



April 30, 2020

James F. Russell, Director  
Erin Rauch, Assistant Director  
George Mason University  
Purchasing Department  
4400 University Drive, Mailstop 3C5  
Fairfax, Virginia 22030

**RE: George Mason University RFP No. GMU-1644-20  
Health Care Delivery Models**

Dear Mr. Russell and Ms. Rauch,

Thank you for the opportunity to bid on this important project. We are excited and honored to have the opportunity to be part of the anticipated evolution of George Mason University and how the University is addressing the needs of those in the northern Virginia area (NOVA).

George Mason's goal to ultimately establish a non-physician faculty practice plan as a means to further meet the needs and in NOVA and to further distinguish Mason's school of public health is innovative, if not the first of its kind. Pursuit of such a bespoke approach necessitates partnering with a firm with proven success in similar areas coupled with innovative thought leaders who are positioned to navigate these familiar, but uncharted paths with you.

Never before in our history has such a strong commitment to developing and training public health professionals been more imperative. Guidehouse is deeply invested in helping more than 350 hospitals across more than 25 states respond to COVID, we are working alongside FEMA, HHS, CDC, CMS, the Veterans Administration, over 25 Medicaid programs and several local municipalities in their response to the COVID-19 pandemic. While our qualifications prior to this pandemic would have been well-suited to support your goals, we believe the current shifts in the landscape present even more favorable opportunities for Mason to stay the course with their vision and to partner with Guidehouse who brings unparalleled perspectives that will be uniquely advantageous in a time such as this.

In the attached proposal, we present a technical approach that leverages our industry expertise addressing similar issues with clients like you. Our approach will deliver a cost-effective plan to evaluate the existing and future healthcare delivery models for the Population Health Center at George Mason University. The key objectives of the project are to:

- Evaluate functions, business operations and sustainability of the Mason Area Partners (MAP) clinics.



- Assess the existing population health services and provide recommendations for healthcare plan options that the college can provide.
- Evaluate options for the establishment of a primarily non-physician faculty practice plan.

To assist you in achieving your goals we will bring a team of clinicians, consultants and operators who combined have over 150 years of experience in clinic operations (including specific experience in medical access program clinics), alternative clinic structures and care models, population health management and novel approaches to whole person care in addition to experience in academic medicine and faculty practice plan development and management.

The rapid and efficient deployment of our firm's resources to assist our clients through COVID-19 response and recovery is a testament to the breadth and depth of our firm. We are adept at tackling complex issues and providing value for our clients.

We welcome the opportunity to discuss any aspect of this proposal with you.

Sincerely,



Dan DeBehnke, MD, MBA  
Partner



Tamyra Porter  
Partner

Enclosure

Proposal for:

# Health Care Delivery Models

RFP No. GMU-1644-20

Prepared for:



James F. Russell, Director  
Erin Rauch, Assistant Director  
George Mason University  
Purchasing Department  
4400 University Drive, Mailstop 3C5  
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*April 30, 2020*

## Technical Proposal

Submitted by:

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### ***Cross Reference Matrix***

RFP Requirement	Location
<b>XI. STATEMENT OF NEEDS</b>	
Phase 1 – MAP Clinics Business and Sustainability Evaluation	Page 7 – 10
Phase 2 – Assessment of Existing Population Health Services and Recommendations for Health Care Plan Options	Page 10 – 12
Phase 3 – Options for Establishing Faculty Practice Plan	Page 13 – 15
<b>XIII.B. SPECIFIC REQUIREMENTS</b>	
1. Procedural information:	Appendix A
a. Return signed cover page and all addenda, if any, signed and completed as required.	Appendix D
b. Return Attachment A - Small Business Subcontracting Plan.	Cost Proposal
c. State your payment preference in your proposal response. (See section XVI.)	Confirmed
d. Responses should include both a technical and business proposal.	
2. General firm background and information:	Page 1 – 3
a. Provide a background and a brief history of your firm.	
b. Names and resumes/CVs of all team members, general availability to be deployed.	
3. Specific Plan (Methodology)	Page 6 – 15
4. Costs:	Cost Proposal
a. Budgets (labor categories – hours and fees) by Workstream for proposed required services.	(Submitted under separate cover)
b. Hourly rates for possible future requirements that Mason may or may not require.	

# 1. Procedural Information

## a. Return signed cover page and all addenda

Please refer to Appendix A of our proposal.

## b. Return Attachment A – Small Business Subcontracting Plan

Please refer to Appendix D of our proposal.

## c. State your payment preference (See RFP section XVI)

Please refer to Section 4. Cost Proposal of our response (submitted under separate cover).

## d. Include both a technical and business proposal

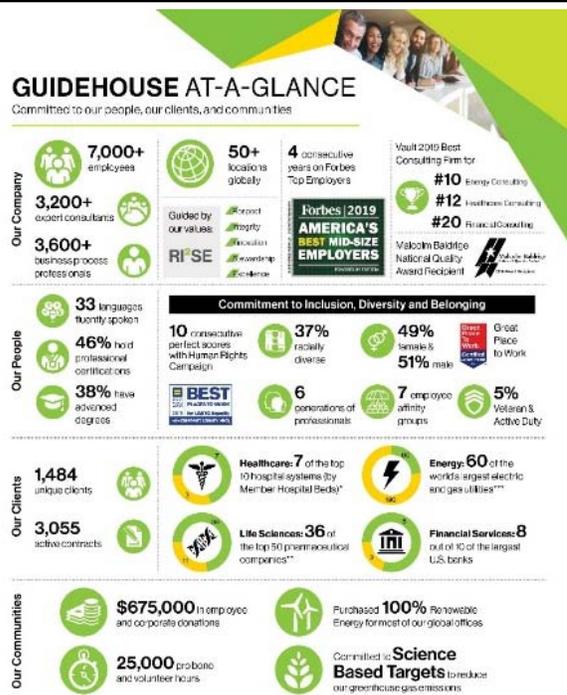
**Technical proposals are not to exceed 15 pages (exclusive of time page, resumes/CVs, project examples or appendices); Business proposals should be as concise as possible while including all required information and supporting documentation; Proposals are to be single-spaced with a font of 11-point or larger. Appendices are not evaluated except for resumes/CVs.**

Guidehouse confirms that its proposal meets these requirements. Resumes are included in Appendix B to our proposal.

# 2. General Firm Background and Information

## a. Background and Brief History of Guidehouse

Guidehouse is a leading global provider of consulting services to the public and commercial markets with broad capabilities in management, technology, and risk consulting. We help clients address their toughest challenges with a focus on markets and clients facing transformational changes, technology-driven innovation and significant regulatory pressure. Across a range of advisory, consulting, outsourcing, and technology / analytics services, we help clients create scalable, innovative solutions that prepare them for future growth and success. Headquartered in Washington DC, the company has more than 7,000 professionals in more than 50 locations. Guidehouse is led by seasoned professionals with proven and diverse expertise in traditional and emerging technologies, markets and agenda-setting issues driving national and global economies. For more information or full-scale visuals, please visit: [www.guidehouse.com](http://www.guidehouse.com).



**Academic Health System (AHS) Experience**

**We bring national expertise of best practices.** In addition to bringing a national perspective steeped in our experience working with over 400 healthcare clients across the United States, our project team brings extensive working knowledge of the challenges and decisions facing major AHS, their Schools of Medicine, extended facilities and teaching relationships, their associated Faculty Practices, and affiliated physician relationships. Led by Dr. Dan DeBehnke, a former AHS CEO, Guidehouse’s Academic Health System practice has a long-standing commitment to helping respond to complex challenges while maintaining the mission requirements of medical education, research, high-quality patient care, and access.

Our firm is unique in that we bring expertise in multiple disciplines that are essential in a project such as this. You can engage a **single firm** and be assured that the expertise is present to address multiple needs and solutions, including but not limited to: strategic planning, funds flow evaluation and design, revenue cycle performance improvement, strategic partnering, operational and functional planning, accountable care organization development, growth / service line development, ambulatory care network development, facilities planning, payer partnerships, clinically integrated network development, managed care contracting, performance improvement, medical staff development, and employed medical group performance improvement.

We understand the complexity for AHS’ to reconcile their missions and the needs of multiple stakeholders—the next generation of physician providers, hospitals, physician practices, health systems, and research facilities—as well as patients and payers. Advances in science and technology as well as health policy have changed the scope of practice so that traditional department relationships do not always encompass a move toward optimal wellness and population health moving beyond traditional patient care. AHS and their faculty practices may need to compete externally for market share and reputation in order to maintain the quality of programs and attract the best physicians, public health experts and students. Internal competition for resources—space, appointments, etc.—can lead to conflict and deadlock when the greatest need is to move forward.

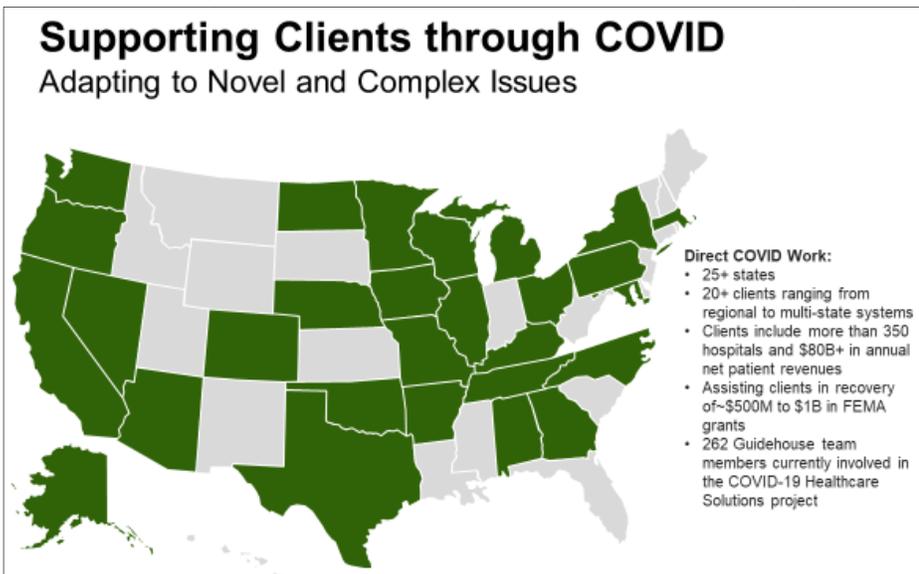
The following graphic represents a small sampling of the recent work Guidehouse has performed nationally for AHS:



\*Please refer to Appendix C where we have provided several case studies that highlight our relevant experience specific to the scope of this project for GMU.

**Complicated Issues Require Novel Solutions**

We are experiencing unprecedented times. The COVID-19 Pandemic has impacted all aspects of our society in ways we have never experienced before. Our firm has been able to quickly and efficiently pull together the resources in our government and payer/provider practices to assist our clients in their response and recovery to this challenge. We are currently working in over 350 hospitals in over 25 states, helping clients adapt to the “new normal”. The graphic adjacent reflects our footprint and impact:



What does this mean for GMU and the proposal at hand? The goals of your proposal are unique, even “one of a kind” in our experience. They are complex and unique. “Cookie cutter” solutions will not suffice. Such tasks require innovation. Similar to our approach to responding to unique and one-of-a-kind COVID-19 issues, we will bring this same breadth, depth and flexibility to your request.

**b. Names and Resumes of Team and Availability**

We have assembled a team that includes subject matter experts and dedicated project delivery staff who have successfully offered innovative solutions, consistently delivering projects on time and within budget for similar ventures, including for state universities. This team is very flexible and will be committed to completing the tasks outlined within the proposed 16-week period pending scheduling and availability. While we would prefer to complete much of this work in person and to evaluate the facilities first hand, we realize that during the time of this pandemic, such options may need to be reconsidered and we will work with you, as part of our kick off meeting, to identify reasonable alternatives. Key roles and responsibilities are identified below.

**Credentials of our Key Team Member**

Name   Title   Project Role	Education	Experience
<b>Daniel DeBehnke, MD, MBA</b> Partner  <b>Project Role:</b> <b>Engagement Executive</b>	<ul style="list-style-type: none"> <li>• Master of Business Administration</li> <li>• Residency in Emergency Medicine</li> <li>• Doctor of Medicine</li> </ul>	30 years of healthcare experience that includes: <ul style="list-style-type: none"> <li>• Entire non-consulting professional career spent in Academic Medicine</li> <li>• Leader of Guidehouse’s Academic Health System Consulting Practice (current)</li> <li>• CEO of 1500 member faculty practice plan</li> <li>• CEO of \$1.5B Academic Health System</li> <li>• Professor of Emergency Medicine at Medical College of Wisconsin (current)</li> <li>• Faculty at Creighton University Heider College of Business in Executive MBA program (current)</li> </ul>

Name   Title   Project Role	Education	Experience
<p><b>Susan Kim, MPH, MBA</b> Associate Director</p> <p><b>Project Role: Project Manager</b></p>	<ul style="list-style-type: none"> <li>• Master of Public Health</li> <li>• Master of Business Administration</li> </ul>	<p>15 years of healthcare experience that includes:</p> <ul style="list-style-type: none"> <li>• Experience in Academic Medicine both as a consultant and working directly for Academic Medical Centers</li> <li>• Project management experience leading complex projects in the areas of clinical operations optimization and improvement, finance, provider strategy and services agreements, and strategic planning</li> </ul>
<p><b>William K. Faber, MD, MHCM</b> Director</p> <p><b>Project Role: Subject Matter Expert</b></p>	<ul style="list-style-type: none"> <li>• Master of Health Care Management</li> <li>• Residency in Family Medicine</li> <li>• Doctor of Medicine</li> </ul>	<p>30 years of healthcare leadership experience:</p> <ul style="list-style-type: none"> <li>• CMO of \$900M two-hospital health system in Silicon Valley</li> <li>• Has founded Clinically Integrated Networks in nine diverse US markets</li> <li>• Deep experience in Population Health Management and ACO performance optimization</li> <li>• Leader of Navigant/Guidehouse Care Transformation service line</li> <li>• Executive of three multispecialty physician groups</li> <li>• Lecturer in Population Health Management at University of California San Francisco</li> </ul>
<p><b>Jeff Skwarek</b> Director</p> <p><b>Project Role: Medical Group SME (clinical operations and faculty practice plan)</b></p>	<ul style="list-style-type: none"> <li>• MHA, Healthcare Administration</li> <li>• B.S., Industrial Engineering</li> </ul>	<p>12 years of experience that includes:</p> <ul style="list-style-type: none"> <li>• Former COO at Inova Medical Group (and other management positions within Inova Health System)</li> <li>• Leader of Guidehouse's Physician Enterprise / Medical Group Operations team</li> <li>• Led / been part of 50+ consulting engagements with medical groups to support operational and financial opportunities and develop strategy / execution</li> </ul>
<p><b>Lauren Moffatt, MBA, CMPE</b> Associate Director</p> <p><b>Project Role: Phase I Lead</b></p>	<ul style="list-style-type: none"> <li>• Master of Business Administration</li> <li>• Certified Medical Practice Executive</li> </ul>	<p>20+ years of experience that includes:</p> <ul style="list-style-type: none"> <li>• Operational and workflow assessments and redesign</li> <li>• Physician practice management (private and academic medical center)</li> <li>• Performance improvement</li> <li>• Strategic planning</li> <li>• Financial management and budgeting</li> <li>• Physician practice revenue cycle</li> </ul>
<p><b>Susie Smith, PhD</b> Associate Director</p> <p><b>Project Role: Subject Matter Expert</b></p>	<ul style="list-style-type: none"> <li>• PhD, George Mason University</li> <li>• MSN Administration, George Mason University</li> <li>• BSN RN</li> <li>• ANCC Nurse Executive</li> </ul>	<p>30+ years of experience that includes:</p> <ul style="list-style-type: none"> <li>• Senior Healthcare Leader: Cardiac, Quality, HR operations in large tertiary system</li> <li>• Population Health Executive: <ul style="list-style-type: none"> <li>– Lead ACO programs and activities to support performance in Value-Based Contracts across Commercial, Medicare, Medicare Advantage.</li> <li>– Clinically Integrated Network: Clinical quality oversight for engaged physician groups</li> <li>– Clinical oversight of large Primary Care Medical Groups</li> <li>– Development of a care management program for national physician practice management and population health technology company</li> <li>– Successful NCQA PCMH Medical Home practice transformation for multiple provider organizations</li> </ul> </li> </ul>

Name   Title   Project Role	Education	Experience
<b>Michael J. Romano</b> Director  <b>Project Role, Subject Matter Expert, Operations and Growth</b>	<ul style="list-style-type: none"> <li>• MHA, Health Economics</li> <li>• Bachelor of Science, Finance</li> </ul>	29 years of healthcare consulting experience that includes: <ul style="list-style-type: none"> <li>• Career Consultant</li> <li>• Leader in Guidehouse's Physician Strategy and Operations service line</li> <li>• Lead consultant on more than 300 consulting engagements</li> <li>• Significant academic experience at places like LSU, VCU, UAB, University of TN, University of TX, Baylor and others</li> <li>• Past Faculty at University of Utah MHA program</li> <li>• Frequent speaker at HFMA and ACHE</li> </ul>
<b>Tamyra Porter</b> Partner  <b>Project Role: Subject Matter Expert</b>	<ul style="list-style-type: none"> <li>• BSPH</li> </ul>	20 years of experience working with population health management as it applies to Medicaid and other payer markets. <ul style="list-style-type: none"> <li>• Career Consultant</li> <li>• Lead in analyses of community needs assessments, and a trusted consultant to Fannie Mae in their Sustainable Communities Initiatives at the adjacency of health and housing</li> <li>• Advised over ½ of the country's Medicaid programs in design, financial viability, health disparities and overall program evaluation. Keenly familiar with unique needs of the underserved and uninsured.</li> <li>• Business Advisor to Chair of OBGYN at UNC-CH</li> </ul>
<b>Danna Campbell</b> Director  <b>Project Role: Subject Matter Expert</b>	<ul style="list-style-type: none"> <li>• Certified Public Accountant</li> <li>• B.S., Nursing</li> </ul>	20 years of experience that includes: <ul style="list-style-type: none"> <li>• Academic medical centers – Clinical and Financial Strategic and Operations</li> <li>• Funds Flow Analysis – Research, Education, Clinical</li> <li>• Provider compensation and productivity analysis and development</li> <li>• Physician practice management</li> <li>• Hospital/Physician Alignment</li> <li>• Clinical Integration/Development of CIN/ACO</li> </ul>
<b>Mark Benninghoff, MBA</b> Director  <b>Project Role: Subject Matter Expert</b>	<ul style="list-style-type: none"> <li>• Master of Business Administration</li> <li>• B.A. Accounting and Business Administration</li> </ul>	30+ years of healthcare experience that includes: <ul style="list-style-type: none"> <li>• Majority of non-consulting professional career spent in Academic Medical Center and Faculty Practice Plan Administration</li> <li>• SVP of 2100 member faculty and community practice plan</li> <li>• Focus areas include revenue cycle and physician enterprise solutions for academic and non-academic clients</li> </ul>
<b>Mary Gao</b> Managing Consultant  <b>Project Role: Project Staff</b>	<ul style="list-style-type: none"> <li>• Bachelor of Psychology and Economics</li> </ul>	Five years of consulting experience that includes: <ul style="list-style-type: none"> <li>• Strategic plan development for higher education institutions (Jefferson Univ., Univ. of Arizona – Phoenix)</li> <li>• Implementation of new medical school seeking accreditation (Univ. of TX Rio Grande Valley)</li> <li>• Led 96 market assessments for the Veterans Administration (~1,350 sites of care)</li> </ul>

### 3. Specific Plan (Methodology)

*Provide a detailed approach, supporting justification and timeline for providing required services for the Workstreams listed herein.*

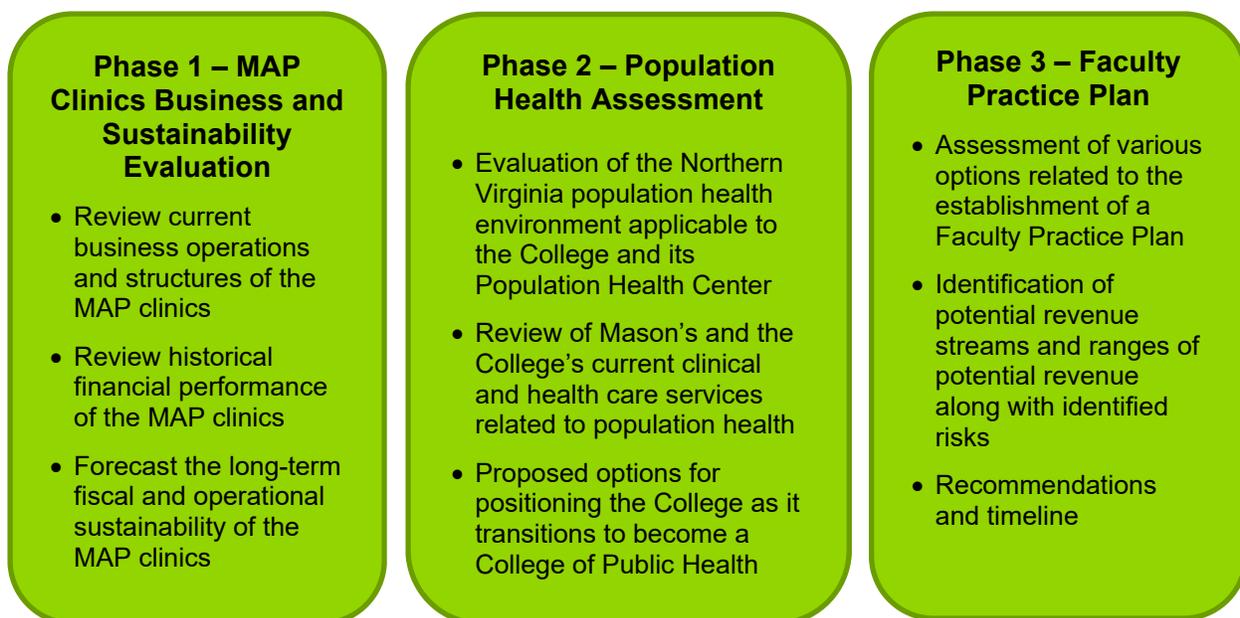
#### Our Understanding of Your Needs

The George Mason University (“GMU” or “Mason”) is the largest public research intensive (R1) university in the Commonwealth of Virginia, expanding its impact in October 2019 as the College of Health and Human Services opened its Population Health Center (PHC) as a means to advance the public’s health and eliminate disparities. The Mason and Partner (MAP) health centers provide a comprehensive service offering to the community through the Bridge Care model supporting the uninsured from the initial point of entry into the health system until the patient is placed into an existing community health system, medical home, or while awaiting other healthcare coverage.

We are keenly familiar with the concept, “Where there is no margin, there is no mission.” GMU seeks a trusted advisor to partner with them to enhance and sustain its mission to advance public health and eliminate disparities with specific goals to address three critical needs:

- **Growth and Sustainability:** Do our reimbursement strategies maximize the ability to offset costs associated with the provision of services, including those with reimbursable services through federal, public or private health plans?
- **Best Practices Billing:** How do the rates we negotiate benchmark to other managed care or payer offerings? How do we become more sophisticated in this negotiation?
- **Establish a Faculty Practice Plan:** What is the feasibility of a non-physician faculty practice plan; how would such a plan help promote GMU’s short and long-term vision?

Our approach to addressing these critical needs is covered within the three phases or workstreams outlined for this project:



**Our proposed approach addresses each of the three phases and stated objectives.**

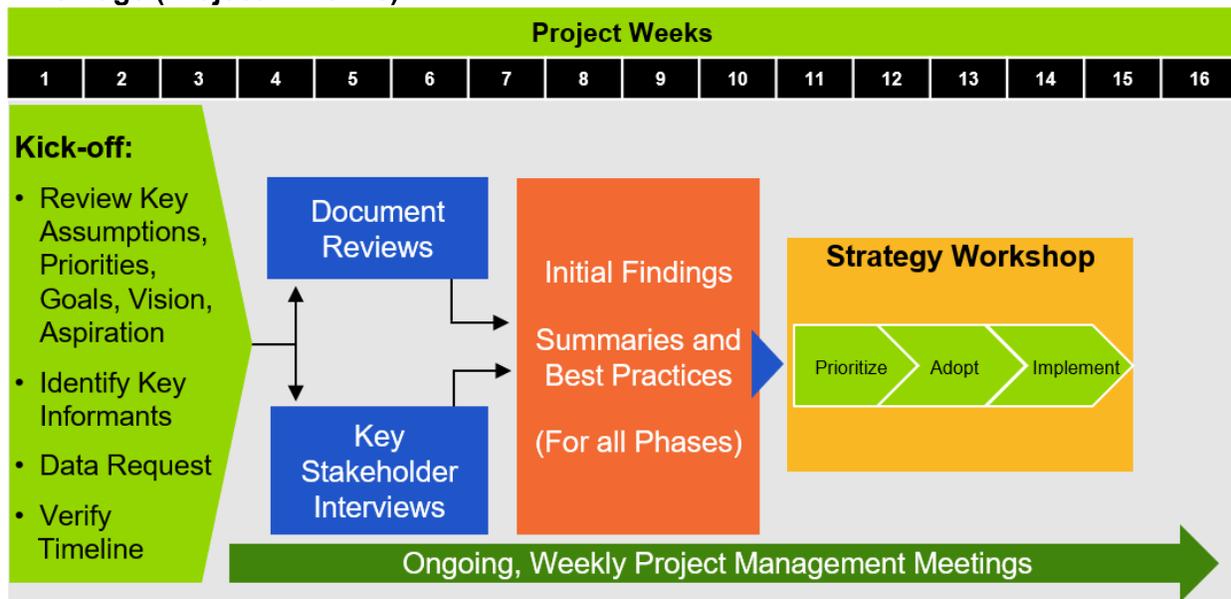
While our assessments will be specific to the key issue reflected in each of the three phases, we recognize that all the phases are components of GMU’s overall goal to further position itself as an institution of excellence in meeting the population health needs in the NOVA area.

Maintaining and growing the GMU footprint requires:

- A continuous assessment of financial positioning,
- Ongoing evolution and adaption to the community and market needs and,
- Visioning an ideal future state with retention of key leaders and investors through innovative considerations of a faculty practice plan.

Our project manager will work in concert with the GMU sponsor to maintain coordination and efficiency of all three phases and related deliverables. For example, in each phase, we utilize key stakeholder interviews. At the start of the project we will identify the right point of contacts for such interviews and seek to schedule time to address all questions in the least burdensome manner for the GMU representatives. At project kick off we will verify key project goals, discuss scheduling, etc. Given the current remote nature of many operations, the mode of our efforts will be a priority for discussion. While we would prefer to conduct many interviews and facility assessments in person on the Mason campus, we will evaluate alternative means to advance the work, or as needed to adjust the project timeline to ensure the maximum value of the effort.

**Time Page (Project Timeline)**



**Phase 1 – MAP Clinics Business and Sustainability Evaluation**

*The following section of our proposal is responsive to RFP §XI (Phase 1) and XIII.B.3.*

**Our Approach:**

Our Phase I assessment work includes both **quantitative analyses** to benchmark financial and operational processes against key performance indicators (KPIs), and **qualitative analyses** leveraging our subject matter experts (SMEs) to assess processes, workflows and operational

standards. We will approach Phase 1 by focusing on options for **long-term fiscal sustainability** and **best practice operations** such as patient flow through the clinics, clinical and business workflows, staffing levels, scheduling/access and use of technology. Our assessment will also account for some of the unique goals of the MAP clinics and its Bridge Care model<sup>1</sup>. While we will make every attempt to compare the operations of your clinics to similar organizations such as those at GWU, Harvard, UNC and others, we will also employ more traditional comparators for physician clinics, Community Mental Health Centers and Federally Qualified Health Centers where data sets are more robust. This larger comparative set will inform our insight and guidance regarding current and future state MAP operations.

### **Step 1 – Review Current Business Operations and Structures of the MAP Clinics**

Guidehouse will conduct a current state financial and operational review of the MAP clinics, including (but not limited to) revenues and funding resources as well as expenses, staffing, productivity, access, infrastructure, patient registration, scheduling, and optimization of reporting activities as required by current funding sources for reimbursement purposes including volumes and financials to ensure appropriate funding. During our kickoff meeting we will provide our data request which will include requests for detailed financial statements, clinical and administrative payroll data, and detailed scheduling template information. We will discuss ideal candidates for our key stakeholder interviews specific to these analyses. We hope to obtain requested data within one week of request and aim to provide assessment findings for Step 1 within 6 weeks of project kick-off assuming data is available.

#### **Step 1 Key Work Activities:**

- **MAP Clinic Financial Performance Analyses:** Our standard analysis includes evaluation of net income, revenue, and expense categories that will not only allow us to identify major drivers of revenue and costs at a practice level, but also to compare the differences between clinics. We understand that organizations may have unique methods of tracking their financial performance, and we would closely partner with your financial leaders to review our underlying assumptions and modify as needed throughout the engagement, ensuring that these assumptions are addressed in initial interviews as noted below.
- **Benchmarking analysis:** Our benchmarking analysis will compare the MAP clinics' operational performance to national and regional benchmarks. We utilize various data resources, including, but not limited to data from NACHC – the National Association of Community Health Centers which provides FQHC comparative data, MGMA, AMGA, and Navigant's proprietary data to evaluate performance across multiple dimensions. This analysis will look at performance indicators including: appropriate skill mix and care models, support staffing ratios, operational expenses, provider productivity including scheduling and template optimization, volume and throughput indicators including patient cycle time, assessment of telehealth capabilities and utilization.
- **Validation Interview and Site Assessments:** To validate many of our observations from the financial and benchmarking assessments, we propose to interview 10-15 key GMU, Population Health and MAP clinic stakeholders (leadership, practitioners, operators) and to conduct MAP clinic and Population Health site visits for direct

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<sup>1</sup> <https://transitionalcare.org/the-bridge-model/>

observation of workflows, site utilization, and current care delivery models, tracking observations in a tool such as the following:

Practice Site / Task Observations						
No.	Task	Measure	Observed	Reported	Potential, Bottlenecks	Definition
t1.1	Six or fewer appointment types exist and are consistent between providers	Yes/No				6 appointment types or <
t1.2	The number of appointments slots are in line with (allow for) productivity goals	Yes/No				Define productivity goals
t1.3	Appointment slots follow policy for visit length / time	Yes/No				
t1.4	Scheduling activities (calls, etc.) are separated from patient-facing tasks	Yes/No				
t1.5	Staff confirm empty appointment slots each day	Yes/No				
t1.6	Staff try to fill empty appointment slots after confirmation calls	Yes/No				Waitlist?
t1.7	Patients receive reminders calls at appropriate intervals before appointments	Yes/No				Ex: 2 days prior
t1.8	Patient expectations/obligations are communicated when scheduled	Yes/No				Financial; Other? Pre-testing, fasting, etc
t1.9	Routine patients are seen within defined time range	Yes/No				PCP: within 7 days; Specialist: within 14 days; Same day sick are

### Step 1 Deliverables:

Current state summary report and recommendations for achieving identified opportunities for improvement based on national benchmarks and best practices.

### Step 2 – Review Historical Financial Performance of the MAP Clinics

Based on the historical data received from the data request in Step 1, Guidehouse will look to understand the MAP clinics’ prior income and expense trends, develop strategies to meet growing and/or changing demand for their services, and GMU’s preparedness for providing care under different delivery models and/or payment vehicles. In addition to our operations and finance teams, we will bring actuarial experts to evaluate data and trends to support final recommendations for a GMU future state.

### Step 2 Key Work Activities:

- Evaluate and trend the MAP clinics’ historical financial performance
- Understand current and projected future demand trends using GMU’s plans, strategies and information, and assessing publicly available data sources such as CMS, US Census Bureau, Kaiser Family Foundation, Truven and market-specific resources
- Compare actuarially determined utilization needs to current capacity to project areas of need and potential service expansion

### Step 2 Deliverables:

- Please see Step 3 deliverables

### Step 3 – Forecast Long-Term Fiscal and Operational Sustainability of MAP Clinics

In our experience, there is an evolving landscape for the types of services provided by MAP clinics, representing a variety of funding resources and related requirements that will need to be factored into the long- term forecast. For example, the MAP clinics likely receive funding from foundations and grants, but as well as reimbursable services through federal, public, and private health plans.

Based on the findings from steps 1 and 2, Guidehouse will develop a 5-year projection to identify potential client demand for services, market demand for new/different payment vehicles, and recommendations for GMU to strategically position itself for the future.

### Step 3 Key Work Activities:

- Identify potential service expansion opportunities and review GMU’s strategic plan and capabilities to meet future market demand

- Assess various reimbursement strategies and payment models including services reimbursable through federal, public, or private health plans
- Understand market dynamics for funding, including value-based care and other payment models and potential partnerships with local health systems

**Step 3 Deliverables:**

- High-level financial model showing historical and projected 5-year financial performance/sustainability
- Summary report of payment and other financial options to support MAP sustainability
- Recommendations of potential funding sources and associated implications (e.g., steps to form or join a CIN or ACO, create an FQHC, apply or qualify for specific types of funding)
- Establish rate setting and contractual practices that align with new services, and strategies for any associated billing services

Our Phase 1 findings and recommendations will be reviewed in our proposed overall strategic planning session.

**Phase 2 – Assessment of Existing Population Health Services and Recommendations for Health Care Plan Options**

*The following section of our proposal is responsive to RFP §XI (Phase 2) and XIII.B.3.*

**Our Approach:**

Our proposed population health assessment is also a three-step process starting with an evaluation of the unmet health care needs of the Northern Virginia (NOVA) market. Next, we will assess GMU's PHC and its affiliated MAP clinics' current clinical and academic capabilities in relation to the areas of unmet needs. Finally, we will recommend development opportunities to expand or demonstrate how to further support the clinical capabilities required to close those healthcare gaps and sustain the establishment of a School of Public Health.

**Step 1 – Assess the Health Services Needs of the GMU Market**

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**Step 1 Key Work Activities:**

- **Environmental scan of population health need in the NOVA area:** For this scan, we will review any existing surveys of population health, including any community health needs assessments, during the past five years; we will also review public and commercial sources of demographic, health, social determinates of health disparity, health services and public health trends in the defined service area of GMU. Our initial scan of recent community needs assessments suggests a focus in behavioral health, housing and uninsured populations should be considered.
- **Assess existing healthcare resources and current capacity to address community and population health needs:** Our capacity assessment will be derived from a survey of NOVA healthcare providers and key stakeholder interviews of various GMU stakeholders at its affiliated care-providing entities mentioned above, including those at each of the 10 MAP locations and the central Population Health Center. We will interview up to 20 key GMU clinical and academic leaders who focus on the health of the local population.

**Step 1 Deliverables:**

A summary report outlining our assessment of healthcare needs, met and unmet, in the defined Northern Virginia market along with insights on how current resources match to those needs and discussion of opportunities for GMU to consider for growth and further impact.

***Step 2 – Assess the clinical and academic resources of GMU***

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**Step 2 Key Work Activities:**

Our assessment of clinical and academic resources will address both current state efficiency opportunities as well as growth strategies to better address community needs defined in Phase 1. This assessment will include both document review and additional key stakeholder interviews.

- **Document Reviews:** Our assessment of clinical and academic resources may be done in conjunction with or in addition to Phase 1 assessments. Specifically, we will gather documentation to evaluate:
  - **The academic infrastructure of GMU:** We will review the current organizational chart(s), strategic plans of GMU and the PHC. We will request pertinent organizational data including organizational charts, budgets, payer contracts, federal, state and local funding programs and mandates for health care services.
  - **Clinical service delivery and quality information:** We would look to evaluate the last three years' performance, if available, including, but not limited to, Stars reports, payer clinical quality metric performance reports, immunization rates, infection and mortality rates, patient satisfaction data, information on the availability of services, including wait times for new and follow up appointments.
  - **Access to care extenders:** Evaluation of telehealth capabilities including telephonic and/or web-based, portal and virtual health care services, community health workers, etc.
  - **Payer mix information on the current GMU and MAP population:** Based on this information, we will characterize the current GMU PHC and MAP clinic payer mix.
- **Key stakeholder interviews:** We will also leverage additional stakeholder interviews completed in Phase 1 to evaluate perceived capabilities, performance, strengths, weaknesses, threats and opportunities of the current program.

**Step 2 Deliverable:**

Provide a tabulation of the current health care services of GMU in a manner that facilitates contrasting GMU services with the desired state and with other local providers.

***Step 3 – Advise and position GMU for execution***

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**Step 3 Key Work Activities:**

Step three will focus on our findings in Step 1 and 2 along with a strategic design session to evaluate recommendations and workplans that will position GMU to execute on key strategic goals. We will work with the GMU Steering Committee to form and convene a Steering Committee or similar governance to participate in the strategic planning session and to evaluate Guidehouse recommendations and approve their operational execution.

During the strategic design session, we will:

- ***Review population needs assessment and recommended growth opportunities.*** This collaborative working session will begin with a review our gap analysis between the current and desired state, identifying opportunities for GMU to positively impact the health needs of the NOVA market. We will review our evaluation of the scope, effectiveness and availability of current service as compared to national benchmarks, Guidehouse client benchmarks and as compared to GMU's stated vision and goals.
- ***Strategize and agree to proposed recommendations.*** Our team will facilitate discussion on customized recommendations affiliated with targeted opportunities best aligned to support GMU in achieving its strategic goals. Based on the initial decisions of the strategy session participants we will begin developing a steering committee who will be charged with ongoing execution of the proposed solutions. Our change-management experts who are versed in Baldrige Framework and revision tools can be made available as requested to support these sessions.

At the conclusion of the steering committee, we will continue to support the steering committee to develop a formal process and project management structure to ensure the execution of the approved roadmap and strategic recommendations. The Guidehouse team will provide initial refinement of our recommendations based on the decisions of the strategic planning session to clarify the technical requirements for creating a school of public health, estimating the facility, staffing, leadership, startup and maintenance costs of the operation; ongoing validate the market need for an additional school of public health and survey competitors (GWU, Hopkins, USUHS and UMD) and to explore sources non-clinical funding (including grants, philanthropy and tuition), reimbursable clinical services that are self-sustaining and clinical services are not self-sustaining (that will have to be subsidized)

### **Step 3 Deliverables:**

***Interim and draft recommendations report.*** This report will highlight strategies and best practices for closing identified gaps. Each proposed solution will include an estimate of the potential health and monetary impacts.

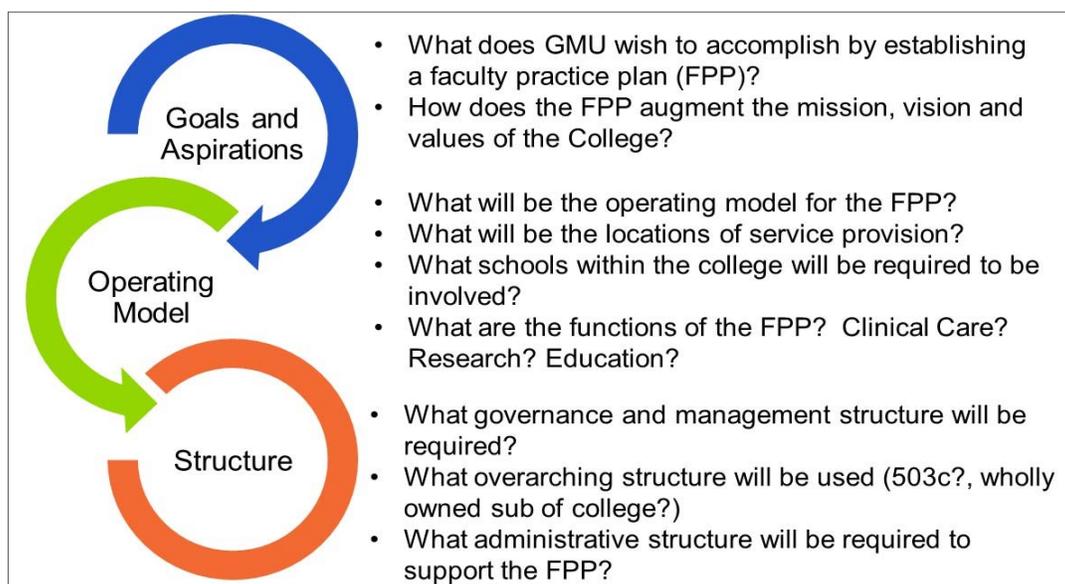
- Guidehouse will present several entity-specific governance options to project leaders and is prepared to assist in the selection of the preferred model, assist GMU in creating the charter for the body and ensuring its successful launch
- Propose, based on analysis above, the mix, size and distribution of primary and specialty care clinics to optimally meet current and projected needs.
- Suggest best-practice models for the relationship of the School of Public Health to its clinical constituents.
- Using projected revenues from all sources and the costs of all proposed clinical, teaching and research activities, Guidehouse will prepare a proforma for a School of Public Health, scaled over time and bracketed by a range of assumptions, for leaders to consider as they design the program and plan for the establishment of the school.

### Phase 3 – Options for Establishing Faculty Practice Plan

*The following section of our proposal is responsive to RFP §XI (Phase 3) and XIII.B.3.*

#### Our Approach:

Our approach to assessing and developing a faculty practice plan (FPP) includes three key interrelated components. As part of our kick-off meeting we will clearly establish the **goals and aspirations of the FPP**. We will further define how these goals align with the overarching goals of the CHHS. Secondly, we must determine what the **underlying operating model for the FPP** will be as the operating model is the engine that drives achievement of the determined goals. Finally, the **structure** that supports the operating model must be assessed and developed as it will serve as the foundation for the operating model. Often, organizations attempt to define the structure without clearly understanding the goals of the newly formed entity and the operating model that will drive its success. We have depicted this approach in the graphic below:



Leaders of this phase will be connected closely to the other phases to understand adjacencies and key linkages and inputs. Any data request required for this phase of evaluation will be incorporated in the initial data request at the kick-off of the engagement. We do recommend a separate FPP Steering Committee be formed for this phase of the engagement to assist in evaluating the outputs of the assessment.

#### ***Step 1 – Gain an Understanding of Goals and Aspirations***

We will begin the assessment by gaining a better understanding of the goals and aspirations for developing a new FPP, as part of our initial kick-off. While this will begin with the kick-off meeting, we will further explore these goals and unique perspectives of key stakeholders by conducting 5-10 interviews. These interviews will assist with the development of overarching “guiding principles” in developing the FPP. Key questions to be asked and answered in this step include but are not limited to:

- What does GMU wish to accomplish with the development of the new FPP, understanding that there isn’t currently an existing medical or dental school?

- Will this FPP serve as the foundation for a future medical or dental school or will it be stand-alone and complementary to any future physician faculty practice plan?
- How will this FPP further the mission, vision and values of the College of Health and Human Services?
- What will be the role of the FPP with respect to the MAP Clinics and the Bridge Care Model?
- How will the FPP support and augment the recently developed Population Health Center?
- What is the vision for extension of services from the FPP outside of the MAP and Bridge Care Model?
- What expertise currently exists in the schools within the College and how could that expertise be developed into a value proposition for healthcare delivery outside of the MAP clinics?
- What is the vision regarding partnerships with others? Medical Schools? Other health science universities? Other practice groups (physician and non-physician)?

**Step 1 Key Work Activities:**

- In partnership with the FPP Steering Committee, identify a list of key stakeholders to include in the interview process (i.e., leadership in the CHHS and schools, MAP leadership, community leaders, current faculty, potential partners)
- Perform interviews with 6-10 key stakeholders to better understand the ongoing assessment for the development of a Medical School thorough coordination with leadership, existing evaluators and the output of that evaluation and to develop guiding principles document
- Conduct FPP Steering Committee #1

**Step 1 Deliverables:**

- FPP Steering Committee #1 meeting where the following will be presented:
  - Interview themes and summary
  - Guiding principles and goals document

***Step 2 – Understanding the Necessary Operating Model***

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In this step we will explore the operating model necessary to support the guiding principles, goals and aspirations that were developed in Step 1 and endorsed by the FPP Steering Committee in Steering Committee #1. This will involve a situational assessment to include market, competitor and payor analyses along with infrastructure requirements.

**Step 2 Key Work Activities:**

- Perform an environmental assessment including market assessment, market sizing and volume forecast by potential clinical service area to understand the future demand for medical graduates and medical research
- Perform a clinical and educational landscape analysis to identify potential collaborators and competitors

- Identify clinical areas of focus to determine specific availability training in primary and secondary care
- Develop staffing requirements by service provided
- Perform a payor analysis to identify potential reimbursement opportunities and challenges
- Perform an infrastructure analysis to include facilities, equipment and technology requirements
- Conduct FPP Steering Committee #2

**Step 2 Key Deliverables:**

- FPP Steering Committee #2 where the following will be presented and discussed:
  - Environmental and market assessment
  - Collaborator/Competitor landscape assessment
  - Payor analysis
  - Staffing requirement model
  - Infrastructure analysis

**Step 3 – Structure Option Development**

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Informed by the prior 2 steps and endorsed by the FPP Steering Committee at meeting #2, this final step will begin to develop FPP structural options for evaluation. Considerations will include:

- Future plans for a college of medicine and its interaction with any proposed options
- Governance and legal structure analysis along with partnership opportunities
- Development of the required administrative and support structures.

**Step 3 Key Work Activities:**

- Develop 2-3 structural options for consideration along with pros and cons for each
- Develop accompanying financial analyses for each structural option
- Conduct FPP Steering Committee #3 meeting to evaluate and vet structural options and develop final recommendation and timeline

**Step 3 Key Deliverables:**

- Conduct FPP Steering Committee #3
- Final recommendation and timeline

## Appendix A. Signed RFP Cover Sheet and All Addenda



Purchasing Department  
4400 University Drive, Mailstop 3C5  
Fairfax, VA 22030  
Voice: 703.993.2580 | Fax: 703.993.2589  
<http://fiscal.gmu.edu/purchasing/>



### REQUEST FOR PROPOSALS GMU-1644-20

**ISSUE DATE:** February 21, 2020  
**TITLE:** Health Care Delivery Models  
**PRIMARY PROCUREMENT OFFICER:** James F. Russell, Director, [jrussell@gmu.edu](mailto:jrussell@gmu.edu)  
**SECONDARY PROCUREMENT OFFICER:** Erin Rauch, Assistant Director, [erauch@gmu.edu](mailto:erauch@gmu.edu)

**QUESTIONS/INQUIRIES:** E-mail all inquiries to both Procurement Officers listed above, no later than 2:00 PM EST on March 6, 2020. **All questions must be submitted in writing.** Responses to questions will be posted on the [Mason Purchasing Website](#) by 5:00 PM EST on March 13, 2020. Note: Questions must be submitted in WORD format. Also see section III. COMMUNICATION, herein.

**PROPOSAL DUE DATE AND TIME:** March 25, 2020 @ 2:00 PM EST. Hand deliver or mail proposals directly to the address above. Electronic submissions will not be accepted. A public opening will not be held. Late proposals will not be accepted.

**Note:** A return envelope is not being provided. It is the responsibility of the Offeror to ensure the proposal is submitted in a sealed envelope, box, container, etc. that clearly identifies the contents as a proposal submission in response to this Request for Proposal. See Section XIII Paragraph C herein. If delivering proposals by hand, deliver to the Purchasing Department located in Suite 4200 of Alan and Sally Merten Hall (Merten Hall), Fairfax Campus. [Campus Map](#). Office hours are 8:30AM to 5:00PM.

**In Compliance With This Request For Proposal And To All The Conditions Imposed Therein And Hereby Incorporated By Reference, The Undersigned Offers And Agrees To Furnish The Goods/Services In Accordance With The Attached Signed Proposal Or As Mutually Agreed Upon By Subsequent Negotiations.**

Name and Address of Firm:

Legal Name: Guidehouse Inc.

Date: April 30, 2020

DBA: \_\_\_\_\_

Address: 1800 Tysons Blvd, 7<sup>th</sup> Floor  
McLean, Virginia 22102

By:   
Signature

FEI/FIN No. 36-4094854

Name: Daniel DeBehnke, MD, MBA

Fax No. 312.276.8658

Title: Partner

Email: dan.debehnke@guidehouse.com

Telephone No. 414.416.9576 Direct/Mobile

SWaM Certified: Yes: \_\_\_\_\_ No:  (See Section VII. SWaM CERTIFICATION for complete details).

SWaM Certification Number: N/A

This public body does not discriminate against faith-based organizations in accordance with the *Governing Rules, § 36* or against a Bidder/Offeror because of race, religion, color, sex, national origin, age, disability, or any other prohibited by state law relating to discrimination in employment.



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Fairfax, Va. 22030  
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<http://fiscal.gmu.edu/purchasing/>

 Confirmed Received

**RFP ADDENDUM NO. 1:**

Date: March 13, 2020  
Reference: RFP #GMU-1644-20  
Title: Health Care Delivery Models  
RFP Issued: February 21, 2020  
Proposal Due Date: March 25, 2020 @ 2:00 PM EST

The following changes are hereby incorporated into the aforementioned RFP:

1. **Responses to questions will be posted March 20, 2020 at 4:00 PM EST.**
2. **Proposal due date changes to April 2, 2020 at 2:00 PM EST.**
3. **Due to the uncertainty of COVID-19 ALL dates are subject to change. All changes will be posted on the eVA website and Mason's Purchasing web site.**

All other terms and conditions remain unchanged.

  
James F. Russell, Director, CUPO



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Fairfax, Va. 22030  
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<http://fiscal.gmu.edu/purchasing/>

Confirmed Received



GMU-1644-20, Health Care Delivery Models

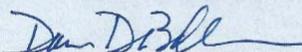
Date: 3/19/20

Responses in red.

1. Does GMU have any expectations around project start date and duration?  
We expect the proposing consultants to propose the appropriate timeline. However, we do expect that this effort will take at least a few months, as interviewing of various constituents is expected.
2. How many GMU individuals will be dedicated and what will their roles be? Will GMU team members be involved on a full or part-time basis? Who is sponsoring the project?  
GMU will serve as the client, with varying levels of time commitment to this effort, based upon role. The respondents should define their desired levels of involvement.
3. Will the selected vendor be allowed to collaborate with GMU's external partners during the engagement?  
Yes, as appropriate. Meetings and interviews with various constituents is expected.
4. Does GMU currently perform the billing for MAP clinics? Is it reasonable to assume that the selected vendor would have access to volume and billing data from existing services at MAP clinics during the engagement?  
The MAP Clinics are free clinics and do not bill patients. The selected Firm will have access to all appropriate data.
5. As it relates to the 10 MAP clinics, what level of historical information is available / will be provided for Phase 1?  
The selected Firm will be provided a historical overview. Additional information is available at: <https://chhs.gmu.edu/mapclinics/about>
6. What is the College's annual budget and how is it allocated to key components, including the PHC / MAP specifically?  
This information can be shared with the selected Firm once contracted. General information on the College is publicly available online.



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**RFP ADDENDUM NO. 2:**

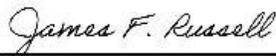
Date: March 20, 2020  
Reference: RFP #GMU-1644-20  
Title: Health Care Delivery Models  
RFP Issued: February 21, 2020  
Proposal Due Date: April 2, 2020 @ 2:00 PM EST

The following changes are hereby incorporated into the aforementioned RFP:

**Proposals in response to this RFP must be submitted electronically only. Hard copies are not to be mailed or delivered in person. Following are the submission instructions:**

1. You must submit your bid/proposal, and it must be received prior to the submission deadline, at both the primary and secondary procurement officer's email address as specified in the Bid/RFP.
2. The subject line of your email submission should read, "RFP GMU-1644-20" If you are sending multiple emails, please state so in the subject line with the wording, "This is email # \_ of \_ total"
3. The offeror must ensure the proposals are delivered to the procurement officers' email inboxes, sufficiently in advance of the proposal deadline. **Plan Ahead: It is the offeror's responsibility to ensure that electronic proposal submissions have sufficient time to make its way through any filters or email traffic. Mason recommends you submit your proposal the day prior to the due date.**
4. If your proposal contains proprietary information you must submit two proposals; one full proposal and one with proprietary information redacted.
5. While you may send your proposal in multiple emails, each email itself may only have one PDF attachment containing all supplemental information and attachments.
6. Each email may not be larger than 20MB.
7. All solicitation schedules are subject to change.
8. Go to Mason's Purchasing website for all updates and schedule changes.

All other terms and conditions remain unchanged.



James F. Russell, Director, CUPO



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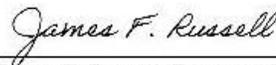
**RFP ADDENDUM NO. 3:**

Date: March 26, 2020  
Reference: RFP #GMU-1644-20  
Title: Health Care Delivery Models  
RFP Issued: February 21, 2020  
Proposal Due Date: April 2, 2020 @ 2:00 PM EST

The following changes are hereby incorporated into the aforementioned RFP:

1. **Proposal due date changes to April 30, 2020 at 2:00 PM EST.**
3. **Due to the uncertainty of COVID-19 ALL dates are subject to change. All changes will be posted on the eVA website and Mason's Purchasing website.**

All other terms and conditions remain unchanged.

  
\_\_\_\_\_  
James F. Russell, Director, CUPO

## **Appendix B. Resumes for Proposed Team**

Our team of subject matter experts have a reputation for delivering on strategic, innovative, and complex initiatives. We bring years of industry knowledge and a perspective gained through numerous, relevant engagements and direct experience.

Resumes are included in the pages that follow.

## **Daniel DeBehnke MD, MBA**

### **Partner**

dan.debehnke@guidehouse.com  
Chicago, Illinois  
Direct: 414.416.9576

### **Professional Summary**

Dr. DeBehnke has special expertise in Academic Health Systems and Academic Medicine and is a highly regarded healthcare leader with nearly 30 years of Academic Medicine experience. A board-certified Emergency Medicine physician, Dr. DeBehnke has practiced on the front lines of Level 1 trauma centers, led a research laboratory as a funded investigator, participated on NIH review panels, and served as the Chief Executive Officer of both a large academic faculty practice plan and an Academic Health System.

With more than 50 peer reviewed publications and 20 book chapters, Dr. DeBehnke understands well the unique and vital role that Academic Health Systems and Academic Medicine play in healthcare delivery. He is an accomplished physician executive dedicated to leading strategic transformation that promotes the quadruple aim along with sustained financial performance. He has shown the ability to build strong relationships with key partners and stakeholders and is passionate about transforming the healthcare delivery system to be "forward compatible" with the future of healthcare.

### **Areas of Expertise**

- **Strategic Planning and Development:** Supports senior leadership teams in developing strategies for smart growth and future success. In Academic Health Systems, works collaboratively with leaders across all missions to develop aligned and complimentary strategies that improve healthcare and support innovation, discovery and the education of the next generation of providers.
- **Financial Performance:** Collaborates with leadership teams to develop durable plans for top line revenue growth and cost structure management. Experienced in all aspects of Academic Health System finances and funds flow. Supports academic and clinical leaders in developing models for strong health system financial performance and investment in the vital academic missions.
- **Value Transformation:** With emphasis on data driven, system wide performance improvement supports organizations in improving the value proposition for all stakeholders. With significant experience in clinically integrated networks, quality and safety initiatives, value-based care and improving the person and family experience, engages providers and health system leaders in designing a "forward compatible" delivery system.
- **Academic Health System Governance:** Experienced in navigating the unique and complex relationships between Health Systems, Health Science Universities and Faculty Practice Plans. Works collaboratively with boards, CEOs, Deans, and clinical leadership to develop governance models that support and respect all missions.

## Work History

- Chief Executive Officer, Nebraska Medicine (2016 – 2018)
- Chief Executive Officer, Medical College Physicians (2013 – 2016)
- Senior Associate Dean, Clinical Affairs, MCW (2013 – 2016)
- Chief Clinical Integration Officer, MCW (2011 – 2013)
- Associate Chief Medical Officer, MCW (2011 – 2012)
- Professor of Emergency Medicine, MCW (1996 – 2016, 2018 – Present)
- Faculty, Creighton University Heider College of Business (2020 – Present)

## Certifications, Memberships, and Awards

- American Board of Emergency Medicine, Board Certified-Active
- Member, American College of Health Care Executives
- Member, American Association for Physician Leadership
- Active medical licenses in Wisconsin and Nebraska

## Education

- Master of Business Administration, University of Massachusetts-Amherst
- Residency in Emergency Medicine, Wright State University Affiliated Hospitals
- Doctor of Medicine, University of Wisconsin School of Medicine
- Bachelor of Arts, Zoology, University of Wisconsin-Oshkosh

## Thought Leadership

### Presentations

- *Capital Investments in Oncology and Ambulatory Care* – Cannon Design Health Education Series, October 25, 2018
- *Academic Medical Centers: Structure and Function* – Investors Breakfast, Barclays Health Care Summit, October 4, 2018
- *Leadership and Life Lessons-My Journey* – Oregon Health Sciences University Grand Rounds, September 5, 2018
- *Rural Hospital Sustainability* – Heartland Health Alliance Annual Meeting, May 9, 2019
- *Rural Healthcare Financial Analysis* – Minnesota Hospital Association, Rural Leadership Group, July 17, 2019
- *Rural Healthcare Crisis* – Michigan Health and Hospital Association, August 20, 2019
- *Academic Medicine and Health Systems Overview*-SSM Fall Leadership Seminar, November 18, 2019

**Publications**

- DeBehnke, Dan, MD, MBA. (2019). From Subsidy to Investment: Designing Contemporary Funds Flow Models for Academic Health Systems. Navigant Consulting, Inc.
- Daniel DeBehnke, MD, MBA and Mosley, David. (February 2019). Rural Hospital Sustainability: New Analysis Shows Worsening Situation for Rural Hospitals, Residents. Navigant Consulting, Inc.
- DeBehnke, Dan, MD, MBA. (2019). The Changing Landscape for Academic Health Systems. Navigant Consulting, Inc.
- DeBehnke, Dan, MD, MBA. (June 2019). Current Trends in Academic Health Systems: Four Things Boards Should Understand. The Governance Institute's Academic Health Focus.
- DeBehnke, Dan, MD, MBA., Withey, Lindsley. (October 2019) Designing the Academic Health System of the Future: Facility Planning Considerations. The Governance Institute's Academic Health Focus.
- DeBehnke, Dan, MD, MBA. (October 2019). Trends in Academic Medicine. Healthcare Executive Interview Series. Navigant Consulting, Inc.

## **Susan Kim, MBA, MPH**

### **Associate Director**

susan.kim@guidehouse.com  
Washington, DC  
Direct: 202.973.4509

### **Professional Summary**

Susan Kim has more than ten years of experience in healthcare in the areas of finance, business planning, clinical operations, and physician strategy and operations. She has acted as department administrator at multiple health systems, performing management and oversight of clinical operations, financial performance and budgeting, faculty relations, strategic planning, and development activities. On behalf of health systems, as both a consultant and as an employee, Susan has conducted assessments and strategic planning initiatives, which include market assessments, financial analysis, and implementation plans. She has significant experience with academic medical centers (AMCs).

### **Professional Experience**

- Managed an AMC's Department of Obstetrics and Gynecology and the Women's Health Service line, assuming management and oversight of clinical operations, financial performance and budgeting, revenue cycle, faculty relations, strategic planning, and development activities.
  - Oversaw a service line with patient revenue of more than \$40M and expenses of \$12M, including more than 30 full-time faculty and 80 staff members.
  - Administered the departmental implementation of an institutional transition to a clinical service line model.
  - Directed all strategic business development needs, including analysis, planning, and implementation of joint ventures, contracts, and new Women's Health programs.
  - Implemented operations improvement opportunities, conducting or managing all related analysis and project management needs.
- As Strategic Planning Manager for a health system, facilitated the strategic planning process for the Primary Care, Pediatrics, and OBGYN / Women's Health service lines.
  - Formed and managed multidisciplinary workgroups for service line strategic planning, leading groups through program development, network development, and operational excellence.
  - Developed business plans, including market assessments, financial analysis, and implementation plans.
- Executed the establishment of a funds flow model and associated faculty compensation plan for an academic medical center of more than 900 faculty members:
  - Reviewed existing compensation plans, examining funds flows, policies and procedures, economic incentives, and physician effort and productivity.

- Facilitated decision making with leadership to identify desired compensation plan principles across academic, clinical, and research missions, establishing frameworks for the measurement of performance benchmarks.
- Directed quarterly meetings with more than 40 departments / divisions to review and refine the financial model and to discuss frameworks for department specific incentive plans.
- Guided the implementation of the compensation plan, creating project timelines and workflows, developing a transition plan, and identifying communication strategies.
- Managed the project management and planning for an enterprise IT implementation at an academic medical center.
- Analyzed volume and productivity to project bed and space needs in the identification and prioritization of facility planning initiatives for an academic medical center.
- Supported a hospital in the planning of the activation a 200-bed inpatient care tower and a new Adult and Pediatric Emergency Department:
  - Conducted capacity planning by looking at multiple scenarios of projected future visits and redesigned workflows, identifying needed facility modifications to adapt to future processes.
  - Developed interdisciplinary work plans for unit moves across the organization, managing the project across clinical, ancillary, and support departments.
- Supported a multispecialty AMC in the development of an integrated milestone plan for their plans to operate a specialty hospital in the Middle East.
- Performed a Total Cost of Ownership financial modeling analysis of four potential IT vendors for a large healthcare system, including development of capital plans and forecasts of operating expenses.
- Conducted a perioperative assessment at a university medical center, analyzing operating room capacity and performance, block utilization, and room utilization data for the development of an internal dashboard.

## Work History

- Business Administrator (Dept. of OBGYN and Women's Health Service Line), Planning Manager (Office of Strategic Planning), Wake Forest Baptist Health (2013 – 2015)
- Senior Consultant, ECG Management Consultants (2011 – 2013)
- Staff Consultant, Computer Science Corporation (CSC) (2007 – 2011)
- Senior Analyst, Healthcare Financial Management Association (HFMA) (2006 – 2007)
- Coordinating Manager, New York City Health and Hospitals Corporation (2001 – 2003)

## Education

- Master of Business Administration, University of Chicago Graduate School of Business
- Master of Public Health, Health Policy and Management, Columbia University
- Bachelor of Science, Biology, University of North Carolina at Chapel Hill

## **William K. Faber, MD, MA, MHCM**

### **Director**

will.faber@guidehouse.com  
San Francisco, California  
Direct: 312.369.9336

### **Professional Summary**

Will is a physician executive with progressive senior leadership experience in a variety of complex healthcare settings. Will has proven abilities in program development and execution through teamwork and medical staff relationships, with a focus on improving quality patient health outcomes and patient and staff satisfaction while lowering the cost of care. Recognized by others as a leader who works with diverse stakeholders to create a collaborative environment to achieve strategic and operational goals. Strengths include a management style that fosters collaboration, teamwork, innovation and a steady focus on delivering system objectives.

### **Areas of Expertise**

- Physician governance
- Clinical programs include care management
- Physician enterprise and medical staff strategy

### **Professional Experience**

- As Chief Medical Officer / Managing Principal of Lumina Health Partners, Will provided support to executive leadership on the technical and cultural requirements for success in payment systems that reward efficiency and quality. He worked directly with physicians to engage them through governance, the development of clinical programs, workflow and HIT optimization, and care management infrastructure and co-led the Physician Leadership Academy. Lumina Partners specializes in the formation / optimization of CINs and ACOs.
- He served as Chief Medical Officer and other executive roles for a 443-bed, two-hospital system in Silicon Valley. He was globally responsible for patient safety, quality outcomes, infection control, clinical protocols, physician relations, public reporting and accreditation, medical education, health informatics, physician credentials and peer review. Will formulated and executed El Camino's strategic plan for physician recruitment, satisfaction, and integration. Major accomplishments include: significant growth of El Camino Medical Associates (multispecialty physician group), laying the groundwork for development of a Foundation (1206L), opening of a state-of-the-art Primary Care Center, significant reduction in Medicare financial losses, morbidity, and mortality through improved care management, significant reduction in hospital-acquired infections, and greatly improved effectiveness of the Peer Review and OPPE processes.
- Helped launch Clinically Integrated Networks in six different markets and supported the optimal management and growth of others. Areas of practice expertise included legal formation, physician engagement and governance, population health management, quality and utilization improvement, and health information technology integration. Also guided

clients through development of physician compensation models that align physician incentives with system goals.

- Executive Medical Director of Rochester General Medical Group (RGMG). RGMG is a multispecialty medical group with 150 providers in 44 sites across Monroe and Wayne Counties of New York. Key accomplishments included implementing and optimizing Epic in all sites, improving evening and weekend access, performing better than budget, expanding facilities, creating the infrastructure to greatly reduce time to a post-discharge primary care visit for patients, and acquiring CMMI grant funding and PCMH recognition for multiple sites.
- For Advocate Physician Partners, Will Coordinated care management and managed care contracting between the Advocate Health Care system and more than 4,000 Advocate physicians through its nationally recognized Clinical Integration program.
  - He was the Medical Director for Credentials, Peer Review, and Quality Improvement Education as well as the Chairman, APP Credentials and Peer Review Committee; Director and Lead Instructor, APP Quality Improvement Collaborative; and, Member, APP Quality Improvement and Clinical Integration Committee.
- As Regional Medical Director, provided clinical and strategic leadership for 13 primary care and multi-specialty centers with 71 physicians, and led the organization through Allscripts EHR conversion. Accomplishments include:
  - Chairman: AMG City Region Physician Council; City Region Peer Review Committee and Health Information Committee.
  - Improved patient satisfaction scores from 9th to 73rd percentile in three years.
  - Leader of Medicare Risk Adjustment coding improvement initiative.
- Directed four multi-specialty outpatient centers, with clinical oversight of 25 Primary Care Physicians and 30 specialists and network management for over 20,000 managed care lives. Provided leadership in the acquisition of practices, the improvement of quality indicators, patient satisfaction scores, utilization management, and the financial turnaround of the division.
- Served as Medical Director of Family Medicine Center. Responsibilities included clinical and operational oversight of the practice of 30 resident physicians, continuous quality improvement, risk management, operational policy, and the planning and opening of a satellite facility.
- As Associate Residency Director at a Family Practice Residency, his responsibilities included development of the Medical Ethics, Practice Management and Ambulatory Care curricula, and supervision and teaching of residents and medical students in outpatient and inpatient settings.

## Work History

- Staff Physician, Doctors on Duty (1993 –1994)
- Medical Director and Staff Physician, Primus Clinics of the Ft. Ord Region (1989 – 1993)
- National Health Scholarship Corp Service, Cayuga Community Health Center (1986 – 1989)
- Medical Director, Parke-Vermillion Hospice (1988 – 1989)

## Certifications, Memberships, and Awards

- American Academy of Family Physicians
- American Association for Physician Leadership
- Healthcare Financial Management Association
- Healthcare Information and Management Systems Society
- Current and Unrestricted California Medical License
- Certified by American Board of Family Practice, 1986; Recertified: 1993, 1999, 2005, 2011, and 2015
- Formerly licensed in New York, Illinois, and Indiana

## Education

- Master of Science, Healthcare Management, Harvard School of Public Health
- Master of Arts, Medical Ethics, Loma Linda University
- Family Medicine Internship and Residency, Hinsdale Family Practice Residency
- Doctor of Medicine, Loma Linda University
- Bachelor of Arts, Communication, Andrews University

## Thought Leadership

- Faber, William K., and Malone, John. “Practical Physician Engagement Strategies for Value-Based Care (Part II)” HFMA Leadership, Healthcare Financial Management Association, July 26, 2018.
- Faber, William K., and Malone, John. “Practical Physician Engagement Strategies for Value-Based Care (Part I)” HFMA Leadership, Healthcare Financial Management Association, June 18, 2018.
- Faber, William K., Marino, Daniel J., Duncan, Meredith D., “Integrating Patients within the System of Care, HFM Magazine, Healthcare Financial Management Association, December, 2015.
- Faber, William and Wardrop, Tina. “Are Health Systems Positioned to Effectively Manage the Newly Eligible Medicaid Population?” Health Directions Insights, [info.healthdirections.com/blog](http://info.healthdirections.com/blog), February 18, 2015.
- Faber, William, “Six Strategies for Improving Primary Care Access” Health Directions Insights, [info.healthdirections.com/blog](http://info.healthdirections.com/blog), January 23, 2015.
- Faber, William. “Nine ways to Stimulate Patient Engagement via ‘Activation’ and Empowerment” Health Directions Insights, [info.healthdirections.com/blog](http://info.healthdirections.com/blog), August 28, 2014.
- Faber, William. “Use a Collaborative to Build a Clinically Integrated Culture” Health Directions Insights, [info.healthdirections.com/blog](http://info.healthdirections.com/blog), July 23, 2014.
- Faber, William. “Turning Referral Leakage into Patient ‘Keepage’” Health Directions Insights, [info.healthdirections.com/blog](http://info.healthdirections.com/blog), April 2, 2014.

- Faber, William. “Five Incentives for Enlisting Physicians in a Clinical Integration Program” Health Directions Insights, [info.healthdirections.com/blog](http://info.healthdirections.com/blog), October 21, 2013.
- Taylor, Prentiss and Faber, William. “Achieving Level 5 Patient Satisfaction”, Group Practice Journal, American Medical Group Association, April 2011, pp. 40-44.
- Faber, William. “How my medical group turned around its relationship with patients”, Press Ganey Partners Magazine, Sept/Oct 2010.
- “Activating Physician Leadership in Population Health” National Webinar for the Population Health Alliance, Washington, D.C., May 2, 2018.
- “Making Good Use of Registries” Vascular Quality Initiative (VQI) National Conference, San Diego California, May 31, 2017.
- “Redefining what it Means to be Community Hospital: Innovation at El Camino Hospital” HealthLeaders Media National Webcast, March 17, 2017.
- “Challenges Facing Modern Healthcare” El Camino Hospital Leadership Forum, Mountain View California, November 18, 2016.
- “The Patient is Now Your Boss” MGMA/AMA Collaborate in Practice Conference, Colorado Springs, Colorado, February 22, 2016.
- “Coordinating Clinically Integrated Networks for Effective Population Health Management” Healthcare Financial Management Association Master Sessions, Chicago Illinois, December 2015.
- “Population Health Management and the Next Generation of Clinical Integration” Healthcare Financial Management Association Annual National Institute, Orlando Florida, June 2015.
- “Population Health Management and the Next Generation of Clinical Integration” Healthcare Financial Management Association Speaker Series, Washington DC, January 2015.
- “Coordinating Clinically Integrated Networks for Effective Population Health Management” Healthcare Financial Management Association Fall Seminar, Chicago Illinois, December 2014.
- “Second Generation Physician Engagement Techniques” Healthcare Financial Management Association Annual National Institute, Las Vegas Nevada, June 2014.
- “Implementing Quality-Based Programs in Physician Practices” Healthcare Financial Management Association Illinois Spring Summit, April 2014.
- “Quality Programs for the Medical Practice: Selecting Programs and Quality Measures” Illinois Academy of Family Physicians Webinar, March 27, 2014.
- “Making the Most of IT in a Changing Delivery System” Healthcare Financial Management Association Spring Conference, Orlando Florida, March 2014.
- “Retooling for the Future” RGMG Affiliate Convocation Keynote, Rochester New York, November 2012.
- “The Path Forward” RGMG Affiliate Convocation Keynote, Rochester New York, November 2011.
- “Lean Process Transformation” Advocate Medical Group, Chicago Illinois, April 2010.

## **Jeffrey Skwarek, MHA**

### **Director**

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### **Professional Summary**

Jeff has more than 10 years of progressive healthcare leadership and consulting experience in integrated delivery systems and multi-specialty physician groups. Jeff's consulting and industry experience includes leading and working on initiatives in the areas of physician group performance improvement, physician governance and alignment, developing high performing provider networks, primary care strategy, accountable care, provider productivity and compensation, regulatory compliance, ambulatory operations, physician practice acquisition and integration, and professional revenue cycle.

He has a successful track record of managing large-scale projects for medical groups and health systems resulting in significant cost-reduction and performance optimization. Jeff's operations experience includes working for a large health system with a focus on operational performance improvement, project management, physician contracting, and as Chief Operating Officer of a multi-specialty physician group.

### **Areas of Expertise**

- Medical Group Operations and Investment Improvement
- Medical Group Governance
- Physician Alignment Options and Structures (PSAs, Co-Management, etc.)
- Provider Compensation Design & Implementation
- Medical Group Strategy and Ambulatory Footprint Optimization
- Physician Practice Acquisition and Integration
- Professional Revenue Cycle Optimization

### **Professional Experience**

- Served as a key leader for a large national Life Sciences and Healthcare Advisory consultancy, and as Chief of Staff for the firm's Physician Enterprise and Ambulatory Services Practice, where he led engagement teams to address their clients' most pressing strategic and operational challenges.
- Oversaw all operational aspects of a multi-specialty medical group with an annual budget of \$98M, 300+ support staff, and 28 practice locations. As interim Chief Operating Officer, provided leadership during expansion, managing the successful acquisition and integration of four physician practices and adding 20 physicians, three new practice locations, and 70 support staff FTEs. Decreased investment (loss) by 14% in one year and improved financial performance by \$2M+ annually.

- Supported a large (300+ provider) medical group foundation in Northern California develop a strategy and review alternative arrangements for their Professional Services Agreement (PSA) with their partnering health system.
- Led the Physician Enterprise workstream at a multi-hospital system in the Northeast. The project team accomplished over \$5M of improvement through physician compensation and productivity alignment and also added a system-wide governance structure to rationalize and standardize all employed and non-employed administrative, educational, and hospital-based agreements with physicians / groups.
- Led the Physician Enterprise engagement at a 700-physician medical group which identified and implemented initiatives reducing their annual investment per physician by \$14M. Major strategies included assessing and implementing a patient contact center, network referral / keepage, provider compensation, access and scheduling template optimization, and practice consolidation / closures.
- Partnered with a large west coast health system to review and assess the potential outsourcing of back-end professional revenue cycle services to a third-party vendor. After a thorough internal review of performance and preliminary discussions with the vendor the system decided to keep the services in-house.
- Managed the re-design of a provider compensation plan for a newly formed multi-state integrated delivery system. The new compensation model aimed to standardize provider compensation across the 300+ provider medical group. The medical group's new compensation philosophy was intended to more closely align compensation with production, which would result in more than \$5M in aligned compensation and improved production benefit when fully implemented.
- Led a four-month engagement supporting a regional health system with more than 1,000 employed providers to improve provider satisfaction with its provider onboarding process through the consolidation of medical staff credentialing, government and delegated payor enrollment, and malpractice enrollment processes. A team from multiple departments met weekly over the course of several months to develop future state workflows as the organization was transitioning to a single technology platform for credentialing and enrollment. At the conclusion of the project the organization engaged the technology vendor to implement the newly developed consolidated workflows into its system.
- Oversaw delivery of a four-month engagement to a leading national healthcare company with Independent Physician Associations in six regional markets assessing their compensation policies and developing an interactive tool to support compliance of the proposed compensation offer to providers. The project team assessed practices and controls within each of the organization's markets, identified gaps to leading practice, and provided recommendations to improve performance. An interactive tool was developed to support the local markets to proactively assess if a proposed compensation offer was within the organization's guidelines and aligned to its policies and procedures.

- Led a project team in supporting a national wellness and fitness organization in evaluating options to replace a partner providing end-to-end technology and business services to support existing and future population health and chronic condition prevention programs. The client was presented with 10 alternative solutions, prioritized three alternatives for detailed business cases eventually finalizing a go-forward option and were provided with a detailed roadmap providing key activities and milestones throughout the 18-month transition.
- Supported a large Academic Medical Center's faculty practice plan initiate an 18-month initiative aimed to reduce overall labor spend by \$3.2M. Facilitated implementation sessions with the 20-member committee, supported workgroups focused on standardizing processes to improve efficiency, developed a dashboard to track performance to target and reviewed / validated data with practice managers. The client expects to achieve the full benefit of its \$3.2M savings target.
- Led two workstreams at a 1,000+ physician group that was part of a post-merger integrated delivery system. Led benchmarking across the physician enterprise and identified over \$15M in savings opportunity eventually leading to initiatives aimed to save \$4M annually. Oversaw the development of a comprehensive and customized suite of reports for the client improving visibility in current performance and opportunities for continued improvement.
- Supported a Management Services Organization (MSO) responsible for 1,000+ provider faculty practice plan as they transitioned to a new back-end physician billing system. Provided operational insights, process improvement opportunities, staffing and workflow optimization, and policy and procedure impacts.
- Led affiliation / acquisition negotiations with six cardiology groups who were interested in joining an integrated delivery system and developing a Center of Excellence. Areas of focus discussion included: physician governance, decision-making, physician compensation and employment terms, and practice operations management.
- Led a physician contracting department and assisted in ensuring regulatory compliance and fair market value of employed and independent professional services agreements. Worked closely with health system executives and attorneys to develop and execute new physician alignment models and contracts.
- Negotiated and led acquisitions for several primary care and specialty physician practices.

### **Work History**

- Manager, Strategy and Operations, Deloitte (2014 – 2016)
- Senior Consultant, Strategy and Operations, Deloitte (2012 – 2014)
- Interim Chief Operating Officer, Inova Medical Group, Inova Health System (2011 – 2012)
- Manager, Physician Planning and Contracting, Inova Health System (2009 – 2011)
- Project Management Consultant, Inova Health System (2009 – 2009)
- Administrative Fellow, Inova Fairfax Hospital, Inova Health System (2008 – 2009)

### **Certifications, Memberships, and Awards**

- Member, MGMA

## **Education**

- Master of Healthcare Administration, University of Minnesota
- Bachelor of Science, Industrial Engineering, West Virginia University

## **Thought Leadership**

- Presentation, “Crash Course on Effective Revenue Cycle Management Strategies”. MGMA 2016 Financial Management and Payer Contracting Conference.

## **Lauren Moffatt, MBA, CMPE**

### **Associate Director**

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### **Professional Summary**

Lauren is a healthcare executive in academic medical, ambulatory physician practice, healthcare consulting, and cloud-based healthcare IT sectors. Lauren provides strategic, operations redesign / performance improvement, and financial consulting services to healthcare clients. She has a proven ability to build collaborative relationships with physicians, executives, and administrators to accomplish organization's goals. She is experienced in tackling and resolving operational and workflow challenges, developing and implementing remediation strategies for troubled entities, providing strategic guidance in a changing environment, and directing strategic, qualitative, and quantitative work to deliver on engagements.

### **Areas of Expertise**

- Physician / clinic practice management and revenue cycle
- Operational and workflow process assessments, planning, redesign, and implementation
- Financial assessments, management, budgeting, and turn-around situations
- Strategic consulting for growth, affiliation, and performance improvement
- Compliance

### **Professional Experience**

- Worked as a Director in solution design at Athenahealth and led a team of solution design professionals responsible for providing strategic and analytical support to the sales team to close business. Conducted pre-sale assessments of prospects' clinic and business process workflows to identify key areas (scheduling, patient access, medical reconciliation, evaluating current top-of-licensure performance), where Athena's software, services, and best practices could create a positive impact. Evaluated, mentored, coached, and guided the team on design strategies, financial and operational assessments, and custom approaches to support specific deals, resulting in support for \$76M in bookings over three years. Maintained book of business in addition to managing team's efforts; personally supported \$2.5M in closed-won deals and provided secondary support for another \$20M in closed-won deals. Led internal projects to advance team and company strategies (e.g., core learning curriculum, ASC go-to-market approach, solution design activity tracking in Salesforce). Served as co-lead for Women's Leadership / Mentorship program.
- Previously at Guidehouse, she provided strategic, operations redesign / performance improvement, and financial consulting services to healthcare clients. Representative engagements include:

- Conducted deep-dive assessment of current state metrics and workflows, and provided detailed recommendations for, patient experience, access, staffing efficiency, throughput, volume / revenue growth potential, provider experience, staff satisfaction, and governance structure for key Orthopedic Surgery clinic at an Academic Medical Center (AMC).
- Assessed, redesigned, and implemented processes for standardized scheduling, patient visit flow and data collection, and visit coding / charge capture for multi-specialty clinics at an AMC.
- Co-led strategic and tactical efforts to form a Physician Services Organization and a centralized Management Services Organization for a 500+ physician practice at a public AMC in the Northeast.
- Reviewed and commented on funds flows among various entities (hospital, university, medical college, basic science departments, and clinical departments) for one of the largest private employer AMCs in the Northeast.
- As a Senior Director in clinical finance and budgeting at the Keck School of Medicine, University of Southern California, provided executive oversight and analysis of financial performance for 500+ physician group practice with 19 clinical departments (clinical revenues of \$165 million, total revenues of \$259 million). Worked collaboratively with clinical departments to develop annual strategic plans and revenue / expense budgets, providing critical insight to the university and school into the group practice's goals and department-specific initiatives and challenges. Identified budget variances related to revenue and expenditure performance. Worked with clinical department chairs and chief administrative officers to develop and implement remediation plans to address and correct issues negatively impacting performance, resulting in early problem identification and reducing risk to school and university for covering clinical department deficits.
- Managed multi-million-dollar engagement at an AMC to integrate 19 independent physician practice corporations into a single academic entity, resulting in successful merging of the practices and university. Redesigned processes and workflows for physician contracting at a large multi-specialty practice to ensure consistency and compliance with regulatory and compliance requirements. Provided consulting services to AMCs, hospitals, and private practices, including: financial (e.g., A / R valuation, financial performance, sources / uses of funds); revenue cycle (e.g., benchmark and denial analysis, process redesign); and, physician affiliation strategies and analysis.
- Documented, reviewed, revised, and implemented complete workflow for County Hospital's ambulatory HIM department to ensure timely and accurate delivery, return, and filing of patient records for County clinics. Conducted education sessions and compliance reviews for more than 2,000 physicians, healthcare providers, and staff. Provided litigation support related to healthcare compliance initiatives, reducing clients' penalties by millions of dollars. Clients included hospitals, AMCs, compliance offices, long-term care facilities, and law firms.
- Served as Administrator to the Department of Neurosurgery at UT Southwestern Medical Center and was the executive leader for financial and clinical operations. Standardized scheduling, improved patient access and wait times, standardized rooming workflows. Improved cash on hand from 30 days to nine months during tenure. Implemented new faculty compensation plan focused on productivity and quality metrics.

## Work History

- Director of Solution Design, Athenahealth (2015 – 2019)
- Associate Director, Navigant (2011 – 2015)
- Senior Director, Clinical Finance and Budgeting, Keck School of Medicine (2009 – 2011)
- Senior Manager, Health Science Advisory Services, Ernst & Young, LLP (2007 – 2009)
- Senior Manager, Consulting Services, Beacon Partners, Inc. (2004 – 2007)
- Manager, Consulting Services, PricewaterhouseCoopers, LLC (1999 – 2004)
- Administrator, Department of Neurosurgery, UT Southwestern Medical Center (1996 – 1999)

## Certifications, Memberships, and Awards

- Medical Group Management Association (MGMA)
- Certified Medical Practice Executive (CMPE) through ACMPE

## Education

- Master of Business Administration, Sam Houston State University
- Bachelor of Arts, Psychology, Trinity University

## Thought Leadership

- “Turn, Turn, Turn: An Introduction to the Revenue Cycle,” MGMA [Connexion](#)
- “Can I See Some ID?,” MGMA [Connexion](#)
- “Planning a Compliance Education Project,” [Journal of Healthcare Compliance](#)
- “Physician Compensation Strategies,” MGMA National Conference, 2015
- “Denial Management Strategies for Physician Practices,” MGMA Webinar, September 14, 2006
- “Denial Management Strategies for Academic Medical Centers,” MGMA/APA Annual Conference, Chicago, IL, May 9, 2006
- “Denial Management Strategies for Physician Practices,” MGMA FMS/MCA Annual Conference, San Diego, CA, March 6, 2006
- “Applying the Hospitalist Concept to a Surgical Specialty,” Beacon Partners’ Lunch and Learn Webinar for Clients, January 6, 2006

## **Susie Smith, PhD, RN, NE-BC**

### **Associate Director**

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#### **Professional Summary**

Susie has more than 35 years of experience in the healthcare field. She has extensive expertise in hospital and ambulatory settings, both as a clinical and operational executive, and consultant. Her experience spans acute care, clinical service lines, ambulatory care, Clinically Integrated Networks (CIN), regulatory compliance and accreditation, patient centered medical home designation (PCMH), and performance improvement. She has supported several engagements focusing on value-based reimbursement models, including Medicare Shared Savings Programs (MSSP), Commercial Payer Plans, and standards related to National Committee Quality Assurance (NCQA).

Susie is a highly motivated PhD RN executive focused on the transformation to value driven care. She has assisted medical home care organizations through quality and process initiatives and developed care management programs and data analytics as demonstrated by quality improvement, effectiveness, and efficiency of the care delivered. Her clients include hospitals, for profit start-up organizations supporting physician practices, for profit independent physician practices, and non-for-profit medical groups. She demonstrates strategic planning, project management, and analytical skills and focuses on relationship-based, patient centered approach to care. She also previously led a CIN development and managed eight “POD” configurations with physician groups for enhanced engagement to drive results.

#### **Areas of Expertise**

- Project management of complex, transformational engagements across the continuum of healthcare services.
- Execution plans for value-based reimbursement models including MSSPs and commercial payer plans.
- Development and implementation plan for population health quality initiatives, processes, and data analytics to demonstrate quality improvement, effectiveness, and efficiency of care delivered within government or payer contracting requirements for provider networks.
- Drive provider engagement with innovative communication structures, quality initiatives, and cost reduction techniques to maximize effectiveness of value-based contracts.
- Provider education on new clinical guidelines, workflows, and methods for meeting quality metrics goals.
- Clinical oversight of hospital-based service line and ambulatory physician practices.
- Developed a national ambulatory case management model that included determination of levels of risk, key performance indicators, processes, roles development and staffing model, and flexible deployment of services. The program successfully expanded services while reducing cost.

- Fostering culture transformation for an enhanced patient experience resulting in heightened CG-CHAPS scores
- For H-CAHPS / CG-CAHP Scores, led system-wide acute care redesign which targeted specific patient populations, deployed resources, and streamlined processes to improve patient outcomes and staff satisfaction.

### **Work History**

- Director of Outcomes, Inova Health System (2016 – 2019)
- Regional Director of Quality / Population Health, Privia Medical Group (2015 – 2016)
- Director of Quality, Fairfax Family Practice Centers (2010 – 2015)
- Director of Education / Vice President of HR, Fauquier Health (2005 – 2010)
- Director of Recruitment, Inova Health System (2000 – 2005)
- Director of Accreditation / Performance Improvement, Inova Health System (1999 – 2000)
- Director of Cardiology Service Line (1988 – 1996)

### **Certifications, Memberships, and Awards**

- Registered Nurse
- ANCC Nurse Executive – 2012, 2017
- Sigma Theta Tau Community Member – 2019
- Patient Experience Grant – Beryl Institute

### **Education**

- Bachelor of Science, Nursing, Radford University
- Masters, Nursing Administration, George Mason University
- PhD in Philosophy in Nursing Program, George Mason University

### **Thought Leadership**

- Article published in Nursing Spectrum, October 1994, “From Manager to Leader, Controller to Facilitator: A Changing Role for the Nurse Manager”, Vol. 4, No. 22.
- Article published in Nursing Administration Quarterly, “Facilitating Change in a Complex Organization”, Winter”, 1999. Co-authored with Flowers-Barr, D., Attari, C.
- Report published with The Beryl Institute; Patient Experience Grant program Series Research Report, “”, George Mason University, [www.theberylinstitute.org](http://www.theberylinstitute.org). 2018
- Dissertation: “Exploring Health Outcomes among Adults with Type 2 Diabetes in Primary Care Practices with and Without Care Coordination”, George Mason University, Fairfax, Virginia, December 2017.
- Patient-Centered Care Improvement Guide, Planetree, Inc., and Picker Institute, October 2008.

## **Michael J. Romano, MHSA**

### **Director**

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Chicago, Illinois  
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### **Professional Summary**

Michael (Mike) has 25 years of experience advising leading community healthcare systems, large public hospitals and their related physician groups. He is responsible for helping clients to achieve excellence in physician operations, profoundly improve their patient's experience, and enhance their strategic position in the markets they serve. Mike demonstrates competence on a wide variety of consulting engagements including strategic planning, master facility planning, reimbursement and revenue cycle, operational improvement, financial turnaround, mergers and acquisitions, physician operations, hospital physician venture development, and healthcare reform responses. He has strong financial and analytical skills, especially adept at helping organizations anticipate future trends, optimize operational efficiency, and allocate scarce resources.

Highlights of his relevant experience include:

- Led development of enterprise-wide master facility plan for a major Midwestern healthcare system.
- Directed planning operational improvement activities for a large Texas-based health system.
- Championed the business plan development for Louisiana State University after Katrina destroyed "Big Charity"- its flagship academic hospital.
- Acted as principal investigator on numerous planning projects in a wide variety of healthcare settings including community hospitals, rural health clinics, inpatient and outpatient rehabilitation, behavioral health, and large physician group practices.

### **Areas of Expertise**

- Physician Strategy and Operations
- Community and Public Health Planning and Innovation
- Master Facility Planning
- Reimbursement and Revenue Cycle Improvement
- Financial Turnaround
- Mergers and Acquisitions
- Hospital – Physician Venture Development

### **Professional Experience**

- Led development of an enterprise-wide master facility plan for a major Midwestern healthcare system. Assisted in creating a comprehensive 10-year strategic plan incorporating innovative models to understand the impact of reform on inpatient, ambulatory, physician volumes and associated physician needs. Fed strategic assumptions and volume projections into Master Facilities Campus Plan to systematically correct deficiencies, enable long-term strategic goals, and embrace program expansion, change, and volume growth.

- Directed operational improvement planning activities for large Texas-based health system, including strategic planning; new service line analysis; acquisition strategy; management reorganization; managed care strategy; operational improvement; cash management; and financial turn-around projects. Recent work focused on developing reform-sensitive strategies to integrate physician practices while achieving balanced financial performance and maintaining a superior quality of care.
- Championed business plan development for Louisiana State University after Katrina destroyed “Big Charity”- its flagship academic hospital. Developed business plans for the replacement of Earl K. Long Medical Center and Huey P. Long Hospital. Performed detailed market analysis, patient demand, service line analysis, economic outlook and population estimates for hurricane-torn regions and areas not directly impacted by the storms. Also included extensive public testimony.
- Acted as principal investigator on numerous planning projects for wide variety of healthcare settings, including community hospital replacement, women’s services, cardiology, oncology, inpatient and outpatient surgery, emergency services, admitting, billings and collections, rural health clinics, inpatient and outpatient rehabilitation, behavioral health and large physician group practices.
- Served as “chief cost-cutter” on a number of operational improvement projects, often functioning as a member of the senior management team, responsible for all aspects of project management including daily direct reporting to the system CEO and CFO and frequent contact with Board Members. Routinely implemented operational improvements totaling 10-20 percent of total expenses.

### **Work History**

- ADAMS Management
- Phase 2 Consulting
- American Medical Association
- Arthur Andersen, LLP

### **Certifications, Memberships, and Awards**

- Member, American College of Healthcare Executives (ACHE)

### **Education**

- Master of Health Services Administration, Finance, The George Washington University
- Bachelor of Science, Finance, Boston College

### **Thought Leadership**

- Spoken extensively on the impact of emerging health policy trends to health system boards, large physician groups, national trade associations, State legislatures and two Congressional committees.

## **Tamyra Porter**

**Partner**

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### **Professional Summary**

Tamyra has more than 20 years of experience working in all aspects of Medicaid program design and implementation. Tamyra supports clients in the full life-cycle of program design including waiver support, stakeholder engagement, procurement, and contract development as well as robust development of organizational redesign supported by training and resource development for program oversight, monitoring, and quality improvement. Tamyra has deep expertise in special populations, long-term care, social determinants of health, and managed care. Her state experience includes Alabama, Pennsylvania, Kentucky, North Carolina, Indiana, Mississippi, Texas, Louisiana, New Hampshire, Nevada, the District of Columbia, Maryland, Kansas, Ohio, Iowa, Illinois, Hawaii, Missouri, Nebraska, Arkansas, New Mexico, Arizona, Virginia, Florida, Illinois, and Georgia.

### **Areas of Expertise**

- Assists states with addressing reform and innovation to better manage long-term care programs including stakeholder engagements, development of quality measures, waiver redesign, improved care management, person-centered planning, uniform assessments, critical incident management, participant-directed programs, and provider rate and cost analyses.
- Assists states with evaluating program design and waiver options to better manage their Medicaid programs including waiver development, procurement and contracting, and developing internal infrastructure to monitor and drive quality improvements. Waiver experience with 1115, 1915b, 1915c as well as State Plan services. Has assisted states in exploration of new model options including Medicaid ACO, provider-sponsored health plans, health homes, etc.
- Works to address non-clinical needs and social determinants of health as part of improved consumer incentives, care management and overall population health improvement, including work in community development and housing as a means of improving health outcomes.
- Develops and manages various readiness assessment and oversight tools for Medicaid managed care oversight and compliance.
- Develops and deploys solutions to improve the use of Health Information Technology and data analytics assisting states in their goals for transparency and accountability through dashboards and other technology solutions.

## Professional Experience

### Long Term Care

- Assists states in their design and development of program reforms for their long-term care programs. Working with state clients to develop concept papers, stakeholder engagement efforts, waivers, and state plan modifications. Coordinating efforts with legislative mandates and affiliated workgroups. Assistancess also includes payment transformation and leveraging managed care designs to transition to alternative payment models. Recent efforts have focused on provider-led initiatives where provider groups would gradually assume risk for the long-term care population. Serves as a subject matter expert on LTSS issues on projects for Iowa readiness reviews, Kentucky program design, Kansas and others while directing program design projects for Alabama and New Hampshire.
- Provide ongoing support as technical assistance contractor to states on behalf of CMS regarding health and wellness and critical incident management systems as well as leading learning collaboratives for the implementation of the Cure's Act EVV requirements.
- Assisted Pennsylvania's Bureau of Home and Community Based Services (HCBS) with ongoing analysis of its current Individual Service Planning and service plan approval process. Assisted the Commonwealth in evaluating process for automating the service planning and approval process. Conducted research and support for the evaluation of uniform needs assessment tools to aid in the development of individualized budgets for HCBS waiver services. Expanded this research to include a full spectrum of public welfare services including the critical services for dual eligibility and those who may qualify for long-term care and support.
- Researched and developed a bed-needs study for Ohio. Compared the number of nursing facilities available across the state to occupancy rates and unused beds for each area of the State. Compared findings with trends in nursing home usage in other states, as well as nationally, in context to recent Federal requirements related to rebalancing and nursing home transitions. Prepared summary reports and presented findings to Ohio's Office of Jobs and Family Services.
- Developed and conducted a training institute for HCBS waiver providers and service planners to fulfill training requirements for enrollment as a qualified provider with the Commonwealth of Pennsylvania.
- Provided initial support for an automated audit tool to assist state clients in their quality improvement and audit functions of HCBS providers.

### Medicaid Managed Care

- Supported and directed various aspects of program design and implementation. Roles in this area have included concept paper development, internal stakeholder facilitation, development and drafting of waiver applications (1915 b and c, as well as 1115), updating and drafting state plans and developing and reviewing budget neutrality calculations. Tamyra has also assisted states in coordination and meeting with CMS to usher through the waiver approval process. Supported New Hampshire, Kentucky, Pennsylvania, and Alabama in these aspects of program design implementation.

- Directed and supported the development of procurement and reprocurement tools, including state administrative code development, RFPs, proposal evaluation resources, and contracts. Provided support with an eye towards ongoing operations and oversight incorporating principles of value-based purchasing. Provided such support for Pennsylvania, Mississippi, Georgia, and Alabama for full-risk managed care programs, provider-sponsored managed care programs, EPCCM programs, Enrollment Broker contracts, EQRO contracting, Pharmacy Benefits Managers, Specialty Pharmacy contracting, ADA compliance audits, and public outreach campaigns.
- Directed and supported the development of various readiness review tools for a variety of state Medicaid managed care programs including Indiana, Pennsylvania, Mississippi, Alabama, and Iowa. Has assisted in training state and contracted staff in the use of designed tools and providing ongoing support and dashboarding of readiness tools throughout the readiness process. Served as a subject matter expert with emphasis on systems readiness, network adequacy, reporting, long-term care, and special needs populations. As a subject matter expert, she participates and leads desk reviews and participates in site visits related to the readiness process. Worked with states to leverage the readiness efforts as a seamless transition to ongoing monitoring, including evaluation and assessment of national and local Medicaid health plans such as Centene, Amerigroup, United, AmeriHealth Mercy, Molina, and provider-sponsored entities who have partnered with groups such as Blue Cross Blue Shield, Sentara, Viva, and others.
- Works with a variety of states to evaluate and support their monitoring and oversight of state programs. Worked on targeted efforts to evaluate provider network access and availability, ADA accessibility, care management evaluations, compliance with grievances and appeals, and maternity care programs. Worked with state clients in multi-year engagements and one-time GAP analyses to develop Monitoring Boot Camp trainings, provide automated tools to facilitate monitoring, provide oversight documentation, and develop reporting requirements and tools to read and aggregate vendor reporting for state dashboarding and oversight. Her approach to monitoring includes the use of existing resources and development of automated tools to more efficiently document and complete oversight functions. Has directed the development of various tools that have been created to support state agencies in all aspects of program operations. Provides support through entire software development process including development of UAT, user guides, and training, whether directing the development for clients or working as the business analyst for the client and interfacing with state-staffed developers.
- Directed an engagement for Texas Health and Human Services Commission to support compliance with Corrective Action Orders specific to the Consent Decree in Frew v. Hawkins and mandate to provide adequate supply of healthcare providers. Conducting robust series of provider network adequacy tests which she has leveraged in assisting other states in the development of network adequacy requirements and related reporting and analytics to monitor ongoing compliance with access standards.
- Assisted states in the development or renewal of their state quality strategy. Worked with Pennsylvania, Mississippi, and Alabama in crafting the quality strategy as a foundational component of their overarching approach to value-based monitoring and oversight and as a means of aligning state program goals and objectives with the national quality strategy. Led efforts to engage stakeholders in identifying and adopting quality measures for their state

programs and in turn assisting the state in the operational reporting, data collection, and analyses of these measures.

### **Medicaid Performance Management**

- Conducted various reviews of internal state oversight functions and provided technical assistance and recommendations for performance improvements in several states including Indiana, Pennsylvania, Texas, Alabama, Mississippi, Louisiana, and North Carolina. Provided clients with various technical, customized database solutions to better track and document monitoring activities, report on these functions and improve oversight. Recommended monitoring review steps, sources for obtaining required data and guides for measuring and evaluating performance. Developed detailed standard operating procedures to support the ongoing monitoring efforts and transitioned these tools to the assigned staff for ongoing use. Provided detailed training manuals and conducted classroom trainings to support staff in these efforts. The monitoring tool also connects compliance decisions to contractor performance reporting.
- Designed and directed the development of a state training institute to assist clients in program transitions from fee-for-service to managed care and to provide ongoing staff development resources. Directed the development of various e-learning solutions to be packaged and hosted on state platforms or hosted for our state clients.

### **Government Payment Transformation**

- Assisted North Carolina with an evaluation of its Medicaid Disproportionate Share Hospital and supplemental payment programs. Revised the State's model that calculates Disproportionate Share Hospital or supplemental payments. Assisted with the payment calculations. Analyzed the validity of hospital-reported data used in calculating interim payments and in final cost settlement. Trained State staff in the use of the model.
- Assists states in moving monitoring programs of compliance to align with more robust development of value-based purchasing (VBP) concepts. Facilitates planning sessions related to program goals and outcomes, data analytics to support benchmark data as well as to guide ongoing performance evaluation. Instrumental in the development of Quality Strategies and tools to support the state's aims for value-based purchasing and program oversight. Provides assistance in the operational assessments to determine strength and capacity of internal resources to execute VBP goals. Assisted with these efforts in Mississippi, Pennsylvania, and Alabama while providing some project consultation in Illinois.
- Assisted Alabama with various aspects of its quality withhold program and related exercise in developing quality measures with the states Quality Assurance Committee, coordination with the Medicaid Quality Strategy, and coordination with the RCO's Provider Standards Committee.

### **Medicaid Reform**

- Serves as a liaison between state staff and CMS in the development of state waiver programs (1115), corrective action plans or other program design considerations. Assists senior state health and human services officials a state to identify and develop major reform initiatives including reforms to Medicaid, social services, reforms required under the ACA, and other public welfare benefits. Develops options, white papers, presentations, talking points, and meeting and training materials to facilitate the decision-making process.

Assisted states including Pennsylvania and Alabama through various waiver development exercises and discussions with CMS.

### **Health Information Technology**

- Assisted the States of Pennsylvania, Kansas, Maryland, and the District of Columbia in the design and planning for the Medicaid HIT provider incentive payment program. Assisted in the development of various planning sessions and the drafting of the SMHP for CMS review and approval. For the District of Columbia, assisted in the drafting of a statement of work the District would use to procure support for the ongoing operations of its incentive program.
- Directed engagements related to encounter data requirements and validation. Projects have included development of contract requirements, evaluation of readiness, assistance with encounter data production testing. Developed various encounter data studies to look at timeliness and completeness and determine opportunities for efficiencies and other studies comparing HEDIS scores for administrative measures comparing results from encounter data calculations to audited HEDIS reports.
- Developed MCO contract requirements related to promoting use of HIT by providers requiring adoption and use for inclusion in provider networks for certain high-volume provider types.
- Assisted states in considering data warehousing requirements for potential procurements to support better use of data gathering, storage, and reporting.

### **Healthcare Compliance**

- Assisted on various healthcare litigation projects related to billing disputes. Evaluated all aspects of claims life cycle to determine billing errors and to quantify related damages. Evaluated claims for inpatient, outpatient, pharmacy, and durable medical equipment (DME).

### **Work History**

- Manager, Tucker Alan Inc. (1999 – 2004)
- Web Developer, Assistant to the Chair of Obstetrics and Gynecology, University of North Carolina Hospitals (1998 – 1999)

### **Education**

- Bachelor of Science in Public Health, Health Policy and Administration with Highest Honors, University of North Carolina at Chapel Hill, School of Public Health

### **Thought Leadership**

- “SDoH from Concept to Concrete” ACAP (2019)
- “Quality Measures and Outcomes” HSFO (2019)
- “Value-based Purchasing” HSFO (2019)
- “Value-based Payments for LTSS” NASUAD (2019)
- “Exploring the Intersection of Health and Housing” NASUAD (2019)

- “The Use of SDoH in Risk-based Rates” WHCC (2019)
- “Policy Options and Considerations for Sustainable Communities” Forum for Lt. Governors (2019)
- “Community Integration and Accountability” Congressional Leadership Meeting (2018)
- “Community Integration Workshop” WHCC (2018)
- “Innovative Approaches to Measuring Outcomes for HCBS Participants” NASUAD (2016)
- “Moving the Outcomes Needle – Integrating the Dually Eligible” NASUAD (2016)
- “Improving Your Purchasing Power – Procurement Opportunities” HSFO (2016)
- “Monitoring the Shift to Managed Care. Why is Monitoring Important?” World Congress Medicaid Managed Care Summit Presentation (2012)
- Readiness Review Trainings – Commonwealth of Pennsylvania Bureau of Managed Care Operations (Spring 2012)
- Monitoring Boot Camp - Commonwealth of Pennsylvania Bureau of Managed Care Operations (Fall 2012)

## **Danna Campbell, CPA, MBA, RN**

### **Director**

danna.campbell@guidehouse.com  
Austin, Texas  
Direct: 512.364.8758

### **Professional Summary**

Danna focuses on development of clinically integrated networks, accountable care organizations and new care delivery models focused on improving access and quality of care with the goal of reducing costs of delivering care. She helps client develop innovative solutions in a value-based care environment, including the development of a leading practice model for ambulatory care management to manage population health under risk-shared contracts with payers.

She has 25 years of experience developing clinical quality and performance metrics for multiple service lines and evidence-based outcomes for physicians and CINs. In addition, she specializes in physician alignment and clinical integration for large physician networks, including the development of Accountable Care Organizations (ACOs), Clinically Integrated Networks (CINs), physician compensation models, and funds flow. Danna is a clinical operations expert in orthopedics, emergency medicine, cardiovascular, oncology, internal medicine, and transplant.

### **Areas of Expertise**

- Clinical Integration and Physician Alignment, ACO development
- Creates new clinical delivery models focused on driving improvements in ROI and quality of care
- Identification of gaps in services, compensation models, IT, and capabilities for data analytics in downside risk environments for cost efficiency and stratification of risk
- Recognized nationally with expertise in pediatric care management, risk stratification, population health, and development of chronic disease clinical protocols
- Develops care management, referral management and patient access to identify cost efficiencies, and develops centralized infrastructure
- Facilitates strategy and visioning sessions focused with leadership and physician stakeholders to gain alignment on long-term strategic goals
- Works with Academic Medical Centers (AMCs) focused on GME and workforce deployment for future delivery of care utilizing residents, physicians, and advanced practice providers. In addition, assessed and implemented funds flow in medical schools, health systems, and research programs.

### **Work History**

- Healthcare executive for international consulting firms
- C-Suite Executive for Academic Medical Centers

- CEO of large independent, cardiology and cardiovascular surgery physician group with 22 locations
- CFO of large, independent oncology physician group
- Co-founding partner for mid-size national healthcare consulting firm
- Clinical nurse in trauma, critical care, and organ transplantation

### **Certifications, Memberships, and Awards**

- Certified Public Accountant, State of Texas
- Healthcare Financial Management Association, Member since 2002; Program Committee, Gulf Coast Chapter
- Case Management Society of America, 2016 – Present
- Board of Directors, Group One (affiliate of Dallas Fort Worth Hospital Council)
- Board of Directors, Health Care Texas Society of Certified Public Accountants

### **Education**

- Master of Business Administration, University of Houston
- Bachelor of Science, Nursing, University of Texas Health Science Center at Houston

## **Mark A. Benninghoff, MBA**

### **Director**

mark.benninghoff@guidehouse.com  
Chicago, Illinois  
Direct: 412.327.2496

### **Professional Summary**

Mark plays an integral role in directing academic and non-academic physician practice clients on operational, strategic, and financial matters. Mark has more than 25 years of experience in physician practice management, healthcare and consulting services, allowing him to expertly bridge the worlds of finance, strategy, and healthcare operations. Mark has presented at many national meetings on physician practice management topics.

### **Areas of Expertise**

- Implementing of best practice revenue cycle processes resulting in highest ranking revenue cycle metrics in the UHC-AAMC Faculty Practice Solutions Center annual survey.
- Integrating delivery system-wide initiative in achieving 72-hour patient access goal resulting in increased patient satisfaction, volumes and system-wide operating margin improvement.
- Centralizing and optimizing of system-wide Credentials Verification Office including obtaining NCQA certification for delegated credentialing agreements with payers.
- Developing internal software for physician OR charge tracking software reducing charge documentation and billing lag by 20% and missed revenue by 8%.
- Implementing physician and employee engagement improvement activities that led to highest rated division scores in health system.
- Co-leading, with Dean's office, initiative to development and implement Education Credit Units (ECU's) as a way to fairly allocate School of Medicine "hard money" funding to its departments.

### **Professional Experience**

- Developed, recruited and led the business systems analyst and human-centered design teams for the newly formed technology development center of an academic medical center. The teams designed and provided specifications for software products that generated \$800,000 of operational value during first 4 months of fiscal year.
- Led the selection and implementation of several practice management and electronic health record systems.
- Recognized for his ability to establish trust and credibility between employed physician groups and health system executive leaders.
- Transitioned scheduling, check-in and check-out staff in a large academic center from a centralized model to decentralized model by implementing a centralized Patient Ambassador training program. Staff members in these areas were recruited, trained and

“certified” as Patient Ambassadors centrally then deployed to the departments. Benefits included increased staff and department satisfaction, significant improvement in patient satisfaction ratings, increased copay collections and reduced denials.

- Led an initiative that increased community physician satisfaction and loyalty by implementing a risk purchasing group that saved 55 private community physicians an average of 20% of their previous year’s malpractice premium expense.

## **Work History**

- Executive Director, Sharon Regional Physicians Services (2013 – 2014)
- Consulting, Mark Benninghoff Consulting (2013)
- Vice President, Customer Insights, UPMC Technology Development Center (2011 – 2013)
- CAO/COO Valley Physician Enterprise Services (2009 – 2011)
- Executive Vice President, UPMC Physician Services Division (2006 – 2008)
- Sr. VP Finance/CFO, UPMC Physician Services Division (2002 – 2006)
- Executive Administrator, Department of Otolaryngology, UPMC (1991 – 2002)
- Various Administrative Positions, UPMC (1985 – 1991)
- Staff Accountant, Price WaterhouseCoopers (1982 – 1984)

## **Certifications, Memberships, and Awards**

- American College of Healthcare Executives
- Medical Group Management Association
- Association of Otolaryngology Administrators

## **Education**

- Master of Business Administration, University of Pittsburgh
- Bachelor of Arts, Accounting and Business Administration, Thiel College

## **Mary Gao**

### **Managing Consultant**

mgao@guidehouse.com  
Dallas, Texas  
Direct: 651.707.6102

#### **Professional Summary**

Mary's experience includes supporting large transformational and strategy engagements for Academic Medical Centers (AMCs) and private sector and public sector clients including enterprise strategic planning, facility master planning, operational performance improvement, mergers and acquisitions, and governance and organizational design.

#### **Areas of Expertise**

- Strategic Plan Development
- Market Assessments
- Mergers and Acquisitions
- Facility Master Planning

#### **Professional Experience**

- Project lead for 96 heavily data-driven healthcare market assessments, commissioned by Veterans Administration (VA), to optimize its healthcare delivery system consisting of more than 170 VA medical centers and approximately 1,200 outpatient sites of care nationwide.
- Assisted in the development of multiple VA healthcare market planning studies. Opportunities identified focused on clinical service line planning, facilities planning, and patient experience across various VA Medical Centers.
- Developed of a five-year strategic plan for the recently accredited University of Arizona College of Medicine – Phoenix.
- Conducted a refresh of the enterprise strategic plan and business case financial models post integration of Philadelphia University (liberal arts university) and Jefferson University (health sciences university).
- Assisting in study assessing the VA's academic affiliations across the nation and identifying opportunities to strategically advance relationships to better deliver care to Veterans.
- Implemented multiple workstreams (e.g. Project Management Office, Finance, Clinical, and Faculty Affairs) for University of Texas Rio Grande Valley – School of Medicine, while it was seeking Liaison Committee on Medical Education (LCME) accreditation.
- Spearheaded the development of thought leadership on AMC and higher education market trends.

#### **Education**

- Bachelor, Economics, University of Minnesota
- Bachelor of Arts, Economics and Organizational Psychology, University of Minnesota

## Appendix C. Relevant Experience / Case Studies

### University of Central Florida

Orlando, Florida



Please note that this work was performed under the Navigant name. Navigant was acquired by Guidehouse in October 2019.

Established in 2006, the UCF College of Medicine is one of the first U.S. medical schools in decades to be built from the ground up. As a new medical school, UCF's program epitomizes innovation, high-tech learning tools and a pioneering spirit to educate young doctors and scientists in a new and better way for the 21st century.

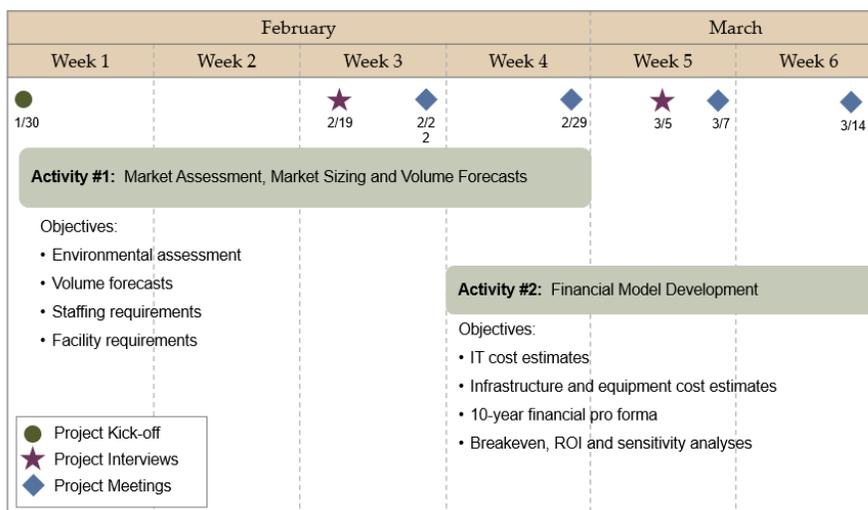
#### The Project

Guidehouse (Navigant) was initially engaged to assist the UCF College of Medicine in developing a plan to develop a faculty practice plan. The goals for the engagement were:

1. Project volume by specialty and clinical activity in the following platforms:
  - Office visits
  - Inpatient visits
  - Surgery and procedural volume
  - Ancillary services
2. Determine staffing requirements to support clinical activity
3. Determine facility requirements
4. Identify range of options and capital cost estimates related to IT infrastructure
5. Develop 10-year financial pro forma including:
  - Sensitivity analysis
  - ROI
  - Breakeven analysis

#### The Approach

Guidehouse approached the project over a 6 week period as outlined in the graphic:



## The Results

Based upon the developed plan, UCF-College of Medicine launched a new faculty practice plan that has evolved over time into its current form, UCF-Health | College of Medicine Practice with 27 providers across 13 specialties and three locations.

### Central Health

*Travis County (Austin), Texas*



**CENTRAL HEALTH**

*Please note that this work was performed under the Navigant name. Navigant was acquired by Guidehouse in October 2019.*

### Client Background

Central Health is a government agency created in 2004 by an initiative in Travis County (Austin Area), Texas to help low income, uninsured residents access care. Central Health is a separate political subdivision of the State of Texas and not part of the Travis County government.

It utilizes four main functions to achieve its mission:

**CommUnityCare:** CommUnityCare is a network of 24 locations (and 7 partner locations) in Travis County owned by Central Health. Services include outpatient primary healthcare, dental care, specialty care, lab, radiology including mammography, a full-service pharmacy, behavioral health services, HIV/AIDS treatment (David Powell Clinic), and Austin Resource Center for the Homeless (ARCH) and Street medicine teams for homeless care.

**Sendero:** Sendero Health Plan, a health plan affiliated with Central Health. Provides both Medicaid (8 counties: Burnet, Bastrop, Travis, Fayette, Hays, Williamson, Lee, and Caldwell; with 10% market share [2019]) and Exchange (called IdealCare; has 18% of market [2019]) coverage since 2012.

**Partnership with Ascension Seton:** Catholic affiliated hospital system with a large footprint in the Austin area with five major hospitals (two level 1 trauma centers), including Dell Children's Medical Center. Other Seton facilities include: two community hospitals and two rural, one mental health, and three primary clinics. Seton is the largest private employer in Central Texas with approximately 11,000 employees. Central Health acts as a vehicle for intergovernmental transfers (IGT) to facilitate Federal matching for uncompensated care (UC), disproportionate share hospital (DSH), and Delivery System Reform Incentive Payment (DSRIP) funding.

**Community Care Collaborative (CCC):** A nonprofit joint venture between Central Health and Seton to provide services within the Seton system, which acts as a DSRIP project.

### Project Background and Approach

Central Health requested assistance in developing an implementation plan related to a previously created 2019-2024 Strategic Plan. As part of a Master Service Agreement with Central Health, Guidehouse (Navigant) completed three tasks to assist Central Health implement their Strategic Plan developed in 2017:

1. Assist Central Health in assessing the impact of sunsetting 1115 Waiver DISRIP funding.

2. Meet with Central Health's functional area leadership to discuss strengths and opportunities to improve Central Health's operations.
3. Develop a detailed implementation plan specifying the actions, steps, risks, timing and resources to implementation to improve Central Health's operations and transition to a more fee-for-service based approach (i.e., behave more like a traditional payer).

Guidehouse (Navigant) created several deliverables to fulfill the three tasks including:

1. A financial model utilizing dynamic assumptions to facilitate scenario planning for future IGT, DSRIP, and Seton specific utilization changes
  - Incorporated local budget; Medicare inflation; FMAP; performance incentives; DSH, foreign claims, capitation, and pharmacy trends, and various credits applied between Central Health and Seton.
2. A detailed phased-in implementation plan customized in conjunction with functional area leadership (approximately 15) with key process, policies, technology needs to transition to a more fee-for-service based approach with the following areas of concentration:
  - Organizational Structure
  - Governance and Compliance
  - Member Journey (i.e., intake, enrollment, and services)
  - Claims Management
  - Clinical Operations and Management
  - Quality Improvement
  - Provider Network Management
  - IT & Data Analytics
  - Actuarial and Financial Solvency
  - Utilization Management and Review

## **Results**

- Central Health used Guidehouse's (Navigant's) financial model to strategize and forecast funding changes related to their partnership with Seton.
- The Implementation Plan was approved by Central Health's Board of Managers in Q1 2019 and will serve as a roadmap for the next phase of work.
- Recommendations imbedded in the Implementation Plan resulting in maximizing interrelationships across the Central health portfolio of organizations (e.g., Sendero performing provider credentialing services for all functions).

## Business Sustainability and Financial Modeling: PCORI

### The Project

Guidehouse supported Patient-Centered Outcomes Research Institute (PCORI) in developing a financial sustainability plan and ensuring regulatory compliance for a network that funds research to improve patient care and outcomes through patient-centered comparative clinical effectiveness research (CER).

### The Approach

- Patient-Centered Outcomes Research Institute (PCORI) made a considerable investment in a proprietary patient-centered network and needed to know options for future sustainability
- PCORI's "network of networks" includes a diverse range of stakeholders and stakeholder incentives, including: patients, researchers, clinicians, politicians, and health systems leaders
- A plan was needed that would address stakeholders' needs, comply with complex regulations, and present realistic options for continued sustainability

### The Results

- Created business plans and supporting cost models for continued sustainability
- Created sustainability plan, which will enable improved population health by making CER faster, less expensive, and more robust leading to positive change for the main stakeholder: the patient
- Helped the client rethink market value of unique offerings
- Included the stakeholders to co-design the plan (through interviews, collaborative design session, presentations) so that the plan reflected the various needs of each group
- Worked closely with lawyers to understand and adhere to unique regulations of founding legislation

**Maximizing PCORnet: How Consortium Office adds value**  
The CO will increase PCORnet's value to traditional research funders, commercial research sponsors, and the broader patient advocacy community

**Stakeholder Value**

- Researcher: Accelerated, personalized care; Shared and control sensitive data; Differentiated research opportunities; Cross-research collaboration to reduce redundancy in research efforts and cost.
- Researcher: Accelerated, personalized care; Shared and control sensitive data; Differentiated research opportunities; Cross-research collaboration to reduce redundancy in research efforts and cost.
- Commercial: Accelerated, personalized care; Shared and control sensitive data; Differentiated research opportunities; Cross-research collaboration to reduce redundancy in research efforts and cost.
- Patient: Accelerated, personalized care; Shared and control sensitive data; Differentiated research opportunities; Cross-research collaboration to reduce redundancy in research efforts and cost.

**Member Value**

- Researcher: Accelerated, personalized care; Shared and control sensitive data; Differentiated research opportunities; Cross-research collaboration to reduce redundancy in research efforts and cost.
- Commercial: Accelerated, personalized care; Shared and control sensitive data; Differentiated research opportunities; Cross-research collaboration to reduce redundancy in research efforts and cost.
- Patient: Accelerated, personalized care; Shared and control sensitive data; Differentiated research opportunities; Cross-research collaboration to reduce redundancy in research efforts and cost.

**Consortium Office Value Chain**

**RESEARCH & DATA** Manage the "front door" to PCORnet research, including research opportunities, research proposals, and research results.

**KNOWLEDGE & EXPERTISE** Provide clinical and research expertise to support research and research results.

**RECRUIT & CONSENT** Provide clinical and research expertise to support research and research results.

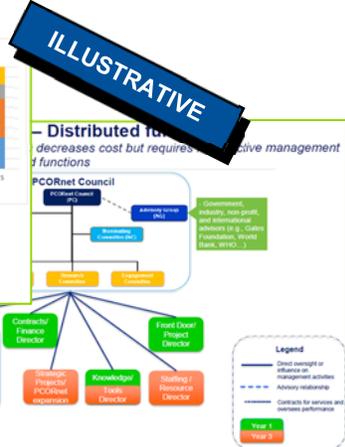
**LEGAL & COMPLIANCE** Provide clinical and research expertise to support research and research results.

**PRICING & OUTCOMES** Provide clinical and research expertise to support research and research results.

**Potential funding opportunity distribution – an example\***

- Annualized project growth is based on the Consortium Office's ability to support execution
- Costs for large projects are fully realized in the year of execution, actual project duration may extend into the subsequent year
- Traditional federal research funding sources may decline as a percentage of overall revenue

Funding and Revenue	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Traditional Funding	\$ 52	\$ 73	\$ 94	\$ 205	\$ 205	\$ 629
Pharma	\$ 23	\$ 44	\$ 74	\$ 97	\$ 134	\$ 372
Provider	\$ 1	\$ 1	\$ 41	\$ 32	\$ 48	\$ 123
Payer	\$ -	\$ 1	\$ 30	\$ 45	\$ 60	\$ 136
Total	\$ 76	\$ 120	\$ 239	\$ 278	\$ 347	\$ 1,060



## Market Analysis and Caregiver Survey



### The Project

Guidehouse conducted a global market analysis and national family/caregiver survey to improve quality of care, access and outreach to patients and families with Huntington’s Disease, including identification of potential strategic partners to inform the sustainability of multiple cross-sector initiatives

### The Approach

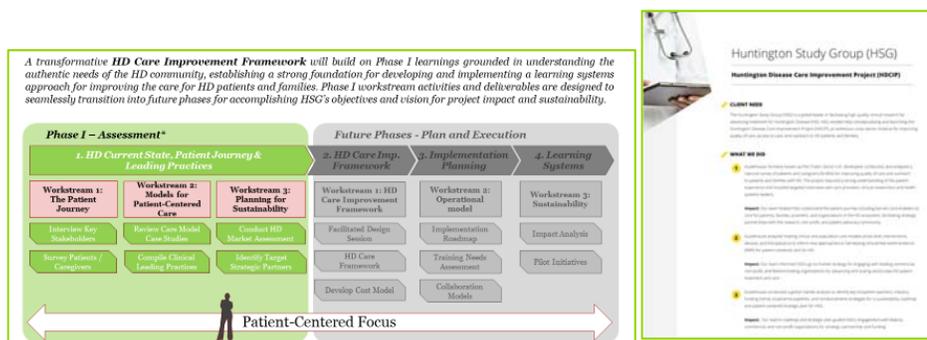
Guidehouse was engaged by the Huntington Study Group (HSG), a global leader in facilitating treatment research for Huntington Disease to:

- Inform the launch of an ambitious cross-sector initiative to improve quality of care, access to care, and patient and family outreach
- Collect patient input from hard-to-reach, vulnerable populations
- Understand holistic, patient-centered models of care.

The project required a strong understanding of global industry, research, clinical care, and patient experience with medical devices.

### The Results

- Developed, conducted, and analyzed a national survey and interviews with patients, families, care providers, clinical researchers and health system leaders (N=856) for improving quality of care and outreach to patients and families with HD
- Analyzed leading national/international clinical, population care models
- Delivered a global market analysis to identify key pipelines, partners, and funding trends and articulated specific value propositions to advance potential collaborations
- Developed a go-to-market road-map to inform business strategy and sustainability planning for the initiative
- Evaluated options to harness the global biopharma and medtech market to advocate more strongly for patient-centered care for patients
- Proposed three targeted partnership initiatives with federal, commercial, and non-profit organizations and consortia to help HSG position for strategic partnerships



## Creation of a Multi-National Research Consortium

### The Project

Guidehouse assisted the National Brain Tumor Society (NBTS), a mid-sized rare disease advocacy nonprofit organization, in 1) providing strategic and operational expertise in designing and planning the operational principles of a research consortium, 2) developing financial analyses pertaining to its operations, and 3) defining an overall strategy for advancing a personalized medicine initiative focused on providing patients with diagnostics and therapies to improve health outcomes.

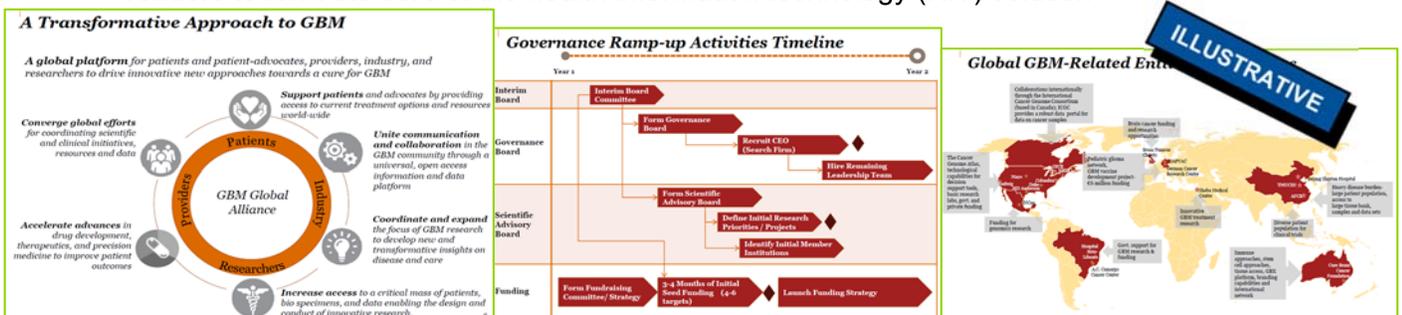
### The Approach

NBTS required assistance in the design and launch of a research consortium intended to address and overcome a number of obstacles impeding the identification of treatments and cures for a rare disease; the consortium was designed as a set of three “multi-site” cores which would serve to:

- Unite the research efforts of a disparate group of disease researchers
- Create collaborative research efforts among top disease research institutions and major academic medical centers
- Engage world-class genomics researchers to identify and validate promising disease genetic markers, targets, and compounds
- Facilitate faster clinical testing of promising disease compounds

### The Results

- Conducted interviews with key stakeholder groups, including major academic medical centers, leading disease researchers, and representatives from a broad range of research consortia
- Worked with client to define a strategy for advancing a personalized medicine initiative to enable disease patients to have access to the next generation of personalized medicine diagnostics and therapies and benefit from improved health outcomes
- Developed operating principles that unified leading disease academic medical centers in consortium leadership and united research efforts
- Created a detailed financial analysis of the operations of the consortium based on a thorough understanding of the research methods to be employed by each core
- Assisted with the development of solution for a research and patient portal and identified vendors to form the core of the health information technology (HIT) solution



## Appendix D. SWAM Small Business Subcontracting Plan

**ATTACHMENT A**  
**SMALL BUSINESS SUBCONTRACTING PLAN**  
**TO BE COMPLETED BY OFFEROR**

It is the goal of the Commonwealth that over 42% of its purchases be made from small businesses. All potential offerors are required to return this document with their response.

**Small Business:** "Small business (including micro)" means a business which holds a certification as such by the Virginia Department of Small Business and Supplier Diversity (DSBSD) on the due date for proposals. This shall also include DSBSD-certified women- owned and minority-owned businesses and businesses with DSBSD service disabled veteran owned status when they also hold a DSBSD certification as a small business on the proposal due date. Currently, DSBSD offers small business certification and micro business designation to firms that qualify.

Certification applications are available through DSBSD online at [www.SBSD.virginia.gov](http://www.SBSD.virginia.gov) (Customer Service).

**Offeror Name:** Guidehouse Inc.

**Preparer Name:** Daniel DeBehnke, MD, MBA                      **Date:** April 30, 2020

**Instructions**

- A. If you are certified by the DSBSD as a micro/small business, complete only Section A of this form.
- B. If you are not a DSBSD-certified small business, complete Section B of this form.

**Section A:**

If your firm is certified by the DSBSD provide your certification number and the date of certification.

Certification Number: N/A                      Certification Date: N/A

**Section B**

Populate the table below to show your firm's plans for utilization of DSBSD-certified small businesses in the performance of this contract for the initial contract period in relation to the offeror's total price for the initial contract period. Certified small businesses include but are not limited to DSBSD-certified women-owned and minority-owned businesses and businesses with DSBSD service disabled veteran-owned status that have also received the DSBSD small business certification. Include plans to utilize small businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc. It is important to note that these proposed participation will be incorporated into the subsequent contract and will be a requirement of the contract. Failure to obtain the proposed participation percentages may result in breach of the contract.

Micro/Small Business Name & Address DSBSD Certificate #	Status if Micro/Small Business is also: Women (W), Minority (M), or DSBSD Service Disabled Veteran-Owned	Contact Person, Telephone & Email	Type of Goods and/or Services	Planned Involvement During Initial Period of the Contract	Planned Contract Dollars During Initial Period of the Contract (\$ or %)
Not Applicable – Guidehouse will be self performing all components of the scope of work and has not identified subcontracting opportunities.					
<b>Totals \$</b>					

Add a separate page for Section B if necessary.

## Appendix E. Terms and Conditions

Pursuant to Guidehouse's risk management principles, Guidehouse requires the legal terms and conditions included in the following pages. In the event of award, Guidehouse will work in good faith to negotiate and finalize a definitive agreement with George Mason University.

*For the purposes of the following Terms and Conditions, Guidehouse Inc. shall be referred to as "Guidehouse" and George Mason University shall be referred to as "Company."*

**Access:** Company agrees to provide Guidehouse with timely access to information, locations, and personnel reasonably necessary for the performance of the Services. The information provided by Company to Guidehouse shall be considered "as is" and Guidehouse will not validate or confirm the accuracy of the data and information provided. The work product produced by Guidehouse under this Agreement is to be used only in relation to the Services described herein and not for any other purpose without written approval from Guidehouse.

**Third Party Work Product:** It is further understood that Guidehouse may be reviewing work product prepared by parties other than Guidehouse on behalf of Company, and accordingly, Company agrees to hold harmless and indemnify Guidehouse for any and all claims, damages, demands, liability and costs (including attorney fees as incurred) arising from negligent acts, errors and omissions of the parties who prepared such work product.

**Preliminary Findings and Draft Reports:** The preparation of Guidehouse work product is an evolving process during which Guidehouse analysis is focused and refined as research and document review proceeds and as information emerges. Preliminary conclusions, superseded drafts, notations, analyses, work lists, and irrelevant data are not a part of, and will not be recorded in, the final work product. Such documents may be appropriately discarded on a routine basis as work tasks are completed. Of course, circumstances may arise that require the retention of such drafts or other interim documents, including but not limited to subpoenas and court orders. Guidehouse understands that Company will provide it with any instructions regarding document retention or document production procedures that Company expects Guidehouse to follow.

**Consulting Services Disclaimer:** Guidehouse will not be auditing any financial statements or performing any attest procedures in the course of this engagement. Guidehouse's Services are not designed, nor should they be relied upon, to disclose internal weaknesses in internal controls, financial statement errors, irregularities, illegal acts, or disclosure deficiencies. Guidehouse is not a professional accounting firm and does not practice accounting.

**Intellectual Property and Guidehouse Deliverables:** Upon full payment of all amounts due Guidehouse in connection with this Agreement, all rights, title and interest in any information and items, including summaries, documents, reports and portions thereof it provides to Company (the "Guidehouse Deliverables") will become Company's sole and exclusive property for use in connection with the professional services set forth in this Agreement, subject to the exceptions set forth below. Guidehouse shall retain sole and exclusive ownership of all rights, title and interest in its work papers, proprietary information, processes, methodologies, know-how and software, including such information as existed prior to the delivery of the Services

and, to the extent such information is of general application, anything that it may discover, create, or develop during provision of the Services (“Guidehouse Property”). To the extent the Guidehouse Deliverables contain Guidehouse Property; Company is granted a non-exclusive, non-assignable, royalty-free license to use it in connection with the subject of this Agreement. Without the prior written consent of Guidehouse, in no event shall Guidehouse’s name be mentioned nor shall Guidehouse Deliverables be disclosed, referenced, used in connection with any offering documents or shared with any third party, except (a) as required by law; (b) as required by any government or regulatory agency with supervisory authority over Company; and (c) Company’s legal advisors and auditors. It is strictly prohibited for the Guidehouse Deliverables to be disclosed, referenced, filed, or distributed in connection with the purchase or sale of securities, and in connection with any financing or business transaction.

**Confidentiality:** Guidehouse understands that all communications between Guidehouse and Company, either oral or written, as well as any materials or information developed or received by Guidehouse pursuant to this Agreement, are intended to be confidential. Accordingly, Guidehouse agrees, subject to applicable law or court order, not to disclose any such communications, or any of the information Guidehouse receives or develops in the course of Guidehouse’s work for Company, to any person or entity apart from Company’s office or such other persons or entities as Company may designate.

If access to any of the materials in Guidehouse’s possession relating to this Agreement is sought by a third party, or Guidehouse is requested or compelled to testify as a fact witness in any legal proceeding related to Guidehouse’s work for Company, by subpoena or otherwise, or Guidehouse is made a party to any litigation related to Guidehouse’s work for Company, Guidehouse will promptly notify Company of such action, and either tender to Company Guidehouse’s defense responding to such request and cooperate with Company concerning Guidehouse’s response thereto or retain counsel for Guidehouse’s defense for which Company shall reimburse Guidehouse for all reasonable attorney’s fees and costs of defense. In such event, Company will compensate Guidehouse at Guidehouse’s standard billing rates for Guidehouse’s professional fees and expenses, including reasonable attorneys’ fees (internal and external), involved in responding to such action.

**Conflicts of Interest:** Based on Guidehouse’s conflict check procedure and using the names Company has provided, Guidehouse is not aware of circumstances that constitute a conflict of interest or that would otherwise impair Guidehouse’s ability to provide objective assistance. Guidehouse’s determination of conflicts is based primarily on the substance of its work and not the parties involved. Guidehouse is a large consulting company that is engaged by many companies and individuals. Guidehouse may have in the past represented, may currently represent, or may in the future represent other companies whose interests may have been, may currently be, or may become adverse to Company in litigation, transactions, or other matters (collectively “Other Companies”). Therefore, as a condition to Guidehouse’s undertaking to provide the Services to the Company and absent any conflict in fact, Company agrees that Guidehouse may continue to represent, and in the future may represent Other Companies. Notwithstanding any other provisions herein, in exchange for Guidehouse agreeing to provide the Services under this Agreement, Company agrees and acknowledges that Guidehouse professionals who are not involved in providing the Services are not restricted in any way from providing eDiscovery services to Other Companies.

**Limitation of Liability:** Notwithstanding the terms of any other provision, the total liability of Guidehouse for all claims of any kind arising out of this Agreement, whether in contract, tort or otherwise, shall be limited to the total fees paid to Guidehouse in the preceding twelve (12) months. Neither Guidehouse nor Company shall in any event be liable for any indirect, consequential, or punitive damages, even if Company or Guidehouse have been advised of the possibility of such damages. No action, regardless of form, arising out of or relating to this Agreement, may be brought by either party more than one (1) year after the cause of action has accrued, except an action for non-payment may be brought within one (1) year following the date of the last payment due under this Agreement. Guidehouse shall not be liable for any loss or destruction of any valuable documents provided to Guidehouse. Company shall be responsible for insuring such documents against loss and destruction.

**Standard of Care:** In providing the Services, Guidehouse and its personnel shall exercise reasonable care, and Guidehouse, its interim personnel, officers, directors, agents, employees and outside consultants, if any, will not be liable to Company (or any parent, subsidiary or affiliate, director or officer thereof) for any loss, financial or otherwise, which may result to Company (or any parent, subsidiary, affiliate, director or officer thereof) as a result of the Services or the methods by which the Services were provided, unless such a loss is the direct result of an act of fraud. Guidehouse cannot guarantee or assure the achievement of any particular performance objective, nor can Guidehouse guarantee or assure any particular outcome for Company or any other person as a result of this Agreement or the performance of the Services.

**Termination:** Either party may terminate this Agreement without cause upon no less than thirty (30) days' written notice of termination to the other party; provided however that neither party may terminate this Agreement without cause where any portion of the compensation is based on performance or otherwise placed at risk. In the event of termination for any reason, Company will pay Guidehouse for all undisputed reasonable and necessary fees and expenses accrued throughout the effective date of termination as well as reasonable engagement closing costs.

**Resolution of Disputes:** To promote rapid and economical resolution of any disputes which may arise, any and all disputes or claims related to or arising from this Agreement, except claims by Guidehouse for non-payment of amounts owed hereunder, shall be resolved by final, binding and confidential arbitration conducted in Chicago, IL by JAMS Inc. (formerly Judicial Arbitration and Mediation Services) ("JAMS") under the then-applicable JAMS rules, including its optional appellate procedure if the parties so elect. The parties hereby give up their right to have any such disputes or claims litigated in a court or by a jury. All issues related to interpretation of this Agreement or any issues arising out of this engagement shall be governed by the law of Illinois without application of its conflict of laws principles.

**Restriction on Use of Personnel:** Company agrees that during the term of this Agreement (including any renewals and extensions thereof), and for a period of one year following its termination ("Restriction Period"), neither Company nor any affiliate, parent or subsidiary thereof will knowingly employ or engage as an independent contractor, consultant or otherwise, any person who, during the Restriction Period, is or was an employee or independent contractor of Guidehouse that provided Services under this Agreement.

**Disposition of Documents:** The preparation of the Guidehouse Deliverables and work product is an evolving process during which Guidehouse's analysis is focused and refined as its

research and document review proceeds. Preliminary conclusions, superseded drafts, notations, analyses, work lists, and irrelevant data are not a part of, and will not be recorded in the Guidehouse Deliverables. Such documents may be discarded on a routine basis as tasks are completed.

At the conclusion of the Services, Company will have the following three options with respect to disposition of documents related to this Agreement. Company may (a) direct Guidehouse to return all such documents to Company, where practicable; (b) authorize Guidehouse to discard or destroy all documents; or (c) direct Guidehouse to store any or all such documents at the expense of Company. It is also Company's obligation to pay Guidehouse for storage costs in the event Guidehouse is bound to retain documents related to the Services by any third party, court order, operation of law, or other legally binding reason for retention. The terms and pricing for all storage will be the provided to Company at the beginning of any storage period. If Company does not request option (a), (b) or (c) within 60 days after the conclusion of the Services, Guidehouse may implement any one of these options at its sole discretion. Guidehouse may retain a copy of its reports and work papers.

***Third Party Beneficiaries:*** This Agreement does not and is not intended to confer any rights or remedies upon any person or entity other than the parties.

***Force Majeure:*** Guidehouse shall not be deemed in default of any provision of this Agreement or be liable for any delay, failure in performance, or interruption of the Services resulting directly or indirectly from acts of God, electronic virus attack or infiltration, civil or military authority action, civil disturbance, war, strike and other labor disputes, fires, floods, other catastrophes, and other forces beyond its reasonable control.

***Use of Data:*** Notwithstanding any other term or provision in the Agreement, Guidehouse shall be permitted to use Company's data for purposes other than those set forth in this Agreement; provided however that any such data shall be rendered de-identified and not subject to the definition of PHI in accordance with the HIPAA Privacy Rule.

***Entire Agreement:*** The cover letter, sections, and the Appendices attached hereto and incorporated herein by reference constitute the entire agreement between Guidehouse, on one side, and Company on the other side, regarding the terms of this Agreement. In the event Company requires Guidehouse to execute a purchase order or other Company documentation in order to receive payment for Services, the terms and conditions contained in such purchase order or documentation shall be null and void and shall not govern the terms of the Agreement. This Agreement is entered into without reliance on any promise or representation, written or oral, other than those expressly contained herein and supersedes any other such promises or representations. This Agreement can only be modified by a written agreement signed by duly authorized representatives of each party.

The terms of this Proposal Agreement, including the fees stated herein, shall remain valid and in effect for 90 days from the date of this Proposal Agreement.



**Acceptance Form**

If you wish to engage us to provide the services outlined in this Agreement, please return one executed original to Guidehouse Inc., Attn: Tamyra Porter, 1730 Pennsylvania Ave, NW, Washington DC, 20006.

FOR GUIDEHOUSE INC.

\_\_\_\_\_  
[Authorized Representative]

\_\_\_\_\_  
Date

AGREED AND ACCEPTED FOR GEORGE MASON UNIVERSITY

\_\_\_\_\_  
[Authorized Representative]

\_\_\_\_\_  
Date