SUMMARY OF PROPOSED STATEMENT OF WORK
(TO BE COMPLETED BY QUALIFIED CONSULTANT)

Consulting Firm/ Contact Name	Accenture Robert J. Friess	Contact Title	Managing Director
Contact Phone	[redacted]	Contact E-mail	robert.j.friess@accenture.com

Summary Scope of Work:

See attached proposal.

Relevant Experience/Results:

See attached proposal.

Milestones/Deliverables:

See attached proposal.

Estimated Time to Completion:

See attached proposal.

General Staffing Plan:

See attached proposal.

Consultant's Travel Requirements:

See attached proposal.

Consultant's Onsite Workspace Requirements:

See attached proposal.

Estimated Cost (may respond to any combination of options):

- Fixed fee
- Time or Time & Travel
- Estimate
- Ceiling

See attached proposal.

ATTACHMENTS

State Entities and responsive consultant firm(s) may submit additional attachments (including a fully-developed SOW) for consideration and clarification purposes. All documents may become binding within the final, executed statement of work between the two parties.

SIGNATURES

Responding Firm Authorized Signature	
Name and Title	Robert J. Friess, Managing Director
Date	May 20, 2019

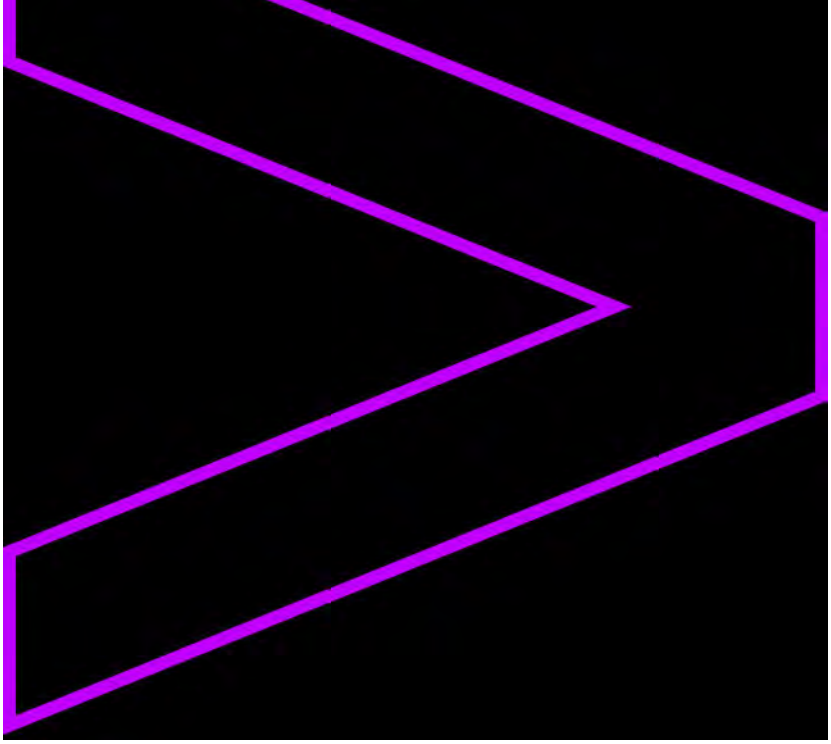
accenture

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

WAIVER CONSULTING

RESPONSE TO STATEMENT OF NEED

MAY 20, 2019



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

WAIVER CONSULTING

RESPONSE TO STATEMENT OF NEED
MAY 20, 2019

SUBMITTED TO:

GA Department of Community Health
Annette Bazhaw
Agency Procurement Officer
Annette.Bazhaw@dch.ga.gov
(404) 651-6917

SUBMITTED BY:

Accenture
Rob Friess
Managing Director
robert.j.friess@accenture.com
[redacted]

accenture

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Accenture interprets the following words and phrases used in the solicitation and this proposal in the manner indicated: “maximize,” “optimize,” and “optimal” mean to improve to a commercially reasonable degree; “minimize” means to reduce to a commercially reasonable degree; “best” means leading or of a high standard; “partner” and “partnerships” do not mean a legal partnership, but rather a collaborative relationship; “right,” where used as an adjective, means appropriate; and “ensure” and “enable” mean to use commercially reasonable efforts to implement.

This document was prepared on the instructions and information given by DCH and, accordingly, no responsibility is accepted for any inaccuracy or error or any action taken or not taken in reliance on this document.

These limitations are not in any way intended to restrict continuing business discussions between DCH and Accenture.

Accenture LLP
Centergy One – Suite 1100
75 Fifth Street, Northwest
Atlanta, Georgia 30308
www.accenture.com

May 20, 2019

Annette Bazhaw
Agency Procurement Officer
Georgia Department of Community Health
2 Peachtree St., NW, 40th Floor
Atlanta, GA 30303

Dear Ms. Bazhaw:

On behalf our teaming partners, Health Management Associates (HMA) and Oliver Wyman, Accenture is pleased to provide our response to the Georgia Department of Community Health (DCH) Statement of Need for waiver consulting services.

In his first State of the State Address, Governor Brian Kemp laid out a bold vision: "We will expand access without expanding a broken system that fails to deliver for patients. We will drive competition and improve quality while encouraging innovation." Working together, we will, he said, "build a healthier Georgia."

We believe that our team is the best partner to help Governor Kemp, DCH, and the State achieve that mission – to build a healthier Georgia through a bold, compelling approach to Medicaid waivers. **With our team, you gain a partner with local DNA, with an incomparable depth and breadth of Medicaid and healthcare policy experience, with an unrivaled record in successful 1115 and 1332 waiver requests and implementation, with the relationships in Georgia and Washington necessary for success, and with a healthy spirit of innovation.**

We call our team the **Georgia Patients First Team**, because we center every piece of our proposal around Georgia citizens, from Rabun Gap to Tybee Light, from our cosmopolitan capital to our rural hinterlands. We will not have to consult a map to figure out the communities this work impacts. We live here already. Our project team is completely led by and primarily staffed by folks from here, people whose families, neighbors, and church and work friends will be directly affected by this important work.

We buttress that local DNA with decades of proven experience in state government broadly and in Medicaid leadership specifically. DCH will benefit from a team whose core members include former state Medicaid officials who combine creativity with pragmatism, a willingness to explore new approaches but with a sensible eye always cast to the waiver's ultimate success. In short, we want the State to submit waivers that will gain approval from authorities in Washington *and* that will work when implemented in Georgia.

Accenture LLP
Centergy One – Suite 1100
75 Fifth Street, Northwest
Atlanta, Georgia 30308
www.accenture.com

On a practical level, our team has done the exact work the State now seeks: developing, writing, and securing approval for 1115 and 1332 waivers. This proposal is replete with successful examples our collective work, which nearly colors in the entire U.S. map. We know what works; we know what does not; and we know the intricacies and nuances for success. We also know that the present atmosphere favors ideas that challenge waiver orthodoxy, and we are eager to partner with the State to explore those options.

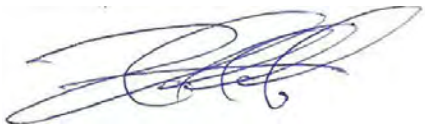
To ensure that the waivers touch the people they should in Georgia, we will utilize a sophisticated health insights platform, which provides the entire team, including State leadership, with timely, accurate, comprehensive data down to the ZIP code level. We will permeate our work in demographic, social determinant, and other relevant data, all in effort to frame the healthcare environment here at home and to fashion more inventive, forceful options for the waivers.

Core members of our team have traveled the highways and byways of Georgia, establishing mature relationships with key stakeholders committed to improving the health of their communities. Core members of our team have walked the halls in Atlanta, collaborating with State leaders as they build that healthier Georgia. Core members of our team have sat across the table from the decisionmakers in Washington, answering the tough questions and understanding their concerns.

In sum, the Georgia Patients First Team presents the State with an accomplished, professional, respected, knowledgeable, and local set of partners. We believe that a healthier Georgia is a stronger, more prosperous Georgia for all of its citizens, including us. We stand ready to roll up our sleeves, collaborate with you, and create waivers that will best serve the people of this State.

You have my personal commitment that our project team will help you deliver the outcomes that you need and expect. We hope you find our solution compelling and welcome the opportunity to discuss our proposal with you further. Until then, please do not hesitate to contact me should you have any questions at [redacted] or robert.j.friess@accenture.com.

Sincerely,



Rob Friess, Managing Director

CONTENTS

1.0 SUMMARY SCOPE OF WORK

A comprehensive project plan overview, including a thorough overview of the resources the offeror will dedicate to this project in order to successfully complete all phases on or before December 31, 2019.

Georgia Solutions for Georgia Patients and Georgia Families.

The cost of and access to quality health care should never be determined by a Georgian's zip code. Our citizens – whether they live in Alpharetta or Americus, Blue Ridge or Bainbridge, College Park or Colquitt – deserve a system that puts them first, one that allows us to serve our most vulnerable populations, while simultaneously improving outcomes, providing a healthier future for everyone, and being a good steward of taxpayer dollars.

The State now seeks a consulting team to do just that – a team that knows Medicaid, knows the health care and insurance markets, knows the Affordable Care Act and other relevant laws and policies, knows the national waiver landscape, knows how to think about and write a waiver request that will succeed when presented to the U.S. Centers for Medicare and Medicaid Services (CMS), and, above all, knows Georgia.

We are that team.

We propose the **Georgia Patients First Team**, comprised of subject matter advisors and consulting talent from Accenture, Health Management Associates (HMA), and Oliver Wyman, most of whom live right here in the Peach State. Together, we combine decades of relevant, intimate, and unrivaled experience in the Medicaid and public sector health care space with a deep, abiding knowledge of Georgia, its people, its communities, and its government.

In short, the Georgia Patients First Team brings a wealth of national experience and perspective but whose DNA is distinctly Georgian.

This team will completely focus on three substantive goals: **to develop a solution that is fiscally sound; to develop a solution that is viable; and, most critically, to develop a solution that is bold, compelling, and fresh, one that places the interest of Georgia patients at the forefront**. We earnestly believe that Georgia's approach will serve as a model for other states as they consider flexible solutions for their constituents, a system that explores the significant untapped possibilities of Section 1115 and 1332 waivers, covering as many people as possible while prioritizing individual responsibility.

In the pages that follow, we will detail our dynamic approach to this work, our overall timeline for each phase, our strong experience and substantive work in the field, and our seasoned team that will deliver to Governor, DCH, and the State solutions that fit Georgia.

As you read each section, you will note a consistent, compelling theme: we are the team that can meet the State's needs and achieve the State's goals to serve all Georgians.

The State needs a team that understands Georgia's clear desire for an innovative approach to waivers. **We are that team.** We know that not all waivers are created equally. Our watchword is **flexibility**. A "one size fits all" approach to Medicaid treats states as if they were all the same, with the same demographics,

the same needs, the same opportunities. Georgia's leadership recognized that a solution tailor-made for another state may be inadequate or ill-suited to the need here. In short, a cookie-cutter solution, borrowing something from somewhere else, is not what Georgians deserve.

The State needs a team that will not simply present options but also a roadmap for success. **We are that team.** We have a wealth of combined experience in generating ideas with and for state leadership, helping those leaders work through the possibilities, and then shepherding their ultimate policy decision through the CMS process. We understand the mindset of those in Washington who will examine the waiver request, the questions they will ask and the information they will need. We know that the State's request must be innovative, but it must be equally implementable. The State can trust that every part of our work will point to one practical result: a waiver that works for Georgia and a waiver that works for CMS.

The State needs a team who thinks beyond CMS's ultimate approval. **We are that team.** While our collective energies and brainpower will be focused on the waiver options themselves, we will never lose sight of a critical fact: eventually these waivers will have to be implemented. So, for us, this will transcend a technical writing exercise. In our daily work, we will continually intersperse the practical considerations of eligibility, member experience, providers and insurers, the capacity of managed care organizations to absorb increased volume, etc.

The State needs a team that relies on data and anchors its work, recommendations, and conversations with reliable, timely, substantive data. **We are that team.** We will introduce our [redacted] just for Georgia, to this project. DCH needs to know as much as it can about the citizens it serves: where they live, their household demographics and income, their spending habits, their social media behaviors and how they receive and process information, and so forth. Most practically, the State must have the right insights about the right people at the right time so that policymakers and program implementers can better reach those populations with services under any new waiver program.

The State needs a team that will listen to and incorporate the concerns of relevant stakeholders across all of Georgia – the State's senior elected leadership entrusted with making decisions that affect 11 million of us; the public servants at the Department who will carry out the day-to-day implementation of a successful waiver; the health communities in every single corner of Georgia, each of which bears some responsibility for the quality provision of care in the State; and, of course, the citizens who, like us, call this State home. **We are that team.**

The State needs a team that appreciates how important this issue is to *all* of Georgia but especially *rural* Georgians. **We are that team.** For rural Georgia to be healthy itself, then rural Georgians must have access to healthcare. The two issues dovetail. Local economies often rise and fall on the strength of their hospitals, clinics, and base of doctors and nurses. Through our data-driven approach, we will pay attention to the effects of any waiver requests on our rural population.

In short, we are the very Georgia solution contemplated by both the executive and legislative branches. We are the team that knows CMS and understands the best, most effective path to gain its approval so that the State can move on to implementing the waiver and serving its citizens.

Our team thinks daily about these issues. We have operated across the United States in this very space. We have written Section 1115 and 1332 waivers, including submissions to the incumbent administration. We have implemented successful systems on the backend. We have designed customer experiences so that the ultimate end user avails himself or herself of this new access.

The Georgia Patients First team meets and exceeds every part of the State's formula for success – a team with recognized, respected national experience and thought leadership… a team with broad, deep Medicaid and waiver knowledge… a team with strong, abiding relationships with decisionmakers and policy implementors… a team that puts data at the forefront of its work… and team that calls Georgia home.

We are honored to submit this proposal and look forward to working alongside you.

More about Us

Accenture

Accenture traces its origins to the late 1980s when the accounting firm of Arthur Andersen created an independent consulting company, Andersen Consulting. In 2001, Andersen Consulting became a public company, rebranding itself as Accenture. Throughout our history, the common thread binding our firm, our people, and our approach to client work is a focus on *practical innovation*. Today, as one of the world's largest consulting, technology, and service firms, our focus on practical innovation is stronger than ever. In our work, especially the work we do for government agencies, we strive to bring the latest innovations in technology, business practice, and operations, infused with real world, on-the-ground knowledge about how to help government agencies achieve success.

Our public sector health and human services practice has a long history collaborating with clients to make meaningful change and achieve lasting success. Driving this change with a practical innovation mindset requires us to keep our fingers on the pulse of public agency imperatives and trends. That is why we employ a host of former public officials, including Medicaid senior executives, directors, chief operating officers, and program executives. Our roster of talent also includes multiple state chief information officers, comptrollers, former elected officials, and former cabinet officials. These seasoned professionals add their knowledge to, and obtain support from, commercial sector industry professionals of similar stature. By design, our Medicaid practice works hand-in-hand with commercial colleagues who include former health plan executives (including those with direct experience implementing Medicaid Managed Care plans), clinicians, and health system leaders. Together, this collection of expertise allows us to bring specialized skills to our Medicaid clients, when and where needed, applied with insight and local knowledge.

The value of this model is demonstrated by the success we have helped our clients achieve on large scale IT and operations projects like [redacted], healthcare.gov, and countless eligibility systems, to transformational consulting efforts including business process redesign of [redacted] or the implementation of [redacted].

Comprising more than 15,000 practitioners, Accenture's Health and Public Service practice covers the waterfront, encompassing Medicaid and Human Services agencies at the state and federal level, national and regional health plans, large scale health systems and community hospitals. As a result, out Medicaid clients can have confidence we will support them with advice grounded in an understanding of what it takes to turn good ideas into successful reality and infused with the depth and breadth of expertise necessary to achieve success in a complex and fast-moving public sector healthcare environment.

Health Management Associates (HMA)

Founded in 1985, HMA is one of the nation's leading health care consulting firms focused on publicly-funded health care programs and populations. Through the years, HMA has distinguished itself from other consulting companies by our decades-long tradition of hiring senior-level policymakers such as former state Medicaid directors, mental health commissioners, state budget officers, insurance directors, and policy advisors to governors and other elected officials. In more recent years, we have added senior offices from the Centers for Medicare and Medicare, the Office of Management and Budget, state-based health insurance marketplaces, as well as a multitude of clinicians, hospital and health system leaders, and Medicaid managed care executives to our ranks.

Ten former state Medicaid directors work at HMA, several of whom have held leadership positions within the National Association of Medicaid Directors and one of whom served for six years on the Medicaid and CHIP Payment Access Commission, a federally authorized commission designed to advise Congress on these critical programs. SVC, Inc. was acquired by HMA in April 2017. Established by Seema Verma in 2001, SVC, Inc., was a national healthcare consulting company with experience specializing in supporting state governments and associated entities with Medicaid and health policy experience.

With this breadth and depth of Medicaid and marketplace experience, we have subject matter experience in virtually every aspect of the system, including: federal policy, regulation, and oversight; program financing and reimbursement, state plan operations and state plan amendments; section 1115, 1332, and 1915 waivers; managed care operations and non-traditional managed care models; and delivery system operations and clinical care for vulnerable populations.

HMA has worked in every single state in the nation and directly contracted with more than 20 states, managing more than 250 engagements since 2015.

Oliver Wyman

Oliver Wyman is a global leader in management consulting. With offices in 60 cities across 29 countries, Oliver Wyman combines deep industry knowledge with specialized experience in strategy, operations, risk management, and organization transformation. The firm has more than 5,000 professionals around the world who work with clients to optimize their business, improve their operations and risk profile, and accelerate their organizational performance to seize the most attractive opportunities. Oliver Wyman is a wholly owned subsidiary of Marsh & McLennan Companies [NYSE: MMC]. Oliver Wyman's actuarial practice is one of the largest employers of actuaries in the world with offices in the United States, Canada, and Europe.

The US-based Healthcare Practice within Oliver Wyman Actuarial Consulting employs more than 30 actuaries doing leading-edge work working on issues related to healthcare and health insurance with particular emphases on healthcare reform and 1332 Waivers. We have specific experience working with states on 1332 Waivers from inception through to approval. Our approach is collaborative, providing you with insights into the development of our findings and recommendations. Rather than a simple "black box" approach, we provide transparency into our modeling processes and results, and we find that this drives better communication between us and our clients and between our clients and their stakeholders. Our approach and relevant experience also mean we can engage quickly and drive to results.

1.1 PROJECT OBJECTIVES

To reiterate, our objectives are the objectives of the Governor, DCH, and the General Assembly as represented in the Statement of Need:

- **conduct a scan of the current Section 1115 and 1332 Waiver environment and the current national healthcare environment;**
- **summarize key opportunities to utilize Section 1115 and 1332 Waiver authority to maximize federal flexibility affecting program implementation and operation;**
- **conduct a Georgia-specific environmental scan;**
- **develop up to three (3) viable Section 1115 Waiver options and up to three (3) viable Section 1332 Waiver options, all of which support the State's policy goals;**
- **produce and formally submit the Section 1115 and 1332 Waiver applications based upon the preferred approach and policy options selected by the Governor; and**
- **when appropriate, respond to any Requests for Information sent by CMS and/or the United States Treasury.**

OUR TEAM PROVIDES SPEED TO VALUE FOR DCH

- Most robust 1115 and 1332 experience across U.S.
- Revolutionary data insights tools to drive decision making
- Deep relationships with Georgia stakeholders and in DC with CMS
- Georgia-based project team

We take seriously the concept of a Georgia Patients First Team. We intend to meet these objectives through consistent, compelling collaboration with DCH principally and then the relevant array of local, state, and federal stakeholders as directed.

After confirming the project plan and activities with the DCH, we will begin Phase 1, the environmental scan.

1.2 PHASE 1: ENVIRONMENTAL SCAN

(Statement of Need I.A)

The purposes of Phase 1 are straightforward:

- **to gain relevant, timely insight for the national waiver environment; and**
- **to augment that information with robust demographic data that will help decision makers understand the social determinants and other factors that impact an individual's insured status.**

We anticipate that Phase 1 will be complete in four (4) weeks.

At the outset, we will develop a structure for our analysis and identify audiences for the final report. We will provide a draft structure to DCH for review and comment and finalize the structure by incorporating DCH feedback.

[redacted]

[redacted]

1.2.1 NATIONAL SCAN OF WAIVERS

Federal Section 1115 Requirements & Current and Pending Regulations and Guidance Related to Section 1115 Waivers

Helping clients understand the federal Medicaid landscape is a defining part of our service offerings. Our team has significant experience in all facets of Medicaid policy, including interpretation and analysis of regulations, federal sub-regulatory guidance and CMS program clarifications impacting Section 1115 waivers. Our national scan will result in a resource that will guide State decisionmakers and aid DCH in understanding applicable federal requirements associated with specific policy options. This will allow the State to weigh monitoring and operational requirements against its policy goals.

[redacted]

[redacted]

[redacted]

- [redacted]

To monitor pending guidance, our team will leverage HMA's [redacted]

With the combined power of these tools, we will keep Georgia abreast of developments throughout the process, both federally and in other states, and incorporate this analysis into our solutioning from day one and throughout the project.

Overview of Section 1115 Waiver design and effectiveness across up to four (4) selected states

The State will benefit from our [redacted] and now used by our team. Along with Federal policy, we will systematically identify and track state waiver applications and extension requests, including states with current or pending Section 1115 waivers. We will review this tracker with DCH to identify up to four (4) relevant states, based on program and policy features, as well as DCH's policy goals and priority areas developed at the outset of the scan.

Following identification of the analog states, we will undertake a comprehensive review of their Section 1115 waivers. We recommend summarizing the following key components but, of course, we will work collaboratively with DCH to identify preferred focus areas.

- Waiver and expenditure authorities granted—including an analysis of any state waiver requests that were denied or modified during the CMS negotiation process—as well as terms and conditions relevant to our work.
- Key program components such as eligibility and cost sharing requirements and delivery system or payment reform initiatives.
- Impacts to rural hospital closures.
- Outcomes to date, as identified through quarterly and annual CMS reports, independent evaluations or managed care external quality reviews as applicable based on the duration for which a waiver has been in operation.
- Implementation activities, including any identified best practices, barriers or lessons learned.
- Implementation costs and financing mechanisms and other, related issues.

Federal Section 1332 Waiver Requirements

Current and Pending Regulations and Guidance Related to Section 1332 Waivers

While several firms may present some experience around 1115 Waivers, the Georgia Patients First Team stands above all others with its unparalleled involvement in the development of ACA Section 1332 Waivers.

Our team's collective knowledge transcends just the ACA requirements around Section 1332 Waivers. Combined our team has been involved in many of the approved 1332 waiver efforts across the nation. Thus, we intimately understand how to use them, including, most critically for Georgia, how to leverage the current federal guidance that increases state flexibility in this area.

Our environmental scan will help DCH understand the current environment, but also grasp the "art of the possible" – what are the bold, innovative policy options at the State's disposal, including those yet to be submitted or imagined by other states?

We propose to review, summarize, and analyze the following related to Section 1332 waivers:

- Required application components as outlined in 45 CFR § 155.1308 and CMS sub-regulatory guidance.
- Federal waiver authority identifying what elements of the ACA CMS can waive.
- Ongoing guidance related to federal interpretation of federal "guardrails" related to comprehensiveness, affordability and availability of coverage, along with factors such as what can be included in financial calculations or other changes in guidance or regulations.
- Ongoing federal monitoring requirements, including expectations for any applicable implementation plans, quarterly and annual monitoring reports.
- CMS Section 1115 waiver parameters and policy cues issued through recent State Medicaid Director Letters.
- State and federal public notice requirements as codified in 45 CFR 155.1308.
- Summaries of trends and themes in recent CMS approvals, including requests that have been withdrawn, denied, modified or newly approved through Section 1332 waiver authority.
- As described above, HMA will leverage our [redacted] to identify and track federal legislation, regulations, and guidance with potential health policy impact.
- We will supplement this analysis of the public data with our deeper understanding gleaned through our intimate participation in these efforts. Oliver Wyman alone has performed the actuarial and economic analysis supported the States of Alaska and Hawaii in their 1332 applications, the first in the nation to be approved by CMS and the Treasury. They supported Section 1332 waiver applications in Louisiana, New Jersey, and Ohio, and are presently modeling for Delaware, Pennsylvania, Tennessee, and Virginia.

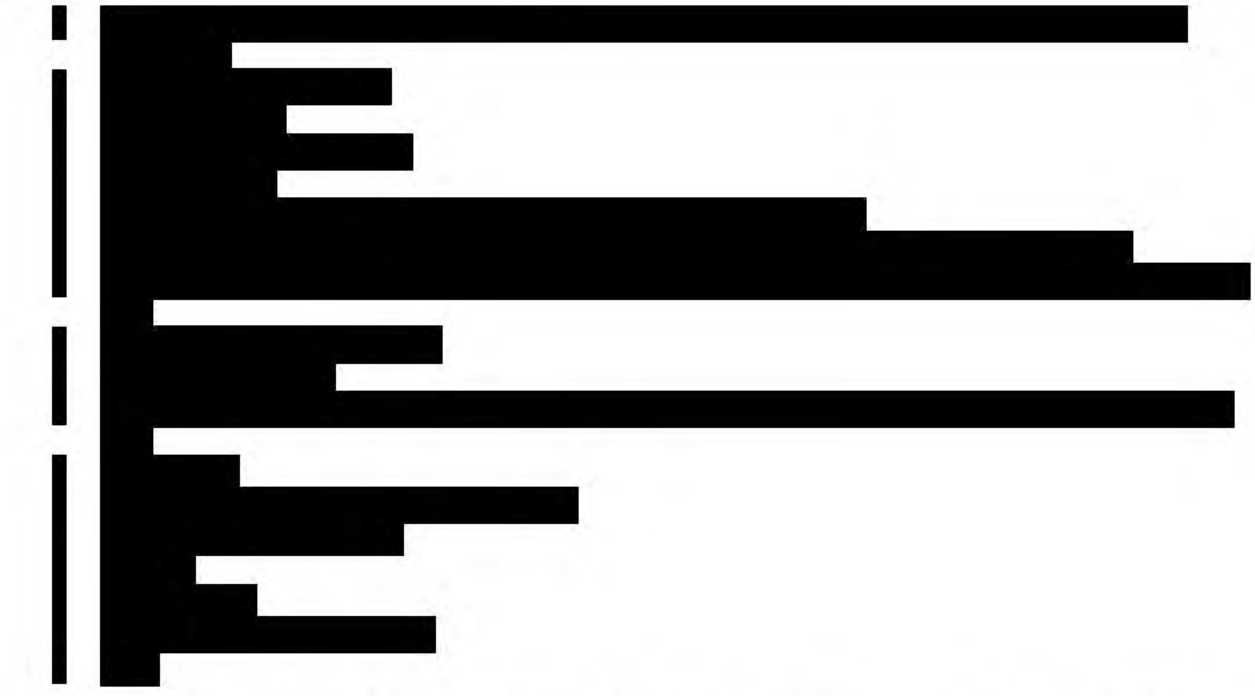
1.2.2 HEALTHCARE ENVIRONMENT (NATIONAL)

Our work will be **data-driven** from its very inception.

To paint a complete portrait of the present healthcare environment across the United States, the State specifically requested national demographic data related to health status, insurance, social determinants, and other factors that impact an individual's status as insured or uninsured, up to 100% of the Federal Poverty Level.

We plan to satisfy this requirement by using the cutting-edge [redacted] for public sector health clients. (Note that this platform will be modified to produce the Georgia Health Index, which we discuss and for which we provide a visual snapshot in Section 1.2.4. Insights from [redacted] will texture almost every part of this proposal.)

[redacted] will accelerate the environmental scan and waiver options modeling with a readily available view of health risks and outcomes. [redacted]



Our Phase 1 report will include a summary of these data sets, how they collectively illuminate the key opportunities (Section 1.2.3), and how they will shape our work going forward.

1.2.3 SUMMARIZE KEY OPPORTUNITIES

We will not be limited to the past experiences of other states.

The State's leadership has been explicit in its desire for Georgia and this effort to be different, innovative, and a leader in what might be possible. We embrace that vision. We will certainly be informed by the programs that CMS has approved, and other states have implemented to date under Section 1115 and Section 1332 Waivers, but we will not be bound by conventional ways of thinking.

The environmental scan, then, will go beyond a summary of who is doing what and how they are doing it. Our scan will help us frame the Phase 2 work – identifying waiver avenues that have yet to be attempted. We anticipate that the scan will highlight possible innovations in program structure, administration, or delivery system that will dovetail with Georgia's priorities for Medicaid and commercial health insurance markets.

With an emphasis on bold, innovative ideas that do not follow in the footsteps of other states, Georgia requires a team that understands the practical realities of implementing such ideas. The Georgia Patients First team offers the state the right combination of experience and capabilities to make sure that implementation realities are top of mind at each step in the waiver development journey. [redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

1.2.4 GEORGIA SCAN

Concurrent with our national healthcare environmental scan (Section 1.2.2), we will conduct an equally rigorous and equally robust Georgia-specific scan. The aforementioned [redacted]

We will focus the Georgia scan on:

- County-level demographic detail (detailed in Section 1.2.2), including, without limitation, health insurance status, per capita household income, employment status, and related factors impacting a person's insurance status;
- Payer mix analysis (private, public, indigent, charity care, insurance/Medicare/Medicaid/CHIP/VA, etc.) within counties
- County-level healthcare provider infrastructure analysis, including the enrollment status of providers accepting new patients under Georgia Medicaid and PeachCare for Kids (CHIP)
- Provider deficiency analysis, if any, based upon service lines (e.g., inpatient hospital, outpatient, primary care, behavioral health, long-term care, etc.)

[redacted]

decisions. In sum, [redacted] once presented, can provide DCH with a better understanding of [redacted] may impact any waiver program.

As indicated earlier, the [redacted] specifically will be used throughout this project, from these scans in Phase 1 to options development in Phase 2 and ultimately to writing the waivers in Phase 3.

***

At Phase 1's conclusion, our team will present the following **deliverables** to the State:

- **a summary of the national healthcare environment and current Georgia environment scans, with comprehensive supporting demographic data at both levels;**
- **a review, summary, and analysis of the current 1115 and 1332 waiver environment across the United States;**
- **a summary of innovative 1115 and 1332 opportunities, which will frame the work in Phase 2; and**
- **a general 1115 and 1332 "Waiver Primer" to level-set the entire team's understanding of the waivers themselves and the rules surrounding them.**

1.3 PHASE 2: OPTIONS DEVELOPMENT

(Statement of Need I.A)

Your message is clear: You seek Georgia options for Georgia citizens that strike the right balance between innovation and practicality.

To achieve this goal, collaboration is not a "nice-to-have" or a meaningless buzzword intended to dress up a cookie-cutter solution. Collaboration is at the very heart of our approach to working with you to develop compelling options that provide meaningful and realistic choices to Georgia policy makers.

Developing options starts with a critical premise—that we do not start the process with a preconceived notion of the answer. Rather, we look at the big picture, using data, stakeholder input and the collective wisdom of the State and our team to set the stage for a meaningful dialogue. This meaningful, fact-based dialogue is at the heart of our approach – i.e., work *with* you to develop options that will work for Georgia and will be approved by CMS.

These discussions are a series of pro-active, creative, and engaging [redacted] We will work as a team to develop quick sketches of potential options, rapidly iterate them to discover which ideas have legs, which should be revised to make them viable, and which should be discarded. At the end of this iterative process, we will work collaboratively with the State to hone in on three (3) well-defined, viable options per viable, all of which are grounded in Georgia priorities and sensibilities, supported by data, and produced through our collective best thinking.

Subject to discussion with and direction from you, we plan for Phase 2 of the project to last approximately twelve (12) weeks. The phase would involve an [redacted] We would then work with you individually or in small groups to expand upon these options and then conduct additional research and stakeholder consultation. We would conclude the options development effort with a final workshop with your team to review the options and select three (3) that would be presented to Georgia's executive leadership.

We anticipate that our team would combine independent research and stakeholder interviews with one-on-one or small group meetings with the State to prepare for the first workshop. We would take the results of that workshop and conduct additional research and stakeholder consultation that will allow us to crisply define the proposed options, i.e., their pros, cons, benefits and risks. We would review this work with you and then conduct the final workshop to down-select the top three (3) options per waiver.

In addition to our collaborative techniques, please note that we will assess State options in light of 2018 CMS guidance that waiver programs should increase access to a range of affordable private coverage options; assure sustainable spending growth through more cost-effective coverage, restrained federal spending growth, and elimination of limits on market choice and competition; foster state innovation; support and empower individuals in need (such as those with low income or high health costs); and promote consumer-driven health care.

[redacted]

Figure 2: The State will benefit from a thoughtful and engaging [redacted] purpose-built to unlock creativity, leverage the collective wisdom of stakeholders and rapidly produce viable waiver options.

Discovery

We start by pressure testing the challenge—have we framed it right? Can we define the current hypotheses and confirm their suitability to the situation? To do this, we conduct stakeholder interviews to identify assumptions, constraints, and aspirations. We will then incorporate lessons learned from other states to confirm that we are **looking at the problem the right way** and accurately reflecting the result you seek to achieve.

A key element of this phase is **rigorous data analysis**. We will rely on the data analysis capabilities described in Section 1.2.2 to collect, inspect, clean, model, and analyze data to provide the clearest possible view of Georgia's context, identifying relevant patterns and trends. The analysis includes a wide array of publicly-available data sets and is powered by an analytic tool that is purpose-built to ingest, normalize, and analyze any Georgia data you may choose to provide (e.g., Medicaid eligibility files, claims, encounters, and public health data). While not required, the data types outlined will enrich the analysis.

With analysis complete, we will work with you, prior to and within the workshops, to align on your goals and aspirations for the waiver. We will clearly articulate **the need for change, the desired result, the measures of success, key enablers**, and then **potential legal, political, operational, and technical constraints or imperatives**. This is the fun part, where we dream big and apply data and Georgia insights to set ambitious yet achievable goals.

Elaboration

Elaboration flows directly and seamlessly from Discovery. Here we apply rigorous and engaging design thinking techniques to work with the State to define a clear and compelling North Star vision. Moving out of the conceptual and **into the practical**, the Elaboration phase is where we clearly articulate the waiver effort's data-driven value proposition and measures of success. This allows us to work together to define a realistic and desired future state for the overall Georgia healthcare ecosystem, identifying future capabilities, operating models, technologies, and other enablers required to support the North Star. In our experience, this work is *critical* to developing a clear view of how the State will, through its waiver design, achieve the results and value to Georgia, as well as supporting an informed process for assessing the relative value and difficulty of proposed waiver options.

As a practical example, in developing Kentucky HEALTH, Indiana's HIP 2.0 and the associated waiver amendments for these programs, our team leveraged an options menu to guide state decision makers in the identification and exploration of policy options and selection of the options that best suit the needs of the state. We served as guide in the development of a tailored policy design which, while informed by research, developed unique innovative proposals rather than simply copy other state waivers. To develop the three (3) options requested for both Section 1332 and 1115 waivers, we will use a similar approach, offering a menu of options based on identified overarching state policy priorities. These overarching decision points will feed into more detailed policy discussions (see Co-Creation below) and decisions and inform the development of comprehensive options for the state's consideration. This process will lead to unique-to-Georgia Section 1332 and 1115 options.

Co-Creation

Co-Creation is the centerpiece of the proposed workshops. While much of the activity described in the Discover and Elaboration efforts would occur prior to and in-between workshops, the focus of the workshops themselves will be on the creative process. Using techniques honed over time, we will **collaborate with you to rapidly identify potential waiver options**. Using Agile development concepts, we structure the workshops to rapidly generate ideas, leverage the power of the group to critique and improve those ideas, and then work collaboratively and creatively to sketch out waiver options. The goal of co-creation is not to produce a perfect solution at the end of a workshop. Rather, it is to engage the full experience of the group to define real solutions that will work in Georgia (using Discovery and Elaboration outputs to define success and practicality) and be approved by CMS.

With Co-Creation results in hand, our team would conduct additional analysis, including on the impact of each option in light of the environmental scan, internal and external stakeholder impacts (including health systems, providers, enrollees, and vendors), immediate and long-range fiscal and economic impacts, and implementation timeframes and recommendations. We will consult with stakeholders and engage in pressure testing in advance of the final down-selection workshop to provide the State with well-researched and clearly articulated options and present meaningful choices for Georgia policymakers.

***

We defer to the State's leadership in determining and then engaging with the external stakeholders affected by these waivers. We simply reiterate that our knowledge of Georgia runs as long as the Chattahoochee and as wide as the Altamaha. We have strong, long-term relationships with agency leaders and personnel, relevant health associations (including those with rural focuses), legislative committees, and, of course, the ultimate federal reviewers at CMS. We stand ready to leverage those mature relationships for the benefit of the State and this process.

However, as demonstrated in this section and in our Governance Model (Section 1.6), we will remain in constant contact – and collaboration – with you and any internal stakeholders you may designate through workshops, briefings, and conversations. Our project schedule, detailed in Section 3, also pinpoints more formal check-ins along the way.

This phase concludes when we submit the 1115 and 1332 waiver options to the Governor and the Department of Community Health for their consideration.

1.4 PHASE 3: WAIVER DEVELOPMENT

(Statement of Need I.A)

Once the Administration decides upon the waiver options it would like to pursue, we will commence Phase 3 of the project. We anticipate that this phase will take no longer than twelve (12) weeks.

As we write, our focus will be clear – develop and assemble an application that achieves the State's goals and resonates with CMS.

To initiate this phase, we will assess the exact waiver authority necessary for the State's selected options and then flag the mandatory components of the proposal. Based on our extensive experience, we

anticipate these would include, without limitation, federal approval duration, ongoing reporting requirements and opportunities to consolidate with existing state authorities to streamline and minimize administrative requirements.

If multiple authority options are *available*, our team will identify pros and cons of each strategy for DCH's consideration. Additionally, if multiple authorities are *required* (e.g., concurrent waivers or concurrent waivers and state plan authority), we will identify which program elements may be authorized via each distinct authority. There also may be state plan changes that do not require waivers but would still be part of the proposal submitted to CMS.

Once the waiver drafting process begins, we will frame out various stages for both the 1115 and 1332

A Section 1332 waiver application can be written concurrently with a Section 1115 waiver, but federal review, negotiation, and authorization will occur separately.

Even if the two waivers were submitted together, as opposed to separate, stand-alone documents, the Section 1332 review would be undertaken by a separate team of federal reviewers, both at CMS and the Treasury Department.

That said, we will be prepared to support either strategic direction adopted by the State. As evidenced in the totality of our proposal, we will be ready to assess program options for both and then coordinate and harmonize in a way that benefits both the Medicaid program and the commercial market.

The State can expect from our team the same detail and focus we bring to the 1115 Waiver. We will identify the appropriate Section 1332 authorities and implementation options, as well as any initiatives that can be implemented without Section 1332 authority.

***

In addition to the elements described above, which relate to both Medicaid and ACA waivers, we will incorporate the following items required by CMS into our work.

- A comprehensive description of the planned Section 1332 program and assurance it meets federal requirements.
- A list of the provisions of federal law the state seeks to waive, including a description of the reason for the specific requests.
- The analyses, actuarial certifications, data, assumptions, analysis, and targets required for federal review and approval of the state's proposal.
- Documentation of the state's plan to meet Section 1332 guardrails including:
    - evidence the waiver maintains the availability of coverage that is as comprehensive as without a waiver;
    - evidence the waiver maintains the availability of coverage that is as affordable as without a waiver;
    - evidence the waiver maintains the availability of coverage to at least as many residents as currently; and
    - assurance that implementation of the waiver will not increase the federal deficit.
- Implementation timeline
- Explanations of the impact of the Section 1332 proposal on administrative burden for individuals, insurers, and employers

- Explanation of how the waiver will impact ACA provisions that are not requested to be waived
- Explanation of impact on seeking care out of state

The same mileposts we outlined above for our 1115 Waiver writing apply in full force with 1332 Waivers: concept papers, required public notice and comment period, Tribal consultations (if necessary), etc. We will follow the same process here, using the feedback we receive from each milepost to edit the waiver draft and highlighting those changed for review pursuant to federal law.

***

The State clearly indicated that this project concludes no later than December 31, 2019, with the conclusion of Phase 3, with the ultimate finalization of the waivers to submit to CMS. That said, the Georgia Patients First Team stands ready to be of service to the DCH as it enters the negotiation process with the federal government and the implementation of waiver-driven reforms.

Specifically, from its collective past experience, this team notes the follow post-submission considerations that will likely arise and for which we may be of service:

- As the waiver moves through the Federal approval stages, there are often additional questions generated, requiring research, revisions, and rework of critical aspects.
- After submission, the Federal government also conducts a public comment period, and the State must respond to these comments, too. Given the national interest in Georgia's efforts, the State should anticipate a substantial number of comments.
- When the waiver is approved, there may be attendant Terms and Conditions that can, in turn, require changes to the underlying approach, policies and procedures, and other aspects of the waiver proposal. The State will need to incorporate this feedback and potentially augment the approach in response.
- Stakeholder work does not stop with submission; it remains an important strategy for successful final approval.

1.5 ADDITIONAL AREAS OF FOCUS

(Statement of Need I.H)

Offerors should also identify and propose additional areas of focus, based upon successful experience, not described herein.

As the State's partner, we are fully invested in success for all Georgians. Throughout this proposal we reference a variety of techniques and capabilities that, based on our experience, lead to truly meaningful success for states and appreciate the opportunity to summarize them here.

Establishing a common baseline understanding, in our experience, is a critical success factor for waiver projects like this one. For that reason, we propose to provide the State with a **Section 1115 and 1332**

[redacted]

[redacted] his supplements traditional stakeholder interviews, providing a broader perspective than interviews alone, allowing the State to devise tailored messages, outreach strategies and other communications to build support for the option eventually selected.

We reiterate our suggested focus on comprehensive data and analytics, as demonstrated through our [redacted] detailed in Sections 1.2.2 and 1.2.4.

Since 2016, HMA has been maintaining a tool to assist states and others in understanding the current waiver environment. This [redacted] includes:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

[redacted]

All workshops are not created equal and oftentimes “workshop” is simply used as a synonym for a long meeting. As described in Section 1.3 above, we use **Agile** concepts and [redacted] techniques to deliver workshops that will engage your creative side through sketching, prototyping, modeling and small group work. In our experience, these techniques help generate truly groundbreaking ideas that the group can pressure test rapidly, improving through iteration to produce comprehensive waiver option ideas that can be further fleshed out and tested prior to the final down-select workshop.

Great ideas that are well-designed and reflect Georgia priorities are essential to develop these waivers but getting to “Yes” with CMS is the ultimate goal. Our team has deep experience authoring [redacted]

[redacted]

Finally, our work complements the Governor's Administration-wide focus on rural Georgia. As discussed throughout this proposal, the leaders, hospitals, medical professionals, and, of course, patients and families of rural Georgia hold a particular interest in the success of these waivers. To grow their economies, rural communities need stable, accessible healthcare options. When and where appropriate, we recommend that this team avail itself of relevant insights generated by the **Georgians First Commission**, the **House Rural Development Council**, and other similar panels.

1.6 GOVERNANCE APPROACH

This work contemplates a significant set of stakeholders, from Governor Kemp, whose leadership launched it, to every Georgian who will use or have a family member who will access care under the waiver(s).

Our approach to governance, depicted in Figure 3 below, creates clear lanes and channels for communications and decisions but is also predicated on a healthy spirit of collaboration, both with leadership and with all other stakeholders.

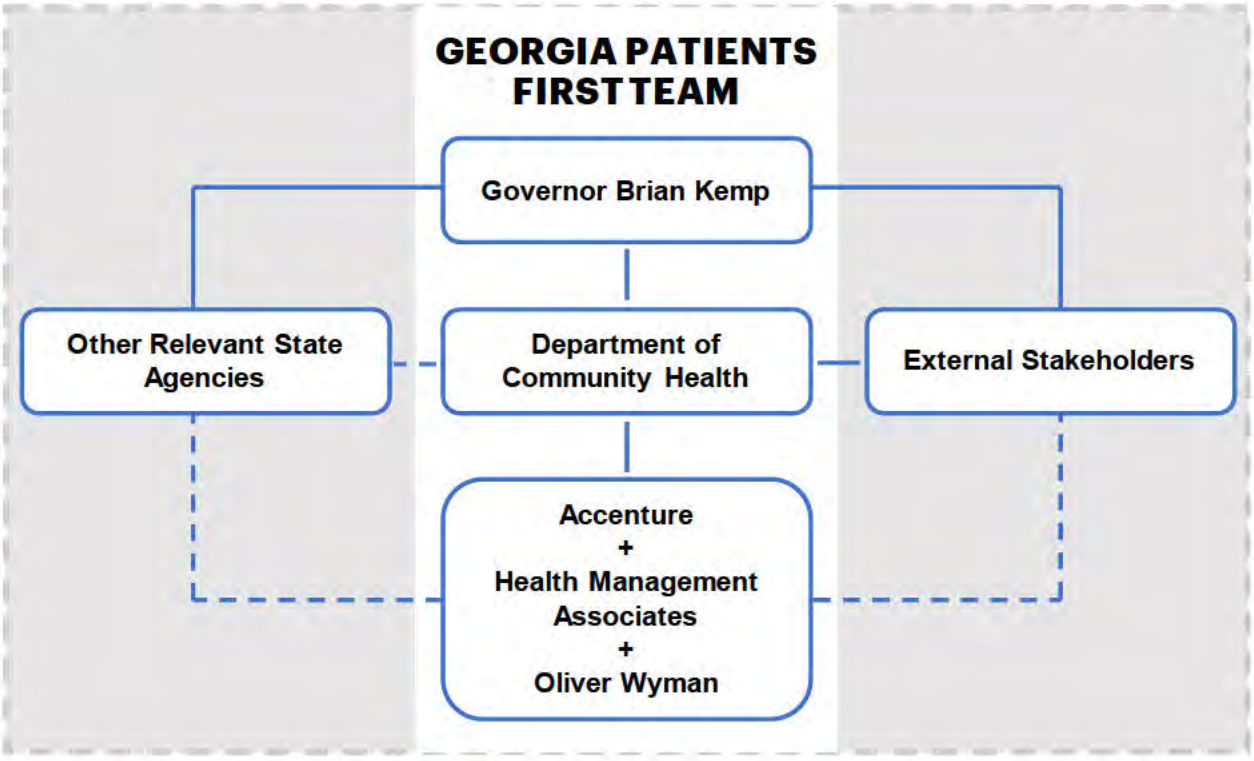


Figure 3: Our proposed governance structure promotes clear channels for communication and decision making.

We are clear: our direction comes from the executive branch, with Governor Kemp as its leader and DCH as his primary executive agency with responsibility for the waiver. This includes policy direction, administration and oversight, and federal coordination. We will work under the parameters and timelines

they set, incorporate the feedback they share, and produce options that combine innovation with practicality. We mold our team's style to theirs – one that is unafraid to consider and try new approaches, one that is concerned about all of Georgia, and one that is serious about the ultimate solution.

Therefore, our entire project timeline, detailed in Section 3.0 Milestone and Deliverables, pivots on daily conversations with DCH staff, frequent check-ins and feedback sessions with DCH leadership, and, through DCH itself, milepost updates with the Governor and his team. While our team will be ultimately selected to present the waiver options and write the waiver itself, we strongly believe that the best results will be achieved through constant collaboration.

We also are clear that the executive branch expects us to collaborate with them to engage stakeholders throughout the process. We divide that into two groups.

- "External" stakeholders – the citizens of the State; CMS; the General Assembly; various health-related trade, professional, and policy associations and organizations
- "Internal" stakeholders – any other executive branch agency or any existing contract holder whose work will be impacted by these waivers (see below).

For external stakeholders, we will work under the direction of DCH to develop and execute an engagement plan, ensuring that we capture input from all relevant groups across the State, listen to genuine concerns, and, when appropriate, provide updates on our work. Ultimately, the waiver itself requires the opportunity for public comment. However, we believe that the State is well-served by infusing that spirit of public comment into the entire process. We recommend that we conduct a combination of listening sessions, meetings, and workshops to give voice to those groups.

We have catalogued a significant number of existing State contracts. DCH's waiver consultants *must* support the executive branch in the coordination of vendor activities directly implicated by the waiver. To mitigate conflicting interests among process owners, we will assist DCH in leveraging their existing vendor contracts to complete new work within contract scopes.

In projects with other states, our team has served as the conflict-free manager of current vendors. Both the state leadership teams and our team found it invaluable to ensuring efficiencies in state government contracts.

Work Stream Owner		Areas of Focus
Waiver Consultant Supports Executive Branch and Coordinates Vendor Activities	Executive Branch through DCH	Policy design
		Administration and Oversight
		Federal Coordination
		Stakeholder Education and Outreach
	Eligibility- Deloitte	Modify existing eligibility and enrollment processes to account for new policies
	MMIS-DXC	Modify existing enrollment and financial processes to account for Medicaid Expansion

State Actuary-Navigant	Develop enrollment and cost projections, budget neutrality, rate setting
Managed Care Organizations	Prepare to process Medicaid expansion enrollments and provide appropriate benefits and cost sharing
Enrollment Broker-MAXIMUS	Modify processes and documentation for expansion rollout
Providers and External Stakeholders	Modify processes and documentation as needed to account for Medicaid expansion
Other	Based on policy and operational design additional work streams. Policies that may have these impacts include: • Under Section 1115 Demonstrations: Community Engagement, Premium Assistance, and/or Accounts • Under Section 1332 waivers: Contracted reinsurance options, high-risk pools, federal exchange alternatives, and subsidy modification and redistribution

By selecting the Georgia Patients First team, the State gains a partner who understands the Georgia vendor landscape and will institute a comprehensive governance process to help confirm that all vendors work in harmony to position for success.

Note: Section 1332 work stream impact depends on model design. Reinsurance implemented with a state operated reinsurance pool may only impact the State work stream and be executed via existing insurance oversight processes. Other models including federal Marketplace alternatives may have wider impacts, including the potential cross-over to Medicaid Expansion work streams.

As the contours of the waiver options become clear, our team stands ready to support DCH and other agencies as they coordinate the impacted vendor activities.

1.7 PROJECT MANAGEMENT APPROACH

Accenture has earned the reputation as an industry leader for managing complex projects such as this. We are proud of our track record to deliver the full project scope documented in the Statement of Need on time and within budget and, critically, with no surprises. Our team will work with the State leadership team to balance the scope with the schedule while acknowledging that state personnel engaged in the process have other priorities and work to do. These activities would take place across all project phases.

Accenture, HMA, and Oliver Wyman propose an integrated team approach where we work together in an agile manner to make key decisions and alter direction and resource use as required. It is our intent to operate as a single, unified team where it is transparent to the state which organization employs each team member.

We would manage this project with tools from Accenture Project Management Methods, to address the various project management elements illustrated in Figure 4.

Figure 4: Accenture brings a rigorous Project Management approach to address the complexity inherent in the development of Georgia's 1115 and 1332 waivers

Elements of the approach include:

- Plan: A detailed project workplan is established which encompasses required project resources and identifies the deliverables to be completed at specific points in the project. We schedule our staff to be onsite (and charging the project budget) when needed and offsite (and not charging the project budget) when not required, to seek maximum resource management efficiency.
- Manage: We conduct regular meetings between State leadership and our team members, to report status against the approved project plan. Weekly written status reports document accomplishments in the current period, planned activities in upcoming reporting periods, and any issues for State management attention. We bring tools, methods, and templates to identify, mitigate, and resolve issues and risks before they become expensive problems. For each deliverable, we create a Deliverable Expectation Documents early in the deliverable development process so we can confirm the specific content and format of the document. This deliverable development approach helps to establish clear expectations up front for exactly what is to be produced and streamlines the review process.
- Measure: We monitor execution of the contract to confirm that all in-scope activities and deliverables are tracked and managed to completion.
- Monitor: We closely monitor project execution to help ensure milestones are achieved and the project stays on track. We also conduct regular Quality Assurance checkpoints to confirm the project is proceeding according to plan and expectations are clear.

2.0 RELEVANT EXPERIENCE AND RESULTS

The combined capabilities of our team (i.e., Accenture, HMA, and Oliver Wyman) provide Georgia with a uniquely qualified team that can help DCH and the Governor's Office craft a waiver application that is fiscally sound while charting an innovative course to extending healthcare to more Georgians. Our team will approach this work with a practical mindset that encompasses both waiver mechanics and implementation realities. **Underpinning this work is our team's passion for all of Georgia's citizens, our friends and family – urban and rural – and the healthcare system that they rely on to achieve and maintain good health.**

Our team will bring bold and fresh ideas not simply recycled ideas that lack innovation. With lessons learned from successful waivers in other states, we will bring to Georgia an unbeatable combination of Section 1115 and Section 1332 waiver experience and look forward to collaborating with you to add the State's considerable wisdom to this effort. In so doing, we are confident that we will firmly establish Georgia as a national thought leader regarding the creative use of waivers in service to all Georgians and the healthcare network that serves them.

We bring extensive Medicaid knowledge infused with the insights gained from working with healthcare providers and insurers across the nation. This helps us see beyond waiver rules, taking into consideration insurer and provider capacity and the consumer experience attributes that will drive success. Our experience across insurers, providers and Medicaid means we understand and appreciate that there is an interplay between the Section 1115 and 1332 waivers as citizen incomes rise and fall over time and people cross income thresholds. This is an important consideration for the state and insurers. Insurers want to have a long-standing relationship with insured persons, seeking to avoid unnecessary caseload churn. Services must be designed to foster participation.

Addressing patient churn is another critical consideration for states, insurances, and providers that serve as the backbone of the health system. Insurers want a long-standing relationship with insured persons. Providers want consistency in coverage and to minimize uncompensated care. Services must be designed to foster citizen participation and promote effective and efficient health systems use.

We bring a national perspective, delivered through a Georgia lens, all grounded in timely data. For this project we are planning to leverage the capabilities of Accenture's [redacted] to work with you to craft a waiver strategy that serves the needs of all Georgians. These insights will also help to inform the stakeholder outreach strategy so that rural areas of opportunity can be identified and celebrated to build support for the changes the waiver will bring. In the remainder of this section we will describe the unique qualifications of our team that make us the ideal partner to assist DEP and the Governor's office with this critically important project.

2.1 MINIMUM QUALIFICATIONS

(Statement of Need II.A-H)

The combined capabilities of Accenture, HMA, and Oliver Wyman meet or exceed the minimum qualifications found in the Statement of Need. The following sub-sections will address each of the minimum qualification requirements.

2.1.1 STATE EXPERIENCE

(Statement of Need II.A)

Requirement	Does Georgia Patients First Team Meet or Exceed Requirement?
For which states has your firm been responsible for research, analysis, correspondence with CMS, and all responsibilities from preparation of waiver application/s through approval with CMS? For each state, (a) list the specific dates in year/s of engagement for each state, (b) indicate the type/s of waiver/s sought, (c) indicate status of each waiver request: pending, denied, approved. If approved, date of approval, (d) indicate whether your firm is still involved in each of the waiver requests.	✓

Our team brings unparalleled experience in the analysis, option development, and waiver design process to support the drafting and submission of Georgia's 1115 and 1332 waivers.

Indiana Family and Social Services Administration: Section 1115 Waivers

Dates: 2006-Present

HMA has assisted Indiana's Medicaid program in policy development, implementation efforts, and operational support for more than ten years. Members of the current HMA team have been working with the state on designing and implementing the original Healthy Indiana Plan (HIP) Section 1115 demonstration, approved by the Centers for Medicare and Medicaid Services (CMS) in 2008. HMA staff also supported the demonstration's renewal, the emergency End-Stage Renal Disease amendment, and the waiver drafting, negotiation, and subsequent expansion of the demonstration program in January 2015 as HIP 2.0, the extension request filed two years later, and an additional amendment that included a community engagement component filed in May 2017. HMA staff have continued to support the program and completed design and development on the HIP Workforce Bridge Amendment that posted for public comment in May 2019. Throughout the waiver development and approval process, HMA performed the following tasks:

1. **Waiver Policy Research and Development:** working with Medicaid agency and stakeholders to identify state priorities; identifying policy options and researching viability and outcomes in other markets; and drafting and presenting policy options, pros, and cons to support informed decision-making
2. **Policy Workgroup Meetings:** preparing workgroup materials, including PowerPoint presentations, scheduling meetings, and distributing materials

3. **Waiver Draft:** drafting initial waiver requests and subsequent amendments, reviewing and summarizing public comments
4. **Waiver Evaluation and Monitoring:** ensuring compliance with federal special terms and conditions; drafting preliminary evaluation plan, and providing policy and data resource "on-boarding" to third-party evaluators
5. **Develop and Update Program Materials:** assisting with changes to program content for handbooks, manuals, and other communications as needed; facilitating program requirement sessions by serving as a translator of policy into practice and developing and distributing meeting materials, scheduling meetings, and gathering and distributing meeting minutes
6. **Waiver Negotiations:** Developing special terms and conditions language as needed, supporting state negotiation calls with CMS
7. **Subject Matter Experience and Federal Compliance:** reviewing, analyzing, and providing support on key topics and policy changes as needed, and providing analysis of new or changed federal regulatory requirements to ensure compliance
8. **Project Management:** General project management tasks

Healthy Indiana Plan (1.0); Continued as Indiana End Stage Renal Disease Waiver (ESRD)	
Type of Waiver	Section 1115 Waiver Allows Indiana to provide supplemental wrap-around coverage to Medicare-enrolled individuals with ESRD
Waiver Status	Approved
Approval Date	Originally approved: 1/1/2008 Most recent extension approval: 8/16/2016
Still Involved?	Yes, for ad hoc policy consultation related to End Stage Renal Disease population
Our Role	• Research and analysis • Lead state policy design sessions to develop waiver concept • Coordinate with Department of Insurance and Governor's office • Draft waiver renewals and amendment • Support CMS negotiations • Support business requirements development, implementation, and ongoing operations • Support reporting and program evaluation and monitoring
Healthy Indiana Plan 2.0	
Type of Waiver	1115 Waiver. The Healthy Indiana Plan uses a proven, consumer-driven approach that rewards qualified adults for taking better care of their health.
Waiver Status	Approved
Approval Date	Originally approved: 1/27/2015 Most recent extension approval: 2/1/2018
Still Involved?	Yes, for policy, operational and evaluation support and amendment drafting
Our Role	• Research and analysis • Lead state policy design sessions to develop waiver concept • Coordinate with stakeholders to ensure state share funding • Draft initial waiver, amendments, and extension requests • Draft current amendment posted for public comment 5/15/19 • Compiled questions and summarize responses from comment period • Support CMS negotiations • Draft initial waiver evaluation plan

	• Consult with third party evaluators on the overall evaluation and CMS-required reports • Support business requirements development across Eligibility system, Medicaid Management Information System, and managed care organization systems • Support implementation and ongoing operations • Support ongoing program monitoring and analysis, including dashboard and analysis design and execution

Iowa Department of Health and Human Services: Section 1115 Waiver and Section 1915(b) and (c) Waivers

Dates: 2013-Present

HMA has a longstanding history of working with Iowa to secure federal waiver approval and providing supportive services in developing new Medicaid and CHIP programming. We have been involved in drafting initial waiver requests, extensions, and amendments for a variety of initiatives. Throughout the waiver development and approval process, HMA has performed the following tasks:

1. **Policy Design:** analyzing and presenting policy options, recommendations, and best practices to state executive leadership to inform program design decisions; assessing existing state Medicaid programing, as well as nationwide best practices and federal and state law and regulations; analyzing findings against state goals and federal requirements; developing policy options and decision points
2. **Decision-making Tools:** developing and using decision-making template with a range of policy and operational considerations; tracking current state practice, federal requirements, data on nationwide best practices, options, and implications of each option
3. **Draft Waivers and State Plan Amendments:** developing all required waiver and SPA documentation, including the initial waiver, extension or amendment of seven §1915(c), three §1115, and one §1915(b) waivers, as well as a variety of state plan amendments; and providing technical assistance to secure federal approval
4. **Waiver Submission and Approval:** Identifying waiver development and submission strategies; guiding the public and tribal notice processes; summarizing public comments; navigating the federal approval process for these authorities, including supporting the state during a four-day CMS onsite readiness review, responding to several informal and formal requests for additional information from CMS, and reviewing and drafting edits to waiver special terms and conditions
5. **Managed Care Organization Request for Proposals:** Developing the RFP to reflect waiver policy decisions
6. **Compliance with Federal Requirements and Subject Matter Experience:** Providing guidance on the required federal authorities for new and ongoing Medicaid initiatives; researching or advising on varied policy topics at the request of the Medicaid agency; providing feedback on required reporting; and serving as a technical resource during the state plan amendment or waiver approval process.

Iowa Wellness Plan	
Type of Waiver	Section 1115 Waiver The Iowa Wellness Plan provides coverage at low or no cost to certain otherwise uninsured adults. Coverage is free for those who complete the Healthy Behaviors incentives programs.
Waiver Status	Approved
Approval Date	Originally approved: 12/10/2013 Most recent extension approval: Extension request for 1/1/20 effective date currently in state public notice period
Still Involved?	Yes, currently working with state on extension request
Our Role	• Facilitated initial waiver design decision-making, including leading state policy design sessions to develop waiver concept • Drafted initial waiver, three amendments, and two extension requests • Support CMS negotiations • Ongoing policy support to ensure federal compliance • Provide policy guidance and requested support to state staff regarding required federal reporting • Ad hoc policy impact analysis to support review of proposed policy changes and any applicable required amendments
Marketplace Choice Plan	
Type of Waiver	Section 1115 Waiver This waiver used Medicaid dollars to pay for a person's private insurance plan purchased on the Marketplace
Waiver Status	Initial Waiver Approved – Waiver now Expired
Approval Date	Originally approved: 12/10/2013
Still Involved?	N/A – State did not renew waiver
Our Role	• Facilitated waiver design decision-making, including leading state policy design sessions to develop waiver concept • Drafted waiver • Supported CMS negotiations
Iowa High Quality Healthcare Initiative	
Type of Waiver	1915(b) Waiver This waiver started managed care in Iowa.
Waiver Status	Approved
Approval Date	Originally approved: 2/23/16
Still Involved?	Yes, currently assisting state with amendment approval
Our Role	• Drafted initial waiver to implement new managed care program • Guided the public and tribal notice processes • Support CMS negotiations • Waiver amendment drafting
Health and Disability, AIDS/HIV, Elderly, Intellectual Disability, Brain Injury, Physical Disability, Children's Mental Health	
Type of Waiver	1915(c) Waivers These waivers allow special populations to receive services in their home or community as opposed to an institutional setting.
Waiver Status	Approved
Approval Date	Amendment approved: 2/23/16

Still Involved?	As requested by state
Our Role	• Drafted amendments for the state's seven 1915(c) waivers to implement new managed care program • Guided the public and tribal notice processes • Supported CMS negotiations

Kentucky Cabinet for Health & Family Services: Section 1115 Waiver

Dates: 2016-Present

HMA provided comprehensive support to the Kentucky Medicaid agency from initial waiver concept through CMS approval and implementation preparation. Throughout the waiver development and approval process, HMA performed the following tasks:

1. **Waiver Design and Draft**: facilitating the program design and leading drafting of the Section 1115 demonstration waiver. Specifically, HMA staff provided guidance and support including inventorying items requiring state policy decision-making, facilitating state decision-making, waiver drafting, and coordinating with the state's actuaries in development of cost effectiveness and budget neutrality components.
2. **Waiver Negotiation:** Providing technical support through the CMS waiver negotiation process, including negotiation strategy development, drafting responses to CMS waiver questions, drafting initial special terms and conditions (STCs) for CMS response, and reviewing and responding to updated STCs from CMS.
3. **Post-approval Support:** Providing technical assistance on federal authority, including conducting an analysis of technical changes required to the state's §1915(b) waiver and SPAs for alignment with the §1115 waiver authority; drafting the administrative regulations outlining waiver policies; supporting high level requirements development and maintenance, and reviewing and developing communications materials for members, providers, and other stakeholders.

Kentucky HEALTH	
Type of Waiver	Section 1115 Waiver Kentucky HEALTH is a comprehensive, transformative program that empowers Kentuckians to improve their health and well-being while making sure Medicaid is financially sustainable.
Waiver Status	Approved twice, but invalidated by federal judge (6/29/2018 and 3/27/2019)
Approval Date	Original approval: 1/12/2018 Re-approval: 11/20/2018
Still Involved?	Yes, for ad hoc consultation and communication support
Our Role	• Research and analysis • Lead state policy design sessions to develop waiver concept • Draft waiver • Support CMS negotiations • Support business requirements development, implementation, and ongoing operations • Draft and review stakeholder outreach and education materials, including member notices, website content, talking points, and presentation content • Draft administrative regulations outlining waiver policies

	• Review managed care organization member communications materials and support readiness review

Texas Health and Human Services Commission: 1115 Waiver

Dates: 2011-Present

As the primary contractor, HMA assisted the state with overarching policy decisions, strategy discussions with key state stakeholders, reporting capabilities, and negotiations with CMS on the initial approval of the waiver. Throughout the waiver development and approval process, HMA performed the following tasks:

1. **Environmental Scan:** Reviewing the DSRIP projects submitted as part of the 20 Regional Health Partnership plans, as well as subsequent Category 3 selection reviews.
2. **Stakeholder Outreach and Engagement:** Helping plan Medicaid agency annual statewide learning collaborative summits with over 500 participants, and hosting multiple statewide webinars for providers, anchors and stakeholders.
3. **Waiver Design and Negotiations:** Supporting policy decision-making; attending strategy discussions with key stakeholders; and supporting waiver negotiations with CMS.
4. **Waiver Renewal:** Attending all stakeholder public meetings and developing a comprehensive report required by CMS; and summarizing stakeholder's comments on the proposed renewal.
5. **Waiver Reporting:** Reviewed and edited technical requirements related to DSRIP project reporting requirements for waiver renewal measure specifications

Texas Healthcare Transformation and Quality Improvement Program	
Type of Waiver	Section 1115 Waiver This waiver allowed Texas to expand managed care while preserving hospital funding, incentivizing improved quality of care and directing funding to hospitals serving large numbers of uninsured patients.
Waiver Status	Approved
Approval Date	Original approval: 12/12/2011 Most recent extension approval: 2/14/2018
Still Involved?	Yes, for ad hoc policy consultation
Our Role	• Research and analysis • Conduct stakeholder outreach and engagement activities • Waiver design and negotiation support • Participate in public meetings and summarize comments • Help develop project measure specifications • Develop reports

Illinois Office of Health Innovation and Transformation: Section 1115 Waiver

Dates: 2014-2015

Initially under subcontract to the Health and Medicine Policy Research Group, and later under direct contract to the Governor's Office of Health Innovation and Transformation, HMA helped develop a comprehensive Section 1115 waiver. Throughout the waiver development and approval process, HMA performed the following tasks:

1. **Subject Matter Experience**: facilitating the development of the Section 1115 Waiver application, including the consolidation of the state's nine (9) home and community-based services waivers, the development of the behavioral health services expansion, and costs-not-otherwise-matchable, designated state health programs, and delivery system reform incentive payment initiatives.
2. **Stakeholder Outreach and Engagement:** coordinating a broad stakeholder engagement effort, including researching and analyzing other state waiver components, gathering ideas and recommendations from stakeholders, working with multiple state agencies and stakeholders to develop a framework for consolidating the state's 1915 waivers under a single Section 1115 waiver.
3. **Draft Waiver and Negotiations:** drafting and finalizing the waiver concept paper and final waiver proposal; and participating in calls with CMS.
4. **Budget Neutrality:** Developing a budget neutrality model.
5. **Implementation preparation:** Identifying potential Designated State Health Programs (DSHP)

The Path to Transformation: Illinois Section 1115 Waiver Proposal	
Type of Waiver	Section 1115 Waiver This waiver consolidated numerous waiver programs and changed funding incentives.
Waiver Status	Withdrawn
Approval Date	N/A
Still Involved?	No
Our Role	• Research and analysis • Facilitate stakeholder outreach and information-gathering • Develop policy considerations • Draft concept paper and waiver • Participate in CMS negotiation calls • Develop budget neutrality model
Illinois/CountyCare	
Type of Waiver	Section 1115 Waiver
Waiver Status	Approved
Approval Date	Originally approved: 10/26/2012 Expired March 2014
Still Involved?	Yes. CountyCare started the risk bearing entity that HMA supports for rate, access, and other regulatory issues. CountyCare has over 300,000 members in 2019.
Our Role	• Facilitated initial waiver design decision-making, including leading state policy design sessions to develop waiver concept • Drafted the initial concept paper and the initial waiver and made contributions for an extension request and approval • Actively involved in CMS negotiations with both the County and the State of Illinois • Ongoing policy support to ensure federal compliance • Helped with development of rates and with cost neutrality issues on both the front end and during reconciliation • Ad hoc policy impact analysis to support review of proposed policy changes and any applicable required amendments

Washington Health Care Authority: Medicaid Waiver

Dates: 2015-2016

Throughout the waiver development and approval process, HMA has performed the following tasks:

1. **Drafting Supporting Information:** Developing documents to explain the role of Washington's Medicaid managed care organization (MCO) and behavioral health organization (BHO) contractors in the delivery, financing and sustainability of transformation projects; proposing roles and responsibilities for how new Accountable Communities of Health (AHCs) will complement the existing MCOs and BHOs
2. **Policy and Implementation:** Developing core requirements and a process and operations plan for AHCs
3. **Financial Sustainability:** Advising an MCO rate structure to provide a sustainable path for Washington's Medicaid transformation after the Section 1115 demonstration period

Washington Medicaid Transformation Project	
Type of Waiver	Section 1115 Waiver This waiver allows the State to use Medicaid funding for innovative programs to improve population health and accelerate the move to value-based payments.
Waiver Status	Approved
Approval Date	Original approval: 1/9/2017 Most recent extension/amendment approval: 10/31/2018
Still Involved?	No
Our Role	• Research & analysis • Develop policy considerations • Draft waiver

HMA has also worked with states on other, more-limited waivers and has helped those states obtain Section 1115 waiver approval. One example is Colorado (2013 –2014). HMA provided consulting and technical assistance to help Colorado Medicaid develop payment and program designs that complement and support other Medicaid payment and delivery system reforms. HMA helped develop and submit a waiver that preserved existing Upper Payment Limit (UPL) funds and expanded Medicaid managed care. The two main deliverables included: a modeling tool for estimating impacts of moving eligible people into and out of capitated arrangements (to assess the potential impacts on UPL), and a final set of recommendations.

Core team member Oliver Wyman is one of the most experienced firms in the nation at providing actuarial economic, and policy analyses to states in support of Section 1332 Waivers. Of the eight Section 1332 Waivers that have been approved to date, Oliver Wyman performed the actuarial and economic analysis supporting three of them. Oliver Wyman supported the States of Hawai'i and Alaska in preparing their Section 1332 Waiver applications, the first two waivers in the nation to be approved by CMS and Treasury. In addition, we also completed the actuarial and economic modeling and prepared actuarial reports in support of Section 1332 Waiver applications for the States of New Jersey, Ohio and Louisiana.

The Section 1332 Waiver applications in Alaska, New Jersey and Louisiana were to establish reinsurance programs, with Alaska's program being an invisible high-risk pool, while the programs in New Jersey and Louisiana were parameter-based reinsurance programs, similar to the transitional reinsurance program that was in place in the Individual market from 2014 – 2016. In addition, we are supporting several other

states that are in various stages of exploring a Section 1332 Waiver. We are currently modeling or have recently modeled the impact of various potential waiver options for the states of Delaware, Hawai'i, Tennessee, Pennsylvania, and Virginia. Each of these projects has or will include actuarial and economic modeling, including a calculation of potential pass-through funding to the state and a demonstration that the required guardrails are met.

HMA also has extensive experience working with states to pursue Section 1332 waivers. While those waivers have been recognized for meeting CMS completeness standards, the waivers were ultimately withdrawn as a result of an executive leadership change or challenges with CMS approval timing. One example of a Section 1332 waiver is the Covered California Section 1332 waiver (2016-2017). During this engagement, HMA coordinated with other entities supporting Covered California, including the UC Berkeley Center for Labor Research and Education and the University of California Los Angeles, to compile and present analyses and required information in the Section 1332 waiver application. HMA developed the content included in the application and developed the presentation of analyses provided by other entities. We also provided advice and consulting services related to the presentation of information and the coordination with the federal government around the approval process. HMA also presented the state's Section 1332 waiver proposal to a Covered California Tribal Consultation and on a webinar for California Tribes.

2.1.2 WAIVER EXPERIENCE

(Statement of Need II.B)

Requirement	Does Georgia Patients First Team Meet or Exceed Requirement?
Is your firm experienced in providing services as summarized in the state agency's "1115 and 1332 Waiver Research and Development Overview"?	✓

The Georgia Patients First Team is experienced in providing services as summarized in the Section 1115 and 1332 Waiver Research and Development Overview as demonstrated in the state experiences listed above. To provide further detail, below are several credentials tied to the work contemplated in each of the three project phases.

PHASE ONE: National and State Environmental Scan

- National scan of what is currently happening with Section 1115 and 1332 waivers (overview of design and effectiveness, federal requirements)

HMA conducted an environmental scan for the Alaska Department of Health and Human Services as part of an engagement to help the Department assess Medicaid reform options, understand waiver mechanisms for implementation, and determine appropriate next steps. HMA assessed national and state health care and policy environments, developed proposals, and identified the operational steps and timing required for federal approval and state implementation. (2016-17) The work led to two reports, an environmental scan, and a set of proposals for Medicaid redesign initiatives. The latter document was used to develop successful legislation, much of which has subsequently been implemented in the state.

Our team keeps abreast of evolving state, federal and nationwide best practices and have an extensive set of resources available to us to aid in ongoing environmental scans. For example, through our [redacted]

[redacted] Our research includes core components of the waiver design and revised waiver documents.

As noted in 2.1.1, Oliver Wyman has also been engaged in the 1332 space since the inception of this waiver authority and tracks relevant developments in regulation—in particularly around the more challenging aspects of actuarial review. The Federal government is more keenly attuned to issues of costs in the 1332 space than in 1115 waivers, and therefore requires specific review, analysis and insights Oliver Wyman can provide.

- National scan of current healthcare environment (Understanding national and state-specific (and county-specific) demographic data, health status, insurance, employment status, and social determinants. for people with income up to 100% FPL)

Our Accenture [redacted] has enabled Accenture to support executive decision making when designing or operating new healthcare programs and initiatives. [redacted]

- Summarize key opportunities based on state priority to maximize federal flexibility impacting program implementation and operation

HMA, working with Leavitt Partners, was engaged by the Arkansas Department of Human Services (DHS) to conduct a point-in-time look at the health care coverage landscape in Arkansas, identify key issues impacting Medicaid and health insurance coverage in the state, and develop an outline of options to address those issues within the goals of improving Medicaid sustainability, individual market stability, and small group market growth. The point-in-time assessment, which was presented to DHS, the Arkansas Insurance Department, and the Arkansas Department of Workforce Services, included: information on current Medicaid, individual, and small group markets; market challenges and interdependencies; and policy considerations. Factors reviewed included state demographics, health indicators, and coverage landscape. Arkansas information was compared to a group of comparison states.

PHASE TWO: Section 1115 and 1332 Waiver Options Development

Our deep experience supporting states in weighing waiver options and working through the process of priority development, priority setting and best practices from other states is clearly delineated in section 2.1.1 above. Here, we offer several additional examples of our work worth considering.

- Options to support state policy goals (identify necessary waiver authorities for each option)

In 2017 HMA was hired by the Oklahoma State Department of Health to support a Section 1332 Waiver Task Force responding to a legislative mandate to develop a draft Section 1332 concept for further consideration. The team facilitated task force meetings, provided subject matter and analytic support, and completed ad hoc consultation requests related to various Marketplace issues, including current authorities in the ACA, the impact of proposed changes under a potential Section 1332 waiver, and analysis of operational implications of various program approaches. The final report to the Department summarized the stakeholder engagement and analysis and was intended to inform the development of a series of Section 1332 waiver applications.

HMA was hired by the New Hampshire Insurance Department (NHID) to develop a reinsurance-focused Section 1332 waiver. At the time the state enrolled much of its expansion Medicaid population in QHPs on the marketplace and asked us to help them think through the implications of reinsurance in Medicaid and help develop a waiver to make this happen. We were also engaged to support NHID in negotiations with CMS. The project ended when the legislative board overseeing the Section 1332 development process decided not to authorize funding for the state's portion of the reinsurance program.

Indiana also considered developing a Section 1332 waiver when the state was struggling with ensuring health plan choice across the state and was considering a Section 1332 waiver focused on reinsurance. HMA provided recommendations and helped the state understand the implications of their thinking.

- Enrollment and cost projections

Accenture's clients around the world have approached us to seek assistance harnessing enterprise-wide business-critical information to help make smart, strategic decisions. Accenture has an Applied Intelligence group that works at the intersection of technology and business-helping our clients become insights-driven enterprises. In response to this demand, we have developed the Accenture Insights Platform to meet this need for our clients as depicted in Figure 5 below. It is fast, flexible and scalable-ready solution to transform performance in weeks, not years. This is the platform that currently hosts the data that we use to contribute to the national and Georgia-specific environmental scan.

Accenture's proprietary research, data and models allow us to deliver Georgia [redacted]

Accenture's solution includes leading data visualization and transformation software connected to multiple health data sources.

- [redacted]
- Our analytics Center of Excellence is available 24/7 to support the Accenture Insights Platform.

Accenture's breadth and depth of expertise will help Georgia prioritize and drive its 1115 and 1332 waiver strategy:

- Model the impact of inaction, and a variety of strategic alternatives to enable critical decisions and plot a path forward.
- Assess performance and understand costs. The lack of insight around costs hampers an organization's ability to manage change.

Figure [redacted]

We have used this platform to support a wide variety of forecasting analysis for our clients. One example is that we have helped pharmaceutical companies enhance their patient relationships by removing barriers that are impeding patient care and providing ongoing support through the full treatment period. The platform helps pharmaceutical companies use real-world analytics solutions to design more precise patient programs based on the requirements of unique patient segments. By using the platform, pharmaceutical companies can measure the impact of their patient programs across all modes of engagement (both in-person and digital) to refine program effectiveness for each segment in terms of patient volumes and long term cost and outcome projections.

- Project provider network capacity (urban v. rural) by type of provider

Leveraging the capabilities of the Accenture [redacted] and its existing data sets described above, Accenture has developed [redacted] as depicted in the Figure 6 below. Data in the [redacted]

Accenture also has the ability to look at [redacted] The national view of top children's hospitals depicted in Figure 7 can be [redacted] can be adjusted as needed to consider the patient type in question.

- Project economic impact using [redacted]

Figure 8: Accenture Research provides ready access to economic impact research

- (for 1332) Project impacts to premiums and risk profile

Oliver Wyman has experience analyzing impacts to premiums and risk profile. For this project, Oliver Wyman would use our micro-simulation model to model the impact of the 1332 Waiver options. This process involves the following steps:

1. Use a carrier data call to establish a historical baseline for the markets
2. Gather the information necessary to undertake the modeling (e.g., premiums by market, federal and state income tax rates, and Medicaid eligibility criteria)
3. Populate the model with households, or "health insurance units" (HIUs), using ACS and CPS data
4. Calibrate the model to reproduce the historical baseline
5. Model the future baseline (i.e., without a waiver)
6. Introduce the waiver and solve for an equilibrium premium

7. Report the results.

Because Oliver Wyman uses a seriatim based model, we can report data at a very granular level, e.g. by age, and income, gender, family size, etc.

- Governance structure recommendations

In its work for state clients, HMA has assessed and recommended administrative and operational structures appropriate to planned reforms. Under a project for the Oregon Health Authority, for each assessed state health system program change, HMA evaluated the appropriate governance for large scale program changes, along with other relevant structural considerations, evaluated the feasibility of implementation, start up and administrative costs, and appraised considerations related to the legislature and stakeholder influence. We also identified federal laws that could impede or support implementation, including waiver authorities that would be required. HMA provided Oklahoma and New Hampshire with assistance regarding the organizational structure for a proposed reinsurance program to be established under Section 1332 waiver authority.

PHASE THREE: Develop Section 1115 and 1332 Waiver

In each of the examples listed in section 2.1.1 (State Experience), our team led or supported efforts to develop, submit, and negotiate 1115 and 1332 waivers. These engagements ran the gamut of services the states required, with our team intimately involved in discussions with CMS and working alongside our state colleagues in every aspect of waiver design. Below are some additional highlights from our various recent engagements.

- Produce Section 1115 and/or 1332 waiver draft

In 2016, HMA was engaged by the California Health Benefit Exchange to develop a Section 1332 waiver application for the state and to manage the waiver application development process. HMA provided these services and the waiver was submitted to CMS in mid-2016. It was subsequently withdrawn by California when the state determined the new administration was unlikely to approve its waiver.

Oliver Wyman is one of the most experienced firms in the nation at providing actuarial, economic, and policy analyses to states in support of Section 1332 Waivers. Of the eight Section 1332 Waivers that have been approved to date, Oliver Wyman performed the actuarial and economic analysis included in three of them. Oliver Wyman supported the States of Hawai'i and Alaska in preparing their Section 1332 Waiver applications, the first two waivers in the nation to be approved by CMS and Treasury. In addition, we also completed the actuarial and economic modeling and prepared actuarial reports in support of Section 1332 Waiver applications for the States of New Jersey, Ohio and Louisiana.

- Complete public comment period

HMA has facilitated public comment periods for Iowa, Indiana and Kentucky Section 1115 waiver submissions. This included preparing the public and tribal notice documents in compliance with all applicable federal requirements and receiving, inventorying and summarizing all public comments for the final waiver submission. Additionally, in response to comments received, our team developed options for policy design updates for state review and consideration. We remain engaged in this work in Indiana and Iowa, facilitating the public comment process for their Section 1115 waiver extensions currently in the state's public comment period. Where Tribal Consultation was required, HMA supported the states in all the necessary components of these engagements and helped ensure the state complied with the related requirements.

2.1.3 GEORGIA-BASED STAFF

(Statement of Need II.C)

Requirement	Does Georgia Patients First Team Meet or Exceed Requirement?
Are key staff based in Georgia who will perform services under this engagement? If so, which city? If not, where are they based?	✓

The Georgia Patients First Team understands the importance of bringing Georgia resources to work on this important project. We have sought to provide a team comprised of staff who have an intimate knowledge of all parts of Georgia, so the waiver options developed consider the needs of both rural and urban communities.

Staff Name	Lives In	Other Georgia Ties
Rob Friess, Engagement Lead	Kennesaw	
Chris Young, Co-Project Manager	Marietta	From Fitzgerald; BS, Georgia Tech; JD, University of Georgia
Kathy Ryland, Co-Project Manager	Tyrone	
Chip Cantrell, Project Team	Atlanta	
Rick Thompson, Project Team	Suwanee	
Janki Vashi, Project Team	Atlanta	MPH, Emory
Sara Voss, Project Team	Brookhaven	MPH, Emory
Jillian Stevens, Project Team	Atlanta	MPP, Georgia Tech

2.1.4 KEY STAFF AVAILABILITY

(Statement of Need II.D)

Requirement	Does Georgia Patients First Team Meet or Exceed Requirement?
Are key staff immediately available to perform the services sought under this engagement?	✓

Yes. All proposed staff (including key staff) are immediately available to perform the services sought under this engagement.

Staff Name	Key Staff	Immediately Available?
The Entire Team	✓	Yes

2.1.5 CURRENT PROJECTS

(Statement of Need II.E)

Requirement	Does Georgia Patients First Team Meet or Exceed Requirement?
Is your firm presently assisting with waiver implementation in any state? If so, which state?	✓
Justification	

Yes. Accenture, HMA, and Oliver Wyman are assisting with waiver implementations in the following states:

State	Team Member
Indiana Section 1115 Waiver	HMA
Iowa Section 1115 Waiver	HMA
Kentucky Section 1115 Waiver	HMA
Texas Section 1115 Waiver	HMA
North Carolina 1115 Waiver	Accenture

HMA continues to work with several states on waiver implementation, including Indiana and Iowa. Details around the type of work we are currently doing to support the waiver in each state is detailed below.

Indiana Section 1115 Waiver

HMA continues to support Indiana's Family and Social Services Administration (FSSA) by performing the following tasks:

1. **Project Management:** General project management tasks.
2. **Waiver Evaluation and Monitoring:** Ensuring accuracy of HIP 2.0 reports, assisting HIP 2.0 third-party evaluators in obtaining and interpreting the data for each report, summarizing reports and developing talking points for FSSA leadership, responding to media inquiries and reports.
3. **Member Account Reconciliation and Rollover:** Completing the rollover calculation for eligible members and continue to update this manually, as needed, until system enhancement complete; developing and summarizing HIP rollover documents. We assist in development of a member account reconciliation audit process to track MCE and DXC performance.
4. **Develop Program Materials:** Assisting with changes to program content for handbooks, manuals, and other communications, as needed.

5. **Alternative Benefit Plan Subject Matter Experience:** Providing support as needed on alternative benefit plan updates, review, and analysis as applicable.
6. **Policy Workgroups:** Preparing workgroup materials including but not limited to PowerPoint presentations, etc., managing workgroup schedules, and distributing materials.
7. **Requirement Sessions:** Facilitating high-level requirements meetings by developing and distributing session materials, scheduling meetings, and recording and sharing meeting minutes.
8. **Waiver Negotiations:** Developing special terms and conditions language, as needed and supporting the state on CMS calls and waiver negotiations.
9. **Future Program Changes:** Drafting waiver amendments as needed, drafting public and tribal notices, reviewing and summarizing public comments, updating waiver documents to reflect comments received and state response as applicable.
10. **Implementing Waiver Changes:** Supporting substance use disorder program (one component of the broader waiver approval) planning and development.
11. **Ad hoc Consulting as Requested by Medicaid Division Directors:** Researching and drafting policy summaries; providing meeting support for internal and external policy discussions; and analyzing new or changing federal regulatory requirements.

Iowa Section 1115 Waiver

HMA continues to support the Department of Health and Human Services (DHS) by performing the following tasks:

1. **Compliance:** Providing technical assistance for Medicaid program changes and policy services to ensure federal compliance.

2. **Innovation:** Providing supportive services to develop new Medicaid and CHIP programming. Our scope of work includes presenting Iowa Medicaid with policy options and draft work plans to guide the state's implementation of program changes. We also research and identify national best practices for state leadership consideration.
3. **Waiver Document Drafting and Negotiations:** Drafting initial waiver requests, extensions and amendments for a variety of agency initiatives; developing all required waiver and state plan amendment (SPA) documentation; and providing technical assistance to secure federal approval.
4. **Subject Matter Experience:** Providing subject matter experience on a variety of policy topics at the request of the Medicaid agency; providing feedback on federally-required reporting; and serving as a technical resource as the Medicaid agency seeks CMS approval on a variety of SPAs.

Kentucky Section 1115 Waiver

HMA also has an ongoing contract with Kentucky. HMA will continue to serve as a policy and operational resource to the Medicaid agency as the state identifies a path forward following the unfavorable court ruling that invalidated their CMS-approved Section 1115 waiver.

Texas Section 1115 Waiver

HMA was engaged to assist the state Medicaid office in the development of its §1115 transformation waiver in 2011 and continued to assist the state through 2018 with overarching policy decisions, strategy

discussions with key state stakeholders, reporting capabilities, and negotiations with CMS on the approval of the waiver. HMA also assisted in the planning of the annual statewide learning collaborative summit with over 500 participants. HMA remains on a master preferred contractor list with the State of Texas for future engagements related to the State's 1115 waiver.

North Carolina Section 1115 Waiver

Accenture has partnered with the State of North Carolina to help them realize their vision and goals outlined in their approved Section 1115 waiver and transform the way North Carolina delivers care to their Medicaid population. To better integrate behavioral health services, physical health services, and pharmacy benefits, Accenture is supporting North Carolina in driving detailed requirement design, establishing an operational and organization infrastructure, and procuring vendors aimed at developing and overseeing the Advanced Medical Home model to serve the highest need individuals. Accenture understands North Carolina's NC FAST and NC TRACKS (Medicaid Management Information Systems) infrastructure and is supporting the redesign, implementation, and testing of these systems to support the transition to Managed Care.

Accenture is consulting with North Carolina to develop their contracting and procurement strategy for the Managed Care Organization (MCO) or Prepaid Health Plan contracts, including assisting North Carolina in streamlining CMS' review and approval of the MCO Contracts. Accenture is also assisting North Carolina with procuring a Member Ombudsman entity, that provides a "no-wrong-door" mode of outreach for Medicaid members seeking assistance with Managed Care. North Carolina seeks to put in place a strong culture and process of oversight to ensure fiscal responsibility over federal dollars. Accenture is consulting North Carolina in how to develop operational oversight playbooks as well as procure an External Quality Review Organization responsible for program integrity. Accenture is developing a communication plan to improve member, provider, and other divisional stakeholder communications and train the Medicaid workforce landscape on how to better serve Managed Care beneficiaries.

2.1.6 REFERENCES

(Statement of Need II.F)

Requirement	Does Georgia Patients First Team Meet or Exceed Requirement?
Will your firm provide references specific to the type of work sought under this engagement?	✓

Yes. The following are references aligned to each phase of work identified in the Statement of Need:

Reference	Company	Phase 1	Phase 2	Phase 3
[redacted]	Accenture	✓	✓	
[redacted]	Accenture	✓	✓	
[redacted]	HMA		✓	✓
[redacted]	HMA		✓	✓
[redacted]	HMA		✓	✓

2.1.7 USE OF SUBCONTRACTORS

(Statement of Need II.G)

Requirement	Does Georgia Patients First Team Meet or Exceed Requirement?
Does your firm intend to utilize internal staff and resources for completion of this engagement, or do you intend to utilize subcontractors for components of the work? If the firm intends to subcontract with external parties, identify the parties, provide your justification for subcontracting with the party, and identify what functions the subcontractor is expected to perform under the engagement.	✓

Yes, our team will be supplemented with two subcontractors as follows:

Health Management Associates (HMA)

Accenture selected HMA based on HMA's extensive experience with and knowledge of:

- Medicaid, including the development and implementation of waivers, state-level program administration and operations and CMS requirements and flexibilities
- The Affordable Care Act, including Section 1332 Waivers (statute, regulations and policy), CMS and Treasury requirements and flexibilities (including recent federal guidance intended to support states seeking waiver authority)
- Georgia-specific program knowledge, including experience with the state's Medicaid program and deep understanding of the political and cultural factors at play

HMA has staff who have held leadership positions at the state and national level on the Medicaid program and who have helped states innovate, developing and implementing programs that meet the states' priorities and needs.

HMA's scope of responsibilities will include:

- Contributing to National Waiver Scan and associated Summary Report deliverable
- Assisting with identification and evaluation of waiver options and development of Waiver Options Reports deliverable
- Drafting and finalizing waiver applications and contributing to the development of Draft Waivers and Formal Section 1115 and 1332 Waiver Applications deliverable

Oliver Wyman

- Actuarial analysis in support of Section 1332 waiver option evaluation and final Section 1332 waiver development

2.1.8 MEETING AVAILABILITY

(Statement of Need II.H)

Requirement	Does Georgia Patients First Team Meet or Exceed Requirement?
Are key staff, as identified by the state, willing to participate in meetings, conference calls and videoconference meetings utilizing Skype on an as needed basis as determined by the Department within reasonable working hours and as necessary on weekends?	✓

Yes. Key staff, as identified by the state, will be willing to participate in meetings, conference calls and videoconference meetings utilizing Skype on an as needed basis as determined by the Department within reasonable working hours and as necessary on weekends.

2.2 STATE CREDENTIALS

An overview of one or more states in which the offeror has been engaged that has resulted in the state's Section 1115 and/or 1332 Waiver request by the federal government. Offerors must have actual experience assisting one or more states that have received approval for a Section 1115 or a Section 1332 Waiver.

(Statement of Need I.B)

HMA has extensive experience working with state Medicaid programs and state health transformation initiatives across the country. As detailed in Section 2.1.1 of this response, we have assisted more than 20 states with state plan amendments, waivers, and other demonstration projects. For over two decades, our team has assisted states as they develop and implement innovative Section 1115 and 1332 waiver demonstrations, from initial program design through the drafting, public comment, and CMS negotiation and approval stages. We have helped states design unique programs to address unique state challenges, including the first waiver to include member accounts, the first waiver to include community engagement (work requirements), one of the first to include a comprehensive delivery system reform incentive payment (DSRIP) program, and several of the earliest alternative Medicaid expansions.

We also support states through implementation, program monitoring, and evaluation. We have experience with a variety of Section 1115 waiver initiatives such as Institutes for Mental Disease waivers, substance use disorder, managed care, long-term services and supports, value-based payment, delivery system reform incentive payment (DSRIP), alternative Medicaid expansion models, and community engagement. We have also worked closely with several states to analyze and design Section 1332 waivers; and have helped one of those states through the Section 1332 waiver submission process (the submission was later withdrawn due to a change in federal administration). A sample of the states and agencies with which we have worked to successfully submit a waiver are listed below.

Our team has a long record of helping states apply for innovative waivers as depicted in Figure 9.

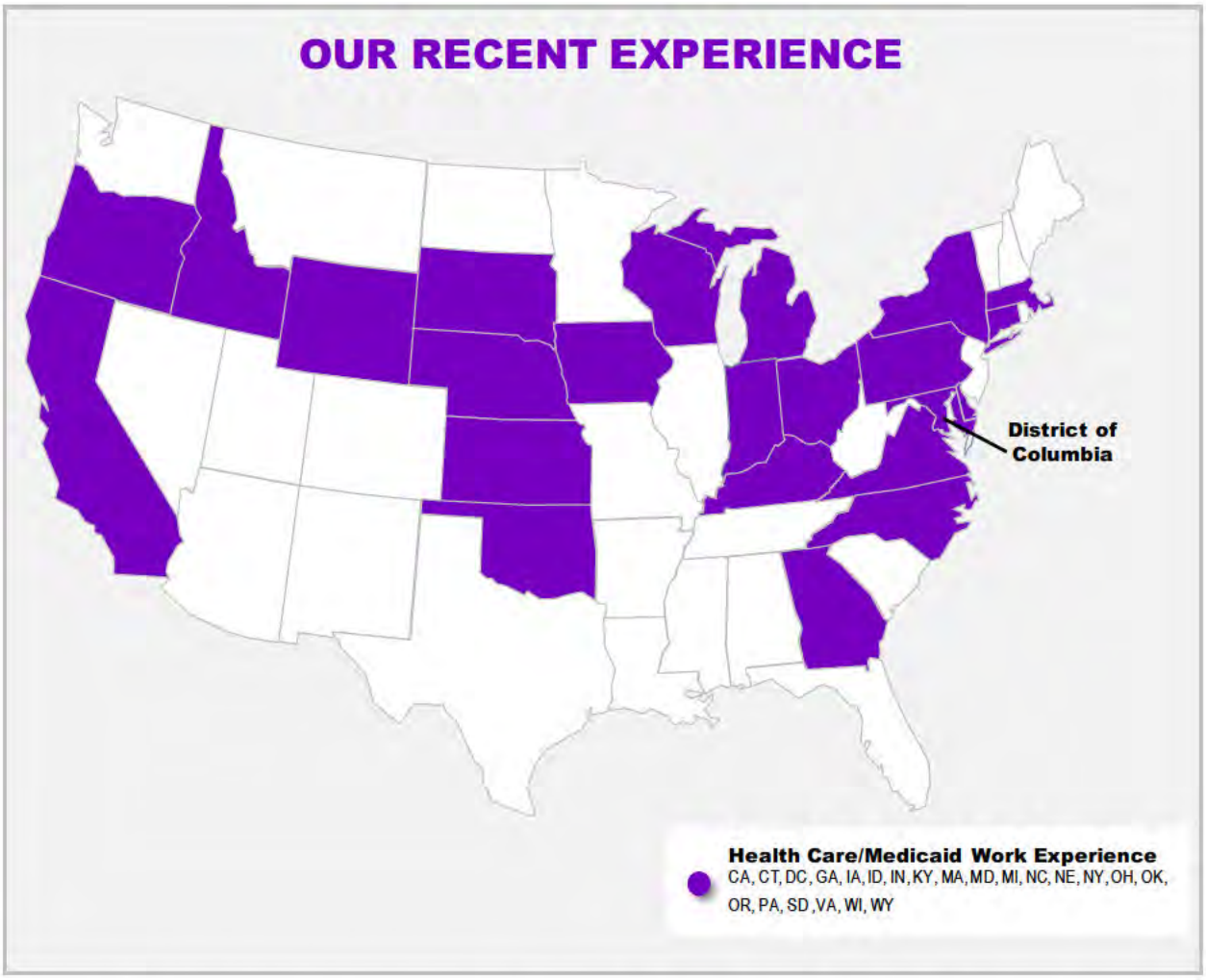


Figure 9: Our team has extensive, recent experience helping states with big reforms—particularly in Section 1115 or 1332 waivers

2.2.1 SECTION 1115 WAIVERS

Indiana

HMA has assisted Indiana's Medicaid program in policy development, implementation efforts, and operational support for more than ten years. Members of the current HMA team worked with the state to design and implement the original Healthy Indiana Plan (HIP) Section 1115 demonstration, approved by the Centers for Medicare and Medicaid Services (CMS) in 2008. This waiver offered expanded coverage to certain low-income adults and introduced commercial market concepts like a monthly contribution, a member account, and different benefit packages. HMA staff was also instrumental in waiver drafting, negotiation, and subsequent expansion of that program in January 2015, the extension request and amendment filed two years later, and additional amendments filed on May 2017 and May 2019. These changes removed enrollment caps and annual and lifetime cost limits to align with Affordable Care Act regulations. Our team has also researched and presented additional policy options, several of which the state adopted, including commercial and outcome-focused policies like community engagement/work

requirements and a tobacco surcharge to encourage tobacco cessation. HMA also led efforts to identify program requirements, systems, and business process changes required to implement HIP.

HMA continues to support Indiana's Medicaid agency with project management, program evaluation and monitoring, member account reconciliation and rollover processes and documentation, developing program materials, reviewing the benefits package for necessary updates, lead policy workgroups, support waiver negotiations, draft waiver amendments as needed, and support Medicaid agency planning and program changes, including research and policy summaries.

Iowa

HMA has a longstanding history of working with the Iowa Medicaid agency to submit and secure federal waiver approval. We have drafted initial waiver requests (including two Section 1115 waiver demonstrations), extensions and amendments for a variety of initiatives for the Medicaid agency since 2013. One waiver introduced an innovative cost sharing structure to incentivize preventive care utilization, and another waiver introduced statewide managed care. We presented policy options, best practices, and recommendations to state executive leadership to facilitate program design element selection. We also assessed existing state Medicaid programing and nationwide best practices and federal and state law and regulations and placed the findings in the context of state goals and federal requirements. We used a decision-making template that covered the range of policy and operational considerations, and tracked current state practice, federal requirements, options, implications of each option, and data on nationwide best practices. HMA staff identified waiver development and submission strategies and drafted all CMS required documents, including development or amendment of other waivers and state plan amendments. We guided the public and tribal notice processes and summarized public comments prior to CMS submission. HMA also assisted the state in navigating the federal approval process for these authorities, including supporting the state during a four-day CMS onsite readiness review, responding to several informal and formal requests for additional information from CMS, and reviewing and drafting edits to waiver special terms and conditions (STCs).

HMA staff continues to provide guidance on the required federal authorities for new and ongoing Medicaid initiatives, including drafting extensions for the §1115 demonstration and waiver amendments to address policy modifications. Additionally, we have served as subject matter advisors on various policy topics, provided feedback on required reporting, and have been a technical resource for the Medicaid agency while it was seeking CMS approval for state plan amendments.

Kentucky

HMA has been the waiver policy consultant for Kentucky since 2016, where we supported the state in developing and submitting a unique and innovative waiver with elements never-before-approved for a Medicaid population. We developed a series of policy options and worked with the state to design its alternative Medicaid expansion program. HMA also helped develop the §1115 demonstration waiver, providing guidance and support like developing an inventory of items that required the state to make a policy decision, facilitating state decision-making, drafting the waiver, and coordinating with the state's actuaries to develop cost effectiveness and budget neutrality components. HMA staff also provided technical support to the Medicaid agency through the CMS waiver negotiation process by developing a negotiation strategy, drafting responses to CMS waiver questions, and reviewing and responding to draft STCs.

HMA also provided technical assistance on federal authority, including an analysis of technical changes required to align the Section 1115 waiver with other state waivers and state plan amendments. We also worked closely with the state's systems vendors to ensure technical solutions matched the policy intentions, we drafted the administrative regulations outlining waiver policies, and we have reviewed and developed member, provider, and other stakeholder communications materials. We continue to serve as policy advisors, based on the state's needs.

Texas

As the primary contractor, HMA helped the state consider policy options, facilitated strategy discussions with key state stakeholders, addressed reporting capabilities, and facilitated negotiations with CMS to ensure the initial approval of one of the first Section 1115 waivers to include a delivery system reform incentive payment (DSRIP) (2011). HMA helped the state review and select the DSRIP projects, plan annual statewide learning collaborative summits with over 500 participants, and host multiple statewide webinars for providers, anchors and stakeholders. HMA supported the waiver extension process by attending all stakeholder public meetings and developing a comprehensive report summarizing stakeholders' comments on the proposed renewal. Most recently, HMA completed a comprehensive, highly technical study of Texas' uncompensated care (UC) financing programs, which was required by CMS as a condition of the waiver extension. The study included a discussion of how the DSRIP and UC pools interact with the state Medicaid shortfall and uncompensated care funding, and the potential impact of funding reductions on hospitals, state residents, and other local health care providers and public health systems who serve the uninsured.

Illinois

HMA helped develop a comprehensive Section 1115 waiver, providing subject matter experience to develop and implement the state's proposed Section 1115 waiver application, specifically related to the consolidation of the state's nine (9) home and community-based services waivers and the development of the behavioral health services expansion as well as the identification and presentation of costs-not-otherwise-matchable, designated state health programs, and delivery system reform incentive payment (DSRIP) requests to CMS. HMA's work on this project included coordination of a broad stakeholder engagement effort, research and analysis of other state waiver components as well as ideas and recommendations from stakeholders, working with multiple state agencies and stakeholders to develop a framework for consolidating the state's nine 1915 waivers under a single Section 1115 waiver; drafting and finalizing the waiver concept paper and final waiver proposal; development of budget neutrality model; identification of potential Designated State Health Programs (DSHP); and participation in calls with CMS.

HMA has also helped the state obtain a county-specific waiver to expand coverage to low-income adults before Medicaid expansion was officially implemented in 2014. We facilitated initial waiver design decision-making, including leading state policy design sessions to develop the waiver concept. We also drafted the initial concept paper and the initial waiver; and we helped the state draft and receive its extension request. We were actively involved in CMS negotiations with both the County and the State of Illinois and provided ongoing policy support to ensure federal compliance. We helped develop rates and address cost neutrality issues on both the front end and during reconciliation. After the approval, we continued providing ad hoc policy impact analysis to support review of proposed policy changes and any applicable required amendments.

Colorado

As the primary contractor, HMA provided consulting and technical assistance to assist Colorado Medicaid develop payment and program designs that complement and support the SIM/SHIP and provide a framework for the state to pilot test selected Medicaid payment and delivery system reforms. Services included assisting the Department in the development and submission of a Section 1115 waiver that preserves existing Upper Payment Limit (UPL) funds and allowed for the expansion of Medicaid managed care. HMA prepared two main deliverables: a modeling tool for estimating impacts of moving eligibles into and out of capitated arrangements allowing determination of the potential impacts on UPL, and a final set of recommendations.

2.2.2 SECTION 1332 WAIVERS

No consulting team brings deeper experience working with states to develop 1332 waivers Georgia Patients First Team. Collectively, we have worked with more states than any other firm to develop successful 1332 waivers and to develop and model innovative approaches that represent the next wave of 1332 waivers.

Oliver Wyman is one of the most experienced firms in the nation at providing actuarial, economic, and policy analyses to states in support of Section 1332 Waivers. Of the eight Section 1332 Waivers that have been approved to date, Oliver Wyman performed the actuarial and economic analysis supporting three of them. Oliver Wyman supported the States of Hawai'i and Alaska in preparing their Section 1332 Waiver applications, the first two waivers in the nation to be approved by CMS and Treasury. In addition, Oliver Wyman also completed the actuarial and economic modeling and prepared actuarial reports in support of Section 1332 Waiver applications for the States of New Jersey, Ohio and Louisiana.[1] The Section 1332 Waiver applications in Alaska, New Jersey and Louisiana were to establish reinsurance programs, with Alaska's program being an invisible high-risk pool, while the programs in New Jersey and Louisiana were parameter-based reinsurance programs, similar to the transitional reinsurance program that was in place in the Individual market from 2014 – 2016.

In addition, Oliver Wyman is supporting several other states that are in various stages of exploring a Section 1332 Waiver. We are currently modeling or have recently modeled the impact of various potential waiver options for the states of Delaware, Hawai'i, Tennessee, Pennsylvania, and Virginia. Each of these projects has or will include actuarial and economic modeling, including a calculation of potential pass-through funding to the state and a demonstration that the required guardrails are met.

In addition to waivers focused on reinsurance, we have performed actuarial modeling to assess the feasibility of various other potential waivers. Some of the options we have modeled for states over the past two years include but are not limited to eliminating the individual and/or employer mandate, alternate subsidized premium structures, expanding premium subsidies beyond 400% FPL, the impact of waiting periods or late enrollment

HMA was engaged by Covered California, the state's health insurance exchange, to assist with the development of the Section 1332 State Innovation waiver application to the US Department of Health and Human Services. During this engagement, HMA coordinated with other entities supporting Covered California, including the UC Berkeley Center for Labor Research and Education and the University of California Los Angeles to compile and present analyses and required information in the Section 1332 waiver application. HMA developed the content included in the application and developed the presentation of analyses provided by other entities. We also provided advice and consulting services

related to the presentation of information and the coordination with the federal government around the approval process. To support the requirement for Tribal Consultation, HMA presented the state's Section 1332 waiver proposal to Native American stakeholders at a Covered California Tribal Consultation meeting and on a webinar for California Tribes. In addition to the above, HMA drafted California's proposed Section 1332 waiver and managed the development process.

To date, only a limited number of Section 1332 waivers have been submitted, and even fewer have been approved. In addition to working with California to submit a completed Section 1332 waiver application, HMA has worked with several other states to develop the concept for a potential Section 1332 waiver request.

- **Oklahoma:** HMA was hired to develop a draft Section 1332 concept for further consideration. The team facilitated task force meetings, provided subject matter and analytic support, and completed ad hoc consultation requests related to various Marketplace issues, including current authorities in the ACA, the impact of proposed changes under a potential Section 1332 waiver, and analysis of operational implications of various program approaches. The final report summarized the stakeholder engagement and analysis and was intended to inform the development of a series of Section 1332 waiver applications.
- **New Hampshire:** HMA was hired to develop a reinsurance-focused 1332 waiver. At the time the state enrolled much of its expansion Medicaid population in Qualified Health Plans on the marketplace and asked us to help them think through the implications of reinsurance in Medicaid and help develop a waiver to make this happen. We were also engaged to support state negotiations with CMS. The project ended when the legislative board overseeing the 1332 development process decided not to authorize funding for the state's portion of the reinsurance program.

HMA has also been engaged by states to gain a better understanding of 1332 waivers and how they might impact different populations and the health insurance market overall. HMA has helped states consider design and develop waiver options, assessing and providing guidance related to reinsurance waivers, high risk pool or risk stratification waiver strategies, exchange alternatives, federal exchange phase-out, and realignment and redistribution of subsidies to smooth out coverage cliffs between Medicaid and the individual market. We developed options to align Medicaid Section 1115 and 1332 waivers, including strategies to align benefits, cost-sharing, health reimbursement account options, plan options, and healthy behavior initiatives to promote seamless coverage options and transitions regardless of income. Ultimately, the state opted not to pursue the options due to federal regulatory restrictions and limits on available funding.

2.3 SUBJECT MATTER EXPERTISE

A detailed description of the subject matter expertise the offeror proposes to dedicate to this engagement, including but not limited to:

(Statement of Need I.C)

We have proposed a highly qualified team that brings a combined set of personal experiences that span the subject matter areas included in the Statement of Need. This team is backed by three organizations that bring complimentary client experiences from which the Georgia Patients First Team can draw.

Figure 10 below provides a summary of the span of experience of our proposed team members. These individual experiences are further elaborated on in Section 5.0 General Staffing Plan. Appendix 1: Resumes provides detailed resumes for each proposed resource.

Team Member	Medicaid Program Experience	ACA Experience	Private Sector Health Insurance Market	Section 1115 Approval Processes	Section 1332 Approval Processes	Healthcare Delivery Systems	Federal Healthcare Priorities	Experience Engaging Federal Officials
Phil Poley	✓	✓	✓			✓	✓	✓
Kristin Thorne	✓	✓	✓	✓		✓	✓	✓
Kathy Ryland	✓	✓		✓		✓	✓	✓
Chip Cantrell	✓	✓		✓				✓
Kaitlyn Feiock	✓	✓	✓	✓	✓		✓	✓
Stephanie Bauman	✓	✓		✓		✓	✓	✓
Lora Saunders	✓	✓		✓			✓	✓
Nora Leibowitz	✓	✓	✓	✓	✓	✓	✓	✓
Tammy Tomczyk		✓	✓		✓	✓	✓	✓

Figure 10: The experience of the Georgia Patients First Team brings the State unparalleled experience across all domains necessary for waiver success

2.3.1 MEDICAID EXPERIENCE

Federal and state law, rules, regulations, guidance and related policies to the Medicaid program in general, as well as opportunities to leverage Social Security Act Waiver authorities to advance policy and budget priorities identified by the State of Georgia.

(Statement of Need I.C.1)

Our proposed team combines unparalleled knowledge of applicable federal laws, regulations, sub-regulatory guidance related to the Medicaid program combined with a deep understanding of the Georgia Medicaid program, its governing statutes and regulations. Equally important to this project, the team has recent, first-hand experience negotiating innovative Medicaid policy and program changes with CMS. We understand the policy areas where there is clear precedent, those where there is clear opportunity to establish new precedent, and those that remain untested. This experience is critical for developing and evaluating multiple waiver options that advance the state's budget and policy priorities within a demonstration that CMS will approve.

Monitoring, evaluating, and helping clients understand the federal Medicaid landscape is a defining part of our service offerings. Our team has significant experience in all facets of Medicaid policy, including interpretation and analysis of regulations, federal sub-regulatory guidance and CMS program clarifications impacting Section 1115 waivers. For example, our team has recently completed timely, in-depth analyses of the new CMS monitoring and evaluation guidance, revisions to the Medicaid managed care regulations, and the CMS proposed rule on interoperability, among others. In each of these cases, we worked closely with our clients to analyze and detail the specific impacts of these actions on their specific strategies, priorities, and operations.

To monitor pending guidance on a real-time basis, our team utilizes HMA's proprietary Federal Policy Monitoring and Waiver Analysis Tool as well as a national subscription database. We use these tools to identify and track federal legislation, regulations, and guidance with potential policy impacts. We review daily email subscriptions from a variety of stakeholders, agencies, committees and congressional leadership to identify new pending legislation and regulations, guidance, reports and presentations. This research is enhanced by our access to a digital state and federal legislative tracking tool that follows legislative actions, executive orders, ballot measures, and resolutions in every state, the District of Columbia, and the federal government.

Accenture brings real-world experience in implementing and operating Medicaid eligibility systems across the country. We have run the Texas Medicaid system for 14 years – the 3rd largest system in the nation. During our time supporting Texas, we have helped the State drive significant technical and business improvements. Additional information on this project is provided in Section 2.3.5.

As one of the few system integrators who has a zero-failure track record of complex human services delivery, we have provided answers regarding how best to be successful in your project with facts, stories and practices that have been proven with our clients across the country on similar initiatives. Below is a brief overview of several Accenture integrated eligibility projects that encompass Medicaid eligibility components.

California LEADER Replacement System (LRS)

Dates: 2012 - Present

With 14,000 employees, Los Angeles County's Department of Public Social Services (DPSS) is the second largest local social services agency in the country. DPSS currently provides benefits and services to more than 3.5 million individuals, including nutrition assistance via CalFresh benefits (SNAP), cash assistance via CalWORKS (TANF) and General Relief programs, access to Medi-Cal (Medicaid) and other health care plans offered under the Affordable Care Act (ACA), and employment services and supportive services via welfare-to-work programs. Accenture used our national and local eligibility skills and experience on the LRS project to deliver the system on time and on budget. LRS is used by 10,000 daily users to issue $3.5 billion annual benefits to the County's neediest residents.

California Automated Consortium Eligibility System (CalACES), Consortium-IV (C-IV) Project

Dates: 2001 - Present

The CalACES Consortium is one of two consortia within the overall California SAWS and is a Joint Powers Authority comprised of 40 member counties. The C-IV Consortium contracted with Accenture to design, develop, then implement, maintain and operate the system for 4-member counties originally and then extended the project to include an additional 35-member counties. The project consisted of a multi-phase roll-out and implementation that included training 13,000 system users and currently serves over 4.8 million persons (approximately 30% of the California caseload). Accenture delivered the following services: project management; design, development, and testing; infrastructure design and deployment; configuration management; data conversion; change management and end-user training; implementation; and maintenance and operations (M&O).

Kansas Eligibility Enforcement System (KEES)

Dates: 2011 - Present

The State engaged Accenture to deliver the KEES which now serves over 400,000 Kansans annually and administers the full suite of human service programs, including Food Assistance (SNAP), TANF, Child Care, Employment Services, Food Assistance Employment and Training (FAET and GOALS), Low Income Energy Assistance Program (LIEAP) in September 2018, Automated IV-E Eligibility, and medical assistance programs including Medicaid (MAGI, E&D, and LTC), CHIP, KanCare, AIDS Drug Assistance Program (ADAP), and several State-funded programs. Accenture built KEES using the proprietary Accenture Human Services Suite (AHSS). The web-based online application allows customers to collect application data and see their application in an online portal. The case management tool, based on ABMS, provides a comprehensive, single tool for eligibility and allows caseworkers to collect, assess, request, and execute eligibility determinations for the above programs.

Ohio Integrated Eligibility System (Ohio Benefits)

Dates: 2013 - Present

The purpose of the Ohio Integrated Eligibility System (IES) Project was to provide the State of Ohio customers and personnel with an Internet-based system for determining eligibility, issuing benefits, collecting data, and developing reports. The Ohio Department of Job and Family Services (ODJFS) and the Ohio Department of Medicaid (ODM) provide a variety of financial and supportive services to low-income families and individuals. Accenture worked the State to develop a solution that integrated both ODJFS and ODM policy rules and guidance, with each county that administered public assistance programs in their own operation.

Iowa Eligibility Integrated Application Solution (ELIAS)

Dates: 2012 - Present

The State of Iowa selected Accenture to configure and customize the Accenture Citizen Self Service Portal (ACSSP) and Accenture Benefits Management System (ABMS) components of the Accenture Human Services Suite (AHSS) to modernize and replace the agency's legacy eligibility system. Accenture has worked with Iowa DHS to dramatically restructure how eligibility is processed to meet new requirements and volume in accordance with the 7 standards and conditions of the ACA.

North Carolina Integrated Eligibility (NC FAST)

Dates: 2010 - Present

Accenture has provided support for completed implementations covering Global Case Management and Food and Nutrition Services, Medicaid, TANF/Work First, Refugee Assistance, Special Assistance, the Affordable Care Act (MAGI), Child Care Subsidy, Crisis Intervention (CIP), and Low-Income Energy Assistance (LIEAP). Accenture is also currently supporting the implementation of the next phase of the NC FAST Program including Child Services, Enterprise Program Integrity and Document Management. Accenture has supported NC Department of Health and Human Services (DHHS) in realizing the multiple benefits.

Additional Ways Accenture Builds Skills in the Medicaid Program

Accenture uses the following methods to stay abreast of current developments in the Medicaid program:

- Policy Support Contract – For more than 10 years, Accenture has contracted with a national law and policy firm, to help us keep up with state and federal health policy developments. This support, which is delivered by former state and federal officials, provides analysis of proposed and final rules, implications of major court cases, access to proprietary surveys, data sets and research. In addition, the contract gives us the flexibility to commission special studies and analysis on key topics such as Social Determinants of Health, Medicaid Managed Care trends and evolutions in health insurance exchange. Under this contract, Accenture practitioners obtain access to regular and ad hoc policy briefs, data assets and a recurring call with these national law and policy experts that summarizes key trends and their implications for Accenture clients and practitioners.
- [redacted]
- **Distance Learning** – Accenture has a robust Learning Management System (LMS) that contains courses topics ranging from Health Care, Medicaid, and Integrated Eligibility that

we use to help ramp up our newer resources. Our current list of courses that include Medicaid related topics are: Integrated Eligibility Benefits Program Overview, Medicaid Overview, Public Health Overview, Health Fundamentals, Healthcare Ecosystem Overview, And Accenture Health Industry Overview. These WBTs allow for resources to learn at their own pace, while researching topics of particular interest. These courses are supplemented by tailored face-to-face training that takes place at each client site.

- **Instructor Led Materials** - Accenture also has materials used to support classroom training for Medicaid Edibility as well. These materials can be used to facilitate classroom training or used as self-study materials.
- **Shadow Activities** – Accenture has found job shadowing to be the most valuable way to ramp up new resources on Medicaid Policy and Eligibility Determination concepts. This simply involves investing in new resources by sending them to get hands on experience with more senior eligibility experts and begin to interact directly with the client.
- **Project Shareable Documentation** – Accenture also has specific documentation developed over multiple years of delivery experience. These documents may be project specific, or cross-project, but have been collected and stored in a repository of helpful documents. Many of these address complex topics such as: Notice of Action, Eligibility Determination, Aid Category, Long Term Care (LTC) processing, and Budgeting.
- **Policy Manuals** – Finally, Accenture encourages our staff to read policy manuals online and discuss question with their respective Subject Matter Advisors.

2.3.2 ACA EXPERIENCE

Federal and state law, rules, regulations, guidance and related policies pertaining to the Patient Protection and Affordable Care Act (ACA)

(Statement of Need I.C.2)

Our team brings a thorough understanding of the Patient Protection and Affordable Care Act (ACA), its implementing regulations and guidance under the departments of Treasury (IRS), Labor and Health and Human Services (CMS), and the opportunities afforded by the ACA for policy design and innovation. This includes, but is not limited to:

- CMS regulations and guidance on essential health benefits, health insurance market reforms, MLR, patient protections, premium stabilization, and state innovations;
- IRS guidance and regulations on tax provisions for individuals and employers, as well as miscellaneous provisions such as changes to requirements for tax-exempt hospitals; and
- Labor regulations and guidance on employer reporting requirements, the employer mandate and employer shared responsibility provisions.

We are prepared to help Georgia consider ACA implications in the design of waiver options. Because our experience includes working with clients across a variety of service delivery models, we have extensive understanding of these health care imperatives. This experience benefits Georgia in the following ways:

- **Impacts of Service for New Populations** – Georgia may face the challenge of serving a much larger Medicaid population in the near future. We understand how increased automation and self-service capabilities can help to minimize the DCH workload impact.

- **System Integration Impacts** – New eligibility rules driven by waiver parameters can have a considerable impact on legacy eligibility systems. We appreciate the complexity of Medicaid eligibility systems and can work with you to craft waivers that minimize the cost associated with updating Georgia's eligibility system.
- **Simplification** - Our goal is to help Georgia craft a waiver strategy that will start helping citizens navigate the complex regulations and application processes needed to apply for health care benefits. Our experience from both the federal side, running HealthCare.gov and from multiple states uniquely positions our team to provide the best advice to Georgia.
- **Stakeholder Outreach** – Based on our experience working with multiple states implementing exchanges and modified Medicaid eligibility rules, it will be important to explore new outreach avenues and work with stakeholders to understand the messages that will resonate with people living in underserved areas. Providers, such as community health centers and hospitals, will be important partners as potential avenues for reaching individuals. Peer-to-peer outreach and partnerships with trusted community based organizations may be helpful as well.

One example of our deep ACA experience is demonstrated through our efforts to resuscitate the struggling Federal Marketplace. Many people are aware that the initial launch of HealthCare.gov had substantial challenges which received extensive coverage and political, media and public scrutiny. People may not be aware, though, that the FFM is much more than just a website. It includes:

- A plan management system for loading healthcare plans onto the website
- Interfaces with state and federal systems
- Interfaces with insurance companies for enrollment, premium payment and reinsurance programs to support premium price stabilization and accurate payments
- Interfaces with the IRS for the tax subsidy
- The new Small Business Health Options Program (SHOP)

A rescue of the website began in November 2013, and in January 2014, the federal government hired Accenture as the prime development contractor, with responsibility for stabilizing and improving the website and finishing development of the additional systems and interfaces. In just six weeks, Accenture mobilized more than 500 skilled professionals to transition the project at an unprecedented speed.

ACCENTURE HELPED CMS ADDRESS HEALTHCARE.GOV'S MOST PRESSING CHALLENGES

"From day one, Accenture was a true partner that focused on helping us solve our most difficult challenges. It was clear they understood how to support us in achieving our organizational objectives and evident they had our interest in mind. Accenture brought the full support of their entire company. They were transparent across the board—told us what we needed to hear, not always what we wanted to hear—and took on significant risk to make our program successful."

Dave Nelson,

Chief Information Officer, CMS

Within eight weeks, Accenture delivered significant technical improvements to the website, stabilizing it during the peak of HealthCare.gov's initial enrollment period. This enabled millions of Americans to enroll in health insurance, many for the first time. The Accenture team continues to work hand-in-hand with CMS and with insurance companies to deliver an excellent consumer experience, a robust and fast enrollment system, accurate calculation of tax subsidies and accurate payments to insurance companies for program integrity.

State and Private ACA Experience

Accenture's clients, both commercial and public, have asked us to help them successfully navigate the changes required by implementation of the Affordable Care Act (ACA). We have provided solutions to states including CA, ID, NM, and NC that exceeded compliance requirements, reduced risk, and facilitated an on-time implementation of ACA requirements. With the passage of the Affordable Care Act, we helped our clients address critical and highly visible changes to the Medicaid benefit eligibility process. The map depicted in Figure 11 below depicts Accenture's specific experience helping clients address the ACA.

1. California
- Complete Exchange Solution
- Service Center Build Out

2. Hawaii
- Functional Design
- Operational Readiness
- Change Management

3. Idaho
- Exchange Phase 1 Solution Analysis and Design Support
- Implementation PMO

4. North Carolina
- HIX/ACA Strategic Advisor
- Eligibility Systems Implementation

5. Massachusetts
- Operating Model Assessment
- Financial Sustainability Strategy
- Customer Service Operations Advising
- Financial Management
- SBM Assessment

6. Kentucky
- Complete HIX Operational Model
- Business and Technical Requirements and RFP
- Level 1 Grant
- BPR Transformation of Field Offices
- Enterprise PMO
- HIX Standard Operating Procedures

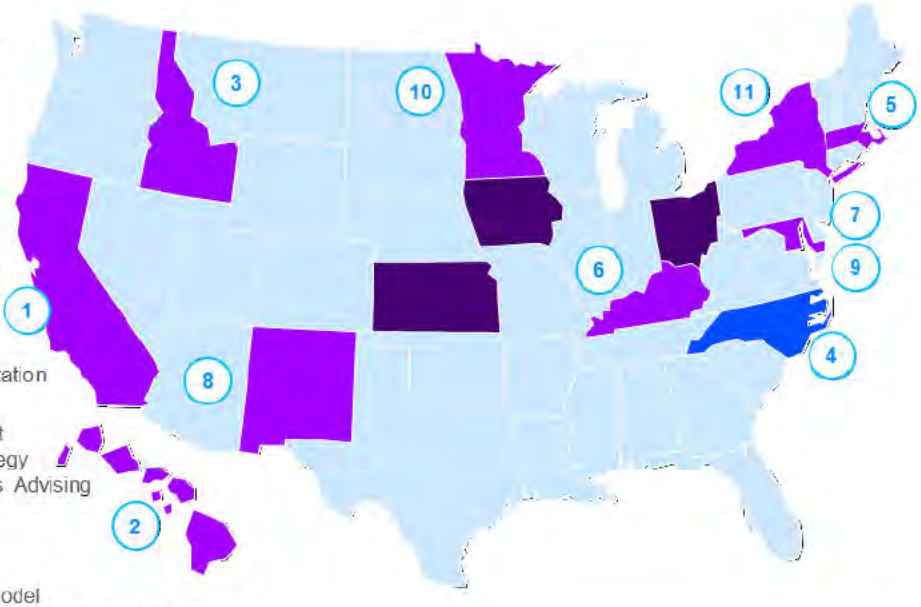
7. DC
- Complete HIX Operational Model
- Business and Technical Requirements
- Level 1 Grant Assistance
- Policy Analysis
- IV&V and Program Design
- Forensic Architecture Assessment and Performance Management

8. New Mexico
- SBM-FP Operating Model
- Business Case
- Security and Analysis Support

9. Federal Government
- Healthcare.gov Remediation and Operations
- IRS ACA Strategy

10. Minnesota
- Form 1095 Processing Issues Root Cause Analysis and Recommended Remediation

11. New York
- Design, Development, Implementation of the HIX data mart



[redacted]

MA HC 19.0009

Figure 11: Our ACA experience offers Georgia unparalleled depth and breadth in navigating ACA successfully.

2.3.3 PRIVATE SECTOR HEALTH INSURANCE MARKET DESIGN AND ADMINISTRATION

Private sector health insurance market design and administration, including but not limited to individual and small group health insurance markets, large group fully-insured plans and self-funded plans established under authority of the Employee Retirement Income Security Act (ERISA).

(Statement of Need I.C.3)

Our team has extensive knowledge of the private health insurance markets (in particular with Individual and Small Group markets) and possess a solid understanding of the impact that healthcare reforms have had on them. We have performed numerous market impact studies on behalf of states, including but not limited to:

- Assessing the impact of repealing the Individual mandate
- Merging the Individual and Small Group markets
- Allowing transitional policies
- Revising the definition of Small Group and the impact of association health plans and short-term limited-duration health plans
- Introducing a Basic Health Program

Members of our team have testified before Congress, including the health subcommittees of the Senate Committee on Health, Education, Labor, & Pensions, the House Energy and Commerce Committee, the House Ways and Means Committee, and the House Committee on Oversight and Government Reform on various healthcare topics, including Section 1332 Waivers.

Accenture has a breadth of experience developing private sector health insurance market strategies as well as designing and implementing private exchange solutions and leveraging our assets (which include Private Exchange Capability Model and Business Requirements by Market Segment and Function).

With our offerings and team, we have been able to achieve the following with the various market segments:

- **Market Entry Strategy –** Accenture completed an assessment of the private exchange market for a Financial Services Company, including evaluation of key competitors and forecast of the future market growth by segment (e.g., retiree, small group active, large group active). In partnership with the client, the team identified the company's top strategic options for private exchange, developed an evaluation framework, assessed the financial benefits and required investments of each, and prioritized options. Finally, the team developed a set of short- and long-term recommendations and developed a high-level roadmap to move forward.
- **End-to-End Deployment –** Accenture provided strategy resources and methods to help shape the business architecture and business case for a Global Benefits Consultant. During the technology platform evaluation, Accenture led the effort to structure / compare the options available to the client based on its requirements and facilitated selection of a vendor. As the program shifted to the design and implementation phases, Accenture provided support in program management, functional design, technical architecture, testing, training, and implementation both across the new exchange solution and for the client.

- **Solution Design Development –** Accenture helped a Large Regional Blue define the scope of its growth opportunity – further defining the rationale for which markets would be explored and why. The team developed a clear business architecture to define which functions incremental to the existing organization. Finally, the team developed a detailed set of 200+ business requirements, outlining the necessary capabilities to effectively serve each new market.
- **Implementation –** Accenture activities spanned the solution delivery lifecycle for a National Health Plan implementation with assistance provided for activities such as:
  - Definition of requirements to close gaps against core solution and customer needs, as well as, proposed solution architecture to fulfill requirements
  - Day-to-day management of solution vendor integration
  - Day-to-day management of customer relationships through requirements, implementation, and testing
  - Key project management activities including cross-vendor and department work planning, status reporting, and risk and issue management
- **Operational Support –** Accenture supplemented client team with 15+ resources with deep health and benefits background to manage 50+ client implementations covering 400,000+ lives under the guidance of program managers and requirement specialists. Responsibilities to support a Global Benefits Consultant included:
  - Managed enrollment, carrier integration, payroll integration, and call center support implementations.
  - Oversaw change management to include communications strategy, execution, and fulfillment.
  - Supported clients through open enrollment season including preparation, execution, and clean up.
  - Evaluated private exchange operational functions comprehensively. Identify underperforming areas (e.g., service, cost) and provide targeted recommendations to improve.
  - Developed detailed policies and procedures for each function / team across the operation.
  - Defined standard processes for key operational tasks (e.g., client implementation) with associated roles/responsibilities, deliverables, etc.
  - Provided content and best practices for resource training to ensure effective organizational change management

Scope of Work	Business Challenge	Value Delivered
Market Entry Strategy	• In 2012, health care reform was leading to significant changes in the health insurance industry. Some of the changes were oriented around how benefits are delivered and the introduction of private health insurance exchanges for certain segments. • Many of client's benefits administration competitors had acted to participate in the private	• Completed assessment of retiree and active employee private exchange markets and developed recommendations and supporting business case to enter market • Client selected and partnered with exchange provider to provide retiring participants, who are coming off company-sponsored health plan

Scope of Work	Business Challenge	Value Delivered
	health insurance market supporting retirees and were also planning to launch corporate exchanges focused on active employees. • Client was seeking to assess how, if at all, it should participate in the private exchange marketplace.	coverage, access to resources and support to get quality coverage at a price they can afford.
End-to-End Deployment	• The client wanted to evaluate options to advance its private exchange strategy and select a preferred approach for developing its own private exchange • Project began with a strategy phase, which examined the client business objectives and high level business, articulating a high level business architecture that captured the client's intent. The project then shifted to an evaluation of build, buy or license options for the underlying technology platform • The client selected a technology vendor and Accenture then supported implementation and ongoing operations for the exchange	• Supported the client from the initial strategy phase through the technical and operational implementation • Helped to onboard initial clients through general project management, capturing requirements, and design of the technical interface(s) • The solution was successfully deployed on time for the open enrollment period and the marketplace continues to grow and see success based on the successful launch
Solution Design Development	• The client is a recognized technology leader in the individual market, and seeks to expand to the group / retiree spaces • Leadership acknowledged that group and retiree needs are different from individual needs, and require modified / enhanced capabilities for certain business functions • The client's organization lacked sufficient experience working in these new markets	As a result of this project, the client: • Had clear, mutually-agreed documentation that provided an enhancement roadmap to enter new markets • Was better positioned to make tradeoff decisions regarding key capabilities (e.g., build vs procure call center) • Was able to secure a strategic partnership with a leading exchange provider • Was able to effectively estimate, budget, and plan the work for an 18 month roadmap

Scope of Work	Business Challenge	Value Delivered
Implementation	• The client is a health plan seeking to launch a few large group private exchange models to service group (active, group Medicare, and group-to-individual conversion) • Delivering the solutions required integration between multiple vendors as well as new integration points within the carrier itself • Several months into the contract with its main solution vendor, the carrier discovered that core functionality to support the solution had not yet been developed • In addition, the client was receiving substantial pressure from multiple of their clients that had been pre-sold the product to add special customized requirements to meet their individual needs	• Helped leave the requirements phase within 4 weeks, a process that had lasted nearly 8 months prior to the team start • Identified opportunities to reduce or stop development of select areas that were unnecessary based on core and client needs by solution mapping against requirements • Conducted testing in parallel with development to help root out potential bugs that could have significant downstream impacts; in addition, leveraged the testing environment to provide customers with a controlled demonstration of the platform that was previously unseen • Successfully launched each of its target customers within their contracted open enrollment time frames
Operational Support	• The client needed to quickly onboard over 150 large and medium size employer groups onto their cloud-based Private Exchange • Limited time to execute due to schedule compression; highly seasonal workforce challenge • Multiple skillsets (i.e., project managers and requirements specialists) were required for each group implementation • Evaluation needed of client and third party vendor current business processes and benchmarking with best practices, in order to conduct gap analysis and provide process improvement recommendations	• Expanded the private Exchange Platform beyond their fiscal year capacity planning. • Helped client reach their aggressive implementation goal, which successfully on-boarded all clients committed to the Open Enrollment season • Instituted frequent lessons learned sessions and daily program-wide stand up meetings to foster cross team communications and continuous process improvement • Realized significant gains through the Accenture project, especially in standardization of implementation schedule, stabilization of internal business processes, and collection of proven implementation procedures

2.3.4 FEDERAL AND STATE SECTION 1115 AND 1332 APPROVAL PROCESSES

Federal and state Section 1115 and 1332 approval processes, including depth of knowledge that the offeror believes would be advantageous to the State of Georgia in order to evaluate, develop, submit and receive federal approval of both Waivers.

(Statement of Need I.C.4)

As detailed in Section 2.1, within the last three years, the team has been directly involved in the successful negotiation of four 1115 and three 1332 waivers. Based on this experience, we understand and can help Georgia anticipate and prepare for the areas where CMS is likely to apply additional scrutiny or request additional documentation or support. We are one of only three consulting teams that have provided actuarial, economic, and policy analyses that underlie currently approved Section 1332 Waiver applications. Only eight Section 1332 Waivers have been approved to date, and our team provided the actuarial modeling for three of them, including the first two waivers in the nation to be approved We have also been at the table with CMS as the agency has sought expert input on 1115 evaluation guidance and 1332 parameters, providing on-the-ground input into recent and soon-to-be-released guidance. In addition, HMA routinely tracks all 1115 and 1332 waiver activity nationally to monitor proposals, innovations/precedents, waiver authority sought, and CMS approval. We also routinely monitor and summarize CMS guidance in all areas applicable to our state Medicaid agency clients.

In addition, Accenture as supported many states as they were going through the approval process and contributed content and perspectives as they engaged with federal partners in waiver negotiations. In New Mexico, Accenture assisted the state exchange, Be Well New Mexico with their pursuit of a "Supported Partnership Model" to enter into a lease agreement with CMS for HealthCare.gov. This demonstrates Accenture's ability to effectively engage with CMS officials and support a state through a complex negotiation. This client example from New Mexico is described in greater depth in our response to Section 2.3.7.

2.3.5 UNDERSTANDING OF EXISTING HEALTHCARE DELIVERY SYSTEMS

Understanding of existing healthcare delivery systems, including utilization of Medicaid Care Management Organizations (MCOs), Fee-For-Service (FFS) programs, as well as potential future state delivery system innovation available under federal and state authorities.

(Statement of Need I.C.5)

The team we are proposing – including both the core team and the rich pool of subject matter advisors – brings decades of Medicaid policy, operations, finance, and reimbursement experience to the State of Georgia. Collectively, we have worked with multiple states on:

- Managed care program design, procurement, readiness and implementation
- Payment reform along the value-based continuum from pay-for-performance to double-sided risk;
- "Alternative" managed care models, including provider-driven models and enhanced care management models;

- Delivery System Reform Incentive Programs (DSRIP) under 1115 waivers, including working directly with participating providers and states on payment models, funds flow design, and data and analytics and related infrastructure support.
- State Innovation Model (SIM) design and testing, including innovative multi-payer approaches to payment reform.

Accenture and HMA have supported healthcare delivery systems in multiple states. These state systems have used Medicaid Managed Care Organizations (MCOs) and Fee-For-Service (FFS) programs. Our work with North Carolina transforming their Medicaid program is a national showcase of innovation. With the emergence of Delivery System Reform Incentive Payment (DSRIP) initiatives, Accenture has worked with several healthcare systems to implement these programs.

HMA has supported more than 150 national and local health plans, provider-led entities and accountable care organizations on a broad range of managed care projects since 2015. Our work ranges from strategic market analysis to interim staffing and the development of programs specifically designed to improve the quality of care for the beneficiary and accelerate value-based payment implementation.

State Innovation Model (SIM) Design and Testing Experience

HMA has worked with multiple states including Colorado, Connecticut, Delaware, Idaho, Iowa, Michigan and Oregon to design and/or implement their State Innovation Model (SIM) programs. Selected examples are described in greater detail below. To each of these engagements, HMA brought an interdisciplinary team that combined federal and state policy experience, experience in value-based reimbursement, and on-the-ground clinical and operational delivery system experience.

Delaware

Dates: 2017-2019

HMA was engaged by the State of Delaware to support implementation of the State's SIM plan, including leading the implementation of a behavioral health integration pilot program and evaluating and recommending modifications to the State's Healthy Neighborhoods program. HMA also provide technical assistance and training in a number of other areas of the State's SIM program, including telehealth, health information technology, benchmarking, and value-based payment models for primary care.

Throughout the final two years of the SIM Grant, HMA worked directly with practices participating in the Behavioral Health Integration (BHI) pilot program. The program was intended to test three integration models, which reflect practice options along the continuum of behavioral health and primary care integration, to inform further statewide implementation. Implementation of the BHI pilot program involved comprehensive, multi-faceted assessment, training, and coaching for participating practices, including face-to-face group training collaboratives and facilitated sharing sessions, virtual education and networking, and individualized practice coaching. Each practice received a dyad of HMA coaches who had experience in working in primary care and/or behavioral health settings and knowledge relevant to the practice's selected integration model track.

In addition, HMA conducted a multitude of stakeholder engagement activities and revised the Healthy Neighborhoods model to ensure greater success and implementation of local initiatives. We conducted a Social Network Analysis to map the many existing connections and partnerships across the State. A goal of the Healthy Neighborhoods initiative was to create a clear, streamlined process for accountability of

federal dollars and sustainability beyond SIM funding. HMA supported the development and consideration of a number of sustainability strategies

Idaho

Dates: 2015-2019

HMA was engaged by the State of Idaho to lead the State's patient centered medical home (PCMH) learning collaborative, the key delivery system transformation strategy in the State's SIM plan. HMA developed and implemented a statewide PCMH learning collaborative including running training sessions, providing on-site practice coaching and developing webinar content and practice tools. HMA has also supported the state's work to ensure sustainability of the effort post-SIM.

The program demonstrated exceptional participation of clinics in all interventions with 100% of clinics participating in site visits, coaching calls, webinar and learning collaboratives. Over the course of the three years project, approximately 500 clinic staff participated in the learning collaborative sessions with a total of 469 individuals completing an evaluation. Overall results of the three years indicated that 99% of participants found the learning collaborative "useful" (Yes or No) and over 90% indicated that they were "satisfied" or "very satisfied" with the overall learning collaborative experience (5-point Likert Scale.)

Delivery System Reform Incentive Program (DSRIP) experience

HMA has worked with state agencies and provider entities in Texas, Colorado, New York, Massachusetts, and Washington to design and implement DSRIP programs under Section 1115 waivers. Selected examples include:

Texas

Dates: 2011-Present

HMA assisted the state in reviewing the DSRIP projects submitted as part of the 20 Regional Health Partnership plans, as well as subsequent Category 3 selection reviews. We also helped HHSC plan their annual statewide learning collaborative summits with over 500 participants, and hosted multiple statewide webinars for providers, anchors and stakeholders.

New York

Dates: 2014

HMA was engaged by Community Health Center Association of New York State (CHCANYS) act as the Project Director for CHCANYS DSRIP support program. This included day-to-day management of program activities, development of DSRIP support tools for FQHCs, development of webinars to support DSRIP implementation, and development of communications materials.

Washington

Dates: 2017-2018

HMA (2017-2018) provided strategic guidance, technical assistance and support to Greater Columbia Accountable Community for Health (ACH) in the development of their Project Portfolio for the DSRIP Medicaid Demonstration. Greater Columbia ACH is the ACH with the largest geographic areas, consisting of 10 counties in Southeast Washington and covering over 15,000 square miles, including significant rural areas. During this engagement, HMA assisted in the development of project development and selection, funds flow, identification and selection of partnering providers, provider engagement, community and stakeholder engagement, and the development of a certification application and project application to the state.

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Alternative Payment Models (APM)/Value-Based Payment Experience

HMA has been a leader nationally in the drive to move from volume to value. Our clients have included state Medicaid agencies, Medicaid and Medicare health plans, ACOs, provider associations and individual providers. HMA's unique mix of policy and reimbursement experience, combined with deep experience in clinical and operational service delivery, information technology, and analytics, allows us to design and implement innovative payment models that align with evidence-based care models and that are supported by actionable data and analytics. Selected examples include:

Maryland

Dates: 2014-2018

HMA worked with Maryland Health Services Cost Review Commission (HSCRC) on the development and implementation of a statewide integrated care network in conjunction with Maryland's All-Payer Model, aimed at transforming the delivery system with supporting payment mechanism. HMA helped build consensus among stakeholders and four State agencies to pursue a Care Redesign Amendment to the All-Payer Model designed to provide tools, data and waivers for hospitals to create alignment with physicians, nursing homes and other providers. HMA facilitated the development of the amendment, working directly with CMMI and state leadership to negotiate the specific terms of the agreements between CMS, the state, hospitals, and providers. The amendment was signed in May 2017, and the two initial care redesign programs were implemented on July 1, 2017.

Washington

Dates: 2017

HMA was engaged by the Washington Health Care Authority (HCA) to develop an APM to the federal prospective payment system (PPS) fee-for-service methodology. Stakeholders included HCA, FQHCs, rural health clinics, and managed care organizations. in mind. During the year-long planning process facilitated by HMA, a capitated approach to the APM with a quality component was developed, allowing primary care practice redesign similar to that envisioned in CT. Quality metrics, targets, composite scoring that recognized individual improvement as well as goal attainment, and financial consequences that still

complied with federal PPS payment rules were developed to detect and prevent the unintended consequence of reduced access to care. As part of this project, HMA created a financial modelling tool. Of Washington State's 27 FQHCs, 16 began participating July 1, 2017.

Texas Health and Human Service Commission

Dates: 2003-Present

Accenture has over 14 years of experience supporting both Fee-For-Service (FFS) and Medicaid Care Management Organizations (MCO) programs for the Texas Health and Human Service Commission (HHSC). We have been the claims administrator for FFS functions – including claims, prior authorization, provider enrollment, complaints and appeals, contact center, and provider support – for the last 5 years. We have been the technology vendor for all Medicaid FFS functions for 14 years. With regard to MCO programs, we provide all encounter processing for the State. With Accenture as its partner, HHSC transitioned and transformed Texas Medicaid Claims Processing into a more cost-effective, customer-focused operation in a record 84 days. We accomplished this on budget and on schedule with no interruption of daily operations. The State of Texas potentially saved millions in costs by carefully aligning the project with HHSC's goals and completing the project in months instead of years.

North Carolina Medicaid Transformation

Dates: 2018-Present

The State of North Carolina Department of Health and Human Services Medicaid program serves over 2 million beneficiaries. The North Carolina Medicaid program is transitioning their standard physical and behavioral health benefits from Fee-for-Service to Managed Care for the majority of the Medicaid population statewide. Their goals are to advance integrated and high-value care to deliver whole-person care, improve population health, engage and support providers, and establish a sustainable program with more predictable costs.

Accenture is helping the State of North Carolina explore delivery system innovation through their Advanced Medical Home model in partnership with Managed Care Organizations. In partnership with another firm who designed the Social Determinants of Health Model in North Carolina, Accenture is project managing the implementation of that design. Accenture is assisting the Department in its goal to improve the health of all North Carolinians by providing support across areas of Program Management, System Integration Design and Management, Readiness, Contracting and Procurement, End User Procedures, Organizational Design, and Testing.

Albany Medical Center Delivery System Reform Incentive Program (DSRIP)

Dates: 2016

New York was one of the first states to participate in the Delivery System Reform Incentive Payment (DSRIP) initiative. Albany Medical Center PPS (Performance Provider System) called on Accenture to help design a large-scale care coordination model to unite scores of healthcare providers and social service organizations across a five-county region.

Accenture brought together an interdisciplinary team of consultants – including physicians and nurses – as well as specialists in healthcare strategy and collaborative technologies. Working within an aggressive time frame, Accenture helped Albany Medical Center PPS meet detailed program requirements to qualify for DSRIP program incentives.

ACCENTURE HELPS TO DRIVE INNOVATION THROUGH DSRIP

"We have started to transform our care delivery processes, not only within our own organization but also in collaboration with community-based organizations across northeastern New York State.

This is an exciting time for our region. DSRIP is becoming the springboard to find better ways to improve care, not only for Medicaid and uninsured patients, but also for the broader community we serve."

Louis D. Filhour, PhD, RN

CEO AMCH PPS

Participating organizations appreciated the broadly inclusive approach, including patient navigators and community health workers, to help people obtain the care they need. The regional program puts patients at the center, with a network of providers efficiently collaborating to deliver care and promote ongoing wellness.

Large Fortune 500 Health Plan Company

This company focused exclusively on providing government-sponsored managed care services, primarily through Medicaid, Medicare Advantage and Medicare Prescription Drug Plans, to families, children, seniors and individuals with complex medical needs. The company served approximately 3.8 million members nationwide and faced a number of significant business challenges in the areas of data quality and timeliness. Accenture's team:

- Implemented first large-scale program at the company that proved out the long-term viability and ROI on Big data emerging technologies.
- Developed single source of the truth for all enterprise reporting and analytics
- Developed a robust medical cost structure monitoring capability
- Improved Clinical effectiveness and population management due to better data
- Improved trust on data thru ETL audit control, balancing and reconciliation
- Eliminated manually intensive data gathering and reporting processes

Large Blue Cross Blue Shield Private Exchange

Dates: 2011-2012

Accenture collaborated with this client in July of 2011 to design and implement its private exchange solutions. Accenture provided overall project management support and developed the approach, processes, and metrics to support the small business pilot. Accenture also defined the end-to-end operating model and implementation roadmap for long term small business and retiree private exchange solutions inclusive of sales, account installation, enrollment and maintenance, billing, and service functions. Accenture also developed the technical architecture and requirements to support a fully integrated solution. Finally, Accenture supported the integration activities between the vendor's technology and the client's core systems covering product, client setup, rating and quoting, membership, billing, and member service.

Federal Experience

Accenture's experience working with CMS on HealthCare.gov provides us with a unique perspective on the overall healthcare system encompassing public sector state health systems, private health exchanges, insurance companies, and the Small Business Health Options Program (SHOP).

As the breadth of these credentials show, Accenture is involved in all aspects of the healthcare ecosystem. We believe insight-driven health is the foundation of more effective, efficient and affordable healthcare. That's why the world's leading healthcare payers, providers and public health entities choose Accenture for a wide range of insight-driven health services that help them use knowledge in new ways – from the back office to the doctor's office. Our committed professionals combine real-world experience, business and clinical insights and innovative technologies to deliver the power of insight-driven health.

With more than 14,000 professionals dedicated to healthcare clients, Accenture offers a vast portfolio of services across numerous functions and operations, servicing more than 90 million health plan members. Each year, Accenture solutions help our clients save, reconcile and process:

- 90 million claims transactions, including more than 24.5 million Medicare and Medicaid claims.
- 30 million membership transactions.
- $32 billion in premium payments.
- 10 million provider data updates.

Accenture has more than 550 licensed medical professionals dedicated to helping clients achieve high performance and provides services to 80 percent of the health companies listed in the Fortune Global 500.

2.3.6 UNDERSTANDING OF FEDERAL HEALTHCARE PRIORITIES

A thorough understanding of healthcare priorities of the President, HHS and CMS leadership, particularly with regard to the Affordable Care Act and Section 1115 and 1332 Waiver opportunities.

(Statement of Need I.C.6)

Our proposed team includes several members who have worked with the current CMS Administrator and/or been involved in recent, successful 1115 and 1332 negotiations with the current CMS leadership. We understand that this Administration wants to aggressively test the principals of state flexibility and data-driven accountability, market-driven reform and innovation, fiscal restraint, and individual responsibility. We have worked with multiple states on successful demonstrations that broke new ground in areas including:

- community engagement;
- premium assistance for employer sponsored coverage;
- beneficiary cost sharing;
- member incentives; and
- marketplace coverage and stability.

We regularly sit with HHS and CMS officials, both in our roles as supporting state initiatives and as part of the larger policy discussion. We fully understand the healthcare priorities of the current Administration and leadership with regard to the Affordable Care Act and Section 1115 and 1332 Waiver opportunities.

Accenture has a long-standing relationship with the US Department of Health and Human Services (HHS), forged in our project to stabilize, enhance and operate Healthcare.gov. As such, we remain in close collaboration with HHS and CMS regarding strategic initiatives and priorities. This insight will provide useful as Georgia engages with CMS over specific elements of its waiver strategy.

Accenture has a focused Public Sector Health practice. This group focuses on creating and delivering innovative solutions and large transformational projects with our clients across the public health market. Given the size of our practice and leadership in the market, we must stay abreast of national legislative and policy changes. Our practice thought leaders such as Phil Poley regularly interact with federal leaders in the Executive and Legislative branches to understand and help shape the direction of public healthcare. Our Public Sector Health practice regularly develops thought leadership materials that are shared through periodicals, conferences, and social media.

ACCENTURE HELPS TO IMPROVE CITIZEN EXPERIENCES

"Accenture has been an essential member of our team as we focused on delivering a positive consumer experience through HealthCare.gov. We are pleased that Accenture will continue to support HealthCare.gov, as we work together to help millions of Americans sign up for quality, affordable health insurance."

Karen Shields

Deputy Center & Operations, Director, CCIIO, CMS

2.3.7 EXPERIENCE ENGAGING FEDERAL OFFICIALS

Experience and skill in engaging federal officials, at the direction of and in conjunction with the Department, to participate on technical assistance and Waiver approval discussions to advance the priorities of Senate Bill 106, the "Patients First Act."

(Statement of Need I.C.7)

The project plan outlined in this proposal is built on the assumption that early, detailed discussions with CMS are critical to overall success in achieving the state's policy and fiscal goals. In all of our engagements on 1115 and 1332 waivers (See Section 2.1), the team has been actively engaged in:

- Developing clear, concise concept papers that clearly articulate the policy goals, waiver authorities, and data-driven support for the waiver;
- Supporting the State in preparing for CMS discussions throughout the concept paper and waiver negotiation stages by identifying likely questions, documenting areas of clear precedence versus areas that are untested, and building the data support for the recommended policy option(s);
- Engaging with the State and CMS throughout the waiver negotiation process to ensure timely and substantive responses to questions so that issues are resolved, and the process continues to move forward.

Because of Accenture's breadth of experience in building, implementing, and maintaining public Health Insurance Exchanges (including HealthCare.gov), the Accenture team was brought on in February of 2015 to provide Operating Model Design for leasing HealthCare.gov. This approach was ultimately approved by CMS. Accenture assisted New Mexico in negotiating the HealthCare.gov lease agreement with CMS. Due to the success of that work, in September of 2015 Accenture was reengaged to provide Program Management, Operations, and Advisory support to the Exchange team as they continue to grow and adapt with each new year of the ACA's implementation.

2.4 EVALUATING AND ADVISING NATIONAL AND STATE HEALTHCARE ENVIRONMENTS

A comprehensive overview of the offeror's experience in evaluating and advising with regard to national and state healthcare environments, including but not limited to, health insurance status, demographic, employment and household composition, and how such Section 1115 and 1332 Waivers would likely affect Georgians.

(Statement of Need I.D)

Our Georgia-based team understands that the State is looking to develop a range of options and ultimately select a solution that meets the needs of Georgians while leveraging and further strengthening Georgia's healthcare delivery system. Crafting these solutions requires data and analytics to understand the current healthcare environment and to model the impact of Section 1115 and 1332 waiver options on the State, the healthcare ecosystem, and everyday Georgians. Data alone, however, can miss insights into the state and local healthcare environment that are critical for developing solutions that can be successfully implemented to achieve the State's policy goals. Our on-the-ground knowledge of the

Georgia healthcare environment is unparalleled as our on-the-ground staff have grown up in Georgia, worked in a wide variety of roles within and with Georgia state government and have trusted relationships with the many players in this critical discussion.

Specifically, we know:

- the plans serving the Medicaid and Exchange programs;
- the providers – urban, suburban, and rural – that form the backbone of the local healthcare ecosystems across the State;
- the primary stakeholders and advocacy organizations that will seek to shape the Section 1115 and Section 1332 waiver solutions; and
- the other state and local social and human services agencies that interact with the healthcare system around issues of housing, employment, public health, education, and criminal justice.

Our project team and work plan will build on a combined framework of rich data, powerful analytics, and a deep understanding of Georgia healthcare to develop policy options that achieve the state's desired goals for all Georgians. Our team has extensive experience in states across the country, compiling the data necessary to understand the local health care environment in the context of the national environment and to forecast the impact of policy changes. We have developed and executed stakeholder outreach and engagement plans as part of the waiver development efforts in multiple states, allowing us to supplement quantitative data with qualitative data, insights and recommendations from a broad range of stakeholders.

In reviewing and approving Section 1115 waivers, particularly those testing new ideas, CMS is applying a critical, evaluative lens to the options development and waiver applications. As evidenced by recent waiver negotiations, draft and final terms and conditions, and recently released waiver evaluation guidance, CMS expects states to understand and measure the impact of demonstrations from multiple angles to inform future policy development. This includes, but is not limited to, participation of the beneficiary in community engagement programs, beneficiary access and outcomes, coverage/health insurance status, and impact on applicable social determinants (e.g., employment, housing, and other factors impacting health).

Our team has done the following:

- In Indiana, Kentucky, Iowa, Illinois, and Alaska, conducted or supported state-level environmental analyses to inform policy analysis and policy design for waivers that have expanded coverage, introduced commercial market insurance features, incorporated community engagement requirements, or implemented non-traditional managed care models. In many of these projects, our team further supported the environmental analysis through extensive stakeholder engagement as well as our deep knowledge of the local health care environment.
- In New Hampshire and California, worked with our actuarial partners to complete an assessment of the state health care environment as the baseline for modeling required under a Section 1332 waiver. In Oklahoma we coordinated with the actuarial partners to ensure shared baseline information was used for policy development and modeling. In Alaska we partnered with an actuary that helped price the impacts of proposed Medicaid reforms, including anticipated savings and impacts on consumers.
- Modeled the impact of ACA and insurance market reform strategies on local markets in the following states: Alaska, Connecticut, Delaware, The District of Columbia, Hawai'i, Illinois,

Louisiana, Maryland, Massachusetts, Missouri, New Jersey, Ohio, Pennsylvania, Virginia, and Vermont.

- Supported the Massachusetts Executive Office of Health and Human Services (EOHHS) with design and development of Massachusetts ACO roadmap. We worked in partnership with EOHHS to analyze requirements and assess the Medicaid environment to design and develop a successful strategy for establishing an ACO model for the Massachusetts Medicaid program and the subsequent rollout of Pilot ACO program.
- We have implemented Electronic Data Warehouses (EDWs) to help support data collection and analysis challenges for the world's largest healthcare organizations, including state Medicaid programs. We collaborate with our clients to evaluate and assess the design requirements and implement EDWs for every public health and human services system implementation project we take on, including more recently in Georgia, Michigan, Texas, Massachusetts, Kansas, Iowa, California, New York, North Carolina, and Los Angeles. We employ tens of thousands of the world's top technology resources, and we have a successful history of fast, complex system and EDW/Data Mart implementations. Our in-depth understanding of complex Medicaid program data, data-optimized EDW design and certification guidelines are must-haves for this project.
- Ohio is working with Accenture to unify and analyze data on the State's high infant mortality rates, verging beyond traditional academic research. This data includes information related to the health of Ohio's infants and mothers—such as vital statistics, Child Fatality Review, claims history. Also included is data pertaining to the Social Determinants of Health such as education, neighborhood and environment, transportation, and economic stability, as well as behavioral health and State benefits information. The end goals: to identify underlying and common drivers, to enable targeted, preventive interventions, and to drive effective programmatic action.

The combination of experience brought by Accenture, HMA, and Oliver Wyman offers DCH more than an incredible level of experience supporting this exact scope of work; we offer DCH our steadfast commitment to give you the information you need to develop waivers that work for the State and the people – waivers that serves as a model for the rest of the country.

2.5 EVALUATING AND ADVISING WITH REGARD TO HEALTHCARE ACCESS VARIABLES

A comprehensive overview of the offeror's experience in evaluating and advising with regard to healthcare access variables, such as provider availability and healthcare system capacity to deliver care across multiple specialties (physical health, behavioral health, long term care services, Home and Community-Based (HCBS) services, dental services and vision services) and the ability to evaluate current state and advise the Department on potential strategies to address any noted deficiencies in access to care for citizens across the state of Georgia.

(Statement of Need I.E)

Accenture Insight-Driven Health

Insight-driven health is the foundation of more effective, efficient and affordable healthcare. That's why the world's leading healthcare payers, providers and public health entities choose Accenture for a wide range of insight-driven health services that help them use knowledge in new ways – from the back office to the doctor's office. Our committed professionals combine real-world experience, business and clinical insights and innovative technologies to deliver the power of insight-driven health.

One example of how we bring this capability and experience to bear for clients is Wake Medical Center in Raleigh, NC. WakeMed Children's Hospital is a leading pediatric hospital and part of the largest health system in Wake County, North Carolina. Their facilities and services provide healthcare for the entire community. The hospital faced competitive pressures from several large academic health centers expanding into its region. Increased competition could result in lower market share, loss of revenue and increased intensity to attract and maintain patients. WakeMed wanted to better meet the needs of the community, understand new growth opportunities and competitively differentiate themselves in the market and.

Accenture helped WakeMed develop and implement a five-year strategic plan to effectively transition from an acute-focused pediatric hospital to a children's community health system. The goal was to create a seamless patient and family centered ecosystem that better supports the health needs of the community across the care continuum.

Our team produced a vision for providing better access to care to the citizens of Wake County, North Carolina and growing their brand over the next five years. Our strategy was based on the following five key goals:

- **Close gaps in the care ecosystem:** Address care transition gaps (i.e., pediatric, adult, community physicians, women's health) and assess opportunities for sub-specialties and key support services
- **Remove Access barriers**: Remove records requirements, standardize physician templates and streamline scheduling protocols to enable direct scheduling (and eventually self-scheduling).
- **Strengthen the pediatric ambulatory network**: Determine opportunities for Pediatric Primary Care expansion, affiliation options and strategies to capitalize on Primary Care opportunities to supplement existing community physician practices.

- **Build Pediatric awareness:** Develop a distinct children's brand and optimize existing online channels (google search, patient reviews, **hospital** wayfinding and navigation, etc.).
- **Improve Communications platforms**: Leverage Technology to use as an engagement platform and to increase enrollment. Improve awareness and use of new technologies and tools to improve connection with physicians.

Accenture embarked on a robust strategic planning process using Accenture technology, consumer survey data and a customized Strategic Insights Model. Planning processes included

- Market and outpatient data analysis
- Informational Interviews
- Provider Benchmark surveys
- Secret Shopper research

Analysis of detailed local market demographic data was used to identify priority regions for current and future markets. The local data analysis then used benchmarks that included population growth, aging and local area variation to determine inpatient and outpatient trends.

Accenture helped define the pediatric vision, strategy and roadmap for a five to ten-year expansion plan. With a better understanding of patient trends within specified regions, WakeMed Children's is now able to properly align its strategy and use quantifiable metrics to quickly move into the market. This resulted in better access to care to the citizens of Wake County, North Carolina.

HMA also has deep roots in helping states, evaluate, enhance and invigorate healthcare access, particularly in rural areas. Our work in multiple states and our state-specific experience in our Georgia-based team members ensures we are ready to tackle this issue. Our Georgia office colleagues are keenly aware of the rural health crisis in Georgia, which has acutely affected small town hospitals due to falling populations, declining reimbursements, more government regulation, and a pool of patients who are generally older, poorer and sicker than those in metro areas, and we have the necessary skills, provider level experience and data use practices to help the State ensure they address access issues across the state.

HMA has closely followed the work of the Georgia House of Representatives Rural Development Council and the Rural Hospital Stabilization Committee and is familiar with the former's recommendations to improve rural health care access and the latter's innovative pilot projects. They have an excellent working relationship with HomeTown Health and its member hospitals. They have also worked closely with and advised the major physician professional associations, as well as the community health centers of the primary care association. Through years of work with these key associations and providers, HMA has earned their trust and respect, and values it tremendously. HMA will be able to build upon these trusted relationships as we seek their input and support throughout the waiver development process.

Georgia urban hospitals also face many of the same challenges as smaller rural hospitals, particularly frequent use of their emergency rooms for non-emergent care by uninsured patients because they cannot be turned away or required to pay. HMA worked with Grady Memorial Hospital in Atlanta to craft its unique proposal known as the "Grady Waiver," which could potentially be replicable in both urban and rural areas of the state.

In short, we know Georgia and its providers, both urban and rural. That deep understanding will be part of the bedrock of our work and help inform our recommendations for the waiver designs.

Some other examples of Access to Care projects are:

- **Texas Health and Human Services Commission (HHSC): Texas Medicaid Management Information System (TMMIS) and Fiscal Agent Services –** For over 12 years, Accenture has teamed with Texas HHSC and the State of Texas to deliver cost-effective, customer-focused health benefit programs through a focus on continuous improvement, pragmatic technical solutions, and operational excellence. Accenture leaders work to understand and execute on Texas Medicaid executive requirements by providing strategic and day-to-day tactical direction for the organization in alignment with the overall Texas Medicaid mission and vision.
  One of the ways we support the 3rd largest Medicaid Program is by ensure each member receives high quality, comprehensive healthcare services. Using Data Analytics solutions, our team of subject matter advisors evaluate variables such as Provider Availability and Network Adequacy to evaluate and advise across Acute Care, Long-Term Care and other State Programs.

- **Large National Health System** - Client in rapid growth mode with decentralized operations had over 900 points of access and limited self-service channels, resulting in a high-cost, high variability patient experience. Accenture worked with the organization to create a future state vision, business case, and roadmap to improve access to care and a connected patient experience and is supporting the ongoing transformation.

2.6 EXPERIENCE EVALUATING FEDERAL, STATE, AND LOCAL IMPACTS OF PROPOSALS

A comprehensive overview of the offeror's experience in evaluating federal, state and potentially local fiscal impacts of various proposals, including actuarial services and fiscal impact forecasting capabilities.

(Statement of Need I.F)

The team has worked with more than 20 states to model the fiscal impact of 1332 waivers, model the impact of ACA implementation, and, working with the states' Medicaid actuaries, forecast the impact of 1115 waivers.

State	Led 1332 Impact Modeling	Supported 1332 Impact Modeling	Led Market/ACA Impact Analysis	Supported 1115 Budget Neutrality/Fiscal Impact Analysis
Alaska	✓		✓	
California		✓		
Connecticut			✓	
Delaware	✓			
Hawaii	✓		✓	
Illinois	✓			✓
Indiana			✓	✓
Iowa				✓
Kentucky				✓
Louisiana	✓			
Maryland			✓	
Missouri				✓
New Hampshire		✓		
New Jersey	✓			
North Carolina			✓	
Oklahoma		✓		
Ohio	✓			

State	Led 1332 Impact Modeling	Supported 1332 Impact Modeling	Led Market/ACA Impact Analysis	Supported 1115 Budget Neutrality/Fiscal Impact Analysis
Pennsylvania	✓			
Tennessee	✓			
Virginia	✓			
Washington DC			✓	

Our actuarial lead, Oliver Wyman, is one of only three consulting firms that have provided actuarial, economic, and policy analyses that underlie currently approved Section 1332 Waiver applications and has performed numerous market impact studies on behalf of states, including but not limited to studies to assessing the impact of repealing the individual mandate, merging the Individual and Small Group markets, allowing transitional policies, revising the definition of Small Group, the impact of association health plans and short-term limited-duration health plans, and introducing a Basic Health Program.

In addition, our team has worked with dozens of states, health plan, provider and other clients to model the impact of policy proposals or to inform policy development, including the following select examples:

Federal

- For a large national trade association client (2017), we compiled data on Medicaid spending and long-term services and supports (LTSS) to examine and model the implications of a range of federal per capita proposals on adults with physical disabilities and seniors and states' ability to maintain and expand Managed LTSS (MLTSS) programs. We also examined cross-state variation in base spending and trends on LTSS.
- For a large, multi-state managed care organization (2017), we developed a 50 state model that estimated the impact of federal legislative proposals to transition Medicaid from an entitlement program to a per-capita cap model.

State

- For Colorado Department of Health Care Policy and Financing and Division of Insurance (2015-2017), we conducted analyses and comparisons of Colorado's Medicaid and commercial markets with other states' markets to determine whether Medicaid expansion in Colorado has impacted premium rates in the state's commercial market.
- For the Texas Health and Human Services Commission (2017), we completed a highly technical study of the state's Uncompensated Care (UC) financing programs, which was required by CMS as a condition of the waiver extension. The study included a discussion of how the DSRIP and UC pools interact with the state Medicaid shortfall and uncompensated care funding, and the potential impact of funding reductions on hospitals, Texans, and other local health care providers and public health systems who serve the uninsured.
- For a consortium of managed care organizations (2015-2016), we developed a model to estimate potential cost avoidance assuming some or all Georgia Medicaid ABD members were transitioned to a managed care model. The model also looked at the impact of this

transition on state funds based on assumptions of potential proceeds from MCO taxes/assessments.

- For the State of Vermont (2015-2018), we provided policy and program analysis, enrollment and expenditure modeling, and constructed multiple forecasting models that enabled input of different assumptions (e.g., population growth, ACO attribution penetration rates, per member cost growth for ACO, and non-ACO spending) to conduct sensitivity analyses and impacts on total health care expenditures.
- For the State of Pennsylvania (2014-2015), we developed an all-payer model for examining the implications of accountable care organizations (ACOs) and patient-centered medical homes (PCMHs) on state and federal health care spending including Medicaid, Medicare, and commercial payers.
- For the Michigan League for Public Policy (2018), we performed analyses on the utilization of non-emergency medical transportation (NEMT) utilization for the State of Michigan. This included comparative analyses of population stratifications to describe NEMT utilization (e.g., how NEMT is utilized differently between the fee-for-service and managed care populations); The analysis was used to frame policy recommendations to the State of Michigan about optimizing and improving NEMT utilization.

Local

- We have worked with more than 30 state hospital associations including the Georgia Hospital Association, **helping their member hospitals navigate federal and state Medicaid policy, evaluating and designing Medicaid reimbursement programs, creating financing solutions including numerous provider assessment programs, and collaborating with the hospital community on understanding and responding to Medicaid waivers** We worked with the Grady health care system in 2016 to develop a model that forecasted the baseline total cost of care and potential cost avoidance/savings from enhanced management of certain populations that were targeted for proposed limited Medicaid expansion.
- We have worked with some of the largest safety net hospital systems in the country, including Cook County (Chicago) Hospital and Health System and New York Health and Hospitals to model the impact of federal and state Medicaid policy changes that impact reimbursement. This included, for example, the impact of the disproportionate share hospital (DSH) payment reductions imposed under the ACA, and the impact of state-specific supplemental payment program changes.

2.7 EXPERIENCE MONITORING INDIRECT ECONOMIC DEVELOPMENT ACTIVITY

A comprehensive overview of the offeror's experience in monitoring indirect economic development activity associated with increased access and coverage of healthcare services within states. Such overview should also include experience in identifying state funded services, such as behavioral health, corrections, public health and other state-funded services that would be impacted by Section 1115 and 1332 Waiver approval for affected populations.

(Statement of Need I.G)

Economic studies confirm a basic truth: healthier people are more prosperous. Beyond the intrinsic benefits of healthier people, we also know that health care systems themselves can be a critical economic driver in communities, particularly in rural areas. Of course, healthcare is their primary responsibility, but they are undeniably a source of investment and jobs. Optimizing publicly funded health care programs can ensure the physical and financial health of both citizens and the health care systems that support them.

Our team has worked with health systems, care management organizations, and states to optimize state programs in precisely this manner. For example, in 2015, we conducted an effort with a large national health plan to model financial impacts of adding new populations to health care coverage programs—based on health, economic, and community costs and savings. We also have worked with more than a dozen state hospital associations, to work through the financial implications and benefits of various state waiver reforms. And we have specifically focused efforts to help rural hospitals and health systems maximize their opportunities to participate in value-based payment designs and related challenges.

In addition to more general financial implications, 1115 and 1332 waivers often have consequences beyond the traditional healthcare services and providers. The team has considerable experience in supporting states in understanding the potential implications of changes in Medicaid and individual coverage on state-funded programs serving these same populations. In our waiver work, we are often called upon to both assess the implications on state funded services such as behavioral health and community-based public health, and to explore ways to optimize access to these services for affected populations through the waiver.

Through this work, we have gained insight into the Federal expectations relative to other service programs. In 1115 waivers, CMS is particularly interested in alignment across other programs and ensuring that the state is ensuring access to critical services, but not duplicating efforts or expenditures.

Some specific examples of our work and experience include our support for the Innovation Accelerator Program. This is a CMS initiative to support states and coach them in various Medicaid program reforms. Though this contract we supported New Jersey and other states in assessing the implications and opportunities under an 1115 waiver to cover behavioral health services not previously included in Medicaid. The engaged states recognized the challenges presented for adults in Medicaid who could not access mental health services because providers were excluded from Medicaid coverage under the "IMD rule." HMA provided technical assistance and options assessment for New Jersey about this waiver option, including the impact on other state-funded programs, particularly financial implication for programs funded only with state dollars.

In Delaware, we are currently working with the state to align across their opioid and Medicaid funding to optimize access and avoid gaps in coverage and care that can have calamitous health implications for individuals as well as fiscal impacts on communities and families. Through our contract with the Delaware Division of Substance Abuse and Mental Health, we are facilitating coordination with Medicaid on payment and coverage issues and working with the Agency and the providers to identify financial and quality issues where better alignment would improve efficiency and financial performance of both Medicaid and state-funded behavioral health programs.

In Indiana, HMA supported projects regarding Affordable Care Act and Medicaid expansion impacts on other state health funding. The rollout of the major provisions of the Affordable Care Act, including health insurance exchanges, had impacts similar to implementation of an 1115 or 1332 waiver as the affected population was now receiving health insurance with federal subsidies, where previously they may have been served by state funded or federal grant programs. By analyzing the impact of this federally funded coverage expansion, Indiana with support from HMA consultants was able to identify programs that were no longer necessary and implement changes in how the commercial market and Medicaid functioned.

For example, this analysis informed the phase out of Indiana's High Risk Pool with the population gaining coverage in the federal Marketplaces. Additionally, individuals eligible for the Ryan White HIV/AIDS program were transitioned to marketplace coverage and the state created a targeted reinsurance program to support the excess risk of these enrollees. HMA also led Indiana through the phase out of its Medicaid spend down program, and realignment of disability and Medicare Savings Program eligibility levels to account for increased coverage available on the Marketplace and through Medicaid expansion.

This involved the identification of specific populations that may not be able to access needed services in the new model and development of tailored programs and services to serve these populations needs; for example, the 1915(i) behavioral and primary healthcare coordination (BPHC) program and end-stage renal disease 1115 waiver. All of these projects required identification of impacted populations, the services being utilized, the sources of funding and analysis of the impacts of the proposed changes.

In addition, following HIP 2.0 implementation in 2015, HMA supported the process of creating a presumptive eligibility category which provided Medicaid coverage for inmates who were hospitalized. This allowed for the receipt of Medicaid federal matching dollars to cover the hospital stays, where previously they were funded entirely by state and local funds.

As part of the initial work in Iowa to support the submission of the Iowa Wellness and Iowa Marketplace Choice Plan 1115 waivers, HMA supported analysis of impacts to distribution of current state funding to counties and potential to reallocate and leverage funding to support long term sustainability for the waiver programs.

3.0 MILESTONES AND DELIVERABLES

To ensure the project proceeds at our expected pace, we will set two (2) milestones to guide our schedule and work.

- **Milestone 1 (beginning of Month 5): Waiver Option Confirmed** – In the middle of Month 4, the Georgia Patients First Team will have summarized the three waiver options requested in the Statement of Need. These waiver options and recommended option will be provided to the state core team, who in turn will provide them to the Governor's Office. It is anticipated that a selection will be made no later than the beginning of Month 5 so waiver writing can commence.
- **Milestone 2 (end of Month 7): Waiver Application Submitted** – At the completion of Month 7, the Georgia Patients First Team will have completed the development of formal Section 1115 and 1332 waiver applications. These applications will reflect feedback received during the public comment period as well as from state-designated stakeholders.

Figure 12 below shows the key milestone and deliverables in relation to the overall project schedule.

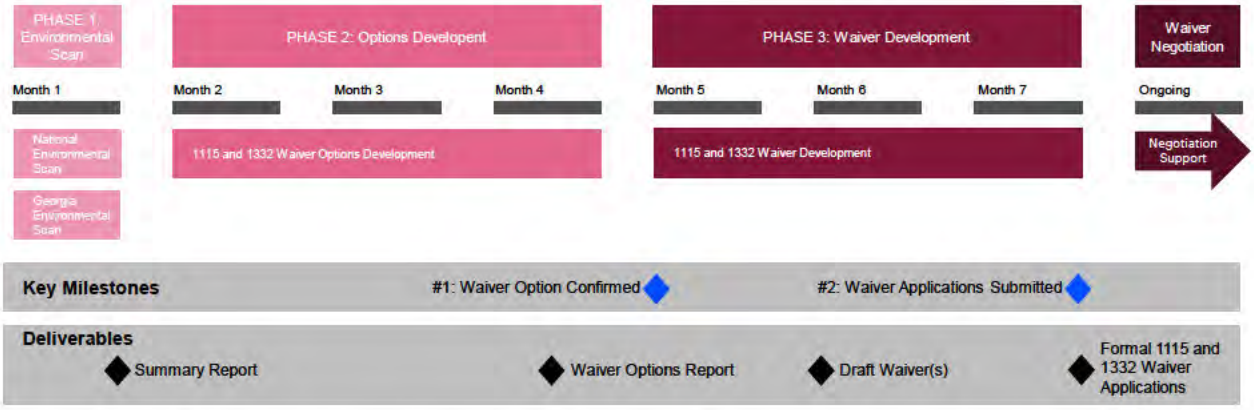

Figure 12: The Georgia Patients First team offers the State a thoughtful, achievable schedule that provides appropriate time to consider the options that are best for all Georgians

3.1.1 DELIVERABLES

We propose four deliverables to be produced during this project:

1. **Summary Report** – This report will detail the results of the national and Georgia environmental scans performed during Phase 1 and will be delivered at the end of Month 1.
2. **Waiver Options Report** – This report will be issued in the middle of Month 4 and will include detailed descriptions of the three waiver options as well as a recommended option identified in collaboration with the state core team. The Waiver Option Report would support selection of a chosen option by the Governor's Office at the beginning of Month 5 (i.e., project milestone 1).
3. **Draft Waivers** – Draft versions of the waiver(s) requested by the Governor's Office. These waivers support the public comment period and would be produced at the beginning of Month 6.
4. **Formal Section 1115 and 1332 Waiver Applications** – These are the final versions of the Section 1115 and 1332 waiver applications and would include approved feedback to be incorporated during the state core team review and public comment periods. These waiver applications would be available no later than the end of Month 7 (i.e., project milestone 2).

4.0 ESTIMATED TIME TO COMPLETION

Based on our experience delivering similar projects, we estimate that the project can be completed in seven (7) months as depicted in Attachment A to the Statement of Need. The high-level schedule can be found below in Figure 13.

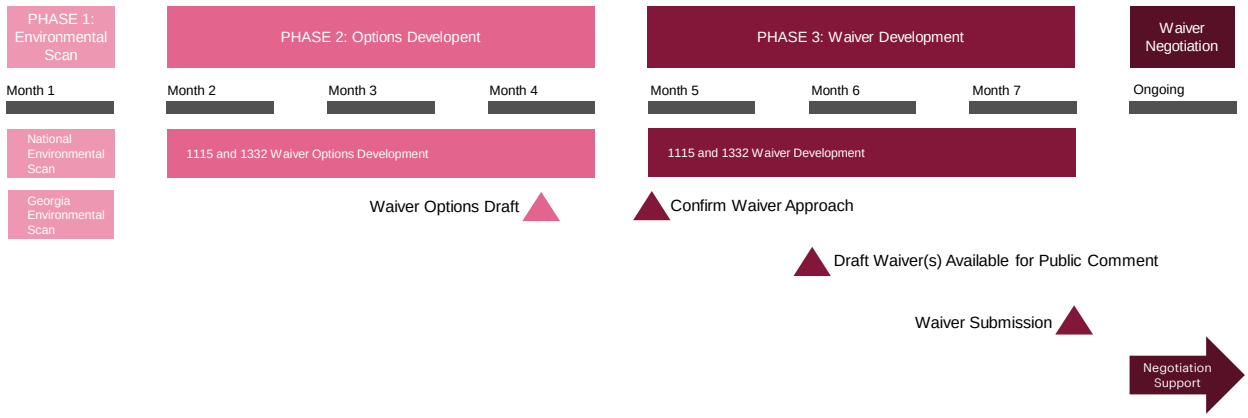

Figure 13: Our proposed approach delivers waiver applications in seven months as contemplated in the Statement of Need.

5.0 GENERAL STAFFING PLAN

The State seeks a team that combines:

- significant, respected subject matter advisors in Medicaid and waivers;
- intellectual and creative horsepower;
- a passion for data-driven analytics and data-driven decision-making;
- robust and meaningful relationships throughout the State, including with the network of various stakeholders, as well as in Washington, DC, with CMS;
- an appreciation of how these waivers will affect rural Georgia and a commitment to present options that work for the entire State; and
- above all, deep roots in the red clay of Georgia.

We are that team.

Our core team meshes together these varying needs and disciplines into an integrated whole. We are excited to present such a group, who, when combined with the State's leadership, become a dynamic Georgia Patients First Team.

We propose a dynamic duo to serve as project managers for the team, steering a successful launch, managing the day-to-day client relationship, leading the option development effort, ensuring that we deliver timely and high-quality work products, and providing relevant subject matter experience both in government and healthcare.

On a day-to-day basis, we propose that **Chris Young** serve as our one of our **Co-Project Managers**. Chris brings a wealth of state and federal experience to the project. Chris was born and raised in Fitzgerald, the heart of rural South Georgia. He graduated from both Georgia Tech and the University of Georgia, and today he calls Marietta home. Chris presently serves as a senior manager within Accenture's public sector consulting practice. His nearly 20 years of public sector experience includes a full decade of significant service within the State of Georgia itself, working in the Office of the Governor, the Department of Economic Development, and Kennesaw State University. Presently he is directing an Accenture project with the Georgia Vocational Rehabilitation Agency to assess its administrative and operational organization, as well as co-leading the firm's significant engagement with the Georgians First Commission.

Prior to joining Accenture, Chris drove major operational transformation as the Deputy Chief of Staff (Operations) for the U.S. Department of Agriculture. There he served as the primary lead to fulfill Secretary Perdue's mandate to make the agency the most efficient, most effective, and most customer-focused in the federal government. He led teams and designed processes that overhauled information technology, human resources, and other sensitive areas within the department's eight core mission areas.

We propose partnering **Kathy Ryland**, a long-time resident of Tyrone, with Chris as **Co-Project Manager**. For more than thirty years in her successive roles as hospital administrator, state regulator, health plan executive, and now as a health care consultant, Kathy, a Managing Principal in HMA's Atlanta office, has a consistent, proven, and successful track record working with Georgia providers, both urban and rural. She has an organic, deep understanding and respect for their issues and concerns, notably adequate reimbursement, payer administrative simplification, and expanded health coverage for all Georgians.

Kathy is also a proven veteran of Georgia state government. For almost a decade, she served as the chief of managed care and quality at the Georgia Department of Community Health, where she held primary responsibility for managed care implementation and regulatory compliance. She architected the Georgia Families statewide Medicaid managed care program, overseeing its successful implementation in 2006. She also oversaw the Georgia Better Health Care PCCM program, which preceded Georgia Families, and the non-emergency medical transportation program. Kathy came to HMA from WellCare of Georgia, where she served as the chief operating office for the Georgia health plan, overseeing overall operations, strategic direction, existing program administration, and new program development. Kathy also was vice president of business development for a national non-emergency medical transportation management company, and she has served as a managed care executive with a major Atlanta-area health system, building and leading its physician-hospital organization.

In sum, our team will place the State in the able hands of a leader who has driven fundamental bureaucratic change across multiple levels of government and a leader who has spent her entire career in the very life cycle of managed care, from program design to implementation. And both call Georgia home.

While Chris and Kathy will guide the daily work and output, we propose **Rob Friess** to serve as our overall **Engagement Director**. Rob and his family call Kennesaw home. He leads Accenture's public sector consulting practice in Georgia, one of thirteen such practice leads across the nation. The core of his 20+ year career at Accenture has centered on substantive government transformation coast-to-coast across the United States: procurement, operations, supply chain management, digital innovation, back office transformation, enterprise platforms, strategic sourcing, and education. Rob served as the company's Global Education Lead and as the head of the Supply Chain consulting practice in our Health & Public Service operating unit.

Rob's depth and breadth of major state government transformation projects position him as the perfect person to help Chris, Kathy, and the core team by casting a critical, discerning, C-suite eye to the entire process.

We propose a seasoned Medicaid executive with deep ACA experience to serve as our **Senior Advisor** throughout the entire engagement, **Phil Poley**. Phil's voice, insights, and wisdom will be central to our work. Phil makes his home just up the road in Charlotte, North Carolina and leads Accenture's overall public sector health industry, responsible for research, thought leadership, talent development and consulting experience in Medicaid, Health Insurance Exchange, public health, and state employee/retiree health. Phil created Accenture's Health Insurance Exchange and Medicaid Managed Care offerings, and he served as Business Architect lead on HealthCare.gov. He

spent a significant amount of time during the 2019 [redacted] sharing his policy insights with members of the General Assembly.

Phil intimately understands the peculiar challenges of state Medicaid policy, because he sat in that very role for more than 10 years. Before joining Accenture, Phil served as the Chief Operating Officer in the Executive Office of Health and Human Services, Office of Medicaid, in the Commonwealth of Massachusetts. He led every operation aspect of the program – from the launch of a new MMIS to a best practice redesign of the entire custom service function to the strategic plan for the state's health information exchange.

The proposed Georgia Patients First Team organization chart is shown below in Figure 14.

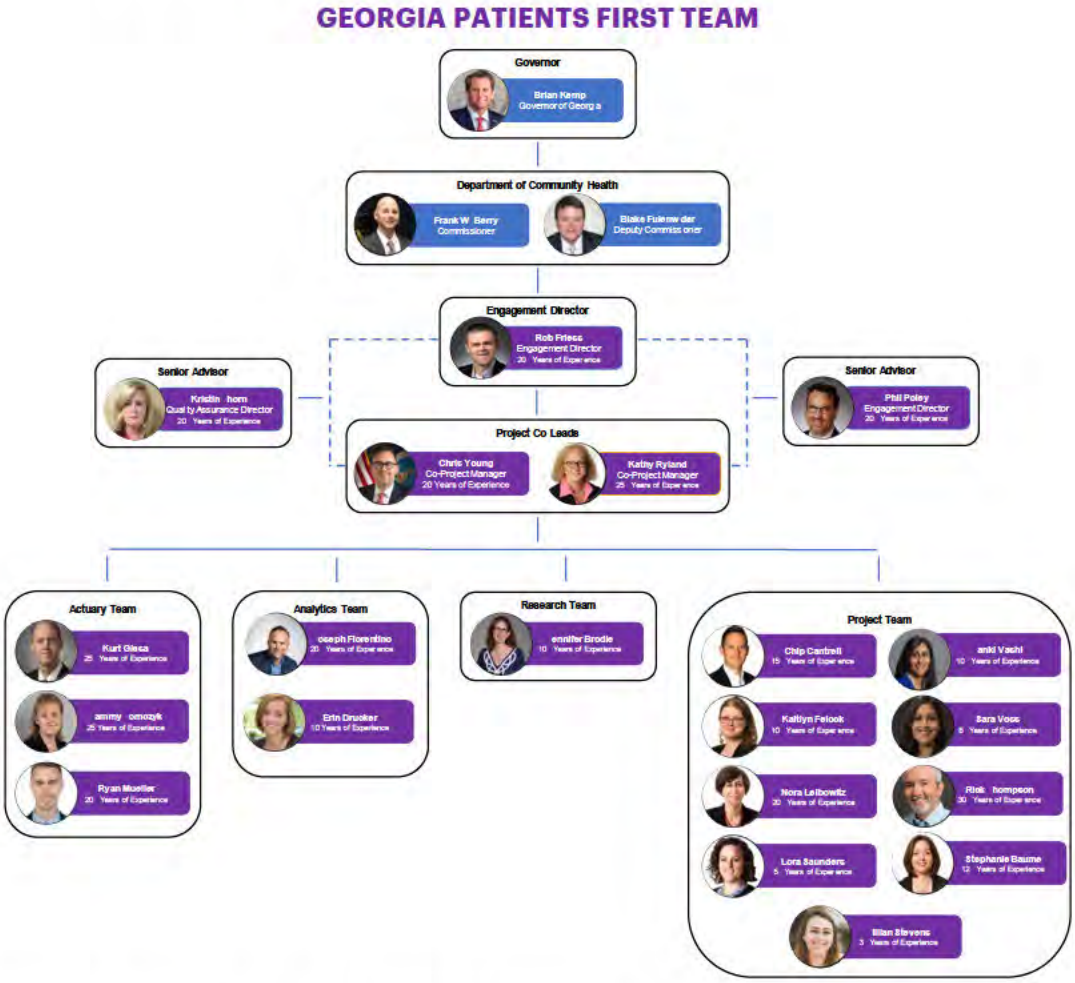

Figure 14: The Georgia Patients First Team organization structure provides clear lines of authority and accountability and promotes close collaboration with the State.

The project's core leadership would be supported by a talented team of subject matter advisors and consultants that will include:

- **Kaitlyn Feiock** – Kaitlyn will substantially contribute to the work as a subject matter advisor in option development (Phase 2) and then lead the waiver writing effort (Phase 3). Since 2010 Kaitlyn has been involved in designing and implementing Section 1115 Waivers, supporting state program changes, and implementing federal requirements under the Affordable Care Act. Kaitlyn has worked on systematic health care policy changes and in both the commercial insurance market and Medicaid. Most recently, she has supported both Indiana and Kentucky in CMS negotiations and securing approval to implement their Healthy Indiana Plan (HIP) and Kentucky HEALTH 1115 waiver initiatives. She was instrumental in developing and writing Section 1115 Waivers for the Healthy Indiana Plan including HIP 2.0, Indiana's End-Stage Renal Disease Waiver, Iowa Wellness Plan, Iowa Marketplace Choice Plan, and the Healthy Ohio waiver. She was the project lead for Indiana's Medicaid Disability Eligibility Changes that transitioned the state from 209(b) status to 1634 status and supported development of Indiana's 1915(i) Bureau of Primary Health Care program. Kaitlyn also led the Healthy Indiana Plan Alternative Benefit Plan state plan amendments for HIP Plus, HIP Basic, and three benefit designs for HIP Employee Link. Kaitlyn conducted high-level requirements sessions for Healthy Indiana Plan 2.0 implementation and facilitated Healthy Indiana Plan 2.0 process and operational improvements, including development of rollover processes, client notice reviewing and updating, and identifying issues requiring further policy discussion and clarification. She was also the project lead for Kentucky HEALTH high-level requirements development and in this role assured accurate translation of policy into practice. In addition to her work in Medicaid, Kaitlyn has significant experience with commercial insurance markets including options and impact analysis around federal and state-based marketplaces, and analysis of 1332 options including reinsurance, high risk pools, subsidy redistribution and federal exchange alternatives

- **Rick Thompson** – Rick, a longtime resident of Suwanee, will help shape our team's stakeholder work in conjunction with State leadership and the core project team. He is a Principal Director at Accenture, with a successful 30+ year career serving public sector clients on Medicaid, integrated eligibility, child support, and child welfare projects. His work also spans the entire system development life cycle, from process analysis and design to county readiness to on-site training and to eventual implementation. Rick brings a strong sensitivity to the input, needs, and concerns of stakeholders. While serving as Implementation Lead for Accenture's NC FAST (North Carolina Families Accessing Services through Technology), he held primary responsibility for county readiness and relationships, communications, conversion strategies, and training planning – all for a stakeholder community of 100 counties whose citizens, leaders, economic bases, and overall demographics vary as much as the 159 counties in Georgia. Rick successfully managed the process, and he will bring that same spirit of listening, understanding, collaborating, and informing to this role in his home state.

- **Chip Cantrell** – Chip, a resident of Atlanta, has managed and supported various Medicaid managed care program projects, including providing project management and proposal content development of multiple successful competitive proposals for MCOs and medical management services. Chip's roots in Georgia are deep. Chip worked for the Georgia Department of Community Health for over five years and served in various roles, including Deputy Chief, Office of Managed Care and Quality. In this capacity, he led multiple components of the Georgia Families procurement including readiness review of the Care Management Organizations and Enrollment Broker. Chip

supported the managed care Chief in the management of all functions related to the administration of the Georgia Families managed care program, including enrollment and eligibility, vendor management, plan design, and quality for over 900,000 members; directed, reviewed, and approved all call center operations, marketing, and outreach activities through four vendors and their subcontractors; and facilitated Georgia Families multi-vendor system interface workgroup and relationship. Chip was the project lead for the Georgia Department of Community Health Integrated Eligibility System Request for Proposal Planning; and managed care Lead for the Project Management Organization team for the State of GA Department of Community Health Medicaid Management Information System design, development, and implementation.

- **Janki Vashi** – Janki, who will lead parts of the environmental scan in Phase 1 and the waiver option development in Phase 2, serves as a seasoned Accenture manager. Janki lives in Atlanta, is a graduate of Georgia Tech, and also holds a Master's in Public Health from George Washington University. She recently transferred from the Accenture Federal IT Strategy practice in Washington, DC. Janki successful delivered strategy, project management, and business process reengineering projects resulting in streamlined processes, increased transparency, and improved user experience. Her skills are used by organizations desiring to transform the operation of IT through process improvement and standardization. Her skills include implementing IT solutions using the systems development lifecycle and agile framework. She focuses on strategically aligning business mission and outcomes to IT acquisition and management. She also focuses on project management capability development, such as risk, issue, change, resource, and performance management

- **Sara Voss** – Sara will contribute to the team's work throughout the options development and waiver writing phases (Phases 2 and 3). A graduate of Emory University (MPH) and a resident of Brookhaven, Sara focuses her career on health policy and management. She holds extensive experience in payer operations, Medicaid, Medicare Advantage, Affordable Care Act implementation, and private and public Exchange programs, all with an intuitive ability to work at the intersection of policy, technology, and operations. At the present, she is supporting as a contracting lead and technical writer for one of our state clients with the design and delivery of a 1115 waiver as part of the state's overall Medicaid transformation from Fee-for-Service to Managed Care. She also performed claims operations for the Regional Blues Health Plan, conducting current state and gap assessments to manage high cost claims. Prior to starting at Accenture, Sara worked at the Centers for Disease Control and Prevention (CDC), where she supported a program at the National Centers for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. This program developed coordination and service integration across Atlanta-based organizations that provide medical and other services to individuals with substance abuse disorders, mental health deficiencies, and other illnesses.

- **Stephanie Baume** – Stephanie will lead the national environmental scan (Phase 1) and then serve as a subject-matter advisor in the waiver writing (Phase 3). She has over a decade of experience in Medicaid, with a primary focus on 1115 waiver program design, managed care, and regulatory compliance. Stephanie has worked with multiple states on the development of new Medicaid programs. She has advised clients through designing and implementing new programming, providing scope of work development for procurements, presentation of policy options, development of quality metrics, waiver and state plan amendment drafting, readiness review and policy and operational leadership. Additionally, she works with state Medicaid agencies to secure federal

approval for new health policy initiatives and to ensure compliance with regulatory requirements. Stephanie has extensive experience in policy research, analysis and recommendation development for Medicaid and public health agencies on projects such as cost containment initiatives, managed care, disability processing, community engagement and 1915(i) program development and funding options. She has experience analyzing federal Medicaid regulations and ensuring program compliance. Previously, Ms. Baume worked with the Indiana Office of Medicaid Policy & Planning where she was responsible for oversight, coordination and administration of the Hoosier Healthwise program, a Medicaid managed care program serving children and pregnant women. In this role she was responsible for ensuring contract compliance of managed care organizations and managing all program policies and operations.

- **Lora Saunders** – Lora will support the team in all three phases of its work. She has conducted health

policy analysis around Affordable Care Act implementation since 2012. She was instrumental in reviewing and summarizing federal rules, regulations, and guidance for the Indiana Medicaid agency and Department of Insurance. She has applied that knowledge as the project lead to develop a state-specific health insurance Navigator program; as the lead investigator for an Indiana State Department of Health program analysis; as the project lead to sunset the Indiana high-risk pool and transition individuals with End-Stage Renal Disease and HIV/AIDS to alternative coverage (including development of a unique health insurance product); as a project lead to review and update federal Health Insurance Marketplace Navigator training to comply with federal regulations; and as a lead writer to develop alternative coverage options for an indigent care program in Alabama. She has also supported alternative Medicaid expansion initiatives by drafting concept papers for stakeholder groups in several non-expansion states, researching policy outcomes in other states for consideration as a part of the Healthy Indiana Plan 2.0 (HIP 2.0) program design and amendment, co-authoring the Indiana End-Stage Renal Disease Waiver, and serving as the lead author for the HIP 2.0 evaluation plan. Lora also assisted in the Kentucky HEALTH implementation preparations, leveraging her policy experience in communications planning, drafting, and review and stakeholder outreach and education; as well as high-level requirement document review. For various projects, Lora created both federal policy and national waiver tracking documents, identifying key changes and identifying potential impacts for a variety of stakeholders, including Medicaid agencies, Medicaid Management Information System vendors, managed care organizations, providers, and others.

- **Nora Leibowitz** – Nora will particularly support the team in the environmental scans of Phase 1. Nora

has dedicated over two decades to improving Americans' access to quality, affordable healthcare. She provides subject matter experience, policy analysis, and evaluation to state and local governments, community organizations, and health care clients. Nora has extensive Marketplace and ACA experience and supports client efforts to innovate in ways that meet state goals and full program requirements. At HMA Ms. Leibowitz has assisted Oklahoma and New Hampshire with Section 1332 waiver development, assessed and developed Medicaid reforms for Alaska, and helped Hawaii transition from state-based to federal Marketplace technology. For Oklahoma, she provided health care policy, program, strategy and data consultation to the Oklahoma State Department of Health and the state's Section 1332 Task Force. She tracked and analyzed federal legislative proposals to replace the ACA and assessed fit with Oklahoma proposals. She developed a Section 1332 waiver proposal for the New Hampshire Insurance Department, provided education on Section 1332 waiver requirements and analytic issues to the state's contracted actuary, and developed solution for coordinating reforms across commercial and Medicaid sectors to support the

unique Medicaid expansion program in place at the time. Working for public and private organizations at the federal and state levels, Nora has sought challenges that have allowed her to increase access to care and improve consumers' healthcare outcomes. Nora conducted an environmental assessment and analyzed reform options for Alaska's Medicaid program. She researched, evaluated, and presented a comprehensive assessment of four universal coverage options in Oregon to policymakers and legislators. She has helped the California exchange develop solutions for families affected by federal regulatory barriers, conducting key informant interviews, assessing options and recommending implementation strategies.

- **Jillian Stevens** – Jillian, who calls Atlanta home, is a recent Master's graduate of Georgia Tech

brings a fresh set of eyes to our consulting team. Skilled in policy research and data analysis overlaid with strong communication and technical skills, her professional work prior to and during graduate school focused on forecasting policy implications for decision makers.

The day-to-day team will be supplemented by two dynamic leads, one in data and analytics, another in research, as well as a Medicaid veteran who will serve as the project's Quality Assurance Director.

- **Joseph Fiorentino** – Joseph is the Managing Director of Applied Intelligence for Accenture's Health and Public Service practice. He has more than 20 years of experience developing innovative strategies to support program and policy change for health and human services clients. With a focus on Medicaid, SACWIS/Child Welfare, and human services strategies coupled with deep knowledge of applied analytics and artificial intelligence, Joseph is highly regarded for his ability to help clients optimize analytics for transformational change. He is also a trusted advisor of delivery leaders across Accenture's analytics projects. Joseph spent a significant time in Georgia during this year's Legislative Session, sharing his insights with policymakers.

- **Jenny Brodie** – Jenny manages Accenture Research's state and local government work. She has overseen major research projects running the gamut of challenges faced by state government – thought leadership in partnership with the National Association of State Chief Information Officers, (Agile IT Delivery: Imperatives for Government Success), research focused on creating innovation in the public sector (Unleashing Innovation: Learn from the Leaders), research focused on strategies for economic diversification, and many others. At the core of her work, though, Jenny, herself a veteran of state government in Ohio, focuses on supporting administrations with research related to their top policy priorities.

Kristin Thorn – Kristin will serve as the Project's Quality Assurance Director and Senior Advisor. She is a Managing Director in Accenture's Health and Public Service Practice. Kristin advises on Medicaid business administration, program implementations, operational readiness as well as go-to-market strategies. Before joining Accenture, Kristin was Medicaid Director for the Commonwealth of Massachusetts, where she was responsible for operations, finance, policy and strategy for the $13.5 billion public insurer that provides health coverage to more than 1.7 million members. While Medicaid Director, she also worked to design and implement several innovative programs including Delivery System Transformation Initiatives (DSTI), Primary Care Payment Reform, One

Care (dual eligibles under 65) and the State Innovation Model grant (SIM). She also worked closely with 6 managed care organizations to implement a new Medicaid plan, CarePlus, for adults newly eligible for benefits under the ACA. She also oversaw the development, negotiation and implementation of two 1115 waivers.

Throughout the engagement, Oliver Wyman will provide actuarial services and support to the Georgia Patients First Team.

- **Kurt Giesa** – Kurt is the National Practice Leader of Oliver Wyman Actuarial Consulting Inc.'s Health Care Practice. He works with health insurers, states, regulators, and providers. Kurt's work with health insurers has been focused on helping them understand and respond to the changes resulting from the Affordable Care Act. His work with insurers also includes product design and pricing, rating specialized coverages, provider contracting, regulatory filing, and mergers and acquisitions. His work with health care providers includes assistance in contracting with payers, the design of risk-sharing mechanisms, HMO creation, and the development of business strategies to anticipate and respond to the changing health care environment. His work with states and regulators includes providing expert testimony, market analysis, the development and analysis of regulation, and the review of health insurance rate filings.

- **Tammy Tomczyk** –Tammy is an Oliver Wyman Partner who brings more than 25 years of actuarial experience and specializes in actuarial and strategic consulting to health plans, managed care organizations, providers, and state and Federal regulators. Her experience includes product development and pricing for many types of commercial health products, Medicare Advantage pricing, reserve analysis, development of provider capitation rates, trend analysis, fee schedule analysis, financial management and forecasting, underwriting process reviews, risk adjustment, evaluating risk-based provider contracts, and modeling the impact of proposed legislation. Tammy has considerable understanding and insight regarding the Affordable Care Act (ACA), specializing in the Individual and Small Group markets. In addition to assisting health plans in the development and pricing of ACA compliant products, she has assisted many states in studying their options under the Section 1332 Waiver of the ACA and performing actuarial analysis to support several successful Section 1332 Waiver applications. She has also assisted clients by performing modeling to analyze the impact of proposed changes to the ACA, including options targeted at stabilizing the Individual market.

- **Ryan Mueller** – Ryan is an Oliver Wyman Senior Consultant with more than ten years of health care experience specializing in providing services to health insurers, managed care organizations, health care providers, and state regulatory agencies. His current responsibilities include product development and pricing of commercial products, including the Affordable Care Act (ACA) compliant major medical products, review of major medical and long-term care filings for state insurance departments, fee schedule analysis, underwriting process reviews, the ACA's commercial risk adjustment program, and actuarial modeling to understand the impact of proposed legislation on the commercial health insurance markets, including the impact of Section 1332 Waivers. Prior to joining Oliver Wyman, Ryan was an actuary with Assurant Health. While at Assurant, he was involved in the

pricing of Individual and Small Group major medical products. He also provided analytic support for underwriting and risk management efforts.

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We believe that our team is the best partner to help Governor Kemp, DCH, and the State achieve that mission – to build a healthier Georgia through a bold, compelling approach to Medicaid waivers.

With our team, you gain a partner with local DNA, with an incomparable depth and breadth of Medicaid and healthcare policy experience, with an unrivaled record in successful 1115 and 1332 waiver requests and implementation, with the relationships in Georgia and Washington necessary for success, and with a healthy spirit of innovation.

6.0 CONSULTANT'S TRAVEL REQUIREMENTS

The Georgia Patients First team will be staffed primarily with local Georgia consulting resources, thereby significantly reducing travel requirements.

We anticipate the following travel based a number of our subject matter advisors:

1. Time-to-time, approximately ten (10) team members based outside of Georgia would incur travel expenses to/from the State as they participate in various project activities. We anticipate that none of the individuals who live in other states would be traveling on a weekly basis to Georgia, only as and when their role made it necessary. We would work with the state to minimize travel expenses through the use of video teleconferencing tools such as Skype, provided doing so would not adversely impact the quality of work being performed.

2. There would be in-state travel incurred to participate in workshops or stakeholder engagement activities held outside the Atlanta metro area and as directed and approved by State leadership.

7.0 CONSULTANT'S ONSITE WORKSPACE REQUIREMENTS

Our team intends to be onsite at DCH headquarters during this project. In addition to any other obligations or assumptions described elsewhere in this response, we require the following of DCH:

1. Physical office and/or meeting space for up to eight (8) individuals to work simultaneously at DCH's headquarters plus access to meeting space. When the team is present at DCH's offices, DCH will provide the team with the rights to use systems, equipment (including hardware and software), and other office space and facilities, as necessary for the project team to provide the services at DCH´s locations.
2. Sufficient parking for the team at appropriate parking facilities. If parking is at a garage that requires payment, DCH will arrange for Accenture team members to receive the rate available for State employees, if applicable.
3. Appropriate visitor ID badges to access DCH office locations.
4. Internet access and power.

8.0 ESTIMATED COST

We are pleased to respond to support the Georgia Department of Community Health's Statement of Need for Management Consulting Services. As requested in the Statement of Need, we have proposed a fixed price based on the rate card in the Management Consulting Statewide Agreement for our work effort in support of Phases One through Three as described in this proposal response in Section 1.

Our price to the State reflects a team with deep experience in 1113 and 1332 Medicaid Waivers, tools and assets which accelerate the work effort, and an innovative mindset to guide the State with a set of options that provide a solution for all Georgian's. All of this comes with direct experience working directly with Federal agencies including CMS to develop and negotiate waivers that will ultimately be approved in Washington.

Pricing:

1. **Fee**: $2,400,000
2. **Method and Rate of Compensation**: Fixed Price

Expenses: Billed as actuals

Payment Terms and Conditions:

1. Payment schedule is $342,857 per month + actual expenses
2. Net 10

8.1 ASSUMPTIONS

Accenture presents the following key assumptions and principles upon which our solution and pricing are based. Accenture relies upon these assumptions and responsibilities as conditions of its performance of the services described in this proposal.

1. DCH will provide in a timely manner the following: overall direction for the Accenture team; if requested, support materials and data, other resources, and access to employees for interviews, follow-ups, and clarifications; if necessary, consents for Accenture's use of any property; and if requested, decisions that will affect the work and its ultimate deliverables.
2. If the 1332 waiver scenarios we are asked to run involve the Medicaid/CHIP populations, we will be given timely access to Medicaid/CHIP enrollment, claims, and other information.
3. The State will use its authority to allow us to make a data call to health plans for information on enrollment and demographics in ACA products, the cost of benefits, and other relevant information to allow us to establish a baseline for the 1332 modeling exercise.
4. Accenture shall have no access to DCH Personal Data nor shall any access to DCH Personal Data be provided by DCH.
5. If applicable, DCH shall be responsible for the performance of other contractors or vendors engaged by DCH in connection with the Project and ensuring that they cooperate with Accenture.
6. DCH will take ownership for the outcomes and be responsible for their implementation, operation, and use of the Deliverables. DCH will be solely responsible for determining whether any Services provided by Accenture (i) meet DCH's requirements; (ii) comply with all

laws and regulations applicable to DCH; and (iii) comply with DCH's applicable internal guidelines and any other agreements it has with third parties.

7. Accenture's performance of the Contract is dependent on the DCH's prompt and effective performance of its responsibilities, including timely decisions and approvals.
8. Each respective party will retain responsibility for its compliance with any laws, regulations, or other authorities, in effect on the date of submission of our proposal, including those areas on which it relies on the other party's performance under the Contract.
9. Accenture cannot provide legal advice or make legal determinations. Overviews or summaries that Accenture provides of regulatory environments should not be construed as legal advice and cannot be relied upon as such. Accenture can design waiver proposals to meet regulatory requirements, but the Department shall be ultimately responsible for confirming compliance of waiver proposals with applicable laws.
10. Accenture will assist the State with identifying funding sources and estimating total funding from those sources for three funding sources (e.g., a HIT-like assessment on health plans, or an assessment on providers).
11. Accenture will provide actuarial resources to support the needed analyses and modeling related to the 1332 Waiver but cannot provide formal actuarial opinions. This will provide actuarial results for up to three 1332 Waiver scenarios and each scenario would include no more than three policy changes, where a policy change would include for example instituting a reinsurance program, reinstating the mandate penalty, enhancing the cost-sharing reduction program, or implementing age-based premium subsidies. For each scenario we will provide the total cost of the program, pass through funding, and expected cost to the State with results delivered in PowerPoint.
12. The DCH shall rely on Navigant for final actuarial advice and formal actuarial opinion for the 1115 Waiver.
13. The DCH shall have overall responsibility for reviewing and approving waiver submissions and the budget neutrality of any implemented waiver proposal.

If any of these assumptions are incorrect or if DCH does not perform any obligations in a timely manner, then the project schedule, fees and expenses, deliverables, and level of effort required may be impacted and subject to change. If that occurs, Accenture shall have no liability with respect to its inability to perform the services in this proposal, and DCH shall grant to Accenture such additional time as is reasonable to provide the services and/or the relevant deliverables, as the case maybe, and shall pay to Accenture any additional fees necessary to compensate Accenture for any necessary additional effort or expenses.

APPENDIX 1: TEAM RESUMES

The following pages provide resumes for proposed team members documenting select experience relevant to the work at DCH.

ROB FRIESS

Engagement Director

Rob is a Managing Director with Accenture and resides in Kennesaw, GA. He leads the State of Georgia consulting practice for government and education. Rob has 25 years of combined government and industry experience and has been with Accenture for over 20 years in a variety of leadership positions, most recently he was the Global Head of the Education and Non-Profit practice. He is a passionate leader and enjoys working with his clients to define new strategies that can be implemented to deliver better outcomes for citizens.

SUMMARY OF EXPERIENCE

- 12 years of experience collaborating with public sector clients on large, complex advisory projects including delivery of two of the largest and most innovative state government transformation programs at New York State and at the Commonwealth of PA
- State of Georgia experience with GA Board of Regents, Georgia Tech, Department of Audits, Fulton County
- 9 years of commercial client work advising HP/Compaq and Qwest/US West Merger, Applied Materials, and Facebook

SELECT EXPERIENCES:

FULTON COUNTY, STATE OF GEORGIA **Property Tax Reduction** **Engagement Lead** **2018**	• Engagement Lead for a project that delivered significant process efficiency for end to end assessment through collection processes • Provided testimony to the Fulton County Board of Commissioners • Worked with County Manager and Chief Strategy Officer
THE GEORGIA INSTITUTE OF TECHNOLOGY **Finance Re-design Strategy** **2017**	• Led a team to design a future state vision and transformation roadmap for Finance across GT academic, administration, and research units • The project used extensive design thinking techniques that provided a recommended path for new services and experiences as well as operational changes and ways of working
EMORY UNIVERSITY **Org Design, Finance Dashboard, Robotic Process Automation** **Engagement Lead** **2016-2019**	• Supported several engagements with Administration and Finance including a project that re-imagined the finance dashboard for the college Deans, Human workforce strategy with RPA, Operations initiatives, organization re-design, and finance strategy.

ROB FRIESS

Engagement Director

STATE OF NEW YORK **Strategic Sourcing/Procurement Transformation** **Engagement Lead** **2012-2014**	• Led the strategic sourcing team delivering 21 sourcing projects that delivered $100 million FY 12/13 and over $700 million over the next 5 years • Worked with state agency Commissioners, State Comptroller, and Governor Cuomo's office to advise on policy, re-design strategy. Supported testimony development and stakeholder engagement.
COMMONWEALTH OF PENNSYLVANIA **Strategic Sourcing/Procurement Transformation** **Program Lead** **2003-2004**	• Served as the overall program lead for a two-year procurement transformation engagement which saved the state over $140 million annually under the Rendell Administration • Implementation deliverables included development of as-is/to-be processes, transition plan to enable roll-out of a new organization structure, and a gap analysis/plan for enhancing use of existing source to pay technology and adding additional supporting technology

EDUCATION AND CERTIFICATIONS:

- BS, Finance and Marketing, University of Oregon
- BS, Spanish Minor, Universidad del Sol, Cuernavaca, MX

PHIL POLEY

Senior Advisor

Phil is a Managing Director based in Charlotte, NC who serves as Industry Lead for our Public Sector Health practice. His portfolio includes Medicaid, Health Insurance Exchange, Public Health and public employee/retiree health. He led Accenture's Health Insurance Exchange practice to achieve market leading position. Under Phil's leadership, Accenture developed, implemented and runs the Covered California exchange and stabilized, enhanced and runs HealthCare.gov. He has assisted seven states with successful exchange implementations. Prior to Accenture Phil spent more than 12 years in Massachusetts state government, primarily with Medicaid, where he was Chief Operating Officer.

SUMMARY OF EXPERIENCE

- More than 12 years of experience in public health insurance programs
- Leads Accenture's Public Sector Health practice

SELECT EXPERIENCES:

ACCENTURE **Multiple Clients** **Managing Director**	• Led engagements with a number of Medicaid managed care organizations, spanning front-end consumer engagement and back-office operations and compliance • Has contributed to the leadership team of every health insurance exchange project, since joining Accenture

SELECT EXPERIENCES (PRE-ACCENTURE):

THE COMMONWEALTH OF MASSACHUSETTS **Chief Operating Officer, Medicaid**	• Oversaw member and provider operations for this 1.1 million-member, $8.4 billion public health insurance program • Focused in the areas of strategic planning, business process re-design, IT strategic planning and management, and performance benchmarking/management
UMASS MEDICAL SCHOOL **Executive Director, Office of Massachusetts Client Relations**	• Commonwealth Medicine is the medical school's public sector consulting arm, a $300M per year enterprise with more than 1,700 employees • Responsible for managing the total relationship with the school's largest client, the Commonwealth of Massachusetts. Chief responsibilities included Massachusetts business strategy formulation, client relations and financial management

EDUCATION AND CERTIFICATIONS:

- MA, Urban and Environmental Policy and Planning, Tufts University
- BA, Political Science, Duke University

KRISTIN THORN

Senior Advisor

Kristin is a Managing Director in Accenture's Health and Public Service Practice. Kristin advises on Medicaid business administration, program implementations, operational readiness as well as go-to-market strategies. Before joining Accenture, Kristin was Medicaid Director for the Commonwealth of Massachusetts, where she was responsible for operations, finance, policy and strategy for the $13.5 billion public insurer that provides health coverage to more than 1.7 million members.

SUMMARY OF EXPERIENCE

- Medicaid Director for the Commonwealth of Massachusetts
- Medicaid Compliance and operational organization architecture

SELECT EXPERIENCES:

STATE OF NORTH CAROLINA **NC DHHS Medicaid Trans Integration – Raleigh** **Industry Subject Matter Advisor** **4/2018 – 7/2018**	• Worked closely with North Carolina State Medicaid agency to implement and operationalize their 1115 Waiver in the transition to managed care including development of the operating model, process redesign, requirements development and the operational readiness programs
STATE OF NORTH CAROLINA **Medicaid Tech Planning – Raleigh** **Business and Integration Architect** **7/2017 – 3/2018**	• Supported a large regional Health Plan with business process design, development of policy and procedures to support North Carolina State contract requirements and conducted an organizational change management assessment for core Medicaid operational functions.
CIGNA **Consulting Services - Bloomfield** **Medicaid Compliance Lead** **7/2016 – 9/2016**	• Supported efforts to expand into new markets by evaluating several RFP responses for compliance with evaluation criteria, effective messaging on win themes and differentiators, and program innovations
HIGHMARK **Appendix 14 - Pittsburgh** **Business Industrialization Lead** **2/2016 – 9/2016**	• Provided advisory guidance to Highmark leadership as it develops plans, identify and mitigate issues/risks leveraging prior Medicaid operations experience in establishing and designing change management practices for new Medicaid operations organizations.

KRISTIN THORN

Senior Advisor

EDUCATION AND CERTIFICATIONS:

- Juris Doctor, Southern Methodist University
- BA, Political Science and Spanish, Franklin and Marshall College

CHRIS YOUNG

Co-Project Manager

Chris recently joined Accenture after almost twenty years in leadership roles in federal and state governments and multinational organizations. He is based in Atlanta and is a member of our Public Service consulting practice. His professional passions including finding innovative ways for the public sector to provide solutions and services to citizens more efficiently, more effectively, and with a greater focus on the customer.

SUMMARY OF EXPERIENCE

- Almost 20 years of state and federal government experience, including senior leadership roles
- Specifically drove change management as a federal cabinet agency, a United Nations global operation, and a state-level department

SELECT EXPERIENCES (PRE-ACCENTURE):

US DEPARTMENT OF AGRICULTURE
Deputy Chief of Staff
1/2017 – 4/2018

- Strategically led the subcabinet, agency heads and multiple in-house "OneUSDA" working groups to overhaul the Department's antiquated and inefficient human capital and labor relations structures and directives, web and digital media presence, brand usage, and security procedures, and directed them toward an enterprise approach in management and technology
- Directed multiple issue-specific communications campaigns, including those around the Rural Prosperity Task Force, the Farm Bill, and forest fire funding
- Aggressively integrated "customer experience" technologies and operating standards into mission areas, as well as Department-wide core functions
- Ideated and created the Office of Partnerships and Public Engagement, which consolidated the Department's outreach to special constituencies including youth, land grant universities and other seats of higher education, minorities (including Indian tribes), the military and veterans, and faith-based and neighborhood organizations
- Guided the development of the Secretary's Strategic Goals and then instituted new processes by which senior civil service leaders were to be evaluated and assigned

UNITED NATIONS INSTITUTE FOR TRAINING AND RESEARCH
Executive Director
1/2014 – 12/2016

- Led one of the 17 global UNITAR centers focused on training local/subnational governments
- Conceptualized, planned, and executed a wide variety of complex, overlapping trainings, conferences, seminars, workshops, symposia, and other events to capacity build through direct knowledge transfer, rather than just awarding grants with ineffective metrics; best practices training focused on good and open governance, as well as economic and infrastructure development, and free, fair trade

CHRIS YOUNG

Co-Project Manager

EDUCATION AND CERTIFICATIONS:

- Juris Doctor, The University of Georgia School of Law
- BS, History, The Georgia Institute of Technology

KATHY RYLAND

Co-Project Manager

Kathy Ryland understands managed care programs in Georgia from both health plan and state agency perspectives. For over thirty years, in her successive roles as hospital administrator, state regulator, health plan executive, and finally as health care consultant, Kathy Ryland has worked consistently and successfully with Georgia providers, both urban and rural. She has a deep understanding and respect for their issues and concerns – adequate reimbursement, payer administrative simplification, and expanded health care coverage for Georgians.

SUMMARY OF EXPERIENCE

- Program development and administration of Georgia Families and Georgia Better Health Care programs
- Managed care operations in Georgia
- Regulatory compliance
- Health plan liaison to state governmental agencies

SELECT EXPERIENCES:

MULTIPLE CLIENTS **Medicaid Consulting** **Consultant** **4/2104 – present**	• Provide ongoing strategic advice and thought partnership to a number of Georgia, other state, and national managed care organizations, major hospital systems, and provider groups • Guidance includes federal and state policy, regulatory compliance, legislative updates, and strategic planning • Assisted with design concept and total cost of care modeling for the Grady Waiver
WELLCARE OF GEORGIA **Georgia Health Plan** **Chief Operations Officer** **8/2010 – 4/2014**	• Overall operations of the Georgia Health Plan including strategic direction, administration for all existing programs and the development of new programs to ensure health plan goals and objectives are met or exceeded • Led and directed overall improvement of operations including provider contracting and relations, sales and marketing, medical management, regulatory compliance, and finance • Worked closely with the WellCare executive leadership team • Served as the representative of the health plan to government entities and other external agencies
LOGISTICARE SOLUTIONS, LLC **Business Development** **Vice President** **4/2008 – 8/2010**	• Management of business development efforts in the state government sector, including initiating contacts, developing collaborative relationships, recommending business strategy, assessing competitor strengths, and oversight of the request for proposal response process • Responsible for URAC accreditation, growth in managed care market sector, including new plan implementation and account management
GEORGIA DEPARTMENT OF COMMUNITY HEALTH, DIVISION OF MANAGED CARE AND QUALITY	• Directed the procurement and implementation of the statewide Medicaid managed care program, Georgia Families, with over 900,000 enrolled members and three contracted care management organizations

KATHY RYLAND

Co-Project Manager

Georgia Families and Georgia Better Health Care Programs **Division Chief** **8/1999 - 11/2007**	• Successfully managed the statewide primary care case management program, Georgia Better Health Care, with over 800,000 lives and a network of over 4,200 primary care providers • Established a multi-disciplinary physician advisory committee which developed and implemented a multi-year statewide quality improvement initiative including physician report cards • Re-procured and managed the Medicaid statewide prepaid transportation system
HEALTH MANAGEMENT ASSOCIATES **Medicaid Consulting** **Managing Principal** **4/2014 – present**	• With 23 offices and more than 250 consultants, Health Management Associates (HMA) is dedicated to serving vulnerable populations with a focus on making publicly funded programs like Medicaid and Medicare operate more efficiently

EDUCATION AND CERTIFICATIONS:

- Course of Study: Psychology, Chatham College
- Course of Study: Accounting, Troy State University

KURT GIESA

Actuary Team

Kurt Giesa is the National Practice Leader of Oliver Wyman Actuarial Consulting Inc.'s Health Care Practice. He works with health insurers, states, regulators, and providers. Kurt's work with health insurers has been focused on helping them understand and respond to the changes resulting from the Affordable Care Act. His work with insurers also includes product design and pricing, rating specialized coverages, provider contracting, regulatory filing, and mergers and acquisitions. His work with health care providers includes assistance in contracting with payers, the design of risk-sharing mechanisms, HMO creation, and the development of business strategies to anticipate and respond to the changing health care environment. His work with states and regulators includes providing expert testimony, market analysis, the development and analysis of regulation, and the review of health insurance rate filings.

SUMMARY OF EXPERIENCE

- Provided testimony before U.S. Congressional committees on issues related to health insurance markets
- Spoken in front of both the Maryland and Connecticut Exchange Boards in support of their planning efforts

SELECT EXPERIENCES:

OLIVER WYMAN
Multiple Clients
Partner

- Modeling the impact of legislative proposals meant to alter or replace the ACA including the elimination of the mandate
- Preparing pricing and then filling ACA-compliant products for a large, multistate issuer
- Analysis for the Massachusetts Division of Insurance of the impact of health insurance reform in Massachusetts on the Individual market
- Assisting a Medicaid health plan in formulating its strategies related to the ACA and specifically the under 250% FPL population
- Modeling the impact of insurance market reforms for a number of states in their exchange planning efforts

EDUCATION AND CERTIFICATIONS:

- MBA, Actuarial Science, University of Wisconsin
- BA, Mathematics and English, *cum laude,* University of Washington

TAMMY TOMCZYK

Actuary Team

Tammy Tomczyk is a Partner in the Milwaukee, WI office of Oliver Wyman Actuarial Consulting, Inc. Tammy has over 25 years of actuarial experience and specializes in actuarial and strategic consulting to health plans, managed care organizations, providers, and state and Federal regulators.

SUMMARY OF EXPERIENCE

- Assisting health plans develop pricing and product strategies for the post-2014 reformed Individual, Small Group and Large Group markets

SELECT EXPERIENCES:

OLIVER WYMAN
Multiple Clients
Partner

- Deep understanding and insight regarding the Affordable Care Act, specializing in the Individual and Small Group markets
- Assisted many states in studying their options under the Section 1332 Waiver of the ACA
- Assisted clients by performing modeling to analyze the impact of proposed changes to the ACA, including options targeted at stabilizing the Individual market
- Co-author of the practice's healthcare reform microsimulation model and oversees the practice's suite of commercial pricing tools

EDUCATION AND CERTIFICATIONS:

- BBA, Finance and Mathematics, *cum laude,* University of Wisconsin

RYAN MUELLER

Actuary Team

Ryan is a Senior Consultant in the Milwaukee, WI office of Oliver Wyman Actuarial Consulting, Inc. Ryan has over ten years of health care experience specializing in providing services to health insurers, managed care organizations, health care providers, and state regulatory agencies.

SUMMARY OF EXPERIENCE

- Microsimulation modeling associated with Section 1332 Waiver applications and health care reform analysis

SELECT EXPERIENCES:

OLIVER WYMAN **Multiple Clients** **Senior Consultant**	• Product development and pricing of commercial products, including the Affordable Care Act compliant major medical products, review of major medical and long-term care filings for state insurance departments, fee schedule analysis, underwriting process reviews, the ACA's commercial risk adjustment program, and actuarial modeling to understand the impact of proposed legislation on the commercial health insurance markets, including the impact of Section 1332 Waivers
ASSURANT HEALTH **Actuary**	• Performed pricing of Individual and Small Group major medical products • Provided analytic support for underwriting and risk management efforts

EDUCATION AND CERTIFICATIONS:

- BS, Actuarial Science, Carroll College

JOSEPH FIORENTINO

Analytics Team

Joseph is the Managing Director of Applied Intelligence for Accenture's Health and Public Service practice. He has more than 20 years of experience developing innovative strategies to support program and policy change for health and human services clients. With a focus on Medicaid, SACWIS/Child Welfare, and human services strategies coupled with deep knowledge of applied analytics and artificial intelligence, Joseph is highly regarded for his ability to help clients optimize analytics for transformational change. Joseph is also a trusted advisor of delivery leaders across Accenture's analytics projects.

SUMMARY OF EXPERIENCE

- Government Health Programs, Policy and Solutions
- Health Analytics and AI Innovations

SELECT EXPERIENCES:

ACCENTURE
Multiple Clients
Managing Director

- Leads the Health and Public Service analytics and business intelligence team
- Serves as a healthcare analytics strategy SMA for clients and Accenture delivery teams
- Sources strategic partnerships with global market leaders to complement Accenture analytics and AI solutions

SELECT EXPERIENCES (PRE-ACCENTURE):

IBM
Multiple Clients
Associate Partner

- As the executive overseeing IBM health and human services offering, led a complex health project that is art of the DSRIP initiative within the NYS Medicaid program. The project implemented a care coordination and interoperability solution for Performing Provider Systems [PPS] network to support healthcare management efforts for the State's Health Home (HH) program.
- Led the implementation strategy to support an IBM led project to support the County of San Diego's Live Well program. The County-wide effort to provide access to information so they can make choices that lead to healthy, safe, and thriving lives. And that includes information about County-provided services.
- Led the data analytics and data warehouse work for a large integrated eligibility project. The deployed performance management platform resulted in a number of organizational efficiencies that inform better decision-making and targeted efforts for improved performance.

EDUCATION AND CERTIFICATIONS:

- B.Com., Finance, McGill University

ERIN DRUCKER

Analytics Team

Erin is a Functional and Industry Analytics Manager in the Digital Health Practice based out of Charlotte, NC. She has almost ten years of experience in healthcare research, design and execution of advanced statistical analysis, healthcare operations, program evaluation, and effective communication of results with management. Most recently her work focused on predicting risk of crisis for Medicaid members with active antipsychotic prescriptions, coordinating and evaluating effective pharmacy and Care Coordination interventions, as well as managing all projects related to utilization and quality management, clinical projects, contract and accreditation requirements, and other analytic support for healthcare operations.

SUMMARY OF EXPERIENCE

- Health Care analytics specialist with close to 10 years of experience

SELECT EXPERIENCES:

STATE OF NORTH CAROLINA **NC DHHS Medicaid Trans Integration** **Functional Analytics Practitioner** **4/2019 – 10/2019**	• Assed industry trends, created reports, prepared forecasts and developed industry/functional models • Used advanced statistical techniques to find relationships between variables
STATE OF OHIO **Infant Mortality** **Data Science Practitioner** **8/2018 – 3/2019**	• Led team of data scientists in analysis, prioritized data investigations, and communicated findings to clients and leadership • Produced descriptive, predictive, and prescriptive analysis and communicated the results clearly utilizing clustering, segmentation, and visuals.
CARDINAL INNOVATIONS HEALTHCARE **Statistical Modeling** **Data Science Practitioner** **2/2017 – 8/2017**	• Used Medicaid claims source, designed and executed a risk model for crisis among member with active antipsychotic prescriptions • Organized implementation among cross-functioning teams, and communicated results to senior management

EDUCATION AND CERTIFICATIONS:

- MSPH, Epidemiology, University of South Carolina
- MA, History of Medicine and Medical Anthropology, Michigan State University
- BA, History, University of North Carolina Charlotte

JENNY BRODIE

Research Team

Jenny is an Accenture Research Associate Manager and focuses on Public Services. Prior to joining Accenture Jenny served as a policy advisor to the Governor of Ohio. There she helped draft and pass an education reform and school funding plan. Following her work in the Governor's Office she helped start, and carried out research for, a state focused public policy think tank.

SUMMARY OF EXPERIENCE

- Public sector research
- Public policy and legislative development
- State government

SELECT EXPERIENCES:

STATE OF WYOMING

Economic Needed Diversity Options for Wyoming

Research Lead

11/2017 – 6/2018

- Worked with industry experts to develop a presentation on major economic disruptors and their potential impact on state government workforce
- Lead a team to support each of the ENDOW sub-committees with research and industry insights to help the sub-committees identify and refine their bold ideas
- Developed case studies form other states that turbo-charged their economic development efforts

SELECT EXPERIENCES (PRE ACCENTURE):

STATE OF OHIO

Office of the Governor

Policy Advisor

- Developed a comprehensive bond package aimed at investing in infrastructure and stimulating the economy
- Developed comprehensive education reform package as part of the Governor's education reform team
- Conducted coalition building on the Governor's Education Reform Plan, bringing together a broad cross section of interested parties

EDUCATION AND CERTIFICATIONS:

- PhD Candidate (Expected fall 2019), Public Affairs, The Ohio State University
- BA, Ohio Wesleyan University

CHIP CANTRELL

Project Team

Chip Cantrell, based in HMA's Atlanta office, has managed and supported various Medicaid managed care programs. Chip worked for the Georgia Department of Community Health for five years and led multiple components of the Georgia Families procurement. He was also project lead for the Georgia Department of Community Health Integrated Eligibility System RFP planning and was instrumental in the Georgia Department of Community Health Medicaid Management Information System implementation.

SUMMARY OF EXPERIENCE

- Project management of complex projects with multiple stakeholders
- Assistance to Medicaid managed care plans for state procurements

SELECT EXPERIENCES:

SOUTH DAKOTA MEDICAID AGENCY **Medicaid Eligibility and Enrollment Project** **Deputy Project Manager** **3/2018 – Present**	• Provided project management support of the request for proposal (RFP) and evaluation process • Provides project management and technical assistance support of the system implementation
KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES (CHFS) **Kentucky HEALTH 1115 Waiver Assistance** **Project Manager** **3/2016 – Present**	• Provides project management and resource coordination • Participated in joint application design and reviewed high-level requirement and detailed design documents for the community engagement program area as a part of the policy and requirements program integration management team
SOUTH DAKOTA MEDICAID AGENCY **Medicaid Revalidation Project** **Project Manager** **3/2016 – 2/2017**	• Provided project management support, including the implementation of a project management framework and development of internal project team and external stakeholder communication plans
SOUTH DAKOTA MEDICAID AGENCY **Medicaid Expansion** **Subject Matter Advisor** **12/2015 – 6/2016**	• Performed an operational impact assessment, including development of process inventories, process maps, process disconnects, and process improvement opportunities

CHIP CANTRELL

Project Team

CARESOURCE **Managed Care Implementation** **Project Management and Subject Matter Advisor** **5/2016 – 7/2017**	• Assisted health maintenance organization implement Medicaid managed care in the state of Georgia • Performed pre-implementation analysis of the RFP requirements, CareSource proposal, and proposal evaluation results • Recommend areas of increased concentration or focus during implementation • Provide general consult on pre-implementation planning • Planned and facilitated readiness review planning
GEORGIA DEPARTMENT OF COMMUNITY HEALTH **Office of Managed Care and Quality, Office of Information Technology** **Deputy Chief, Project Coordinator** **5/2002 – 9/2007**	• Managed of all functions related to the administration of the Georgia Families managed care program, including enrollment and eligibility, vendor management, plan design, and quality management for over 900,000 members • Directed, reviewed, and approved all call center operations, marketing, and outreach activities through four vendors and their subcontractors • Approved MMIS vendor change orders associated with the Georgia Families program • Facilitated Georgia Families multi-vendor system interface workgroup and relationship Member of the project management and implementation team for the MultiHealthNet (MHN) system • Co-leader of the DCH service improvement project; performed current-state analysis, gap analysis, and future-state organizational design in support of the MHN environment
HEALTH MANAGEMENT ASSOCIATES **Consulting** **Senior Consultant** **4/2014 – present**	• With 23 offices and more than 250 consultants, Health Management Associates (HMA) is dedicated to serving vulnerable populations with a focus on making publicly funded programs like Medicaid and Medicare operate more efficiently

EDUCATION AND CERTIFICATIONS:

- Certified ScrumMaster, Scrum Alliance, Inc.
- Project Management Master's Certificate, Stevens Institute of Technology, Hoboken, NJ
- Course of Study: Sociology, Fairleigh Dickinson University
- Course of Study: Business Administration, Clayton State College

JANKI VASHI

Project Team

Janki Vashi is a Management Consulting Manager with Accenture that recently transferred from the Accenture Federal IT Strategy practice in Washington, DC. Ms. Vashi has seven years of experience in federal IT consulting. She successfully delivered IT strategy, project management, and business process reengineering projects resulting in streamlined processes, increased transparency, and improved user experience.

SUMMARY OF EXPERIENCE

- Strategic Planning
- IT Strategy Operating Model/Roadmap

SELECT EXPERIENCES:

US DEPARTMENT OF HOMELAND SECURITY **FAR: Condor – Washington, D.C.** **Analytics and Modeling Lead** **8/2016 – 11/2018**	• Oversaw analytic development portfolio for DHS's bio surveillance integration Center by enhancing and automating global infectious disease surveillance activities • Managed development of $20 million federal interagency cloud-based analytic platform for global public health data collection, analysis and reporting.
AIRFORCE **Enterprise Level Security Spiral 8** **IT Strategist** **10/2015 – 4/2016**	• Developed processes and use cases on implementing an enterprise-wide identity access management technical solution • Created a cost modelling strategy on pricing application services • Conceptualized a change management process for request for changes on infrastructure and platform services • Developed an IT Roadmap to realize strategic IT vision
US DEPARTMENT OF DEFENSE **FAR: Kerr – Washington, D.C.** **Business Process Architect** **10/2015 – 2/2016**	• Built the business architecture components for the project which included: Functional blueprint, cost modeling strategy, organizational structure with roles and responsibilities, and capability development

JANKI VASHI

Project Team

US DEPARTMENT OF THE TREASURY **Ashland** **Infrastructure Technical Specialist** **3/2014 – 5/2015**	• Created Digital Strategy briefing for CIO to present to the Assistant Secretary for Management • Established, implemented, and enforced standardized risk/issue and resource management capabilities for 30 Project Managers • Strengthened adoption of the enterprise portfolio management tool by 60% amongst 30 Project Managers
DEFENSE LOGISTICS AGENCY **EBS** **Business Analyst** **2/2012 – 9/2013**	• Conducted process analysis and improvement for 3 disparate tools and consolidated into one enterprise process and tool • Designed functional specification for the enterprise tool based on stakeholder requirements • Executed testing and training for enterprise tool across 8 agency sites (>500 people) and provided user support during roll-out

EDUCATION AND CERTIFICATIONS:

- Master's in Public Health, George Washington University
- BS, Management, The Georgia Institute of Technology

KAITLYN FEIOCK, MPH

Project Team

Since 2010, Kaitlyn has designed and implemented Section 1115 waivers, supported state program changes and implementation of federal requirements under the Affordable Care Act, and developed options and analysis for 1332 waiver implementations. Kaitlyn has worked on systematic health care policy changes in both the commercial insurance market and Medicaid. Most recently, she has supported both Indiana and Kentucky in CMS negotiations and securing approval to implement their Healthy Indiana Plan (HIP) and Kentucky HEALTH Section 1115 waiver initiatives, and supported Indiana in the development of the HIP Workforce Bridge Section 1115 waiver amendment posted for public comment in May 2019.

SUMMARY OF EXPERIENCE

Section 1115 waiver policy design, document development, and submission process support for Indiana, Iowa, Kentucky and Ohio

State Plan Amendment writing for Indiana

Section 1115 operations and implementation support for Indiana and Kentucky

1332 options development and analysis including reinsurance, high risk pools, subsidy redistribution and federal exchange alternatives

SELECT EXPERIENCES:

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

Healthy Indiana Plan & Affordable Care Act Policy and Implementation Support

Consultant

7/2010 - Present

- Designs and develops Section 1115 waiver proposals including: Healthy Indiana Plan renewal waivers the HIP 2.0 waiver, and the Indiana End-Stage Renal Disease waiver
- Led high level requirements sessions for the Healthy Indiana Plan 2.0 implementation and implementation of renewal waiver changes, including the HIP Employer Link program, Gateway to Work Community Engagement Program, and POWER account processing and reconciliation, detailing systems and operational processes to assure alignment with waiver policy goals and special terms and conditions requirements; develops flow charts and analyzes documented requirements
- Develops innovative waiver amendments to meet state policy objectives, most recently supporting the design, development, and drafting of the HIP Workforce Bridge Amendment posted for public comment May 2019
- Develops draft evaluation plans to CMS requirements and supports finalization of evaluation plans, supports creation of meaningful and actional dashboards for program monitoring, and identification and completion of required metrics for federal reporting
- Supported operational readiness review for managed care entities implementation of HIP 2.0 in and for Indiana managed care contracts beginning January 2017
- Led development of Alternative Benefit Plan State Plan Amendments for HIP Plus, HIP Basic and HIP Link, supported maintenance and updating of alternative benefit plans

KAITLYN FEIOCK, MPH

Project Team

	• Led Essential Health Benefits (EHB) analysis for Indiana to determine the options for designation of EHB plans available to be designated as EHB for Indiana • Supported impact analysis and implementation of commercial market and Medicaid changes resulting from the ACA
STATE OF KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES **Kentucky HEALTH** **Consultant** **4/2016 – 3/2018**	• Supported drafting and development of the Kentucky HEALTH Section 1115 submission, including developing policy and operational decision matrixes to support state stakeholders in policy decision making during waiver development • Served as project lead for the initial high-level requirements development for all project stakeholders • Served as an ongoing subject matter advisor for the Kentucky HEALTH waiver Implementation specifically on operational issues including coordination with managed care organizations and premium assistance implementation.
STATE OF OHIO **Healthy Ohio** **Consultant** **8/2015 – 6/2016**	• Completed analysis of Healthy Ohio legislation and developed decision matrix for state policy leaders to guide final waiver design • Supported document development and drafting of Healthy Ohio Section 1115 waiver, supported public comment period and finalization of waiver for submission to CMS
IOWA DEPARTMENT OF HUMAN SERVICES **Iowa Wellness Plan and Iowa Marketplace Choice Plan** **Consultant** **2/2013—9/2013**	• Supported design of and options analysis Section 1115 waiver proposals for Iowa including development of the Iowa Marketplace Choice waiver that enrolled individuals with income over the poverty level in federal marketplace • Drafted waiver documents, supported public comment period, and finalized waivers for submission to CMS • Provided subject matter experience on waiver implementation and alternative benefit plans
SVC, INC. **Medicaid Consulting** **Consultant** **7/2010 – 3/2017**	• Established by Seema Verma in 2001, SVC, Inc., was a national healthcare consulting company with experience specializing in supporting state governments and associated entities with Medicaid and health policy experience • SVC was acquired by Health Management Associates in April, 2017
HEALTH MANAGEMENT ASSOCIATES **Medicaid Consulting** **Senior Consultant** **4/2017 – present**	• With 23 offices and more than 250 consultants, Health Management Associates (HMA) is dedicated to serving vulnerable populations with a focus on making publicly funded programs like Medicaid and Medicare operate more efficiently

KAITLYN FEIOCK, MPH

Project Team

EDUCATION AND CERTIFICATIONS:

- Master of Public Health, Concentration in Social and Behavioral Sciences, Indiana University School of Medicine Department of Public Health
- Bachelor of Arts, Economics and French, Randolph-Macon Woman's College

SARA VOSS

Project Team

Sara has extensive experience in front office and back office payer operations, Medicare/Medicaid, and state-based and private exchanges. She thrives in collaborative environments and specializes in developing deep and meaningful relationships with clients. Sara is an accomplished consultant with business process architecture, organizational and enterprise models, operational sustainability, and strategic gap assessments.

SUMMARY OF EXPERIENCE

- Building client relationships
- Experience in state-based exchanges

SELECT EXPERIENCES:

STATE OF NORTH CAROLINA **Medicaid Tech Planning- Raleigh** **Change Practitioner** **10/2017 – 12/2018**	• Supported design, build and implementation process and change efforts related to the overall transition of moving from fee-for-service to a Medicaid Managed Care model
STATE OF NORTH CAROLINA **NC DHHS Medicaid Trans Integration - Raleigh** **Contract Services Delivery Practitioner** **4/2018 – 10/2018**	• Delivered draft solicitations that captured requirements and functionality needed to support the Department's transition to Managed Care, supporting the State in responding to vendor questions, and supporting the Department in contract finalization
HIGHMARK **High Cost Claims Operating Model** **Organization Design Lead** **8/2017 – 10/2017**	• Provided a future state vision including an operating model, organizational and governance structures to improve management of high cost claims
BCBS - MI **Project Valhalla - Detroit** **Business Architect** **8/2016 – 6/2017**	• Mobilized the contracting organization • Current state analysis of front office process, policy and procedure documentation • Created strategic sourcing and procurement strategy

SARA VOSS

Project Team

CIGNA **ITO Services - Hartford** **Business Function Designer** **11/2015 – 1/2016**	• Supported business architecture activities for Cigna Xuber program
STATE OF IDAHO **ID HIX SBE PMO** **Business Process Designer** **2/2014 – 9/2015**	• Performed functional fit and gap analysis, on Idaho's requirements. The custom requirements were defined and documented • Managed requirements Track-ability Matrix to ensure that the deployed solution and supporting artifacts met client business requirements

EDUCATION AND CERTIFICATIONS:

- Master of Public Health, Emory University
- BA, Economics, Emory University

NORA LEIBOWITZ, MPP

Project Team

Nora Leibowitz has dedicated over two decades to improving Americans' access to quality, affordable healthcare. She has extensive Marketplace and ACA experience and supports client efforts to innovate in ways that meet state goals and full program requirements. She has used her experience working with federal and state governments to assist Oklahoma and New Hampshire with Section 1332 waiver development, assess and develop Medicaid reforms for Alaska, and help Hawaii transition from state-based to federal Marketplace technology.

SUMMARY OF EXPERIENCE

- Policy analysis, evaluation, proposal development for state and local governments, community organizations, and health care clients
- Section 1332 waiver development
- State marketplace eligibility and enrollment policy and operations
- Environmental scans

SELECT EXPERIENCES:

OKLAHOMA STATE DEPARTMENT OF HEALTH

Health Policy Consulting for 1332 Waiver Development

Subject Matter Advisor and Program Analysis and Development Consultant

1/2017 – 7/2017

- Provided health care policy, program, strategy and data consultation to the Oklahoma State Department of Health and the state's Section 1332 Task Force
- Tracked and analyzed federal legislative proposals to replace ACA in context of Oklahoma proposals

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Medicaid Redesign and Expansion Technical Assistance

Subject Matter Advisor, Environmental Scan and Policy Development and Analysis Consultant, Lead Writer (sub to Agnew:Beck Consulting, LLC)

6/2015 – 5/2016

- Working closely with state leadership and key stakeholders, conducted analyses and developed Medicaid redesign recommendations
- Facilitated stakeholder engagement, presentation of materials to a variety of groups, and analysis of reform implementation in context of Alaska health care system
- Presented findings and recommendations to state legislative panels. Recommendations were incorporated in SB 74, the state's expansive Medicaid redesign legislation that passed in 2016

NORA LEIBOWITZ, MPP

Project Team

OREGON HEALTH AUTHORITY **Comprehensive Assessment of Four Options for Financing Health Care Delivery** **Subject Matter Advisor, Administrative Implications Analyst, Stakeholder Engagement Lead (sub to RAND Corporation)** **6/2017 – 4/2017**	• Evaluated universal health coverage financing options in Oregon • Provided subject matter experience and implementation and operational policy analyses • Drafted report sections and worked with client and key stakeholders to finalize report • Developed presentation for legislators and other stakeholders/presented results to legislative committees and stakeholders
COVERED CALIFORNIA **Policy Concepts to Reduce the Family Glitch** **Subject Matter Advisor, Interviewer, Analyst, Writer** **1/2018 – 6/2018**	• Developed policy concepts for efforts to reduce the Family Glitch for Covered California • Conducted key informant interviews, assessed options using qualitative and quantitative data analysis, and made implementation recommendations
VIRGINIA HOSPITAL AND HEALTHCARE ASSOCIATION **Waiver Analysis and Recommendations** **Waiver Analysis and Development Consultant** **10/2017 – 6/2018**	• Analyzed state Medicaid and individual markets • Provided subject-matter experience on ACA and Medicaid waiver options • Developed and presented recommendations for Medicaid expansion and individual market improvements • Analyzed funding strategies and coverage mechanisms and provided strategic policy advice to support Association's efforts to gain passage of Medicaid expansion • Analyzed draft waiver and made program recommendations
HAWAII DEPARTMENT OF HUMAN SERVICES **Hawaii Marketplace Transition** **ACA and Marketplace Consultant** **8/2015 – 6/2016**	• Assisted with the transition of individual and small business health options program eligibility and enrollment activities to state partners after the closure of the Hawaii Connector • Provided project planning, oversight and monitoring, strategic and technical guidance • Provided Section 1332 waiver guidance and supported negotiations with CMS and the Center for Consumer Information and Insurance Oversight

NORA LEIBOWITZ, MPP

Project Team

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES **Health Data Systems Study** **Project Manager, Quality Assurance & Deliverables** **5/2016 – 12/2016**	• Analyzed state's health care technology systems • Made recommendations on improving data collection, data sharing, and information technology systems in the state
IDAHO DEPARTMENT OF HEALTH AND WELFARE **Planning and Analysis for State Program Development** **Subject Matter Advisor** **4/2016 – 5/2016; 11/2018**	• Assisted Idaho effort to develop Medicaid care management and increase value-based purchasing in rural settings • Produced *State Medicaid Expansions Approaches and Impacts* brief
NATIONAL MEDICAID AND COMMERCIAL INSURERS **Carrier Policy and Program Support** **Subject Matter Advisor/Analyst** **6/2017– ongoing**	• Ongoing analytic and strategic planning support for two national health plans providing coverage in the individual market • Provide subject matter experience on Medicaid and Marketplace issues, technology, and state-level politics
HEALTH MANAGEMENT ASSOCIATES **Medicaid Consulting** **Principal** **5/2015 – present**	• With 23 offices and more than 250 consultants, Health Management Associates (HMA) is dedicated to serving vulnerable populations with a focus on making publicly funded programs like Medicaid and Medicare operate more efficiently

EDUCATION AND CERTIFICATIONS:

- Master of Public Policy, University of Chicago, Irving B. Harris Graduate School of Public Policy
- Certificate in Health Administration and Policy, University of Chicago, Graduate Program in Health Administration and Policy
- Bachelor of Arts, History, Reed College

RICK THOMPSON

Project Team

Rick Thompson is an Accenture Principal Director with 30 years of experience serving public service clients. He has served in key roles on multiple large-scale statewide health and human service projects. During his career, he has led several statewide change initiatives involving complex stakeholder management. He has served as an implementation lead for statewide Medicaid eligibility projects in NC and NE.

SUMMARY OF EXPERIENCE

- 30 years of experience working with government clients
- Led multiple statewide stakeholder management initiatives in the health and human services environment
- Worked on multiple statewide Medicaid eligibility projects

SELECT EXPERIENCES:

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES **NC FAST** **Implementation Lead** **8/2010 – 6/2018**	• Accenture Project Manager for Implementation-related activities in support of deployment of statewide Integrated Eligibility (including Medicaid) and Child Welfare case management solutions • Managed 40+ person team and coordinated implementation activities with stakeholder network in 100 counties • Led business process analysis and impact assessment to help prepare counties for deployment of new system affecting over 10,000 caseworkers and social workers.
GEORGIA DEPARTMENT OF FAMILY AND CHILD AND SERVICES **Georgia SHINES** **Implementation Lead** **3/2005 – 2/2009**	• Responsible for directing successful information system implementation activities for statewide Child Welfare project • Scope of deployment included over 3,800 end users in over 150 separate office locations across the state • Responsible for coordination of statewide network of Implementation Coordinators and management of all project communication activities • Oversaw development of all training materials and organizational change readiness initiatives • Led several public-facing video projects in coordination with agency leadership, national non-profits, and local community-based service providers • Directed the analysis of multiple implementation scenarios to assess impacts on operational readiness on a Department-wide basis
FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION **Single Licensing System** **Transformation Lead** **2/2000 – 5/2003**	• Managed redesign of entire agency organization structure (encompassing approximately 1,800 positions) including all key job functions and all core business processes • Developed methodology to capture and track over $70 million of transformation-related savings in support of share in savings contract • Implemented shared service model that improved agency customer service capabilities by 50% • Led weekly briefings to Secretary, Chief of Staff and agency leadership team; engaged with stakeholder groups affected by each agency division to foster support and understanding of planned changes

RICK THOMPSON

Project Team

NEBRASKA DEPARTMENT OF SOCIAL SERVICES

N-FOCUS

Implementation Lead

6/1994 – 5/1997

- Planned the implementation of integrated eligibility system (including Medicaid program)
- Delivered presentations to agency executive management and employee stakeholders across the state
- Led readiness activities to help promote a smooth change in business processes
- Coordinated and facilitated statewide User Group meetings.

EDUCATION AND CERTIFICATIONS:

- MBA, University of Mississippi
- BAccy, Accounting, University of Mississippi
- Certified Project Management Professional (PMP)

LORA SAUNDERS, MPH

Project Team

Lora has used her extensive knowledge of Affordable Care Act provisions to review and analyze publicly funded programs, draft reports for program change recommendations, and develop new program designs and training materials. She has also worked with state Medicaid agencies, departments of insurance, health departments, and vendors to understand federal policy impact, make policy decisions, and coordinate with other state agencies.

SUMMARY OF EXPERIENCE

- Environmental scan of federal policy, state legislation, and state waiver initiatives
- Concept papers and communications for key stakeholder groups
- Section 1115 waiver design, drafting, and preparations for implementation

SELECT EXPERIENCES:

HEWLETT PACKARD ENTERPRISES, ARKANSAS MEDICAID **Quarterly Environmental Scans** **Policy Consultant** **4/2015-10/2017**	• Identify, track, assess, and summarize federal and state Medicaid, Children's Health Insurance Program (CHIP), Health Insurance Marketplace, and Medicare-related regulations and guidance for policy, technical, and operational impact • Present quarterly summaries of recent federal rules, regulations, guidance, and reports that could impact Arkansas Medicaid and its vendors and community partners
HIGHPOINT GLOBAL **Federal Navigator Trainings** **Policy Consultant** **3/2016-11/2017**	• Identify, track, assess, and summarize federal Medicaid, Children's Health Insurance Program (CHIP), and Health Insurance Marketplace regulations and guidance for impact on federal Navigator training content
MANAGED CARE PLAN **Medicaid Flexibilities** **Policy Consultant** **9/2017 – Present**	• Identify, track, assess, and summarize federal and state Medicaid and Health Insurance Marketplace regulations and guidance, as well as state and national trends, for potential impact • Develop presentations related to federal policy and waivers and present summaries, implications, options, and requirements for state agencies and health-related organizations
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION **Affordable Care Act Taskforce** **Policy Consultant** **4/2012 – 4/2013**	• Review, analyze, and summarize Medicaid and Marketplace regulations • Present Medicaid and Marketplace summaries to state Medicaid agency and department of insurance • Develop presentations related to federal policy and waivers and present summaries, implications, options, and requirements for state agencies and health-related organizations

LORA SAUNDERS, MPH

Project Team

Healthy Indiana Plan **Policy Consultant** **4/2012 – Present**	• Research, report, and present findings related to waiver options and priorities for waiver policy design and operational decisions • Lead author for initial Indiana HIP 2.0 evaluation plan; and support policy and data communications between state staff and vendors • Co-author Indiana End-stage Renal Disease waiver • Identify, track, and summarize Section 1115 and 1332 waiver legislation, drafts, and reported outcomes
INDIANA COMPREHENSIVE HEALTH INSURANCE ASSOCIATION **High Risk Pool Sunset and Ryan White Transition** **Policy Consultant** **10/2013 – 4/2014**	• Partnered with state and federal agencies, private insurance companies, and social service agencies to transition over 2,000 Hoosiers with HIV/AIDS from a high-risk pool health coverage to a specialized comprehensive alternative source of coverage • Led cross-functional team to address cost, compliance with federal grant requirements, health insurance market financial viability, provider network adequacy, and simplicity
MAINECARE REFORM TASKFORCE **MaineCare Reform** **Policy Consultant** **10/2012 – 6/2013**	• Partnered with MaineCare Reform Taskforce and state-selected actuary to identify short-, mid-, and long-term cost savings options for Medicaid agency • Drafted report and presentation to explain options and possible savings
KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES (CHFS) **Kentucky HEALTH 1115 Waiver Assistance** **Policy Consultant** **3/2016 - Present**	• Review policy for Kentucky member, stakeholder, provider, managed care organization, and general public documents and communications before and after waiver approval • Draft responses to requests for additional information during CMS negotiations • Review, comment, and provide feedback on technical design to ensure alignment with CHFS policy goals and approved waiver • Provide ongoing feedback and coordination with CHFS and vendors regarding policy requirements • Review Kentucky member, stakeholder, provider, managed care organization, and general public documents and communications for accuracy • Co-author Kentucky HEALTH policy manual reflecting Section 1115 waiver policies and operations
STATE HOSPITAL ASSOCIATIONS, PROVIDER GROUPS	• Collaborate with clients to develop parameters for alternative Medicaid expansion design • Research, analyze, and draft concept papers for stakeholders interested in encouraging alternative Medicaid expansions

LORA SAUNDERS, MPH

Project Team

Medicaid Expansion Feasibility, Concept Paper **Policy Consultant** **10/2018 – Present**	• Assess Medicaid expansion options, feasibility, and potential costs
SVC, INC. **Medicaid Consulting** **Senior Consultant** **4/2012 – 3/2017**	• Established by Seema Verma in 2001, SVC, Inc., was a national healthcare consulting company with experience specializing in supporting state governments and associated entities with Medicaid and health policy experience • SVC was acquired by Health Management Associates in April, 2017
HEALTH MANAGEMENT ASSOCIATES **Medicaid Consulting** **Senior Consultant** **4/2017 – present**	• With 23 offices and more than 250 consultants, Health Management Associates (HMA) is dedicated to serving vulnerable populations with a focus on making publicly funded programs like Medicaid and Medicare operate more efficiently

EDUCATION AND CERTIFICATIONS:

- Master of Public Health, Health Policy & Management and Social & Behavioral Health, Indiana University School of Medicine
- Bachelor of Arts, Spanish Major, Political Science Minor, Hanover College

STEPHANIE BAUME, MSW

Project Team

Stephanie Baume has more than a decade in Medicaid with a primary focus on Section 1115 waiver program design, managed care, and regulatory compliance. She has extensive experience in policy research, analysis, and recommendations for Medicaid and public health agencies. Before consulting, Stephanie was the manager of the Hoosier Healthwise program, Indiana's Medicaid managed care program for low income families, children, and pregnant women.

SUMMARY OF EXPERIENCE

- Section 1115 waiver development and writing
- State Plan Amendments and Section 1915(b) and 1915(c) waiver development and writing

SELECT EXPERIENCES:

IOWA DEPARTMENT OF HUMAN SERVICES (DHS)

Technical Assistance and Program Support for Iowa Medicaid

Project Manager

1/2014 – Present

- Project lead for HMA's contract to provide technical assistance and program support for Iowa Medicaid
- Draft required federal authority documents necessary to secure federal approval for new or updated Medicaid and CHIP policy changes, including Section 1115, 1915(c), 1915(b) waivers, and state plan amendments
- Serve as technical resource to state staff to anticipate CMS questions and minimize approval timelines
- Assist state staff in responding to federal inquiries regarding Medicaid and CHIP programs
- Provide policy guidance and requested support to state staff regarding required federal reporting
- Analyze state and federal legislative and regulatory changes and proposals to identify impact to state's Medicaid program
- Present the state with policy options and draft work plans to guide implementation of programmatic changes
- Research and identify Medicaid and CHIP national best practice standards for state leadership consideration

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES (CHFS)

Kentucky HEALTH 1115 Waiver Assistance

Subject Matter Advisor

3/2016 – Present

- Support development of Section 1115 waiver application, including assisting with waiver and special terms and conditions drafting
- Analysis of required state plan and 1915(b) waiver amendments necessary to operate concurrent with Section 1115 waiver
- Assist with CMS negotiations through drafting responses to requests for additional information
- Review, comment, and provide feedback on technical design to ensure alignment with CHFS policy goals and approved waiver
- Provide ongoing feedback and coordination with CHFS and vendors regarding policy requirements
- Development of Kentucky HEALTH policy manual reflecting Section 1115 waiver policies and operations

STEPHANIE BAUME, MSW

Project Team

INDIANA OFFICE OF MEDICAID POLICY AND PLANNING **1115 IMD Waiver** **Subject Matter Advisor/Consultant** **1/2019 - Present**	• Draft Section 1115 waiver extension for substance use disorder institution for mental disease (IMD) waiver • Provide analysis of federal opportunity and associated requirements to expand IMD waiver to include individuals with serious mental illness • Provide CMS negotiation support
INDIANA OFFICE OF MEDICAID POLICY AND PLANNING **Hoosier Care Connect** **Project Manager/Consultant** **6/2013 – 8/2015**	• In accordance with House Enrolled Act 1328, analyzed options for better managing care for the Medicaid aged, blind and disabled (ABD) populations against components such as the potential for cost savings, ability to deliver efficient and high-quality care, and impact to state and federal funding streams • This work informed the state's development of the Hoosier Care Connect program, a managed care program for the ABD population • Drafted 1915(b) waiver required for implementation and assisted state in negotiating federal approval • Identified and drafted required state plan amendments • Served as project manager for Hoosier Care Connect program implementation
IDAHO DEPARTMENT OF HEALTH AND WELFARE **Medicaid Expansion Option Development** **Subject Matter Advisor/Consultant** **1/2013 – 10/2013**	• Advised Medicaid agency on policy options for Medicaid expansion through Section 1115 waiver authority
INDIANA OFFICE OF MEDICAID POLICY AND PLANNING **Hoosier Healthwise** **Hoosier Healthwise Manager** **11/2007 – 8/2010**	• Oversight, coordination, and administration of the Hoosier Healthwise program, Indiana's Medicaid managed care program • Ensured compliance of Medicaid MCOs • Developed and managed new policies, pay-for-performance payouts, capitation rate updates, coordination with state fiscal agent and enrollment broker • Responded to audits and reviews by federal and state oversight agencies, including CMS and State Board of Accounts • Managed policy analysts and CHIP program manager

STEPHANIE BAUME, MSW

Project Team

SVC, INC. **Medicaid Consulting** **Consultant** **11/2011 – 3/2017**	• Established by Seema Verma in 2001, SVC, Inc., was a national healthcare consulting company with experience specializing in supporting state governments and associated entities with Medicaid and health policy experience • SVC was acquired by Health Management Associates in April, 2017
HEALTH MANAGEMENT ASSOCIATES **Medicaid Consulting** **Senior Consultant** **4/2017 – present**	• With 23 offices and more than 250 consultants, Health Management Associates (HMA) is dedicated to serving vulnerable populations with a focus on making publicly funded programs like Medicaid and Medicare operate more efficiently

EDUCATION AND CERTIFICATIONS:

- Master of Social Work, Social and Economic Development Policy, Washington University
- Bachelor of Science, Social Policy Major, Psychology Minor, Northwestern University

JILLIAN STEVENS

Project Team

Jillian is a policy analyst with proven communication, technical skills and experience within state legislative systems. Always seeking to provide government with good data and quality research for the most unique policy spaces.

SUMMARY OF EXPERIENCE

- Data driven analyst, familiar with the State of Georgia legislation

SELECT EXPERIENCES (PRE ACCENTURE):

METRO ATLANTA CHAMBER OF COMMERCE **Government Affairs Analyst** **1/2019 – 5/2019**	• Monitored and reported on committee meetings, hearings, floor debate, and other legislative activities to track legislation key to Metro Atlanta Chamber of Commerce's legislative agenda
GEORGIA INSTITUTE OF TECHNOLOGY **Graduate Research Assistant** **1/2018 – 12/2018**	• Collaborated on a research team between the School of Public Policy and the College of Computing to conduct exploratory policy research and provide policy implications regarding the Online Master of Science Computer Science
GEORGIA INSTITUTE OF TECHNOLOGY **Policy and Program Analyst** **1/2018 – 5/2018**	• Conducted quantitative analysis to project policy and economic implications, and other desired outcomes • Collaborated with a team from the Master of Science in Public Policy school to project fiscal policy incentives to shape Georgia Bio's 2019 legislative agenda

EDUCATION AND CERTIFICATIONS:

- Master of Science in Public Policy, The Georgia Institute of Technology
- BA, Political Science, Virginia Commonwealth University