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# HMA

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HEALTH MANAGEMENT ASSOCIATES

*Statement of Qualifications for  
Process Improvement Services  
Master Agreement*

PRESENTED TO THE  
COUNTY OF LOS ANGELES  
CHIEF EXECUTIVE OFFICE

- COPY -

DECEMBER 19, 2014

*Research and Consulting in the Fields of Health and Human Services Policy, Health Economics  
and Finance, Program Evaluation, Data Analysis, and Health System Restructuring*

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ATLANTA, GEORGIA • AUSTIN, TEXAS • BOSTON, MASSACHUSETTS • CHICAGO, ILLINOIS • DENVER, COLORADO  
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SACRAMENTO, CALIFORNIA • SAN FRANCISCO, CALIFORNIA • SOUTHERN CALIFORNIA • TALLAHASSEE, FLORIDA • WASHINGTON, DC

# HEALTH MANAGEMENT ASSOCIATES

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@healthmanagement.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: 517-482-0920  
WWW.HEALTHMANAGEMENT.COM

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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:

<u>Health Management Associates, Inc.</u>	<u>MI</u>	<u>1985</u>
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
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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
<u>N/A</u>	<u></u>

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.

  
\_\_\_\_\_  
Signature

38-2599727

Internal Revenue Service  
Employer Identification Number

Chief Operating Officer

Title

C2712538

California Business License Number

12/19/14  
\_\_\_\_\_  
Date

12883101

County WebVen 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.





Department of Licensing and Regulatory Affairs  
Lansing, Michigan

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.




Sent by Facsimile Transmission  
1236865

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

Handwritten signature of Alan J. Schefke.

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

	<p><b>State of California</b></p> <p><b>Secretary of State</b></p> <p>Statement of Information (Foreign Corporation)</p> <p>FEES (Filing and Disclosure): \$25.00. If this is an amendment, see instructions.</p> <p><b>IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM</b></p>	<div style="border: 1px solid black; padding: 2px; width: 20px; margin: auto;">F</div>	<p><b>E-S93163</b></p> <p><b>FILED</b></p> <p>In the office of the Secretary of State of the State of California</p> <p><b>Jun - 21 2013</b></p>
<p>1. <b>CORPORATE NAME</b> HEALTH MANAGEMENT ASSOCIATES, INC.  120 N WASHINGTON SQUARE LANSING MI 48933</p>		<p>This Space For Filing Use Only</p>	
<p>2. <b>CALIFORNIA CORPORATE NUMBER</b>    C2712538</p>			
<p><b>No Change Statement</b> ( Not applicable if agent address of record is a P.O. Box address. See instructions.)</p>			
<p>3. <b>If there have 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.</b></p> <p><input type="checkbox"/> 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 <b>Item 13.</b></p>			
<p><b>Complete Addresses for the Following</b> (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)</p>			
4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
120 N WASHINGTON SQUARE SUITE 705 LANSING MI 48933			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF THE CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE
<p><b>Names and Complete Addresses of the Following Officers</b> (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.)</p>			
7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE    ZIP CODE
MARILYNN EVERT	301 S BRONOUGH STREET SUITE 500	TALLAHASSEE	FL 32301
8. SECRETARY	ADDRESS	CITY	STATE    ZIP CODE
EILEEN ELLIS	120 N WASHINGTON SQUARE SUITE 705	LANSING	MI 48933
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE    ZIP CODE
BRUCE GOULD	301 S BRONOUGH STREET SUITE 500	TALLAHASSEE	FL 32301
<p><b>Agent for Service of Process</b> 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.</p>			
10. NAME OF AGENT FOR SERVICE OF PROCESS			
JENNIFER KENT			
11. STREET ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
1215 K STREET SUITE 1050	SACRAMENTO	CA	95814
<p><b>Type of Business</b></p>			
12. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION			
PROFESSIONAL CONSULTING SERVIC			
13. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.			
06/21/2013	MARGUERITE MCCAULEY	FINANCE DIRECTOR	
DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE
SI-350 (REV 01/2012)		APPROVED BY SECRETARY OF STATE	

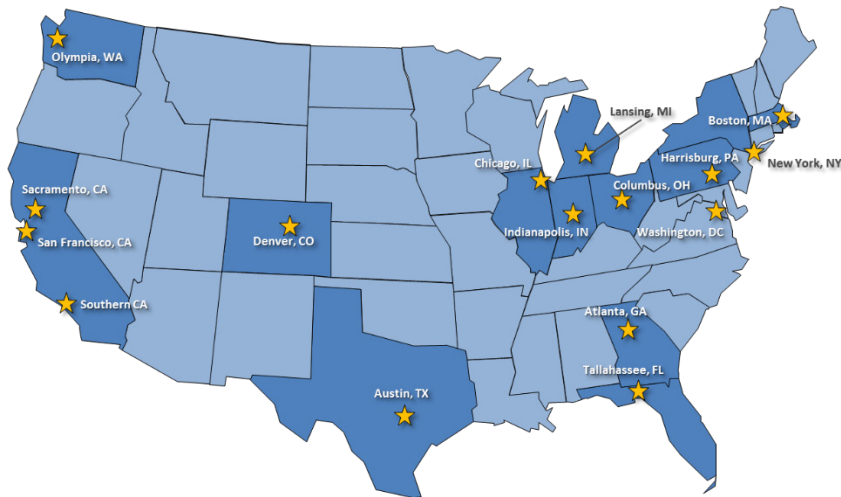


## Statement of Experience

### 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



HMA HAS 16 OFFICES ACROSS THE COUNTRY

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:

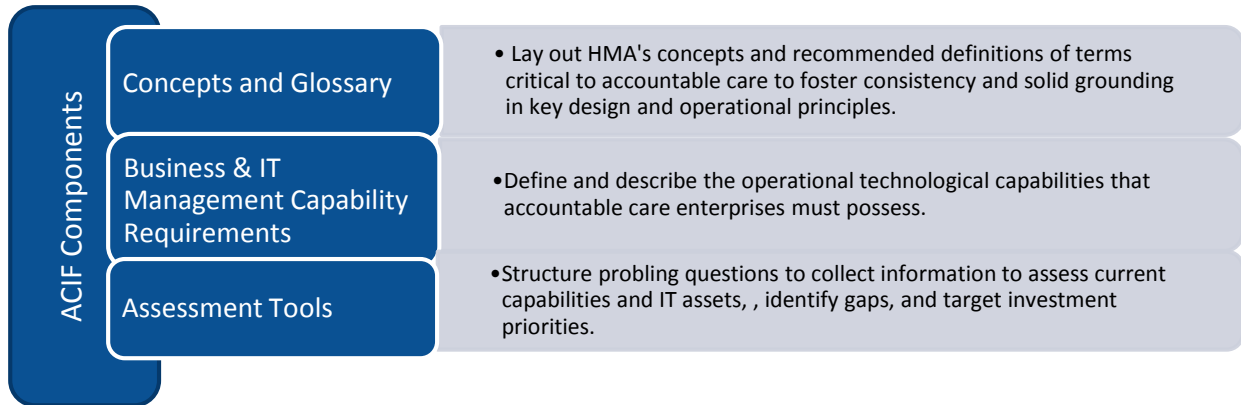
- Population health management,
- Enhanced clinical workflows that allow providers to exchange patient data and collaborate on the development and management of individualized care plans,
- Patient engagement, and
- The analysis of clinical, operational and financial data in support of quality management, 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:
  - Adult Body Mass Index (BMI) Assessment
  - Cervical Cancer Screening in Adolescent Females
  - Colorectal Cancer Screening
  - Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
  - 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

<b>PROCESS IMPROVEMENT SERVICES MASTER AGREEMENT STATEMENT OF QUALIFICATION SUBMITTAL FORM</b>	
This serves as an application for the Process Improvement Services Master Agreement. To Complete the Statement of Qualification:	
<ol style="list-style-type: none"> <li>1. Check off/fill out all the requirements met and sign form</li> <li>2. Attach all applicable documents listed in Required Forms section</li> <li>3. Attach copies of the licenses/certificates/proof registrations checked off in specific categories</li> <li>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).</li> </ol>	

County Use Only	
PROPOSER NAME	AGREEMENT #
DATE RECEIVED	ANALYST

<b>1.5 MINIMUM QUALIFICATIONS</b>	
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.
<input checked="" type="checkbox"/>	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.

<b>INSURANCE REQUIREMENTS (for all proposers)</b>	
<b>GENERAL LIABILITY</b>	
General Aggregate: \$2 million	<input checked="" type="checkbox"/>
Products/Completed Operations Aggregate: \$1 million	<input checked="" type="checkbox"/>
Personal and Advertising Injury: \$1 million	<input checked="" type="checkbox"/>
Each Occurrence: \$1 million	<input checked="" type="checkbox"/>
<b>AUTO LIABILITY</b>	
Auto Liability: \$1 million	<input checked="" type="checkbox"/>
<b>WORKERS’ COMPENSATION</b>	
Each Accident: \$1 million	<input checked="" type="checkbox"/>

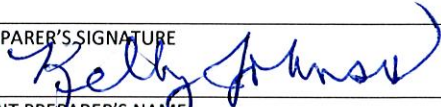
Disease – Policy Limit: \$1 million	<input checked="" type="checkbox"/>
Disease – Each Employee: \$1 million	<input checked="" type="checkbox"/>
<b>PROFESSIONAL LIABILITY</b>	
Aggregate: \$2 million	<input checked="" type="checkbox"/>
Each Occurrence: \$1 million	<input checked="" type="checkbox"/>

**REQUIRED FORMS**

<b>APPENDIX A</b>	
Exhibit 1: Statement of Qualification Submittal Form	<input checked="" type="checkbox"/>
Exhibit 2: Proposer’s Organization Questionnaire/Affidavit	<input checked="" type="checkbox"/>
Exhibit 3: Certification of No Conflict of Interest	<input checked="" type="checkbox"/>
Exhibit 4: Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information	<input checked="" type="checkbox"/>
Exhibit 5: Familiarity with the County Lobbyist Ordinance Certification	<input checked="" type="checkbox"/>
Exhibit 6: Prospective Contractor References	<input checked="" type="checkbox"/>
Exhibit 7: Prospective Contractor List of Contracts	<input checked="" type="checkbox"/>
Exhibit 8: Prospective Contractor List of Terminated Contracts	<input checked="" type="checkbox"/>
Exhibit 9: Attestation of Willingness to Consider GAIN/GROW Participants	<input checked="" type="checkbox"/>
Exhibit 10: County of Los Angeles Contractor Employee Jury Service Program Certification Form and Application for Exception	<input checked="" type="checkbox"/>
Exhibit 11: Certification of Compliance with the County’s Defaulted Property Tax Reduction Program	<input checked="" type="checkbox"/>
Exhibit 12: Proposer’s Fee Schedule	<input checked="" type="checkbox"/>
<b>PROPOSER SUPPLIED</b>	
Certificate of Good Standing (if Corporation or LLC)	<input checked="" type="checkbox"/>
Statement of Information (if Corporation or LLC)	<input checked="" type="checkbox"/>
Certificate of Limited Partnership or Application for Registration of Foreign Limited Partnership (if Limited Partnership)	<input type="checkbox"/>
Statement of Pending Litigation	<input checked="" type="checkbox"/>
ACORD Certificate of Insurance	<input checked="" type="checkbox"/>
LA County named additional insured	<input checked="" type="checkbox"/>
All applicable licenses, certificates & proof of registration attached	<input checked="" type="checkbox"/>

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 DECALARE UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

PREPARER'S SIGNATURE 		DATE 12/19/14
PRINT PREPARER'S NAME Kelly Johnson	TITLE Chief Operating Officer	
ADDRESS 120 N. Washington Square, Suite 705	CITY, STATE 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

  
\_\_\_\_\_  
Official's Signature



## 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.

<b>Business Structure</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
Total Number of Employees (including owners): 142						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American					2	5
Hispanic/Latino					1	4
Asian or Pacific Islander					1	3
American Indian						
Filipino						
White	3	2	1	3	34	83

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


	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	83.5%
Women	%	%	%	%	%	16.5%

**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.)*

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

**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 	Title Chief Operating Officer	Date 12/19/14
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## 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: \_\_\_\_\_

*Betty Johnson*

Date: \_\_\_\_\_

*12/19/14*

**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.*

REFERENCE #1	
<b>PROPOSER FIRM</b> Health Management Associates, Inc.	
<b>NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE</b> California Department of Health Services 500 West Temple Street, Room 750 Los Angeles CA 90012	
<b>CONTACT PERSON/TITLE</b> Larry Gatton, Chief of Revenue Services	<b>PHONE/EMAIL ADDRESS</b> lgatton@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.)

<b>Description of Services and Outcomes:</b>	<b>Project dates:</b>
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.	May 2014- September 2014
<b>Quantify results to include cost reductions, productivity increases, and/or service enhancements:</b>	
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.	

<b>REFERENCE #2</b>	
<b>PROPOSER FIRM</b> Health Management Associates, Inc.	
<b>NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE</b> California Correctional Health Care Services (CCHCS) P.O. Box 588500 Elk Grove, CA 95758	
<b>CONTACT PERSON/TITLE</b> Yulanda Mynhier, Director, Human Resources	<b>PHONE/EMAIL ADDRESS</b> 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.)

<b>Description of Services and Outcomes:</b>	<b>Project dates:</b>
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.	May 2012-April 2013
<b>Quantify results to include cost reductions, productivity increases, and/or service enhancements:</b>	
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.	

<b>REFERENCE #3</b>	
<b>PROPOSER FIRM</b> Health Management Associates, Inc.	
<b>NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE</b> Los Angeles County Department of Health Services (DHS) 500 West Temple Street, Room 750 Los Angeles CA 90012	
<b>CONTACT PERSON/TITLE</b> Sheila Shima, Deputy CEO for Health Mitch Katz, MD, director, LAC Department of Health Services	<b>PHONE/EMAIL ADDRESS</b> 213-974-1160/ <a href="mailto:sshima@ceo.lacounty.gov">sshima@ceo.lacounty.gov</a> <a href="mailto:mkatz@dhs.lacounty.gov">mkatz@dhs.lacounty.gov</a>

**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.)

<b>Description of Services and Outcomes:</b>	<b>Project dates:</b>
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.	2011-present
<b>Quantify results to include cost reductions, productivity increases, and/or service enhancements:</b>	
<ul style="list-style-type: none"> <li>• Reduced length of stay at DHS flagship hospital to meet court-ordered maintenance of volume after hospital facility downsized.</li> <li>• Transformed a County hospital into a multi-specialty ambulatory center.</li> <li>• Increased community based long term care placements after hospital discharge.</li> <li>• Renegotiated the LA County health system's partnership with a large managed care plan.</li> <li>• Assessed and made recommendations for reorganization of health services for LA County corrections.</li> <li>• Empaneled 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.</li> <li>• Newly negotiated agreements between LA County Health System and federally qualified health centers.</li> </ul>	

- 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	
<b>PROPOSER FIRM</b> Health Management Associates, Inc.	
<b>NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE</b> AIDS Foundation of Chicago (AFC) 200 West Jackson Blvd. Suite 2100 Chicago, IL 60606	
<b>CONTACT PERSON/TITLE</b> John Peller, President/CEO Kathye Gorosh, Senior Vice President of Strategy & Business Development	<b>PHONE/EMAIL ADDRESS</b> 312-922-2322/ <a href="mailto:jpeller@aidschicago.org">jpeller@aidschicago.org</a> <a href="mailto:kgorosh@aidschicago.org">kgorosh@aidschicago.org</a>

**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.)

<b>Description of Services and Outcomes:</b>	<b>Project dates:</b>
<p>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:</p> <ol style="list-style-type: none"> <li><b>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.</b> 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.</li> <li><b>2. Recommendations regarding information system investment alternatives.</b> 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.</li> </ol> <p>As part of this project HMA utilized a business process analytical framework designed to assess the current state of a health care organization's</p>	October 2014- December 2014 (Phase 1)

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.	
<b>Quantify results to include cost reductions, productivity increases, and/or service enhancements:</b>	
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).	

<b>REFERENCE #5</b>	
<b>PROPOSER FIRM</b> Health Management Associates, Inc.	
<b>NAME AND ADDRESS OF COMPANY TO PROVIDE REFERENCE</b> San Francisco Department of Public Health 101 Grove Street San Francisco CA 94102	
<b>CONTACT PERSON/TITLE</b> Tangerine Brigham/Deputy Director, Public Health (at the time; now with Los Angeles County DHS)	<b>PHONE/EMAIL ADDRESS</b> <a href="mailto:TBrigham@dhs.lacounty.gov">TBrigham@dhs.lacounty.gov</a>

**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.)

<b>Description of Services and Outcomes:</b>	<b>Project dates:</b>
<p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p>	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.

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Los Angeles County Department of Health Services	313 N. Figueroa Street Los Angeles, CA 90012	Larry Gatton	(213) 974-1160	(213) 481-0503
<b>Name or Contract No.</b>	<b># of Years / Term of Contract</b>	<b>Type of Service</b>	<b>Dollar Amt.</b>	
Central Business Office (CBO) Current State Assessment and Organizational Improvement Recommendations	May 2014-September 2014	Management consulting including process improvement services	\$105,000	
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
California Correctional Health Care Services	P.O. Box 588500 Elk Grove, CA 95758	Yulanda Mynhier	(916) 691-3000	(916) 691-6183
<b>Name or Contract No.</b>	<b># of Years / Term of Contract</b>	<b>Type of Service</b>	<b>Dollar Amt.</b>	
Organizational Assessment and Restructuring Recommendations	May 2012-April 2013	Organizational assessment including process improvement services	\$250,000	
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
San Francisco Department of Public Health	101 Grove Street Room 308 San Francisco, CA 94102	Barbara Garcia	(415) 554-2600	(415) 554-2665
<b>Name or Contract No.</b>	<b># of Years / Term of Contract</b>	<b>Type of Service</b>	<b>Dollar Amt.</b>	
San Francisco Department of Public Health Organizational Change Management for Health Care Reform	1.5 years, 2/1/13 – 6/4/14	Management consulting including process improvement	\$2,200,000	

<b>4. Name of Firm</b> Cook County Health and Hospital System	<b>Address of Firm</b> 1900 W. Polk Street Chicago, IL 60612	<b>Contact Person</b> Jay Shannon	<b>Telephone #</b> 312-864-6820	<b>Fax #</b> 312-864-9748
<b>Name or Contract No.</b> #07-45-307	<b># of Years / Term of Contract</b> 4/3/2007 – 12/31/14	<b>Type of Service</b> Financial and management projects		<b>Dollar Amt.</b> \$5,668,063
<b>5. Name of Firm</b> AIDS Foundation of Chicago	<b>Address of Firm</b> 200 West Jackson Boulevard Suite 2100, Chicago IL 60606	<b>Contact Person</b> Kathye Gorosh	<b>Telephone #</b> (312) 922-2322	<b>Fax #</b> (312) 922-2916
<b>Name or Contract No.</b> Information Management, Analytics and Reporting Business Process and Information System Assessment and Recommendations	<b># of Years / Term of Contract</b> October 2014-December 2014	<b>Type of Service</b> Organizational, business process and information system assessment and recommendations		<b>Dollar Amt.</b> \$54,000
<b>6. Name of Firm</b> San Francisco Department of Public Health	<b>Address of Firm</b> 101 Grove Street San Francisco CA 94102	<b>Contact Person</b> Tangerine Brigham	<b>Telephone #</b> (415) 554-2779	<b>Fax #</b> (415) 554-2811
<b>Name or Contract No.</b> California County Low Income Health Program Eligibility and Enrollment Business Process and Information System Assessment and Recommendations	<b># of Years / Term of Contract</b> May 2011-February 2012	<b>Type of Service</b> Organizational, business process and information system assessment and recommendations		<b>Dollar Amt.</b> \$143,000



<b>7. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
Los Angeles County Department of Health Services	313 N. Figueroa Street Los Angeles, CA 90012	Mitch Katz	(213) 974-1160	(213) 481-0503
<b>Name or Contract No.</b>	<b># of Years / Term of Contract</b>	<b>Type of Service</b>	<b>Dollar Amt.</b>	
Los Angeles County Health Care System Restructuring	2005-Present	Management consulting including process improvement	\$3.6 million	

**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.*

<b>1. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
N/A			( )	( )
<b>Name or Contract No.</b>		<b>Reason for Termination</b>		
<b>2. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
			( )	( )
<b>Name or Contract No.</b>		<b>Reason for Termination</b>		
<b>3. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
			( )	( )
<b>Name or Contract No.</b>		<b>Reason for Termination</b>		
<b>4. Name of Firm</b>	<b>Address of Firm</b>	<b>Contact Person</b>	<b>Telephone #</b>	<b>Fax #</b>
			( )	( )
<b>Name or Contract No.</b>		<b>Reason for Termination</b>		

## 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: 

Print Name: Kelly Johnson

Title: Chief Operating Officer

Date: 12/19/14

Tel. #: 517-482-9236

Fax #: 517-482-0920



**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.			
Company Address: 120 N. Washington Square, Suite 705			
City: Lansing	State: MI	Zip Code: 48933	
Telephone Number: 517-482-9236			
Solicitation For:		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**

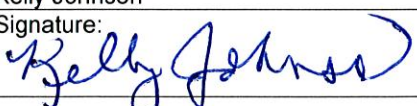
- My business does not meet the definition of "contractor," as defined in the Program, as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract itself will exceed \$50,000). I 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: Kelly Johnson	Title: Chief Operating Officer
Signature: 	Date: 12/19/14

## 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	Title: Chief Operating Officer
Signature: 	Date: 12/19/14



## Exhibit 12 Proposer's Fee Schedule

Title	Hourly Rate
Principal	\$308
Senior Consultant	\$228
Admin/Research Assistant	\$135

C. PROOF OF INSURABILITY



**CERTIFICATE OF LIABILITY INSURANCE**

HEAMA-1 OP ID: SD

DATE (MM/DD/YYYY)  
12/16/2014

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 policy(ies) 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 NAME: Sue DeWitt	
	PHONE (A/C, No, Ext): 517-319-8232	FAX (A/C, No): 517-321-9443
E-MAIL ADDRESS: sdewitt@davidchapmanagency.com		
INSURED Health Management Associates 120 N. Washington Square, #705 Lansing, MI 48933	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Citizens Insurance Company	NAIC # 31534
	INSURER B: Philadelphia Insurance Co.	
	INSURER C: HARTFORD	22357
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab			ZDHA276042	04/15/2014	04/15/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC							
	A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			ADHA276080	04/15/2014	04/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
		<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED. <input type="checkbox"/> RETENTION \$			U7HA276040	04/15/2014	04/15/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WDHA258917	04/15/2014	04/15/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
				81WECAA4656 NY & DC	05/27/2014	05/27/2015	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	
A	Errors & Omission Professional Liab			PHSD811164	01/13/2014	01/13/2015	Limit 5,000,000 Retention 25,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The County of Los Angeles, its Special Districts, elected officials, officers, agents, employees and volunteers are additional insured on general liability per form 421-0779. Coverage is primary and non-contributory. Waiver of subrogation is allowed for general liability, excess liability and automobile liability

CERTIFICATE HOLDER COUNLO1 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 THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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