Statement of Qualifications for Process Improvement Services Master Agreement

Presented to the County of Los Angeles Chief Executive Office

December 19, 2014
December 19, 2014

Jerry Ramirez  
Master Agreement Program Administrator  
Quality and Enrichment Programs and Services  
Operations Cluster  
Chief Executive Office  
500 West Temple Street, Room 750  
Los Angeles, CA 90012

Dear Mr. Ramirez:

Health Management Associates, Inc. (HMA) is pleased to submit our Statement of Qualifications to the County of Los Angeles for Process Improvement Services Master Agreement.

Juan Montanez will be the primary contact for any technical questions regarding the proposal and Jeff DeVries will be the contact for contract negotiations and through the end of the contract. Their contact information follows:

Juan Montanez  
Health Management Associates  
1350 Connecticut Ave. NW, Suite 605  
Washington DC 20036  
Ph. 202-785-3669  
jmontanez@healthmangement.com

Jeff DeVries  
Health Management Associates  
120 N. Washington Square, #705  
Lansing, MI 48933  
Ph. 517-482-9236  
jdevries@healthmanagement.com

Thank you for the opportunity to bid on this very significant work. We are confident that Health Management Associates can provide exemplary services on the project and we look forward to your decision in this matter.

Sincerely,

Kelly Johnson  
COO

One Michigan Avenue Building  
120 North Washington Square, Suite 705, Lansing, Michigan 48933  
Telephone: 517-482-9236  
Fax: 517-482-9220  
www.healthmanagement.com

Atlanta, Georgia • Austin, Texas • Bay Area, California • Boston, Massachusetts • Chicago, Illinois • Denver, Colorado • Harrisburg, Pennsylvania • Indianapolis, Indiana • Lansing, Michigan • New York, New York • Olympia, Washington • Sacramento, California • Southern California • Tallahassee, Florida • Washington, DC
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A. PROPOSER’S QUALIFICATIONS

A.1. Proposer’s Background and Experience

PROPOSER’S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT

Please complete, date and sign this form and include it in Section A.1 of the SOQ. The person signing the form must be authorized to sign on behalf of the Proposer and to bind the applicant in a Master Agreement.

1. If your firm is a corporation or limited liability company (LLC), state its legal name (as found in your Articles of Incorporation) and State of incorporation:

   Health Management Associates, Inc.  MI  1985
   Name  State  Year Inc.

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

   N/A

3. If your firm is doing business under one or more DBA’s, please list all DBA’s and the County(s) of registration:

   Name  County of Registration  Year became DBA
   N/A  N/A  N/A

4. Is your firm wholly or majority owned by, or a subsidiary of, another firm? No If yes,

   Name of parent firm: N/A
   State of incorporation or registration of parent firm: N/A

5. Please list any other names your firm has done business as within the last five (5) years.

   Name  Year of Name Change
   N/A

6. Indicate if your firm is involved in any pending acquisition/merger, including the associated company name. If not applicable, so indicate below.

   N/A
Proposer acknowledges and certifies that it meets and will comply with all of the Minimum Qualifications listed in Paragraph 1.5 - Minimum Qualifications, of this Request for Statement of Qualifications (RFSQ), as listed below.

Check the appropriate box:

☐ Yes Paragraph 1.5.1 5 years Process Improvement experience, within the last 7 years for firm, to agencies with 500 employees or above
☐ Yes Paragraph 1.5.2 3 years Process Improvement experience, within the last 5 years for project manager(s)
☐ Yes Paragraph 1.5.3 Detailed process improvement methodologies included
☐ Yes Paragraph 1.5.4 3 Process Improvement references, within the last 3 years, included in Exhibit 6
☐ Yes Paragraph 1.5.5 3 examples of performance metrics/benchmarks included

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this SOQ are made, the SOQ may be rejected. The evaluation and determination in this area shall be at the County’s sole judgment and his/her judgment shall be final.

Corporation’s Name:

Health Management Associates, Inc.

Address:

120 N. Washington Square, Suite 705
Lansing, MI 48933

Telephone Number: 517-482-9236 Fax number: 517-482-0920

E-mail Address: kjohnson@healthmanagement.com

On behalf of Health Management Associates, Inc. (Proposer’s name), I Kelly Johnson (Name of Proposer’s authorized representative), certify that the information contained in this Proposer’s Organization Questionnaire/Affidavit is true and correct to the best of my information and belief.

Kelly Johnson

Signature

38-2599727
Internal Revenue Service
Employer Identification Number

Chief Operating Officer

Title

C2712538
California Business License Number

Date

12/19/14

12883101
County WebVend Number
Supporting Documents

On the following pages are a copy of HMA’s Certificate of Good Standing from the State of Michigan and our most recent Statement of Information as filed with the California Secretary of State listing corporate officers or members and managers.
This is to Certify That

HEALTH MANAGEMENT ASSOCIATES, INC.

was validly incorporated on June 13, 1985, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of July, 2014.

Alan J. Schaefer, Director
Corporations, Securities & Commercial Licensing Bureau

Sent by Facsimile Transmission
1236865
## Statement of Qualifications for Process Improvement Services Master Agreement for the County of Los Angeles

**December 19, 2014**

### State of California Secretary of State

**Statement of Information**

(Foreign Corporation)

FEES (Filing and Disclosure): $25.00.

If this is an amendment, see instructions.

**IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

1. **CORPORATE NAME**
   
   HEALTH MANAGEMENT ASSOCIATES, INC.
   
   120 N WASHINGTON SQUARE
   
   LANSING MI 48933

2. **CALIFORNIA CORPORATE NUMBER**
   
   C2712538

**No Change Statement**

(Not applicable if agent address of record is a P.O. Box address. See instructions.)

☐ If there has been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 10.

### Complete Addresses for the Following

(Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

<table>
<thead>
<tr>
<th>4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 N WASHINGTON SQUARE SUITE 705 LANSING MI 48933</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 4</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Names and Complete Addresses of the Following Officers

(The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

<table>
<thead>
<tr>
<th>7. CHIEF EXECUTIVE OFFICER</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARILYN EVERT</td>
<td>301 S BROWNS STREET SUITE 500 TALLAHASSEE FL 32301</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. SECRETARY</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EILEEN ELLIS</td>
<td>120 N WASHINGTON SQUARE SUITE 705 LANSING MI 48933</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. CHIEF FINANCIAL OFFICER</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRUCE GOULD</td>
<td>301 S BROWNS STREET SUITE 500 TALLAHASSEE FL 32301</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agent for Service of Process:**

If the agent is an individual, the agent must reside in California and Item 11 must be completed with a California street address. A P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 11 must be left blank.

| 10. NAME OF AGENT FOR SERVICE OF PROCESS |                         |
|                                          | JENNIFER KENT           |

<table>
<thead>
<tr>
<th>11. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
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<tr>
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</tbody>
</table>

**Type of Business**

12. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

   PROFESSIONAL CONSULTING SERVICE

13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

   06/21/2013 MARQUETTE MCCAULEY FINANCE DIRECTOR

   DATE TYPEPRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE

   SI-350 (REV 01/2012)

   APPROVED BY SECRETARY OF STATE
Statement of Experience

GENERAL INFORMATION ABOUT HMA

Health Management Associates (HMA) is a consulting firm specializing in the fields of health system restructuring, health care program development, health economics and finance, program evaluation, and data analysis. HMA is widely regarded as a leader in providing technical and analytical services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved. HMA is a private, for-profit “C” corporation, incorporated in the State of Michigan in good standing and legally doing business as Health Management Associates, Inc. Founded in 1985, Health Management Associates has offices in Atlanta, Georgia; Austin, Texas; Boston, Massachusetts; Chicago, Illinois; Columbus, Ohio; Denver, Colorado; Harrisburg, Pennsylvania; Indianapolis, Indiana; Lansing, Michigan; New York, New York; Olympia, Washington; Sacramento, San Francisco, and Southern California; Tallahassee, Florida; and Washington, DC.

HMA has clients across the country, including the major safety net health systems, private sector providers, and local, state, and federal governments. The firm has extensive experience and expertise in the design and implementation of health programs, particularly with respect to system development, managed care, long-term care, and behavioral health care. The staff of HMA is composed of over 125 professional health care managers and analysts with up to thirty years of experience in the health and human services fields, including senior staff with long experience in clinical and administrative leadership of public hospitals. HMA brings a strong interdisciplinary expertise to clients. Staff backgrounds include health economics, public health policy and administration, health care finance and reimbursement, clinical services, managed care, pharmacy benefit design and management, social work, program development and evaluation, and information systems.

**Proposer’s firm must have five years’ experience, within the last seven years, providing consultant services in the area of Process Improvement, as defined in Section 1.1, to public and/or private sector agencies with 500 employees or above.**

Since its inception in 1985, HMA has worked with organizations of all sizes and complexity on business process reengineering and improvement initiatives. Most of HMA’s work is with health care organizations – state health agencies, insurance companies, hospitals, physician groups – that are pursuing new lines of business and/or major organizational transformations to become more efficient.
and effective. Many of these projects have been with the state of California and California counties; as such HMA has developed a deep understanding of the unique challenges that the state and counties face and has optimized its process improvement methodology to address these challenges.

Exhibits 6 and 7 list HMA projects that fall within the category of “process improvement” projects.

**Proposer’s project manager(s) must have three years’ experience, within the last five years, leading Process Improvement projects or providing similar services to County or other public entities.**

The proposed HMA project manager, Juan Montanez, has more than 20 years of experience leading or supporting process improvement efforts with health care providers, state and county agencies, health insurers and information technology companies that operate in the health care space. Mr. Montanez was formally trained on the William Juran Quality Management trilogy in 1994; since then he has developed a business process analysis framework and toolset – the Accountable Care IT Framework - that has been the foundation of organizational and process analysis and improvement projects with a variety of organizations during Mr. Montanez’s time at HMA, including the Los Angeles County Department of Health Services (DHS) and California Correctional Health Care Services (CCHCS). Prior to joining HMA, Mr. Montanez led process improvement initiatives within the IT organization of a large health care system in the metropolitan Atlanta area, participated in an assessment that led to the restructuring of the state of Georgia’s Department of Community Health, and co-led the team that reengineered many of the Georgia Technology Authority’s core, support and management functions.

**Proposer must provide a detailed description of the firm’s formal Process Improvement methodology, or lacking a firm’s formal methodology, a process or approach utilized in a previous engagement with the County or other public entities. A link to the Proposer’s or another entity’s website will not be accepted as a substitute.**

**PREMISE**

Across the country, providers and payers are accelerating the adoption of accountable care models. Once a health care organization (HCO) commits to becoming an accountable care enterprise, achieving success will depend heavily on its ability to execute an effective information management (IM) strategy and deploy the requisite information technology (IT) infrastructure. Information management needs and technology supports for accountable care inherently differ from those required for “traditional” health care operations; that is because accountable care is:

- Centered on an organization’s ability to deliver the right care at the right time in the right setting subject to funding constraints.
- Connected, coordinated and collaborative.
- Simultaneously person-centered and population-focused.

Thus, for an HCO to operate successfully as an accountable care enterprise it must have:

- Timely access to a rich stream of data to design, monitor and revise care management strategies as necessary to meet goals,
- Robust analytics for clinical decision support which leverages both a patient’s profile and health care encounters and the health care experience of an entire population,
- The ability to collaborate in real-time, both across health systems - physical and behavioral – and within health systems – primary, specialty, acute and post-acute care, and
• The ability to coordinate care across and within health systems to ensure that a patient receives the right care at the right setting for the right cost.

Making the transition to an accountable care enterprise requires a conscientious assessment of a health care organization’s IT assets in the context of the vast, sometimes daunting landscape of IT solutions and solution providers. The goal of this assessment is to establish an accountable care IT architecture that integrates traditional IT solutions for managing clinical, operational and financial data with new solutions that support:

• Population health management,
• Enhanced clinical workflows that allow providers to exchange patient data and collaborate on the development and management of individualized care plans,
• Patient engagement, and
• The analysis of clinical, operational and financial data in support of quality management, performance management and the management of actuarial risk.

THE ACCOUNTABLE CARE IT FRAMEWORK
HMA’s experience with health care organizations undertaking the transition to accountable care has demonstrated the importance of rigorous requirements analysis and planning to avoid procurement and implementation missteps or, worse, the failure of projects designed to address organizational gaps. Our experience demonstrates that HCOs seeking to transform into accountable care enterprise need a comprehensive, actionable accountable care IT plan that is built upon:

• A thorough examination of the vital business processes underlying accountable care,
• An evaluation of existing IT assets against accountable care capability requirements,
• The identification and prioritization of IT capability gaps,
• The identification of new IT solutions – or the need to optimize existing solutions – to address these gaps, and
• The prioritization and sequencing of investments in IT – new IT or improvements in existing IT – to build the requisite accountable care IT infrastructure.

To facilitate the development of accountable care IT plans, HMA developed The Accountable Care IT Framework (ACIF): a methodology and toolset that enables health care organizations to align efforts to build up their IT infrastructure to meet the objectives of an accountable care enterprise. Designed to guide systematic IT requirements analysis and strategic planning, the ACIF offers an HCO with concept diagrams and reference guides that illustrate and prioritize integrated business and IT functions necessary for successful transition to an accountable care enterprise, an IT capability assessment methodology and toolset that can be used to produce an IT capability blueprint, and an IT planning methodology and toolset that can be used to produce an accountable care IT plan. These ACIF components, illustrated below, support disciplined IT capability analysis and planning.
The ACIF is flexible and scalable; as such HCOs of any size and scope can use the ACIF for assessing and planning for IT within their ‘sphere of influence’.

The ACIF can be utilized in regional or state-level health care IT planning initiatives, including for the design and implementation of State Innovation Models.

The ACIF is grounded in both the current and changing realities of HCOs, spanning all accountable care enterprise functions including:

- “Front-end” functions such as client intake and assessment,
- “Core” functions associated with health care delivery and management, and
- “Back-end” functions such as provider compensation management – which will be very different in an accountable care enterprise versus a traditional health care system – and compliance assurance.

The ACIF is designed to provoke an HCO to challenge current assumptions about IT capabilities by maintaining fidelity to accountable care requirements and guiding the user to an appropriate level of analysis.

It is important to note that while the ACIF was originally designed to facilitate development of IT plans by HCOs, it is at its heart a **business process analysis framework**. As such HMA has used it with several organizations to help identify business process capability gaps and facilitate agreement on needed business process improvements and priorities for said improvements.

**Proposer must provide at least three references relating to the job performance and scope of work completed within the last three years in the area of Process Improvement. One such reference must be from a public entity.**

Please refer to Exhibit 6.

**Proposer must provide at least three examples of performance metrics and/or benchmarks developed or utilized by the Proposer firm to assist County or other public entities in evaluating its performance before and after the Proposer’s engagement with that agency.**

From one of several projects where HMA has worked with the Los Angeles County DHS (Reference #3 in Exhibit 6):

- Length of stay at DHS flagship hospital
- Number of community based long term care placements after hospital discharge
- Empanelment of county Medicaid recipients into patient centered medical homes
• Patient quality of care metrics based on the Healthcare Effectiveness Data and Information Set (HEDIS) published by the National Committee on Quality Assurance; these metrics include but are not limited to:
  o Adult Body Mass Index (BMI) Assessment
  o Cervical Cancer Screening in Adolescent Females
  o Colorectal Cancer Screening
  o Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
  o Medication Management for People With Asthma
• Number of newly (re)negotiated agreements between LA County Health System and federally qualified health centers (FQHCs)
• Number of residents transitioned to local Medicaid Managed Care Plan
• Number of primary care physicians utilizing electronic consult mechanism to access specialists in real-time

From our eligibility and enrollment business process and information system assessment and “pathways” recommendations project with four counties in California’s Bay Area (Reference #5 in Exhibit 6):

ORGANIZATIONAL PERFORMANCE METRICS
• Ability to exchange eligibility/enrollment data with the State
• Ability to conduct identity and citizenship verification
• Impact on average transaction times
• Ability for new user to acclimate to system and/or for existing user to delegate/transfer work
• Ability to handle significant changes in workload
• Ability to rapidly accommodate changes in business rules and/or 'administrative structure'
• Ability for client to transact with county in a variety of ways
• Total time client spends in process
• Accuracy of eligibility determination outside of identity and citizenship verification including error rate in key data elements
• Auditability/record integrity

PATHWAY FEASIBILITY AND IMPLEMENTATION METRICS
• Time to implement
• County IT staff involvement (competition for constrained resources, impact on other projects) - tied to Level of Effort
• State, SAWS Consortium and SIS/IMI Health involvement (competition for constrained resources, impact on other projects) - tied to Level of Effort
• Project management/implementation complexity/burden - goes to project manageability, technological complexities/interfaces and testing/readiness assessment requirements, and "probability of success" without major downstream complications
• Other county agency involvement
• User disruption/learning curve
• Time and effort to obtain approval (may involve multiple parties) - tied to initiative salability
From our AIDS Foundation of Chicago information management, analytics and reporting business process and information systems assessment and improvement recommendations project (Reference #4 in Exhibit 6):

**PROCESS IMPROVEMENT METRICS**
- Manual data entry
- Manual eligibility checking by case managers
- Data exchange/interfacing across systems - with managed care organization
- Data exchange/interfacing across systems - with partners/providers
- Data validation and rule enforcement
- External source verification (addresses, income, insurance, EMR)
- Potentially overlapping functionality
- Potential storing of overlapping data
- Auditability of partner services

**RECOMMENDATION FEASIBILITY AND IMPLEMENTATION METRICS**
- Time to Implement
- Level of Effort to Implement
- Cost to Implement
- Cost to Operate/Maintain/Support
- Level of Effort to Operate/Maintain/Support
- Implementation Disruption Factor - Staff
- Implementation Disruption Factor - Partners
- Impact on Relationships - State
- Impact on Relationships - Partners
- Implementation Risk Factor

**A.2. Proposer’s References**
Exhibits 6, 7, and 8 have been included in Section B, Required Forms.

**A.3. Proposer’s Pending Litigation and Judgments**
HMA does not have any pending litigation or judgments in the past five years.
B. REQUIRED FORMS

Exhibit 1. Statement of Qualification Submittal Form

| PROCESS IMPROVEMENT SERVICES MASTER AGREEMENT |
| STATEMENT OF QUALIFICATION SUBMITTAL FORM |

This serves as an application for the Process Improvement Services Master Agreement.

To Complete the Statement of Qualification:
1. Check off/fill out all the requirements met and sign form
2. Attach all applicable documents listed in Required Forms section
3. Attach copies of the licenses/certificates/proof registrations checked off in specific categories
4. Proposer acknowledges and certifies that it meets the Minimum Qualifications listed in Paragraph 1.5 – Minimum Qualifications, and the applicable requirements of Paragraph 2.7.2 – Proposer’s Qualifications of this Request for Statement of Qualifications (RFSQ).

| COUNTY USE ONLY |
| PROPOSER NAME |
| AGREEMENT # |
| DATE RECEIVED |
| ANALYST |

1.5 MINIMUM QUALIFICATIONS

- 1.5.1 Proposer’s firm must have five years’ experience, within the last seven years, providing consultant services in the area of Process Improvement, to public and/or private sector agencies with 500 employees or above.
- 1.5.2 Proposer’s project manager(s) must have three years’ experience, within the last five years, leading Process Improvement projects or providing similar services to County or other public entities.
- 1.5.3 Proposer must provide a detailed description of the firm’s formal Process Improvement methodology, or lacking a firm’s formal methodology, a process or approach utilized in a previous engagement with the County or other public entities. A link to the Proposer’s or another entity’s website will not be accepted as a substitute.
- 1.5.4 Proposer must provide at least three references relating to the job performance and scope of work completed within the last three years in the area of Process Improvement in Exhibit 6. One such reference must be from a public entity.
- 1.5.5 Proposer must provide at least three examples of performance metrics and/or benchmarks developed or utilized by the Proposer firm to assist County or other public entities in evaluating its performance before and after the Proposer’s engagement with that agency.

INSURANCE REQUIREMENTS (for all proposers)

<table>
<thead>
<tr>
<th>GENERAL LIABILITY</th>
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</thead>
<tbody>
<tr>
<td>General Aggregate: $2 million</td>
</tr>
<tr>
<td>Products/Completed Operations Aggregate: $1 million</td>
</tr>
<tr>
<td>Personal and Advertising Injury: $1 million</td>
</tr>
<tr>
<td>Each Occurrence: $1 million</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AUTO LIABILITY</th>
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</thead>
<tbody>
<tr>
<td>Auto Liability: $1 million</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>WORKERS’ COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Accident: $1 million</td>
</tr>
</tbody>
</table>
Disease – Policy Limit: $1 million
Disease – Each Employee: $1 million

PROFESSIONAL LIABILITY
Aggregate: $2 million
Each Occurrence: $1 million

### REQUIRED FORMS

**APPENDIX A**
- Exhibit 1: Statement of Qualification Submittal Form
- Exhibit 2: Proposer’s Organization Questionnaire/Affidavit
- Exhibit 3: Certification of No Conflict of Interest
- Exhibit 4: Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information
- Exhibit 5: Familiarity with the County Lobbyist Ordinance Certification
- Exhibit 6: Prospective Contractor References
- Exhibit 7: Prospective Contractor List of Contracts
- Exhibit 8: Prospective Contractor List of Terminated Contracts
- Exhibit 9: Attestation of Willingness to Consider GAIN/GROW Participants
- Exhibit 10: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception
- Exhibit 11: Certification of Compliance with the County’s Defaulted Property Tax Reduction Program
- Exhibit 12: Proposer’s Fee Schedule

**PROPOSER SUPPLIED**
- Certificate of Good Standing (if Corporation or LLC)
- Statement of Information (if Corporation or LLC)
- Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership (if Limited Partnership)
- Statement of Pending Litigation
- ACORD Certificate of Insurance
- LA County named additional insured
- All applicable licenses, certificates & proof of registration attached

---

**APPLICANT ACKNOWLEDGES THAT IF ANY FALSE, MISLEADING, INCOMPLETE, OR DECEPTIVELY UNRESPONSIVE STATEMENTS IN CONNECTION WITH THIS SOQ ARE MADE, THE SOQ MAY BE REJECTED. THE EVALUATION AND DETERMINATION IN THIS AREA SHALL BE AT THE DIRECTOR’S SOLE JUDGMENT AND HIS/HER JUDGMENT SHALL BE FINAL.**

**I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.**

**PREPARE**'S SIGNATURE  

**DATE**  

**PRINT PREPARE**’S NAME: **Kelly Johnson**  
**TITLE**: Chief Operating Officer  
**ADDRESS**:  
120 N. Washington Square, Suite 705  
Lansing, MI 48933
Exhibit 3. Certifications of No Conflict of Interest

CERTIFICATION OF NO CONFLICT OF INTEREST

The Los Angeles County Code, Section 2.180.010, provides as follows:

CONTRACTS PROHIBITED

Notwithstanding any other section of this Code, the County shall not contract with, and shall reject any proposals submitted by, the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or of public agencies for which the Board of Supervisors is the governing body;

2. Profit-making firms or businesses in which employees described in number 1 serve as officers, principals, partners, or major shareholders;

3. Persons who, within the immediately preceding 12 months, came within the provisions of number 1, and who:
   a. Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
   b. Participated in any way in developing the contract or its service specifications; and

4. Profit-making firms or businesses in which the former employees, described in number 3, serve as officers, principals, partners, or major shareholders.

Contracts submitted to the Board of Supervisors for approval or ratification shall be accompanied by an assurance by the submitting department, district or agency that the provisions of this section have not been violated.

Health Management Associates, Inc.
Proposer Name

Kelly Johnson, Chief Operating Officer
Proposer Official Title

[Signature]
Official's Signature

Health Management Associates
Exhibit 4. Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information

County of Los Angeles – Community Business Enterprise Program (CBE)

Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form

INSTRUCTIONS: All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:
FIRM NAME: Health Management Associates, Inc.
COUNTY VENDOR NUMBER: 12883101

☐ As a Local SBE, certified by the County of Los Angeles Office of Affirmative Action Compliance, I request this proposal/bid be considered for the Local SBE Preference.
☐ Attached is my Local SBE Certification letter issued by the County.

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

<table>
<thead>
<tr>
<th>Business Structure</th>
<th>Sole Proprietorship</th>
<th>Partnership</th>
<th>Corporation</th>
<th>Non-Profit</th>
<th>Franchise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Employees (including owners):</td>
<td>142</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

<table>
<thead>
<tr>
<th>Race/Ethnic Composition</th>
<th>Owners/Partners/</th>
<th>Managers</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Associate Partners</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td></td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filipino</td>
<td></td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

<table>
<thead>
<tr>
<th>Black/African American</th>
<th>Hispanic/ Latino</th>
<th>Asian or Pacific Islander</th>
<th>American Indian</th>
<th>Filipino</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>83.5%</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.5%</td>
</tr>
</tbody>
</table>

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS Enterprises: If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Minority</th>
<th>Women</th>
<th>Dis-advantaged</th>
<th>Disabled Veteran</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Print Authorized Name: Kelly Johnson
Authorized Signature: [Signature]
Title: Chief Operating Officer
Date: 12/19/14

Health Management Associates

Page 16
Exhibit 5 Familiarity with the County Lobbyist Ordinance Certification

FAMILIARITY WITH THE COUNTY LOBBYIST ORDINANCE CERTIFICATION

The Proposer certifies that:

1) it is familiar with the terms of the County of Los Angeles Lobbyist Ordinance, Los Angeles Code Chapter 2.160;

2) that all persons acting on behalf of the Proposer organization have and will comply with it during the proposal process; and

3) it is not on the County’s Executive Office’s List of Terminated Registered Lobbyists.

Signature: ________________________ Date: 12/19/14

HEALTH MANAGEMENT ASSOCIATES
Exhibit 6 Prospective Contractor References

PROSPECTIVE CONTRACTOR REFERENCES

Submit reference forms for at least three clients which services were performed within the last three year, one being a public entity, for which your firm provided(s) services to those set forth in this RFSQ. References may be verified at the sole discretion of the County.

<table>
<thead>
<tr>
<th>REFERENCE #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROPOSER FIRM</td>
</tr>
<tr>
<td>NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE</td>
</tr>
<tr>
<td>CONTACT PERSON/TITLE</td>
</tr>
<tr>
<td>PHONE/EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

Types of Services Provided: (Please list the Process Improvement services provided to the above reference. Also, indicate the scope of the project, the outcomes including quantifiable cost reductions, productivity increases, and/or service enhancements, and timeframes in which work was completed. Use additional sheets if necessary. References should clearly relate to the services Proposer would provide in response to this RFSQ.)

<table>
<thead>
<tr>
<th>Description of Services and Outcomes:</th>
<th>Project dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMA conducted a comprehensive assessment of the operations and information systems of the Department of Human Services Central Business Office (CBO). The focus of the assessment was to identify potential process improvements that would allow the CBO to absorb responsibility for more organizations/providers, achieve higher levels of productivity and performance, and ensure the integrity of its business processes (i.e. no accidental disclosures of protected information). The assessment encompassed documentation review, interviews with key staff, best practice research and creation of staffing and productivity models. HMA developed a detailed plan for implementing operational and technological improvements; the plan is in the process of being executed.</td>
<td>May 2014-September 2014</td>
</tr>
</tbody>
</table>

Quantify results to include cost reductions, productivity increases, and/or service enhancements: Recommendations are being implemented; thus quantifiable results cannot be provided. HMA does expect, based on its staffing and productivity models, that the CBO will be able to absorb responsibility for supporting more DHS providers by making smart investments in information technology and external service providers, reengineering claims management processes, establishing better data and process interfaces to payers, and adjusting its job classification and employee compensation system to facilitate recruitment and encourage retention.
## REFERENCE #2

**PROPOSER FIRM**  
Health Management Associates, Inc.

**NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE**  
California Correctional Health Care Services (CCHCS)  
P.O. Box 588500  
Elk Grove, CA 95758

**CONTACT PERSON/TITLE**  
Yulanda Mynhier, Director, Human Resources  

**PHONE/EMAIL ADDRESS**  
916-691-6164/yulanda.mynhier@cdcr.ca.gov

### Types of Services Provided:

(Please list the Process Improvement services provided to the above reference. Also, indicate the scope of the project, the outcomes **including quantifiable cost reductions, productivity increases, and/or service enhancements**, and timeframes in which work was completed. Use additional sheets if necessary. References should clearly relate to the services Proposer would provide in response to this RFSQ.)

<table>
<thead>
<tr>
<th>Description of Services and Outcomes:</th>
<th>Project dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMA conducted a comprehensive organizational assessment of the Receivership’s 11 divisions and recommended a new organizational structure that would allow the receivership to transfer back under the auspices of state government (state Department of Corrections) while holding the effectiveness gains it had accomplished as an independent entity. Recommendations included practices to accommodate significant changes expected as federal health care reform unfolds. HMA employed a business process analytical framework to model staffing requirements by business function in accordance with best practices for those functions vis-à-vis current state operations.</td>
<td>May 2012-April 2013</td>
</tr>
</tbody>
</table>

**Quantify results to include cost reductions, productivity increases, and/or service enhancements:**

Recommendations are still being implemented; thus quantifiable results cannot be provided. HMA does expect, based on its staffing and productivity models, that CCHHS should be able to achieve significant reductions in staff, particularly in support functions such as Information Technology, Human Resources and Finance, through more effective use of existing resources, prioritization and tight management of multiple potentially overlapping or conflicting initiatives (particularly in the Information Technology domain) and process reengineering/simplification. HMA also recommended a more robust electronic health record/care management system for CCHHS which should result in significant improvements in provider productivity and effectiveness, and better health outcomes at lower costs for inmates.
REFERENCE #3

PROPOSER FIRM
Health Management Associates, Inc.

NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE
Los Angeles County Department of Health Services (DHS)
500 West Temple Street, Room 750 Los Angeles CA 90012

CONTACT PERSON/TITLE
Sheila Shima, Deputy CEO for Health
Mitch Katz, MD, director, LAC Department of Health Services

PHONE/EMAIL ADDRESS
213-974-1160/
sshima@ceo.lacounty.gov
mkatz@dhs.lacounty.gov

Types of Services Provided: (Please list the Process Improvement services provided to the above reference. Also, indicate the scope of the project, the outcomes including quantifiable cost reductions, productivity increases, and/or service enhancements, and timeframes in which work was completed. Use additional sheets if necessary. References should clearly relate to the services Proposer would provide in response to this RFSQ.)

Description of Services and Outcomes:
Project Objective: Assess and assist in the restructuring and transformation of organizational structures and clinical operations for the second largest public hospital system in the U.S.

HMA worked with DHS to respond to short-term challenges as well as longer-range planning to develop a blueprint for the realignment of three acute care hospital medical centers, rehabilitation and other specialty providers, a large ambulatory care system and numerous contracted relationships. As part of this wide-ranging effort, HMA designed a new Ambulatory Health Network within DHS: facilitated consensus for structure, wrote job roles and leadership positions. Additionally, HMA developed and implemented strategic plans for DHS to restructure agency relationships, operations, and financing and facilitate integration of key delivery system partners. Activities included: assessment, business process redesign, stakeholder engagement, facilitation and negotiation.

Project dates: 2011-present

Quantify results to include cost reductions, productivity increases, and/or service enhancements:

- Reduced length of stay at DHS flagship hospital to meet court-ordered maintenance of volume after hospital facility downsized.
- Transformed a County hospital into a multi-specialty ambulatory center.
- Increased community based long term care placements after hospital discharge.
- Renegotiated the LA County health system’s partnership with a large managed care plan.
- Assessed and made recommendations for reorganization of health services for LA County corrections.
- Enpaneled over 240,000 patients into patient centered medical homes, with a positive impact (measurement is ongoing) on quality of care and services, patient outcomes, and DHS costs.
- Newly negotiated agreements between LA County Health System and federally qualified health centers.
- Transition of over 150,000 residents to local Medicaid Managed Care Plan.
- Created mechanisms to increase specialty access through electronic consults, revised billing processes and contracts with independent practice associations operating in the county.
REFERENCE #4

PROPOSER FIRM
Health Management Associates, Inc.

NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE
AIDS Foundation of Chicago (AFC)
200 West Jackson Blvd. Suite 2100 Chicago, IL 60606

CONTACT PERSON/TITLE
John Peller, President/CEO
Kathye Gorosh, Senior Vice President of Strategy & Business Development

PHONE/EMAIL ADDRESS
312-922-2322/
jpeller@aidschicago.org
kgorosh@aidschicago.org

Types of Services Provided: (Please list the Process Improvement services provided to the above reference. Also, indicate the scope of the project, the outcomes including quantifiable cost reductions, productivity increases, and/or service enhancements, and timeframes in which work was completed. Use additional sheets if necessary. References should clearly relate to the services Proposer would provide in response to this RFSQ.)

Description of Services and Outcomes:

<table>
<thead>
<tr>
<th>Description of Services and Outcomes:</th>
<th>Project dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMA completed the following for AFC as part of AFC's effort to develop capabilities to offer care management and case management services to managed care organizations and other entities in the Chicago area:</td>
<td>October 2014-December 2014 (Phase 1)</td>
</tr>
</tbody>
</table>

1. **An assessment of AFC’s existing business operations and information systems centered on the information management, analytics and reporting capabilities that your organization will require to operate successfully in the rapidly changing health care program environment in Illinois.** In particular, the information management component of the assessment will be centered on your organization’s “revenue cycle” - which includes service/encounter data capture, billing, service pricing and cost estimation/accounting - given the changes in your organization’s positioning vis-à-vis managed care organizations and emerging “accountable care entities (ACEs)” in the state. Additionally, the analytics and reporting component of the assessment will be centered on ensuring AFC has the ability to analyze and report on all dimensions of organizational performance: efficiency, effectiveness, client outcomes, etc.

2. **Recommendations regarding information system investment alternatives.** Based on the findings from the assessment - particularly any functionality/capability gaps identified through the assessment - and HMA’s in-depth knowledge of the health care information technology market we will recommend options for AFC to invest in information system solutions that are cost-effective, low-risk, relatively rapid and low-effort to implement, and relatively low-effort to maintain. As part of this exercise we will examine options for upgrading or adding modules to systems currently in use by AFC.

As part of this project HMA utilized a business process analytical framework designed to assess the current state of a health care organization’s
business operations vis-à-vis “optimal” processes required to undertake and be successful in “accountable care” initiatives. The assessment led to recommendations around business process improvements in addition to recommendations around information systems.

| Quantify results to include cost reductions, productivity increases, and/or service enhancements: |
| Work on this project was just completed, so measurable improvements in organizational performance and costs cannot be ascertained at this time. However, based on our analysis we stipulated to AFC that it would be able to stand up a new line of business and operate it successfully if it implemented the process improvements that we recommended and committed to targeted investments in IT which we recommended; these investments would not require additional permanent staff but would enable them to generate significant new revenue by offering care and case management services (a new role for this organization). |
REFERENCE #5

PROPOSER FIRM
Health Management Associates, Inc.

NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE
San Francisco Department of Public Health
101 Grove Street San Francisco CA 94102

CONTACT PERSON/TITLE
Tangerine Brigham/Deputy Director, Public Health (at the time; now with Los Angeles County DHS)

PHONE/EMAIL ADDRESS
TBrigham@dhs.lacounty.gov

Types of Services Provided: (Please list the Process Improvement services provided to the above reference. Also, indicate the scope of the project, the outcomes including quantifiable cost reductions, productivity increases, and/or service enhancements, and timeframes in which work was completed. Use additional sheets if necessary. References should clearly relate to the services Proposer would provide in response to this RFSQ.)

Description of Services and Outcomes:

Project Objectives: Design an optimal “pathway” (business process and information system changes) for moving the eligibility and enrollment processes and systems of four California counties to conform to state expectations; these expectations were driven by program integrity requirements and the need to pave a transition path for the full implementation of the Affordable Care Act (ACA).

HMA worked with four counties (San Francisco, Alameda, Santa Clara, San Mateo) to design an optimal pathway for moving their health care program eligibility systems to conform to state expectations re: (1) the state’s single Medicaid eligibility data system (MEDS) serving as the "system of record" for select health care programs including the Low Income Health Program (LIHP; this program will be phased once the Affordable Care Act is fully implemented in 2014) and (2) identity and citizenship verification for program applicants.

HMA led this effort and partnered successfully with Trinity Technology Group – a local system development and integration firm – to document eligibility and enrollment processes and use of systems for the LIHP, develop alternatives to as-is processes that met the state’s expectations and enabled optimization of these processes, evaluate these using a cost-benefit analysis framework developed by HMA, and draft a recommendations report for delivery to the state.

Ultimately HMA and Trinity jointly developed pathways for conforming to state expectations that were adopted by the counties, helped the four counties meet state expectations, and helped the state with its roadmap for full implementation of the ACA.

Project dates: May 2011-February 2012
Quantify results to include cost reductions, productivity increases, and/or service enhancements:

The following metrics were built into the evaluation of the implementation of the proposed pathways (proposed business process and information system changes):

- Ability to exchange eligibility/enrollment data with the State
- Ability to conduct identity and citizenship verification
- Impact on average transaction times
- Ability for new user to acclimate to system and/or for existing user to delegate/transfer work
- Ability to handle significant changes in workload
- Ability to rapidly accommodate changes in business rules and/or 'administrative structure'
- Ability for client to transact with county in a variety of ways
- Total time client spends in process
- Accuracy of eligibility determination outside of identity and citizenship verification including error rate in key data elements
- Auditability/record integrity

HMA was not retained to conduct the evaluation of the implementation; however it is our understanding that all four counties have been able to improve their performance against these measures.
### Exhibit 7 Prospective Contractor List of Contracts

**PROSPECTIVE CONTRACTOR LIST OF CONTRACTS**

**Contractor’s Name:** Health Management Associates, Inc.

List of all entities for which the prospective Contractor has provided Process Improvement services within the last five (5) years, not to exceed ten (10) engagements. Use additional sheets if necessary.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
<th>Name or Contract No.</th>
<th># of Years / Term of Contract</th>
<th>Type of Service</th>
<th>Dollar Amt.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Los Angeles County Department of Health Services</td>
<td>313 N. Figueroa Street, Los Angeles, CA 90012</td>
<td>Larry Gatton</td>
<td>(213) 974-1160</td>
<td>(213) 481-0503</td>
<td>Central Business Office (CBO)</td>
<td>May 2014-September 2014</td>
<td>Management consulting including process improvement services</td>
<td>$105,000</td>
</tr>
<tr>
<td>2.</td>
<td>California Correctional Health Care Services</td>
<td>P.O. Box 588500, Elk Grove, CA 95758</td>
<td>Yulanda Mynhier</td>
<td>(916) 691-3000</td>
<td>(916) 691-6183</td>
<td>Organizational Assessment and Restructuring Recommendations</td>
<td>May 2012-April 2013</td>
<td>Organizational assessment including process improvement services</td>
<td>$250,000</td>
</tr>
<tr>
<td>3.</td>
<td>San Francisco Department of Public Health</td>
<td>101 Grove Street Room 308, San Francisco, CA 94102</td>
<td>Barbara Garcia</td>
<td>(415) 554-2600</td>
<td>(415) 554-2665</td>
<td>San Francisco Department of Public Health Organizational Change Management for Health Care Reform</td>
<td>1.5 years, 2/1/13 – 6/4/14</td>
<td>Management consulting including process improvement</td>
<td>$2,200,000</td>
</tr>
<tr>
<td>4. Name of Firm</td>
<td>Address of Firm</td>
<td>Contact Person</td>
<td>Telephone #</td>
<td>Fax #</td>
<td></td>
<td></td>
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<td>---------------------------------------</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cook County Health and Hospital System</td>
<td>1900 W. Polk Street, Chicago, IL 60612</td>
<td>Jay Shannon</td>
<td>312-864-6820</td>
<td>312-864-9748</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name or Contract No.</strong></td>
<td>#07-45-307</td>
<td># of Years / Term of Contract</td>
<td>Financial and management projects</td>
<td>$5,668,063</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of Service</strong></td>
<td></td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dollar Amt.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Foundation of Chicago</td>
<td>200 West Jackson Boulevard Suite 2100, Chicago IL 60606</td>
<td>Kathye Gorosh</td>
<td>(312) 922-2322</td>
<td>(312) 922-2916</td>
</tr>
<tr>
<td><strong>Name or Contract No.</strong></td>
<td>Information Management, Analytics and Reporting Business Process and Information System Assessment and Recommendations</td>
<td># of Years / Term of Contract</td>
<td>October 2014-December 2014</td>
<td>Organizational, business process and information system assessment and recommendations</td>
</tr>
<tr>
<td><strong>Type of Service</strong></td>
<td></td>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dollar Amt.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Francisco Department of Public Health</td>
<td>101 Grove Street San Francisco CA 94102</td>
<td>Tangerine Brigham</td>
<td>(415) 554-2779</td>
<td>(415) 554-2811</td>
</tr>
<tr>
<td><strong>Name or Contract No.</strong></td>
<td>California County Low Income Health Program Eligibility and Enrollment Business Process and Information System Assessment and Recommendations</td>
<td># of Years / Term of Contract</td>
<td>May 2011-February 2012</td>
<td>Organizational, business process and information system assessment and recommendations</td>
</tr>
<tr>
<td><strong>Type of Service</strong></td>
<td></td>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dollar Amt.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 7. Name of Firm
Los Angeles County Department of Health Services

<table>
<thead>
<tr>
<th>Name or Contract No.</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
</tr>
</thead>
</table>
| Los Angeles County Health Care System Restructuring | 313 N. Figueroa Street
Los Angeles, CA 90012 | Mitch Katz       | (213) 974-1160 | (213) 481-0503 |

<table>
<thead>
<tr>
<th># of Years / Term of Contract</th>
<th>Type of Service</th>
<th>Dollar Amt.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-Present</td>
<td>Management consulting including process improvement</td>
<td>$3.6 million</td>
</tr>
</tbody>
</table>
**Exhibit 8 Prospective Contractor List of Terminated Contracts**

**PROSPECTIVE CONTRACTOR LIST OF TERMINATED CONTRACTS**

**Contractor’s Name:** Health Management Associates, Inc.

List all contracts that have been terminated for cause and/or unsatisfactory work performed by contractor, with the past three (3) years.

*HMA has not had any contracts terminated for cause and/or unsatisfactory work performance within the past three years.*

<table>
<thead>
<tr>
<th></th>
<th>Name of Firm</th>
<th>Address of Firm</th>
<th>Contact Person</th>
<th>Telephone #</th>
<th>Fax #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name or Contract No.</td>
<td>Reason for Termination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Name of Firm</td>
<td>Address of Firm</td>
<td>Contact Person</td>
<td>Telephone #</td>
<td>Fax #</td>
</tr>
<tr>
<td>3.</td>
<td>Name of Firm</td>
<td>Address of Firm</td>
<td>Contact Person</td>
<td>Telephone #</td>
<td>Fax #</td>
</tr>
<tr>
<td>4.</td>
<td>Name of Firm</td>
<td>Address of Firm</td>
<td>Contact Person</td>
<td>Telephone #</td>
<td>Fax #</td>
</tr>
</tbody>
</table>
Exhibit 9 Attestation of Willingness to Consider GAIN/GROW Participants

ATTESTATION OF WILLINGNESS TO CONSIDER GAIN/GROW PARTICIPANTS

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer’s employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with any resumes and/or fixed price bid being submitted:

A. Proposer has a proven record of hiring GAIN/GROW participants.

☐ YES (subject to verification by County) ☒ NO

B. Proposer is willing to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. “Consider” means that Proposer is willing to interview qualified GAIN/GROW participants.

☒ YES ☐ NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

☐ YES ☐ NO ☒ N/A (Program not available)

Proposer Organization: Health Management Associates, Inc.
Signature: [Signature]
Print Name: Kelly Johnson
Title: Chief Operating Officer
Date: 12/19/14
Tel. #: 517-482-9236
Fax #: 517-482-0920

HEALTH MANAGEMENT ASSOCIATES
Exhibit 10 County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM CERTIFICATION FORM AND APPLICATION FOR EXCEPTION

The County’s solicitation for this Request for Statement of Qualifications is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program), Los Angeles County Code, Chapter 2.203. All Proposers, whether a contractor or subcontractor, must complete this form to either certify compliance or request an exception from the Program requirements. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the Proposer is excepted from the Program.

| Company Name:             | Health Management Associates, Ins. |
| City: Lansing             | MI                                      |
| Company Address: 120 N. Washington Square, Suite 705 |   |
| State: MI                | Zip Code: 48933                        |
| Telephone Number: 517-482-9236 | Process Improvement Services Master Agreement |

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (attach documentation to support your claim); or, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, please sign and date this form below.

Part I: Jury Service Program is Not Applicable to My Business

- My business does not meet the definition of “contractor,” as defined in the Program, as it has not received an aggregate sum of $50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed $50,000). I understand that the exception will be lost and I must comply with the Program if my revenues from the County exceed an aggregate sum of $50,000 in any 12-month period.
- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are $500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exception will be lost and I must comply with the Program if the number of employees in my business and my gross annual revenues exceed the above limits.
  “Dominant in its field of operation” means having more than ten employees and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed $500,000.
  “Affiliate or subsidiary of a business dominant in its field of operation” means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or their equivalent, of a business dominant in that field of operation.
- My business is subject to a Collective Bargaining Agreement (attach agreement) that expressly provides that it supersedes all provisions of the Program.

OR

Part II: Certification of Compliance

- My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have and adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

| Print Name:    | Title:                           |
|               | Chief Operating Officer          |
| Signature:    | Date: 12/19/14                   |

Health Management Associates
Exhibit 11 Certification of Compliance with the County’s Defaulted Property Tax Reduction Program

CERTIFICATION OF COMPLIANCE WITH THE COUNTY’S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

Company Name: Health Management Associates, Inc.
Company Address: 120 N. Washington Square, Suite 705
City: Lansing State: MI Zip Code: 48933
Telephone Number: 517-482-9236 Email address: kjohnson@healthmanagement.com
Solicitation For: Process Improvement Services Master Agreement

The Proposer/Bidder/Contractor certifies that:

☒ It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction Program, Los Angeles County Code Chapter 2.206; AND

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code Section 2.206.020.E, on any Los Angeles County property tax obligation; AND

The Proposer/Bidder/Contractor agrees to comply with the County’s Defaulted Property Tax Reduction Program during the term of any awarded contract.

- OR -

☐ I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code Section 2.206.060, for the following reason(s):

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name: Kelly Johnson
Signature: [Signature]
Title: Chief Operating Officer
Date: 12/19/14
## Exhibit 12 Proposer’s Fee Schedule

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<tr>
<th>Title</th>
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<tr>
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<td>Senior Consultant</td>
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<td>Admin/Research Assistant</td>
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C. PROOF OF INSURABILITY

**HEAMA-1**

**C. PROOF OF INSURABILITY**

**CERTIFICATE OF LIABILITY INSURANCE**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

**IMPORTANT:** If the certificate holder is an additional insured, the policies must be endorsed. If Subrogation is Waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER:** David Chapman Agency, Inc.
5700 W. Mt. Hope Highway
Lansing, MI 48917
Robert Rupinski

**CONTACT:** Sue DeWitt
PHONE: 517-319-2332
FAX: 517-312-9443
EMAIL: edewitt@davidchapmanagency.com

**INSURED:** Health Management Associates
120 N. Washington Square, #705
Lansing, MI 48933

**INSURER A:** Citizens Insurance Company
NAC #: 31534

**INSURER B:** Philadelphia Insurance Co.

**INSURER C:** HARTFORD

**INSURER D:**

**INSURER E:**

**INSURER F:**

**COVERAGES**

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**DESCRIPTION OF OPERATIONS | LOCATIONS | VEHICLES**

The County of Los Angeles, its Special Districts, elected officials, officers, agents, employees and volunteers as additional insured on general liability per Form 411-0779. Coverage is primary and non-contributory. Waiver of subrogation is allowed for general liability, excess liability and automobile liability.

**CERTIFICATE HOLDER**

The County of Los Angeles
Quality & Enhancement Program & Services Operations Cluster
500 West Temple Street Rm 750
Los Angeles, CA 90012

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date therefor, notice will be delivered in accordance with the policy provisions.

**AUTHORIZED REPRESENTATIVE**

David L. Chapman

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