION, CERTIFICATIONS, AND MEMBERSHIPS

- JD, The Ohio State University College of Law
- MHA, Division of Health Services Management & Policy, College of Public Health, The Ohio State University
- BA, Psychology, The Ohio State University
- RN, Providence Hospital School of Nursing
- Prosci® Certified Change Practitioner (CCP)

An experienced clinician and legally trained health policy expert, Valerie Hamilton has considerable experience in clinical provider operations, healthcare policy, healthcare law, quality improvement processes, mental health parity compliance, and healthcare business operations. Her previous years as a critical care nurse combined with her healthcare management experience and health policy expertise allow for unique insight into the issues that enhanced transparency is intended to address.

EXPERIENCE

BerryDunn (formerly Compass Health Analytics) (2016 to present)

As a principal at BerryDunn, Valerie engages in a variety of healthcare-related projects. These projects require varying types of research including medical efficacy, legal research, policy exploration, and a thorough understanding of issues faced by individuals living with mental illness (MH)/substance use disorder (SUD), as well as other stakeholders. Project examples include the following:

West Virginia (WV) Department of Human Services (DoHS)

Mental Health Parity Compliance Analysis (2017 to present)

Valerie provides project management and subject matter expertise for mental health parity reviews for WV Medicaid Managed Care and WV Children's Health Insurance Program (WVCHIP) and quarterly mental health parity data monitoring.

Washington Department of Health (DOH) Certificate of Need (CON) Program

As subject matter expert (SME) and Project Manager (PM), Valerie supported the Washington DOH in developing recommendations to modernize its CON program through targeted statutory reforms.

Massachusetts Center for Health Information and Analysis

Mandated Benefit Reviews (2016 to present)

As an engagement manager, Valerie collaborates with actuaries, programmers, and analysts to prospectively evaluate the impact of health benefit mandates. These evaluations include a medical efficacy analysis and an estimate on health insurance costs, typically over five years. Within the last four years, reviews related to women's health include:

- Comprehensive Massachusetts Mandated Health Benefit Review: October 2025
- An Act Relative to Community Behavioral Health Centers (H1276 / S703): June 2025
- An Act Relative to Insurance Coverage of Mobile Integrated Health (H1154 / S726): June 2025
- An Act to Increase Access to Nurse-Midwifery Services (H1069/S607): July 2024
- An Act Improving Access to Breast Pumps (H967/S600): July 2024
- An Act Relative to Patient Access to (Cancer) Biomarker Testing (H1074/S689): April 2024
- An Act Relative to LGBTQ Family Building (S622): August 2023
- An Act Relative to Applied Behavioral Analysis Therapy (H1084/S617): August 2023
- An Act Relative to Newborn Screenings for Congenital Cytomegalovirus (H2338/S1471): March 2023
- An Act Providing Access to Full Spectrum Addiction Treatment Services (H2116/S1292): March 2023
- An Act Relative to Human Donor Milk Coverage (H1106/S717): November 2022
- An Act Relative to Breast Cancer Equity and Early Detection (H4748/S2856): November 2022
- An Act Relative to Dual Diagnosis Treatment Coverage (H1147/S685): July 2022
- An Act to Update Mental Health Parity (H2065): July 2022
- An Act Relative to Collaborative Care (S769): March 2022

Maryland Health Care Commission

Mandated Benefit Reviews (MBRs) (09/2022 to present)

Valerie provides engagement management and project oversight for MBRs. Recent MBR work includes analyses of pharmacogenomic testing for individuals with anxiety and depression, aesthetic services and restorative care, and a menopause study.

Federal and State Mental Health Parity Compliance Reviews and Support (2017 to present)

Valerie acts as PM and performs compliance reviews to verify that health insurance coverage for mental health and SUD services is no more restrictive than coverage for medical/surgical services. These types of reviews include:

- *WV DoHS Medicaid and WVCHIP: Mental Health Parity Compliance Reviews and Behavioral Health Support (2017 to present)*
- *Maine Bureau of Insurance: Creation of Mental Health Parity Tools and Review of Carrier Nonquantitative Treatment Limitation Comparative Analyses (2022 to 2023)*
- *Mental Health Parity Review and Identification of Opportunities for Improvement for Large Commercial Insurer (Confidential): 2019 to 2021*

- *New Hampshire Insurance Department (NHID): Targeted Market Conduct Examination: Review of Provider Reimbursement Strategies by Health Insurance Carriers: 2019*
- *NHID Review of Adherence to American Society of Addiction Medicine Criteria by Health Insurance Carriers: 2019*
- *Mental Health Parity Mystery Shopper Activity of Health Insurance Carriers for State Insurance Department (Confidential): 2020*

Promerica Health, LLC (2014 to 2016)

As the vice president of Compliance and Communication, Valerie launched the health and wellness screening laboratory. She also oversaw clinical operations, compliance, quality, accreditation, and licensing.

Prudential Financial (2013 to 2014)

As a clinical consultant, Valerie collaborated with other professionals to evaluate disability claims for potential and capacity for return to work based on physiological and social factors.

The Ohio State University Wexner Medical Center (2000 to 2013)

As the legal consultant/Director of Quality/hospital attorney, Valerie was responsible for the continuous monitoring and improvement of quality at a satellite hospital. Valerie oversaw quality initiatives and assisted in the preparation for Joint Commission accreditation. She served as hospital attorney, reviewing lawsuits and taking call for legal questions throughout the medical center.

HeartCare, Inc. (1998 to 2000)

As a practice administrator, Valerie was responsible for business operations and growth of an invasive cardiology physician practice.

CLINICAL EXPERIENCE (1992 TO 1997)

- Grant Medical Center, Registered Nurse – Critical Care
- Grant / Riverside Methodist Hospitals / OhioHealth, Graduate Administrative Associate (Internship) / Program Coordinator (Project Based)
- The Ohio State University Wexner Medical Center, Graduate Administrative Associate / Research Assistant / Registered Nurse

PUBLICATIONS AND PRESENTATIONS

- *Evaluating the Impact of Data: Mental Health Parity and Provider Reimbursement.* National Association of Data Organizations. National Organization of Health Data Organizations, 2020.

Dina Nash

MPH

Project Manager and Analytics Manager | Berry, Dunn, McNeil & Parker, LLC



KEY QUALIFICATIONS

- Over 8 years' experience in healthcare data analysis and data visualization
- Experienced in SAS, Excel, and Tableau

EDUCATION, CERTIFICATIONS, AND MEMBERSHIPS

- MPH, Epidemiology and Biostatistics, Boston University School of Public Health
- BA, Psychology, Harvard University

Dina Nash is a manager with BerryDunn's Health Analytics Practice Group (HAPG) who specializes in policy analysis, as well as healthcare data analysis using claims and clinical data. She has worked extensively with SAS, Excel, and Tableau to derive analytic insights that inform and drive decision-making. Her interests and experience also extend to engagement and diversity and inclusion initiatives. Dina is a member of BerryDunn's Diversity, Equity, Inclusion, Belonging, and Access (DEIBA) Advisory Council.

EXPERIENCE

BerryDunn (09/2021 to present)

Dina serves as a health policy and analytics manager, working with clients on data analysis, claims analysis, and clinical data projects. Dina also works on mandated benefit reviews (estimating the financial impact of pending mandated benefit legislation), and health policy and regulatory analyses. She writes SAS code to create analytic datasets using a variety of data sources, including All-Payer Claims Databases (APCD), and assists with conducting statutory review and medical efficacy research. Dina develops data visualizations that inform and drive decision-making, and collaborates on population health analyses of utilization and outcomes.

West Virginia Department of Human Services (DoHS)

Mental Health Parity Compliance Analysis (01/2022 to present)

Dina provides essential support for writing and research in mental health parity reports for West Virginia Medicaid Managed Care and WV Children's Health Insurance Program (WVCHIP). She has also developed interactive and informative dashboards for Medicaid Managed Care and WVCHIP leadership, along with trend charts, to visually present complex data from Medicaid Managed Care Organizations (MCOs) and Bureau for Medical Services (BMS) Pharmacy related to mental health parity.

Child Welfare Initiatives Project Management Services (09/2021 to present)

Dina supports the project management of a team of analysts working with Medicaid state agencies, including the DoHS Office of Quality Assurance for Children's Programs (OQA), BMS, Bureau for Behavioral Health (BBH), Bureau for Family Assistance (BFA), Bureaus of Social Services (BSS), and DoHS vendors. She consistently organizes core team efforts and maintains

regular communication with OQA, BMS, BFA, BSS, and DoHS vendors, helping to ensure alignment with reporting and Continuous Quality Improvement (CQI) program needs. Dina's responsibilities include generating visualizations for monthly, quarterly, semi-annual, prototype, and ad hoc/stop-gap reports to meet OQA's operational requirements. She also regularly reviews team members' work and verifies consistency and accuracy. Dina is also involved in prototyping new actionable and insightful visuals to enhance the clarity and effectiveness of the team's deliverables.

New Hampshire Insurance Department (NHID)

Health Cost Transparency Initiative (07/2023 to present)

Dina supports the Health Cost transparency initiative with the creation of interactive Tableau dashboards. She also supports project management, helping to ensure smooth coordination with the client and associated vendors.

Massachusetts Center for Health Information and Analysis

Mandated Benefit Reviews (MBRs) (09/2021 to present)

Dina supports and leads MBRs, for which she writes SAS code to query the Massachusetts APCD, creates diagrams and visuals, and supports medical efficacy research and writing of the report. More recently she led the Mobile Integrated Health MBR. MBRs include a medical efficacy analysis and an estimate on health insurance costs, typically over five years. MBRs Dina has worked on include:

- *Comprehensive Massachusetts Mandated Health Benefit Review: October 2025*
- *An Act Relative to Community Behavioral Health Centers (H1276 / S703): June 2025*
- *An Act Relative to Insurance Coverage of Mobile Integrated Health (H1154 / S726): June 2025*
- *An Act to Increase Access to Nurse-Midwifery Services (H1069/S607): July 2024*
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- *An Act Relative to Breast Cancer Equity and Early Detection (H4748/S2856): November 2022*
- *An Act Relative to Dual Diagnosis Treatment Coverage (H1147/S685): July 2022*
- *An Act to Update Mental Health Parity (H2065): July 2022*
- *An Act Relative to Collaborative Care (S769): March 2022*

Maryland Health Care Commission

MBRs (09/2022 to present)

Dina supports and leads MBRs by developing and executing SAS code for complex claims analyses, conducting comprehensive medical efficacy research, and engaging subject matter experts through structured interviews and consultations. Recent MBR work includes analyses of pharmacogenomic testing for individuals with anxiety and depression, aesthetic services and restorative care, and a menopause study.

Wisconsin Office of the Commissioner of Insurance

Wisconsin Individual Health Insurance Market Analysis, Short-Term Limited Duration Plans, and Network Adequacy Reports (03/2022 to 10/2023)

Dina played a crucial role in supporting research, writing, and data analysis for the Wisconsin Individual Health Insurance Market Analysis, Short-Term Limited Duration Plans, and Network Adequacy reports. Her contributions encompassed conducting in-depth research, synthesizing complex data, and crafting insightful analyses. Dina's expertise extended to developing visually engaging and informative visualizations to facilitate understanding and decision-making in these critical areas of health insurance evaluation.

Mass General Brigham Enterprise Analytics (06/2018 to 09/2021)

Dina worked as a healthcare data analyst to develop SAS and SQL codes for metrics for a complex care program dashboard used by program and hospital leadership and for the Massachusetts Medicaid agency report submission. The complex care program was comprised of a diverse patient population. Dina conducted analyses on patients with Medicaid, Medicare, and commercial insurance. She also supported the patient centered medical home program with creation of advanced primary care strategy metrics, logic, and visuals, and assisted manager with supporting new analysts. She reviewed code written by other analysts. Dina conducted a Deferred Care Analysis due to COVID-19 epidemic that informed state and system wide decision-making and led to publication in American Journal of Managed Care. This Deferred Care Analysis was stratified by commercial payers, Medicaid, and Medicare, as well as by select social determinant of health variables.

Partners HealthCare Enterprise Analytics (08/2017 to 05/2018)

Dina worked as a program analytics intern covering system level population health program areas.

Center for Population Health (06/2017 to 08/2017)

Dina worked as a financial and clinical analytics intern to support the quality team by updating dashboard and exception reports using SAS and MS Excel. She conducted an analysis in SAS on Generalized Anxiety Disorder Screening Measure and created pharmaceutical cost trend driver visuals. Dina also collaborated on a healthcare services cost equivalency visual in PowerBI.

Arisara Miller

MS

Data Scientist | Berry, Dunn, McNeil and Parker, LLC



KEY QUALIFICATIONS

- More than 24 years of background with Medicaid, with seven years working directly with state Medicaid agencies
- Leads data visualization projects using Tableau and PowerBI
- Conducts analyses for trend reporting, pricing/actuarial support, contract negotiations (provider/accountable care organizations/vendors), and financial reconciliations/settlements
- Experience with care management program design and registry creation to track high-risk, high-cost, or chronically ill patients
- Skill in program evaluations and healthcare quality measures

EDUCATION, CERTIFICATIONS, AND MEMBERSHIPS

- MS, Economics, Oklahoma State University
- BS, Business Administration – Economics (Quantitative Statistics Studies), Oklahoma State University

Arisara Miller is an experienced healthcare data analytics leader with over two decades of experience partnering with healthcare organizations, insurers, and state agencies. Her expertise includes claims-based analytics supporting quality improvement, cost containment, program integrity, and regulatory oversight, as well as advanced data management and data visualization.

EXPERIENCE

BerryDunn (06/2018 to Present)

Arisara is a Manager in BerryDunn's Health Analytics Practice, leading and supporting complex, client-facing analytics projects for state health agencies and healthcare organizations. She specializes in healthcare data analytics related to Medicaid, insurance regulation, and health system performance, conducting quantitative analyses to evaluate policy impacts, market behavior, and program integrity. Arisara develops and maintains SAS-based data pipelines to clean, validate, and analyze large-scale claims and enrollment data, produces analytic datasets from sources such as All-Payer Claims Databases (APCD), and delivers dashboards and reports that support regulatory oversight, compliance, and data-driven decision-making.

Alaska Division of Behavioral Health (DBH)

Claims Analysis (01/2025 to Present)

Arisara conducts detailed fraud, waste, and abuse (FWA) claims analysis for an Administrative Services Only (ASO) vendor, supporting DBH efforts to identify, evaluate, and document improper Medicaid claim denials and overpayments.

New Hampshire Insurance Department (NHID)

Health Cost Transparency Initiative (07/2023 to Present)

Arisara supports the Health Cost Transparency initiative by creating interactive Tableau dashboards and providing peer code reviews to help analysts develop and refresh analytic datasets for the Health Cost online reference tool, which allows users to compare the estimated cost of outpatient healthcare services in and around New Hampshire by insurance plan.

West Virginia Department of Human Services (DoHS)

Child Welfare Initiatives Project Management Services (09/2018 to Present)

Arisara is a key contributor and subject matter expert responsible for producing monthly, quarterly, and semi-annual report packages to meet the reporting needs of the DoHS Office of Quality Assurance (OQA) for Children's Programs. She also plays a central role in report prototyping and addressing ad hoc reporting requests to support OQA's operational needs. As the lead visualization designer and creator for the DoHS child welfare system initiatives, Arisara develops interactive dashboards and flexible on-demand reporting tools.

Massachusetts Center for Health Information and Analysis

Mandated Benefit Reviews (MBRs) (07/2018 to Present)

Arisara works on MBRs, including both individual prospective mandates and retrospective thorough reviews of all mandates. For these MBRs, she researches the best methods to identify relevant populations and healthcare services, writes SAS programs to query the Massachusetts APCD, validates the outputs, and supports the actuarial team in building health insurance cost and utilization models. Arisara also co-leads project management for the most recent round of the comprehensive retrospective review, which occurs every four years.

West Virginia Bureau for Medical Services (BMS)

Data Improvement Project (08/2020 to 10/2023)

Arisara delivered analytical and data profiling support, helping the state identify and address data quality and usability challenges within its Medicaid program.

Beacon Health

Analyst (06/2018 to 08/2021)

Arisara supported data warehouse management and reporting for Beacon Health, the population health organization for Maine's Northern Light Health, across multiple programs, including the Center for Medicare & Medicaid Services (CMS) Medicare Shared Savings Program (MSSP), Anthem's Commercial Accountable Care Organization (ACO), MaineCare's Medicaid program, and Beacon Health's health plan, Beacon Direct.

Blue Shield of California (11/2011 to 05/2018)

Medical Informaticist - Medical Management Analytics (05/2017 to 05/2018)

Arisara designed and continually improved Tableau dashboards to track cost of healthcare savings from initiatives such as ClaimXten clinical editing, spine surgery/pain management, and radiology pre-service authorization programs. She performed medical and payment policy analyses to inform the Medical Policy Impact Committee, enable new decisions, and evaluate ongoing practices. Arisara also documented business requirements and designing data models to store post-service clinical review records in the new enterprise data warehouse infrastructure. Most importantly, Arisara served as the team's Tableau Ambassador to establish and encourage best practice standards for server publishing, efficiency, and data visualization.

Medical Informaticist - Medical Operations Analytics (11/2011 to 01/2014)

Arisara built and enhanced analysis methods, data systems, and web-based reporting tools. As a medical informaticist, she critically reviewed existing processes to identify inefficiencies and potential problems, took actions to explore and implement solutions, and directly supported the Chief Health Officer, Vice Presidents, and directors to achieve corporate goals. She set up an automated interface to deliver daily data feeds from internal data marts to the case management system vendor to enhance member-level case management and established and maintained a robust model to calculate savings from pre-service review activities and medical policies, which revealed significant cost reduction opportunities.

Boston Medical Center (BMC) Health System, Formerly BMC HealthNet Plan (07/2007 to 05/2017)

Medical Economics Principal (01/2014 to 05/2017)

Arisara led the development of numerous complex and time-sensitive analyses to support the Chief Financial Officer (CFO), Chief Actuary, and Vice Presidents. She analyzed data to support Medicaid payment method re-pricing, primary care physician attribution, and ACO contract strategy. Other tasks included fulfilling state reporting requirements for total medical expense and relative pricing, developing the quarterly medical expense dashboard, collaborating with IT to help ensure data integrity and resolve issues, and guiding junior and senior analysts on SAS/SQL coding, enterprise reporting definitions, and best practices.

Senior Medical Economics Analyst (07/2007 to 11/2011)

Arisara tracked medical care expenses and utilization trends to inform senior management and influence key decisions on budgeting and pricing projections. She created reporting packages to satisfy the needs of internal and external customers, conducted research with medical directors to build methodologies for identifying at-risk patients for telephonic outreach programs as mandated by state authority and corporate goals, prepared and presented ad hoc analyses to support key corporate initiatives to improve care quality and reduce cost, and coordinated with IT to validate data quality and make recommendations on process and system improvements. Arisara was also responsible for writing project plans, business requirements, technical specifications, and analytic definitions, and for coaching staff on healthcare data, data warehouse structures, and the analytic tool being used.

Harvard Pilgrim Health Care (06/2004 to 07/2007)

As medical economics analyst, Arisara designed and developed claim-based algorithms to pinpoint patients for internal disease management programs such as oncology, end-stage renal disease, high-risk pregnancy, and cardiac. In addition, she was responsible for building and maintaining related registry records. She worked in partnership with Medical Management and Actuarial to develop the appropriate approach to calculating the return on investment for disease management programs, produced and summarized the key findings of ad hoc strategic financial and budget projection reports, evaluated historical statistics and administrative information to pinpoint recent and prospective budgeting and pricing trend drivers, planned and implemented user acceptance testing procedures and SAS programming templates to validate the integrity of the new enterprise data warehouse and web-based reporting tools, documented and automated data mining and reporting processes to achieve consistency and efficiency, and provided SAS and general analytical training to other analysts.

BlueCross BlueShield of Massachusetts (05/2002 to 06/2004)

Finance Development Program for Audit and Controls (01/2004 to 06/2004)

Arisara completed operational and IT readiness assessments of new product development initiatives. She performed ad hoc data extractions and analyses to support internal and external audit services and assisted the legal department to help ensure that appropriate confidentiality agreements are in place before releasing any HIPAA-protected health information to external parties.

Analyst (05/2002 to 01/2004)

Arisara evaluated the financial and clinical effectiveness of cardiac and diabetes disease management programs. She oversaw data compilations and rate calculations for several Healthcare Effectiveness Data and Information Set (HEDIS) measures, co-wrote annual population-based analysis publications to present the top 20 medical conditions affecting insured populations, and studied and compiled claim and medical chart review data to secure the annual supplemental Medicare + Choice payments for the heart failure patient population.

CommunityCare of Oklahoma (05/2000 to 05/2002)

As an analyst, Arisara extracted and analyzed healthcare data to satisfy the needs of internal and external customers. She constructed, updated, and maintained databases for various uses, such as NCQA HEDIS rate calculations, the pharmacy data warehouse, and the dental claims database. She also maintained reference tables to help enable consistent and accurate reporting capabilities.

Fei Zou



Senior Health Data Analyst & Quality Measures Lead

| Berry, Dunn, McNeil & Parker, LLC

KEY QUALIFICATIONS

- 13+ years of Medicaid experience including over three years of experience with a state Medicaid agency
- 15+ years of experience working in healthcare analytics
- Familiarity with healthcare-related terminologies and coding systems
- Proficiency in SQL, SAS, and data visualization tools, including PowerBI and Tableau
- Experience working with quality measures and familiarity with technical specifications and quality improvement programs

EDUCATION, CERTIFICATIONS, AND MEMBERSHIPS

- MS, Mathematical Science, University of Massachusetts Lowell
- BS, Applied Mathematics, Tongji University
- SAS Certified Advanced Programmer for SAS 9

Fei Zou is an experienced analyst with more than 13 years of experience in the healthcare industry, including nine years with a major New England Medicaid managed care organization (MCO). She is proficient in SAS, SQL, and Excel and is familiar with medical and pharmacy claims, Healthcare Effectiveness Data and Information Set, Centers for Medicare & Medicaid Services (CMS)/National Committee for Quality Assurance (NCQA) measures, Diagnosis Related Group, and risk adjustment.

EXPERIENCE

BerryDunn (07/2021 to present)

Fei is working as a senior healthcare analyst in the Health Analytics Practice Group. She leads the generation of monthly financial reports, provider reports, and ad hoc and routine descriptive and predictive analyses for multiple clients. She also supports data collection, data preparation, data validation, and data warehouse building in different projects.

New Hampshire Insurance Department (NHID) (07/2023 to present)

Fei plays a key role in the health cost transparency initiative by managing regular updates to the NH health cost website, helping ensure accurate and up-to-date information for consumers. She provides in-depth analysis for healthcare providers, offering insights into cost trends and comparative benchmarks. She leads the data support for the analysis of healthcare professional administered drugs. She helps implement automation initiatives to streamline the manual reporting processes.

West Virginia Department of Human Services (DoHS)

Child Welfare Initiatives Project Management Services (07/2021 to present)

Fei coordinates the data collection efforts from various DoHS Bureau for Medical Services (BMS) and the Bureau for Social Services (BSS) vendors, helping to ensure timely and accurate delivery of data to support the Office of Quality Assurance for Children's Programs (OQA)'s reporting. She conducts thorough data quality review and analysis to maintain high standards of data accuracy and process reliability, which further guides the data collection workflow changes and requirement specifications. Fei plays a key role in supporting the ingestion and implementation of systems and program data into the data store. She is also on the core team to meet regularly with BMS and BSS program teams to support the generation of monthly, quarterly, semi-annual, prototype, and ad hoc/stop-gap reports, analyses, and visualizations to meet OQA's reporting and Continuous Quality Improvement (CQI) program operation needs.

Data Improvement Project (07/2021 to 10/2024)

Fei supported the data reconciliation efforts during the Medicaid Management Information System (MMIS) warehouse migration, helping to ensure accuracy and consistency between legacy and new systems. She was on the core technical team that developed and implemented effective strategies and technical solutions to identify data issues, including duplications, unusual trends, and mismatched information. She collaborated with vendors in recommending resolutions to address identified data quality issues.

Community Care Behavioral Health (CCBH) (07/2021 to 10/2025)

Fei led the generation of monthly financial reports, which provided CCBH, a Medicaid behavioral health MCO, with extensive insights of cost trending and supports the regulatory reporting submission to Pennsylvania's Medicaid agency. She spearheaded efforts to streamline the report generation process, identifying inefficiencies and implementing solutions to enhance efficiency and accuracy; and conducted ad hoc trend analysis to identify patterns and anomalies. She executed precise data manipulation for actuarial models, helping to ensure accuracy and integrity in complex financial calculations.

Massachusetts Health Policy Commission (01/2021 to 07/2025)

She supported economists by providing complex datasets derived from various data sources, enabling them to conduct in-depth analysis and make decisions. She also performed ad hoc customer-specified complex analyses, leveraging her ability to refine logical definitions and extract valuable insights from the data. Her expertise allowed her to offer thoughtful suggestions from a data perspective.

BMC Health System (formerly HealthNet Plan) (08/2012 to 07/2021)

Fei worked as a health data analyst II, senior health data analyst, and senior medical economics analyst. She led the development and production of regulatory reports to the Massachusetts Executive Office of Health and Human Services, the New Hampshire Department of Health and Human Services, and CMS, including NCQA/PQA measures. She developed and analyzed monthly reports to identify high risk/high utilization members for care management. Fei supported strategic planning including risk adjustment and quality improvement initiatives. She

created a results tracking dashboard for utilization trends, quality measure compliance, and care management operations for both internal and external clients. Fei also investigated unusual utilization trends, built and maintained a profitability database for an Accountable Care Organization (ACO) model, and worked on the claim service categorization from the design phase to the User Acceptance Testing Phase. She was responsible for code migration and impact analysis for the ICD9/ICD10 transition and training for new hires.

Health Dialog (08/2010 to 08/2012)

Fei worked as an evaluation analyst designing and coding models to estimate clinical outcomes and financial impact. She consulted with internal and external customers for an appropriate analysis plan and debugged, reviewed, and wrote Standard Operating Procedures for products.

Benjamin Chu

Ph.D.

Health Economist | Berry, Dunn, McNeil & Parker, LLC



KEY QUALIFICATIONS

- Experience in statistical analysis and modeling of health claims data
- Experience with SAS, SQL, Excel, Tableau, R, PowerBI, and Python as well as other data science tools
- Experience collaborating with key personnel, health professionals, and stakeholders to process data requests
- Experience with tasks in data cleaning, web scraping, quality assurance, statistical inference, and data visualization
- Experience in conducting research in health economics and policy development, preparing summary reports, and presenting findings

EDUCATION, CERTIFICATIONS, AND MEMBERSHIPS

- Ph.D., Economics, University of Hawai'i at Manoa
- MA, Economics, University of Hawai'i at Manoa
- BS, Family and Consumer Sciences, University of Hawai'i at Manoa
- Google Advanced Data Analytics Professional Certificate
- IBM® Machine Learning Professional Certificate
- Data Science Fundamentals with Python and SQL Certificate
- SQL for Data Science Course Certificate

Ben Chu received his Ph.D. in economics from the University of Hawai'i in 2023 with a research focus in health economics, health policy, and applied econometrics. He is a results-driven professional with more than eight years of experience in policy analysis, academic research, econometrics, machine learning, and statistical analysis. Ben is skilled in various programming languages for data science and is adept at drafting and presenting both statistical and legislative reports. He is experienced in researching Medicare and Medicaid policies and delivering presentations to diverse audiences, including both technical and non-technical stakeholders.

EXPERIENCE

BerryDunn (04/2025 to present)

Ben is a manager with BerryDunn's Health Analytics Practice Group.

Centers for Medicare and Medicaid Services (CMS) (07/2023 to 04/2025)

As a social science research analyst, Ben collaborated in the processing, publishing, and dissemination of the Medicare Part C and D Star Ratings, leveraging data analysis and automation techniques in SAS, SQL, Excel, and Tableau to improve the accuracy and timeliness of reporting. He applied statistical techniques to analyze and present key findings and performance metrics from the Star Ratings program, delivering actionable insights to senior leadership and external partners. Ben engaged with clients, consultants, and representatives

from national health organizations to address inquiries on Star Ratings methodology and regulations, and efficiently processed data requests.

Telecommunications and Social Informatics Program (TASI) (10/2022 to 06/2023)

Ben served as a research assistant. He provided technical, analytical, and coordination support for research activities, reporting, data requests, and presentations; including development of codes, workflow, briefs, and Standard Operation Procedures for various data science and health Information Technology projects. Ben assisted with research on various healthcare and healthcare system topics, including conducting literature reviews, writing academic papers, and preparing findings for dissemination to stakeholders and non-technical audiences. He also conducted statistical analysis and modeling of health claims data using statistical software such as R, SAS, Python, or other data science tools.

Department of Economics, University of Hawai'i at Manoa (01/2019 to 07/2023)

As a lecturer, Ben taught undergraduate courses in the subjects related to microeconomic theory, macroeconomic theory, econometrics and data analysis, and visualization. He was responsible for creating and instructing a course in data science as part of a focused economics bridge program between Kapi'olani Community College and the University of Hawai'i at Manoa for four COVID-19 Affected groups, Native Hawaiians, Pacific Islanders, Filipinos, and women. Ben designed and constructed a learning curriculum that was easily accessible for students both in classrooms and online environments.

Pacific Health Analytics Collaborative (09/2019 to 09/2022)

Ben served as a research assistant. He conducted economic research that proposed innovations in Medicaid, risk adjustment systems, and diagnostic classification for the purpose of improving health care quality and accessibility. Ben applied methods in economics and econometrics to conduct statistical analyses of health policy topics using electronic health records, medical claims, and survey data. He utilized R, Python, and PowerBI to perform tasks in data cleaning, web scraping, quality assurance, statistical inference, and data visualization. Ben prepared summary reports, academic papers, data dashboards, briefings, and data quality assessments to be presented to various community stakeholders, health professionals, and non-technical audiences.

Center on Disability Studies, University of Hawai'i at Manoa (08/2018 to 01/2019)

As an educational coach, Ben assisted students with special health care needs in improving their academic and self-management skills such as time management, organization, and study habits. He helped students identify and build strengths to transfer abilities across domains, develop individual plans for academic support, and foster the growth of affective skills.

Department of Economics, University of Hawai'i at Manoa (08/2017 to 08/2019)

In his time as a teaching assistant, Ben taught weekly sessions in microeconomics and econometrics for undergraduate students. He assisted in the creation and grading of assignments and exams for undergraduate economic courses.

PUBLICATIONS

Chu, B.C. (2023). *Who did the ACA Medicaid expansion impact? Estimating the probability of being a complier*. Health Economics.

Stefanie Levy

MSW, MPH

Senior Project Coordinator | Berry, Dunn, McNeil & Parker, LLC



KEY QUALIFICATIONS

- Over a year of researching and writing medical efficacy reviews
- Experience with state policy analysis

EDUCATION, CERTIFICATIONS, AND MEMBERSHIPS

- MPH, Boston University
- MSW, Boston University
- BS, Psychological Sciences, University of Arizona

Stefanie is a public health social worker with experience supporting complex health policy and public health initiatives across government and community-based settings. Her background includes roles at Massachusetts' Medicaid agency, MassHealth, where she contributed to policy development and delivery system reform, and Maricopa County's Women, Infants, and Children (WIC) program, where she supported outreach for Medicaid-eligible populations. Her work has included conducting literature reviews, providing project management, and supporting the development of governmental policy. Stefanie's interdisciplinary training in social work and public health brings a practical, system-level perspective to complex health policy projects.

EXPERIENCE

BerryDunn (07/2024 to present)

Stefanie is a consultant in BerryDunn's Health Analytics Practice Group, serving clients in governmental and quasi-governmental organizations. Stefanie assists with project management, research, and writing across client projects.

West Virginia Department of Human Services (DoHS)

Mental Health Parity and Behavioral Health Support Project (09/2024 to present)

Stefanie provides project coordination and monitors project risks and issues to assist the client with management and facilitation for DoHS Mental Health Parity and Behavioral Health Support Project. She also supports research and writing for mental health parity reports.

Massachusetts Center for Health Information and Analysis

Comprehensive Mandated Benefit Review (07/2024 to present)

Stefanie plays a critical role in drafting medical efficacies, thoroughly researching standards of care and statutory requirements. This involves in-depth analysis of medical standards of care, statutory review, and best practices to help ensure that the materials are both accurate and aligned with current healthcare standards. Most recently, Stefanie worked on An Act Relative to Cancer Screenings for Firefighters (H1230 / S690), published February 2026.

Washington State Department of Health

Certificate of Need (07/2024 to 06/2025)

Stefanie conducted research, analyzed statutes and state policies, and supported report writing. She also developed client-facing materials to disseminate significant research findings. Stefanie prepared background research to brief clients on key information to facilitate expert interviews. Additionally, Stefanie helped summarize qualitative data to incorporate community input into the report.

Maryland Health Care Commission

Mandated Benefit Review (07/2025 to 12/2025)

Stefanie served as a project manager for three concurrent mandated benefit reviews, pharmacogenomic testing for individuals with anxiety and depression, aesthetic services and restorative care, and a menopause study. In addition, Stefanie assisted with research and writing, conducted expert interviews, and facilitated internal planning to help ensure the team delivered high-quality reports to the Maryland legislature.

Maricopa Women, Infants, and Children (WIC) (05/2022 to 08/2022; 05/2023 to 08/2023)

Stefanie participated in outreach throughout Maricopa County, including connecting with three organizations for WIC/Supplemental Nutrition Assistance Program (SNAP) discount parity. She conducted in-depth literature reviews on Digital Equity to inform program development, created 20 social media posts focused on breastfeeding education, and managed outreach inventory through ordering organizational supplies and creating a sustainable organizational system.

MassHealth (09/2022 to 04/2023)

Stefanie served as an Intern for Massachusetts's state Medicaid program, MassHealth. As a student intern for Payment, Care, and Delivery Incentives, Stefanie initiated and managed a project developing environmental health policy for Accountable Care Organizations (ACOs), including a slide deck and policy memo for Governor Healey. She also co-created a slide deck briefing the Parental, Child and Family Department on the current landscape of potential policy, including state-to-state analysis and interagency connections, and created tools to assist with program management and delivery for student loan repayment programs.

Cambridge Health Alliance (09/2021 to 04/2022)

As an intern in the Community Health Initiatives Department, Stefanie co-led an after-school program aimed at preventing youth problem gambling, including creating a lesson plan about sports betting. She collaborated with youth to analyze areas of growth in their community and existing health disparities as well as crafted a Mental Health Resource Guide and Sexual and Reproductive Health Programming Protocols.

Valley Endodontics and Oral Surgery (05/2020 to 05/2021)

Stefanie led front desk operations to support smooth and efficient patient experiences and administrative workflows. She verified insurance, created treatment estimates and discussed options with patients, facilitated patient check-out, scheduled appointments and answered

patient questions. She successfully trained new employees by adapting to their respective strengths and various learning styles and increased monthly production for multiple doctors by emphasizing collective strategy and teamwork.

“BerryDunn” is the brand name under which Berry, Dunn, McNeil & Parker, LLC and BDMP Assurance, LLP, independently owned entities, provide professional services in an alternative practice structure in accordance with the AICPA Code of Professional Conduct. BDMP Assurance, LLP is a licensed CPA firm that provides attest services, and Berry, Dunn, McNeil & Parker, LLC, and its subsidiary entities provide tax, advisory, and consulting services.

The entities falling under the BerryDunn brand are independently owned and neither entity is liable for the services provided by the other entity. Our use of the terms “our firm” and “we” and “us” and terms of similar import denote the alternative practice structure of Berry, Dunn, McNeil & Parker, LLC and BDMP Assurance, LLP.

We will be utilizing generative AI programs where appropriate and permissible under client contracts and relevant laws. These AI tools are designed to support our team in various aspects of our work, including data analysis and project management. The integration of AI enables us to provide more accurate insights and streamline our processes, ultimately benefiting our clients through enhanced service delivery.

This proposal is the work of Berry, Dunn, McNeil & Parker, LLC and is in all respects subject to negotiation, agreement, and signing of specific contracts.