



Salud Actuarial Consulting

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Company Overview

Ernest currently serves as Managing Partner of **Salud Actuarial Consulting**, a part of EGJ Health Consulting LLC. **Salud Actuarial Consulting** specializes in actuarial and financial consulting for publicly funded health programs. Prior to starting **Salud Actuarial Consulting**, Ernest was a consultant with Mercer Government Human Services Consulting and a health plan actuary for a BlueCross and BlueShield plan.

Ernest specializes in helping his clients understand complex regulatory issues and solve a variety of other financial issues associated with designing and administering a variety of managed care programs. He has extensive experience with acute care and long-term care program design, financing decisions, and rate setting. As a consulting actuary, Ernest is able to bring a broad perspective to his clients, from both a technical and strategic standpoint, to ensure the clients' desired outcomes are met.

Experience and Accomplishments

Relevant experience and core competencies of **Salud Actuarial Consulting** include:

- Leading actuary for all aspects of capitation rate development, including signing rate certifications and aligning with a state's health care purchasing goals. Program experience includes risk adjusted Medicaid and SCHIP, Expansion populations, and Managed Long-Term Care (Massachusetts, Ohio, New Mexico)
- Providing expert witness testimony on Medicaid issues for the US Department of Justice.
- Performing bid audits and reviews for CMS for the Medicare Part C/D programs
- Reviewing Medicaid managed care rate certifications submitted to CMS by state Medicaid agencies. This work includes the development of initial questions through the submission of the final report to CMS for acute, long-term care, PACE, and mental health Medicaid programs across the US.
- Worked with state Medicaid agencies to develop value based purchasing strategies which incentivize both providers and members to provide and seek more efficient care, and also allow the providers to share in any generated savings through meeting certain performance and quality metrics. This includes the currently in development Pennsylvania Rural Health Initiative.
- Assisted the newly appointed Medicaid Commissioner for the Commonwealth of Kentucky with a review of their Medicaid program identifying areas of risk, areas of opportunity, and areas of potential savings as a result of more efficient delivery of care to their Medicaid members. These opportunities were identified by working with and interviewing their staff, as well as their actuarial contractor to find potential areas of improvement. These recommendations included nearly \$300M in potential savings in the first year and totaled over \$500M over the next 3-5 years.
- Experience in developing and implementing inpatient, professional, and pharmacy efficiency analyses for integration with rate development
- Assisting the State of Ohio and State of New Mexico with the compliance strategy for Section 1202 of the Affordable Care Act, otherwise known as the Physician Fee Increase. This included model selection, SPA and Contract writing, and ultimate approval from CMS
- Assisting the State of Ohio with strategies for accounting for emerging issues such as new Hepatitis C drugs and Medicaid Expansion Risk Adjustment
- Assisting clients with long-term care program management, including tracking the effectiveness of system rebalancing initiatives designed to shift members from nursing facilities to the community. Research can be found at http://www.ct.gov/dss/lib/dss/pdfs/medicaid_ltc_demand_projections.pdf



Experience and Accomplishments

- Assisting in rate negotiations between states, managed care organizations, and CMS, including responding to rate development and waiver development inquiries by regulatory agencies
- Developing 1915(b) cost effectiveness waiver filings

Relevant Health Plan Experience

- Managing SAS programmers, Certified Coders, and actuarial analysts to facilitate professional and outpatient fee updates, as well as professional, outpatient, and hospital negotiations and strategy
- Responsible for the optimization of claims pricing policies to benefit the organization and also align with the corporate mission, vision, and values
- Payment Discount Analysis, NAIC Blank Preparation, IBNP Analysis, RBC Calculation and Analysis
- Corporate Budget/Profitability Projections/Cash Flow projections including premium, claims, enrollment, administration expenses, and taxes by line of business
- General insurance company management and mitigation of current and prospective risks including those related to the internal, competitive, and regulatory environments

Education

- Master's degree in Business Administration, Arizona State University
- Bachelor's degree in Mathematics, Northern Arizona University

Affiliations and Designations

- Actuary of the future section council, Society of Actuaries (SOA) (2009-2011)
- Individual Medical Market Task Force member, American Academy of Actuaries (2009-2010)
- Member, American Academy of Actuaries
- Vice President, Phoenix College Alumni Association Board of Directors (2007-2009)
- Fellow, Conference of Consulting Actuaries

Presentations

- Facing Ethical Issues in Medicaid – SOA – June 2016
- Medicaid Encounter Data: The Next National Data Set – SOA – November 2015
- Effectively Marketing and Leveraging Your Skills – SOA – June 2010